3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

3.1.1 We will continue our efforts towards the goal of providing at least a projected US$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

The Government of Canada is committed to a more focused, efficient, and accountable approach to development assistance for health. Much of Canada’s international health programming aims to strengthen national health systems to support developing country partners in meeting the health needs of their populations and to ensure disease-specific gains are sustainable.

For example, in Mali, as part of Canada’s Africa Health Systems Initiative (AHSI), Canada is providing CAD$19 million (FY 2008-2015) to the Strengthening Decentralized Health Systems project. This project supports the Ministry of Health in implementing its sector strategy, focusing on improving geographic and financial accessibility of health services, meeting demand, improving service quality and usage, and building institutional capacity.

Working in partnership with the Ministry of Health and Social Welfare, as well as local government authorities in Tanzania, Canada and ten donor agencies are combining their efforts to strengthen the health system and improve management and service delivery across Tanzania. To support this effort, Canada is providing CAD$47 million over five years (FY 2010-2015) to support the implementation of Tanzania’s Health Sector Strategic Plan (2010-2015).

Canada is working with the Government of Malawi and Dignitas International to strengthen the capacity of the district health system by: providing specialized training for HIV/AIDS front line workers; working to mainstream gender considerations into health care services; and, offering mentorship and support to health managers and supervisors. This support will help to strengthen system monitoring and evaluation procedures, as well as improve medical information management, referral systems and standard operating procedures.

In addition, Canada’s support to polio eradication in Afghanistan is improving health systems infrastructure and strengthening the capacity of the Afghan Ministry of Public Health (MoPH) in the delivery of routine immunization to children. Canadian support to Health Partners International of Canada for the Capacity Building and Access to Medicines project is also strengthening MoPH capacity to procure consistent quality medicines and to distribute them through an improved supply chain to provincial hospitals and other health facilities in Afghanistan. Moreover, Canada’s support has allowed for the deployment of a Technical Advisor to the MoPH who is providing policy and planning advice to facilitate the development of the Ministry’s new strategic framework.

3.1.2. Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Canada’s contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria is an important element of Canada’s MDGs commitment, namely to combat HIV/AIDS, malaria and other diseases. Canada recently pledged CAD$540 million for the Third Replenishment period (FY 2010-2013). This represents an increase of 20% from Canada’s previous pledge of CAD$450 million during the last replenishment.

This brings Canada’s total commitment to the Global Fund to just over CAD$1.5 billion since the Fund’s inception in 2001/02.

3.1.3 Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.
Canada is committed to supporting innovative and comprehensive approaches to the development of vaccines for HIV/AIDS and other diseases. Canada was one of the launching donors of the Advance Market Commitment (AMC) for pneumococcal vaccines, which is expected to save more than 5 million lives by 2030. The first vaccine purchased as part of the AMC was introduced in Nicaragua on December 12, 2010 and will now be part of the country’s routine immunization program. In total, 19 countries have been approved as eligible for the introduction of the vaccine. Canada has committed up to US $200M for this initiative.

The Canadian HIV Vaccine Initiative (CHVI), Canada’s contribution to the Global HIV Vaccine Enterprise, is a five-year collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation. This represents a significant Canadian contribution to global efforts to develop a safe, effective, affordable and globally accessible HIV vaccine. Between 2007 and 2017, Canada is investing up to CAD$111 million in the CHVI. Since its inception in 2007, a total of CAD$51 million has been committed to support domestic and international research; improve collaboration among researchers in Canada and around the world; and enhance capacity for vaccine trials, policy development and community engagement. Canada’s investment in the renewed CHVI includes: CAD$73.5 million for HIV Vaccine Research and Development; CAD$30 million to support the prevention of mother-to-child transmission of HIV in low- and middle-income countries; and CAD$7.5 million to support a coordinated approach to implementing the CHVI.

### 3.1.4 Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.

Canada is supporting the Global TB Drug Facility of the Stop TB Partnership to build the capacity of recipient countries to procure and manage drug supplies to reduce the occurrence of unstable supplies of essential drugs. In addition, Canada is supporting the TB REACH Program of the Partnership through which the use of the newest technology in TB diagnosis, GeneXpert, is being piloted in several countries, and is also providing financial support to the WHO to build the capacity of a number of large urban hospitals to better diagnose TB.

