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Alp.

From the Canadian meeting

Canadian International Development Agency

Backgrounder

June 2000

QUESTIONS AND ANSWERS ON NEVIRAPINE

What is nevirapine?

Nevirapine is a new anti-retroviral drug that could prevent or reduce mother-to-child transmission of HIV. It is hoped that nevirapine can play a major role in cutting the cycle of mother-to-child transmission.

How severe is the problem of mother-to-child transmission?

HIV can be transmitted from a woman to her child during pregnancy, childbirth or breast feeding. Without preventative measures, the risk of a baby acquiring the disease from an infected mother ranges from 25% to 45% in developing countries.

It is estimated that 4.5 million children under the age of 15 have been infected with the HIV virus since the beginning of the epidemic and 3 million have already died of AIDS. About 90% of these cases are in sub-Saharan Africa.

How much is CIDA spending on nevirapine?

CIDA is providing up to $3.8 million to UNICEF over two years to conduct, in partnership with the World Health Organization, operational research on the drug in sub-Saharan Africa, where HIV/AIDS infection rates are among the highest in the world.

Why is CIDA funding research on nevirapine?

UNAIDS estimates that approximately 1,800 HIV-infected babies are born every day in developing countries. Almost 14 million women of child-bearing age are currently infected with the disease, with the highest rates in sub-Saharan Africa. In regions such as sub-Saharan Africa, most anti-HIV drugs are not an option given their high costs. Nevirapine is a low cost option which can save the lives of children in developing countries, by considerably reducing their risk of contracting HIV from an infected mother.

Nevirapine costs only $4 U.S. per birth compared with the most widely used anti-HIV drug, AZT, which can cost anywhere from $100 to $1000 depending on the length of the treatment. Nevirapine is administered in only one dose to the mother in labor and one dose to the newborn within 72 hours of birth.

Government of Canada Gouvernement du Canada

Canada

Backgrounder

June 2000

INTERNATIONAL AIDS VACCINE INITIATIVE

Introduction: More than 95% of 16,000 new HIV infections each day occur in developing countries where there is little access to treatment. In 12 countries in sub-Saharan Africa, adult infection rates are over 10%.

What is the International AIDS Vaccine Initiative (IAVI)?

IAVI is a global organization working to speed the development and distribution of preventive AIDS vaccines. IAVI's work focuses on three areas: moving promising new vaccine concepts which are appropriate for developing countries into clinical trials as quickly as possible, and creating partnerships with developing country scientists; raising international understanding of and awareness for the need for an AIDS vaccine; encouraging the commercial sector to invest in AIDS vaccine development.

Why is a global vaccine initiative needed?

The best long-term hope for ending AIDS is through the development and use of a preventive vaccine. Despite progress in recent years, vaccine development is still not prominent on national or international public health agendas. This commitment is an important step.

What is the current status of HIV vaccine development?

In the fifteen years since HIV was identified as the cause of AIDS, more than 30 vaccines have been tested around the world through clinical trials. There are several HIV/AIDS vaccine initiatives currently underway in Canada.

What is CIDA doing for HIV/AIDS vaccine research and development?

CIDA will provide $5 million in funding to IAVI. This is the first time CIDA has funded vaccine research and development. Given the urgency of the HIV/AIDS pandemic, CIDA's new HIV/AIDS Action Plan suggests among other things, funding vaccine research and development in developing countries.

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Backgrounder

June 2000

QUESTIONS AND ANSWERS ON HIV/AIDS IN MALAWI

The challenges

Malawi is one of the world's poorest and most over-populated countries. More than 60 % of the population lives below a poverty line defined as US $40 a year. Average life expectancy is 41 years, and infant mortality is one of the highest in the world. Malawi's population is being devastated by the HIV/AIDS virus. It has one of the highest HIV infection rates in the world. This is why the Canadian International Development Agency (CIDA) has decided on Malawi as a "country of focus" for programming in HIV/AIDS.

Why CIDA has decided to focus on Malawi ?

- Malawi has identified its own budget to fight HIV/AIDS;
- It has developed a national framework and agenda for action with support from the broad international community;
- It has an assessment and monitoring procedure to track the effectiveness of spending;
- It is developing programming for education, treatment, and prevention;
- It has demonstrated a clear intention to continue this commitment for years to come.

What are the HIV/AIDS infection rates in Malawi?

Malawi has one of the highest infection rates in sub-Saharan Africa and the world. It is estimated that more than 14% of Malawi's population is infected and the numbers are rising. Children and youth are hard hit, with girls the most severely affected. Females aged 15-24 are six times more likely to be HIV positive than men, and 30% of women attending ante-natal clinics are HIV positive.

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Canada

What is the impact of the HIV/AIDS epidemic in Malawi?

This epidemic is severely affecting Malawi's society, economy and health care system. Families are losing parents and leaving behind an estimated 70,000 new orphans each year. The advent of HIV has also caused a three to four fold increase in TB cases which have strained a health care system that is already burdened with other HIV related illnesses. Illness and a decrease in life expectancy is depleting the productive members of society.

How is CIDA helping?

CIDA is supporting the Government of Malawi in implementing its National HIV/AIDS Strategic Framework by supporting programs to prevent HIV and sexually transmitted diseases. CIDA is also including HIV/AIDS education in all projects where appropriate, and informing and educating its Canadian and Malawian partners.

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Urgent. [redacted] see the budget figures.

Alp.

From the Canadian meetup

Backgrounder

May 2000

HIV/AIDS:
Confronting the Global Pandemic, Canada's Contribution
An International Conference
Toronto, June 1 and 2, 2000

Maria Minna, Canada's Minister for International Cooperation, will host an international conference on HIV/AIDS in Toronto, June 1 and 2, 2000. Conference participants will include health experts and policy-makers from more than 20 countries around the world, including representatives from United Nations agencies and Canadian non-governmental organizations.

Why hold an international conference on HIV/AIDS?

Minister Minna announced her commitment to hold an international conference on HIV/AIDS on December 1, 1999—World AIDS Day. Although the world has been fighting HIV/AIDS for more than a decade, the disease remains a growing threat to global health. There are about 16,000 new infections every day, the vast majority in developing countries. The disease is threatening to reverse three decades of development progress in a single generation.

The Toronto conference will provide an opportunity for international health experts, policy-makers, non-governmental organizations and people living with AIDS to exchange ideas and information on how to effectively meet the challenges of controlling the disease. This conference will reflect CIDA's commitment to increase its HIV/AIDS programming in developing countries.

What does CIDA hope to accomplish during the conference?

The objectives of the meeting are to share information on best practices and lessons learned in HIV/AIDS programming and to discuss opportunities and next steps for greater impact in collaboration with these partners. It will help Canada to position its strategy for combating the pandemic in developing countries prior to the XIIIth International AIDS Conference in Durban, South Africa, July 9 to 14, 2000. Minister Minna will lead the Canadian delegation to this conference.

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During the Toronto conference, Minister Minna will unveil CIDA's new HIV/AIDS action plan for controlling and preventing the spread of HIV/AIDS in developing countries. Among other things, the action plan outlines opportunities for enhancing CIDA programming and the challenges in fighting the spread of HIV/AIDS. It also sets out specific goals for Canada and its partners.

How much money has CIDA spent on HIV/AIDS so far?

Since 1987, CIDA has committed more than $135 million to support programs in developing countries that help prevent HIV/AIDS infections, educate people about the virus, and inform others about how to care for people who are infected.

What kinds of HIV/AIDS projects does CIDA support?

Here are a few examples of the kinds of projects CIDA is currently funding around the world, by region.

Africa

- In **Kenya**, a University of Manitoba/University of Nairobi project is helping to control the spread of HIV in two districts of Nairobi and Nakuru by controlling sexually transmitted diseases (STDs). The project, which reaches more than 1.7 million people, has had some substantial successes: for example, in the areas covered by the project, data indicates a decline in the prevalence of HIV in young women aged 15 to 19 from 18 percent in 1993 to 12 percent in 1997.

- In **Francophone Africa** (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger, and Senegal), a project of the *Centre de coopération internationale en santé et developpement* (CCISD) is minimizing the transmission of HIV/AIDS by controlling STDs. The Centre has trained more than 3,500 health officers in diagnosing and treating STDs, supported 487 health-care facilities, and funded 176 community projects that focus on educating seasonal workers, truckers, and drug vendors about STDs, and developing sustainable ways of giving out essential medicines. More than 110,000 STD cases (74% women) have been treated.

- In **Eastern and Southern Africa** (Botswana, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Zambia, and Zimbabwe), the University of Manitoba and CIDA have helped to establish the Regional AIDS Training Network (RATN). Fifteen academic and non-academic institutions are participating and increasing the quality of the training they offer. As well, more than 37 short courses for trainers of front-line, community-based STD/HIV/AIDS workers have been conducted. This network allows participants to share ideas and experiences with HIV/AIDS in six different African countries.

