



PROCEEDINGS

**ICAD Workshop on the UNGASS
Declaration of Commitment**

**Ottawa, Ontario, Canada
27-28 September 2002**

The Interagency Coalition on AIDS and Development

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ICAD's aim is to lessen the impact of HIV/AIDS in resource-poor communities and countries. We are a coalition of Canadian international development organizations, AIDS service organizations and other interested organizations and individuals. Funding for this publication was provided by Health Canada. The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health. Additional copies are available on the ICAD Web site at www.icad-cisd.com. Le feuillet “ ” est disponible en français. September 2002

The following document summarizes the proceeding of a workshop hosted by the Interagency Coalition on AIDS and Development (ICAD) September 27-28 in Ottawa. The objective of the workshop was:

1. To examine what Canada is doing domestically and internationally to help AIDS affected communities ensure that the actions and targets identified in the UNGASS Declaration of Commitment are undertaken and met; and,
2. To make recommendations on how Canada can meet the UNGASS targets domestically, and assist developing countries and countries in transition to do so internationally.

The anticipated output for the workshops were:

1. Recommendations on a process for ICAD members and other Canadian stakeholders to assess and comment on the Canadian response to the UNGASS Declaration of Commitment.
2. Recommendations on how Canada can best assist other countries in their efforts to meet UNGASS targets by examining areas of Canadian comparative advantage, the community resources available and priority areas.

The workshop opened with of a keynote presentation by Dr. Roland Msiska, Project Director, Regional Project on HIV and Development in Sub-Saharan Africa, United Nations Development Program (UNDP). The public address was held at the Library of the National Press Club of Canada. The following day 6 resource people from Canadian and international NGO's, CIDA and Health Canada made short presentations as recorded below and addressed questions from the participants. Four small working groups were formed and tasked with developing recommendations and a consensus statement.

ICAD wishes to thank Health Canada and the Canadian Strategy for HIV/AIDS (CSHA) for the funding to make this workshop possible. We would also like to especially thank presenters: Dr. Roland Msiska, Le-Ann Dolan, Merle Mendonca, Nina Arron, Paul Lapierre, Sandra Black and Richard Burzynski for the ir invaluable contributions.

Biographies of Presenters

Nina Arron

Ms. Arron has worked in the health care field for over 30 years in a variety of acute care and community care settings, including four years as the Director of a community health centre in Ontario. Since joining Health Canada in 1992, she has held several senior policy positions focusing on public policy analysis, program development, and evaluation. She was involved in the design and implementation of the Canadian Strategy on HIV/AIDS. Ms. Arron holds an undergraduate degree in public health and a Master's degree in health administration.

Dr. Roland Msiska

Dr. Msiska has worked on a number of health sector reform and HIV/AIDS prevention and research initiatives during the past decade. He works closely with governments and UNDP offices in developing methods and tools for mainstreaming HIV and AIDS into development planning, implementation, and evaluation. Dr. Msiska has contributed widely to the research and publication of information on health care, and prevention and treatment of tuberculosis, STDs, and HIV/AIDS. Dr. Msiska holds a number of academic degrees from the Royal Tropical Institute, Amsterdam and the University of Zambia, and has completed additional studies in anthropology of health and HIV/AIDS in developing countries.

Sandra Black

Ms. Black has worked in the area of infectious diseases for over a decade, particularly in the provision of health programs to at-risk and vulnerable populations. She holds a Bachelor of Nursing degree and a Masters in Adult Education degree, both from the University of New Brunswick and has completed studies in conflict resolution from the Faculty of Law, University of Windsor. Ms. Black was previously the Chief of Health Services at the Atlantic Institution (a federal maximum security prison) in New Brunswick, and National Infectious Diseases Program Coordinator, for Correctional Services Canada. Ms. Black has been working with CIDA since 2001.

Richard Burzynski

Mr. Burzynski is a Canadian AIDS activist who has worked in the AIDS field for over 17 years. He has been active at the local, national, and international levels in the areas of advocacy and policy development. Mr. Burzynski, with other leading AIDS activists, co-founded ICASO over ten years ago. He has been an advocate for the development of community-based AIDS service organizations, and has worked to promote their agendas with donors, governments, multi-laterals, the private sector, and the media. A frequent speaker and moderator, he was recently appointed to the Transitional Working Group of the Global Fund Against AIDS, TB and Malaria.

