Ministerial Council on HIV/AIDS

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1.0 Message from the Co-Chairs

This has been an important year for HIV/AIDS in Canada and an eventful year for the Ministerial Council on HIV/AIDS. Annual funding for Canada's response to HIV/AIDS will be increased by increments each year to a level of $84.4 million by 2008. The Ministerial Council has been a strong advocate for increased funding and is pleased by the Government of Canada's renewed commitment to HIV/AIDS. We will continue to advise that the stepwise increase in annual funding should be accelerated so that the much-needed funds can flow more effectively and quickly to fight the epidemic.

The increased funding supports a renewed framework of response to HIV/AIDS by all stakeholders: a pan-Canadian Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010*, which engages governments and stakeholders at all levels; and *The Federal Initiative to Address HIV/AIDS in Canada*, which will guide the federal government's commitments and activities in the context of the pan-Canadian Action Plan. These new policy frameworks are the result of years of developmental work by all partners. The Ministerial Council on HIV/AIDS has been an active participant in this process of development by providing advice to the Minister of Health and others. We are hopeful that these new policy frameworks will produce an invigorated domestic and international response to HIV/AIDS by all Canadians.

Now, more than ever, we need an effective response because HIV infection rates in Canada are still rising. Many marginalized and vulnerable people continue to show alarming rates of new infection. This situation is compounded by the reality that an estimated 17,000 Canadians are unaware that they are living with HIV, which hampers their ability to remain healthy and access care in a timely fashion and diminishes the effectiveness of prevention programs. Women are increasingly vulnerable and now account for 25% of all new infections in Canada. This year the Joint United Nations Programme on HIV/AIDS (UNAIDS) focused attention on the danger facing girls and women worldwide in its World AIDS Day messages. UNAIDS estimates that girls and young women are 2.5 times more likely to be infected than their male counterparts.

Obviously, Canada must strengthen its efforts to lessen HIV transmission and ensure care, treatment and support for those living with HIV/AIDS in Canada and around the world. This issue affects all of us and must remain a priority for Canadians and governments at all levels. The Ministerial Council on HIV/AIDS will continue to advocate for initiatives to increase public awareness, including the education of our young people through the school system.

By raising awareness and engaging Canadians in the response to HIV/AIDS, we can combat the stigma and discrimination that are fuelling the epidemic. The Ministerial Council on HIV/AIDS has contributed to the strong emphasis on social justice, human rights and the determinants of health which provide the foundation for the renewed Canadian response to HIV/AIDS in the Action Plan and the *Federal Initiative*. The Ministerial Council will continue to be firm in its support for these fundamental principles. As Canada prepares to welcome the world to the 2006 International AIDS Conference in Toronto, the Ministerial Council will do its part to ensure that Canada is a place where stigma and discrimination are fading and where the end of the epidemic is in sight. We encourage all Canadians to join in the pan-Canadian and global response to HIV/AIDS.

(*Signature*) (*Signature*)

Louise Binder Lindy Samson

2.0 Federal involvement in HIV/AIDS: a brief history

The first Canadian case of AIDS was identified in 1982. Since then, thousands of Canadians have been infected with HIV. By 2003, an estimated 56,000 Canadians were living with HIV/AIDS, of whom 17,000 were not aware of their infection. No vaccine exists to prevent HIV infection. There is still no cure.

In 1990, Phase I of the National AIDS Strategy was launched. This Strategy committed $112 million over three years to support a variety of research, surveillance and community development activities. Significant progress was made in education, prevention, care and treatment. Phase II, which committed $211 million over five years, was launched in March 1993. It responded to the growing complexity of HIV/AIDS in Canada and the need for an extended commitment of time, funds and energy. Phase II emphasized the building of partnerships with other federal departments, provincial and territorial governments, non-governmental organizations, the private sector, professional groups and major stakeholders. National surveillance systems were put in place. By 1996 more effective drugs and therapies were found and made available.

From their first appearance to the end of the 1980s, HIV infections were primarily concentrated in two population groups: gay men and people infected through the blood supply. Education and prevention efforts reduced the number of new infections among gay men, while improvements to the blood system gave Canadians access to safe blood and blood products. While progress had been made, the epidemic had spread to other populations including women, Aboriginal peoples and injection drug users, and remained a serious threat to some of the initially infected populations, particularly gay men.

In 1998 the Canadian Strategy on HIV/AIDS was developed. Ongoing annual funding for the Strategy was secured at $42.2 million. The goals of the strategy focused on: prevention; care, treatment and support; finding a cure; minimizing the adverse impact of HIV/AIDS on individuals and communities; and minimizing the impact of social and economic factors that increase individual and collective risk for HIV infection.

One of the important innovations of the Canadian Strategy on HIV/AIDS was the creation of the Ministerial Council on HIV/AIDS which brings together expertise that encompasses all aspects of HIV/AIDS in Canada, including a strong voice of people living with HIV/AIDS. The Council provides ongoing advice to the Minister of Health in four crucial areas: keeping the federal response flexible and responsive to the changing nature of the epidemic; promoting alliances and joint efforts; reaching groups at risk and responding to their needs; and assisting in the development of long-term plans for future action on HIV/AIDS.

In order to review the impact of the Canadian Strategy on HIV/AIDS after its first five years of operation and to develop a renewed framework for the future, a number of steps were taken. In September 2002, the Minister of Health initiated a review of the current federal role in the Canadian Strategy on HIV/AIDS with the assistance of a stakeholder advisory committee. The review, completed in June 2003, examined the lessons learned over the past five years, identified current challenges and defined a new federal role within the broader Strategy.

In June 2003, the House of Commons Standing Committee on Health tabled a report entitled *Strengthening the Canadian Strategy on HIV/AIDS* (www.parl.gc.ca/InfoComDoc/37/2/HEAL/Studies/Reports/healrp03-e.htm). This report highlighted the need for substantially increased funding for the Strategy, enhanced initiatives with particular populations, increased research, stronger inter-departmental coordination at the federal level and attention to international issues.

In response to these reviews of Canada's response to HIV/AIDS, the renewal process has now resulted in a more integrated pan-Canadian approach guided by two policy frameworks, one developed by all stakeholders to provide guidance at the pan-Canadian level and the other developed by the federal government to define its involvement in the pan-Canadian response. Both approaches have a strong emphasis on social justice, determinants of health and human rights.

In November 2003, a draft Action Plan developed by the Strategy partners was released for Canada-wide consultation and will be finalized in Summer 2005. The pan-Canadian draft Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010,* is expected to provide a framework for greater engagement and collaboration by many sectors and is intended to guide the involvement of all partners, including all levels of government. It will have a strong emphasis on social justice and concerted action by all sectors of society. Its goals are expected to be:

- Reduce the social inequities, stigma and discrimination that threaten health and well-being
- Prevent HIV transmission
- Provide timely, safe and effective care, treatment and support for all Canadians living with HIV/AIDS
- Contribute to global efforts to fight the epidemic and find a cure.

The draft Action Plan is available at: www.phac-aspc.gc.ca/aids-sida/hiv_aids, as will be the final version.

The federal government, as one of the partners in Canada's response to HIV/AIDS, elaborated its approach for 2005-2010 in the 2004 policy document, *The Federal Initiative to Address HIV/AIDS in Canada.* In May 2004, the Government of Canada announced that funding for the *Federal Initiative* would be increased by annual increments from $42.2 million in 2003-2004 to $84.4 million by 2008-2009. Together the *Action Plan* and the *Federal Initiative* will guide the federal government's involvement to 2010. The *Federal Initiative* provides support for the implementation of the pan-Canadian Action Plan by all partners. The *Federal Initiative* has the following goals:

- Prevent the acquisition and transmission of new infections
- Slow the progression of the disease and improve quality of life
- Reduce the social and economic impact of HIV/AIDS
- Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.

The policy directions of the *Federal Initiative* are: partnership and engagement; integration of federal HIV/AIDS programs with other health and social programs as appropriate; and accountability. Five areas have been identified for increased federal action and investment with the following planned funding by 2008-2009: program and policy interventions ($35.4 million); knowledge development ($31.9 million); coordination, planning, evaluation and reporting ($10.2 million); communications and social marketing ($4.7 million); and global engagement ($2.2 million). Priority populations for intervention are highlighted, but not limited to: gay men; Aboriginal peoples; injection drug users; prison inmates; youth; women; persons from countries where HIV is endemic; and all persons living with HIV/AIDS.

The *Federal Initiative* is a partnership of the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada. The Public Health Agency of Canada is the lead department for the federal response and reports to Parliament through the Minister of Health.

The Canadian International Development Agency makes a major contribution to Canada's global response to HIV/AIDS and Foreign Affairs Canada takes an increasingly active role. Other federal departments that have invested resources in HIV/AIDS include Citizenship and Immigration Canada (immigrant screening), Justice Canada (drug policy) and Social Development Canada (disability and income support). The *Federal Initiative* aims to expand the engagement of other federal departments related to the determinants of health. The *Federal Initiative* is available at: www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/initiative.

The federal government issues a public annual report on the pan-Canadian response to HIV/AIDS on World AIDS Day (December 1).

3.0 Ministerial Council's vision, mandate, roles and objectives

Vision: In order to build a society that can eradicate HIV/AIDS, the Ministerial Council on HIV/AIDS believes that: empowerment of all communities affected by HIV/AIDS; respect for dignity and human rights; cultural development; and knowledge are the keys to success. The Ministerial Council will listen to and advise on policy and practices to ensure success.

Mandate: To provide advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS.

Role: To ensure that current and emerging issues regarding HIV/AIDS are being adequately addressed.

Objectives:

- to identify and prioritize current and emerging issues of the HIV/AIDS epidemic
- to communicate the priority issues of the HIV/AIDS epidemic to the Minister
- to shift priorities when appropriate as new issues emerge.

Role: To be visionary in providing long-term directions.

Objectives:

- to identify the possible long-term consequences of existing trends and policy on the Canadian HIV/AIDS epidemic
- to provide long-term direction regarding the Canadian HIV/AIDS epidemic
- to advise on the federal government's process of partner and stakeholder consultation in the development of long-term HIV/AIDS strategies and directions.

Role: To monitor and evaluate the implementation of the federal response to HIV/AIDS and to support its effectiveness and its flexibility to meet changing circumstances.

Objectives:

- to periodically review and provide advice regarding the resource allocation within the *Federal Initiative to Address HIV/AIDS in Canada*
- to regularly review and monitor financial expenditures under the *Federal Initiative*
- to recommend allocation of unspent funds as appropriate
- to monitor and provide advice regarding evaluation processes
- to review and provide advice regarding the annual progress reports.

Other considerations: The Council has also developed its role in advising on issues beyond the federal government. The Council has a role to play in issues that may lie within the jurisdiction of provinces and territories. In playing this role, the Council encourages the federal Minister of Health to champion these issues with his or her provincial and territorial counterparts. The Council's advice focuses on the federal role in federal/provincial/territorial issues and on encouraging all levels of government to work together productively.

The international aspect of HIV/AIDS is also an important component of the federal response to HIV/AIDS. The Council has a role to play in giving advice to the Minister on international issues both because these issues have a direct impact on Canada and because Canada has international responsibilities. The Council also provides advice on inter-departmental linkages related to international issues.

The role and composition of the Ministerial Council is currently being reviewed in the light of the establishment of the new Public Health Agency of Canada and the renewed frameworks for a pan-Canadian response to HIV/AIDS.

See Appendix 1 for the Ministerial Council's Terms of Reference.

4.0 Membership and structure

Council members are determined and appointed by the Minister of Health and are chosen for their experience and collective expertise. Because the Council must be a voice of those infected with and affected by HIV/AIDS, five of its 15 members are people living with HIV/AIDS. The Minister of Health reviews the membership of the Council on an annual basis to ensure that it consists of members who can provide the best timely advice.