- In **Southern Africa**, the Canadian Public Health Association is managing a training program working to slow the spread of HIV in this region. The Southern Africa AIDS Training (SAT)

Program helps a wide variety of community-based organizations develop effective prevention and support programs. Partners include universities, trade unions, hospitals, AIDS service organizations, city health directorates, city councils, youth organizations, and women's groups. In **Malawi**, partner organizations have reported a remarkable increase in the reported use of condoms in the areas covered by the project—from 6 percent among men and 3 percent among women in 1992, to 49 percent among men and 27 percent among women in 1998. In **Zimbabwe**, also under the same initiative, the Family Support Trust has broken new ground in achieving an unprecedented understanding of the link between the sexual abuse of children and HIV/AIDS in Zimbabwe. It has found that some children whose parents have died of HIV/AIDS are abused by their new caregivers, some of whom are HIV-positive. The Family Support Trust offers clinical, counselling, and legal services to about 150 abused children each month.

- Also in **Zimbabwe**, CIDA's Food Aid Centre and several Canadian hospitals are working with the University of Zimbabwe and the City of Harare Health Department to test the potential of giving mothers and new-borns single oral doses of Vitamin A to prevent mother-to-child HIV transmission during breastfeeding.

Americas

- In the **Caribbean**, the Caribbean Epidemiology Centre (CAREC) project is strengthening the abilities of Caribbean countries to respond to the HIV/AIDS epidemic in the region. The project is supporting peer education and awareness programs, as well as community-based diagnosis, care and support of people infected and affected by HIV/AIDS. Countries are now establishing national systems for testing blood supplies. Initial results include a regional HIV/AIDS plan, more attention to the impact of HIV/AIDS by the Caribbean media, and increased funding by national governments. People living with HIV/AIDS have played an important role in increasing awareness of the disease among policy-makers, politicians, and the public, and in changing community attitudes towards sexual behaviour and discrimination.

- In **Cuba**, a YMCA project is offering a unique crisis telephone-support service to families and individuals who need help or information about health issues, including HIV/AIDS.

- In **Colombia** and **Jamaica**, two Planned Parenthood Federation of Canada projects provide training and education about sexually transmitted diseases to more than 17,000 adolescents.

Asia

- In **India**, the National AIDS Control Organization (NACO) is recently began working with three Canadian organizations to prevent the spread of HIV/AIDS in two states, Rajasthan and Karnataka. Although AIDS arrived in India fairly recently, the disease has spread rapidly and now affects more than 4 million people. Using lessons learned from Africa, this project is focusing on five key community-based prevention initiatives: peer counselling and condom

promotion, voluntary HIV counselling and testing; needle exchanges; management of other STDs; and drug therapy for HIV-positive mothers. Communities are also being mobilized to care for those already infected. Also, a Gems of Hope/Matthew 25 Society project in India reaches out to more than 18,000 commercial sex workers in Calcutta and provides women with treatment and education.

- In **Vietnam**, the British Columbia Centre for Disease Control is helping to prevent STDs, including HIV/AIDS, among female sex workers and injection drug users, and to diagnose and treat these infectious diseases.

Central and Eastern Europe

- In the **Ukraine**, the Canadian Society for International Health is helping Ukrainian youth become more aware of their high-risk behaviours. In recent years, the rates of HIV/AIDS, smoking, and suicide among Ukrainian youth have soared. Three Ukrainian ministries are working with Health Canada to develop and implement national policies that promote healthy lifestyles among young people.

- In **Romania**, UNICEF and the Canadian Public Health Association are helping to break the silence about HIV/AIDS. More than half the AIDS-affected children in Europe are in Romania, and the numbers are rising. Almost 5,000 children under 12 have been infected through the use of unsterilized needles. At the grassroots level, the program is supporting innovative projects that offer health services and education. At the national level, it is working with key government ministries and non-governmental organizations to develop a national HIV/AIDS plan.

- In **Russia**, the Canada AIDS Russia Project—a Canadian non-governmental organization made up of experts from the University of Toronto, the Toronto General Hospital, and Casey House—is strengthening the Russian Federal AIDS Program and community responses to HIV/AIDS in nine regions. Working with a medical school, a hospital, an AIDS centre, and community groups, the project is developing a new curriculum for training HIV/AIDS health professionals, as well as new guidelines for HIV policy and practice in Russia. The project gives small grants to help strengthen community responses to HIV/AIDS. It has also created an Internet-based information system.

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Canadian International Development Agency

Statement

CHECK AGAINST DELIVERY

NOTES FOR REMARKS

BY

THE HONOURABLE MARIA MINNA

MINISTER FOR INTERNATIONAL COOPERATION

AT

THE LAUNCH OF CANADA'S HIV/AIDS ACTION PLAN

Toronto, Ontario
June 1, 2000

Government of Canada / Gouvernement du Canada

Good morning.

I want to first welcome you to this international conference and thank you for attending.

I think that the next two days will be a very important step as we prepare for the World Aids Conference in Durban next month.

Before I get too far into my speech this morning, I want to start by putting something very important on the table.

The children, women and men infected with HIV do not need us to conduct another global talk shop. We're dealing with a devastating issue that demands action now - and results.

To keep our attention focused on what's important, I've put this simple clock on the main screen behind me to constantly remind us over the next two days of why we're here.

Every five seconds, another person somewhere in the world is infected by HIV.

By the time I've finished speaking this morning, another 130 people or so will have been infected. That's about the same number of people in the room right now.

By the time this conference closes tomorrow, more than 26,000 people will have been infected.

That's why we're here. And those people deserve more than rhetoric from us.

That's precisely why I intend to do much more than just talk this morning.

We're going to hear a lot of statistics over the next two days, so I'll spare you a drawn-out list of numbers most of you know.

But I do want us to focus on a couple of staggering figures that can't be ignored.

In many areas of the world - especially Africa - AIDS is wiping out decades of hard-won development gains. Teachers and health professionals are dying faster than we can train new ones.

The economic destabilization of communities is staggering.

The spread of AIDS undermines investments in education and human resource development. It decreases agricultural production and further drives a wedge into the gender gap.

More than 40 million children will be orphaned in the next ten years - losing either one or both of their parents to AIDS.

To put that in context, that's 25 percent more than the population of Canada.

This unprecedented tragedy is imposing a heavy toll on health systems, communities, and households.

And AIDS is spreading faster than our efforts to contain it.

Twelve countries in sub-Saharan Africa have adult HIV infection rates over 10%.

In India and China, the world's two most populated nations, the rate of infection has grown dramatically.

In eastern Europe and Central Asia - half of all infections took place in the last two years.

Latin America and the Caribbean have the highest infection rates anywhere in the world outside of Africa.

Those are some of the stark challenges of this very aggressive disease.

And I think it's clear that we need an equally aggressive plan to confront the pandemic.

Today, I am very pleased to make a number of significant announcement.

When I arrived at the Canadian International Development Agency last August, I took a great deal of time to assess how and where we spent our money.

The needs of the world are so great, and like all other governments in the world, our resources in comparison are so limited.

I decided that to be effective, we have to limit our priorities and focus our resources.

After months of discussions, I have put together a Social Development Agenda for Canada's aid program.

The Social Development Agenda will focus our aid budget on four basic - but critical - priorities.

Fighting HIV / AIDS. Providing basic health and nutrition. Ensuring access to education. And protecting children.

Woven throughout these priorities will be gender equality and respect for human rights.

These priorities will mean new money. New programs. And new ways of thinking about how we can make real progress in these areas.

This includes integrating all the work we do and recognizing that these priorities are not isolated. It means looking at development from the whole - not the part.

A child must be healthy to learn, must be protected from assault and abduction, must have access to education, and not be orphaned by losing one or both parents to AIDS. It's all linked together.

Earlier this week, I announced some details of this refocusing to my department in Ottawa. In the very near future, I will be announcing to the media and Canadians what this refocusing will mean for Canada's aid program.

But this morning, I want to lay out the details of one of my four priorities: Fighting HIV / AIDS in developing countries.

Today I am launching an aggressive Canadian Action Plan to fight HIV / AIDS around the world. One that will help reduce the impact and the number of victims in developing countries.

It is an action-oriented plan with several clear - and reachable - goals.

Along with other world donors and our partners, we will play a leading role in the fight against HIV / AIDS by reducing the number of infections in the 15-24 age group by 25% in the most affected countries by 2005.

In addition, we will help ensure that within ten years, at least 95% of young women and men aged 15-24 have access to the information, education and services necessary to reduce their vulnerability to HIV infection.

Canada alone can also make a difference:

- in better regional and international coordination;
- in encouraging increased political commitment in developing countries;
- in country-focused approaches that put developing countries in the driver's seat;
- in targeting our aid to children and women affected by AIDS;
- in reducing mother-to-child transmissions; and
- in making real progress to change behaviour through information, education, and communication programming. This includes the use of radio as the most effective medium to reach and educate the maximum number of people.

