

CANADIAN STRATEGY ON HIV/AIDS
1999-2000
ANNUAL MONITORING REPORT
TECHNICAL REPORT 1:
STRATEGY IMPLEMENTATION ACTIVITIES

Prepared
for Health Canada
by
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Technical Report 1: Strategy Implementation Activities

This technical report describes selected Canadian Strategy on HIV/AIDS (CSHA) implementation activities, which were compiled from materials provided by national CSHA partners, with a particular focus on annual reports. Where required, additional information on activities was derived from partners' web sites, management reports and other public documents. (A list of information sources is provided in the bibliography at the end of this technical report.)

Although most of the annual reports used as information sources covered the 12 months from April 1, 1999 to March 31, 2000, the annual reporting periods of some partners may not coincide with these dates. As a result, certain of the activities presented here may have occurred before April 1, 1999, or after March 31, 2000. As well, some of the information may be updates on activities reported in the 1998-99 CSHA monitoring report.

The activities are grouped by the strategic areas to which CSHA funding is directed, as outlined in Table 1.

Table 1: Funding Allocations Under the Canadian Strategy on HIV/AIDS

Component	Funding Allocation
Prevention	\$ 3.90 million
Community Development and Support to National Non-Government Organizations	\$10.00 million
Care, Treatment and Support	\$ 4.75 million
Legal, Ethical and Human Rights	\$ 0.70 million
Aboriginal Communities	\$ 2.60 million
Correctional Service Canada	\$ 0.60 million
Research	\$13.15 million
Surveillance	\$ 4.30 million
International Collaboration	\$ 0.30 million
Consultation, Evaluation, Monitoring and Reporting	\$ 1.90 million
Total	\$ 42.2 million

Each grouping of activities begins with a description of the significance of the strategic area, excerpted from *The Canadian Strategy on HIV/AIDS: Moving Forward Together*. Under each

heading, projects and activities are presented according to their projected contribution to specific CSHA outcomes. These outcomes (see Table 2) are defined by the CSHA Evaluation Logic Model and are designed to keep activities focussed on CSHA goals. Organizing the report in this way will help align monitoring and evaluation information. Activities that do not fall neatly into a single outcome have been assigned to the most appropriate outcome.

Table 2: Immediate CSHA Outcomes

Outcome	Description
Strengthened Coordination of HIV/AIDS Policy and Programming	The success of the CSHA is dependent on the degree of coordination of HIV/AIDS policy and programming among non-government organizations (NGOs) and governments. Coordination between the federal and provincial and territorial governments is key to ensuring that efforts to address HIV/AIDS are maximized and that identified gaps are addressed.
Increased Use of Reliable Information	The success of the CSHA is dependent on the use of reliable information by persons living with and at risk of HIV/AIDS, the general public, as well as NGOs and governments, for HIV/AIDS policy and program purposes. The use of such evidence as incidence rates in policy and program development is vital to ensuring the effectiveness of CSHA activities and outputs.
Scientific Advancements	The success of the CSHA is dependent on the development of scientific advancements in the area of biomedical and clinical research. These advancements are key to the development of vaccines and therapies for HIV/AIDS.
Involvement, Participation and Partnership	The success of the CSHA is dependent on the level of involvement and participation of persons living with and at risk of HIV/AIDS, NGOs, researchers and governments. Partnerships between and among governments and NGOs are key to ensuring a pan-Canadian response to HIV/AIDS.
Increased Capacity to Respond	The success of the CSHA is dependent on the capacity of persons living with and at risk of HIV/AIDS, NGOs, researchers and governments to respond to HIV/AIDS. Training materials, mentorship and scholarship programs and operational funding (and other capacity-building initiatives) are key to ensuring a sustainable response to HIV/AIDS.

Prevention

Prevention is the only defence against HIV transmission. The cost of preventing a case of HIV is only a fraction of the cost of treating and caring for someone once he or she becomes infected. This fact, together with Canada's commitment to averting human suffering whenever possible, makes prevention an important component of the CSHA.

For Prevention, activities are presented according to the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ The Canadian HIV/AIDS Clearinghouse continued to respond to requests for information. The Clearinghouse processes some 25 000 orders each year and distributes more than 800 000 copies of HIV/AIDS pamphlets, posters, brochures, videos and manuals.
- ▶ The Canadian HIV/AIDS Clearinghouse distribution centre stocked more than 600 items produced in-house and by other organizations, such as the Canadian AIDS Society (CAS), the Canadian AIDS Treatment Information Exchange (CATIE), the Canadian HIV/AIDS Legal Network, local AIDS organizations and Health Canada. The Clearinghouse library contained more than 18 000 titles in 102 languages, including the latest videos, books and how-to manuals, all of which were available on loan.
- ▶ During 1999-2000, the Canadian HIV/AIDS Clearinghouse was developing a prevention "listserv" (an electronic mailing list of individuals and organizations around the world who are interested in a given area of work or research) to further strengthen communication among front-line workers.
- ▶ Three issues of *HIV Prevention Plus*, a quarterly newsletter for HIV prevention educators, were published by the Canadian HIV/AIDS Clearinghouse in 1999-2000. Circulation of the newsletter is approximately 700.
- ▶ The Canadian HIV/AIDS Clearinghouse produced several HIV prevention resources, including 16 frequently asked questions (FAQs); two annotated bibliographies on Canadian HIV prevention resources available through the Clearinghouse (*Harm*

Reduction and Injection Drug Use and HIV Prevention and Aboriginal Peoples); a case study on the Ottawa-Carleton Council on AIDS, which is a model for community partnership and planning in HIV/AIDS; and a Critical Issues in HIV Prevention Report entitled *The Impact of HAART on HIV Prevention*.

- ▶ A new document, *HIV Transmission: Guidelines for Assessing Risk*, was launched at a news conference at the Canadian Association for HIV Research (CAHR) conference in May 2000. The guidelines are available from the Canadian HIV/AIDS Clearinghouse and through the Canadian Medical Association's web site. Several presentations were made on the guidelines, including at AIDS Impact 1999 (in Ottawa in July 1999), the 2nd Canadian HIV/AIDS Skills Building Symposium (in Winnipeg in November 1999) and the Canadian Association of Nurses in AIDS Care Conference (spring of 2000).
- ▶ CAS and Health Canada collaborated to create a special youth event for the National AIDS Awareness Campaign, which aired on MuchMusic and MusiquePlus. CBC national television news covered the youth campaign on the morning of the music specials and interviewed a youth and an artist featured in the special.
- ▶ A new planning committee was struck for the National AIDS Awareness Campaign. At its first meeting in June, the planning committee chose the theme for the fall campaign: "The Myths Surrounding HIV/AIDS." This theme allowed individual organizations to tailor the campaign to their own communities. The committee also selected women as the target population for the 2000 spring campaign.
- ▶ In November 1999, the planning committee for the National AIDS Awareness Campaign began to prepare for a consultation process in March 2000 that would examine the campaign in its entirety, set future directions and expand partnerships.
- ▶ Four issues of CAS's quarterly newsletter were distributed during 1999-2000. Lead articles highlighted the publication of two important new documents — *HIV Transmission: Guidelines for Assessing Risk* and *Retro-vision: Looking Back, Looking Forward* — as well as AIDS Walk Canada 1999 and the first National Conference on Women and HIV/AIDS in Toronto in May 2000.
- ▶ In June 1999, the Canadian HIV/AIDS Clearinghouse, in partnership with CAS, coordinated the mailing of *The Faces of HIV/AIDS*, a poster aimed at Aboriginal youth.
- ▶ In partnership with Health Canada, the Clearinghouse completed international distribution of 15 core Canadian HIV/AIDS documents to HIV/AIDS resource centres in 55 countries in 1999-2000.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ The Motherisk HIV Network, which provides information on drug and chemical risks for pregnant women, developed a program targeting HIV-positive women who want information about drug interactions during pregnancy. CAS distributed cards advertising the service to its member groups.
- ▶ Health Canada supported a survey of key informants with professional organizations to explore their knowledge of and work with HIV prevention strategies. The survey identified emerging issues in HIV prevention for health professionals, as well as the current and future HIV prevention needs of members of health and social service organizations.
- ▶ The Tri-City Gay Men's Project endeavoured to identify the HIV prevention needs of gay men in Montreal, Vancouver and Toronto. The three cities worked collaboratively to identify the needs of this population and a means of "repackaging" HIV prevention strategies for gay men. Montreal provided coordination for the three cities, each of which devised its own means of conducting a needs assessment with gay men using focus groups, surveys and literature reviews. The project, which was funded by Health Canada, will be completed in July 2000.
- ▶ The National Reference Group (NRG) for Gay Men was formed to develop a strategy to guide programming and policy decisions on HIV prevention among gay men. The NRG held two meetings and completed a discussion paper on health promotion/population health and gay men's health issues.
- ▶ The Gay, Lesbian and Bisexual Youth Project was under way in three locations: Kamloops, Moncton and Montreal. The project aims to identify the needs of this population and options for creating safe spaces as an HIV prevention strategy. Interim project reports have been submitted and resources have been developed in each of the sites. The funder, Health Canada, has worked closely with the three project coordinators to monitor the project and promote its sustainability.