To encourage collaborative efforts with the provinces and territories, the Provincial Co-Chair of the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS holds an ex-officio position on the Ministerial Council. The Director General of the Centre for Infectious Disease Prevention and Control also holds an ex-officio position as the Public Health Agency of Canada's standing representative on the Council.

See Appendix 2 for a list of Ministerial Council members and their biographies.

The Ministerial Council is supported by a Secretariat housed in the Strategic Partnerships and Coordination Unit, HIV/AIDS Policy, Coordination and Programs Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada.

The Ministerial Council held four face-to-face meetings during 2004-2005 and three meetings of the full Council by teleconference on specific issues. The Council met once with the Minister of Health and twice with the Minister of State (Public Health). The Council provides brief meeting reports to the Minister of Health following each meeting of the full Council.

Committees

Between Council meetings the committees meet by teleconference. The Ministerial Council on HIV/AIDS has established the following standing committees:

Executive Committee
The Executive Committee is responsible for ensuring that the work required for productive Council meetings is done in a timely manner. It supports the Secretariat in maintaining a reciprocal relationship between the Council, the Minister and the Public Health Agency of Canada. It is also responsible for: the annual meeting with the Minister; identifying issues for the Council; and a variety of other issues.

Championing Committee
The Championing Committee analyses current and emerging issues in order to determine and prepare relevant recommendations to the Minister.

Communications and Liaison Committee
The Communications and Liaison Committee participates in the development and updating of communications tools such as the website and oversees processes put in place to communicate with the Minister and a diverse group of stakeholders. Committee members also facilitate the process of advising the Minister with respect to specific occasions such as World AIDS Day.

Research Committee
The Research Committee examines pertinent issues from all streams of HIV/AIDS-related research including, but not limited to, those arising under *The Federal Initiative to Address HIV/AIDS in Canada*.

International Affairs Committee
The International Affairs Committee analyses international affairs and Canada's role in the global response to HIV/AIDS in recognition of the important links between Canada's domestic and international responses.

Linkages

The Council, through the Communications and Liaison Committee, explores the development of possible links to other relevant bodies that could provide both expertise and partnership opportunities for policy development.

5.0 Designation of issues

The Ministerial Council aims to: keep at the leading edge of the epidemic by staying informed through communities and other stakeholders; use a social justice framework that incorporates the determinants of health; and strengthen functioning and communications.

Issues are brought forward to the Ministerial Council table in a number of ways. First, and most commonly, the Minister of Health may request that the Council provide advice on a particular issue. The Minister has a unique opportunity to present requests during a yearly face-to-face meeting with Council members. Individuals or groups bring issues to the attention of the Ministerial Council by addressing a letter to the Council Secretariat. *Please see Appendix 3 for the Council's contact information.* Finally, Council members bring forward issues that have come to their attention through their ongoing involvement in the community and through their work and participation in conferences and committees. The Ministerial Council may invite guest presenters to provide the Council with information on an issue.

The Ministerial Council is working on or following a significant number of issues at any given time. Some issues require ongoing follow-up and have been on the agenda since the Council's inception, while new issues are raised at most meetings. A number of factors must be considered in determining where the Ministerial Council directs its energies. The Council first asks if the issue under consideration is:

- within the mandate of the Minister of Health
- within the mandate of the Ministerial Council on HIV/AIDS
- national in scope
- likely to affect a significant proportion of the population or a sub-population
- able to be addressed with the resources and time that the Ministerial Council has at its disposal.

For each issue that meets these criteria, the Council will also ask:

- Who else is working on policy development or advocacy on this issue?
- If no one else is currently working on this issue, could an appropriate stakeholder be asked to take on a role in addressing this issue?
- What, therefore, is the unique or most appropriate role for the Council in addressing this issue?

Using these criteria and questions, the Council decides that it will or will not address an issue, or move it to a "watching brief" status.

After determining that an issue warrants the Council's attention and determining the Council's unique niche in addressing an issue, the Council sets priorities in order to focus its limited time and resources for maximum impact. The Council assesses the priority of issues using the following criteria:

- Public interest: Is there a broad interest outside and inside the Council?
- Opportunity for impact: Is there an opportunity to impact on policy?
- Timeliness: Is it a time-sensitive or immediate issue for stakeholders?
- Long-term planning: Is it an issue that needs study now to prepare for future policy responses?
- Need for political involvement: Does the issue need political (ministerial) involvement?
- Urgency for the Minister of Health: Is it an urgent issue for the Minister?
- Federal and pan-Canadian strategic issue: Does the issue fall within the strategic areas of the *Federal Initiative* (or the pan-Canadian Action Plan once it is finalized)?
- Resources: Does the Council have sufficient human, financial and other resources to address this issue effectively?

In its September 2003 Strategic Plan, the Council designated the following strategic priorities for 2003-2006 in order to promote and enhance:

1. Intra- and inter-departmental collaboration in response to HIV/AIDS
2. Comprehensive prevention, care, treatment and support for all communities
3. Effective and responsive structures and strategies to fight the epidemic, including adequately resourced initiatives
4. All streams of HIV/AIDS-related research (including epidemiological, basic science, clinical science, psycho-social and community-based)

5. Canada's international response to HIV/AIDS.

The following strategic issues within these priorities were assigned to Council committees during 2004-2005:

- Intra- and Inter-ministerial issues
- Correctional Service Canada
- Immigration
- Public health measures and criminal law
- Populations from countries where HIV is endemic (African and Caribbean communities)
- Women's issues
- Gay men's issues
- Aboriginal issues
- Youth issues
- Sex workers: law; policy; and confidentiality
- Mother-to-child registry
- Injection drug use (including addictions): research and policy
- Medical marihuana: research and policy
- HIV testing
- Canadian Strategy on HIV/AIDS (CSHA), *Federal Initiative,* and Action Plan: directions; review; strategic planning
- Social Justice framework
- Determinants of health (including income security and insurance)
- CSHA, *Federal Initiative,* and Action Plan funding adequacy
- *Federal Initiative* resource allocation
- Health care reform
- Access to treatments
- Canadian Institutes of Health Research
- Community-based research
- Microbicides
- Vaccines
- Epidemiology and surveillance (including the leading edge of the epidemic)
- Co-infections: policy and research
- World AIDS Day
- United Nations General Assembly Special Session on HIV/AIDS: follow-up
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Canadian International Development Agency: HIV/AIDS programs
- International AIDS conferences
- International trade
- Canada's foreign policy approach to HIV/AIDS
- Establishing links and cultivating partnerships

6.0 Ministerial Council areas of work in 2004-2005

The following report provides details on major areas of work for the Ministerial Council in 2004-2005. Some readers of this report may choose to read selectively depending on their interests; there is therefore some repetition in the sections that outline issues so that all readers may have a full understanding of the work done by the Ministerial Council.

In addition to the areas of work described, the Council also studied many ongoing and developing issues in order to remain informed and be prepared to provide advice to the Minister of Health when necessary.

6.1 Intra- and inter-departmental collaboration in response to HIV/AIDS

Overview

Promoting both intra- and inter-departmental collaboration at the federal level is an important aspect of the draft pan-Canadian Action Plan and the *Federal Initiative to Address HIV/AIDS in Canada* because the issues raised by HIV/AIDS fall within the mandates of several federal departments and agencies. The Public Health Agency of Canada and the Canadian Institutes of Health Research, which both report to Parliament through the Minister of Health, are partners in the *Federal Initiative* with Health Canada and Correctional Service Canada, which reports to Parliament through the Solicitor General. The Public Health Agency of Canada is the lead centre of responsibility for HIV/AIDS for the federal government. In addition, the departments of Foreign Affairs and International Trade, International Cooperation, Citizenship and Immigration have been involved in HIV/AIDS issues during the past year. Several other federal departments will be approached for involvement in the *Federal Initiative* in order to address the links between HIV/AIDS and determinants of health such as housing, disability, social justice, employment and income security. As part of the *Federal Initiative,* a committee of Assistant Deputy Ministers will be established to foster intra-and inter-departmental collaboration. It is vital that federal ministries work in a collaborative way in order to make the *Federal Initiative* and the Action Plan most effective.

In addition to inter-departmental collaboration within the Government of Canada, the Ministerial Council is concerned with inter-governmental collaboration and has strong links to the Federal/Provincial/Territorial (FPT) Advisory Committee on HIV/AIDS (FPT-AIDS). The provincial Co-Chair of FPT-AIDS is an ex-officio member of the Ministerial Council.

The Ministerial Council has consistently encouraged the Minister of Health to foster intra- and inter-departmental collaboration within the federal government. Both the *Federal Initiative* and the draft pan-Canadian Action Plan place a strong emphasis on government collaboration at all levels, which makes this a priority issue for the Ministerial Council.

This year the Ministerial Council continued to disseminate two of its discussion papers in order to stimulate discussion and action on inter-departmental and inter-governmental collaboration:

- *Towards a Broader Vision of Health: Strengthening Inter-Ministerial Collaboration on HIV/AIDS in Canada* (Ministerial Council on HIV/AIDS, 2001)
- *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action* (Ministerial Council on HIV/AIDS, 2002, with the support of the Federal/Provincial/Territorial Committee on HIV/AIDS), which is intended to guide inter-departmental collaboration according to a population health framework.

  Both of these papers are available on the Ministerial Council's website at: www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/ministerial.

6.1.1 Correctional Service Canada

The issue

Correctional Service Canada (CSC) provides health services, including services related to the prevention, care and treatment of HIV/AIDS to persons sentenced to imprisonment for two years or more. Correctional Service Canada reports to Parliament through the Minister of Public Safety and Emergency Preparedness.

The rate of HIV infection in Canada's prisons is ten times higher than in the general population and the rate of seroconversion due to exposure in prison is thought to be high. A total of 223 inmates in federal penitentiaries (1.8% of the inmate population) were reported to be HIV-positive at the end of 2001. The HIV infection rate among female inmates is significantly higher than among male inmates. Adequate prevention, care, treatment and support for inmates are ongoing concerns. Co-infection, particularly with HIV/AIDS and Hepatitis C, is also a growing issue.

Correctional Service Canada is a partner in the *Federal Initiative to Address HIV/AIDS in Canada* and will be allocated $4.2 million annually by 2008-2009, a significant increase over previous annual allocation of $600,000 under the Canadian Strategy on HIV/AIDS. The increased funding will enable CSC to undertake a range of prevention and education activities in federal prisons and to enhance care, treatment and support. In addition to providing health care, CSC has developed training programs in palliative care and staff training for self-protection against infectious diseases. CSC has also developed prevention messages for target populations, including Aboriginal inmates, injection drug users and women, as part of peer education and counselling programs which have been partially implemented. The Special Inmates Initiatives Program, available in a limited number of federal institutions, enables inmates to become directly involved in developing programs to improve HIV/AIDS awareness.

Although injection drug use and sexual activity occur in prison, access to needle exchange, condoms and methadone maintenance is limited. Approximately 500 inmates across Canada are participating in a methadone maintenance treatment program.

An international policy dialogue on HIV/AIDS and prisons involving United Nations agencies and the Canadian government is being planned for late 2005.

Work done during 2004-2005

- The Ministerial Council recommended that the Minister of Health and the Minister of State (Public Health) meet with the Minister for Public Safety and Emergency Preparedness to discuss HIV/AIDS issues in the prison system.
- In its meeting with the Minister of Health, The Ministerial Council raised the importance of making progress on prison issues, including a needle exchange program. The Council was encouraged by the Minister's support for this issue and suggested that this could be raised with the new inter-departmental Assistant Deputy Minister Committee that is part of the *Federal Initiative to Address HIV/AIDS in Canada.*
- The Ministerial Council raised the need for a sterile needle distribution program in prisons with the Minister of State (Public Health) and thanked her for her willingness to encourage her colleagues to act on this issue.
- The Ministerial Council wrote to Correctional Service Canada (CSC) to express concern about CSC's failure to provide a report on its activities under the Canadian Strategy on HIV/AIDS and its apparent lack of accountability.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister of Health.