How many of us have attended conferences - just like this - and heard similar commitments? Making commitments at conferences like this is important - but easy. Following through on those commitments - and demonstrating action now - is much harder.

And what is a plan - without the money and political determination to make it happen?

When I arrived at CIDA last year, I looked at the budget for AIDS and discovered that we were spending about $20 Million a year.

Today, I am announcing that I will more than triple our budget over the next three years to $62 Million a year.

In real terms, this means $120 Million will be spent on fighting HIV / AIDS in the next three years. $22 Million this year. $36 Million next year. And $62 Million the year after that.

The impact will be significant.

We must coordinate with our partners to ensure the most effective use of our spending. This involves integration on the ground and reducing overlap and duplication.

Only together with our partners, NGOs, the private sector, other donor countries, developing countries and international organizations like UNAIDS will we be able to make a major impact.

And that's what must be done.

Today I'm increasing our budget for AIDS and putting some of Canada's new commitments on the table. I want to encourage and challenge my counterparts around the world to do the same.

I urge our partners - including those in the room today - to add more resources and undertake focused planning as to how you can most effectively work with us as we increase our commitments over the next few years.

Let me now speak briefly about how we intend to spend some of this new money.

A common - and valid - criticism is that we don't put enough focus in specific areas to make a real difference.

Today, I am announcing that Canada will start focusing its investments in countries which have demonstrated a clear commitment to fighting HIV / AIDS.

In this context, the first country we have chosen to receive special focus is Malawi, and today I am announcing a $13 Million program over the next 5 years.

It's important to understand why we've chosen Malawi - and use this example as a template in helping other specific countries.

When I visited Malawi recently, I met with their President and he shared with me his commitment to fight HIV / AIDS. I saw this commitment first hand at the political, social, and economic level.

The Government of Malawi - and their Minister of Health who is with us today - has put in place a system to support investments to control and reduce this disease.

- They have an open and transparent budget process and have identified their own budget to fight AIDS;
- They have developed a national framework and agenda for action with support from the broad international community;
- They have an assessment and monitoring procedure to track the effectiveness of spending;
- They are developing programming for education, treatment, and prevention;
- And they have demonstrated a clear intention to continue this commitment for years to come.

I believe that once a country has at least taken these steps, that it is the responsibility of countries like Canada - and other donors around the world - to make sure that their efforts are not halted for lack of resources.

That is why today I am pleased to announce this $13 Million contribution over the next five years.

Canada also has to listen to international bodies and experts who have advice on the most effective ways to attack this disease and best practices to follow.

One area that deserves greater attention is the research and development of vaccines, immunizations, and preventative measures.

Canada is again prepared to do its fair share.

Today, I am very pleased to announce $3.8 Million for operational trials of a drug called "Nevirapine" that shows promising results in reducing the mother-to-child transmission of HIV.

This will be one critical component of a more comprehensive approach which includes helping mothers to remain as healthy as possible - for as long possible.

It also includes support for women in safe infant feeding, post-natal counseling, the promotion of good health and nutrition, condom use, and family planning / child spacing.

Finally, it means giving millions of children the hope to grow up free from an automatic disadvantage of being infected from birth and stigmatized.

Early trials in Uganda have shown great promise and indicate that Nevirapine can be 50% more effective than the current drug, AZT.

I look forward to hearing about these experiences from the Uganda delegation.

The other appealing element is the cost - at only $4 per treatment, it could be much more accessible and widely used in countries where an annual income can be as low as $250.

Currently, AZT can cost anywhere from $100 to $1000 dollars - depending on the course of treatment.

Today's announcement will allow our partner, UNICEF, to conduct operational research, testing, counseling, drug procurement, monitoring, and evaluation.

And hopefully, we will be in a position in about two years to announce the findings of those tests. Early results are very promising.

I am also announcing today a contribution of up to $5 Million for IAVI - the International AIDS Vaccine Initiative, a global organization working to speed up the development and distribution of preventive AIDS vaccines.

This particular initiative caught my eye because their work is done on the ground in developing countries - working to find HIV vaccines that are tailored the specific virus strains in the regions.

This is where the trials and tests will happen. And this is where the vaccines will ultimately be used.

To be blunt, we need breakthroughs - in treatments, and hopefully vaccines.

Canada will continue to play an important role in making this happen.

But our partners in the pharmaceutical industry also have a critical role to play.

We have all seen the recent news reports of pharmaceutical companies promising to dramatically reduce the cost and accessibility of their treatments.

But, in reality, this commitment has only been made by one company in a specific area.

I welcome this commitment. But I also stress with urgency that the industry as a whole must move quickly and decisively to build on this commitment and make it a reality.

I, along with many of you, will be pursuing this issue next month in Durban.

The clock is ticking. And with this promise on the table, every person that continues to die due to the inaccessibility or excessive cost of drugs is an even greater tragedy.

As a global community, we can not underestimate the urgency or the severity of this pandemic.

Just during my very short time in front of you today, about 150 people have contracted the disease.

We owe it to the mothers, the fathers, and the children in developing countries to act now.

We also owe it to our own children to make sure they grow up in a world that is committed to halting and reducing the prevalance of this terrible disease.

I have today put forward Canada's Action Plan to fight HIV / AIDS around the world.

I encourage you to read it and debate its merits today and tomorrow.

I see this plan as a solid first step. I'm asking for your input and expertise to make that every dollar I commit helps the most number of people in the most effective way possible.

After including your comments from this conference, I will be taking it to Durban next month to continue to lobby and urge my counterparts to join me in doing more to attack and confront this global pandemic.

Thank you.

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Why is CIDA funding research on nevirapine?

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The best long-term hope for ending AIDS is through the development and use of a preventive vaccine. Despite progress in recent years, vaccine development is still not prominent on national or international public health agendas. This commitment is an important step.

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QUESTIONS AND ANSWERS ON HIV/AIDS IN MALAWI

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Canada

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This epidemic is severely affecting Malawi's society, economy and health care system. Families are losing parents and leaving behind an estimated 70,000 new orphans each year. The advent of HIV has also caused a three to four fold increase in TB cases which have strained a health care system that is already burdened with other HIV related illnesses. Illness and a decrease in life expectancy is depleting the productive members of society.

How is CIDA helping?

CIDA is supporting the Government of Malawi in implementing its National HIV/AIDS Strategic Framework by supporting programs to prevent HIV and sexually transmitted diseases. CIDA is also including HIV/AIDS education in all projects where appropriate, and informing and educating its Canadian and Malawian partners.

-30-

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TO: [redacted]

FR: ALEX ROSS

Sandy

Urgent. [redacted] - see the budget figures.

Alp.

From the Canadian meeting

Canadian International Development Agency

Backgrounder

May 2000

HIV/AIDS:
Confronting the Global Pandemic, Canada's Contribution
An International Conference
Toronto, June 1 and 2, 2000

Maria Minna, Canada's Minister for International Cooperation, will host an international conference on HIV/AIDS in Toronto, June 1 and 2, 2000. Conference participants will include health experts and policy-makers from more than 20 countries around the world, including representatives from United Nations agencies and Canadian non-governmental organizations.

Why hold an international conference on HIV/AIDS?

Minister Minna announced her commitment to hold an international conference on HIV/AIDS on December 1, 1999—World AIDS Day. Although the world has been fighting HIV/AIDS for more than a decade, the disease remains a growing threat to global health. There are about 16,000 new infections every day, the vast majority in developing countries. The disease is threatening to reverse three decades of development progress in a single generation.

The Toronto conference will provide an opportunity for international health experts, policy-makers, non-governmental organizations and people living with AIDS to exchange ideas and information on how to effectively meet the challenges of controlling the disease. This conference will reflect CIDA's commitment to increase its HIV/AIDS programming in developing countries.

What does CIDA hope to accomplish during the conference?

The objectives of the meeting are to share information on best practices and lessons learned in HIV/AIDS programming and to discuss opportunities and next steps for greater impact in collaboration with these partners. It will help Canada to position its strategy for combating the pandemic in developing countries prior to the XIIIth International AIDS Conference in Durban, South Africa, July 9 to 14, 2000. Minister Minna will lead the Canadian delegation to this conference.

During the Toronto conference, Minister Minna will unveil CIDA's new HIV/AIDS action plan for controlling and preventing the spread of HIV/AIDS in developing countries. Among other things, the action plan outlines opportunities for enhancing CIDA programming and the challenges in fighting the spread of HIV/AIDS. It also sets out specific goals for Canada and its partners.

How much money has CIDA spent on HIV/AIDS so far?

Since 1987, CIDA has committed more than $135 million to support programs in developing countries that help prevent HIV/AIDS infections, educate people about the virus, and inform others about how to care for people who are infected.

What kinds of HIV/AIDS projects does CIDA support?

Here are a few examples of the kinds of projects CIDA is currently funding around the world, by region.