Canada is supporting the Government of Pakistan (CAD$13.7 million, FY 2000-2011) in implementing an effective second-generation surveillance system to monitor the HIV/AIDS epidemic. The resulting surveillance systems have improved the information base from which HIV/AIDS prevention programs can be planned and from which future care and support needs can be assessed.

Canada is also supporting regional and national efforts to collect data, in order to monitor and evaluate health situations. For example, in West Africa, Canada is providing CAD$18.5 million (FY 2002-2011) for the multi-phase Programme d’appui à la surveillance épidémiologique intégrée (PASEi). This program is aimed at developing and strengthening field- and government-level capacity to conduct surveillance of communicable diseases and to respond to outbreaks in Benin, Burkina Faso, Guinea, Mali and Niger.

### 3.1.5 The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.

Through the 10-year, CAD$450 million Africa Health Systems Initiative (AHSI), announced at the 2006 G8 Summit, Canada is supporting African-led efforts to strengthen health systems with a strong focus on helping to mobilize and deploy additional African health workers to expand the reach of basic health services to the most vulnerable.

One component of AHSI is Canada’s contribution to the Catalytic Initiative to Save a Million Lives, launched in 2007. This initiative, in partnership with UNICEF, focuses on reinforcing country health system capacity to scale-up essential, proven, and affordable health services for women and children. Canada’s five-year, CAD$105 million support for the Initiative focuses on improving the availability of front-line health workers trained to prevent and treat basic childhood illnesses at the community level. This includes ensuring adequate supervision, incentives, and the basic equipment, supplies and medicines required to deliver health services. To date, over 35,000 of the estimated 40,000 front-line health workers to be trained with Canadian support have been trained and deployed to communities.
In Mali Canada is providing CAD$19 million (FY 2008-2015) to support increased capacity of the “Institut national de formation en sciences de la santé (INFSS)” (Mali’s training institute for health professionals) to train health workers in Bamako, as well as in other regions of the country, as part of the AHSI. This project will also help Bamako’s Faculty of Medicine to develop a new specialisation in community and family health in order to prepare a greater number of doctors to work in front line community health centers across the country.

3.2 MATERNAL HEALTH AND CHILD HEALTH

We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US$ 1.5 billion.

Canada has demonstrated significant leadership to improve the lives and health of those living in the developing world. This was clearly demonstrated last year as the G8, under Canada’s leadership, launched the Muskoka Initiative on Maternal, Newborn and Child Health - a comprehensive approach to accelerate progress towards Millennium Development Goals 4 and 5.

This initiative intended to not only provide much needed resources to improve the lives of women and children, but also to catalyze international action towards addressing these crucial areas. Not only did Canada and the G8 commit to this critical initiative, they also demonstrated that accountability will be at the forefront of all past and future commitments - through the production of the landmark 2010 Muskoka Accountability Report.

Canada is currently supporting the Government of Malawi in scaling-up and institutionalizing the Community-Therapeutic Care approach to identifying and treating severe acute malnutrition of children at the district and community level, through the Africa Health Systems Initiative (AHSI). This includes outpatient treatment for severely malnourished children using locally-produced Ready-to-Use Therapeutic Food. Implemented by UNICEF, this CAD$6.9 million project aims to build district capacity to plan, budget for and manage activities integral to the Community Management of Acute Malnutrition.

Furthermore, Canada is among the largest donors to the One UN in Tanzania (CAD$12 million, FY 2007-2008). Through Joint Program 2, UN agencies are working with the Government of Tanzania and other national partners to reduce maternal and newborn deaths. By improving participatory planning, budgeting, monitoring and data management, ensuring adequate equipment, supplies and skills are in place to provide comprehensive and emergency obstetric and newborn care, and strengthening referral systems for emergencies, this support has resulted in declines in facility-based deaths and a marked increase in referrals from peripheral communities to district hospitals in emergencies in the target communities.

In Afghanistan, Canada has been providing multi-year funding to UNICEF (CAD$7.8 million 2008-2009) to increase access to maternal and child health care in the South. This project is improving basic and comprehensive emergency obstetric care and maternal health services; delivering sustainable outreach services to unreached areas; training health workers in Integrated Management of Childhood Illness; increasing the number, quality, and deployment of trained midwives in rural areas.