6.1.2 Citizenship and Immigration Canada

The issue

In January 2002, HIV testing became mandatory for prospective immigrants 15 years of age and over. Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency have jurisdiction over entry into Canada. The present policy of Citizenship and Immigration Canada is based in part on advice given in 2001 by the Minister of Health to the effect that mandatory testing was recommended by Health Canada and that HIV-positive persons should not be automatically excluded because of public health concerns. According to officials of Citizenship and Immigration Canada, in 2004, 614 immigration applicants tested positive and 87 percent were admissible; the majority were refugee claimants and their spouses. The only ground for refusal of admission of migrants testing positive for HIV is excessive demand on Canadian health and/or social services. "Excessive demand" in the case of HIV is defined as that for which the anticipated costs would exceed the average Canadian per capita costs over a ten-year period or if the admission would negatively impact waiting lists for health and/or social services. Refugees, spouses, protected persons or dependent children are exempt from this criterion.

The Ministerial Council does not support the mandatory testing policy, and has argued since 2000 that prevention education is an approach more consistent with respect for human rights. In 2001, the Ministerial Council recommended that mandatory testing should follow the Canadian Medical Association Counselling guidelines for HIV testing. Pre- and post-test counselling are now part of the immigration procedure, with post-test counselling following the Canadian Medical Association guidelines. The Council further advised CIC that, when determining if an HIV-positive person would be excluded on the grounds that they could cause excessive demand on the health care and social service system, CIC should use a cost-benefit approach that takes into account both the economic and non-economic contributions that the potential immigrant could make to the Canadian economy. The potential for lack of adequate follow-up and referral to services for those who have positive test results continues to be a concern. All of these issues are pressing concerns for communities from countries where HIV is endemic (see section 6.2.1).

Media reports in 2004 commented on an apparent tripling in the number of HIV-positive immigrants to Canada in 2003, an increase that was explained by Citizenship and Immigration Canada as likely being due to the implementation of mandatory HIV testing rather than a spike in real numbers.

This year the Ministerial Council was particularly focused on the possible obstacles facing visitors working for or attending the 2006 International AIDS Conference in Toronto (see section 6.5.6 for further details on the Ministerial Council's involvement in immigration issues connected with the Conference).

Work done during 2004-2005

- The Co-Chairs of the Ministerial Council met with the Deputy Minister of Citizenship and Immigration Canada (CIC) and other CIC officials to discuss HIV testing of potential immigrants. The Co-Chairs raised the issues of:
    - the inappropriate way in which some CIC officials had portrayed HIV-positive immigrants as public health risks in media reports. CIC officials agreed to look into its communication with the media.
    - lack of confidentiality and sensitivity in communicating test results. CIC officials said they would take steps to resolve the problem.
    - linking HIV-positive immigrants to appropriate services. CIC agreed that more needs to be done.
    - fear of denial of entry to Canada by refugees who test positive. CIC officials said they would add a statement to CIC pamphlets that being HIV-positive does not negatively affect a refugee claim.

  The CIC Deputy Minister asked for advice on the issue of partner notification in the case of a positive test. The Co-Chairs brought this issue to the full Council for discussion and then wrote

to CIC suggesting a meeting to define the issues and determine the best process for addressing them.

- The Ministerial Council had special presentations on immigration at its January 2005 meeting and a teleconference with officials of CIC and members of the 2006 International AIDS Conference in February and March of 2005.
- The Ministerial Council raised concerns with officials of CIC about reports that counselling, communication of test results, and referral to services were sometimes poorly handled by CIC and that confidentiality was not always respected. The Ministerial Council recommended to CIC that firmer guidelines and better training be provided for all officials involved in HIV testing and offered to work with CIC to solve these problems.
- A presentation to the Ministerial Council by community leaders at its January 2005 meeting focused on the barriers and challenges faced by immigrant and refugee persons living with HIV/AIDS, including gender-based problems for women, homophobia in some immigrant communities and lack of culturally-appropriate services. The presenters recommended more effective approaches for dealing with these issues, including a Canadian strategy for immigrant and refugee persons living with HIV/AIDS and greater federal/provincial/territorial coordination.
- The Ministerial Council recommended that a meeting be arranged in the near future between Citizenship and Immigration Canada (CIC) and members of immigrant communities to address the concerns raised by community leaders. The Council informed the Minister of Health that it had met with community representatives and that it would participate as an observer at a meeting between CIC and the community.

Future activities

The Ministerial Council will continue to advise the Minister of Health on these issues and will dialogue and work with officials of Citizenship and Immigration Canada.

6.1.3 Other federal departments

The issue

Effective response to HIV/AIDS requires the involvement of many federal departments, particularly with the strong emphasis in both the draft pan-Canadian Action Plan and the *Federal Initiative to Address HIV/AIDS in Canada* on determinants of health that render individuals and communities at increased risk of HIV infection. The Ministerial Council's 2001 paper, *Towards a Broader Vision of Health: Strengthening Inter-Ministerial Collaboration on HIV/AIDS in Canada* and its 2002 paper, *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action,* both call for the involvement of federal departments concerned with issues of homelessness, disability and income support (Social Development Canada), Aboriginal issues (Indian and Northern Affairs), health technology, international affairs and so on, in addition to those departments that are current partners in the *Federal Initiative to Address HIV/AIDS in Canada*. The Ministerial Council's work with Foreign Affairs Canada and International Trade Canada is discussed in section 6.5 of this report and programs of the Canadian International Development Agency (CIDA) are discussed in more detail in section 6.5.4.

Work done during 2004-2005

The Ministerial Council actively encouraged the Minister and other federal officials to work collaboratively at the inter-departmental level on all issues addressed by the Council.

Future activities

The Ministerial Council will continue to encourage the Minister and other federal officials to collaborate at the inter-departmental level and will engage in collaborative and coordination efforts where possible.

6.1.4 Public Health Agency of Canada

The issue

In September 2004, the new Public Health Agency of Canada (PHAC) was launched and became the lead federal agency for HIV/AIDS. The PHAC is responsible for the overall coordination of the *Federal Initiative to Address HIV/AIDS in Canada,* including: joint planning, monitoring and evaluation; communications; social marketing; national and regional programs; policy development; surveillance; laboratory science; and global engagement focusing on technical assistance and policy advice. By 2008-2009, the Agency will receive annual funding of $51.9 million under the *Federal Initiative.*

The HIV/AIDS Policy, Coordination and Programs Division is housed within the Agency's Centre for Infectious Disease Prevention and Control. The Agency's regional offices across Canada also play a role in carrying out the *Federal Initiative*. The Agency has a direct reporting relationship to the Minister of Health, which some analysts think may raise the profile of HIV/AIDS and other diseases. Others are concerned that the distinct needs of HIV/AIDS may not be met in the new environment with its emphasis on public health and a variety of diseases. A particular concern has been the potential for erosion in the new environment of the frameworks of social justice and determinants of health on which HIV/AIDS work has been built. In his message prefacing the *Federal Initiative on HIV/AIDS,* the Chief Public Health Officer, who leads the Public Health Agency, underlined the need to continue to build on population-based and health determinants approaches to HIV/AIDS so that the root causes of the epidemic can be addressed.

Further information on the Public Health Agency of Canada can be found at www.phac-aspc.gc.ca.

Work done during 2004-2005

- During the course of the transition from the *Canadian Strategy on HIV/AIDS* to the *Federal Initiative to Address HIV/AIDS in Canada* and the transfer of leadership on HIV/AIDS issues from Health Canada to the Public Health Agency of Canada, the Ministerial Council engaged in dialogue with the Minister of Health, the Minister of State (Public Health) and officials of Health Canada and the Public Health Agency of Canada. The Council voiced strong concerns about the effect on HIV/AIDS of using the traditional public health model with its primary emphasis on prevention. The Council stated that the continuum of prevention, care, treatment and support must be maintained. The Council also emphasized the need for community participation at all levels within the new structures. The Ministerial Council had overarching concerns about the preservation of human rights, social justice and determinants of health approaches as the federal role in HIV/AIDS was renewed.
- The Ministerial Council met with the Minister of State (Public Health) and raised its concerns about:
    - the need to maintain the social justice and determinants of health frameworks in all approaches to HIV/AIDS. The Council stressed the importance of speaking out against discrimination. The Council was encouraged by the Minister's support for the social justice approach and her stands on stigma and discrimination.
    - the need to maintain the integrity of the HIV/AIDS programs that had been developed at Health Canada
    - the need to maintain accountability
    - the need for adequate HIV/AIDS funding that would be maintained in a separate envelope from other Agency budgets.
- The Ministerial Council requested input into the selection process for the new Chief Public Health Officer and sent its suggestions for defining competencies to the Minister of State (Public Health).
- The Minister of State (Public Health) asked for the Council's advice regarding proposed membership for an advisory body representing diverse stakeholder communities, including those concerned with HIV/AIDS, to provide advice on the transition to the new Agency and to address the question of ongoing stakeholder involvement. The Council provided guidelines for the selections of individuals and a list of organizations that should be contacted.
- The Ministerial Council offered to participate in advisory bodies and roundtables.

Future activities

The Ministerial Council will continue to advise the Minister of Health and the Minister of State (Public Health) regarding the Public Health Agency of Canada.

6.1.5 Health Canada

The issue

Under the new *Federal Initiative to Address HIV/AIDS,* the lead federal responsibility centre for issues related to HIV/AIDS is now the Public Health Agency of Canada rather than Health Canada; both the Public Health Agency of Canada and Health Canada report to Parliament through the Minister of Health. Health Canada is a partner in the *Federal Initiative* with responsibility for community-based HIV/AIDS education, prevention and related health services for First Nations on-reserve and some Inuit communities. Health Canada is also responsible for program evaluation and coordination of global (international) engagement. Health Canada's annual share of the $84.4 million federal investment in HIV/AIDS will be $5.7 million by 2008-2009.

The Canadian Institutes of Health Research (CIHR), a partner in the *Federal Initiative to Address HIV/AIDS,* is an independent agency that also reports to Parliament through the Minister of Health. CIHR receives funding through the *Federal Initiative* (see section 6.4.1).

During the past year, as the transfer of lead responsibility for HIV/AIDS passed from Health Canada to the Public Health Agency of Canada, several policy questions were raised about the implications of a public health approach to HIV/AIDS and the importance of maintaining the population health approach on which HIV/AIDS work is based and which has been the policy framework within which Health Canada has operated for several years.

Work done during 2004-2005

- The Ministerial Council advised the Minister and officials of both Health Canada and the Public Health Agency of Canada on the policy and process issues involved in the transfer of lead responsibility for HIV/AIDS from Health Canada to the Public Health Agency of Canada.
- The Ministerial Council had a special presentation at its November 2004 meeting from Health Canada's International Health Division as part of a session devoted to international issues. The discussion centred on the Ministerial Council's 2003 paper, *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS, With a Particular Focus on Africa,* and how the paper's recommendations could be implemented by Health Canada.
- The Ministerial Council engaged in dialogue with Health Canada's International Health Division about the international component of the *Federal Initiative.* The International Health Division coordinates Canada's international response to HIV/AIDS and works closely with other federal departments and agencies involved in HIV/AIDS through its leadership on the Consultative Group on Global HIV/AIDS Issues. The Ministerial Council is considering whether to request a seat on the Consultative Group.
- The Ministerial Council discussed the evaluation component of the *Federal Initiative* with Health Canada officials.
- The Ministerial Council was briefed about HIV/AIDS initiatives of Health Canada's First Nations and Inuit Health Branch. The National Aboriginal Council on HIV/AIDS (NACHA) is primarily responsible for providing advice to Health Canada and the Public Health Agency of Canada on Aboriginal peoples and HIV/AIDS. The Ministerial Council and NACHA maintain communication links (see section 6.2.9).
- The Ministerial Council met with the Minister of Health and discussed a variety of issues, including World AIDS Day, the new *Federal Initiative to Address HIV/AIDS,* needle exchange programs in prisons and funding allocations under the *Federal Initiative.*

Future activities

The Ministerial Council will continue to advise the Minister on the role now played by Health Canada and will provide assistance to Health Canada as appropriate.