Involvement, Participation and Partnership

- ▶ In November 1999, the Canadian HIV/AIDS Clearinghouse coordinated "The Myths Surrounding HIV/AIDS" project. Participants included the Safe Spaces National Project Advisory Committee, the National Program Committee for the Planned Parenthood Federation of Canada's Source Book in Healthy Sexuality, the National Program Partners Committee for the Canadian HIV/AIDS Skills Building Symposium, the National Program Partners Committee and the Prevention Program Sub-Committee for the National Conference on Women and HIV/AIDS, and the National Advisory Committee for the HIV Harm Reduction Conference.

- ▶ The Canadian HIV/AIDS Clearinghouse became a partner in the Canadian Health Network, which provides Canadians with general health information via the internet. The Clearinghouse formed a consortium with CAS and CATIE to serve as the Network's HIV/AIDS affiliate.
- ▶ Health Canada and NGOs jointly developed HIV awareness programs targeted at youth, including *AIDS: Not in this Body*, *Keep the Tribe Alive*, *What's Your Thing Boy?* and *It's Tough Being One*.
- ▶ The Council of Ministers of Education, Canada (CMEC) and Health Canada's Prevention and Community Action Programs formed a partnership to undertake a study on youth and sexual health. Several components of the study have been identified, including a literature review, federal/provincial/territorial consultations with health and education representatives, and the development of an advisory committee and a final proposal. A consortium of researchers has also been identified.
- ▶ The Federal/Provincial/Territorial HIV Prevention Coordinators Committee met twice in 1999-2000 to discuss general HIV prevention programs as well as specific initiatives on injection drug use and school-based education. One of the meetings (December 1999), held jointly with representatives of provincial/territorial ministries of Education, included discussions about a federally funded project on gay, bisexual and lesbian youth and about the conceptual framework for a youth and sexual health study.
- ▶ The Federal/Provincial/Territorial Working Group on HIV and Pregnancy held four teleconferences and four meetings during 1999-2000. Among the issues discussed were provincial/territorial HIV testing policies for pregnant women and the implications of a report prepared by the Canadian HIV/AIDS Legal Network on legal and ethical issues related to HIV testing for pregnant women. The Working Group also reviewed the epidemiological data on perinatal transmission and determined a plan of action for reaching pregnant women who are not accessing prenatal care or HIV testing.
- ▶ The Federal/Provincial/Territorial Working Group on Post-Exposure Prophylaxis (PEP) was formed in 1999 to carry forward discussions stemming from a national conference on PEP in October 1998. The Working Group held three teleconferences during 1999-2000 and met to determine how a national reference group on PEP could be formed to address recommendations from the national conference. A mandate statement was completed for the creation of a national reference group, terms of reference were developed and nominations were compiled.
- ▶ Health Canada worked in partnership with several international organizations (including the National Institutes of Health, Centers for Disease Control, Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, the Swiss government, the Medical Research Council of South Africa and Family Health International) to plan the

3rd International HIV Prevention Symposium at the XIII International AIDS Conference in Durban, South Africa, in July 2000. This collaborative effort included discussion of financial issues, scholarships, speaker selection and venue, as well as the preparation and distribution of a preliminary announcement and a symposium program.

Increased Capacity to Respond

- ▶ The Canadian HIV/AIDS Clearinghouse began to develop a national HIV prevention database that will contain information on HIV prevention activities across Canada. When launched, the database will strengthen HIV prevention programming in Canada by facilitating communication and shared learning, highlighting prevention accomplishments and identifying prevention priorities.
- ▶ Phase III of the Canadian HIV/AIDS Resource Centre Network (CANNET) project was completed. The second edition of the *Basic Manual on How to Operate an HIV Resource Centre* was produced, five training workshops were delivered across Canada, a quarterly newsletter was published, and a listserv and organizational database were developed.
- ▶ A support program to help front-line HIV prevention workers keep up with the ever-changing challenges of HIV/AIDS was launched by the Canadian HIV/AIDS Clearinghouse in January 2000. For example, the Clearinghouse is developing a prevention listserv to further strengthen communication among front-line workers.
- ▶ The Canadian HIV/AIDS Clearinghouse acquired additional space and subsequently set up its own warehouse and distribution centre. This will enable the Clearinghouse to distribute large orders more effectively and efficiently, cutting the delivery time to clients.
- ▶ CAS facilitated a discussion at its annual general meeting/forum on the topic of “The Changing Face of AIDS and Community-Based ASOs.” Among the issues discussed were the “failure” of HIV prevention efforts and the multiple struggles faced by community-based AIDS service organizations (ASOs), including dwindling funding coupled with increased demands for services.
- ▶ CAS’s *Member Programs and Services* directory was updated in January 2000 and circulated to member organizations in March. The directory provides information that enables CAS member groups and associates to network and communicate with each other regarding services, programs and mandates.
- ▶ More than 65 000 Canadians in 110 communities participated in AIDS Walk Canada 1999 (September 26), raising over \$2.8 million in what continues to be Canada’s largest one-day fund-raising and awareness event for HIV/AIDS. The participation of the

Atlantic First Nations AIDS Task Force added new sites to the walk in 1999 and significantly increased awareness of HIV/AIDS. The AIDS Walk Canada national campaign, which is managed through CAS, provided free print materials for local walk sites.

Community Development and Support to National Non-Government Organizations

Community development is the cornerstone of an effective response to HIV/AIDS. Much of the progress made so far in reducing the spread of HIV, and in caring for and supporting infected individuals, has been accomplished by non-profit, voluntary organizations and community groups.

For Community Development and Support to National NGOs, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ The third phase of the Empowering Youth to Confront HIV/AIDS Project ended in August 2000. During this phase, workshops presented in each region of Canada brought together more than 150 youth and educators. The workshops were designed by youth from the project's national working group and were facilitated primarily by youth. Topics included issues of interest to various youth groups, issues for youth in rural areas, social justice issues and various approaches to reaching youth, including peer education and theatre. Many local groups were involved in workshop planning and facilitation. Bursaries ensured strong representation from youth and from small and rural communities.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ In June 1999, *Advocacy in Action: Volume IV* was produced for distribution at CAS's 1999 annual general meeting/forum. This annual document contains all of the resource materials prepared for CAS on advocacy initiatives since the previous year's annual general meeting/forum.
- ▶ A number of strategic activities in relation to HIV/AIDS and injection drug use were undertaken with support from Health Canada. These included a national conference on

IDU in the context of social challenges, an initiative to facilitate information sharing among needle exchange programs, and a research project on the impact of changes in the funding environment for needle exchanges in Ontario. Health Canada also supported the publication and distribution of a report entitled *Needle Exchange Programs in Ontario: Pressures and Policies*, as well as several editions of the national newsletter *junkmail*.

- ▶ Pilot projects were undertaken directed at women who have children and who inject drugs and at people with unstable living conditions for whom low-threshold methadone treatment may provide improved stability and reduced risk of HIV infection. With support from Health Canada, partners and stakeholders developed projects, established evaluation protocols and implemented program activities. Research and model program documentation will be completed in the future.
- ▶ A research review and literature search paper of the profile of drug use in Canada was developed by Health Canada to inform planning of strategic IDU initiatives. The Department also initiated work on an international comparison paper on harm reduction policies.
- ▶ A feasibility report outlining the goals, objectives and evaluation plan for a proposed national workshop on women and HIV was developed by Health Canada.
- ▶ Health Canada supported several studies and reports on perinatal HIV transmission to assist the provinces and territories in their policy and program decision making. A summary and synthesis report of the findings was written to ensure that the information was widely accessible. The summary report includes the following topics: physicians' attitudes towards the testing of pregnant women; women's experiences of HIV testing during pregnancy; the medical and legal issues of testing policies; the ethical issues of testing policies; a report on HIV-testing counselling initiatives; and an epidemiological report on perinatal HIV transmission.
- ▶ A three-year qualitative research study entitled "Preventing Perinatal Transmission of HIV: Pregnant Women's Experiences and Perspectives on Best Practices," continued to receive support from Health Canada. A report will be developed that will provide a comprehensive understanding of existing and emerging needs related to HIV screening of pregnant women.
- ▶ A multi-phase project was under way to determine best practices and elements of effective prevention interventions for three populations: men who have sex with men, women and youth. A report outlining risk factors and key prevention efforts was published and distributed to key stakeholders across Canada. The project was supported by Health Canada.

- ▶ Health Canada also supported the development of a paper that explored the relationship between race, class and gender and HIV.
- ▶ Several initiatives were undertaken, with support from Health Canada, to increase awareness of the link between sexual violence and HIV transmission, including the production of a national brochure for female survivors of sexual violence and community groups that work with these women.
- ▶ A workshop on the issue of euthanasia and assisting in a suicide was held at the 2nd Canadian HIV/AIDS Skills Building Symposium in Winnipeg.
- ▶ A brochure on HIV, sexual assault and women was culturally adapted for the Aboriginal, Asian and Inuit populations and a national distribution list was developed.
- ▶ Work continued on the development of an HIV and sexual violence curriculum for Canadian schools of social work. A workshop was conducted for social work faculty and people who work with women who are survivors of sexual assault.
- ▶ A literature review was undertaken and a background paper was developed on HIV and male survivors of sexual assault. A needs assessment of counsellors was also completed. Emerging themes and recommendations for future initiatives were identified through this process.
- ▶ An assessment was completed of the HIV/AIDS training and information needs of people who work in women's shelters. The resulting report included recommendations for future initiatives for women's shelters.
- ▶ Two pilot projects were undertaken (one rural and one urban) on the integration of information on HIV prevention and sexual violence against women in community-based organizations. Training needs were identified and a training package was developed and delivered through a workshop.

