



**Report of the Canadian Branch of the Assemblée
parlementaire de la Francophonie**

**Parliamentary Network on HIV/AIDS, Tuberculosis and
Malaria Meeting**

Kinshasa, Democratic Republic of the Congo

From November 18 to 19, 2019

Report

The parliamentary delegation of the Canadian Branch of the Assemblée parlementaire de la Francophonie (CAPF) that took part in the meeting of the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria in Kinshasa, Democratic Republic of the Congo (DRC), on 18–19 November 2019, is honoured to present its report. The delegation consisted of the Honourable Senator Jean-Guy Dagenais, who was accompanied by Jean-François Lafleur, Association Secretary for the Branch.

In addition to the Canadian Branch, the following branches were represented: Belgium/Wallonia–Brussels Federation, Benin, Cambodia, the Democratic Republic of the Congo, Equatorial Guinea, France, Senegal and Switzerland. Also in attendance were the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and the Réseau National des ONG pour le Développement de la Femme (RENADEF).

The opening ceremony began with a speech from the Honourable Jeanine Mabounda, President of the DRC National Assembly, Alexis Thambwe Mwamba, President of the DRC Senate, and Didier Berberat, State Councillor, Switzerland, and Chair of the APF's Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria.

The Network's members unanimously adopted the agenda and the minutes of the last meeting in Lomé, Togo, in October 2018.

Round table—Status report

The branches in attendance reported on the status of HIV, tuberculosis and malaria. Consistent with previous annual meetings on these issues, the branches reiterated their confidence in efforts to promote safe sex and the protection these practices offer to limit the spread of HIV. While some European branches presented relatively similar updates, they took the opportunity to argue that early diagnosis and careful monitoring of the epidemic's progress by public agencies remains essential to controlling and eliminating these diseases. Disclosure of these diseases is mandatory in Canada and Quebec, among other jurisdictions. However, persons with these diseases still face some discrimination in accessing health care, and their socio-economic status may also limit access to care. Work to prevent HIV and reduce discrimination against HIV-positive people must continue.

The branches cited the progress made on HIV research and the breakthroughs of some research groups regarding viral reservoirs. Senator Jean-Guy Dagenais (Canada) highlighted efforts to combat HIV and reported on the status of the three diseases in Canada. He also noted that the UNAIDS 90-90-90 target had been essentially achieved.

Finally, it was explained that the most at-risk segment of the sexually active population is men who have sex with men (MSM).

HIV/AIDS Network activity report

Iphigénie Mukandera, Member (Rwanda) and Network Rapporteur, presented the activity report. The report was adopted.

Global Fund to Fight Aids, Tuberculosis and Malaria—Nicolas Farcy, Portfolio Manager for the Democratic Republic of the Congo (DRC), Global Fund to Fight Aids, Tuberculosis and Malaria

The Global Fund is the world's leading provider of funding to fight HIV/AIDS, tuberculosis and malaria. It provides 20% of global funding to combat HIV, 69% of funding for tuberculosis and 65% of funding for malaria.

By the end of 2018, health programs supported by the Global Fund had saved 32 million lives, including 4 million in the Francophonie. The number of annual deaths worldwide caused by AIDS, malaria and tuberculosis fell by 40% in countries that receive funds from the Global Fund. More specifically, funding to francophone countries amounted to over US\$10 billion of the US\$27.3 billion provided globally.

The Global Fund aims to eradicate these three diseases and reach the third 2030 Sustainable Development Goal (SDG) by taking the following measures:

- improving procurement and supply chain systems;
- investing in human resources;
- strengthening data systems and data use;
- promoting integrated and people-centred health services; and
- building stronger community responses and systems.

Mr. Farcy stated that donors pledged US\$14.02 billion over the next three years at the Global Fund's replenishment conference in Lyon, France. Nigeria is the largest contributor in Africa, promising US\$12 million. However, Mr. Farcy noted that some countries reduce their domestic health spending in response to the Global Fund's actions. He urged beneficiary countries to raise health spending instead, particularly spending to combat the three diseases.