Le-Ann Dolan

Ms. Dolan's background is in social work. Her current position involves partnership development on local, provincial, national, and international levels. Initiatives include implementing the United Nations Declaration of Commitment on HIV/AIDS as a guiding tool for AIDS Calgary's national and international response to HIV and AIDS. Ms. Dolan has extensive expertise in a diverse range of issues affecting marginalized communities through her front-line work with street-involved populations, sex trade workers, and injection drug users.

Paul Lapierre

Mr. Lapierre has over a decade of experience with many vulnerable populations and community AIDS organizations at the local, regional, and national levels. Mr. Lapierre was the Executive Director of Kali Shiva AIDS Services in Winnipeg and participated in an Interchange Program with the HIV/AIDS Division of Health Canada as a program consultant in 2001. He has been a member of various boards of directors, including the CAS and Manitoba AIDS Cooperative, and was the Executive Director of the Fédération de la Jeunesse canadienne-française, a national non-governmental organization.

Merle Mendoca

Ms. Mendonca is currently the Secretary for the National AIDS Committee of Guyana. She coordinated the development of a National Policy on HIV/AIDS in 1995 and subsequently, the first NGO-medical sector meetings on HIV/AIDS in Somaliland, Ethiopia, and Djibouti. She is also active in penal reform and conducts training programs for prison staff and inmates, and has organized national and regional campaigns on child rights, the death penalty, elimination of violence against women, and HIV/AIDS awareness.

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Keynote Presentation

The Role of the UNGASS Declaration of Commitment in the Fight Against HIV/AIDS in Africa – Can We Sustain the Momentum?

Dr. Roland Msiska

Project Director

**Regional Project on HIV and Development in Sub-Saharan Africa United Nations
Development Program**

*Note: The complete text of Dr. Msiska's presentation is available on
the ICAD website at: www.icad-cisd.com*

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, held in June 2001, was a political milestone in the global response to HIV/AIDS. The Declaration of Commitment on HIV/AIDS is an instrument that can galvanize global, regional and national actors to respond to the epidemic in a coordinated and comprehensive manner. While a lack of resources has hindered the implementation of similar UN resolutions in the past, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides some grounds for optimism. However, we live in a world of competing agendas: our challenge is to ensure that the momentum generated by UNGASS and the GFATM is sustained and translated into action. To achieve this, we need to focus on several key areas, as follows:

*The Declaration of
Commitment on HIV/AIDS
is an instrument that can
galvanize global, regional
and national actors to
respond to the epidemic in a
coordinated and
comprehensive manner.*

- We need to ensure that all major stakeholders share a common understanding of what is expected of them in the implementation of the Declaration of Commitment.
- We need to understand what the political processes were that led to the development of the Declaration, and to find ways of replicating these processes.
- We need to find ways to demonstrate to the managers of the global economy that responding to AIDS makes economic sense.
- We need to understand the social forces that have helped put AIDS at the forefront of global, regional and national agendas – forces such as the contributions of community-based organizations, for example – so that we can continue to harness these resources.
- We need to work with the media to keep AIDS in the spotlight.
- We need to ensure that policy makers understand the two-way relationship between AIDS and development efforts.

Most African countries have in place the national plans and structures needed to coordinate a multi-sectoral response to AIDS. And there is not much difference between these national plans and what is contained in the Declaration of Commitment. The problem is that these countries lack the resources to implement their plans. This is where the GFATM comes in: properly applied, the GFATM could make a significant difference to the response in these countries.

The following suggested steps would ensure that the GFATM facilitates the implementation of the Declaration of Commitment:

- Making certain that the technical criteria for the review of country proposal take into account the targets contained in the Declaration.
- Developing a common framework for monitoring and evaluating the Declaration and the proposals funded through the GFATM.
- Ensuring that the GFATM opens two windows for country proposals – a competitive window open to all (i.e., the current approach) and a non-competitive window. For countries whose proposals do not make it through the competitive window, an assessment would be carried out to determine if the problem is a lack of capacity to address the epidemic. If it is, the GFATM would work with a global, regional or national institution to help build the necessary capacities.
- Engaging the private sector. For example, in the remotest parts of Africa, bottles of Coca Cola are commonly more available than condoms. Perhaps the GFATM could negotiate with Coca Cola to assist in the distribution of condoms at the national level.
- Finding innovative ways to ensure that funding from the GFATM does not replace in-country resource mobilization.
- Ensuring that the GFATM manages the expectations that have been generated by the creation of the fund.