Involvement, Participation and Partnership

- ▶ Levi Strauss agreed to fund a CAS project to further HIV prevention among Canadian youth. The goals of this initiative, which is an element of Phase IV of CAS's Children and Youth Issues Project, are to integrate child and youth issues into the current advocacy and member support work of CAS, to develop and distribute evaluation resources, and to provide skills-building and networking opportunities for youth and youth-serving professionals in southwestern Ontario and the Prairies. Input from member organizations was sought through a survey.

Increased Capacity to Respond

- ▶ Five national NGOs—CAS, the Canadian Treatment Advocates Council (CTAC), the Canadian Aboriginal AIDS Network (CAAN), the Canadian HIV/AIDS Legal Network and the Interagency Coalition on AIDS and Development (ICAD)—work to strengthen community capacity to respond to HIV/AIDS issues; create and develop issue-based coalitions and partnerships; set strategic directions, policies, plans and expected outcomes on issues related to persons living with HIV/AIDS and vulnerable populations; and strengthen communication and working relationships with membership and other partners. Health Canada provided operational funding to enable these organizations to increase their membership, involve members in setting strategic directions and policy, enhance the capacity of their membership, enhance coordination and collaboration, and increase awareness of HIV/AIDS issues in Canada.
- ▶ The national HIV/AIDS Treatment Information Network and the Canadian HIV/AIDS Clearinghouse received funding from Health Canada to support the dissemination of HIV/AIDS resources and information pertaining to prevention, community programming and treatment.
- ▶ To sustain and promote Canada's community-based response to HIV/AIDS, Health Canada supported several partnership initiatives that fostered skills enhancement, information sharing and networking. These included CAS's 2nd Canadian HIV/AIDS Skills Building Symposium, a conference attended by 800 community and health professionals in Winnipeg in November 1999. In addition, workshops were held across Canada as part of the National Skills Building Initiative on HIV/AIDS and Prisoners. Workshops were also held at various sites on the topic of "Empowering Youth to Confront HIV/AIDS."
- ▶ "Outillons Nous," an initiative to identify ways to translate research findings from the Omega Cohort (a longitudinal study on MSM in Montreal) into community action, was funded by Health Canada. This project resulted in the development and national dissemination of a document highlighting a model for transferring research knowledge into action.
- ▶ Health Canada's new community-based research capacity-building program supported an Aboriginal ASO in building a staff member's capacity to serve as a research technical assistant. A project model was developed and program activities were implemented related to research capacity building.

Care, Treatment and Support

The abilities of individuals and communities to respond to HIV across the continuum of care must be strengthened. The increasing complexity of the epidemic makes it harder to treat some individuals and to support their caregivers. More and more, people with HIV/AIDS exist

outside the social, economic and cultural mainstream of society. As a result, they have difficulty getting the services they need to cope with HIV.

For Care, Treatment and Support, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ The national HIV/AIDS Treatment Information Network, operated by CATIE, includes a toll-free bilingual phone service, a web site, and programs, services, resources, training, education and publications on allopathic treatment and complementary therapies. Targeted information campaigns are aimed at persons living with HIV/AIDS and their professional and non-professional caregivers.
- ▶ In 1999-2000, CATIE responded to 2 861 treatment information telephone requests from across Canada. When e-mail and drop-in requests are included, the number rose to 3 059. Approximately 25 per cent of requests were in French and 75 per cent were in English. Nearly 40 per cent of callers were women, 55 per cent were men and 5 per cent did not specify their gender. As well, use of CATIE's web site increased by 66 per cent in 1999-2000 compared to the previous year.
- ▶ CATIE took advantage of the National Conference on Women and HIV/AIDS (May 2000) to survey women about their treatment information needs.
- ▶ Health Canada developed multidisciplinary education curricula on HIV, including interdisciplinary mentoring programs (e.g., doctors mentoring nurses). For example, "Bridging the Gap" is the first Canadian curriculum on HIV/palliative care and injection drug use. As well, a policy/discussion paper was completed on HIV and disability, rehabilitation and work issues.
- ▶ The Canadian Palliative Care Association's (CPCA) HIV Education Committee continued to work on education issues. The Committee produced a report on the state of palliative care and HIV in the Atlantic and Prairie regions and held satellite presentations at the CPCA's annual general meeting and the 2nd Canadian HIV/AIDS Skills Building Symposium.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ Health Canada's HIV/AIDS Working Group (Health Protection Branch) met in May 2000 to analyse the final consultants' report on the drug testing process in Canada. The Working Group subsequently developed a series of recommendations aimed at improving drug authorization mechanisms. The recommendations were well received by the HIV/AIDS community, participants in the consultation meetings and the office of the Minister of Health.
- ▶ CAS and CTAC met with representatives of the Patented Medicine Prices Review Board (PMPRB) to present the HIV/AIDS community's viewpoint on the price Dupont Pharma was seeking for its product, Sustiva. A follow-up letter was sent to the PMPRB emphasizing CAS's support for the arguments put forth by the HIV/AIDS community. As a result of these lobbying efforts, the PMPRB committed to a more open review process. Dialogue continues in this area.
- ▶ CAS assisted CTAC in distributing postcards designed to raise the awareness of certain pharmaceutical companies of the high cost of HIV/AIDS treatments. CAS received a letter of acknowledgment from the PMPRB and continues to work closely with CTAC on this issue.
- ▶ CAS met with the Federal/Provincial/Territorial Advisory Committee on AIDS (FPT AIDS) to discuss the issue of drug formularies and universal access. FPT AIDS indicated that this issue was on its agenda.
- ▶ CAS was involved in organizing a pre-conference symposium on HIV/AIDS, to be held in conjunction with the Joint Conference of the International Federation of Social Workers and the International Association of Schools of Social Work in Montreal in July 2000. The goal of the symposium is to place HIV/AIDS prominently on the international social work agenda (and to encourage other professional associations to do the same) and to help create a manifesto on the role of social work in the worldwide effort against AIDS.
- ▶ CATIE distributed information kits, including fact sheets specific to women's health issues, at the National Conference on Women and HIV/AIDS. As a host organization of the conference (along with CAAN, CAS and CTAC), CATIE was active in planning, managing and delivering the event.
- ▶ CTAC members were actively involved in a working group developing recommendations for reforming Health Canada's Health Protection Branch. Final recommendations were presented to representatives of the HIV/AIDS community and other disease communities and to various government bodies.

- ▶ CTAC continued to develop its system of Provincial Treatment Advocacy Networks. Toward this end, CTAC provincial representatives met twice, once in Winnipeg in November 1999 and again in Halifax in February 2000. The Halifax meeting also provided an opportunity to discuss issues specific to the Atlantic Region and to engage non-CTAC participants in the meeting in order to further develop networks in this region.
- ▶ CTAC met with a variety of stakeholders (e.g., pharmaceutical company representatives, pharmacists, physicians and Council members) to begin to develop a protocol for a pilot study to evaluate a variety of consumer-driven methods for collecting post-approval information on drug effects. CTAC has identified this proposed Post Approval Surveillance System (PASS) as a priority issue for the coming year.

Involvement, Participation and Partnership

- ▶ CTAC hosted a satellite meeting at the CAHR Conference in May 2000. The satellite was an opportunity for five nationally funded organizations to present their work plans for HIV/AIDS treatment research. Among the topics discussed were informed consent in clinical trials, drug pricing, access to provincial formularies and the federal regulatory process.
- ▶ In April and May 1999, CAS staff worked with consultants to oversee the completion of a concept paper on service models for complementary and alternative medicines, which was subsequently discussed at a small stakeholder meeting in May. A report entitled *Complementary Therapy Program Delivery Models* was disseminated in September. A final work plan was developed for a national stakeholders meeting on complementary therapies and HIV (scheduled for March 2000), and a survey was developed to determine complementary therapy program/advocacy initiatives within national voluntary health agencies.
- ▶ CATIE collaborated with the National Network for Children, Youth and Families Affected by HIV/AIDS on a research study to identify service and treatment information gaps for families who are affected by or infected with AIDS.
- ▶ CATIE also collaborated with Hemophilia Ontario to complete a literature search and produce an annotated bibliography on liver transplantation in HIV/HCV hemophiliacs (transplantation is the only effective treatment for end-stage liver disease).
- ▶ CATIE worked with Correctional Service Canada (CSC) to broaden the delivery of treatment education workshops to staff and inmates in prisons across Canada.
- ▶ The Canadian HIV/AIDS Legal Network established a national advisory committee and began work on a new multi-year project on legal, ethical and policy issues related to access to care, treatment and support for people with HIV/AIDS.

- ▶ The Canadian HIV/AIDS Legal Network, in partnership with the Centre for Bioethics of the Clinical Research Institute of Montreal, undertook a project on legal and ethical issues related to the development and eventual availability of a vaccine for AIDS.
- ▶ The Canadian HIV/AIDS Legal Network developed partnerships with other organizations to identify barriers, develop strategies and implement programs to reduce discrimination and address other legal, ethical and human rights issues faced by those affected by HIV/AIDS. Policy papers were developed on care, treatment and support issues; vaccine development; discrimination and human rights issues; and rapid testing.