Africa

- In **Kenya**, a University of Manitoba/University of Nairobi project is helping to control the spread of HIV in two districts of Nairobi and Nakuru by controlling sexually transmitted diseases (STDs). The project, which reaches more than 1.7 million people, has had some substantial successes: for example, in the areas covered by the project, data indicates a decline in the prevalence of HIV in young women aged 15 to 19 from 18 percent in 1993 to 12 percent in 1997.

- In **Francophone Africa** (Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger, and Senegal), a project of the *Centre de coopération internationale en santé et developpement* (CCISD) is minimizing the transmission of HIV/AIDS by controlling STDs. The Centre has trained more than 3,500 health officers in diagnosing and treating STDs, supported 487 health-care facilities, and funded 176 community projects that focus on educating seasonal workers, truckers, and drug vendors about STDs, and developing sustainable ways of giving out essential medicines. More than 110,000 STD cases (74% women) have been treated.

- In **Eastern and Southern Africa** (Botswana, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Zambia, and Zimbabwe), the University of Manitoba and CIDA have helped to establish the Regional AIDS Training Network (RATN). Fifteen academic and non-academic institutions are participating and increasing the quality of the training they offer. As well, more than 37 short courses for trainers of front-line, community-based STD/HIV/AIDS workers have been conducted. This network allows participants to share ideas and experiences with HIV/AIDS in six different African countries.

- In **Southern Africa**, the Canadian Public Health Association is managing a training program working to slow the spread of HIV in this region. The Southern Africa AIDS Training (SAT)

Program helps a wide variety of community-based organizations develop effective prevention and support programs. Partners include universities, trade unions, hospitals, AIDS service organizations, city health directorates, city councils, youth organizations, and women's groups. In **Malawi**, partner organizations have reported a remarkable increase in the reported use of condoms in the areas covered by the project—from 6 percent among men and 3 percent among women in 1992, to 49 percent among men and 27 percent among women in 1998. In **Zimbabwe**, also under the same initiative, the Family Support Trust has broken new ground in achieving an unprecedented understanding of the link between the sexual abuse of children and HIV/AIDS in Zimbabwe. It has found that some children whose parents have died of HIV/AIDS are abused by their new caregivers, some of whom are HIV-positive. The Family Support Trust offers clinical, counselling, and legal services to about 150 abused children each month.

- Also in **Zimbabwe**, CIDA's Food Aid Centre and several Canadian hospitals are working with the University of Zimbabwe and the City of Harare Health Department to test the potential of giving mothers and new-borns single oral doses of Vitamin A to prevent mother-to-child HIV transmission during breastfeeding.

Americas

- In the **Caribbean**, the Caribbean Epidemiology Centre (CAREC) project is strengthening the abilities of Caribbean countries to respond to the HIV/AIDS epidemic in the region. The project is supporting peer education and awareness programs, as well as community-based diagnosis, care and support of people infected and affected by HIV/AIDS. Countries are now establishing national systems for testing blood supplies. Initial results include a regional HIV/AIDS plan, more attention to the impact of HIV/AIDS by the Caribbean media, and increased funding by national governments. People living with HIV/AIDS have played an important role in increasing awareness of the disease among policy-makers, politicians, and the public, and in changing community attitudes towards sexual behaviour and discrimination.

- In **Cuba**, a YMCA project is offering a unique crisis telephone-support service to families and individuals who need help or information about health issues, including HIV/AIDS.

- In **Colombia** and **Jamaica**, two Planned Parenthood Federation of Canada projects provide training and education about sexually transmitted diseases to more than 17,000 adolescents.

Asia

- In **India**, the National AIDS Control Organization (NACO) is recently began working with three Canadian organizations to prevent the spread of HIV/AIDS in two states, Rajasthan and Karnataka. Although AIDS arrived in India fairly recently, the disease has spread rapidly and now affects more than 4 million people. Using lessons learned from Africa, this project is focusing on five key community-based prevention initiatives: peer counselling and condom

promotion, voluntary HIV counselling and testing; needle exchanges; management of other STDs; and drug therapy for HIV-positive mothers. Communities are also being mobilized to care for those already infected. Also, a Gems of Hope/Matthew 25 Society project in India reaches out to more than 18,000 commercial sex workers in Calcutta and provides women with treatment and education.

- In **Vietnam**, the British Columbia Centre for Disease Control is helping to prevent STDs, including HIV/AIDS, among female sex workers and injection drug users, and to diagnose and treat these infectious diseases.

Central and Eastern Europe

- In the **Ukraine**, the Canadian Society for International Health is helping Ukrainian youth become more aware of their high-risk behaviours. In recent years, the rates of HIV/AIDS, smoking, and suicide among Ukrainian youth have soared. Three Ukrainian ministries are working with Health Canada to develop and implement national policies that promote healthy lifestyles among young people.

- In **Romania**, UNICEF and the Canadian Public Health Association are helping to break the silence about HIV/AIDS. More than half the AIDS-affected children in Europe are in Romania, and the numbers are rising. Almost 5,000 children under 12 have been infected through the use of unsterilized needles. At the grassroots level, the program is supporting innovative projects that offer health services and education. At the national level, it is working with key government ministries and non-governmental organizations to develop a national HIV/AIDS plan.

- In **Russia**, the Canada AIDS Russia Project—a Canadian non-governmental organization made up of experts from the University of Toronto, the Toronto General Hospital, and Casey House—is strengthening the Russian Federal AIDS Program and community responses to HIV/AIDS in nine regions. Working with a medical school, a hospital, an AIDS centre, and community groups, the project is developing a new curriculum for training HIV/AIDS health professionals, as well as new guidelines for HIV policy and practice in Russia. The project gives small grants to help strengthen community responses to HIV/AIDS. It has also created an Internet-based information system.

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Canadian International Development Agency

Statement

CHECK AGAINST DELIVERY

NOTES FOR REMARKS

BY

THE HONOURABLE MARIA MINNA

MINISTER FOR INTERNATIONAL COOPERATION

AT

THE LAUNCH OF CANADA'S HIV/AIDS ACTION PLAN

Toronto, Ontario
June 1, 2000

Good morning.

I want to first welcome you to this international conference and thank you for attending.

I think that the next two days will be a very important step as we prepare for the World Aids Conference in Durban next month.

Before I get too far into my speech this morning, I want to start by putting something very important on the table.

The children, women and men infected with HIV do not need us to conduct another global talk shop. We're dealing with a devastating issue that demands action now - and results.

To keep our attention focused on what's important, I've put this simple clock on the main screen behind me to constantly remind us over the next two days of why we're here.

Every five seconds, another person somewhere in the world is infected by HIV.

By the time I've finished speaking this morning, another 130 people or so will have been infected. That's about the same number of people in the room right now.

By the time this conference closes tomorrow, more than 26,000 people will have been infected.

That's why we're here. And those people deserve more than rhetoric from us.

That's precisely why I intend to do much more than just talk this morning.

We're going to hear a lot of statistics over the next two days, so I'll spare you a drawn-out list of numbers most of you know.

But I do want us to focus on a couple of staggering figures that can't be ignored.

In many areas of the world - especially Africa - AIDS is wiping out decades of hard-won development gains. Teachers and health professionals are dying faster than we can train new ones.

The economic destabilization of communities is staggering.

The spread of AIDS undermines investments in education and human resource development. It decreases agricultural production and further drives a wedge into the gender gap.

More than 40 million children will be orphaned in the next ten years - losing either one or both of their parents to AIDS.

To put that in context, that's 25 percent more than the population of Canada.

This unprecedented tragedy is imposing a heavy toll on health systems, communities, and households.

And AIDS is spreading faster than our efforts to contain it.

Twelve countries in sub-Saharan Africa have adult HIV infection rates over 10%.

In India and China, the world's two most populated nations, the rate of infection has grown dramatically.

In eastern Europe and Central Asia - half of all infections took place in the last two years.

Latin America and the Caribbean have the highest infection rates anywhere in the world outside of Africa.

Those are some of the stark challenges of this very aggressive disease.

And I think it's clear that we need an equally aggressive plan to confront the pandemic.

Today, I am very pleased to make a number of significant announcement.

When I arrived at the Canadian International Development Agency last August, I took a great deal of time to assess how and where we spent our money.

The needs of the world are so great, and like all other governments in the world, our resources in comparison are so limited.

I decided that to be effective, we have to limit our priorities and focus our resources.

After months of discussions, I have put together a Social Development Agenda for Canada's aid program.

The Social Development Agenda will focus our aid budget on four basic - but critical - priorities.

Fighting HIV / AIDS. Providing basic health and nutrition. Ensuring access to education. And protecting children.

Woven throughout these priorities will be gender equality and respect for human rights.

These priorities will mean new money. New programs. And new ways of thinking about how we can make real progress in these areas.

This includes integrating all the work we do and recognizing that these priorities are not isolated. It means looking at development from the whole - not the part.

A child must be healthy to learn, must be protected from assault and abduction, must have access to education, and not be orphaned by losing one or both parents to AIDS. It's all linked together.

Earlier this week, I announced some details of this refocusing to my department in Ottawa. In the very near future, I will be announcing to the media and Canadians what this refocusing will mean for Canada's aid program.

