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Dear Mr. Harper: There's a way to pay for global health needs

By Julio Montaner and Stephen Lewis
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Prime Minister Stephen Harper is distinguishing Canada on the world stage in all the wrong ways. True, Mr. Harper has learned to sound like other world leaders when it comes to decrying global poverty and disease. He even has a new initiative, or perhaps just new talking points, about women and children's health that he's been trying out before this year's G8 and G20 summits in Muskoka and Toronto.

Yet, in a world where rhetoric often outpaces action, this Prime Minister's brazen hypocrisy about following through - and paying for - our nation's global health commitments stands out. Once a leader in health and equity, Canada is now the only G8 country that is determinedly, inexplicably and shamefully opposed to an innovative financing tool - the financial transactions tax (FTT) - that would produce billions of dollars to meet critical global health needs.

It's one thing to oppose heavy taxes in a time of economic hardship. But the FTT, which has been endorsed by Britain, France, Germany and the International Monetary Fund (with friendly interest shown by U.S. President Barack Obama), would levy a fee so small (as little as 0.005 per cent) on the millions of daily bank financial transactions that one would need a magnifying glass to even notice it.

The net impact of the FTT would be virtually nil on banks and nothing on consumers. But it would raise billions of dollars in a time of severe cutbacks for desperately needed global health initiatives, such as the effort to provide universal access to prevention, treatment and care for HIV - a goal that G8 leaders pledged in 2005 to meet by this year but that remains far off. Canada's strident objection to the FTT is a mystery. What's certain is that millions of lives will be lost unless innovative funding approaches are adopted to pay for our global health commitments.

Consider that 2005 promise to provide HIV prevention and treatment to all in need. Progress has been made, but the world remains woefully short of the universal access goal. Worldwide, only between a third and a half of those who need HIV treatment, including children, receive it. Most people living with HIV are still unaware of their HIV status. And fewer than half of pregnant women living with HIV receive the drug regimen needed to help save their children from infection.

HIV therapy for new mothers achieves two objectives: It keeps millions of women alive and healthy, and it prevents transmission of the virus during childbirth. It also helps women to breastfeed safely, which, in turn, helps prevent malnutrition and diarrheal diseases in children. Broad access to HIV therapy strengthens health systems, reduces other health problems such as tuberculosis, supports economies and reduces orphanhood by keeping young heads of families alive and strong. Access to treatment also helps to slow the epidemic, because a person on treatment, as studies show, is much less likely to transmit HIV to someone else.

With the universal access pledge still unmet, the Harper government is now trumpeting a new initiative to address maternal and child health. Perhaps Mr. Harper's surrogates don't know that women and children make up more than half of all people living with HIV worldwide, and that the leading cause of death and disability among women of reproductive age is HIV. Honouring the existing promise to provide HIV prevention and treatment would be one of the best things the G8 leaders could do for women and children worldwide. Its cost would be a small fraction of the value of the more than 5,000 lives lost to this disease every day.

Keeping promises on a global scale requires backbone, commitment and money. There may be no easy and painless way to instill the first two in the Harper government. But there is an effective way to pay for critical global health needs - the FTT. The government's stubborn resistance to this innovative idea embarrasses a country that was once a leader on global health.

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