Most African countries have in place the national plans and structures needed to coordinate a multi-sectoral response to AIDS. And there is not much difference between these national plans and what is contained in the Declaration of Commitment.

Here are some ways that wealthy nations can facilitate the implementation of the Declaration of Commitment in Africa:

- Political leaders in those nations should familiarize themselves with the Declaration and advocate in Africa for its implementation. For example, if one of the G8 leaders had indicated that support to the New Partnership for Africa's Development (NEPAD) was tied to Africa's commitment to achieving the targets in the Declaration, AIDS would have moved to the centre of the African development agenda.
- Donor agencies should ensure that procedures for project development, implementation and evaluation are in line with targets in the Declaration.
- The contributions of wealthy nations to the GFATM should be raised to ensure that the goal of US\$7-10 billion annually is achieved.
- Donor agencies should use project approval criteria and processes to facilitate the implementation of principles contained in the Declaration. For example, a number of countries in the region may still find it difficult to work with civil society. The criteria could require that proposals specify how civil society will be involved.
- Donor agencies should ensure that each development project they fund takes AIDS into account at every stage of the project.

To summarize, it is vital to make the GFATM work. There will probably not be another opportunity like the present one.

PANEL PRESENTATIONS

CASE STUDIES ON USING the DECLARATION OF COMMITMENT IN THE FIGHT AGAINST AIDS

AIDS Calgary has implemented the Declaration of Commitment internally. The process was a little disjointed and took time, but taught AIDS Calgary that community-based organizations have a role to play in putting the Declaration into action.

Here are the strategies adopted:

- AIDS Calgary decided to dedicate the time of a staff member to review the Declaration of Commitment – challenging because human resources were at a premium – and to assess the feasibility of implementation. Among the factors affecting implementation were these: no other community-based organizations seemed to be doing anything similar; and a local application had to be found to a document that was essentially global in nature.
- AIDS Calgary identified areas of the Declaration that were currently being successfully handled by the agency. For example, the Declaration calls for measures to help alleviate poverty: AIDS Calgary does this work already. Identifying such areas helped to reassure personnel that they were not being asked to take on a lot of new work.
- AIDS Calgary consulted with key stakeholders (clients, staff, management and the board of directors) to ensure that they would continue to support AIDS Calgary's involvement in national and international issues for the next decade. This took a lot of work, but the importance of this step cannot be overstated. Stakeholder buy-in is critical.
- AIDS Calgary formally endorsed the Declaration. It was at this point that the UN commitment became AIDS Calgary's commitment.

<p>Le-Ann Dolan Community Developer, AIDS Calgary Awareness Association</p>

In addition to continuing current initiatives that fit within the Declaration of Commitment – for example, AIDS Calgary's participation in a twinning project with an organization in rural Mexico – the agency will also identify other relevant initiatives that it will include in future workplans.

AIDS Calgary is participating in national efforts to increase the funding for the Canadian Strategy on HIV/AIDS. Increased funding would allow the agency to tackle issues related to the Declaration of Commitment that are not currently being addressed.

In Guyana, 1,200 copies of the Declaration of Commitment were printed, along with a similar number of copies of the Youth Position paper and the Civil Society Perspective document. Many organizations in Guyana have begun to use the Declaration (a) to ground their programmatic activities, and (b) as an advocacy tool. For example:

- The Declaration's overarching principles on leadership, with its attendant strategies, have been used by national and regional AIDS committees as guides in their work.
- National organizations are being encouraged to expand and strengthen regional partnerships, particularly with regional bodies such as CARICOM, CRN+, and LACCASO.
- The Guyana Human Rights Association (GHRA) and the National AIDS Committee co-ordinated three workshops with members of the Joint Services (Army, Police, Prisons, Fire). Copies of the Declaration were distributed and attendees were encouraged to develop HIV/AIDS-in-the-workplace policies.
- Copies of the Declaration were distributed to a group of teachers, representative of the ten regions of Guyana, who are currently re-writing curriculum guides for the nursery, primary and secondary levels. The Joint Human Rights Education Programme – comprised of the Curriculum Unit of the Ministry of Education, Amnesty International-Guyana and the GHRA – have encouraged the teachers to integrate the Declaration's principles into the family, human sexuality and human rights topic areas of the new curriculum guides.
- Members of the national and regional AIDS committees are committed to monitoring the implementation of the Declaration. A special meeting was convened in June 2002 on the theme: "One Year After The Declaration – How Committed? How Responsive?"
- The priorities of the Declaration are reflected in the Caribbean Regional Strategic Framework on AIDS, 2002-2006.

The pace of development in the struggle against HIV/AIDS since UNGASS has been difficult for NGOs to monitor. Because policy developments at the international, regional and local levels all impact on the national response, assessing the importance of these developments is challenging. As well, frequent requests to comment on specific proposals, to participate in consultations and to advocate for specific changes – while trying at the same time to interpret this complexity in clear terms for people living with HIV/AIDS and NGOs – are time consuming.

Since this situation is unlikely to change, what is needed to ensure an effective response are better levels of coordination between NGOs at all three levels. In Guyana, the National AIDS Committee is the obvious agency to play this role. The role of national NGOs would be strengthened by more effective NGO cooperation at the regional and international levels in the areas of policy development and legislation.

Merle Mendoca

**Programmes Coordinator,
Guyana Human Rights
Association**

Discussion

During the discussion period, the following points emerged:

- One way to respond to those who say AIDS dollars should be spent in Canada is to formulate the work community groups are doing in a global context, and to emphasize how global and local all connected.
- Service provision and advocacy should also be viewed as connected, not as separate parts of the workplan that must somehow be balanced.
- One way to sensitize funders to the importance of advocacy work is to report on advocacy activities in quarterly reports to government funders. Funders may start to demand this.
- In Guyana, the Declaration of Commitment has been used as a strategic planning tool at both the national and regional levels.
- Collaboration and partnership are keys to advocacy work around the Declaration. ASOs cannot do everything themselves.

CANADA'S RESPONSE TO THE DECLARATION OF COMMITMENT

Nina Arron
Director, HIV/AIDS Policy, Coordination
and Programs Division, Health Canada

Under the terms of the Declaration, a report for the UN Secretary General on Canada's progress in implementing the Declaration of Commitment is required each year. Canada was one of the few industrialized countries to submit a report in 2002. Civil society was involved in the preparation of that report, but the process was rushed in order to meet UN deadlines. For future reports Health Canada will endeavour to build in more time for civil society input.

All stakeholders are concerned with the level of funding for the Canadian Strategy on HIV/AIDS. The case for more funding is strong, but needs to be made strategically. The Minister of Health, the Hon. Anne McLellan, is very sensitive to HIV/AIDS and is open to looking at the issue of resources. However, the timing of any request is an issue because of the competing demands on the public purse (eg., health care spending and the release of the report of the Romanow Commission in November 2002).

Paul Lapierre
Executive Director, Canadian AIDS Society

It's important to remember that the Declaration of Commitment applies not only to developing countries, but also to developed countries. Canada needs to ensure that it lives up to its commitments in the Declaration. To get there, a truly pan-Canadian

strategy needs to be developed, one that contains concrete plans and outcomes.

Discussion

During the discussion period, concerns were raised about the difficulty ASOs were experiencing in obtaining funding from Health Canada's AIDS Community Action Program (ACAP) for work related to the Declaration of Commitment. The problem appears to be that there is nothing in the ACAP funding guidelines about international work even though international work is part of the Canadian Strategy on HIV/AIDS. Nina Arron indicated that she would look into this issue.

Other points raised included:

- ASOs and NGOs should be working with other international conventions in addition to the Declaration (e.g., conventions that address the vulnerability of women).
- The Declaration of Commitment will be discussed at an upcoming strategic planning meeting of the Federal/Provincial/ Territorial Advisory Committee on AIDS (FPT-AIDS).
- Civil society should be having more input into the development of indicators to measure progress in implementing the Declaration.
- Immigration officers in Canada have provided false information about the availability of antiretroviral therapies in some developing countries.