Mr. Farcy reported that the Global Fund has invested some US\$2 billion in the DRC since 2004. In 2018–2020, the DRC will receive US\$568.8 million. Over that same period, only 57% of people living with HIV (PLHIV) in the DRC were receiving treatment.

In closing, Mr. Farcy said that his organization plans to increase its activities in the DRC by doing the following:

- boosting investments in strengthening health systems from 12% to 16%;
- phasing in performance-based funding at all levels of the health pyramid with other funding organizations;
- developing innovative projects that encompass the problem of gender-based violence and the link to HIV transmission; and
- taking a more locally oriented approach and securing guarantees of efficient funding from the Congolese government.

Joint funding and domestic investments in health—Professor Gérard Eloko, Director, National Health Accounts Program (DRC)

Professor Eloko began by warning those in attendance that the very high cost of health care services in health institutions is a major challenge for the health sector. This problem can reduce families' and communities' access to the high-quality health services they need or put them into financial difficulty.

He argues that four factors are behind this high cost:

- the government's small health care budget;
- inadequate risk-sharing mechanisms;
- fragmented outside assistance for health care; and
- the inefficiency of the methods and resources employed and the results achieved.

These factors can lead Congolese to pay vast amounts relative to their incomes. The DRC government received nearly US\$570 million from the Global Fund for 2018–2020, to be managed by various organizations active in the country. In return, the Congolese government committed to spending nearly US\$100 million on Global Fund projects over the same period. A total of US\$112 million was spent in 2019 alone. Incidentally, the Network's meeting coincided with the Congolese government's budget process, which may have affected the outcome.

Professor Eloko emphasized that the Global Fund's contributions are very useful. They enable willing partners to deliver care and treat people living with HIV, tuberculosis or malaria at no cost to patients. He said that the results of these efforts are encouraging and argued that the Global Fund should continue supporting the Congolese.

Lastly, Professor Eloko said he finds the information provided by the DRC's National Health Accounts very useful. It supports decisions regarding public health interventions and enables comparisons between the DRC's initiatives and those of other countries. He encouraged local officials to keep the data updated in order to enable accurate analyses of costs and benefits, and costs and effectiveness.

Pan-African Parliament summit on HIV and health funding (Brazzaville)—Dr. Baruani Yuma Kilundu, UNAIDS Country Director—Pan-African Parliament high-level summit on HIV and health funding

Dr. Kilundu summarized the discussions at the Pan-African Parliament's high-level summit on HIV and health funding, where for two days nearly 250 participants and international and private organizations discussed ways of addressing the following issues:

- the inadequate resources devoted to health care;
- the urgency of finding innovative solutions to provide universal health coverage; and
- the need to act on African leaders' commitment to increase the resources allocated to health care.

Dr. Kilundu also justified the focus on the fight against HIV, arguing that the epidemic is not a thing of the past and that funding for treatment is currently insufficient to meet HIV mitigation targets. He called for greater financial resources and effective use of these funds to address critical health priorities. For example,

he argued that further reducing new infections is less important than progress in preventing HIV-related deaths.

Dr. Kilundu maintained that, without adequate funding, current gains will eventually be reversed, turning HIV into a perpetual epidemic that impedes human capital development and therefore economic growth. In such a scenario, the HIV epidemic would swamp current treatment capacity, which would increase long-term treatment needs and raise the cost of fighting HIV.

Dr. Kilundu would like parliamentarians to join the fight in their role as leaders and public representatives. They have a lot of influence and are deeply involved in budgetary and legislative decision-making. He hopes they will ensure their countries make good budget choices and allocate enough resources to fight HIV and achieve SDG 3.

If parliamentarians became more involved, they could strengthen political commitment, accountability and global solidarity regarding long-term funding to combat HIV, tuberculosis and malaria. Dr. Kilundu also issued a call to action to support Africa and invest in health care, and he reiterated a plea for stable or even increased funding to successfully implement the Africa Health Strategy by 2030.