But this morning, I want to lay out the details of one of my four priorities: Fighting HIV / AIDS in developing countries.

Today I am launching an aggressive Canadian Action Plan to fight HIV / AIDS around the world. One that will help reduce the impact and the number of victims in developing countries.

It is an action-oriented plan with several clear - and reachable - goals.

Along with other world donors and our partners, we will play a leading role in the fight against HIV / AIDS by reducing the number of infections in the 15-24 age group by 25% in the most affected countries by 2005.

In addition, we will help ensure that within ten years, at least 95% of young women and men aged 15-24 have access to the information, education and services necessary to reduce their vulnerability to HIV infection.

Canada alone can also make a difference:

- in better regional and international coordination;
- in encouraging increased political commitment in developing countries;
- in country-focused approaches that put developing countries in the driver's seat;
- in targeting our aid to children and women affected by AIDS;
- in reducing mother-to-child transmissions; and
- in making real progress to change behaviour through information, education, and communication programming. This includes the use of radio as the most effective medium to reach and educate the maximum number of people.

How many of us have attended conferences - just like this - and heard similar commitments? Making commitments at conferences like this is important - but easy. Following through on those commitments - and demonstrating action now - is much harder.

And what is a plan - without the money and political determination to make it happen?

When I arrived at CIDA last year, I looked at the budget for AIDS and discovered that we were spending about $20 Million a year.

Today, I am announcing that I will more than triple our budget over the next three years to $62 Million a year.

In real terms, this means $120 Million will be spent on fighting HIV / AIDS in the next three years. $22 Million this year. $36 Million next year. And $62 Million the year after that.

The impact will be significant.

We must coordinate with our partners to ensure the most effective use of our spending. This involves integration on the ground and reducing overlap and duplication.

Only together with our partners, NGOs, the private sector, other donor countries, developing countries and international organizations like UNAIDS will we be able to make a major impact.

And that's what must be done.

Today I'm increasing our budget for AIDS and putting some of Canada's new commitments on the table. I want to encourage and challenge my counterparts around the world to do the same.

I urge our partners - including those in the room today - to add more resources and undertake focused planning as to how you can most effectively work with us as we increase our commitments over the next few years.

Let me now speak briefly about how we intend to spend some of this new money.

A common - and valid - criticism is that we don't put enough focus in specific areas to make a real difference.

Today, I am announcing that Canada will start focusing its investments in countries which have demonstrated a clear commitment to fighting HIV / AIDS.

In this context, the first country we have chosen to receive special focus is Malawi, and today I am announcing a $13 Million program over the next 5 years.

It's important to understand why we've chosen Malawi - and use this example as a template in helping other specific countries.

When I visited Malawi recently, I met with their President and he shared with me his commitment to fight HIV / AIDS. I saw this commitment first hand at the political, social, and economic level.

The Government of Malawi - and their Minister of Health who is with us today - has put in place a system to support investments to control and reduce this disease.

- They have an open and transparent budget process and have identified their own budget to fight AIDS;
- They have developed a national framework and agenda for action with support from the broad international community;
- They have an assessment and monitoring procedure to track the effectiveness of spending;
- They are developing programming for education, treatment, and prevention;
- And they have demonstrated a clear intention to continue this commitment for years to come.

I believe that once a country has at least taken these steps, that it is the responsibility of countries like Canada - and other donors around the world - to make sure that their efforts are not halted for lack of resources.

That is why today I am pleased to announce this $13 Million contribution over the next five years.

Canada also has to listen to international bodies and experts who have advice on the most effective ways to attack this disease and best practices to follow.

One area that deserves greater attention is the research and development of vaccines, immunizations, and preventative measures.

Canada is again prepared to do its fair share.

Today, I am very pleased to announce $3.8 Million for operational trials of a drug called "Nevirapine" that shows promising results in reducing the mother-to-child transmission of HIV.

This will be one critical component of a more comprehensive approach which includes helping mothers to remain as healthy as possible - for as long possible.

It also includes support for women in safe infant feeding, post-natal counseling, the promotion of good health and nutrition, condom use, and family planning / child spacing.

Finally, it means giving millions of children the hope to grow up free from an automatic disadvantage of being infected from birth and stigmatized.

Early trials in Uganda have shown great promise and indicate that Nevirapine can be 50% more effective than the current drug, AZT.

I look forward to hearing about these experiences from the Uganda delegation.

The other appealing element is the cost - at only $4 per treatment, it could be much more accessible and widely used in countries where an annual income can be as low as $250.

Currently, AZT can cost anywhere from $100 to $1000 dollars - depending on the course of treatment.

Today's announcement will allow our partner, UNICEF, to conduct operational research, testing, counseling, drug procurement, monitoring, and evaluation.

And hopefully, we will be in a position in about two years to announce the findings of those tests. Early results are very promising.

I am also announcing today a contribution of up to $5 Million for IAVI - the International AIDS Vaccine Initiative, a global organization working to speed up the development and distribution of preventive AIDS vaccines.

This particular initiative caught my eye because their work is done on the ground in developing countries - working to find HIV vaccines that are tailored the specific virus strains in the regions.

This is where the trials and tests will happen. And this is where the vaccines will ultimately be used.

To be blunt, we need breakthroughs - in treatments, and hopefully vaccines.

Canada will continue to play an important role in making this happen.

But our partners in the pharmaceutical industry also have a critical role to play.

We have all seen the recent news reports of pharmaceutical companies promising to dramatically reduce the cost and accessibility of their treatments.

But, in reality, this commitment has only been made by one company in a specific area.

I welcome this commitment. But I also stress with urgency that the industry as a whole must move quickly and decisively to build on this commitment and make it a reality.

I, along with many of you, will be pursuing this issue next month in Durban.

The clock is ticking. And with this promise on the table, every person that continues to die due to the inaccessibility or excessive cost of drugs is an even greater tragedy.

As a global community, we can not underestimate the urgency or the severity of this pandemic.

Just during my very short time in front of you today, about 150 people have contracted the disease.

We owe it to the mothers, the fathers, and the children in developing countries to act now.

We also owe it to our own children to make sure they grow up in a world that is committed to halting and reducing the prevalance of this terrible disease.

I have today put forward Canada's Action Plan to fight HIV / AIDS around the world.

I encourage you to read it and debate its merits today and tomorrow.

I see this plan as a solid first step. I'm asking for your input and expertise to make that every dollar I commit helps the most number of people in the most effective way possible.

After including your comments from this conference, I will be taking it to Durban next month to continue to lobby and urge my counterparts to join me in doing more to attack and confront this global pandemic.

Thank you.

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News Release

1998-33
May 28, 1998

HEALTH MINISTER ANNOUNCES DETAILS OF NEW CANADIAN STRATEGY ON HIV/AIDS

OTTAWA — Health Minister Allan Rock today announced the details of the Canadian Strategy on HIV/AIDS.

"We have been effective in so many areas in our HIV/AIDS efforts," said the Minister, "but the hard reality is that the epidemic is gaining ground elsewhere. The new Canadian Strategy on HIV/AIDS is the result of extensive and unprecedented consultations with those Canadians who know this disease best. With the help of community partners and provinces and territories, we designed a strategy based on what we heard, one with clear direction, yet flexible enough to address emerging issues as they arise," added Minister Rock.

In announcing the Strategy the Minister made public the following:

- Health Canada has developed a new initiative to make available promising drug products for life-threatening or severely debilitating conditions for which there are few known therapies. The new policy, which takes effect immediately, will make these drug products available to Canadians sooner, where there is substantive evidence of safety, quality and predicted benefit.

- The annual funding of $42.2 million will include: $3.9 million for prevention work; $10.0 million for community development and support to national non-governmental organizations; $4.75 million for care, treatment, and support; $13.15 million for research; $4.3 million for surveillance; $0.3 million for international collaboration; $0.7 million for legal, ethical, and human rights issues; $2.6 million for Aboriginal communities; $1.9 million for consultation, evaluation, monitoring, and reporting; and $0.6 million for additional prevention, care, and treatment activities within the Correctional Service of Canada.

- The Canadian Strategy on HIV/AIDS will not be time-limited. The new funding will ensure the sustainability and responsiveness of Canada's efforts well into the 21st century. Previous HIV/AIDS initiatives, being time-limited, were less adaptable to the changing face of the epidemic.

.../2

- The 15-member Ministerial Council on HIV/AIDS will support the effective and efficient implementation of a shared national HIV/AIDS strategy by providing advice to the Minister of Health. Greg Robinson and Dominique Tessier have been appointed to co-chair the Council. The provincial Co-Chair of the Federal-Provincial-Territorial Advisory Committee on HIV/AIDS, Bryce Larke, will hold an ex-officio position on the Ministerial Council. A representative from Health Canada will also hold an ex-officio position on the Council.