THE INTERNATIONAL RESPONSE TO THE DECLARATION OF COMMITMENT

HIV/AIDS is one of the four social development priorities of the Canadian International Development Agency (CIDA), and is linked to the other three priorities: health and nutrition, basic education and child protection. Within five years, 38% of CIDA spending will go to these priorities.

CIDA's funding on HIV/AIDS is growing each year and will reach \$80 million by 2004-2005 (from \$22 million in 2001-2002). In addition, CIDA is contributing \$150 million to the GFATM, and \$50 million to international HIV vaccine research.

Sandra Black

**Senior HIV/AIDS
Advisor, Policy Branch,
Canadian International
Development Agency**

CIDA is currently developing policies on (a) funding harm reduction programs and (b) providing care, treatment and support for locally engaged staff who are HIV-positive. CIDA's action plan on HIV/AIDS is mainly focused on prevention, but CIDA is working to change this. There is a clear consensus among people working in HIV/AIDS that prevention, care, treatment and support are mutually reinforcing.

Canada is moving to increase its official development assistance (ODA). ODA was increased by \$1 billion over three years in the December 2001 budget, and the Prime Minister has announced that ODA will increase by at least 8% a year.



ICASO has been promoting the Declaration of Commitment in a number of ways: by organizing special sessions at regional and international conferences; by issuing an "Advocacy Guide to the Declaration of Commitment on HIV/AIDS" as well as updates on UNGASS; and by collecting endorsements of the Declaration from NGOs. ICASO is also planning two other initiatives: (1) a pilot country monitoring program, where several countries will be selected to monitor implementation of the Declaration's commitments; and (2) the establishment of UNGASS national working groups, to foster better coordination between governments and NGOs on the implementation of the Declaration.

Richard Burzynski

**Executive Director,
International Council of
AIDS Service
Organizations**

The Asia-Pacific Council of AIDS Service Organizations is developing a capacity building workshop module that will assist NGOs in using the Declaration to do advocacy work. The Latin American and Caribbean Council of AIDS Service Organizations has prepared a list of commitments that are due before 2005, as well as a model letter to the Ministry of Health on the importance of implementing these commitments; it has distributed these tools to NGOs in the region.

ICASO is concerned about the lack of input from NGOs into the development of indicators to monitor the Declaration; several sets of potential indicators are available.

ICASO sees the Declaration of Commitment and the Global Fund as intrinsically linked, but G8 leaders are moving to decouple the two. There's a need to continually advocate for the harmonization of national AIDS strategies with the Declaration.

With respect to immigration, ICASO has been trying to hire a foreign worker who is HIV-positive, but Citizenship and Immigration Canada has declared this person to be medically inadmissible. This is contrary to the principles of the Declaration.

Discussion

There was considerable discussion about the difficulties in obtaining CIDA funding faced by Canadian NGOs working on international AIDS issues. One participant said that CIDA should provide more opportunities for NGOs to access funding for programs in developing countries, and that such funding should not be limited to the Small Grants Program used for twinning projects. This participant expressed the fear that most or all of the \$62 million in CIDA funding that will be programmed by the end of this fiscal year will go to multilateral agencies. Sandra Black then made a number of points: the \$1.4 million that was spent in the last round of grants in the Small Grants Programs provided excellent results; the Minister of International Cooperation, the Hon. Susan Whelen, has told NGOs that she likes this program; CIDA will sit down with ICAD and the Canadian Society for International Health to discuss the next round of funding; and the three organizations will discuss whether 18 months is too short a time period for the grants. Ms. Black said that there were two issues here: (1) how to get these kinds of twinning projects started; and (2) how to maintain them and allow them to grow. She also said that there are other places in CIDA where funding for NGOs can be obtained – including the Partnership Branch and the bilateral

branches; she acknowledged, however, that these branches can be difficult to navigate. Ms. Black undertook to work with NGOs to promote a dialogue with the different CIDA branches.

One participant expressed concern about the tension between the Global Fund and the Declaration of Commitment and also about the failure of the G8 nations to live up to their aid commitments. Official development assistance to the 28 countries with the worst rates of HIV infection – countries that are also among the most highly indebted in the world – has gone down by one-third in the past year. This participant suggested that groups should organize in order to pressure the Canadian government to act on this issue. Interested groups should partner with organizations such as the Canadian Centre for Policy Alternatives.