Increased Capacity to Respond

- ▶ CTAC's Communications Committee developed a quarterly newsletter to be distributed nationally, beginning in the fall of 1999.
- ▶ CATIE delivered 57 workshops across Canada in 1999-2000 (up from 45 the previous fiscal year) and sponsored 15 exhibits at national and regional conferences. Particular attention was given to complementary and alternative therapies, nutrition, women and HIV, and internet skills building. Along with people living with HIV/AIDS and their partners, friends and families, audiences were increasingly made up of ASOs, health care professionals, Aboriginal people and women. The number of workshops given in correctional institutions also increased.
- ▶ Health Canada created a new bureau to deal specifically with natural health products. Called the Office of Natural Health Products, the new organization was in its formative stages at the end of March 2000.
- ▶ Health Canada developed training programs for professionals and non-professionals who provide care to people affected by HIV/AIDS. For example, the Department worked with the Aboriginal Nurses Association of Canada to develop a *Framework for Aboriginal Home Care*, which sustains the traditional Aboriginal approach of the "healing circle." A model was also developed for ASOs confronted with grief and bereavement, based on consultations with ASOs that deal with multiple losses in major urban centres.

Legal, Ethical and Human Rights

Fear, stigma and discrimination — unfortunately HIV/AIDS still evokes these reactions in Canada and around the world. A key component of the CSHA is to address HIV/AIDS legal, ethical and human rights issues and to protect and advance the human rights of people living with or affected by HIV/AIDS.

For Legal, Ethical and Human Rights, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;

- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ Several articles on labour force participation issues for people living with HIV/AIDS were published in the October 1999 and November 1999 issues of *Back to Work*, a newsletter intended for insurance, benefits counselling and rehabilitation professionals, as well as employers and human resource specialists. *Back to Work* is dedicated to rehabilitation and return-to-work issues for people with disabilities.
- ▶ The Canadian HIV/AIDS Legal Network produced an updated annotated bibliography and literature review and an information sheet on HIV/AIDS and prostitution. Hundreds of entries were added to the annotated bibliography, in particular to the sections on access to care and treatment/health care issues, discrimination and human rights, public health, women and HIV/AIDS and international collaboration.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ In March 2000, just one week after Health Canada approved the first HIV rapid test kit, the Canadian HIV/AIDS Legal Network released a report on *Rapid HIV Screening at the Point of Care: Legal and Ethical Questions*. The report contained 23 recommendations directed at federal and provincial/territorial policy makers, health care professionals, professional associations, regulatory bodies, people who provide HIV testing and counselling and those working in the field of public health. It is the result of extensive consultations, including a two-day national workshop organized by the Legal Network in Toronto in January 2000.
- ▶ The Canadian HIV/AIDS Legal Network disseminated its 116-page report, *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues*, along with associated background materials and information sheets. The Legal Network also prepared articles on the report for publication in a variety of newsletters and journals, gave numerous presentations and printed 2 000 additional copies of the report.
- ▶ The Canadian HIV/AIDS Legal Network completed legal and ethical analyses of issues related to injection drug use and HIV/AIDS, the *Cuerrier* decision and HIV/AIDS and Aboriginal people. As well, the Legal Network developed an ethical analysis of HIV testing of pregnant women and their newborns.
- ▶ CAS coordinated a seminar on labour force participation at the 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999. The seminar was organized in conjunction with the Comité des personnes atteintes du VIH, the BC Persons with AIDS

Society and the Toronto People with AIDS Foundation. CAS presented the results of its research that led to the report entitled *Force for change: labour force participation for people living with HIV and AIDS*.

- ▶ The federal budget of February 2000 provided funding of \$30 million per year for three additional years to ensure the continuation of the Opportunities Fund, which among other activities supports the workplace integration of people living with a disability.
- ▶ CAS followed up on its position statement on the testing and treatment of pregnant women by participating in the advisory committee for the Motherisk HIV Network. Through its committee work, CAS continued to articulate the need for supportive information and a knowledgeable, unpressured decision-making process with regards to testing and treatments, as well as the need to respect decisions made by women.
- ▶ The Canadian HIV/AIDS Legal Network introduced several improvements to its newsletter, including a regular column on HIV/AIDS in Canadian courts. Planning was under way for a reader survey to determine how the Legal Network can further improve this publication and make it more relevant to readers.

Involvement, Participation and Partnership

- ▶ In April 2000, CAS hosted a conference call to identify potential courses of action on issues related to substance use. As a result of this process, CAS formed an advisory committee to guide the creation of a strategic plan, based on input from CAS staff and member organizations, the Canadian HIV/AIDS Legal Network, CATIE and CAAN. A draft plan was discussed at CAS's annual general meeting/forum in July, with the final strategic plan receiving approval of the CAS board in August 2000.
- ▶ Health Canada agreed to fund a two-day meeting of a national advisory committee that wishes to hold a conference on harm reduction. The meeting was scheduled for the fall of 2000 to begin planning the conference, tentatively called the "4H Conference: HIV, Hepatitis, Harm Reduction and Human Rights."
- ▶ The Canadian HIV/AIDS Legal Network established a joint committee with CAS to consider possible joint interventions in legal cases and to develop a proactive litigation strategy.
- ▶ In 1999-2000, the Canadian HIV/AIDS Legal Network started a three-year process of in-depth analysis and consultation on the issue of HIV/AIDS care and treatment. A 12-member advisory committee was established that includes representation from CATIE, CAS, CTAC, CAAN, people living with HIV and others with expertise in the area. The committee drafted a paper that identified the main legal, ethical and human rights issues that arise in relation to providing HIV/AIDS care, treatment and support; considered the

questions raised by these issues; and suggested work that could be undertaken. It also began to organize a national workshop involving members of the advisory committee and other selected participants to identify priority issues for further analysis.

- ▶ The Canadian HIV/AIDS Legal Network produced a draft paper entitled *Complementary Medicine and HIV Health Care: An Ethical Perspective*. This paper, the first of several in the Legal Network's care, treatment and support series, will be released in early 2001.
- ▶ CAS's application for intervenor status in the *Little Sisters Bookstore* case was approved in the fall of 1999, along with funding to support the intervention. The case, which has been in the courts for more than 10 years, was heard in March 2000. CAS issued a press release in advance of the court date announcing its intervention and explaining its position.
- ▶ The Supreme Court also approved CAS's application for intervenor status in the *Latimer* case. CAS planned to use this opportunity to make a statement on consent and capacity as opposed to commenting on the specifics of the case.

Increased Capacity to Respond

- ▶ The Canadian HIV/AIDS Legal Network investigated the need to build the capacity of community-based organizations and lawyers to address legal, ethical and human rights issues related to HIV/AIDS. Based on the results of the investigation, the Legal Network developed a plan for capacity-building initiatives. The plan, released in January 2000, proposes a variety of activities to design capacity-building initiatives for community-based organizations, develop the capacity of lawyers and paralegal workers, and strengthen the links between community-based organizations, the legal profession and the Legal Network. Among the activities now being implemented are development of a listserv to facilitate exchanges of information on legal, ethical and human rights issues between lawyers, paralegal workers, community-based workers and others. As well, the Legal Network and CAS have established a joint litigation committee.
- ▶ On June 1, 1999, the Canadian HIV/AIDS Legal Network opened its Resource Centre to the public. The Resource Centre is Canada's largest and most comprehensive publicly accessible documentation centre on legal, ethical and policy issues related to HIV/AIDS.

Aboriginal Communities

Since 1984, the number of reported AIDS cases among Aboriginal Canadians has risen steadily. As with all populations threatened with HIV, accessible and appropriate information is key to prevention and effective treatment. Aboriginal people have been working to address these issues. Funds have been allocated to prevention, care, treatment and support initiatives for Aboriginal people in Canada, with an emphasis on activities which increase the ability of Aboriginal communities to respond to HIV/AIDS issues.

For Aboriginal Communities, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ Member groups of CAAN attended the 2nd Canadian HIV/AIDS Skills Building Symposium in Winnipeg in November 1999 and made a presentation on the agency's harm reduction model. CAAN also made a presentation on its harm reduction model at the Atlantic Policy Congress Health Forum in Moncton in February 2000.
- ▶ CAAN hosted an open house at its Ottawa headquarters on National Aboriginal Awareness Day and launched the first-ever Aboriginal Youth and HIV/AIDS Initiative in partnership with local Inuit community groups. CAAN's theme for National Aboriginal Awareness Day was "Children and Young People: Listen, Learn and Live."
- ▶ Health Canada worked with Aboriginal partners to develop data sets for increased surveillance of the prevalence of HIV/AIDS in Aboriginal populations. As well, Health Canada worked with First Nations to develop appropriate HIV/AIDS questions and methodological approaches for the First Nations and Inuit Regional Health Surveys, scheduled for 2001. The Department also continued to implement the Health Information System in First Nations and Inuit communities.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ Indicators of CAAN's growing capacity included the agency's performance at the Indigenous Peoples Forum in Ottawa in July 1999 (a satellite of AIDS Impact 1999), and CAAN's success in bringing together Inuit, Metis and First Nations stakeholders to design and develop a community-friendly manual on HIV/AIDS epidemiology.
- ▶ CAAN participated in a panel discussion at the Chief's Forum on HIV/AIDS in Regina in January 2000 and facilitated several workshops on harm reduction, corrections and women, children, families and HIV/AIDS.
- ▶ As a follow-up to the first national Aboriginal Summit on HIV/AIDS in March 2000, an Interim Working Group was established to review existing collaborative mechanisms between the CSHA and Aboriginal stakeholders and communities. This initiative is

bringing together representatives from national Aboriginal organizations, CAAN, front-line Aboriginal HIV/AIDS workers, Health Canada staff and Aboriginal people living with HIV to jointly draft a new framework for collaborative action.