In addition, Dr. Kilundu outlined the UNAIDS objectives that relate to the Pan-African Parliament's high-level summit on HIV and health funding:

- strengthen political commitment to and accountability for long-term investments in the fight against HIV, especially domestic investments;
- renew the call for global solidarity to redouble efforts to fight HIV/AIDS, tuberculosis and malaria;
- support African leaders and encourage sustained domestic investment in health care to drive successful implementation of the Africa Health Strategy and fulfilment of its goals for 2030;
- agree on key factors regarding the African Union's roadmap for implementing its health funding declaration;
- secure parliamentarians' commitment to close oversight of budgets for HIV and health care that will allow for achieving health funding objectives; and
- develop and implement HIV and health investment strategies to better combat the disease, including support for replenishing the Global Fund.

Dr. Kilundu said he is confident about multiple African countries' commitments to contribute to the Global Fund's next mandate.

However, he believes some challenges still need to be overcome, including making these commitments a reality, taking steps to increase domestic funding, making regular payments to the Global Fund a reliable source of funding and ensuring the fight against these diseases continues in the long run.

In closing, Dr. Kilundu reiterated UNAIDS's commitment and its efforts to strengthen its strategic partnership with the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria.

Gender and human rights in the fight against HIV – Marie Nyombo Zaina, National Coordinator, Réseau National des ONG pour le Développement de la Femme (RENADEF)

Ms. Nyombo Zaina described her organization, founded in 2002, as an NGO that promotes and protects the rights of women and children. Since 2018, RENADEF has been helping to carry out gender and human rights projects in the DRC.

Ms. Nyombo Zaina said that 50% of women in the DRC are victims of gender-based violence, including sexual violence, and that many women contract HIV/AIDS as a result. Furthermore, 60% of PLHIV in the DRC are women and HIV particularly affects young girls. That is why the Global Fund has provided resources for gender and human rights initiatives in the DRC to help the many vulnerable women and young girls.

These initiatives include the Projet Adolescents et Jeunes Femmes (PAJF), which was implemented in six health zones across Kinshasa and Kasai-Oriental.

The PAJF was established in 2017 to make adolescent girls and young women less vulnerable to HIV by focusing on three pillars:

- Community: training over 240 activists to raise community awareness, change local perspectives and guide victims of sexual violence to health institutions and legal clinics.
- Health: increasing attendance among adolescents and young women at the project's 30 selected health institutions and providing greater care to them.
- Education: training teachers and students at 30 selected schools to raise awareness among their peers and reduce gender-based violence.

The project also provides support to 35 legal clinics to give victims of sexual violence better access to justice. Since 2018, more than 2,500 victims of sexual violence have received legal assistance; 674 decisions were rendered by judges and 188 of them enforced.

In addition, Ms. Nyombo Zaina said that the Global Fund provides resources to centres that monitor and report instances of discrimination and stigma preventing PLHIV from getting treatment. The Global Fund also finances centres that welcome PLHIV and give them exclusive access to medical and legal services.

Like Mr. Farcy, Portfolio Manager for the Global Fund, and UNAIDS officials, Ms. Nyombo Zaina called on members to play a key role in fighting AIDS and protecting human rights. In addition, she noted that the legislation to protect PLHIV prohibits HIV testing for minors without parental consent, which she believes is a major setback to effective testing.

Ms. Nyombo Zaina insisted that governments play a key role in supporting victims of sexual violence. She recommended more training for and awareness among police officers and armed forces members, who she believes are too often involved in cases of sexual violence in conflict zones and during humanitarian emergencies. Lastly, she asked members to consider a holistic approach to sexual violence that incorporates medical and psychological care and legal assistance.

Parliamentarians committed to ending HIV stigma and discrimination – Béchir N'Daw, Senior Advisor, UNAIDS Political Partnerships

Mr. N'Daw opened by talking about the impact of stigma and discrimination in the fight against HIV. These two factors and HIV rights violations affect PLHIV on many levels: in the workplace, at school, in their communities and families, and in terms of their health care options. As a result, PLHIV have limited access to health services, especially in the wake of natural disasters and epidemics. Mr. N'Daw believes the fight against HIV cannot be won until the stigma and discrimination surrounding it are removed.