Several participants pointed out the need for AIDS organizations to work more closely with organizations dealing with tuberculosis. Other points raised in the discussion included:

- CIDA and Canada are well placed to promote more South-South exchanges.
- There is a need to have Canadian cabinet ministers make more public statements about AIDS.

SMALL GROUP DISCUSSIONS

HOW CAN CANADA IMPLEMENT THE DECLARATION OF COMMITMENT

For part of the workshop, participants were divided into five working groups. Each working group was asked to develop recommendations for how Canada can better meet its domestic and international obligations under the Declaration of Commitment. The following is a synthesis of the reports from the working groups.

Consensus Domestic Recommendations

The following common themes emerged from the discussions of the five working groups:

- The federal government should ensure that the response to HIV/AIDS in Canada is integrated across the various departments and agencies. A multi-sectoral response requires participation from departments that deal with immigration, foreign affairs, criminal justice, labour, etc.
- The budget for the Canadian Strategy on HIV/AIDS should be doubled.
- Canada should develop a multi-sectoral body that monitors progress in implementing the Declaration. This body would be modeled along the lines of the GFATM's country coordinating mechanisms or ICASO's proposed national working groups.
- Health Canada should develop and implement an awareness campaign to counter the general apathy and ignorance about the Declaration and how it relates to Canadians and the response to HIV/AIDS in Canada.

Other Domestic Recommendations

Other domestic recommendations from the working groups are grouped below according to the stakeholder to whom they were directed.

ALL STAKEHOLDERS

- Provincial and territorial governments, municipal governments, national native organizations, organizations working in HIV/AIDS, and organizations working on development issues should all formally endorse the Declaration.
- All stakeholders should define their respective roles in implementing the Declaration and articulate these roles in a “Canadian Statement of Commitment on UNGASS”. This statement should be a multi-sectoral, federal-provincial-territorial plan of action, complete with targets.
- All stakeholders should participate in an analysis of the Declaration to: (a) identify which parts of the Declaration are particularly relevant to the Canadian context; (b) establish a baseline measure for Canada with respect to the various targets and commitments; and (c) develop a plan for meeting the targets and commitments. Progress should be reviewed annually. *Note: This is an international recommendation as well.*

CIDA AND OTHER FUNDERS

- CIDA should restore funding for development and human rights education.
- CIDA should provide funding to ASOs to undertake educational activities related to the commitments in the Declaration.

HEALTH CANADA AND THE FEDERAL GOVERNMENT

- The federal government should clarify where responsibility lies for implementation of the Declaration in Canada. Is it with Health Canada? Do the provinces and territories share in the responsibility?
- Health Canada should include in reporting requirements for funded projects that NGOs will report on how their work has contributed to meeting the commitments in the Declaration.
- Health Canada should ensure that reports on the progress in fighting HIV/AIDS in Canada are organized according to the commitments in the Declaration.
- In future years, Health Canada should ensure that there is more input from stakeholders into the preparation of the annual progress report on the implementation of the Declaration.
- By the end of November 2002, Health Canada should outline the indicators that will be used to evaluate progress in meeting the commitments in the Declaration.
- Citizenship and Immigration Canada should reassess the use of the “excessive demand” criterion in applications for immigration from persons living with HIV/AIDS.
- Health Canada should develop a comprehensive framework for prevention that is based on a social justice and rights-based approach.
- The federal government should create a multi-sectoral national working group to coordinate the implementation of the Declaration.
- The funding guidelines of the AIDS Community Action Program (ACAP) should be modified to include the Declaration, so that ASOs can apply for ACAP funding for projects related to the Declaration.
- The ACAP budget should be increased to allow ACAP to fund new projects related to the implementation of the Declaration.

THE LABOUR MOVEMENT

- All levels of the labour movement should become more involved in HIV/AIDS advocacy, particularly in the implementation of the Declaration.