- ▶ Health Canada's Inter-Branch Committee on HIV/AIDS and Aboriginal Peoples (ICHAAP) continued to meet during 1999-2000. The meetings allowed officials to share information between branches and to engage representatives of various branches in initiatives that relate to Aboriginal peoples and HIV/AIDS.
- ▶ The Assembly of First Nations (AFN) received funding from Health Canada to hold a leadership forum to foster collaboration with the National Indian and Inuit Community Health Representative Organization (NIICHO), the Aboriginal Nurses Association and CAAN in implementing the AFN's HIV/AIDS Action Plan. The forum led to the development of formalized partnerships among Aboriginal organizations to address issues surrounding HIV/AIDS.
- ▶ Health Canada provided input to a ministerial paper on HIV/AIDS and Aboriginal people and worked to increase awareness at the ministerial level, as well as among provincial officials, about the alarming increase of HIV transmission among Aboriginal people.
- ▶ The Two-Spirited Peoples of the First Nations conducted a community-based knowledge, attitude and behaviour study among 400 two-spirited men. The study, funded by Health Canada, assessed how current HIV/AIDS education and prevention is received, as well as how culture, attitudes and socioeconomic status put two-spirited men at risk. The study improved understanding of the unique issues affecting the two-spirited population and provided recommendations for enhanced programming to address these issues.
- ▶ With support from CAAN, Health Canada developed a guide and application for Aboriginal HIV/AIDS project funding in non-reserve urban and rural areas. The guide and application were focus-tested by the Aboriginal community, and a request for proposals was issued in November 1999. Of the 41 proposals received, 21 were approved for funding of \$1.2 million for each of the next two fiscal years. These 21 projects support HIV prevention initiatives in Aboriginal communities in every region of Canada.
- ▶ Health Canada established an advisory committee of Aboriginal community-based workers to help build the capacity for evaluating HIV prevention initiatives. A culturally appropriate evaluation framework and a skills-building framework are in development to enhance community capacity around evaluation.

Involvement, Participation and Partnership

- ▶ CAAN actively participated in the planning and organization of CAS's 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999 and the first National Conference on Women and HIV/AIDS in May 2000.
- ▶ CAAN's first annual general meeting, held in Toronto in March 1999, attracted the participation of Aboriginal people living with HIV/AIDS, representatives of Aboriginal ASOs, health programmers, health policy planners, government officials and Aboriginal leadership. Results of the meeting included a resolution to design and develop an Aboriginal-specific document that would outline a national Aboriginal action plan to address the needs of Aboriginal people infected with and affected by HIV/AIDS.
- ▶ CAAN participated in the first-ever national information-sharing and priority-setting forum hosted by Health Canada and CSC.

Increased Capacity to Respond

- ▶ CAAN helped plan the first Aboriginal Summit on HIV/AIDS in March 2000. CAAN participated in the Summit, which focussed on establishing a national Aboriginal advisory and coordinating group for every component of the CSHA.
- ▶ NIICHO was funded by Health Canada to hold 20 training sessions at its national conference to increase awareness among community health representatives about the care, treatment and support of those infected with and affected by HIV/AIDS.
- ▶ Health Canada provided funding to Pauktuutit to establish a network of Inuit health and social workers, counsellors, educators and leaders to improve HIV/AIDS service delivery and collaborative health promotion. Support was also provided for the development of a web site and for translation of existing health promotion materials into Inuktitut.

Correctional Service Canada

Component Description: As part of its National HIV/AIDS Program, CSC continued to develop and implement initiatives aimed at preventing the transmission of HIV and at reducing the harm associated with high-risk behaviour. Evidence indicates that some inmates continue to engage in high-risk behaviour, such as needle sharing, tattooing and unprotected sex. Aboriginal people and injection drug users (IDUs) are over-represented in the prison population. Addressing the needs of these "hard-to-reach" marginalized populations within the correctional environment is a primary focus for CSC. There should be recognition that offenders will, for the most part, reintegrate into the general population when released and, while it is CSC's role to care for HIV-positive offenders while in custody, to the population-at-large is where they will return. Finally, it should be noted that HIV prevalence rates in Canadian prisons are estimated to be 10 times higher than in the population-at-large.

For CSC, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ CSC began developing a manual surveillance system for infectious diseases, including HIV. The system will provide information on such matters as the uptake of HIV testing on admission and during incarceration, the percentage of inmates receiving HIV treatment and HIV prevalence trends. This information will support evidence-based policy and program development and facilitate forecasting of funding requirements.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ During 1999-2000, CSC was developing policy and practice guidelines for palliative care, complementary and alternative therapies, and access to methadone maintenance treatment in exceptional circumstances. Such policies will improve inmates' timely access to appropriate care, treatment and support interventions.

Involvement, Participation and Partnership

- ▶ Officials of CAS, PASAN and the Canadian HIV/AIDS Legal Network attended a meeting of CSC's Regional Infectious Disease Directors in Montreal to learn more about initiatives under way to address the issue of HIV/AIDS in prisons and to discuss potential areas of collaboration.
- ▶ A round-table meeting of CSC and public health officials resulted in the development of a conceptual framework for collaboration and adoption of a policy framework on such issues as the confidentiality of health information, duty-to-warn and partner notification. CSC and public health officials also continued to implement an action plan outlining collaborative activities at the institutional, regional and national levels.
- ▶ CSC continued to work with the Federal/Provincial/Territorial Heads of Corrections Working Group on HIV/AIDS, specifically in regards to enhancing access to medications. CSC also continued to support the work of the Regional Infectious Diseases Program Coordinators.

Increased Capacity to Respond

- ▶ The position of Aboriginal HIV/AIDS Coordinator was created at CSC, with a mandate to develop and implement a strategy to effectively address HIV/AIDS issues faced by Aboriginal inmates. This will increase CSC's capacity to provide programs for these inmates and facilitate their reintegration into the community.
- ▶ CSC participated in the National Working Group for HIV and Women.

Research

Canadian research has helped reduce the number of new HIV infections, as well as improve the quality of life of many people living with HIV and AIDS. Yet much still needs to be learned about this complex disease and the best ways to respond to it. The CSHA funds a broad range of research and surveillance activities that are increasing our understanding of the social, economic, biomedical, clinical, health and public policy aspects of HIV/AIDS. This understanding will help improve not just HIV/AIDS treatment, but also programs for vulnerable populations, family caregivers, social support networks, and other groups affected by HIV/AIDS.

For Research, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Scientific Advancements; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ Canadian HIV/AIDS researchers continued to gain national and international recognition and credibility during the review period. For example:
 - researchers funded by the CSHA produced an estimated 240 articles, including papers published in leading journals such as *Science*, *Neuroscience*, the *Journal of Immunology* and the *Journal of Neurochemistry*;
 - CSHA-funded researchers received awards from the American College of Surgeons, the American Society of Clinical Pharmacology, the Canadian Society of Clinical Pharmacology, the American Society for Microbiology and the Canadian Infectious Diseases Society;

- one researcher supported through the CSHA received the Louis Pasteur Award for excellence in AIDS research, and others received Clinical Investigator Awards, New Investigator Awards and Scientist Awards;
 - Canadian HIV/AIDS researchers participated in panels that review proposals for HIV/AIDS research funding and sit on the editorial boards of key international journals;
 - CSHA-funded researchers were invited to speak at conferences in Edmonton, Halifax, Kentucky, Montreal, Victoria, San Francisco and Rhodes (Greece); and
 - a CSHA-funded researcher was President of the International AIDS Society.
- ▶ Health Canada brought together 35 researchers and community representatives to discuss gaps in applied prevention research and identify areas for future research. A report of the meeting was produced and circulated.
 - ▶ Regular update reports from the Polaris Seroconverter Study on recent seroconverters provide information that assists the reappraisal and retargeting of HIV prevention strategies, ensuring that resources can be used in the most effective and efficient manner. This work is funded by Health Canada.
 - ▶ The Atlantic Regional Needs Assessment Initiative, which was supported by Health Canada, evaluated the prevention-related findings of four provincial needs assessments in Atlantic Canada. Common themes and recommendations were identified and organizational approaches were determined with respect to prevention and support in the region.
 - ▶ Health Canada supported the development of a synthesis document on eight studies of determinants of HIV-related risk completed in 1998. The document will highlight key issues that emerged in the studies, four of which involved marginalized women and four of which focussed on MSM.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ A collaborative project between ICAD and the Unit for Research and Education on the Convention on the Rights of the Child is producing a manual that will include case studies on methods for including children in participatory research and program implementation in ways that address cultural values and beliefs and build on existing developmental strategies.