- The Correctional Service of Canada (CSC) will receive $600,000 from Health Canada towards preventing the spread of HIV infection in federal correctional institutions; providing quality care and treatment for offenders with HIV/AIDS; and, continuing to work with key stakeholders and health care partners to contribute to a greater understanding of HIV/AIDS in the correctional environment and to ensure a coordinated and sustainable national response. This $600,000 is in addition to the more than $4 million already spent annually on various HIV/AIDS Programs.

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Attachments:

- Backgrounder (What is HIV/AIDS?)
- The Consultation Process: Towards a Canadian Approach on HIV/AIDS
- The Canadian Strategy on HIV/AIDS — Goals and Themes
- Canadian Strategy on HIV/AIDS — Funding
- Ministerial Council on HIV/AIDS
- Policy - Notice of Compliance with Conditions
- HIV/AIDS Epi Update

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Health Canada news releases are available on the Internet at http://www.hc-sc.gc.ca/english/news-arc.htm#rel

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Health Canada Santé Canada

THE CANADIAN STRATEGY ON HIV/AIDS

MOVING FORWARD TOGETHER

Canada

Canadian International Development Agency

News Release

2000-33

Thursday, June 1, 2000
FOR IMMEDIATE RELEASE

CANADA ANNOUNCES $120 MILLION TO FIGHT HIV/AIDS AROUND THE WORLD

TORONTO — Maria Minna, Canada's Minister for International Cooperation, today announced that the Canadian International Development Agency (CIDA) will spend $120 million over the next three years to fight HIV/AIDS in developing countries and in countries in transition. The Minister made the announcement in Toronto where she is hosting an international HIV/AIDS conference today and tomorrow.

"Despite all of the important contributions to fight HIV/AIDS in developing countries, the pandemic still remains a serious threat, with an estimated 16,000 new infections every day," said Minister Minna. "Today's contribution is part of an aggressive Canadian plan to fight HIV/AIDS around the world, which is one of the single biggest threats to development."

The funding is broken down as follows:

- 2000-2001 fiscal year: $22 million
- 2001-2002 fiscal year: $36 million
- 2002-2003 fiscal year: $62 million

This will more than triple last year's budget of $20 million for fighting HIV/AIDS in developing countries.

At the conference, Minister Minna briefly outlined how the funding will be used by launching CIDA's Action Plan to control and prevent the spread of the disease in developing countries and countries in transition. The Action Plan provides a broad overview of CIDA's current HIV/AIDS programs and identifies areas where gaps exist. It also highlights what works in terms of control and prevention, and identifies areas for future programming.

The Plan's objectives are to:

- ensure that, by 2010, at least 95% of young men and women aged 15-24 have access to the information, education and services necessary to reduce their vulnerability to HIV infection (approximately 70% of HIV-positive women in sub-Saharan Africa are aged 15-24);

- reduce the level of HIV infections in the 15-24 age group by 25% in the most affected countries by 2005;
- concentrate our efforts to significantly reduce the number of new HIV cases in at least one country.

Maria Minna also announced the following specific initiatives that will contribute to fighting HIV/AIDS in developing countries and countries in transition.

Research and vaccines

- CIDA will contribute $5 million to the International AIDS Vaccine Initiative (IAVI), a global organization working to speed the development and distribution of preventive AIDS vaccines. IAVI's work focuses on three areas: moving promising new vaccine concepts which are appropriate for developing countries into clinical trials as quickly as possible, and creating partnerships with developing country scientists; raising international understanding of and support for the need for an AIDS vaccine; encouraging the commercial sector to invest in AIDS vaccine development.
- CIDA will provide $3.8 million to UNICEF to conduct operational research on the anti-HIV drug Nevirapine in sub-Saharan Africa, the region with the highest HIV/AIDS infection rates world-wide. The drug may help prevent the transmission of HIV from a mother to her child. The funds will be used over a two-year period to cover the cost of HIV testing, counselling, drug procurement, monitoring and evaluation. Potential drug-resistance and side-effects will be closely monitored, as well as the impact of the programme on maternal and child survival.

Preventing the spread of HIV in Malawi

- In Malawi, CIDA will provide $13 million over five years to focus on the behavioural change needed to prevent the further spread of HIV/AIDS. This project will support research, and the design and implementation of culturally relevant strategies to change behaviour which promotes the spread of HIV. For example, such strategies will draw on the traditional authority of village elders, traditional healers and religious leaders, in addition to targeting youth. CIDA's contribution is built into a national HIV/AIDS strategic framework and agenda for action developed by the Government of Malawi with support from the international community.

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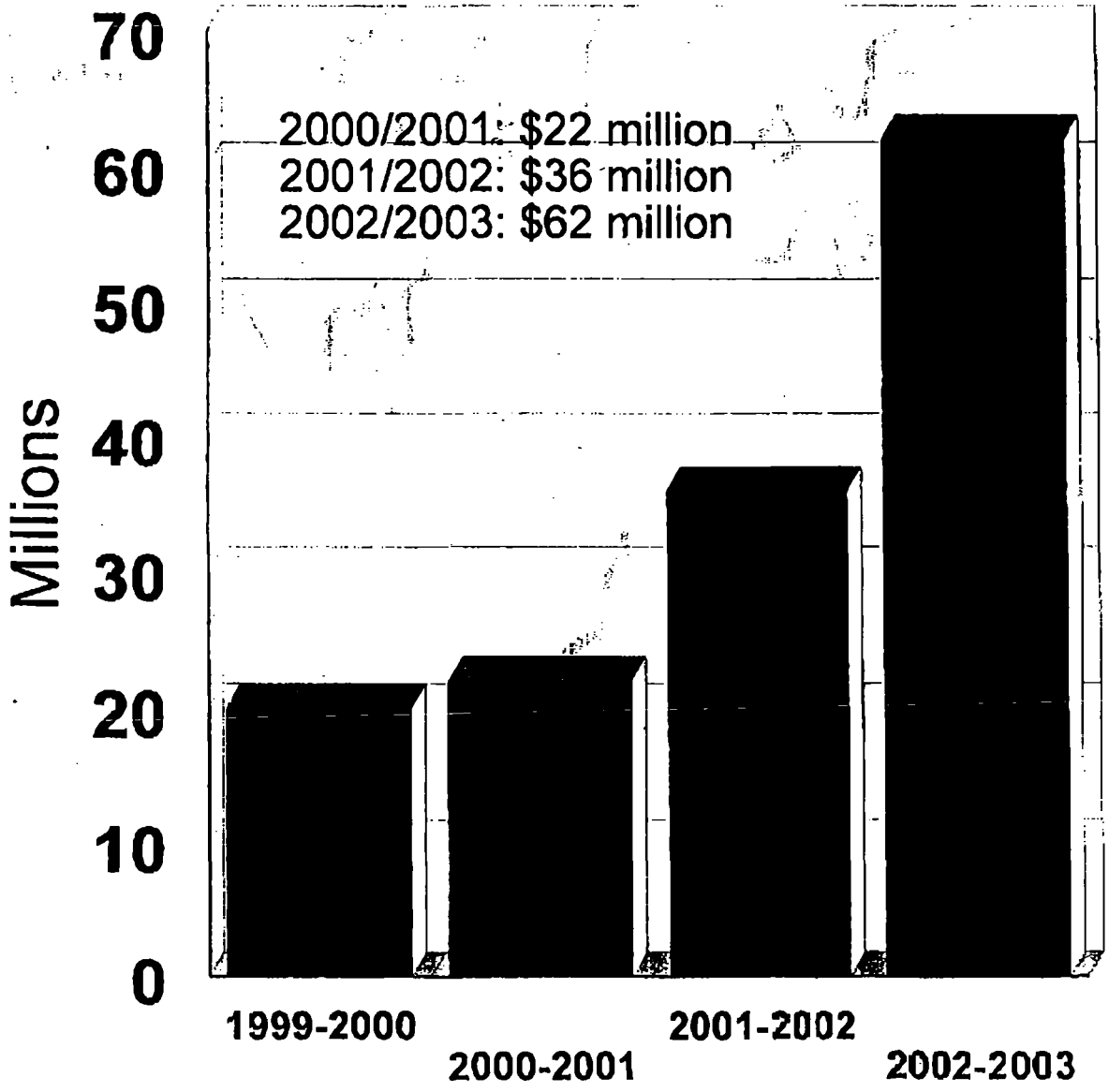
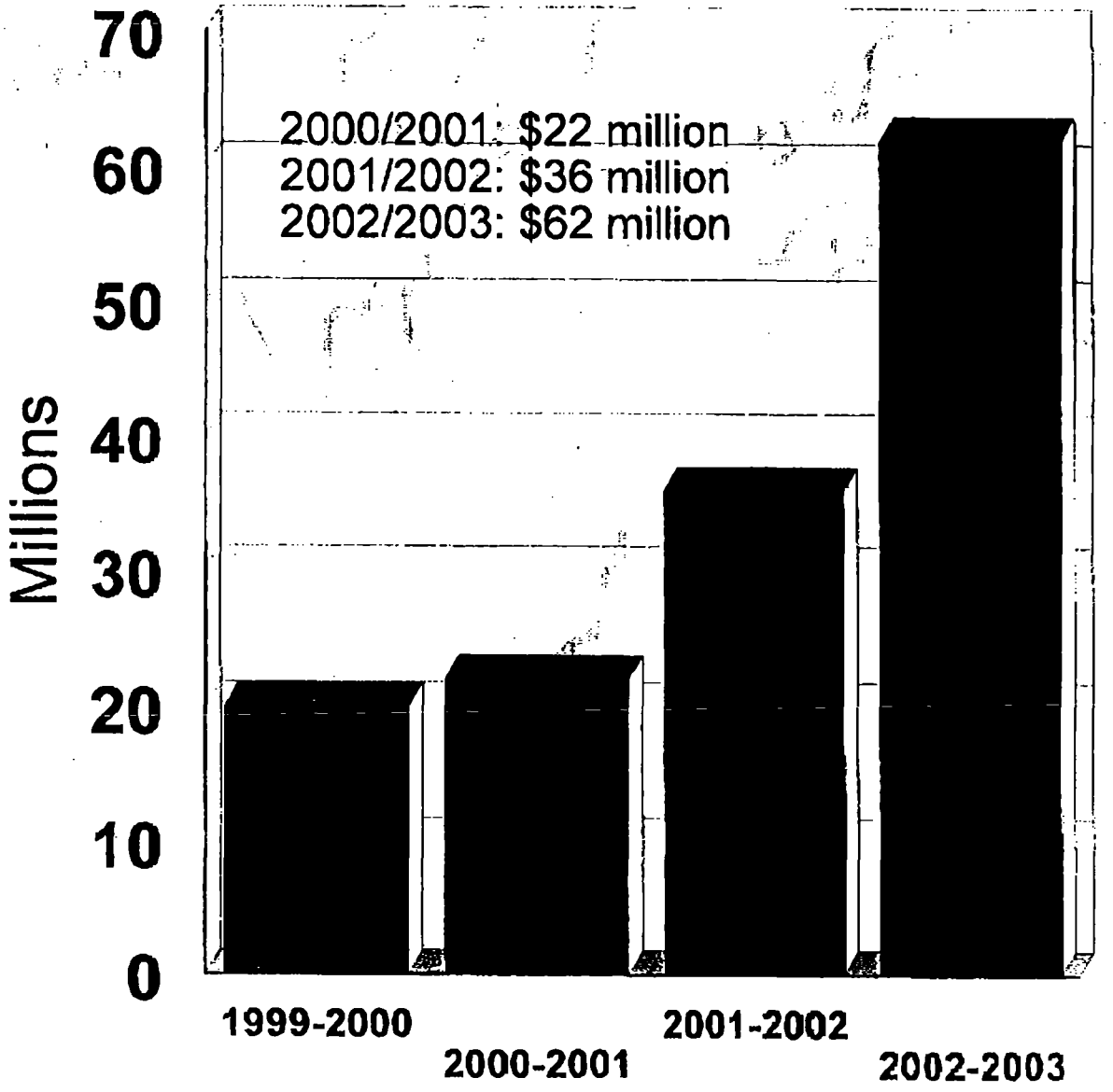
CIDA committed to long-term war on HIV/AIDS



