

Poverty and HIV/AIDS

Adopted by the Canadian AIDS Society's Board of Directors, September, 2004.

Context

During consultations with its members over recent years, the Canadian AIDS Society (CAS) has been given a clear message that poverty continues to be a serious issue in the AIDS community in Canada. CAS was approached by members in 2001 with a request for updated resources that would help AIDS service organizations understand the complex maze of federal and provincial income and health related benefits. With that request was a plea for CAS to examine why these benefits programs were not meeting the needs of PLWHIV/AIDS, and to advocate for more resources that would keep individuals out of poverty and in good health. CAS responded to this challenge, conducted an evaluation of the relationship between HIV, health and poverty, and identified **three** trends:

1. Living in poverty is a determinant of health that increases vulnerability to HIV.

Theories of Population Health and the Determinants of Health clearly link the relationship between poverty and poor health and disease. Research and community-based knowledge of HIV transmission links the constraints and conditions of poverty with some risk behaviors.

2. People who are diagnosed with HIV are at risk of falling into poverty.

Illness often forces many individuals to leave the workforce. Stigma and discrimination in the labour force reduces the opportunities for PLWHIV/AIDS to seek support in the workplace and make alternative working arrangements that meet their health needs. The excessive costs of HIV treatment and lack of access to private insurance plans makes HIV an unaffordable disease. Public income support programs do not meet the financial and health needs of PLWHIV/AIDS.

3. PLWHIV/AIDS who experience poverty or economic insecurity are at risk of having their disease progress quickly, and have a lower quality of life.

PLWHIV/AIDS who do not have the financial resources to meet their needs such as nutrition, housing, access to HIV treatment and illness prophylaxis (prevention of secondary illness), supportive devices, assisted living, etc. are at risk of increased secondary illness and progression of their HIV disease. A lack of financial resources also leads to social exclusion and restricts the ability to participate in a community. These factors reduce the overall quality of life.

The Canadian AIDS Society's Board of Directors calls on the Canadian federal, provincial and territorial governments to re-write restrictive policies that fail to meet the needs of

people, increasing their risk of contracting HIV, and significantly reducing the quality of life of people living with disabilities and illness. We are challenging traditional government spending on health and social programs that cause discrimination against the economically marginalised, cutbacks and reduced eligibility for income-replacement programs, and the myth of a workforce that meets the needs of all Canadians. This strategy is failing Canadians and undermining the community based response to HIV/AIDS. The Canadian AIDS Society's Board of Directors has adopted this position statement as part of our ongoing commitment to HIV/AIDS prevention, care, treatment and support.

A Call for Innovation

It is time to shift our thinking about poverty and create communities that meet the needs of individuals, not create individuals to meet the needs of the community. We need to identify the social and economic structures that increase vulnerability to HIV, without labelling individuals and communities and making blanket statements about their behaviour. We need to provide income support services that respect the individual, and not build programs around fears and stereotypes about substance use, illegal employment, and living arrangements. Finally, we need to address income issues as part of a continuum of supports that include housing, nutrition, education, training, community involvement, treatment, care, and support.

The Canadian AIDS Society's Board of Directors supports and encourages programs, services and measures of poverty that include the following criteria and principles:

- All individuals must have control over the money that is used to meet their basic needs, and feel free to make decisions on how and when it is spent.
- Basic needs and material resources not only include safe and adequate food, shelter and clothing, but full access to health care and services (including health, dental, rehabilitation, medication, complementary and alternative medication, etc.) social support services (informal social networks, government based services, community based organizations,), transportation and access to community resources (community centres, parks and recreation, public consultations, civic duties and decision making opportunities).
- All individuals have the right to choose the products and services that they access.

A Call for Community Leadership

- CAS commits to pursuing alliances with organizations and community based movements that work to end poverty and discrimination against economically marginalized individuals
 - CAS commits to conducting research into how poverty and economic marginalization affects HIV prevention, care, treatment and support, and using this research for policy change.
 - CAS will strive to make the income needs of PLWHIV/AIDS a priority within our own work, as well as within the work of government, research and community-based partners.
 - CAS will ensure that the voice and experience of PLWHIV/AIDS is reflected in all of our work related to income security.
 - CAS will continue to make the community voice heard by the leaders and planners in government-based income support programs.
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- CAS calls on AIDS Service Organizations, partners, alliances, and community based organizations to examine where stigma and bias may be reflected in their programs and service delivery
 - CAS calls on AIDS Service Organizations, partners, alliances and community based organizations to examine where their programs and services support individual autonomy over their financial decision making, and make a shift to allow clients more control over the financial services that they access

A Call for Research

- The role of poverty in the transmission of HIV and in the progression of HIV disease needs to be further explored and researched. The Canadian AIDS Society Board of Directors calls on communities, governments, and researchers to put poverty and HIV on the research agenda. Ethical community based research that reveals the complex relationship between poverty and HIV will help create tools, initiatives and policies that contribute to the prevention, care, treatment and support of HIV.

A Call for Government Leadership:

- Efforts must be made by Canadian federal, provincial, territorial and municipal governments to provide adequate resources to programs, services and community based organizations that work towards the prevention of poverty for all people who live in Canada, particularly for people living with illness, disability and/or who are socially and economically marginalized. This is particularly crucial given the need for increased compensation to community based organizations working in poverty prevention and alleviation, who have incurred increased pressure on resources due to government “downloading”.
 - Federal, Provincial, Territorial and Municipal governments must ensure that adequate resources are provided to AIDS Service Organizations and community based organizations as they have been increasing their caseloads to respond to the increasing number of PLWHIV/AIDS, many of whom experience con-current disabilities and consequently more complex financial and social situations, without an increase in financial resources;
 - Federal, Provincial, Territorial and Municipal governments must increase their efforts to better coordinate and partner between federal, provincial, territorial and municipal programs that provide cash, tax relief, housing, medical and social service supports;
 - government-based programs should reflect the World Health Organization’s definition of disability and activity limitation, and reflect a human rights approach to disability;
 - government-based income and health benefit programs must adopt a consistent definition of disability (the WHO definition), not just to make the application process easier, but to expand eligibility;
 - the government-based response to poverty must include significantly higher rates of income support benefits across all programs, including those that are not directly targeting people living with disabilities;
 - the value of volunteer and non-paid work must be recognized as valuable contributions to society, and not be used as a penalty against an individual’s eligibility for programs;
 - the inadequacy of the current labour market to meet the work and financial needs of Canadians (particularly those who live with an illness or disability, and those who are
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- socially and economically marginalized) should be considered when evaluating eligibility for programs, until the time that it does meet those needs;
- income programs must move towards an “Individualised Funding” model that empowers individuals to make choices about how their money is spent, what health care services are accessed and by whom these services are provided;
 - a minimum level of standards that include access to information, level of service and amount of benefit should be established that all government based programs should meet, regardless of where they are administered;
 - there is a need for increased financial and non-financial resources and support to family and non-family caregivers for persons living with disabilities and chronic/episodic illnesses;
 - there is a need for more involvement of community based organizations in the planning of government based policies and programs.

For more information on the relationship between poverty and HIV, please refer to the HIV and Poverty Fact Sheets and project web site at <www.hivandpoverty.ca>.