ICAD AND CAS

- ICAD should work with other organizations such as the Canadian Centre for Policy Alternatives, to develop a complementary progress report on the implementation of the Declaration.
- ICAD should prepare user-friendly documents for NGOs and ASOs on the implications of the Declaration for programming at the local level.
- ICAD and CAS should lead a Canadian consultation to evaluate the extent to which the federal government has fulfilled its obligations under the Declaration. ICAD and CAS should also involve independent organizations (e.g., research, media, political parties, policy and advocacy groups) in the accountability process.
- CAS and ICAD should train NGOs and ASOs on how to use the Declaration as a lens through which activities should be evaluated.
- ICAD and CAS should be more proactive in promoting inter-departmental collaboration on HIV/AIDS within the federal government.
- ICAD should consider devoting some of the time of a staff person to encouraging NGOs and ASOs to endorse and incorporate the Declaration in their work.

NGOS AND ASOS

- NGOs and ASOs should educate their constituencies about the fact that the Declaration is not only for developing countries; it is Canada's commitment too.
- NGOs and ASOs should strive to engage the labour movement in their work on implementing the Declaration.
- NGOs and ASOs involved in twinning partnerships with countries in the South should use the Declaration as a media hook.
- NGOs and ASOs should establish a "watch group" to monitor the progress in implementing the Declaration. *Note: This is an international recommendation as well.*

International Recommendations

Consensus International Recommendations

The following common themes emerged from the discussions in the five working groups:

- Canada should increase its official development assistance (ODA) and establish a multi-year plan complete with milestones, for taking ODA up to the target of 0.7% of GDP.
- CIDA should ensure that not all HIV/AIDS money is committed to large block funding, and that some is available for small NGOs and ASOs working on international HIV/AIDS issues.

Other International Recommendations

Other recommendations from the working groups are grouped below according to the stakeholder(s) to whom they were directed.

ALL STAKEHOLDERS

- All stakeholders should participate in an analysis of the Declaration to: (a) identify which parts of the Declaration are particularly relevant to the Canadian context; (b) establish a baseline measure for Canada with respect to the various targets and commitments; and (c) develop a plan for meeting the targets and commitments. Progress should be reviewed annually. *Note: This is a domestic recommendation as well.*

CIDA AND OTHER FUNDERS

- CIDA and other funders should identify ways to develop and encourage (a) expertise in Canadian NGOs with respect to international HIV/AIDS issues, and (b) use of this expertise in international work.
- CIDA should ask its partners in developing countries to demonstrate how their work fits into the commitments in the Declaration.
- CIDA should educate its staff about HIV and place HIV within the mainstream of all of its programs.
- CIDA should develop a transparent process for its HIV/AIDS funding.
- CIDA should partner more with NGOs and ASOs, including providing assistance with proposal development.
- CIDA should support more regional and South-South projects.
- CIDA should provide more funding for North-South twinning partnerships involving NGOs and ASOs; it should also take measures to ensure the sustainability of existing partnerships that are working well.

HEALTH CANADA AND THE FEDERAL GOVERNMENT

- Health Canada should lobby the GFATM to tie funding to the commitments in the Declaration.
- Canada should provide technical assistance to countries which need help preparing proposals for the GFATM.
- Canada should keep HIV/AIDS on the G8 agenda.
- Canada should forgive the debt owed to it by the least developed countries.
- Canada should develop strategies to ensure that the needs of vulnerable groups not specifically mentioned in the Declaration – for example, men who have sex with men, injection drug users, sex trade workers and aboriginal people – are addressed. As part of this, other countries should be reminded that the definition of vulnerable communities includes these groups.

NGOS AND ASOS

- NGOs and ASOs should establish official development assistance targets for Canada, as well as a formula for reaching the 0.7% level. And they should advocate for these targets, including publicizing Canada's shortfall.
- NGOs and ASOs should establish a "watch group" to monitor progress in implementing the Declaration. *Note: This is a domestic recommendation as well.*

ICAD

- ICAD should encourage its member organizations to use the Declaration in their domestic and international work and to document examples in which this is being done.
- ICAD should publicize the date of the UN General Assembly's annual review of the implementation of the Declaration so that NGOs and ASOs can use this opportunity to hold governments to account.

NEXT STEPS

Michael O'Connor indicated that a report will be prepared summarizing the outcomes of this workshop, and that it will be circulated to all participants. (*Note: This document is that report.*) As well, letters will be sent to CIDA and Health Canada, and to other organizations as appropriate, directing their attention to the recommendations contained in the report.

**For more information on becoming a member of The Interagency
Coalition on AIDS and Development please contact:**

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