

November 2, 2016

The Honourable Jane Philpott
Minister of Health
Health Canada
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Tunney's Pasture - Postal Location: 0906C
Ottawa, Ontario K1A 0K9

Sent via email: Hon.Jane.Philpott@Canada.ca

Subject: HIV and Hepatitis C Community Action Fund

Dear Dr. Philpott:

I am writing on behalf of the member organizations of the Pacific AIDS Network, to express concerns with regards to the Community Action Fund (CAF). PAN is a network of over 50 community-based and allied organizations working to address HIV, HCV and related conditions in British Columbia. Last week we held our annual provincial conference during which the CAF was a key item of discussion. Accordingly, this letter will: briefly touch on identified challenges in terms of the CAF process to date; identify anticipated gaps in vital service provision in the province of BC, come April 1st, 2017; and suggest some solutions that would address the current situation.

Concerns about the Letter of Intent (LOI) Process

It took the Public Health Agency of Canada 5 ½ months to come to a decision on the LOI's, significantly longer than the time initially put forward. While we appreciate that there was a large volume of LOI's received, we respectfully submit that this should have been anticipated and planned for, given that this was an open national call and PHAC has been planning the CAF funding process for many years. This has put community-based groups in BC who are not going to be continuing to receive federal funding at a greater disadvantage, as their transition time is significantly shorter.

In terms of the review process itself, PAN member organizations are left with some unanswered questions. What were the qualifications of the reviewers? To what extent were people with lived experience – including people living with HIV/AIDS, and people with HCV– involved in the review process - and from what regions in Canada? How were Indigenous people in BC engaged in the review process? Upon examining the feedback some of the groups here in BC received to their LOI's, it is clear that in some cases, the reviewers lacked an understanding of the regional landscape and how organizations fit into that picture and those communities – in other words a lack of “on the ground” understanding. Finally, in some instances there were inconsistencies and/or conflicting feedback from the reviewers.

There were also flaws in the LOI tool itself, when viewed in light of reviewer comments, namely:

- Judgements on work plans or budgets (but these were not requested in the LOI tool); and
- Comments on the absence or insufficiency of documentation when there were severe limits in the LOI tool on the number of words that could be used.

Finally, there is a transparency issue. Initially groups were told that the LOI's were the 1st phase of the application process and that there would potentially be an opportunity to present expanded arguments, etc. Typically an LOI process is by definition the first stage of a process. It was only after the LOI results were made public, that we learned that the next stage of the application process, will not be a competitive one.

Concerns about the Outcome

A significant number of BC organizations that have been resourced by PHAC, in some instances for many years/decades will not be come April 1st, 2017 – this will result in a critical loss of capacity, expertise and infrastructure– particularly regional capacity and knowledge. This is a huge loss for the domestic response to HIV and HCV here in BC. At the same time we are unsure what is being gained with some new groups that are not part of the PAN network or familiar to us – we are unclear of their relationship to the work and to established groups/programming/service provision.

There will be significant regional and structural gaps for this province, under the CAF. Notably, we have the entire interior of the province, not receiving funding; and the Fraser region is largely under-resourced. The loss of funding to front-line organizations on the ground, providing direct and necessary services to identified priority populations, will be of huge detriment to people living with HIV/HCV and those most at risk in many communities. Also, particularly alarming, given that here in BC we are in a state of a public health emergency and some of the organizations not being funded are key players in responding to the overdose crisis.

By way of population gaps:

- People who use drugs (PWUD): There will be a vital loss of services for PWUD in many regions particularly the Interior and Fraser regions. Again in light of the current public health emergency of overdose deaths (with 555 (reported) overdose deaths in this province this year, and counting), this is of great concern;
- Positive Prevention: In BC and looking at the national picture, there appears to be very little funding earmarked for “positive prevention” and programming led by and targeted to people living with HIV. This is very much at odds with Canada's commitment to the UNAIDS' 90-90-90 targets. Now more than ever we need to support prevention for people living with HIV/AIDS and the activities that can, within the limits of the federal role, support treatment adherence and the maintenance of an undetectable viral load;
- Hepatitis C: It appears that there is inadequate funding for mono-infected HCV programs or projects in BC and this also seems to be reflected in the national picture;
- Women: While we recognize funding has been given to distinct populations of women, the overall unique prevention needs/concerns facing all women living with HIV/AIDS/HCV have not been addressed.

How to Resolve This Situation

Along with our regional and national partners, PAN and our members continue to maintain that there is a need for more funding for the Federal Initiative on HIV/AIDS. Canada also requires new monies earmarked for HCV and other STI's. In 2003 during the previous Liberal government, all the political parties in Ottawa (via the House of Commons Standing Committee on Health) agreed on a plan to increase funding for the Federal Initiative to fight against HIV in Canada, from \$ 42.2 million to \$ 85 million. In fact, the majority of the political parties, including the Liberals, went so far as to say that the Federal Initiative should be \$ 100 million. Neither increase was ever finalized.

The current funding envelope is not sufficient. And within the CAF, PHAC is also asking that community-based organizations respond to other conditions/diseases in addition to HIV, but yet the funding has remained static. Integration can make sense on a programmatic level, but it must be accompanied by sufficient resources. To that end, we are also calling for the creation of a national strategy on Viral Hepatitis.

A portion of the additional funding envelope should be used to address gaps here in BC and in the rest of the country. The \$600,000 reserved within the CAF to fill gaps is clearly inadequate. PHAC must respond quickly and in a fully transparent and collaborative way to prevent the loss of expertise, capacity and structure in our domestic response.

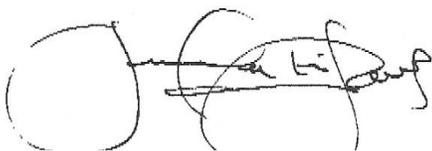
In a similar vein, we also call for sufficient funding to transition projects and programs that will not be continuing come April 1st. In recent questioning in the House of Commons on this issue, it has been pointed out by your administration, that current federal funding is “project based” and time-limited, which we recognize. At the same time, for some regions as well as within priority populations, the need clearly endures and organizations must be provided with more time than the CAF process has allowed, for them to transition.

Finally, we call on the federal government to bring additional resources to bear and to quickly meet with and work with the provincial Ministry of Health and the health authorities, to discuss how to address these gaps and concerns on a region by region basis.

Dr. Philpott, we are aware of and applaud your recent decision to develop a new updated federal action plan on HIV. But it is essential that this new action plan be adequately funded. As we approach World AIDS Day this year, it is with sadness we recognize that rather than this being a time to celebrate Canada’s response to HIV/AIDS here at home and internationally – as well as HCV and STBBI’s –will be a time that PAN and our member groups will be underscoring our concerns with regards to the CAF and the inadequacy of our domestic response.

Thank you for hearing our concerns. We would welcome the opportunity to meet with you, potentially in conjunction with our regional counterparts in Quebec and Ontario (COCQ-SIDA and the OAN respectively), to discuss how we can move forward together.

Yours truly,

A handwritten signature in black ink, appearing to read "Jennifer Evin Jones". The signature is fluid and cursive, with a large initial "J" and "E".

Jennifer Evin Jones
Executive Director

cc. Dr. Gregory Taylor, Chief Public Health Officer for Canada
Dr. Siddika Mithani, President, Public Health Agency of Canada
Hon. Dr. Terry Lake, Health Minister, Province of BC