



**Report by the Canadian Parliamentary Delegation respecting
its participation at the meeting of the Parliamentary Network
on HIV/AIDS, Tuberculosis and Malaria of the *Assemblée
parlementaire de la Francophonie* (APF)**

**Canadian Branch of the Assemblée parlementaire de la
Francophonie (CAPF)**

**Lomé, Togo
October 3 - 4, 2018**

Report

The parliamentary delegation of the Canadian Branch of the *Assemblée parlementaire de la Francophonie* (CAPF), which attended the meeting of the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria, in Lomé, Togo, on October 3 - 4, 2018 has the honour of presenting its report.

The delegation was composed of the Honourable Éric Forest, Senator, accompanied by Mr. Jean-François Lafleur, the Branch's Association Secretary.

In addition to the Canadian Branch, the following branches were represented: Belgium/Wallonia-Brussels, Central African Republic, France, Ivory Coast, Niger, Senegal, Switzerland and Togo. Also in attendance were representatives from UNAIDS, the Global Fund to Fight HIV/AIDS, the United Nations Development Programme, Global Health Advocates and Global TB Caucus.

The opening ceremony began with an address by Mr. Didier Berberat, State Councillor (Switzerland) and Chair of the APF's Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria, followed by welcoming statements from the Vice-President of the *Assemblée Nationale du Togo*, Dr. Etienne D. Baritse (Togo).

After the members of the network introduced themselves, the network unanimously adopted the amended agenda and the minutes of the last meeting of the committee, held in Rabat, Morocco, in November 2017.

Round Table – Status Report

The Network's members took turns giving a status report on HIV, tuberculosis and malaria. Some advocated for increased accountability for sexual acts and related protections. Early detection and coordinated monitoring of the epidemic's progression by public agencies is critical to controlling and curbing these diseases. In some places, such as Canada and Quebec, it is mandatory to report these diseases. However, infected persons can face discrimination when accessing health care. Their socio-economic status also plays a role. Everyone agreed that efforts must continue to prevent the disease and reduce discrimination against HIV-positive people by focusing on certain target groups.

It is also hoped that legislators will amend laws, where necessary, to provide easier access to treatment at the lowest possible cost and continue successful research into eradicating HIV. In that regard, the Hon. Éric Forest, Senator (Canada), emphasized Canada's ongoing leadership in HIV research and prevention. He also gave an update on the situation in Canada with respect to HIV. In particular, he noted Canada's progress towards the 90-90-90 target and reaching the third target.

It is generally recognized that men who have sex with men (MSM) make up the most at-risk sexually active segment of the population. Regret was also expressed regarding the burden placed on women in this struggle.

Mr. Didier Berberat, Chair of the Network, presented its activity report for the period from November 2017 until today. The report was adopted.

UNAIDS – Status Report

The network heard from Dr. Christian Mouala, UNAIDS Country Coordinator for Togo, as well as Mrs. Mianko Ramaroson, Human Rights Legislation Consultant for the UNAIDS Community Support, Social Justice and Inclusion Department. The presentation began with a statistical snapshot of the global situation, with a particular emphasis on Africa by Dr. Mouala. He indicated that the situation is improving gradually, but that certain countries in Western and Central Africa are behind compared to progress being made in Southern Africa.

Dr. Mouala then spoke to the Network's members about mechanisms and tools available in the fight against HIV/AIDS, Tuberculosis and Malaria. He said that significant new funding must be provided through the Global Fund Replenishment Conference in 2019. He argued that increased funding would help address the personnel shortage in health care and increase the availability of care. Insufficient funding diminishes capacity and is therefore an important factor in the slower pace of progress towards the 90-90-90 target: 90% of all people living with HIV to know their HIV status; 90% of all people with diagnosed HIV infection to receive treatment; and 90% of all people living with HIV to have viral suppression.

He also eloquently addressed the whole issue of rights and sexual and reproductive health as issues that need to be addressed by member countries. In many countries, the legislative frameworks dealing with issues related to HIV status exacerbate discrimination and violence against HIV-positive people, and sometimes that violence is even perpetrated by the authorities themselves. According to Dr. Mouala, that reality dissuades HIV-positive individuals from reporting their status to authorities and, as a result, prevents them from receiving the treatment needed for their condition.