6.2 Comprehensive prevention, care, treatment and support for all communities

Overview

One of the cornerstones of the Canadian Strategy on HIV/AIDS was the commitment that people living with HIV/AIDS would have a central role in providing expertise and leadership. This has been a fundamental approach to all HIV/AIDS work since the beginning of the epidemic in Canada. The Ministerial Council remains vigilant to ensure that persons living with HIV/AIDS are actively engaged as citizens in the new pan-Canadian Action Plan developed by stakeholders and the *Federal Initiative to Address HIV/AIDS in Canada*. The Declaration of Commitment signed by Canada at the 2001 United Nations General Assembly Special Session on HIV/AIDS (see section 6.5.2) highlighted as a key commitment the engagement of vulnerable populations at the national level.

The *Federal Initiative* specifically identifies communications campaigns by and for gay men, injection drug users, Aboriginal peoples and persons from countries where HIV is endemic. Additional funding of $5 million was targeted in 2004-2005 to enhance front-line efforts to reach populations most at risk of infection.

There is a continuing need for strong prevention, care, treatment and support programs. Gay men remain the group most affected by HIV/AIDS in Canada. An estimated 56,000 Canadians live with HIV; of these, an estimated 17,000 are unaware of their infection and therefore unable to access treatment, support or prevention services. Between 2800 and 5200 new HIV infections occur each year. In 2002, an estimated 40% of new infections occurred in men who have sex with men, 30% in injection drug users and nearly 25% in women. Aboriginal peoples and people from countries where HIV is endemic (Africa and Caribbean) each accounted for between 6% and 12% of new HIV infections in 2002.

In its World AIDS Day message, the Ministerial Council expressed its deep concern about the vulnerability of women and girls, the increasing infection rates for gay men and youth and the vulnerability of Aboriginal peoples to the spread of HIV/AIDS.

6.2.1 Populations from countries where HIV is endemic (African and Caribbean communities)

The issue

Surveillance data show that an increasing proportion of AIDS cases in Canada occur among persons from countries where HIV is endemic, mainly in African and Caribbean communities. It is estimated that 70% of all maternal HIV transmissions to children in Canada have occurred among women of African and Caribbean origin. An estimated 3700 to 5700 people who were born in countries where HIV is endemic were living with HIV at the end of 2002, accounting for 7%-10% of the national total. Most of them were infected since living in Canada. Close to 21.5% of AIDS cases in Canada in 2003 occurred in communities from countries where HIV is endemic (up from 8.3% in 1999); these communities represent 2% of the Canadian population. Diagnosis of HIV infection occurs among older children from countries where HIV is endemic who were born before HIV testing during pregnancy became a policy issue. Possible reasons for this include late diagnosis of HIV because of limited access to information and services, reduced access to treatment, and increasing infection rates.

Lack of uniformity in collection of ethnicity data by provinces and territories across Canada impedes monitoring of these trends. There is a need for direct community involvement in collecting and analyzing data in order to minimize the potential for stigmatization of communities. HIV is now reportable in all jurisdictions in Canada but most jurisdictions do not collect data on ethnicity. There is a growing recognition by communities of the need to do so in order to understand the HIV epidemic. This remains a contentious issue that must be resolved with the communities affected and that requires federal-provincial-territorial partnership with communities.

Ongoing issues for communities from countries where HIV is endemic include gender discrimination, confidentiality, homophobia in communities that may limit the access of men who have sex with men to services, the vulnerability of communities in Canada to HIV transmission and lack of culturally appropriate services. Communities from countries where HIV is endemic are concerned by mandatory HIV testing for prospective immigrants and the need to link immigrants who have tested HIV-positive to appropriate services (see section 6.1.2 for further details on immigration issues).

The *Federal Initiative to Address HIV/AIDS in Canada* is supporting a communications and social marketing campaign by and for communities from countries where HIV is endemic.

Work done during 2004-2005

- The Ministerial Council followed this issue closely and provided advice on approaches through its link with the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS.
- The Ministerial Council had special presentations on immigration and HIV/AIDS, with input from leaders representing communities from countries where HIV is endemic. The Council did extensive follow-up after this meeting on the immigration issue (see section 6.1.2), including consideration of support for a Canadian HIV/AIDS strategy for immigrants, a symposium on immigrant issues at the 2006 International AIDS Conference in Toronto, and encouragement for federal-provincial-territorial partnerships with immigrant communities.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.2 Women and HIV/AIDS

The issue

HIV infection rates among women in Canada have risen steadily in recent years. The number of diagnosed and reported HIV infections in women has increased, particularly in women aged 20-39 (many of whom are Aboriginal), African and Caribbean women from countries where HIV is endemic (most of whom were infected in Canada) and injection drug users. Women now account for 25% of all new infections; this trend is particularly strong among women aged 15-39; women also account for 42% of AIDS cases among those aged 15-29. At the end of 2002, an estimated 7700 women were living with HIV in Canada. The women who are most at risk may not have the knowledge, resources or power within their relationships to protect themselves from infection.

In recognition of the vulnerability of women and girls, the Joint United Nations Programme on HIV/AIDS (UNAIDS) chose the theme of raising awareness of issues facing young women and girls for World AIDS Day 2004.

The Women's Health Bureau of Health Canada and the HIV/AIDS Policy, Coordination and Programs Division of the Public Health Agency of Canada plan to begin work in 2005 on a gender-based analysis of the *Federal Initiative to Address HIV/AIDS in Canada.* A communications and social marketing campaign launched in 2004 and funded by the *Federal Initiative* is aimed at raising awareness among women and youth.

As a result of the use of antiretroviral therapies during pregnancy, transmission of HIV from mother to child has been almost eliminated: the proportion of infants in Canada confirmed infected has dropped from 50% in 1991 to less than 2% in 2004; only three infants were confirmed HIV-positive in 2002. These numbers do not reflect all infants exposed to HIV because some women are unaware of their HIV status. Prenatal HIV testing programs are now in place in all provinces and territories in Canada. In some provinces, women have to give their consent to be tested (opt-in testing) while in others they are automatically tested unless they specifically ask not to be tested for HIV (opt-out testing). The Federal/Provincial/Territorial Advisory Committee on HIV/AIDS has issued *Guiding Principles for HIV Testing of Women during Pregnancy* that support the principles of voluntary testing, confidentiality and informed consent.

Mother-to-child transmission of HIV and optimization of the treatment regimes used to lessen transmission are continuing concerns. During 2004, 96% of known pregnant women living with HIV received at least some antiretroviral treatment. There are no data regarding the potential long-term effects of these treatments on women and their children. Recent research has shown possible developmental differences between HIV-negative children exposed to antiretrovirals before birth and those who were not exposed to either HIV or antiretrovirals. A national group of stakeholders has been working to develop the Canadian Perinatal Exposure to Antiretrovirals Registry in order to monitor such long-term effects.

During 2004, a National Women's Coalition began to form, involving several Canadian HIV/AIDS and women's organizations. There has not been a national women's group since the National Reference Group on Women and HIV/AIDS, which gave advice on policy and program priorities to Health Canada, was disbanded in 2001. One of the Coalition's goals is ensuring that the 2006 International AIDS Conference in Toronto will have a women's stream.

Work done during 2004-2005

- The Ministerial Council highlighted the needs of girls and women in its World AIDS Day message, with particular reference to the need for Canadian leadership on the development of microbicides and on initiatives to ensure access to antiretroviral treatments for those in the developing world.
- The Ministerial Council studied the issue of HIV screening for pregnant women and the need to make testing completely voluntary in all jurisdictions by informing women that they could choose to be tested (opting in) rather than making testing the default position unless women request to opt out of the test.
    - The Council wrote to the Minister of Health to express its concern about the position adopted by the Canadian Medical Association in 2002 that all pregnant women should be routinely tested for HIV. In the Council's view, this fails to protect a woman's right to informed consent. The Council strongly recommended that all women have the option of opting into testing in all provinces following pre-test counselling; only in this case can informed consent be considered to have been given by the woman. The Council urged the Minister to work with the Canadian Medical Association to reverse their decision to support "opt-out" testing and to replace it with support for "opt-in" testing.
    - The Council discussed provincial/territorial aspects of the issue through its link to the Federal/Provincial/Territorial Committee on HIV/AIDS.
- The Ministerial Council recommended to the Public Health Agency of Canada that women be explicitly recognized in the pan-Canadian Action Plan and in the *Federal Initiative to Address HIV/AIDS in Canada.* The Ministerial Council planned to participate actively in the proposed gender-based analysis of the *Federal Initiative* by Health Canada and the Public Health Agency of Canada.
- In its meeting with the Minister of State (Public Health), the Ministerial Council raised the issue of the need for post-approval surveillance of drugs in women (most medications are formulated for the average male), and particularly in immigrant women, who are often isolated.
- The Ministerial Council remained informed about the developing Women's Coalition and its proposed *Blueprint for Action* and sent an observer to the Coalition meetings.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.3 Gay men and HIV/AIDS

The issue

Men who have sex with men (including gay and bisexual men) continue to be the group most affected by HIV/AIDS in Canada. Close to 60% of the people living with HIV/AIDS in Canada are gay men or other men who have sex with men. A resurgence of HIV infections since 1990, particularly among younger gay men, is a cause for concern. In the past three years, more than 44% of new infections were in men who have sex with men, an increase of 7% over the late 1990s. Risky behaviours appear to be on the rise, which highlights the lack of investment in prevention programs targeted to gay men in recent years. It may also indicate a need for a greater understanding of the broader social and cultural factors that affect men who have sex with men, in order to support them in sustaining long-term healthy behaviours.

Members of the gay community have called for an approach to HIV prevention and treatment in the context of gay men's health, including psychosocial health. A National Reference Group on Gay Men's Health produced two reports in 2000: *Framing Gay Men's Health in a Population Health Discourse* and *Valuing Gay Men's Lives: Reinvigorating HIV prevention in the context of our health and wellness.* These reports continue to inform work on gay men and HIV/AIDS*.* The draft pan-Canadian Action Plan and the *Federal Initiative to Address HIV/AIDS in Canada* incorporate some of these approaches. Gay men are one of the priority populations for focus under the *Federal Initiative* and specific communications and social marketing campaigns will be targeted to them.

International health organizations have developed a new framework known as second generation HIV surveillance to focus surveillance resources on groups where HIV infection is most likely to be concentrated. Canada is implementing a second generation surveillance system for men who have sex with men which will track risk behaviours associated with HIV, viral hepatitis and sexually transmitted infections because recent evidence suggests that sexually transmitted infections are increasing in this population. This surveillance system results from a partnership of federal, provincial and territorial governments with community stakeholders and researchers.

Work done during 2004-2005

The Ministerial Council continued to monitor the issues of gay men and supported a renewed emphasis on HIV prevention and care for gay men.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.4 Sex workers

The issue

Sex workers are a population that is vulnerable to HIV transmission. Prevention, care, treatment and support programs for sex workers will be supported by the *Federal Initiative to Address HIV/AIDS in Canada*, largely through funding to community-based organizations. Current HIV/AIDS surveillance does not capture data about the sex trade, but some research has been funded by the Canadian Strategy on HIV/AIDS. During 2005 the federal government is reviewing Canada's solicitation laws, which could have implications for access to treatment by sex workers.