Mr. N'Daw discussed certain sections of the UNAIDS report entitled, *Confronting Discrimination: Overcoming HIV-Related Stigma and Discrimination in Health-Care Settings and Beyond*, which analyzed HIV data from countries that collect it. According to the report:

- people who are victims of stigma are twice as likely to delay treatment;
- one in five PLHIV have not visited a health clinic because of HIV-related stigma or discrimination;
- one in four PLHIV have experienced some form of discrimination based on their sexual or reproductive health; and
- access to services is better in places where measures to fight stigma and discrimination exist.

Mr. N'Daw provided some examples of steps taken by parliamentarians to fight HIV, such as adopting legislation that prohibits discrimination based on HIV status (DRC, Senegal and Côte d'Ivoire) and removing restrictions on entry, stay and residence for PLHIV (over 100 countries). Moreover, parliamentarians in New Zealand have decriminalized sex work and passed legislation to ensure that sex workers have access to health and HIV services.

Mr. N'Daw emphasized that UNAIDS wishes to do more to fight stigma and discrimination through the “Zero Discrimination” global partnership, which was launched in 2018 and aims to end all forms of stigma and discrimination, especially in health institutions, schools, workplaces and the legal system. The partnership also promotes the rights of PLHIV, Indigenous peoples, prisoners and other incarcerated individuals, migrants, women and girls, among others. UNAIDS has called on countries to formally join the global partnership and take national action against discrimination, review any legislation that creates barriers to HIV treatment, develop roadmaps to fight stigma and discrimination, and follow up on their initiatives with status reports.

The DRC's legal framework and the fight against HIV/AIDS – Marie Josée Mujinga Bimansha, First President of the Court of Appeal, Focal point: HIV countries and human rights, Ministry of Justice.

Ms. Mujinaga Bimansha said that the DRC has made international commitments to end discrimination based on HIV status and achieve an AIDS-free generation by 2030. She congratulated members of the last two parliaments of the DRC's National Assembly for adopting legislation in 2008 to protect people living with and

affected by HIV/AIDS, and for repealing article 45 of that legislation in 2017, which criminalized the deliberate transmission of HIV—an offence already punishable under the DRC’s criminal code.

Ms. Mujinaga Bimansha believes that real progress has been made, such as developing a national policy to fight AIDS (the PSN), adopting legislation to specifically protect the rights of PLHIV, and taking high-risk groups, including MSM, sex workers, prisoners and injection drug users, into account. Further to HIV decriminalization, there has also been increased training, awareness and involvement among stakeholders and more than one third of magistrates.

Ms. Mujinaga Bimansha said that despite these advances, there are still many barriers to gender and human rights, including the impact of socio-cultural factors related to HIV and tuberculosis, insufficient enforcement of the legislation to protect the rights of PLHIV, obstacles for minors seeking HIV testing without the consent of a parent or legal guardian, and the lack of data privacy controls for the unique identifiers of PLHIV.

Lastly, Ms. Mujinga Bimansha expressed her wish to amend the legislation to protect PLHIV by giving minors access to HIV services and adding provisions to address tuberculosis co-infection. She also recommended adopting legislation to compensate survivors of sexual violence; mobilizing local resources within the DRC; reviewing HIV legislation; asserting parliamentary control over funding to fight HIV; and harmonizing HIV legislation with existing prison legislation, such as the law banning condom distribution in prisons.

After the presentations, Didier Berberat, State Councillor (Switzerland) and Chair of the Network, thanked the speakers and invited members to the next meeting of the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria in 2020.

Respectfully submitted,

Darrell Samson, MP

President of the Canadian Branch of the Assemblée parlementaire de la Francophonie

Travel Costs

ASSOCIATION	Canadian Branch of the Assemblée parlementaire de la Francophonie
ACTIVITY	Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria Meeting
DESTINATION	Kinshasa, Democratic Republic of the Congo
DATES	From November 18 to 19, 2019
DELEGATION	
SENATE	Hon. Jean-Guy Dagenais
HOUSE OF COMMONS	
STAFF	Jean-François Lafleur
TRANSPORTATION	\$18,446.82
ACCOMMODATION	\$2,038.59
HOSPITALITY	
PER DIEMS	\$1,075.84
OFFICIAL GIFTS	\$274.17
MISCELLANEOUS	\$600.69
TOTAL	\$22,436.11