Mrs. Mianko Ramaroson continued the presentation with calls for legislative reforms. She outlined six types of legislation that exacerbate discrimination:

- Laws prohibiting same-sex relationships;
- Laws prohibiting certain features of work in the sex trade;
- Laws penalizing personal drug use;
- Laws criminalizing HIV exposure or transmission;
- Laws requiring parental permission for testing for individuals 18 and under; and
- Laws prohibiting access to antiretroviral therapy (ART).

Ms. Ramaroson shared some examples of countries with good legislative practices, such as Portugal (decriminalization of drug use) and Europe (decriminalization of sex work). She also noted that, according to modelling based on data from Canada, India and Kenya, the decriminalization of sex work could avert 33-46% of HIV infections in the next decade.

She also gave a few examples of tools available to legislators to help them amend their legislative frameworks pertaining to HIV status. She noted that the United Nations Development Programme has particular expertise in assessing countries' legal frameworks in that regard. The Global Fund to Fight AIDS, Tuberculosis and Malaria has

a report assessing the basic situations in various countries. The Inter-Parliamentary Union (IPU) and UNAIDS developed a reference document for parliamentary action to accelerate HIV treatment, and she also referred to the *Expert consensus statement on the science of HIV in the context of criminal law* as excellent reference tools.

A member of the French Community of Belgium pointed out the importance of respecting each country's pace in the fight against HIV, the fact that many barriers must be broken down, that cultural differences are a factor in this fight and that it is important not to rush or put any pressure on countries that are progressing more slowly, that they must be given time. A representative of UNDP pointed out that discrimination can also happen indirectly in certain countries when they pass laws declaring same-sex relationships as "unnatural", for instance, a law on adoption that specifies that a homosexual individual or couple cannot adopt a child.

A member of the Niger Branch talked to the network about some of the difficulties that need to be addressed regarding awareness and the lack of resources in his country, and Dr. Mouala of UNAIDS once again denounced the shortage of qualified personnel in health care while also emphasizing that any intervention in the area of public health is also positive intervention for increased public order.

Mr. Éric Forest, Senator (Canada) talked about the decriminalization of cannabis in Canada and wondered about the definition of the term "unnatural relationships" in discussions on HIV-positive individuals, a definition that is quite open to interpretation, thereby reinforcing varying degrees of discrimination. Lastly, Mr. Christian Levrat, Senator (Switzerland), referred to a resolution adopted in Bern in 2015 on the importance of giving priority to intervention for the hidden victims of HIV and emphasized reports of tension in this whole issue between public order and public health, and how difficult it is to strike a balance between the two.

Global Fund to Fight AIDS, Tuberculosis and Malaria

Ms. Constance Aidam, Donor Relations Manager with the Global Funds' Department of External Relations, painted a picture of its HIV/AIDS, tuberculosis and malaria clientele. Since 2002, \$38 billion has been raised. The fight is intensifying in francophone countries with a more integrated approach, including efforts to prevent HIV transmission from mother to child (PTMC).

Regarding HIV, she indicated that 37 million people are currently living with virus and noted no less than 35 million deaths related to conditions associated with AIDS. She also noted that the key populations are teenage girls and young women. In African countries, for example, women aged 15-24 are eight times more likely to contract HIV than men the same age.

Regarding tuberculosis, in 2016, it was the deadliest infectious disease globally. She pointed out that 40% of tuberculosis cases that year remained undiagnosed, untreated or unreported. Ms. Aidam noted that one individual with tuberculosis can infect 10-15 people per year, which makes this disease a growing threat to global health security.

Regarding malaria, the disease killed nearly half a million people in 2016, and 70% of the deceased were children under the age of 5. She reported that 15 countries account for 80% of the burden of the disease, 14 of which are in sub-Saharan Africa.