Work done during 2004-2005

The Ministerial Council kept a watching brief on issues involving sex workers.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.5 Injection drug use (policy)

The issue

Injection drug users are among the fastest growing populations of newly infected Canadians. Issues faced by Aboriginal peoples are of particular concern. 20% of people living with HIV/AIDS in Canada are injection drug users. There has been some progress in prevention—in 2002, 30% of new infections occurred among injection drug users, down from 34% in 1999—but this population remains vulnerable. The *Federal Initiative to Address HIV/AIDS in Canada* includes a communications and social marketing campaign for injection drug users. Injection drug use has legal as well as health aspects, which necessitates inter-departmental collaboration between the departments of Health, Justice and the Solicitor General.

Canada's Drug Strategy, which is linked to HIV issues, but not funded by the *Federal Initiative*, is coordinated by Health Canada. The Drug Strategy has the goal of reducing the harm done by alcohol and drugs to individuals, families and communities. Stakeholders are still debating whether the harm reduction aspects of the Drug Strategy are being given sufficient weight relative to the enforcement and control aspects. This is of special concern because drug policy has a significant impact on the spread of HIV and on access to care, treatment and support by people who use illicit drugs (including people living with HIV/AIDS).

During 2002 Health Canada issued guidelines for granting exemptions from the *Controlled Drugs and Substances Act* so that pilot supervised injection sites (often referred to as safer injection sites) could begin operating in jurisdictions that requested them with the goals of: reducing the risk of disease transmission and overdose; increasing access to health and social services; and reducing the community impact of public drug use. Vancouver opened a safer injection site in 2003. Some other cities have indicated an interest in having such sites. In addition, controlled trials of medically-prescribed heroin-assisted therapy have been designed and are moving through the review and approval process.

The Ministerial Council champions issues related to injection drug use and provides advice focused on inter-departmental collaboration, federal/provincial/territorial collaboration and congruence with Canada's Drug Strategy. The Council is linked to the Safer Injection Site Task Group through a member of Council who sits on the Task Group. The Ministerial Council has strongly urged the Minister of Health to strengthen the harm reduction aspects of the Drug Strategy, and to consult widely with stakeholders, including drug users. The Council has been influential in having drug use seen as a health, rather than a criminal, issue.

The research aspects of injection drug use are discussed in section 6.4.5.

Work done during 2004-2005

- In its World AIDS Day message, the Ministerial Council highlighted the progress made in providing safer injection sites and said it would continue to advise the Minister of Health to strengthen harm reduction efforts, including the introduction of needle exchange programs in prisons.
- The Ministerial Council had a special presentation at its June 2004 meeting on the safer injection sites project underway in Vancouver and on international experience with these sites. Preliminary findings from the project indicate that the site is being used, but not extensively by those who may prefer to inject at home for fear of police intimidation or arrest, nor by those who live on the street. The evidence suggests that federal guidelines should be modified to allow for sharing of drugs, assisted injections and safe smoking rooms.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister of Health.

6.2.6 HIV testing

The issue

At the end of 2002, an estimated 56,000 people in Canada were living with HIV and an estimated 30% of these (17,000 people) have not been tested and are therefore unaware of their infection and unable to access treatment, support and prevention services. HIV testing has several dimensions: health, legal, ethical, technical and economic. The advent of rapid, low-cost testing can make HIV testing more accessible both in Canada and in developing countries, which can lead to more effective prevention, care, treatment and support programs. At the same time, rapid low-cost tests, particularly those that are self-administered, reduce the possibility that persons being tested will receive adequate support, counselling and referral. Some rapid tests have had to be withdrawn from the market because of unreliability and new ones have replaced them.

Ethical issues involving testing include: whether to request information on ethnocultural origin when testing and whether and how to report this information as part of HIV/AIDS surveillance in ways that do not lead to increased stigma and discrimination; and whether those being tested are genuinely giving informed consent. The development of policies and programs involving HIV testing requires intra- and inter-departmental collaboration at the federal level, collaboration at the federal/provincial/territorial level and partnership with a variety of stakeholders. HIV testing is also discussed in this report in sections 6.1.2 (Citizenship and Immigration Canada), 6.2.1 (Populations from countries where HIV is endemic), 6.2.2 (Women and HIV/AIDS) and 6.4.7 (Epidemiological surveillance).

Work done during 2004-2005

- In its World AIDS Day message, the Ministerial Council noted that treatment efforts are increasing in developing countries and encouraged Canada to resist calls for HIV testing that do not fully respect human rights, including mandatory HIV testing of pregnant women without their informed consent.
- The Ministerial Council wrote to the Minister of Health, requesting that he work with the Canadian Medical Association (CMA) to reverse the CMA's decision to support routine testing of all pregnant women without explicit consent (see section 6.2.6 for a fuller discussion of this issue).

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.7 Medical use of marihuana (policy)

The issue

Marihuana has been recognized as a useful therapy for some persons living with HIV/AIDS. Following a series of court decisions that declared unconstitutional the denial of access to marihuana for medical purposes and required the government to provide a lawful source of seed and dried marihuana, Health Canada began granting exemptions in 1999 for medical marihuana use. In doing so, Canada became the first government in the world to provide medical marihuana. The Ministerial Council played a role in reshaping this as a medical, rather than a legal, issue. In 2000, Health Canada began to develop new regulations and interim policies and entered into a contract with a Saskatoon company to produce marihuana for research purposes (and by 2003 for distribution purposes to patients). In 2003 Health Canada announced the amendment of the Marihuana Medical Access Regulations to provide for reasonable access to a legal source of marihuana for medical purposes. The amended regulations reduce barriers to access. Several hundred people in Canada are authorized to possess marihuana for medical purposes and close to 500 persons are authorized to cultivate or produce marihuana. Health Canada established a Stakeholder Advisory Committee on Marihuana for Medical Purposes and has held a stakeholder consultation.

People living with HIV/AIDS who choose to use marihuana as part of their therapy still have difficulty accessing the program because physicians are reluctant to prescribe it. Under present regulations, the need for medical marihuana must be attested by a physician and only specialists may prescribe marihuana, whereas the majority of HIV-positive patients are cared for by primary care physicians rather than specialists. Professional medical bodies have advised physicians not to put themselves at risk of prosecution by prescribing marihuana. Health Canada provides a research literature summary for health care professionals on the medical use of marihuana so that they may become better informed. The research aspects of the medical use of marihuana are discussed in section 6.4.6 of this report. Further details of Health Canada's medical marihuana programs can be found at: www.hc-sc.gc.ca/hecs-sesc/ocma.

Work done during 2004-2005

- The Ministerial Council studied the position of the Canadian Medical Association on prescribing medical marihuana.
- The Ministerial Council monitored information provided to it by Health Canada's Office of Cannabis Medical Access.
- The Ministerial Council requested an update from the Stakeholders Advisory Committee with respect to the latest development on this issue.
- The Ministerial Council received a progress report from the Canadian AIDS Society on its project *Cannabis as Therapy: Access and Regulation Issues for People living with HIV/AIDS.* The project's goals are to develop resources for the HIV/AIDS community regulatory and medical aspects of medical marihuana, to examine issues facing stakeholders and to make recommendations to address those concerns.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.8 Co-infections (policy)

The issue

Many persons who are vulnerable to HIV infection or living with HIV/AIDS are also living with other infections or diseases such as tuberculosis, Hepatitis C, syphilis and a variety of other sexually transmitted infections, and the co-morbidities of addictions or mental illness. Prevention, care, treatment and support programs must recognize the complex nature of living with more than one infection or medical condition. Persons living with a sexually transmitted infection may have an increased risk of HIV infection. Effective responses to co-infection require research, intra- and inter-governmental collaboration, and involvement by a variety of stakeholders. Some provincial governments have combined their HIV/AIDS and Hepatitis C programs.

The 2003 reorganization of Health Canada's Centre for Infectious Disease Prevention and Control was intended to provide greater opportunities for collaboration between staff working with HIV/AIDS and those working on Hepatitis C, tuberculosis and sexually transmitted infections. With the transfer of lead responsibility for HIV/AIDS to the Centre within the Public Health Agency of Canada, greater collaboration on co-infections is foreseen and an integrated infectious disease strategy is being discussed within the Agency. Stakeholders are concerned that approaches to co-infections under the *Federal Initiative to Address HIV/AIDS in Canada* may reduce the impact of HIV/AIDS programs or that funds may be taken from HIV/AIDS budgets to support work on other diseases. Community-based HIV/AIDS service organizations report pressure from funders to devote their scarce resources to Hepatitis C. Some national stakeholder organizations active in HIV/AIDS issues are forming partnerships with other organizations on co-infection issues. These are of particular concern for gay men, injection drug users and prison inmates.

Work done during 2004-2005

- The Ministerial Council wrote to the Minister of State (Public Health) stressing the need to include HIV-Hepatitis C co-infections in planning the new Public Health Agency of Canada.
- Through its links to the Federal/Provincial/Territorial Committee on HIV/AIDS, the Ministerial Council remained informed about provincial and territorial approaches to co-infection, particularly HIV-Hepatitis C co-infection and liver transplants.
- The Ministerial Council discussed approaches to co-infections with officials of the Public Health Agency of Canada, encouraging effective ways of approaching co-infections while maintaining the strength and integrity of HIV/AIDS initiatives.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.9 Youth

The issue

Canadian youth are at risk of HIV transmission. A study by the Council of Ministers of Education in 2003 revealed that: students in Grades 7, 9 and 11 across Canada had lower levels of sexual knowledge than those surveyed five years earlier; two-thirds of Grade 7 students and half of Grade 9 students believed there was a cure for HIV/AIDS; fear of harmful outcomes had only a slight impact on decisions to become sexually active; and students are familiar with condom use but use them less than half the times they have intercourse.

A national community-based social marketing campaign to reduce stigma and discrimination facing persons living with or at risk of HIV/AIDS transmission focused in 2004 on youth and women. The campaign challenged the perceptions of youth about who can be infected with HIV.

The Centre for Infectious Disease Prevention and Control of the Public Health Agency of Canada is partnering with other federal departments and public health organizations in a national surveillance system that is tracking rates of sexually transmitted infections, blood-borne pathogens and associated risk behaviours among Canadian street youth aged 15-24. The results of this surveillance will support the development of more effective programs and services to help prevent the spread of infectious diseases, including HIV/AIDS among street youth.

Work done during 2004-2005

- The Ministerial Council wrote to the Minister of Health stating the need for better education in the schools on sexual health and sexually transmitted infections and suggesting that a meeting be held of officials from provincial and territorial ministries of health and education and that the Minister could play a catalytic role on this issue.
- The Ministerial Council wrote to the Federal/Provincial/Territorial Committee on HIV/AIDS (FPT-AIDS) suggesting that FPT-AIDS could play a useful role in promoting the need for better education in the schools on sexual health and sexually transmitted diseases and suggesting that FPT-AIDS promote a meeting of officials from provincial and territorial ministries of health and education.
- The Ministerial Council recommended to the Public Health Agency of Canada that youth be explicitly recognized in the Action Plan and the *Federal Initiative.*
- The Ministerial Council continued to monitor issues related to youth.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.2.10 Aboriginal peoples and HIV/AIDS

The issue

The HIV epidemic is growing among Aboriginal peoples (First Nations, Inuit and Métis). An estimated 3000-4000 Aboriginal people in Canada were living with HIV at the end of 2002, accounting for 5-8% of the national total. Aboriginal peoples now account for 6-12% of new infections even though they constitute only 3% of Canada's population. These figures may understate the problem because most jurisdictions do not collect information on the ethnicity of persons diagnosed with HIV; in addition, these figures are based primarily on information collected among First Nations peoples and do not include Métis, Inuit or First Nations peoples living off-reserve.