Canada is also supporting the Sick Kids Global Child Health Program, which aims to advance the global agenda to reduce child mortality and morbidity through increased availability and quality of paediatric nursing care in Ghana and developing leadership on child health in Ghana, Tanzania and Ethiopia.

3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries.
Canada recognizes the impact that infectious diseases, including neglected diseases, have on the health of people living in developing countries. Canada’s support includes CAD$15.5 million to the third phase of the African Program for Onchocerciasis Control project, which seeks to establish a system capable of eliminating onchocerciasis as a public health problem in 23 African countries by 2015. With Canadian support, this project will provide training, expertise, and equipment needed for healthcare and research activities to combat onchocerciasis at both the community and national level, and will also facilitate the development and implementation of policies, plans and programs throughout the nations affected.

In Honduras, Canada is providing CAD$18.8 million (FY 2007-2016) to improve the health conditions of rural populations at risk of vector-transmitted diseases through support to the Honduran National Strategy for the Prevention and Control of Chagas Disease and Leishmaniasis. This project aims to support reduction or elimination of the transmission of Chagas and Leishmaniasis diseases, to facilitate access to necessary treatment for vulnerable, priority populations, and to develop the institutional capacity of the Ministry of Finance to manage the country’s vector-borne disease programs.

3.4 HIV/AIDS

Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010.

We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS.

Canada, is a strong supporter of HIV/AIDS prevention, treatment, care and support programs, and has provided approximately CAD$783 million, through the Canadian International Development Agency (CIDA), in international assistance for HIV/AIDS programs between FY 2005/06 and 2009/10.

Canada is providing CAD$16.2 million over 3 years (FY 2010-2012) to UNAIDS for core funding to support the organisation in its policy and coordination roles. This is in addition to support for the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) to support an initiative that focuses on the Legal Empowerment of Women in the context of HIV.

In addition, through the World Bank, Canada is providing CAD$8 million (FY 2010-2011) to support the Inter-governmental Authority on Development's (IGAD) Regional HIV/AIDS Partnership Program, which aims to ensure that comprehensive HIV services are delivered to cross-border and mobile populations in the seven IGAD member states.

Canada also provides support to domestic and international civil society organizations engaged in prevention and treatment needs of vulnerable populations. For example, Canada is supporting a three-year health program (CAD$3.7 million, FY 2008-2011) with the Primate’s World Relief and Development Fund (PWRDF) that aims at the prevention and reduction of HIV/AIDS/Malaria and the reduction of maternal and child mortality and ill health.

Through the HIV/AIDS Response Fund, work is also being done to strengthen the capacity of civil society partners to provide accessible gender responsive HIV and AIDS services for individuals, families and communities affected and infected by HIV and AIDS.

3.5 Polio

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the CAD$829 million target and mobilising the support of others.

Canada has surpassed the 2005 Gleneagles spending target and continues to support in polio eradication efforts. Since 2000, Canada has invested more than CAD$330 million to fight polio and has contributed to the immunization of millions of children around the globe. Canada’s funding to date
has included significant support to immunization efforts in parts of the world that still experience endemic transmission of wild poliovirus, including Pakistan and Afghanistan.

In November 2010, Canada announced an additional contribution of CAD$58.5 million over three years to the Global Polio Eradication's 2010 - 2012 Strategic Plan. A portion of this contribution will help to improve immunization and surveillance services globally. Building on Canada’s ongoing commitment to eradicate the disease, Canadian support will target the eradication of polio in Afghanistan. With Canadian support, the total number of polio cases in Afghanistan has declined from 38 in 2009 to 25 in 2010. Despite that fact that most of Afghanistan is now polio-free; increasing access to populations in the 13 persistent-transmission high-risk inaccessible districts in the Southern region of Afghanistan remains the overriding strategic priority of the polio teams.

### 3.6 Malaria

Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children’s lives a year by 2015 and reduce the drag on African economies

As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010.

Canada has demonstrated a strong commitment to the prevention and treatment of malaria, including through the provision of free long-lasting insecticide-treated nets (LITNs). Since 2003, Canada’s support for the prevention of malaria has resulted in the distribution of over 7.9 million bednets in Africa through partnerships with the Red Cross, UNICEF and World Vision Canada. It is estimated that these nets will save approximately 121,000 lives.

