Canadian Strategy on HIV/AIDS

General Information		
Lead Department	Health Canada	
Partners	Health Canada and Correctional Service Canada are the two federal departments participating in the Strategy.	
	Key players within the Strategy include: provincial and territorial governments; national non-governmental organizations (Canadian Aboriginal AIDS Network, Canadian AIDS Society, Canadian HIV/AIDS Legal Network, Canadian HIV/AIDS Clearinghouse, Canadian Treatment Advocates Council, Community AIDS Treatment Information Exchange, Interagency Coalition on AIDS and Development); regional HIV/AIDS organizations (Alberta Community Council on HIV, Ontario AIDS Network, Coalition des Organismes Communautaires Québecois de Lutte Contre le SIDA, Manitoba AIDS Cooperative, Pacific AIDS Network, Saskatchewan AIDS Network); Canadian International Development Agency; International Council of AIDS Service Organizations; Canadian Association for HIV Research, Canadian Foundation for AIDS Research; and the Canadian HIV Trials Network.	
Effective Date	Announced on December 1, 1997, and launched on May 28, 1998.	
Expiry Date	Ongoing	
Website	http://www.aidsida.com	
Purpose	To prevent the spread of HIV infection in Canada; to find a cure; to find and provide effective vaccines, drugs and therapies; to ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers; to minimize the adverse impact of HIV/AIDS on individuals and communities; and to minimize the impact of social and economic factors that increase individual and collective risk for HIV.	
Roles and Contributions	Health Canada is responsible for developing national policies and programs to address issues surrounding HIV/AIDS, and CSC is responsible for developing policies and programs for offenders in correctional institutions.	
	Five main activities of Health Canada and CSC are: developing and disseminating information; developing policies, guidelines, programs and training manuals; funding projects; developing and fostering collaboration and partnerships; and delivering services.	
	Coordination between federal and provincial and territorial governments as well as within Health Canada and CSC are key to ensuring that efforts to address HIV/AIDS are maximized and that identified gaps are addressed. This is enabled by two F/P/T committees working on HIV/AIDS issues as well as a (Health Canada) Interbranch Strategy Team on HIV/AIDS and a (CSC) National Infectious Diseases Committee.	
	The Ministerial Council on HIV/AIDS provides advice on the implementation of the	

Strategy, to ensure that the Strategy responds to the epidemic.

The roles and contributions of governments are explained and made publicly available through the website (http://www.aidsida.com), the Canadian Report on HIV/AIDS (published annually on December 1 - World AIDS Day by the Minister of Health); the CSHA annual performance report, and Health Canada's Report on Plans and Priorities and Departmental Performance Report.

The three year and five year evaluations are intended to provide information on public awareness and support of HIV/AIDS initiatives.

Resources

Funding

The Strategy receives \$42.2 million annual funding. Health Canada receives \$41.6 M while Correctional Service Canada receives \$0.6 M.

Health Canada's funding is allocated as follows: Prevention: \$3.9 M; Community Development and Support to National NGOs: \$10.0 M; Care, Treatment and Support: \$4.75 M; Legal, Ethical and Human Rights: \$0.7 M; Aboriginal Communities: \$2.6 M; Research: \$13.15 M; Surveillance: \$4.3 M; International Collaboration: \$0.3 M; and Consultation, Evaluation, Monitoring and Reporting: \$1.9 M.

Tracking and Reporting

Financial status reports are prepared by finance officials for Strategy management purposes. Financial summaries are provided quarterly to the Ministerial Council on HIV/AIDS. A year-end financial summary was included in the first Monitoring Report (1998-99), and has been included in the annual reports beginning with 1999-2000. These reports will be available to the public shortly, on the CSHA web site, and through the Canadian HIV/AIDS Clearinghouse.

Measurement and Reporting

Outputs / Outcomes

Outputs: needs assessments, epidemiological and surveillance information, monitoring and evaluation reports; web sites, conferences, resource centres; policies; guidelines, programs and training manuals; national and local NGO projects to address HIV/AIDS prevention and care, treatment and support issues; academic and community research addressing HIV/AIDS issues; partnerships, stakeholder consultations; delivery of HIV/AIDS prevention, care and treatment for offenders in correctional settings and for First Nations and Inuit in reserve communities.

Immediate outcomes: scientific advancements; increased use of reliable HIV/AIDS information; strengthened HIV/AIDS policy coordination and programming; increased capacity to address HIV/AIDS issues; and increased participation and partnerships.

Intermediate outcomes: vaccines and therapies; access to effective care, treatment and support initiatives; minimized adverse impact on individuals and communities; minimized social and economic risk factors; and access to effective prevention initiatives.

Long-term outcomes: a cure; prevention of the spread of HIV; and care, treatment and support.