Total new spending: $120 million over 3 years

■ Current spending and projections

CIDA committed to long-term war on HIV/AIDS



Total new spending: $120 million over 3 years

■ Current spending and projections

AMBASSADOR OF THE UNITED STATES OF AMERICA
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NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS
Ottawa, Canada
September 29 - October 1, 1999

OVERVIEW

Background
The Conference of Spouses of Heads of State and Government of the Americas originated in 1980, when the First Spouses of Central America decided to gather to exchange experiences and integrate goals, projects and mechanisms for action and cooperation between their nations. The Conference became an annual event in 1991, in Venezuela. It turned into a hemispheric event in 1994, when Canada and the United States participated in it for the first time.

The Ninth Conference of Spouses of Heads of State and Government of the Americas will be hosted by Canada from September 29 to October 1, 1999. The eight previous conferences have been held in Chile (1998), Panama (1997), Bolivia (1996), Paraguay (1995), Saint Lucia (1994), Costa Rica (1993), Colombia (1992) and Venezuela (1991).

Context: Canada and the Inter-American Agenda
In 1990, Canada officially joined the Organization of American States. This was the result of Canada's decision to become a more involved and active partner in the Americas. Since then, Canada has been increasingly involved in the new Inter-American agenda, particularly through its human security and human rights concerns, the anti-personnel mine initiative, trade liberalization and partnerships with civil society.

Canada's hosting of the Ninth Conference of Spouses is thus consistent with its enhanced profile in the region. It is part of a broader Inter-American agenda that includes five other major hemispheric events to be hosted by Canada over the next three years. These five high profile events are: the XIII Pan American Games (July 23 to August 8, 1999), the American Business Forum followed by the Hemispheric Trade (FTAA) Ministerial (November 1 to 4, 1999), the Organization of American States General Assembly (June 2000) and the Summit of the Americas (Spring of 2001).

The Ninth Conference of Spouses of Heads of State and Government of the Americas
The Conference of Spouses traditionally focuses on social welfare themes, such as health, education, violence, and increased participation in society of women and children. This year, the themes selected are: *A Healthy Start: Children from 0-6*, and *Women's Health*. Both themes are of common relevance for all countries in the region, and at the same time, broad enough to accommodate a large number of sub-themes, depending on the priorities and interests of each country.

NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

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NEUVIÈME CONFÉRENCE DES ÉPOUSES DES CHEFS D'ÉTAT ET DE GOUVERNEMENT DES AMÉRIQUES

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NOVENA CONFERENCIA DE ESPOSAS DE JEFES DE ESTADO Y DE GOBIERNO DE LAS AMÉRICAS

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It has been customary for the host country to hold a Technical Meeting previous to the Conference itself. During these technical meetings, government delegates and technical advisors from each country, and international cooperation agencies, follow up on projects endorsed at previous conferences, present new projects for information and/or consideration. Delegates also review and revise draft Conference documents, and discuss logistical and security preparations for the Conference. This year, the Technical Meeting will be held in Ottawa from July 6 to 9.

During the Conference itself, the First Spouses endorse the projects previously discussed and approved at the Technical Meeting. On the last day, they sign a declaration committing to the agreements reached at the Conference.

A significant aspect of these Conferences is the participation of International Cooperation Agencies. Working closely with these agencies, the Conference provides a very useful forum for advocacy and support for international cooperation based on programs and projects of regional and national interest. Some of the international cooperation agencies that will be present at the Ninth Conference are: the Inter-American Development Bank (IDB), the Inter-American Institute for Co-operation on Agriculture (IICA), the Organization of American States (OAS), the Pan-American Health Organization (PAHO), the United Nations AIDS Program (UNAIDS), the United Nations Children Fund (UNICEF), and the Inter-American Children's Institute (IACI), among others.

Participation of Non-Governmental Organizations

In somewhat of a departure from the previous conferences, the Ninth Conference will include a Non-Governmental Organizations (NGOs) Fair. The objective of this event is to bring together non-governmental organizations from Canada and the rest of the hemisphere that are active in the areas of early childhood development and women's health, enabling them to share ideas and experiences, to meet and exchange information with international cooperation agencies and amongst each other. Each First Lady has been invited to select two NGOs from her own country to participate in the Fair, whose mandates are relevant to the themes of the Conference.

On each morning during the Conference, the First Spouses will have one hour to tour the Fair. The first day will be dedicated to those NGOs whose mandate is relevant to early childhood development, and the second day will be on Women's Health. In the afternoon, NGOs will have an opportunity to meet with international cooperation agencies and other government departments to share information and explore opportunities for collaboration.

NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

WOMEN OF THE AMERICAS: AGENTS OF CHANGE

Ottawa, Canada September 29 - October 1, 1999

Draft Conference Program

Wednesday, September 29

3:00 - 6:00 pm	Registration
6:00 - 7:30 pm	Opening Ceremony and Reception **National Art Gallery**

Thursday, September 30

7:30 am - 8:30 am	Registration
8:30 am - 9:00 am	**Follow-up Report to Eight Conference** Brief presentation summarizing actions taken by the First Spouses since the last conference.
9:00 am - 10:00 am	**Dr. Paul Steinhauer: "Why Zero to Six Matters"** 45-minute presentation by Dr. Steinhauer on child brain development and why the years 0 to 6 are critical determinants of a child's long term life chances, followed by a 15-minute question period.
10:00 am - 10:15 am	**Remarks from First Spouses** 3 First Spouses deliver their remarks on the first theme: A Healthy Start: Investing in Children 0-6.
10:15 am - 10:30 am	**Coffee break**
10:30 am - 10:50 am	**Remarks from First Spouses** 4 First Spouses deliver their remarks on the first theme: A Healthy Start: Investing in Children 0-6.
10:50 am - 11:20 am	**Follow up of IICA's Project: Business Development Program for Rural Women (PADEMUR).** Representatives from IICA will report on the results of the project the First Spouses endorsed at the 1997 conference in Panama.
11:30 am - 12:30 pm	**First Spouses and Delegations tour NGO exhibits** Approximately 30 Canadian NGOs and NGOs from the Americas whose missions are relevant to the Conference themes who are active internationally or wish to be, will be invited to participate in a half-day NGO fair where they can exchange ideas and experiences and exhibit information on their programs.