Lead responsibility for providing health services to on-reserve First Nations and some Inuit communities rests with the First Nations and Inuit Health Branch of Health Canada. Under the *Federal Initiative to Address HIV/AIDS in Canada,* $5.5 million will be allocated annually to programs for Aboriginal communities by 2008-2009. In addition, there are dedicated funds for an Aboriginal research program. The Public Health Agency of Canada is currently conducting a review of the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund provided by the *Federal Initiative* to ensure that the Fund remains responsive to the changing nature of the HIV/AIDS epidemic in Aboriginal communities.

The First Nations and Inuit Health Branch (FNIHB) of Health Canada spends additional funds on HIV programs for Inuit and on-reserve First Nations peoples. FNIHB participates in the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS in order to facilitate inter-governmental collaboration.

The draft pan-Canadian Action Plan and the *Federal Initiative* designate Aboriginal peoples as a priority population. The *Federal Initiative* will fund a communications and social marketing campaign developed by and for Aboriginal peoples.

In October 2003 an Aboriginal Strategy on HIV/AIDS was developed in partnership between the national Aboriginal stakeholder organizations and Health Canada following an extensive consultation. The Aboriginal Strategy, *Strengthening Ties – Strengthening Communities,* offers a vision for First Nations, Inuit and Métis peoples to respond to HIV/AIDS. The Aboriginal Strategy identifies nine strategic areas of activity: coordination and technical support; community development, capacity building and training; prevention and education; sustainability, partnerships and collaboration; legal, ethical and human rights; engaging Aboriginal groups with specific needs; supporting broadly-based harm reduction approaches; holistic care, treatment and support; and research and evaluation.

The National Aboriginal Council on HIV/AIDS (NACHA) has primary responsibility for advising Health Canada, the Public Health Agency of Canada and other stakeholders on the HIV/AIDS-related needs of Aboriginal peoples in Canada. NACHA is composed of four caucuses: First Nations, Inuit, Métis and Community. NACHA was involved in the renewal process that resulted in the draft pan-Canadian Action Plan and the *Federal Initiative to Address HIV/AIDS in Canada*, as well as the transfer of the Aboriginal Community-Based Research Program from Health Canada to the Canadian Institutes of Health Research. Further information on the National Aboriginal Council on HIV/AIDS can be found at: www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/aboriginal/communique.

December 1 is Aboriginal AIDS Awareness Day in Canada and the week before December 1 is national Aboriginal AIDS Awareness Week.

The Ministerial Council remains aware of Aboriginal issues and works through its links to the National Aboriginal Council on HIV/AIDS. Following each meeting of the Ministerial Council a summary of the issues discussed is sent to NACHA. NACHA plans to send the Ministerial Council a summary of the advice it provides to the Public Health Agency of Canada and Health Canada. Priority issues for NACHA include: medications on the First Nations and Inuit Health Branch formulary; the inclusion of Métis under Non-Insured Benefits (those not covered by provincial/territorial health services); prevention in Inuit communities; harm reduction approaches; and the need for operational funding for Aboriginal HIV/AIDS service organizations.

Work done during 2004-2005

- In its World AIDS Day message, the Ministerial Council said that it continues to strengthen its working relationship with the National Aboriginal Council on HIV/AIDS to ensure that the Government of Canada upholds its commitments to issues affecting First Nations, Inuit and Métis populations.
- The Ministerial Council developed mini-reports following each Council meeting to keep the National Aboriginal Council on HIV/AIDS informed of Ministerial Council activities. The Ministerial Council invited NACHA to suggest ways in which the two councils could continue to work together.
- The Ministerial Council kept informed on Aboriginal issues and of the work of the First Nations and Inuit Health Branch of Health Canada with respect to HIV/AIDS.
- As part of its involvement in the transfer of the Community-Based Research Program from Health Canada to the Canadian Institutes of Health Research, the Ministerial Council participated in some discussions about the transfer of the Aboriginal Community-Based Research stream. For more details about community-based research, see section 6.4.2.

Future activities

The Ministerial Council will continue to support Aboriginal issues through its working relationship with the National Aboriginal Council on HIV/AIDS.

6.3 Effective and responsive structures and strategies to fight the epidemic, including adequately resourced initiatives

Overview

In 2004 the Government of Canada announced a step-wise doubling of funding for HIV/AIDS from the level of $42.2 million in 2003-2004 under the *Canadian Strategy on HIV/AIDS* to a level of $84.4 million by fiscal year 2008-2009 under the new *Federal Initiative to Address HIV/AIDS in Canada*. Some of this funding will support the development of pan-Canadian collaborative approaches under the Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010,* which will involve all stakeholders and levels of government. The draft Action Plan resulted from extensive consultation and partnership by all stakeholders while the *Federal Initiative* is the Government of Canada's framework for the federal component of the Action Plan. See sections 2.0 and 6.3.1 for further details.

6.3.1 Pan-Canadian Action Plan and the Federal Initiative

The issue

During 2003-2004, all stakeholders engaged in intensive work on a renewed framework for the Canadian Strategy on HIV/AIDS, which had been in place since 1998. A Five-Year Review of the Strategy, completed in 2003, documented lessons learned, identified gaps and recommend directions for the next five years. The Review called for increased funding from the present annual level of $42.2 million to a level of $85 million or $106 million, representing enhanced levels of commitment to managing or getting ahead of the epidemic.

In a parallel initiative, a draft Action Plan, developed in 2003 by partners in the Strategy following a consultation across Canada, will finalized in 2005. The draft Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010,* is the culmination of several years of development work on renewed directions for the Strategy by all stakeholders, including provincial governments. The draft Action Plan incorporates a social justice, human rights and determinants of health framework. Its vision statement is: *By 2010, the end of the HIV/AIDS epidemic is in sight.* The goals of the draft Action Plan are:

- Reduce the social inequities, stigma and discrimination that threaten people's health and well-being

- Prevent HIV transmission
- Provide timely, safe and effective care, treatment and support for all persons living with HIV/AIDS
- Contribute to global efforts to fight the epidemic and find a cure.

The six strategic actions of the draft Action Plan are:

- Increase awareness of the impact of HIV/AIDS and increase the commitment to sustained funding for HIV/AIDS programs and services
- Address the social factors and inequities driving the epidemic
- Increase prevention efforts
- Strengthen care, treatment and support
- Provide leadership in global efforts
- Enhance the front-line capacity to act early and stay the course.

The draft Action Plan is available at: www.phac-aspc.gc.ca/aids-sida/hiv_aids.

During 2003, the House of Commons Standing Committee on Health delivered a report on its review of the Canadian Strategy on HIV/AIDS. The report called for increased funding for the Strategy at an annual level of $100 million with targeted funding for initiatives involving inmates, Aboriginal peoples, and vaccine development. The report also called for a stronger coordination role for Health Canada as the lead federal department, targeted prevention activities for youth, Aboriginal peoples and those affected by stigma and discrimination, and harm reduction strategies for inmates.

The Government of Canada responded to these initiatives by defining a renewed federal role in the context of the draft pan-Canadian Action Plan. The new framework to the year 2010, *The Federal Initiative to Address HIV/AIDS in Canada,* builds on the achievements of the Canadian Strategy on HIV/AIDS and incorporates a social justice, human rights and determinants of health approach. The *Federal Initiative* emphasizes an integrated response by the federal government. Federal partners in the *Initiative* are the Public Health Agency of Canada, Health Canada, Correctional Service Canada and the Canadian Institutes of Health Research. Other federal departments and agencies have involvement in HIV/AIDS issues either on specific issues or as part of an integrated determinants of health approach to HIV/AIDS and will be invited to join the *Federal Initiative.* In order to foster integration of federal approaches, the *Federal Initiative* includes the creation of a committee of Assistant Deputy Ministers of concerned departments and a Responsibility Centre Committee.

The goals of the *Federal Initiative* are:

- Prevent the acquisition and transmission of new infections
- Slow the progression of the disease and improve quality of life
- Reduce the social and economic impact of HIV/AIDS
- Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.

The policy directions of the *Federal Initiative* are: partnership and engagement; integration; and accountability. The five priority action areas of the *Federal Initiative* with their funding allocations by 2008-2009 are:

- Program and policy interventions ($35.4 million)
- Knowledge development ($31.9 million)
- Coordination, planning, evaluation and reporting ($10.2 million)
- Communications and social marketing ($4.7 million)
- Global engagement ($2.2 million).

The *Federal Initiative* targets the priority populations of gay men, Aboriginal peoples, injection drug users, prison inmates, youth, women, persons from countries where HIV is endemic and persons living with HIV/AIDS.

Lead responsibility for HIV/AIDS rests with the new Public Health Agency of Canada. Funding for the *Federal Initiative* will increase from $42.2 million in fiscal year 2003-2004 to $84.4 million in fiscal year

2008-2009. Funding during the present fiscal year (2004-2005) is $47.2 million. Other federal departments and agencies such as the Canadian International Development Agency contribute funding to HIV/AIDS programs in addition to the funds allocated to the *Federal Initiative.*

The Ministerial Council participated actively in all phases of the development of the pan-Canadian Action Plan and gave advice on the development of the *Federal Initiative.*

Work done during 2004-2005

- The Ministerial Council provided policy advice on all aspects of the Action Plan and the *Federal Initiative* and sent several representatives to key meetings*.*
- At its January 2005 meeting, the Ministerial Council had a special presentation about the draft Action Plan from officials of the Public Health Agency of Canada. The Council provided advice on clarifying the Action Plan and ensuring that it was consistent with the values that the previous Strategy had espoused. The Ministerial Council then wrote to the Public Health Agency of Canada stating:
    - reservations about the realism of the draft Action Plan and *Federal Initiative* goal of "preventing" transmission of infection. The Council advised that this could lead to failure and suggested that "reducing" transmission might be more realistic and achievable.
    - the need to publicly present the *Federal Initiative* in the context of the Action Plan
    - the need for federal leadership in championing the Action Plan
    - the need for obtaining community support for the Action Plan across Canada; the Council suggested using a train-the-trainer model
    - the need to present the Action Plan to stakeholders in a variety of ways based on the specific issues and needs confronting each population
    - the need to explicitly recognize women and youth in the Action Plan and the *Federal Initiative.*