Regarding funding, the Fund provides 20% of global financial efforts in the fight against AIDS, 65% for Tuberculosis and 57% for Malaria. Support from the Global Fund for the Francophonie accounts for 20% of its total budget. In 2017, that translated into anti-retroviral treatment for 1.65 million people, as well as 521,000 people diagnosed and treated for tuberculosis and the distribution of nearly 54 million insecticide-treated mosquito nets, according to Ms. Aidam, and this is definitely lowering the morbidity and mortality rates related to these diseases.

Ms. Aidam also indicated that, despite those results, HIV infections remain extremely high among certain populations, especially young women and teenage girls, and this could threaten the goal of fewer than 500,000 new infections globally by 2020. As for Tuberculosis, antimicrobial resistance poses a growing threat to global health security, and the same is true regarding Malaria. She concluded by saying that achieving the Sustainable Development Goals by 2030 and ensuring universal health coverage will only be possible if health systems are strengthened and the above-mentioned challenges are addressed as soon as possible.

In a heartfelt appeal to the members of the network, Ms. Aidam asked them to make their respective governments more aware of the importance of their financial contributions at the Sixth Global Fund Replenishment Conference to be held in Lyon on October 19, 2019. This replenishment is critical to funding to combat HIV/AIDS, Tuberculosis and Malaria. Considering the ever-increasing need for funding, she expressed a desire for increased monetary support and support in kind from all countries.

A member from the Togo Branch congratulated the Global Fund on the financial support it has provided for on-site personnel training for HIV care. Ms. Aidam assured the member that the geographical map of care was very well managed and that a number of mechanisms are in place to ensure close monitoring for sound stewardship of funds and high-quality care for those who need it.

Senegalese experience in national health funding

The Network also heard from Ms. Juliette Paule Zingan, Member of the National Assembly of Senegal and member of the Committee of Health, Population, Social Affairs and National Solidarity who talked about the role of elected officials in national health funding to combat HIV, Tuberculosis and Malaria.

That role can be divided into four key areas:

- appeals to parliamentarians and local elected officials;
- reflection on legislation pertaining to HIV/AIDS, reproductive health, gender-based violence, prostitution, and social policies regarding disability;
- the National Malaria Control Program;
- the *National Advocacy Forum for Resource Mobilization*.

The overall goal is to encourage parliamentarians to support the fight against those three pandemics while increasing awareness regarding health care needs by sharing experiences and improving regulations to create a more positive environment.

With an emphasis on results, the role of parliamentarians has very specific objectives, in addition to specific targets related to each pandemic. According to Ms. Zingan, the following targets should be among the various mechanisms used to engage in an aggressive battle against these diseases:

- Follow up on commitments made by their governments;
- Advocate to combine all health lines of credit held by other ministries to get closer to the targets of 10-15% of each country's total budget;
- Facilitate access to and the availability of a basket of quality services at reduced costs for the population;
- Integrate a gender perspective into all policies, programs and interventions.

Senegal also has a *National Advocacy Forum for Resource Mobilization*. This forum focuses concretely on support for maternal and child health, the accessibility and availability of care regardless of the socio-economic status of recipients and communication around this national health funding strategy for all stakeholders, whether public or private. The importance of accountability and transparency regarding funding and service delivery was also emphasized.

The Forum recommends:

- strengthening the roles and responsibilities of institutions in properly implementing the national health funding strategy;
- providing information to parliamentarians so they may intervene effectively with their governments to ensure follow-up related to funding to combat these diseases and the promotion of human rights.

These elements will be facilitating and supporting behavioral changes so as to create an environment that encourages the prevention and management of these diseases, particularly by creating a national campaign on the effects of stigmatisation.

Ms. Zingan pointed out that, from the entire strategy, it was expected that parliamentarians would get more legislative information on HIV, particularly on reproductive health, and commit to supporting the appeal for funding replenishment to combat these diseases. She also emphasized the importance of the role of Senegalese parliamentarians, as well as parliamentarians from across Africa, in ensuring that their respective governments respect the Abuja Declaration (2001) on setting a target of allocating 15% of their total national budget to improve the health sector in all African countries.