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NOVENA CONFERENCIA DE ESPOSAS DE JEFES DE ESTADO Y DE GOBIERNO DE LAS AMÉRICAS

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12:45 pm - 2:15 pm	**Lunch** First Spouses to lunch separately at Daly's restaurant in the Westin. Buffet luncheon to be served to other conference participants in another room.
2:30 pm - 3:00 pm	**Follow-up on Integra project** Representatives from the Fundación Integra to report on the results of the information sharing project the First Spouses endorsed at last year's conference in Santiago.
3:00 pm - 4:00 pm	**Presentation on proposed Projects Children 0-6**
(3:00 -3:15 pm)	*International Symposia on Early Childhood Education* Presented by the Education Unit for Social Development and Education (UDSE) of the Organization of American States (OAS)
(3:15-3:30 pm)	*Registration of Children Across the Americas* Presented by the United Nations Children's Fund (UNICEF)
(3:30-3:45 pm)	*Early Childhood Development in the Latin America and the Caribbean Region*, Presented by the United Nations Children's Fund (UNICEF)
(3:45-4:00 pm)	Question and answers
4:00 pm - 4:15 pm	**Coffee Break**
4:15 pm - 5:05 pm	**Remarks by First Spouses** 10 First Spouses deliver their remarks on the theme of children 0-6.
5:00 pm - 7:15 pm	**Break**
7:15 pm - 7:30 pm	First Spouses travel to cocktail reception/dinner
7:30 pm - 8:15 pm	**Cocktail Reception** Museum of Canadian Civilization
8:15 pm - 10:30 pm	**Dinner and Cultural Event** Museum of Canadian Civilization

Friday, October 1

9:00 am - 10:00 am	**Presentation on proposed Projects for endorsement on the second Theme of Women's Health**
(9:00-9:15 am)	*Prevention of Domestic Violence through Children's Education* Presented by the Inter-American Children's Institute (IACI)
(9:15-9:30 am)	*The DESAPER project* - Presented by the Pan American Health Organization (PAHO)
(9:30-9:45 am)	*Prevention of AIDS in Mothers and Children* - Presented by the United Nations AIDS Program (UNAIDS)

(9:45-10:00 am)	Questions and answers
10:00 am - 10:15 am	**Coffee Break**
10:15 am - 11:00 am	**First Spouses remarks** 9 First Spouses deliver their remarks on the second theme:Women's Health.
11:00 am - 12:00 pm	**First Spouses and Delegations tour NGO exhibits**
12:15 pm - 1:15 pm	**Lunch** First Spouses dine separately at Daly's. Buffet lunch for other conference participants
1:30 pm - 3:00 pm (1:30-2:30 pm)	**Telehealth Presentation** Demonstration of telehealth technology. Focus on telehealth as an efficient and effective means of providing health care services to rural and remote communities.
(2:30-3:00 pm)	Telehealth Video
3:00 pm - 3:15 pm	**Coffee Break**
3:15 pm - 3:55 pm	**Remarks by First Spouses** 8 First Spouses deliver their remarks on the second theme:Women's Health.
5:00 pm - 6:30 pm	**Closing Ceremony and signing of Ottawa Declaration**

RUSH

declined Oct. 13 C-Canadon - left voice mail

Health Canada / Santé Canada

International Affairs Directorate / Direction des affaires internationales

FACSIMILE MESSAGE / MESSAGE PAR TÉLÉCOPIEUR

Date: September 29, 1999

TO: Cheryl
Sandy Thurman's assistant
Office of National AIDS Policy

RUSH

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No. of PAGES: (including cover page) 3

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Cheryl:

As promised by Jim Sherry UNAIDS, attached are supplementary information on the Policy Dialogue on HIV/AIDS to be held in Canada, Nov 8-10, 1999.

If you require further information, please do not hesitate to call me at 613-941-4765.

Regards,
Martin Martin

RUSH

I sincerely hope that Ms. Thurman will be able to participate in the Dialogue on HIV/AIDS: Policy Dilemmas Facing Government, an invitational conference to be held on November 8-10, 1999 in Montebello, Québec, Canada.

The Dialogue will involve leading-edge policy thinkers from around the world. It will focus primarily on what the government sector in developed countries can and should be doing to address some of today's major HIV/AIDS issues.

The Dialogue is being co-sponsored by the United Nations Joint Programme on HIV/AIDS (UNAIDS) and Health Canada. Between 30 and 40 policy thinkers from ten countries will be invited. The countries are: Australia, Brazil, Canada, India, Mexico, Sweden, Switzerland, Thailand, the United Kingdom and the United States.

Participants will include Dr. Peter Piot, the Executive Director of UNAIDS , the Hon. Alan Rock, Minister of Health of Canada, Mr. Eammon Murphy, Director of HIV/AIDS and Hepatitis C from Australia, JVR Prasada Rao from India, Dr. Schlegel, Head of the AIDS Section, Office of Public Health from Switzerland, Derek Bowdell, Chair of National AIDS Trust (UK), Ian Potter, Assistant Deputy Minister, Canada. Confirmed participants from the USA are Dr. Erik Goosby, Dr. Marsha Martin and Terje Anderson from the National Association of People with AIDS.

We are hoping that with the participation of Ms. Thurman will raise the level of participation from other countries.

Socio-economic policy choices, youth and HIV/AIDS, and the burgeoning epidemic among injection drug users will be the issues for discussion at this policy dialogue. The latter challenges our capacity to mount large-scale, targeted interventions and to provide effective care and support to a group that is stigmatized and living on the margins of society. We hope that the conference will throw light on the types of policy that governments should develop and on how best to mobilize popular support for future responses.

Policy papers on the issues that will be discussed at the conference are being prepared now and will be distributed to participants in advance.

I have enclosed a copy of the preliminary agenda. If Ms. Thurman cannot attend the entire conference, we would be most grateful if you could make it for at least the first day, Monday, November 8th.

Please note that Montebello is just outside of Ottawa. It takes about 90 minutes by car to get from the Ottawa airport to Montebello. We will be providing transportation between the airport and the hotel in Montebello.

If you have any questions, please do not hesitate to contact me at 613-941-4765.

Draft / September 7, 1999

Preliminary Agenda – International Policy Dialogue on HIV/AIDS – November 8-10, 1999

	Sun., Nov. 7	Mon., Nov. 8	Tues., Nov. 9	Wed., Nov. 10	
08:30		**OPENING SESSION** Welcome: Hon. A. Rock, Dr. P. Piot Introduction of Participants Opening Remarks: Setting the Context (Dr. Peter Piot)	**PLENARY** Report Back and Discussion Issue #2: Care, Treatment & Support	**PLENARY** Report Back and Discussion Issue #4: Youth	08:30
09:00					09:00
09:30					09:30
10:00		BREAK	BREAK	BREAK	10:00
10:30		**PLENARY** – Issue # 1: Dynamics and Determinants Discussion	**PLENARY** Report Back and Discussion Issue #3: Large-Scale Interventions	**PLENARY** Report Back and Discussion Issue #5: Socio-Economic Impact	10:30
11:00					11:00
11:30					11:30
12:00	Arrival of Participants	LUNCH	LUNCH	**CLOSING PLENARY** Conclusions Report from the Rapporteur	12:00
12:30	Hospitality Suite (16:00-20:00)				12:30
13:00				LUNCH	13:00
13:30		**PLENARY** – Presentations: Issues 2 & 3	**PLENARY** – Presentations: Issues 4 & 5	**CLOSING REMARKS** Jim Sherry Ian Potter	13:30
14:00		**SMALL GROUPS**	**SMALL GROUPS**		14:00
14:30		One group discusses issue #2: Care, Treatment & Support for IDUs	One group discusses issue #4: Youth		14:30
15:00				Departure of Participants	15:00
15:30		One group discusses issue #3: Large-Scale Interventions	One group discusses issue #5: Socio-Economic Impact		15:30
16:00		[Includes a 30-minute break]	[Includes a 30-minute break]		16:00
16:30					16:30
	SUPPER (19:00-21:00)	**BANQUET** (20:00 - 22:30)	SUPPER (19:00 - 21:00)		

Notes:
1. Each small group will have a chair and a rapporteur.
2. Key questions for the small groups will be prepared in advance.
3. A planning meeting for chairs and rapporteurs will be held at lunch on Monday, November 8th.
4. At the end of the day on Tuesday, November 9th, the synthesis group will meet.