Scientific Advancements

- ▶ As a partner in the CSHA Extramural Research Program, the Medical Research Council (MRC) continued to support biomedical and clinical research in the field of HIV/AIDS. In 1999-2000, 13 new research projects were approved, bringing to 58 the number of ongoing projects receiving funding from the MRC.
- ▶ The National Health Research and Development Program (NHRDP) funded health sciences research, community-based research and Aboriginal research projects. During the review period, funding was provided to research projects that focussed on risk behaviours in gay and bisexual men, women, low-threshold methadone programs, Aboriginal GIS mapping, community care, MSM and adult learning styles. Seven ASOs are currently involved in community-based research as a result of proposals received in 1999-2000.
- ▶ In response to the growing number of individuals co-infected with HIV and hepatitis, the HIV/Hepatitis Working Group decided to pursue an initiative to develop protocols collaboratively with health professionals who treat HCV. Members of the hepatology and gastroenterology community will be invited to sit on this committee, along with HIV experts from each region.
- ▶ A proposal to establish a protocol development group was endorsed at a November 1999 investigators workshop sponsored by the Canadian HIV Trials Network (CTN). The group's first protocol was for a study of structured treatment interruption among people who have failed their first or second combination therapy regimen.
- ▶ In March 2000, the CTN issued a call for letters of intent for new HIV clinical trials, with priority to be given to submissions related to hepatitis C co- infection, management of adverse events, strategies to address problems of highly pre-treated patients, immune reconstitution, strategies to effectively treat hard-to-reach populations, and the role of resistance testing in HIV management.
- ▶ Table 3 provides information on recently completed research projects funded by the CTN. Table 4 summarizes available information on new clinical trials being funded by the CTN.

Table 3: Results from Recently Completed Studies Funded by the CTN

Name of Study	Summary
CTN 091 — Mixed Carotenoid Supplement Study	<p><i>Summary:</i> Studies have shown vitamin A deficiency in individuals infected with HIV and with advanced AIDS. The objective of CTN 091 was to supplement standard anti-HIV therapy with a mixed carotenoid compound that would metabolize to vitamin A with little associated toxicity. Participants were assessed for improvements in survival or prolonged time to AIDS-defining illnesses. This was a randomized double-blind study, where HIV-positive volunteers with advanced AIDS were placed in either a mixed carotenoid and multi-vitamin group or a multi-vitamin alone group, over a background of specific anti-HIV therapy. Enrollment involved 331 individuals at 22 sites.</p> <p><i>Results:</i> Due to pharmaceutical instability of the carotene compound (involving a reduction in the carotene in the medications over time), the study was stopped early. After following participants for 21 months, results showed there was a trend toward improved outcome in the carotenoid group compared to the control group. The observation that a low serum carotene level, prior to onset of treatment, is a predictor of a poor outcome (death) is of great interest. A follow-up study is planned to pursue more conclusive results.</p>

Name of Study	Summary
CTN 113 — Adding 1592U89 vs. Indinavir	<p><i>Summary:</i> Drug combinations with protease inhibitors may have limited effectiveness due to subject intolerance and overly complex dose regimens. The objective was to evaluate a drug combination without a protease inhibitor while incorporating the 3TC/AZT combination tablet (Combivir™), which reduced the number of required tablets. Therefore, a combination of three reverse transcriptase inhibitors (3TC/AZT/1592U89) were compared to two reverse transcriptase inhibitors and a protease inhibitor (3TC/AZT/indinavir) in this international study. Canadian enrollment was 78 individuals at eight sites.</p> <p><i>Results:</i> The antiviral effect of 3TC/AZT/1592U89 is equivalent to 3TC/AZT/indinavir in therapy-naïve adults. CD4+ cell increases were comparable between treatments, and adverse events leading to treatment discontinuation were similar in both treatment groups.</p>

Table 4: New CTN Trials

Name of Trial	Summary
CTN 143 — Twice Daily Indinavir Plus Ritonavir	<p>Previous studies have shown that ritonavir may increase indinavir levels, allowing twice-a-day administration of the latter. Participants will be randomly assigned to either continue to take indinavir 800 mg every eight hours or to start taking indinavir 800 mg plus ritonavir 100 mg every 12 hours. The main objective is to demonstrate the equivalence of the two regimens in terms of their ability to keep the viral load below the detection limit. The study will also look into adherence to both regimens. This is an international study aiming to enroll 300 participants.</p>

Name of Trial	Summary
CTN 145 — rIL-2 to Slow Progression of HIV	The purpose of this international trial is to evaluate the effects of giving an immuno-reconstituant called recombinant interleukin-2 (rIL-2) to HIV-infected people who have been on at least three antiretroviral agents for the past six months, with CD4 cells count between 50 and 299 cells/mm ³ . The objective is to show whether or not rIL-2 makes a difference in slowing the progression of HIV infection. Canadian participation is expected to be 150 volunteers. The study will last about six years.
CTN 148 — Gender Differences in Lipodystrophy Syndrome	Lipodystrophy is best described as an abnormal redistribution of body fat. The objective of this study is to compare changes in lipid levels and glucose levels and changes in body composition between men and women after one year and again after two years of HAART.
CTN 150 — WF10 as Salvage Therapy	This international study will evaluate the safety and effect of intravenous administration of WF10, an immune modulator, on clinical progression to AIDS in adults with late-stage HIV disease (CD4+ count of less than 50 cells/mm ³) receiving the standard treatment with antiretroviral therapy. The target enrollment is 240 volunteers.
CTN 153 — AIDSVAX Vaccine for Preventing Sexual Transmission of HIV	This is a preventative vaccine for “high risk” populations who are HIV-negative. It is designed to protect against the major sub-types of HIV-1. Earlier clinical trials have shown that AIDSVAX induces a strong immune response and is safe for use in humans. Volunteers will also be observed for any side effects that may arise.

Increased Capacity to Respond

- ▶ CAS hosted a community-based research satellite meeting on capacity building at the 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999. The workshop was well attended and a final report was prepared and circulated to CAS members and workshop participants in March 2000.

- ▶ CAS received funding from the NHRDP to hold a strategic planning meeting to build links between programmers and researchers working on issues related to MSM. The meeting, held in October 1999, brought together 25 researchers and front-line workers to develop a national plan for integrating research and practice in the context of HIV/AIDS prevention for gay and bisexual men, as well as MSM. A project report was produced.
- ▶ The NHRDP funding guidelines were redesigned to make the pursuit of community-based research more attainable. For example, changes in policy allow new expenses to be included in research proposals, including remuneration for the primary applicant and the cost of supplies that help to build research capacity (e.g., computers). Monies are also available to help researchers develop letters of intent. As a result of these changes, community AIDS organizations wanting to do research have increased access to NHRDP funding.

Surveillance

Like research, surveillance is critical to combatting the HIV epidemic. Indeed, early and accurate reporting can prevent or limit HIV outbreaks. Yet the stigma and ostracism attached to HIV/AIDS still discourage many HIV-infected Canadians from reporting their infection. Early, accurate and ongoing reporting has proven to be critical to preventing and containing outbreaks of HIV.

For Surveillance, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Scientific Advancements;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ Health Canada's Bureau of HIV/AIDS, STD and TB continued to synthesize information and produce publications on the epidemiology of HIV in Canada, thereby improving the capacity of national, regional and local communities and health authorities to respond to HIV/AIDS. Hundreds of copies of the Bureau's HIV/AIDS *Epi Updates* and surveillance reports were distributed to provincial partners, NGOs and researchers. Information on the epidemiology of HIV is also posted on the Bureau's web site. These outputs have resulted in increased awareness and knowledge of HIV epidemiology and HIV/AIDS trends in Canada.

- ▶ The Bureau of HIV/AIDS, STD and TB convened its annual epidemiology meeting with national partners to review the latest information on HIV epidemiology in Canada. The meeting emphasized participation and partnership between federal/provincial epidemiology coordinators, ensuring a pan-Canadian response to HIV/AIDS.
- ▶ The Bureau of HIV/AIDS, STD and TB completed an investigation of a cluster of HIV infections among IDUs in Prince Albert, Saskatchewan.
- ▶ Through modelling, simulation and analyses, the Bureau of HIV/AIDS, STD and TB continued to provide public health information and risk assessment with respect to HIV/AIDS infections in Canada. The Bureau analysed the spread of HIV/AIDS infections and affected populations, the number of people living with HIV/AIDS, the need for and accessibility to quality treatment and care, and the social and economic costs of HIV/AIDS infection.
- ▶ The Bureau of HIV/AIDS, STD and TB assessed recent trends of diagnosed (tested) HIV cases and AIDS cases by adjusting for reporting delays and under-reporting. In support of this work, there was increased participation in 1999-2000 from both internal (Health Canada) and external (provincial and territorial) partners.
- ▶ The Bureau of HIV/AIDS, STD and TB consulted with international experts in the field of infectious disease modelling and HIV/AIDS surveillance and projections, as well as statisticians, to review and revise its current modelling methodology. The Bureau's new methodology was presented at the annual national HIV/AIDS surveillance meeting in November 2000 and at the national CAHR meeting.
- ▶ Health Canada provided laboratory testing services and developed methods for calculating HIV incidence rates in support of the Bureau of HIV/AIDS, STD and TB's integrated surveillance activities. Several methods were evaluated and testing began on approximately 500 samples.
- ▶ Also in support of the Bureau of HIV/AIDS, STD and TB's integrated surveillance activities, Health Canada continued to monitor laboratories involved in the clinical management of HIV-infected individuals.
- ▶ Health Canada participated in an international program designed to validate and implement specialized tests for HIV incidence.
- ▶ Health Canada provided laboratory testing and technical support for HIV testing as part of the Canadian Street-Youth Sentinel Surveillance programs. Laboratory testing was completed on approximately 1 000 samples to be used in calculating the prevalence of HIV and associated sexually transmitted diseases in Canadian street youth.