Health Canada and CSC responsibility centres have committed to the development of annual performance monitoring reports for the CSHA. The CSHA Performance Reporting Framework (February 1999) contains a summary of the performance information that is collected by responsibility centres.
Information on outputs is collected by Health Canada and CSC responsibility centres and is reported in annual CSHA performance reports. Sample output indicators include: # of reports, articles and guidelines produced; # press releases, media reports; # databases developed; # HIV/AIDS organizational infrastructures supported; # prevention, care, treatment and support projects funded; # training tools developed; # action plans developed with and approved by partners; % staff and inmates trained.
Outcome indicators (listed below) have been identified for the immediate, intermediate and long-term outcomes in the CSHA Evaluation Framework. Information on these indicators will be collected during the three-year and five-year evaluations of the Strategy: incidence of risk behaviours and awareness of prevention methods; availability of prevention resources; general public sensitivity to and awareness/support for at-risk populations and HIV/AIDS issues; number of joint cross-jurisdictional HIV/AIDS initiatives; number of volunteers addressing HIV/AIDS issues; number of skilled caregivers and professionals equipped to address HIV/AIDS; number of new HIV/AIDS drugs and therapies tested in Canada; number of new treatment therapies available in Canada; incidence and prevalence of HIV/AIDS in Canada; quality of life of persons living with HIV/AIDS; and morbidity and mortality rates among persons living with HIV/AIDS.
All partners in the CSHA will be encouraged to align their evaluation plans with the CSHA Evaluation Framework.
The evaluation framework focuses principally on immediate outcomes, but also envisions future reporting on intermediate and long-term outcomes. Information about these latter outcomes will tell the story about the Strategy's contribution towards its prevention, care, treatment and support goals. Some indicators are already well defined. Surveillance information, collected by exposure category, tracks incidence and prevalence of HIV and AIDS, and mortality. Strategy-wide indicators for interpreting quality of life and behaviour are being developed.
A commitment has been made to conduct a three-year and a five-year evaluation of the Strategy. A Draft Evaluation Framework for the CSHA was completed in June 2000 to guide these evaluations. The year three evaluation will be completed during 2001. The year five is expected to be completed by July 2003. These evaluations will be conducted by external evaluators.
Information and best practices are shared with all partners in the CSHA (NGOs, F/P/T AIDS) in the areas of prevention, care, treatment and support, research and monitoring and evaluation.
Information is shared on the Strategy web site, on the web sites of Strategy partners, through the widespread distribution of reports and brochures, and through conferences and national skills-building symposia. The Strategy provides organizational support to CATIE (the Canadian AIDS Treatment Information Exchange) (http://www.catie.ca) to distribute HIV/AIDS treatment information, and to the Canadian HIV/AIDS Clearinghouse (http://www.clearinghouse.cpha.ca) to distribute information on prevention, care and support.

Public Reporting	The activities and outcomes of the CSHA are communicated to Canadians in The Canadian Report on HIV/AIDS (issued each year on World AIDS Day - December 1st by the Minister of Health) and in annual performance monitoring reports. The Minister's report is accessible to Canadians on the Health Canada web-site: http://www.hc-sc.gc.ca/ . The CSHA annual performance reports will be posted on the CSHA web site (http://www.aidsida.com/) shortly.	
Involving Canadians		
Provisions for Citizens to Participate in Developing Social Priorities and Reviewing Outcomes	An annual direction-setting and work-planning process engages key governmental and non-governmental stakeholders in ensuring that the CSHA remains responsive to HIV/AIDS in Canada. In October 2000, ten broad strategic directions were developed to guide collaborative efforts of CSHA partners for fiscal year 2001-02 and beyond. In addition, Health Canada and Correctional Service Canada responsibility centres consult key stakeholders in the development, implementation and evaluation of specific policy and program initiatives as required.	
Feedback Mechanisms to the Public	Involvement of Canadians is reported in the Canadian Report on HIV/AIDS as well as annual CSHA performance monitoring reports. The Minister's report is accessible to Canadians on the Health Canada web-site: www.hc-sc.gc.ca. The CSHA annual performance reports will be posted on the CSHA web site (http://www.aidsida.com/) shortly.	
Service Commitments		
Public Availability of Eligibility Criteria	Funding is provided for programs to prevent HIV infection, and to care, treat and support people living with HIV/AIDS. Eligibility criteria for program funding are available on the web site: http://www.hc-sc.gc.ca/hppb/hiv aids/can strat/community/action programs.html	
Existence and Availability of Service Commitments	Not applicable ¹ , although guidelines and policies are developed to guide the development and delivery of prevention and care, treatment and support programs by professional and non-professional caregivers. Service commitments are referenced in federal work plans, which are circulated to Strategy partners.	
Measurement and Public Reporting	Information on the development and use of guidelines and policies are reported in the Canadian Report on HIV/AIDS as well as in annual CSHA performance monitoring reports. The Minister's report is accessible to Canadians on the Health Canada website: http://www.hc-sc.gc.ca/ . The CSHA annual performance reports will be posted on the CSHA web site (http://www.aidsida.com/) shortly.	

Appeals and Complaints		
Existence, Availability and	Conflict of interest complaints are referred to Health Canada's Conflict Resolution Office.	
Communication of Mechanisms	Funding decisions cannot be appealed.	
Tracking and Public Reporting	The CSHA does not track and report on appeals and complaints. Conflict of interest reports are confidential. Funding decisions cannot be appealed.	
Mobility		
Existence of Measures	The CSHA does not have any residency-based practices or policies. Funding which is distributed through Health Canada regions is available in each region across the country.	

¹Not applicable: when the section does not apply.