Opposition to the criminalization of HIV exposure

The last presentation was given by Christian Tshimbalanga Mwata, an international HIV and human rights consultant with the UNDP's regional office in Addis Ababa.

Mr. Mwata presented several reasons to oppose the criminalization of HIV exposure or transmission. He began by giving the members of the network an overview of the current

situation. He also talked about the geographic dualism that exists when it comes to attitudes towards criminalization.

Since North America and Europe have a greater tendency to use criminal offences as punishment for exposing others to HIV, he denounced the use of legislative measures particularly for HIV and its criminalization specifically in Africa and Asia, since this has a negative effect on possible diagnoses and treatment for victims who are afraid to disclose their status.

As a first reason, he indicated that the transmission of HIV should be criminalized only in cases where someone has transmitted the disease deliberately with the intention of doing harm. Quite often, people infect someone else without knowing their own status. Otherwise, such legislation would be unfairly prejudicial towards an individual who spreads the disease, because it would punish indiscriminately.

Mr. Mwata went on to point out that the use of criminal law in response to HIV exposure or transmission does nothing to help stop the spread of HIV. Third, he pointed out that, on the contrary, the use of criminal law also undermines prevention efforts in this area because HIV-positive individuals are afraid of revealing their status, which therefore remains unknown.

He continued by saying that criminalization breeds fear and increases the stigmatization of people infected. Considering the broad scope of criminalization in some regions, HIV-positive individuals will not want to acknowledge their status or get a diagnosis. This prevents carriers from getting treatment and having any hope of improving their quality of life and reducing the chances of spreading the virus to future partners.

Another reason to oppose the criminalization of HIV exposure or transmission, particularly as it pertains to women, is that criminalization means that rather than ensuring justice for women, this approach makes them more vulnerable and further oppresses them because it encourages them to conceal their situation. Mr. Tshimbalanga Mwata said that another reason to oppose the criminalization of HIV exposure or transmission is that these laws cast too broad of a net, thereby punishing behaviour that should no longer be punished. He offered the example of someone who is unaware of his or her status who infects someone else. How can individuals use their status deliberately and consciously to harm someone else when they do not know they are HIV-positive?

Another reason he gave for opposing criminalization: laws that criminalize HIV exposure or transmission are also applied arbitrarily and ineffectively. He then added that we should oppose criminalization because these laws only punish and penalize, without contributing to prevention, which is what is really needed in the fight against HIV. Criminalization promotes repression rather than prevention.

As a final point, the presenter stated that legislators should instead reform their own laws, which, according to him, are undermining HIV prevention and treatment efforts. This criminalization unnecessarily prevents new disclosures of HIV-status and new diagnoses and, as a result, prevents new patients from being treated.

Mr. Mwata concluded by emphasizing that a human rights-based response to HIV-infections would be more effective.

Lastly, following the presentations, members agreed that a statement regarding the Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in preparation for the Sixth Replenishment Conference, to be held in Lyon on October 10, 2019, must be prepared.

Following the presentations, Mr. Didier Berberat, State Councillor (Switzerland) and Network's Chair, thanked the participants and called on network members to put their name forward to host the next meeting of the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria, scheduled for the fall of 2018.

Respectfully submitted,

Darrell Samson, MP

President of the Canadian Branch of the *Assemblée parlementaire de la Francophonie* (CAPF)

Travel Costs

ASSOCIATION	Canadian Branch of the <i>Assemblée parlementaire de la Francophonie</i> (CAPF)
ACTIVITY	Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria of the <i>Assemblée parlementaire de la Francophonie</i> (APF)
DESTINATION	Lomé, Togo
DATES	October 3 - 4, 2018
DELEGATION	
SENATE	The Hon. Éric Forest, Senator
HOUSE OF COMMONS	
STAFF	Jean-François Lafleur, Association Secretary
TRANSPORTATION	\$21,563.79
ACCOMMODATION	\$2,076.32
PER DIEMS	\$966.62
OFFICIAL GIFTS	\$190.50
MISCELLANEOUS	\$96.74

TOTAL

\$24,893.97