



**Report by the Canadian parliamentary delegation regarding
its participation in 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 (APF)***

**Rabat, Morocco
November 21-22, 2017**

Report

The parliamentary delegation of the Canadian Branch of the Assemblée parlementaire de la Francophonie (APF), which attended the meeting of the Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria, in Rabat, Morocco, on 21–22 November 2017, has the honour of presenting its report.

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

In addition to the Canadian Branch, the following branches were represented: Albania, Belgium/Wallonia-Brussels, Benin, Cameroon, France, Luxembourg, Morocco, Niger, Quebec, Switzerland, Togo and Chad. Also in attendance were representatives from UNAIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Morocco's Association for the Fight Against Aids; the United Nations Development Program (UNDP); and Global Health Advocates.

The opening ceremony began with an address by Didier Berberat, State Councillor (Switzerland) and Chair of the APF's Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria, followed by a speech by Rachid El Abdi, Vice-President of the House of Representatives, Ahmed Touizi, Vice-President of the House of Councillors, and, lastly, Dr. Etienne D. Bartise (Togo), Network Coordinator.

After the members of the network introduced themselves, the network unanimously adopted the agenda and minutes of the last meeting of the committee, held in Ouagadougou, Burkina Faso, in October 2016.

Round Table – Status Report

The network members took turns giving a status report on HIV, tuberculosis (TB) and malaria. Some advocated for increased accountability for sexual acts and protection. 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.

It is also hoped that legislators will amend laws, where necessary, to provide easier access to treatment at the lowest possible cost and to continue successful research into eradicating HIV. The **Hon. Éric Forest, Senator** (Canada), emphasized Canada's ongoing leadership in HIV research. He presented the latest findings of Dr. Éric Cohen of the Montreal Clinical Research Institute and the CanCURE group. These researchers have identified a gene that could block HIV access to human cells.

It is generally recognized that men who have sex with men (MSM) make up the most at risk sexually active segment of the population. The challenge is to target at-risk populations without stigmatizing them (Belgium / Wallonia-Brussels).

UNAIDS – Status Report – 90-90-90 Target

The network heard from Dr. Kamal Alami , UNAIDS Country Coordinator for Morocco. Dr. Alami provided some statistics on the global situation. The 90-90-90 target calls for 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.

In 2016, 36.7 million people were living with HIV, and 1 million people died of diseases related to the virus. Since the beginning of the epidemic, 76 million people have been infected and 35 million have died. Dr. Alami reiterated the program's target, noting that the international community had reached 70-77-82 to date and that the increase in pediatric treatment had slowed.

He also described the geographical situation, noting that Central and Western Europe and North America are closest to achieving this target, while Western and Central Africa are the farthest behind. Dr. Alami presented an 18-month catch-up plan for this region, designed primarily to encourage national ownership of the program; increase service delivery capability; improve processes and procurement management; and encourage increased funding. Initial results are encouraging.

He also noted that treatment coverage is lower among men, but almost equal in Western and Central Europe and in North America. Results for the three program objectives are lowest among youth (15–24).

Lastly, Dr. Alami discussed the assistance plan to introduce community health officers and help struggling regions. He closed by emphasizing the social and economic benefits of a healthy population.

Civil society's role in fighting AIDS

The network next heard from Dr. Fatiha Rhoufrani, a member of the national council of Morocco's Association for the Fight Against Aids (also known as ALCS, which stands for the Association de lutte contre le Sida). Dr. Rhoufrani gave a short overview of the ALCS and described its community outreach activities for people living with HIV. The ALCS provides them with social and psychological support. It is present in more than 30 cities in Morocco and offers services such as emergency financial support for Moroccans who are living with HIV and are in dire need. The ALCS also facilitates access to care; for example, it carried out more than 70% of voluntary HIV tests and a total of more than 51,000 tests in 2016.

The ALCS operates mobile clinics to screen for sexually transmitted infections, serving persons living in poverty, sex workers and other at-risk social groups, and provides them and the greater public with information on sexual and reproductive health in conjunction with the Moroccan department of health. The agency carries out public awareness activities at schools throughout the education system and at major public events and information fairs.

Its international activities include advocating for the rights of persons living with HIV (PLHIV) and for access to free HIV treatment; protecting the human rights of PLHIV, as violations of these rights reduces access to care; combatting the stigmatization of

PLHIV; preventing mother-infant transmission; and advocating strongly for renewed funding from the Global Fund to Fight AIDS.

Dr. Rhoufrani also discussed her work to fight hepatitis C by serving as a national and international spokesperson to expand screening campaigns to the entire population, and reduce the cost of hepatitis C screening and generic drugs. Her other activities include helping to establish Coalition Plus, an umbrella organization of African and North American partners. Coalition Plus conducts research, promotes community action against these diseases, and fights for equal access to drugs and treatment.

Global Fund to Fight AIDS

During the third presentation, network members heard from Charlotte Diez-Bento, who works in the External Relations and Partnerships division at the Global Fund to Fight AIDS, Tuberculosis and Malaria. This agency works to eradicate these three diseases, mobilize and invest additional resources to end epidemics, and support the countries grappling with these diseases.