Canada is providing CAD$75 million (2007-2010) to Population Services International, Save the Children Canada, the International Rescue Committee and Malaria Consortium to provide ACTs at the community level as part of an integrated package to treat the leading causes of child deaths. These programs support the training and supervision of community health workers to identify and treat malaria, pneumonia and diarrheal dehydration in children under the age of five.

Through bilateral programs, Canada supports malaria activities within the context of its support to the plans of Ministries of Health. For example, in Ethiopia, Canada contributes to a multi-donor initiative called the Protection of Basic Services. Part of Canada’s support contributes to ensuring essential medical supplies and equipment reach front-line health facilities throughout rural Ethiopia. As of February 2009, Canada helped fund the purchase of 3.2 million bednets, contributing to a steep decline in malaria incidence.

### 3.7 Tuberculosis

Supporting the Global Plan to Stop TB, 2006-2015

Canada is a major donor for tuberculosis control programs and continues to focus efforts where they have the highest impact (high-burden countries, people with limited access to services) and on interventions that have proven the most cost-effective. Through its tuberculosis programs, Canada supports the objectives of the Stop TB Partnership’s Global Plan to Stop TB by promoting wider use of existing strategies to interrupt tuberculosis transmission. This is done by accelerating Directly Observed Treatment, Short-course (DOTS) implementation to achieve the global targets; and increasing the availability, affordability and quality of anti-TB drugs.

In support of the Global Plan to Stop TB, Canada is providing the following: CAD$120 million (2009/10-2015/16) to the Stop TB Partnership to support its TB REACH Facility program, which focuses on interventions to improve case detection in hard-to-reach or marginalized populations; CAD$7.4 million to the WHO StopTB Department to improve tuberculosis control, diagnosis, and TB/HIV in several countries; and CAD$150 million to the Global TB Drug Facility to improve access to life-saving TB drugs and related capacity building activities. In addition to the tuberculosis-specific activities, Canada recently committed an additional CAD$540 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria, bringing Canada’s total commitment to CAD$1.5 billion.
Canada’s support of over CAD$6 million (FY 2007-2010) to Afghanistan’s National Tuberculosis Control Programme (NTP) has: contributed to advocacy efforts through a national Stop TB Partnership; empowered marginalized groups such as TB patients, women and youth through social mobilization; strengthened diagnostic services and facilities; and, strengthened the programmatic capacity of NTP.

### 3.8 MEASLES

*Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination.*

Canada continues to support measles vaccination and prevention through its support for the strengthening of routine immunization services. Between 1998 and 2010, Canada has committed CAD$178 million to strengthen routine immunization efforts through the Canadian International Immunization Initiative (CIII).

In addition, Canada has provided over CAD$17.5 million (2005-2009) to UNICEF for the Measles and Malaria Control for Improved Child Survival project in Ethiopia, which helped to vaccinate over 11 million children under the age of five against measles vaccinations in 2006 and 2007. Canada’s funding for measles supported UNICEF to deliver a package of life-saving health interventions, which included measles vaccinations, micronutrient supplementations, and long-lasting insecticide-treated nets (LITNs) to help improve children’s health and survival in Ethiopia. In 2006, national measles coverage in Ethiopia was only 63%, with variation in coverage across the country. Canada’s support contributed to 10.5 million children being vaccinated for measles in 2006, achieving 89% coverage in target regions in Ethiopia. In 2007, this program also supported the vaccination of 1 million children in that year’s measles follow-up campaign.

Overall, Canadian funds supported the purchase of over 9 million doses of measles vaccines, supported training and capacity-building for front-line workers, the purchase of 10.3 million AD syringes, 750,000 reconstituting syringes, 79,500 safety boxes, and contributed to the operational costs for the UNICEF campaigns.

Canada also provides bilateral support for routine vaccination in Haiti. As part of this, Canada has committed CAD$16.5 million to the Expanded Vaccination Program Support initiative, led by Pan American Health Organization (PAHO). This initiative aims to reduce infant mortality through the expansion of routine immunizations and as of April 2009, has provided 4.7 million children and adolescents with a dose of bivalent vaccine against measles and rubella. An additional 800,000 children have also received a dose of Vitamin A, which can help protect from measles infection.