  The Ministerial Council agreed to consider using the Action Plan as a key input to the Council in fulfilling its mandate.
- The Ministerial Council advised the Minister and federal officials on the development and launch of the Action Plan. The Council held a special meeting on the draft Action Plan in February 2005 and provided extensive feedback to the Public Health Agency of Canada, focusing on strengthening and clarifying the Action Plan. At the invitation of the Public Agency of Canada, the Ministerial Council discussed opportunities and strategies for championing the Action Plan.
- The Ministerial Council advised the Minister of Health that more extensive multi-stakeholder consultation should be held before the *Federal Initiative* was finalized.
- The Ministerial Council had a special presentation at its January 2005 meeting about the *Federal Initiative* from officials of the Public Health Agency of Canada. The officials invited the Council to provide advice on inter-governmental and inter-departmental alignment of approaches, program review, review of coordinating and advisory bodies, and population-specific approaches. As a follow-up to this discussion, the Ministerial Council wrote to the Public Health Agency of Canada:
    - asking whether the Public Health Agency of Canada (PHAC) would receive funding under the *Federal Initiative* as a discrete envelope of HIV/AIDS funds
    - asking whether the Canadian Institutes of Health Research (CIHR) would receive funding directly or indirectly under the *Federal Initiative* and whether a Memorandum of Understanding would be signed between CIHR and PHAC and who would have input into this process
    - expressing support for the accountability framework of the *Federal Initiative* and the associated committees
    - expressing reservations about the realism of the draft Action Plan and *Federal Initiative* goal of "preventing" transmission of infection. The Council advised that this could lead to failure and suggested that "reducing" transmission might be more realistic and achievable.
    - stressing the need to: publicly present the *Federal Initiative* in the context of the Action Plan ensuring that appropriate links are made between the two; show leadership in championing both the Action Plan and *Federal Initiative;* and obtain community buy-in

for the Action Plan and the *Federal Initiative*; the Council suggested using a train-the-trainer model
    - stressing the need to ensure that the *Federal Initiative* addresses HIV/AIDS on a prevention-care-treatment-support continuum
    - recommending that women and youth be explicitly mentioned in both the *Federal Initiative* and the Action Plan
    - stressing the need to ensure that funding reaches groups that are doing excellent work but who may not be skilled in the application process for funding. The Council expressed the hope that this would be taken into account in review processes.
    - highlighting the need to ensure protection of HIV/AIDS funding resources in any program integration with Hepatitis C initiatives. The Council expressed strongly that HIV/AIDS must continue to receive discrete funding.
    - stating the Ministerial Council's desire to provide advice on the Government of Canada approach to HIV/AIDS (inter-departmental and inter-governmental), program review, coordinating and advisory bodies review, and population-specific approaches.
- Following its meeting with the Minister of Health, the Ministerial Council offered to assist the new inter-departmental Assistant Deputy Minister Committee envisaged in the *Federal Initiative* and requested the Minister to keep the Council informed about further developments on the work of this committee.
- The Ministerial Council studied materials developed for the communications and social marketing initiatives funded by the *Federal Initiative*.

Future activities

The Ministerial Council will continue to be involved in the process of advising the Minister and public officials on the Action Plan and the *Federal Initiative*.

6.3.2 Social justice framework and the determinants of health

The issue

A social justice framework for dealing with HIV/AIDS addresses the social, economic and political factors that worsen the epidemic, such as gender-based inequalities, racism, poverty, discrimination, lack of affordable housing, social conditions and legal and government policy. It looks at the range of social determinants and their impact on health and recognizes that protecting, promoting and fulfilling human rights are fundamental to realizing social justice. The development of a social justice framework based on human rights concepts and principles, and linked to the determinants of health, builds on the work of HIV/AIDS pioneer Jonathan Mann. Support for this approach also derives from international human rights law and the positions that form part of the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, to which Canada is a signatory (see section 6.5.2). In his preface to the *Federal Initiative to Address HIV/AIDS in Canada,* the Chief Public Health Officer underlined that the *Federal Initiative* will continue to build on population-based and health determinants approaches to HIV/AIDS so that the root causes of the epidemic can be addressed and overcome.

Both the draft pan-Canadian Action Plan and the *Federal Initiative* are based on the framework of social justice, human rights and determinants of health. These frameworks evolved from decades of experience in responding to HIV/AIDS and were strongly promoted by all stakeholders involved in the process of renewing Canada's response to HIV/AIDS. The commitment to a social justice framework necessitates the strong involvement of all stakeholders and the collaboration of a wide range of government and community partners.

Work done during 2004-2005

- In its World AIDS Day message, the Ministerial Council stated that vulnerable populations, including women, gay men and youth, need additional attention and that all approaches must be addressed from a social justice perspective.
- The Ministerial Council worked actively with the Public Health Agency of Canada, Health Canada and stakeholders on the development of the social justice framework for the Action Plan and *Federal Initiative*.
- In its meeting with the Minister of State (Public Health), the Ministerial Council raised the need for approaches to HIV/AIDS to be guided by a determinants of health and social justice approach rather than the traditional public health approach as lead responsibility for HIV/AIDS was transferred to the new Public Health Agency of Canada. The Minister expressed support for a social justice framework.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.3.3 Federal Initiative funding adequacy

The issue

In May 2004 the Government of Canada announced that funding for HIV/AIDS would be doubled from the level of $42.2 million under the Canadian Strategy on HIV/AIDS to $84.4 million by fiscal year 2008-2009 under the *Federal Initiative to Address HIV/AIDS in Canada*. The funding level will be increased by increments each year until 2008-2009. For fiscal year 2004-2005, the funding level is $47.2 million, with the additional $5 million being targeted to community-based organizations serving specific vulnerable populations. The Ministerial Council played an important role in securing increased funding for HIV/AIDS.

The planned federal funding for HIV/AIDS under the *Federal Initiative* is:

- 2003-2004: $42.2 million
- 2004-2005: $47.2 million
- 2005-2006: $55.2 million
- 2006-2007: $63.2 million
- 2007-2008: $71.2 million
- 2008-2009: $84.4 million.

Work done during 2004-2005

- The Ministerial Council expressed its concern to federal officials about the apparent slowness in disbursing the additional $5 million to community-based organizations during the present fiscal year.
- The Ministerial Council met with the Minister of Health and raised the issue of releasing the $5 million in additional funding for 2004-2005. The funds were released and the Council thanked the Minister for his action on this.
- In its World AIDS Day message, the Ministerial Council applauded the increased funding for HIV/AIDS but stated that it would like to see an accelerated disbursement of the new funds.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.3.4 Federal Initiative resource allocation

The issue

Funding for the *Federal Initiative to Address HIV/AIDS in Canada* is allocated to specific action areas: By 2008-2009, the allocations of the total $84.4 million will be:

- $35.4 million Program and policy interventions
- $31.9 million Knowledge development
- $10.2 million Coordination, planning, evaluation and reporting
- $4.7 million Communications and social marketing
- $2.2 million Global engagement.

The four Government of Canada partners in the *Federal Initiative* will receive the following share of the total $84.4 million by 2008-2009:

- Public Health Agency of Canada $51.9 million
- Health Canada $5.7 million
- Canadian Institutes of Health Research $22.6 million
- Correctional Service Canada $4.2 million.

Several other federal departments and agencies, such as the Canadian International Development Agency, contribute additional funds from their own budgets to support their involvement in HIV/AIDS.

An annual accountability report is released by the Minister of Health and the Minister of State (Public Health) on World AIDS Day, December 1. The 2004 report, *Strategic Approaches: Renewing the Response,* is available at: www.phac-aspc.gc.ca/aids-sida/hiv_aids/report04.

Work done during 2004-2005

- The Ministerial Council wrote to the Minister of Health with respect to the allocations foreseen under the new draft Action Plan and *Federal Initiative.* At the time, the strategic areas of the new approaches had not been fully defined and the Council recommended that the strategic areas of the Canadian Strategy on HIV/AIDS remain in effect until a broad multi-stakeholder consultation could be held to address the allocation of the new funding.
- The Council discussed allocations on an ongoing basis with officials of the Public Health Agency of Canada in order to remain informed and offer advice.

Future activities

The Ministerial Council will continue to monitor allocations and provide advice to the Minister and to the Public Health Agency of Canada.

6.3.5 Health care reform

The issue

The Commission on the Future of Health Care in Canada (the Romanow Commission) released its report in late 2002. The Romanow report included recommendations for Canadian home care and pharmacare programs. Following the release of the Romanow report, the First Ministers' Accord on Health Care Renewal was reached in February 2003. The Accord focused on primary health care, home care, catastrophic drug coverage, access to diagnostic/medical equipment and information technology, and electronic health records. The First Ministers met again in 2004 and announced a 10-year plan to strengthen health care, focusing on increased funding to the provinces and territories, wait times, health human resources, community-based services including home care, a pharmaceuticals strategy and effective health promotion and disease prevention. Aboriginal health was specifically addressed in a separate communiqué. The proposed pharmaceuticals strategy is of particular interest to those living with HIV/AIDS (see section 6.3.6). The components of the 10-year plan are under discussion at the federal/provincial/territorial level.

At issue in the debate about health care reform is the future of public health care in Canada, and specifically the *Canada Health Act*. The public health system is a vital support for all Canadians, and particularly for vulnerable populations and people living with HIV/AIDS.

In September 2004 the Government of Canada launched the new Public Health Agency of Canada to address public health issues. The Agency is now the lead federal responsibility centre for HIV/AIDS.

Work done during 2004-2005

The Ministerial Council remained informed about health care reform and in particular about efforts by the Canadian Treatment Action Council to hold consultations and develop recommendations on a national pharmacare program.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.3.6 Access to treatments

The issue

The emergence of highly active antiretroviral treatments in the late 1990s has prolonged and improved quality of life for many persons living with HIV/AIDS, but difficulties in accessing treatments, treatment failures, toxic side effects and drug resistance have become more common. Health Canada is responsible for the approval of new drugs and the post-approval surveillance of drugs. The HIV/AIDS community has consistently pressed for a more efficient review and approval process, and for more extensive post-approval surveillance of drugs. The Common Drug Review Process was established in 2002 by federal/provincial/territorial ministers of health (except Quebec) to harmonize drug review and formularies (list of drugs reimbursable under the public health plan). This process is being coordinated by the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) and is still in development. During 2003-2004, national stakeholders sought consumer representation on the committees and board of the CCOHTA and were refused. Stakeholder concerns centered on: timeliness of access to new drugs; accountability; an objective and informed process; an appeal process; the use of best clinical data; and the inclusion of relevant stakeholders in the Common Drug Review process. These are still active concerns.

Stakeholders have consistently raised the need for post-approval surveillance of drugs in order to track side effects. Advocates for women have asked for more clinical trials for women and better post-approval surveillance involving women because most clinical trial participants are men and the effect of drugs can differ significantly between men and women.

A new issue has emerged more recently with the advent of internet pharmacies in Canada selling cheaper Canadian drugs to customers in the United States where prices are commonly at least 30% higher for the same drugs. There are concerns that shortages of drugs may result in Canada and that the major pharmaceutical firms will withhold supplies from Canada in an effort to halt cross-border sales of drugs. The situation is complicated by the selective enforcement by the United States Food and Drug Administration of the US law prohibiting importation of most of the drugs being supplied by internet pharmacies.

The Patented Medicine Prices Review Board (PMPRB) protects patents for 20 years and sets drug prices in Canada but its reviews do not apply to generic drugs manufactured in Canada (those no longer under patent protection). Most cross-border sales to the United States involve newer drugs rather than generics. Canada has provisions to allow for distribution of patent-protected drugs at lower prices in case of emergency such as drug shortages. Some Canadian physicians are signing prescriptions for American patients they have never seen, which raises questions of medical ethics, patient safety and professional disciplinary action.

