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CANADIAN AND AFRICAN ACTIVISTS CALL ON G8/G20 LEADERS TO TAKE ACTION ON AIDS CRISIS AT HOME AND ABROAD

Toronto, June 22, 2010 — AIDS activists called today on G8 and G20 leaders to take decisive action during their upcoming summits in Toronto to help overcome HIV/AIDS both in Canada and in developing countries.

This year is the target date set by G8 countries for achieving “universal access” to HIV prevention services and to HIV care, treatment and support. Yet global action on AIDS is falling off the G8 agenda, despite repeated promises.

“There’s been much talk about this being the ‘accountability summit’, yet many G8 countries are cynically using the financial crisis to flat-line or cut AIDS funding, despite the earlier commitments to universal access at Gleneagles in 2005,” said Stephen Lewis, former UN Special Envoy on HIV/AIDS in Africa. “When billions can be found to bail out corporations, this plea of destitution when it comes to supporting countries bearing the crushing burden of AIDS is patently fraudulent.”

Lewis’ call for action by the G8 was echoed by Sipiwe Hlope, a grandmother, a founding member of Swaziland Positive Living (SWAPOL), and one of the first women in Swaziland to declare publicly her HIV-positive status. “Why should it be that our families, our children, suffer and die, when we know what is needed to prevent new HIV infections and there are medicines that can save millions when they’re made available and affordable?”

Denise Lambert of the Canadian Aboriginal AIDS Network (CAAN) and the Kimamow Atoskanow Foundation northwest of Edmonton, highlighted the parallels between the crises faced by many developing countries and the challenges facing Aboriginal communities in Canada. “This disease is taking a terrible toll on Aboriginal peoples in Canada,” she said. “In some areas, we are seeing HIV prevalence figures among Aboriginal people on par with many heavily-affected developing countries.”

In the face of the ongoing global AIDS crisis, other Canadian activists outlined what Canada can do to address AIDS abroad and at home.

“There has been tremendous progress in recent years in scaling up HIV prevention measures and getting people on treatment,” said Nicci Stein, Executive Director of the Interagency Coalition on AIDS and Development (ICAD). “But the response will stall if countries such as Canada and the other G8 nations don’t keep their promises on development assistance, including by financing the Global Fund to Fight AIDS, Tuberculosis and Malaria. Global Fund-supported programs to fight these three diseases are essential complements to a much-needed initiative on maternal and child health.”

In the last six years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has supported developing country programs that have saved an estimated 5 million lives and are preventing more than 3500 new HIV infections a day.

On behalf of the National Advocacy Committee for the Grandmothers to Grandmothers Campaign of the Stephen Lewis Foundation, Peggy Edwards echoed the call for Canada to confirm increased, multi-year support to the Global Fund. "To turn the tide on the global HIV epidemic, the Global Fund needs an estimated US\$20 billion over the next three years. Given what we've been contributing in recent years, Canada should commit to funding 5 percent of this. This would be about \$10 per Canadian per year, with a huge impact on preventing and treating HIV, TB and malaria," said Edwards. More than 300 Canadian and African grandmothers are gathering in Toronto later this week on the eve of the summits.

Richard Elliott, Executive Director of the Canadian HIV/AIDS Legal Network, highlighted another, complementary way Canada can help respond to AIDS in the developing world, including reducing child mortality from AIDS. "The resources that must be mobilized to scale up AIDS treatment will have all the more impact if countries can buy the medicines they need at lower prices. Parliamentarians could help by passing Bill C-393 to fix the flaws in Canada's Access to Medicines Regime, which was created 6 years ago to help developing countries get access to lower-cost, generic versions of expensive, brand-name drugs, but has delivered little so far."

Ron Rosenes, a long-term activist living with HIV and a spokesperson for the Canadian Treatment Action Council (CTAC), noted that access to medicines and needed health services is still a barrier within Canada as well, particularly for marginalized populations and for some Aboriginal communities. "Equal, timely access to medicines in Canada requires a national pharmacare plan," said Rosenes. "Furthermore, we need to address developing world conditions in our own country to ensure that people have access to quality health care regardless of where they live."

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