- ▶ Health Canada, in conjunction with external laboratories, continued its research on optimal testing methods for STD-HIV co-infections.
- ▶ Health Canada participated in an international program to validate and implement immunophenotyping of lymphocytes from HIV-infected individuals. Canada's quality assurance program for CD4 T-cell enumeration is widely recognized as being the most effective among all developed nations.
- ▶ Health Canada provided laboratory testing and technical support for several national and international organizations. As well, Health Canada was selected by the National Institutes of Health to manage the international quality assurance program for lymphocyte enumeration in the developing world.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ CAS made a poster presentation on the "Community Consultation on Surveillance Initiatives" at the CAHR conference in May 2000. The consultation, which took place in March 1998, identified potential research issues on the nature of the HIV/AIDS epidemic in Canada from the perspective of the community-based AIDS movement.
- ▶ Health Canada facilitated a workshop at CAS's annual general meeting/forum on "Community Perspectives on Epidemiology and Surveillance." Presentations were made on the mandate and work of Health Canada's Division of Epidemiology and Surveillance and on how the Aboriginal and Caribbean communities have dealt with issues surrounding the collection of data in ethnocultural communities.
- ▶ CAS staff participated in an exploratory meeting on HIV Drug Resistance Testing and Surveillance hosted by Health Canada's Laboratory Centre for Disease Control (LCDC). The objectives were to exchange information on HIV drug resistance testing, receive updates on current laboratory methods and technologies, and discuss issues related to surveillance of HIV drug resistance and uses of information for clinical management. CAS highlighted issues and concerns regarding drug resistance testing from the perspective of community-based ASOs.

Scientific Advancements

- ▶ Improvements continued to be made in Health Canada's HIV reference service testing capacity. Quality assurance reports allow the Department to monitor the status of more than 85 laboratories performing tests for blood screening or clinical management, including laboratories from all provincial ministries, hospitals and Canadian Blood Services.

- ▶ Health Canada continued its quality assurance programs for HIV serology (blood screening) and HIV viral load (clinical management) testing. In 1999-2000, more than 2 000 samples were submitted for reference testing from over 20 different laboratories across Canada, including all provincial health ministries and blood screening testing laboratories (including Canadian Blood Services). This represents a 45 per cent increase in the number of samples tested compared to the previous year.
- ▶ A program to further characterize “challenging” HIV viruses was implemented by Health Canada. Information from this program, which is disseminated to regulatory agencies (for blood and medical devices) and other stakeholders, allows the Department to monitor the ability of Canadian-approved tests to identify these strains.
- ▶ A study was initiated to evaluate rapid HIV test methods. A joint meeting between Health Canada’s LCDC and the Medical Devices Bureau led to the development of guidelines for rapid HIV testing for point-of-care settings.
- ▶ Improvements were made in Health Canada’s immunophenotyping services for the CTN and other HIV/AIDS reference laboratories across Canada.
- ▶ Health Canada continued to develop markers of immune competence with the Immunology Advisory Committee for HIV Research and the CTN. In 1999-2000, at the request of the Immunology Advisory Committee, the number of shipments of quality assurance samples was increased from four to six per year.
- ▶ The impact of Canada’s quality assurance program for immunophenotyping of HIV-positive Canadians was presented at two international HIV meetings in 1999-2000. As well, an article on the subject was published in a peer-reviewed journal.
- ▶ A new reporting format was introduced for Health Canada’s quality assurance program. The new approach has increased the potential remedial time by 50 per cent and reduced the turnaround time equally, thus making this program the most efficient of its kind among developed countries.
- ▶ Health Canada began to develop PCR product-derived multiplexed technology for monitoring HIV drug resistance and strain patterns in patients and infected populations.
- ▶ Health Canada implemented more effective ways to monitor the performance of infectious disease immunology laboratories across Canada.
- ▶ The underpinnings for therapeutic vaccine trials were developed by Health Canada to ensure that Canadian clinical trial efforts will remain at the international forefront and that information will be disseminated to stakeholder laboratories and CSHA partners.

Involvement, Participation and Partnership

- ▶ Health Canada staff participated in a review panel of the UNAIDS Reference Group studying estimations of the present and future global prevalence and impact of HIV/AIDS.
- ▶ Health Canada consulted with international partners to find ways to enhance the role of the Bureau of HIV/AIDS, STD and TB as a UNAIDS Collaborating Centre.
- ▶ A national federal/provincial surveillance meeting was held to discuss trends and projections for HIV/AIDS in Canada. As well, Health Canada staff made a presentation on surveillance at the national CAHR meeting in May 2000.

Increased Capacity to Respond

- ▶ At the request of the Government of British Columbia, Health Canada participated in meetings to investigate the reported high prevalence of HIV among IDUs in Victoria. The Department subsequently supported Victoria in planning and implementing a rapid assessment and response study of IDUs. This initiative improved the capacity of Victoria public health officials to assess the epidemiological and behavioural aspects of the HIV epidemic among the city's IDU population.

International Collaboration

HIV/AIDS remains a truly worldwide issue that respects no boundaries. The CSHA's international component focuses on increasing coordination of Canadian international HIV/AIDS activities, strengthening information sharing with other countries and international organizations, building the capacity of Canadian NGOs, and enhancing collaboration among participating groups, individuals and departments and agencies (e.g., the Canadian International Development Agency [CIDA] and the Department of Foreign Affairs and International Trade [DFAIT]).

HIV/AIDS has become a global epidemic since its identification over 20 years ago. At the end of 2000, the UNAIDS estimated that 36.1 million men, women and children around the globe were living with HIV/AIDS, and that 21.8 million people had already died from the disease. In 2000, there were 5.3 million new infections worldwide, of which 3.8 million were in sub-Saharan Africa and 780 000 were in south and south-east Asia. Today, HIV/AIDS is considered the single greatest international threat undermining developmental gains in life expectancy, infant and child survival rates, and skilled labour forces. Controlling the spread of the virus has major implications for public health, humanitarian and human rights, and sustained social and economic viability.

For International Collaboration, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming;
- ▶ Scientific Advancements;
- ▶ Involvement, Participation and Partnership; and
- ▶ Increased Capacity to Respond.

Increased Use of Reliable Information

- ▶ An annotated bibliography entitled *Policy and Programme Responses to HIV/AIDS and Children in Developing Countries* was produced by ICAD. ICAD also produced new fact sheets on AIDS in Eastern Europe, HIV/AIDS Development and Human Rights, HIV/AIDS and Children's Rights, and Access to Treatment Issues in the Developing World. ICAD also updated existing fact sheets on AIDS in the World, AIDS in AFRICA, AIDS in ASIA, AIDS in Latin America and the Carribean, and AIDS and Young People.
- ▶ World AIDS Day 1999 activities by the Canadian HIV/AIDS Clearinghouse included press releases highlighting the Clearinghouse and the Canadian Public Health Association's (CPHA) international AIDS programs, the development of a World AIDS Day page on the Clearinghouse web site, and an information centre on Parliament Hill to raise MPs' awareness of HIV/AIDS issues.
- ▶ Health Canada organized a strategic planning day with the Working Group on International HIV/AIDS Issues in February 2000. This event, which involved representatives from five key NGOs, CIDA and DFAIT, was considered a major success. Health Canada also hosted a special luncheon series on HIV and the world, with international guest speakers.
- ▶ Health Canada published two issues of a biannual newsletter entitled *International Collaboration: Taking Stock*, in March and October 1999. The newsletter was also posted on the Department's web site. More than 500 copies of the newsletter are distributed to key partners in Canada and abroad.
- ▶ In support of World AIDS Day, Health Canada surveyed government departments and agencies, NGOs, ASOs and research and academic institutions requesting information on international programming. Close to 200 surveys were distributed, and the information gathered was synthesized in a draft document entitled "Canada's International Response to HIV/AIDS 2000."

- ▶ Health Canada funded the development of a strategic communications plan for HIV/AIDS, as well as an analysis of media coverage (print and television) of international HIV/AIDS issues in 1999. According to the media analysis, every adult Canadian could have been exposed to at least 11 news items on international HIV/AIDS issues in 1999, based on a total of 100 million items on television and 120 million in print.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ CAS received funding to complete community consultations exploring the barriers and challenges to doing international work. The final report on the consultations was distributed in October 1999. Follow-up to the report took place at the 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999.
- ▶ ICAD took the lead role in forming the Ad Hoc Committee on the Global Response to Children Affected by HIV/AIDS. The committee developed a “call to action” that urged the Government of Canada, Canadian businesses, Canadian voluntary sector organizations and the Canadian public to do more to address the needs of children affected by HIV/AIDS.
- ▶ ICAD produced two policy papers for use in consultations with Canadian voluntary sector organizations and CIDA. The papers were entitled “Increasing the Involvement of Voluntary Sector Organizations in Canada’s Response to HIV/AIDS Internationally” and “Human Rights, HIV/AIDS and Development,” respectively.
- ▶ The Working Group on International HIV/AIDS Issues continued to advise Health Canada’s International Affairs Directorate on the global HIV/AIDS epidemic. Health Canada’s annual work plan for the international collaboration component was shared with the Working Group.
- ▶ A preparatory group to coordinate the federal government’s involvement in the XIII International AIDS Conference in Durban in July 2000 was chaired by Health Canada. Two abstracts were developed for the Durban conference.
- ▶ Health Canada monitored the development of the agenda for the G7/G8 meeting in Okinawa in July 2000 and participated in the development of Canada’s position for the meeting. Health Canada also participated in a review of CIDA’s HIV/AIDS programming, including the development of an action plan.
- ▶ Health Canada funded the CPHA to distribute an “essential library” of HIV/AIDS-related resources to foreign governments and organizations in other countries.
- ▶ The Government of Canada continued to play an active role in the work of UNAIDS and other international organizations, such as the World Health Organization (WHO), the Pan American Health Organization (PAHO) and the World Bank. For example:

- Health Canada and UNAIDS organized a joint event called “Dialogue on HIV/AIDS: Policy Dilemmas Facing Governments.” Canada hosted the event, which included the participation of more than 40 policy makers, NGO representatives and other invited delegates from Australia, Brazil, Denmark, India, Mexico, Sweden, Switzerland, Thailand, the United Kingdom and the United States. Five policy papers were prepared for the event and disseminated globally.
 - Health Canada attended UNAIDS meetings and participated in the development of policies/projects on issues such as vaccines, mother-to-child HIV transmission and microbicides. Health Canada co-funded the first microbicides research project.
 - Canada delivered a statement on HIV/AIDS at the UN Security Council in January 2000. Canada also delivered statements on HIV/AIDS at PAHO, UNAIDS and the WHO.
 - Health Canada participated in a UN symposium on AIDS-affected children in December 1999.
 - Health Canada helped coordinate a visit to Canada by the Executive Director of UNAIDS, Dr. Peter Piot. During his visit, Dr. Piot met with the Deputy Prime Minister, two federal ministers, senior government officials and representatives of more than 30 NGOs.
- ▶ Canada monitored the development of HIV/AIDS policies in other countries, including France’s proposal for an international therapeutic solidarity fund.

Involvement, Participation and Partnership

- ▶ CAS continued to work with the North American Council of AIDS Service Organizations (NACASO) on two national conferences — the United States Conference on AIDS (held in Denver in the fall of 1999) and the 2nd Canadian HIV/AIDS Skills Building Symposium (held in Winnipeg in November 1999). NACASO facilitated an international stream at both conferences.
- ▶ CAS received funding from Health Canada (International Affairs Directorate) to develop an action plan to inform CAS’s work on international HIV/AIDS issues. The action plan was circulated to CAS’s membership and discussions were held with ICAD and the Canadian HIV/AIDS Legal Network on how the three organizations can work together on international issues. The final action plan will be available for CAS’s 2000 annual general meeting/forum.

- ▶ The Canadian HIV/AIDS Legal Network, working with a partner organization—the AIDS Law Project, South Africa — organized a one-day satellite conference on legal, ethical and human rights issues, which took place just prior to the XIII International AIDS Conference in Durban. The title of the conference was “Putting Third First—Critical Legal Issues and HIV/AIDS.”
- ▶ The Canadian HIV/AIDS Legal Network wrote an article on HIV/AIDS and discrimination for *Courier*, a publication of the United Nations Educational, Scientific and Cultural Organization (UNESCO). The article was translated into 27 languages and published in all editions of *Courier*.

Increased Capacity to Respond

- ▶ A workshop on twinning for HIV/AIDS organizations was held at the 2nd Canadian HIV/AIDS Skills Building Symposium in Winnipeg in November 1999. The goal of the workshop was to promote the concept of twinning and the ICAD document, *Beyond our Borders: A Guide to Twinning for HIV/AIDS Organizations*.
- ▶ Health Canada funded CAS to produce an action plan to guide its international involvement over the next three years. The action plan was distributed to more than 100 CAS members.
- ▶ Health Canada and ICAD co-hosted a full-day satellite meeting on “The Canadian Global Response to HIV/AIDS” at the 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999. More than 30 people participated. A report from the satellite meeting was distributed to more than 500 partners and posted on Health Canada’s web site.
- ▶ More than 30 people attended a Health Canada workshop on “The Case for Canadians to Act Globally,” which was held at the 2nd Canadian HIV/AIDS Skills Building Symposium in November 1999. As well, more than 40 people attended Health Canada’s workshop on “HIV/AIDS: The Need for Continued International Action” at the Canadian Council for International Health Conference in November 1999.
- ▶ Health Canada provided funding for the International Council of AIDS Service Organizations’ annual general meeting, including awareness-building activities. The Department also continued to fund twinning activities between several Canadian HIV/AIDS organizations, including the Youth Co. (Vancouver), the Ontario AIDS Network and AIDS Calgary, and international counterparts.

Consultation, Evaluation, Monitoring and Reporting

The CSHA is built on a clear premise: the complexity and extent of Canada's HIV epidemic demands unprecedented cooperation and collaboration. Addressing the full range of issues and challenges requires that all voices in Canada's HIV/AIDS community are at the table early in the decision-making process and that final decisions embody shared understanding and hope. At the same time, Canadians expect full reporting and accountability to ensure that CSHA objectives are met.

For Consultation, Evaluation, Monitoring and Reporting, activities are presented under the following outcomes:

- ▶ Increased Use of Reliable Information;
- ▶ Strengthened Coordination of HIV/AIDS Policy and Programming; and
- ▶ Involvement, Participation and Partnership

Increased Use of Reliable Information

- ▶ With input from CSHA stakeholders and partners across Canada, Health Canada produced the first CSHA Monitoring Report. The goal of the report is twofold: to inform stakeholders, decision makers and the Canadian public about activities supported by the CSHA, and to serve as a management tool for CSHA partners.
- ▶ A financial tracking mechanism was developed for CSHA program activities and expenditures. The system, developed by Health Canada, will support sound decision making about future funding allocations.
- ▶ More than 50 key CSHA partners contributed to the development of a revised program logic model for the CSHA. The revised model has resulted in a better understanding of the CSHA and enabled the development of a more focussed and efficient performance-monitoring strategy.
- ▶ Health Canada and CSC personnel began to develop a CSHA evaluation framework. To improve the quality of performance information, a model for annual reporting was developed, along with a revised annual reporting template.
- ▶ Health Canada continued to update, improve and expand the CSHA web site (www.aidsida.com).
- ▶ Several prevention programs and resources were reinterpreted by Health Canada (e.g., *Weighing the Risk*, *Violence Against Women*, *The Journey Begins* and *Rage Against Roids*).
- ▶ Health Canada produced *Canada's Report on HIV/AIDS 1999: Motion and Progress* and related World AIDS Day documents (kits, guides and media announcements) to increase awareness and knowledge of the CSHA among the Canadian public.

Strengthened Coordination of HIV/AIDS Policy and Programming

- ▶ CAS met with the Chair of the Parliamentary Committee on Health to discuss issues such as mental health and has recommended that the committee work closely with the federal minister responsible for housing and homelessness.
- ▶ CAS and several other national partners were setting up an ad hoc group to deal with advocacy issues related to HIV/AIDS.
- ▶ Health Canada provided the Government with written and verbal advice on HIV/AIDS and immigration policy, Canada's national research infrastructure, complementary and alternative therapies, injection drug use and HIV testing policies.
- ▶ Health Canada engaged all CSHA partners in developing a priority-setting and work-planning model, the first step in ensuring sustained national action on HIV/AIDS.
- ▶ The Interdepartmental Coordinating Committee on HIV/AIDS continued to facilitate linkages between federal departments and agencies with HIV/AIDS responsibilities. For example, the committee supported cooperation between departments on specific HIV/AIDS-related issues, the development of mechanisms for information sharing, and collaboration on the annual CSHA work plan.
- ▶ Health Canada's Inter-Branch Strategy Team continued to identify issues and gaps that need to be addressed in the Department's response to HIV/AIDS and developed options and recommendations for responding to these issues/gaps. The team also provided strategic advice to Health Canada's assistant deputy ministers to promote consensus building and joint decision making on departmental issues to ensure that the CSHA is kept current and relevant to the changing epidemic.
- ▶ The Ministerial Council on HIV/AIDS continued to provide advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS. The Council and its subcommittees corresponded with the Minister to provide information and specific advice on issues of concern.
- ▶ The Ministerial Council on HIV/AIDS' Monitoring and Evaluation Subcommittee completed Phase 1 of an evaluation project in June 2000. This involved the development of a methodology and framework to evaluate the impact of the Ministerial Council. Phase 2 of the project—the evaluation itself—was launched during the review period.

Involvement, Participation and Partnership

- ▶ FPT AIDS continued to provide policy advice to the Conference of Deputy Ministers of Health through the Advisory Committee on Population Health.

Bibliography

The following sources were used to compile the CSHA implementation activities highlighted in this section of the report:

- ▶ *Canadian Aboriginal AIDS Network Annual Report, 1999-2000*
- ▶ *Canadian AIDS Society Annual Report, 1999-2000 and CAS Resolutions Report (to March 31, 2000)*
- ▶ *Canadian HIV/AIDS Clearinghouse Annual Report, 1999-2000*
- ▶ *Canadian HIV/AIDS Legal Network Annual Report, 1999-2000*
- ▶ *Canadian HIV Trials Network Annual Report, 1999-2000*
- ▶ *Canadian Treatment Advocates Council Annual Report, 1999-2000*
- ▶ *Canadian AIDS Treatment Information Exchange web site*
- ▶ *Health Canada, Federal Input to CSHA Annual Report, 1999-2000*
- ▶ *Interagency Coalition on AIDS and Development Annual Report, 1999-2000*