Ms. Diez-Bentopresented statistics on the incidence and prevalence of AIDS, tuberculosis and malaria, and discussed the Global Fund's operations and how its partnership model functions. The partnership model is based on five basic elements: money is raised to fight the diseases; the countries that require funding to establish an action plan identify investment priorities; the Global Fund evaluates the plan; the countries implement their intervention strategy in cooperation with the Fund; and the Fund provides oversight to ensure resources are put to their best use and goals are achieved.

Ms. Diez-Bentothen explained how the Fund is financed and gave a breakdown of its resources. She highlighted Canada's efforts: in September 2016, our country hosted the Global Fund's most recent replenishment conference, which resulted in close to \$13 billion in funding. To explain how this funding has been allocated, Ms. Diez-Bento presented demographic and geographic data illustrating where needs exist and which population groups require targeted intervention, particularly among francophone countries.

Ms. Diez-Bentoalso mentioned that Canada is the Global Fund's sixth-largest contributor. She explained that for every \$100 million invested in the Global Fund, 133,000 lives are saved, 1.9 million infections are prevented, \$300 million in national funding is invested, and \$2.2 billion in long-term economic benefits are achieved.

According to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the level of funding must be increased to continue to reduce both the incidence and prevalence of these three diseases and maintain the level of success achieved so far. Africa continues to be a funding priority and requires assistance to properly identify persons suffering from AIDS, tuberculosis and malaria; provide them with the appropriate care; and, perhaps one day, cure them and eliminate these terrible diseases.

How can parliamentarians help to fight tuberculosis?

The network also heard from Ms. Claire Baudot, an advocacy officer with the international agency Global Health Advocates. She began by giving an update on the incidence and prevalence of tuberculosis, noting that it is the most deadly infectious disease in the world (1.7 million deaths in 2016) and that the incidence of tuberculosis is not decreasing as rapidly as hoped. Ms. Baudot cited statistics showing that the countries most affected by tuberculosis are the Central African Republic, Congo, Democratic Republic of Congo, Cambodia, Vietnam and Thailand.

Ms. Baudot stated that multi-drug-resistant TB affected 600,000 people in 2016 and that, according to one study, this illness would cause 75 million deaths by 2050 and have an economic impact of US\$17 billion. Given the emerging trend, Global Health Advocates has criticized governments for making TB a low health and societal priority, and for decreasing or failing to increase funding for TB.

However, Ms. Baudot did note some interesting developments in the fight against TB, including various partnerships with African countries, strategic cooperation among international agencies, and the sharing of best practices. Nevertheless, a number of challenges still remain.

Multi-drug-resistant TB is also a major challenge in Eastern Europe and Central Asia. These regions encompass 9 of the 30 countries that are the hardest hit by this disease. Some activities require the government concerned to gradually assume responsibility for the cost of treatment. Other significant challenges include reforming service delivery systems to place greater focus on TB treatment, and increasing community involvement in the fight against this disease.

Lastly, Ms. Baudot called for increased domestic resources for first-line treatment and, more broadly, for more ambitious national strategies; a greater role for community stakeholders in fighting TB; and legislation that provides access to services without discrimination.

HIV, TB and human rights: target populations and criminalizing the transmission of HIV

The last presentation was by Christian Tshimbalanga Mwata, an international HIV and human rights consultant with the UNDP's regional office in Addis Ababa. Mr. Tshimbalanga Mwata began by establishing a clear relationship between human rights and HIV in terms of reducing the risk of infection, mitigating the negative impacts of HIV on infected persons, and enabling individuals and communities to combat HIV.

He stated that the following rights must be respected to successfully fight HIV: non discrimination; privacy; education and information; health; freedom; marriage and family; and security and social support.

Regarding the rights of PLHIV, Mr. Tshimbalanga Mwata explained that States which are parties to human rights treaties are required to implement the treaties, submit reports to treaty bodies, and implement the concluding observations of treaty bodies so that good intentions to fight HIV translate into actual intervention programs.

Mr. Tshimbalanga Mwata drew a parallel between African countries, and these rights and obligations. He cited several of the African Union's human rights instruments, such

as the African Charter on Human and People's Rights, which deals with the right to equality, dignity, liberty and security of the person, health and education.

He also discussed the protocol on the rights of women in Africa, which deals with the following subjects: the elimination of discrimination against women; the right to dignity; the elimination of harmful practices; equal rights in marriage; the right to inheritance; the right to health; and reproductive rights.

Lastly, Mr. Tshimbalanga Mwata pointed out that a number of francophone countries follow a "monistic" model, meaning that international law automatically applies to national jurisdictions and, therefore, to persons charged with an offence. He welcomed the openness of francophone countries in this regard.

Following the presentations, Didier Berberat, State Councillor (Switzerland) and network 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, M.P., President of the Canadian Branch of the Assemblée
parlementaire de la Francophonie (APF)

Travel Costs

ASSOCIATION	Canadian Branch of the Assemblée parlementaire de la Francophonie (APF)
ACTIVITY	Parliamentary Network on HIV/AIDS, Tuberculosis and Malaria of the <i>Assemblée parlementaire de la Francophonie</i> (APF)
DESTINATION	Rabat, Morocco
DATES	21–22 November 2017
DELEGATION	
SENATE	The Hon. Éric Forest
HOUSE OF COMMONS	
STAFF	Jean-François Lafleur
TRANSPORTATION	\$7,952.38
ACCOMMODATION	\$1,447.36
PER DIEMS	\$555.83
OFFICIAL GIFTS	\$149.20
TOTAL	\$10,104.77