Work done during 2004-2005

- The Ministerial Council monitored the Common Drug Review Process through its own review and through its links to FPT-AIDS and concerned national stakeholder organizations.
- The Ministerial Council discussed ongoing concerns with Health Canada about the Common Drug Review Process, focusing on the reality that the process appears to have lengthened, rather than shortened, the time taken to get drugs on provincial/territorial drug formularies because there are now two review processes: drugs go through the national process and most provinces and territories have maintained their own review process. Advocates estimate that it now takes 26 weeks longer for approval than in the past. This has caused problems with access to urgently needed new drugs.
- The Ministerial Council wrote to the Minister of Health about the lack of citizen engagement in the Common Drug Review Process.
- The Ministerial Council wrote to the Minister of Health affirming the need to achieve equal and timely access to new HIV drugs across Canada. The Council asked the Minister to raise this issue with his provincial and territorial counterparts and to raise the possibility of having the issue discussed by the Council of Deputy Ministers of Health.
- The Ministerial Council wrote a letter to the Minister of Health concerning drug pricing. The letter:
  - recommended that generic drugs be added to the mandate of the Patented Medicine Prices Review Board
  - recommended against any action that would weaken Canada's system of price regulation; the letter recommended that the Canadian government not allow pressure from pharmaceutical companies over internet pharmacies to be used as a pretext for weakening Canada's regulation of drug prices
  - noted that issues raised by internet pharmacy sales to the United States arise because of excessive prices and access difficulties in the United States and that these problems must be solved in the United States.
- The Ministerial Council studied disparities between provinces and territories with respect to HIV drugs currently on their formularies.
- In its meeting with the Minister of State (Public Health), the Ministerial Council raised the need for post-approval surveillance of drugs among women, particularly immigrant women who are often isolated.
- The Ministerial Council had a special presentation on Internet pharmacies at its June 2004 meeting from an official of International Trade Canada (ITC). The presentation focused on the regulatory situation in Canada and the United States and on the conflicting political pressures in the United States to legalize importation of drugs for personal use and to protect the interests of powerful pharmaceutical manufacturers. The ITC official agreed with the Council that further study of this issue is required.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4 All streams of HIV/AIDS-related research, including epidemiological, basic science, clinical science, psycho-social and community-based research

Overview

Research is a major component of the federal approach to HIV/AIDS, with close to 40% of the funding under the *Federal Initiative to Address HIV/AIDS in Canada* ($31.9 million per year by 2008-2009) dedicated to knowledge development. The Canadian Institutes of Health Research (CIHR) is the lead partner for research; CIHR will set priorities for and administer the *Federal Initiative*'s extramural research program in partnership with the Public Health Agency of Canada.

The focus of research under the *Federal Initiative* will be on: improving population-specific surveillance; epidemiological, socio-behavioural, ethnographic and community-based research; and clinical trials. Legal, ethical, human rights and other social justice research analysis will be conducted and new knowledge transfer opportunities will be established. Capacity building will focus on training the next generation of HIV/AIDS scientists and programs will be developed to enhance research on new prevention technologies such as vaccines and microbicides. Monitoring of strains of HIV and emerging drug resistance will be enhanced and a national research plan will be developed that includes all domains of research. In collaboration with global partners, technical and policy advice and training will be provided to developing countries.

Other federal programs support HIV/AIDS research, such as Genome Canada, which supports research into the role of genetics in immune-based diseases such as HIV/AIDS. Some laboratory research is done by the Public Health Agency of Canada. The Canadian Foundation for Innovation supports HIV/AIDS research infrastructures in universities and not-for-profit institutions across Canada.

As a signatory to the Declaration of Commitment of the United Nations Special Assembly Session on HIV/AIDS (see section 6.5.2), Canada is committed to increasing and accelerating research on HIV vaccines and increasing research to improve prevention, care, treatment, women-controlled methods of prevention, microbicides, and the means to prevent mother-to-child transmission.

In addition to the ongoing need for more research, an issue for all types of research is the transfer of research findings to those working on the front line.

6.4.1 Canadian Institutes of Health Research

The issue

The Canadian Institutes of Health Research (CIHR) is the lead agency for research under the *Federal Initiative to Address HIV/AIDS in Canada.* CIHR reports to Parliament through the Minister of Health. Under the *Federal Initiative to Address HIV/AIDS in Canada,* CIHR will receive $22.6 million annually by 2008-2009 which is close to two-thirds of the funding allocated to knowledge development by the *Federal Initiative.* Under a Memorandum of Understanding that expires in 2006, CIHR is committed to spending from its own budget an additional $3.5 million annually on HIV/AIDS-related research.

CIHR's Institute of Infection and Immunity and the Institute of Aboriginal People's Health have identified HIV/AIDS as priorities, although other CIHR Institutes may become engaged in aspects of HIV/AIDS research. CIHR funds biomedical and psychosocial research in HIV/AIDS and awards fellowships and training support in order to build HIV/AIDS research capacity. The Canadian HIV Trials Network (CTN) receives funding through CIHR under the *Federal Initiative* to support clinical trials, in addition to funds that CTN receives from the private and public sectors. CIHR also funds community-based research (see section 6.4.2). In 2003, CIHR established a new HIV/AIDS Research Advisory Committee whose role is to identify priorities for HIV/AIDS research. The Committee membership includes CIHR, Health Canada, the Ministerial Council on HIV/AIDS, HIV researchers and community organizations. The Advisory Committee is active in developing requests for proposals and advising on the allocation of funding.

The Ministerial Council monitors CIHR spending, allocations, review processes, transparency and efficiency in order to advise the Minister. The Council also provides its expertise to CIHR on emerging research issues. The Ministerial Council has been instrumental in advising the Minister on HIV/AIDS research, including the transfer of research responsibility from Health Canada to CIHR in 2003. The Council continues to play an active role in working with CIHR and the Public Health Agency of Canada on process and policy issues.

Work done during 2004-2005

- The Ministerial Council monitored CIHR activity related to HIV/AIDS research.
- The Ministerial Council has a representative on the CIHR HIV/AIDS Research Advisory Committee and dialogued with CIHR about the Council's concerns over:
    - the lack of regular Committee meetings
    - the lack of representation on the Committee of those doing community-based research

- the need to ensure that persons living with HIV/AIDS are represented on the Committee
- the need to develop terms of reference for the Committee
- lack of clarity about the funds available for HIV/AIDS research.

- The Ministerial Council had a special presentation from the President of CIHR, the Chair of the CIHR HIV/AIDS Research Advisory Committee and other CIHR officials at its January 2005 meeting. In its presentation to the Ministerial Council, CIHR reported that:
  - its estimated combined additional direct and indirect investment in HIV/AIDS research from its own budget was more than $16 million in fiscal year 2004-2005
  - it funds both strategic initiatives and investigator-driven research. The priority areas for HIV/AIDS research are: prevention interventions; new therapies; co-infections and co-morbidity; drug resistance, end-organ injury such as liver disease; paediatric pathogenesis; and research associated with vulnerable and at-risk populations.
  - health services and population health are two of the four pillars that guide CIHR's work; the others are clinical and biomedical research
  - it is working to make the Community-Based Research Program more effective
  - the CIHR HIV/AIDS Research Advisory Committee advises on research priorities through the Institute of Infection and Immunity; representation is being sought from persons living with HIV/AIDS and those with experience in community-based research.

  In its follow-up letters to the President of CIHR and other CIHR officials, the Ministerial Council raised a number of concerns about community-based research (see section 6.4.2) and recommended that CIHR increase its contribution from its own budget in proportion to the increase it will receive from the *Federal Initiative.* The Ministerial Council recommended that the CIHR HIV/AIDS Research Advisory Committee include representatives from the community and a person living with HIV/AIDS. The Council stated its concern that co-infection research should not draw entirely on HIV/AIDS funds and its desire to engage in ongoing dialogue with CIHR.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.2 Community-based research

The issue

The Federal Initiative to Address HIV/AIDS in Canada supports community-based research as part of its commitment to research. The budget for community-based research will be increased to $3.3 million per year by 2008-2009 from its 2003-2004 level of $1.8 million.

Community-based research is research driven by the community; it is undertaken by community-based researchers and organizations, sometimes in partnership with academic researchers and institutions. The primary focus of the community-based research program is to have the community define the research agenda, involve community organizations in research and transfer the knowledge obtained to the community. The Community-based Research Program under the *Federal Initiative* has two streams: general and Aboriginal. The Institute for Infection and Immunity and the Institute for Aboriginal People's Health of the Canadian Institutes of Health Research have lead responsibility for the general community-based and the Aboriginal community-based research streams respectively.

Both the general Community-Based Research stream and the Aboriginal Community-Based Research stream have a capacity-building component to enhance the ability of communities to engage in research, including fellowships and training grants. The general Community-Based Research stream provides funding for research technical assistants within four regional HIV/AIDS coalitions who work with non-Aboriginal community organizations in their regions to identify, plan and deliver initiatives that build capacity for community-based research. A similar service exists in the Aboriginal Community-Based Research stream. In 2004 the Community-Based Research Program was transferred from Health Canada to the Canadian Institutes of Health Research (CIHR).

As a result of lessons learned in previous years, the program will support organizations without strong financial and administrative capacity to enhance these capacities and will require that research and academic institutions demonstrate a clear understanding of the principles of community-based research.

The relocation of the Aboriginal Community-Based Research stream to CIHR resulted from consultation involving the National Aboriginal Council on HIV/AIDS (NACHA), Health Canada and CIHR. The Ministerial Council maintained communication with NACHA on this issue.

The Federal Initiative to Address HIV/AIDS in Canada provides support for the HIV Community-Based Research Network (www.hiv-cbr.net) which serves as a repository of community-based research models, tools, reports and information.

Community stakeholders have voiced concerns over the amount of paperwork required when applying for community-based research grants, as well as the lack of access to ethics review boards and liability insurance for community-based research projects. CIHR requires that all research proposal applications undergo an ethical review to ensure that they conform to CIHR policy for ethical research.

Work done during 2004-2005

- The Ministerial Council met with the Minister of State (Public Health) and stressed the need for community involvement in research. The Minister suggested holding a roundtable on the issue of ensuring that research is patient-and community-driven.
- The Ministerial Council monitored the transfer of community-based research to CIHR and engaged in dialogue about the process with CIHR and Health Canada. The Council had a particular concern about the lack of ethics review boards for researchers who are not affiliated with an institution that has an ethics review board.
- The Ministerial Council had a special presentation at its January 2005 meeting by the President and other officials of the Canadian Institutes of Health Research. With respect to community-based research, CIHR said that there has been a tripling of the number of applications over previous years, which may indicate that the community is comfortable in approaching CIHR. Various approaches to establishing ethical review boards for community-based research were discussed, with no firm recommendation emerging.

  In its follow-up letters to CIHR, the Ministerial Council highlighted the need to address the issue of ensuring that community-based researchers have access to ethics reviews. The Council also asked for confirmation of the increased budget for community-based research under the *Federal Initiative to Address HIV/AIDS in Canada.* The Council expressed its desire to continue the dialogue with CIHR and offered its assistance on research issues.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.3 Microbicides

The issue

The Federal Initiative to Address HIV/AIDS in Canada has designated microbicide development as one of its action areas for knowledge development. Microbicides are substances such as gels or creams that can substantially reduce the transmission of sexually transmitted infections when applied either in the vagina or rectum. Microbicides can be used by women whose partners are reluctant to use condoms. For this reason, microbicides are seen to be an important means of decreasing HIV transmission by empowering women to protect themselves against infection, particularly in developing countries. In situations where saying “No” to unsafe sex may not be an option, a prevention method under the control of women could save millions of lives.

There is increasing interest and investment in microbicide research and development although the pharmaceutical industry has been slow to become involved, aside from a few small biotech firms and not-for-profit researchers. Some promising university-based research is being done in Canada. International coalitions of stakeholders are advocating for public funding for the development of

microbicides. The Public Health Agency of Canada, the Canadian International Development Agency, the Canadian Institutes of Health Research and a number of stakeholder organizations are actively working to promote the development of microbicides. This year the Canadian International Development Agency made a $15 million contribution to the International Partnership for Microbicides.

Work done during 2004-2005

- In its World AIDS Day message, the Ministerial Council called on Canada to accelerate the development of microbicides in keeping with the World AIDS Day focus on young women and girls.
- The Ministerial Council studied developments in microbicide initiatives, including the possible establishment of a Canadian microbicide steering committee that would steer an action plan to be launched at the International AIDS Conference in Toronto in 2006. This builds on the momentum created by a microbicide symposium held in Canada in 2003.
- The Ministerial Council suggested to the Canadian Institutes of Health Research (CIHR) that it include information on microbicides research in its annual presentation to the Council. In his presentation to the Ministerial Council at its January 2005 meeting, the President of CIHR reported on progress in microbicide research in Canada, including clinical trials and the development of partnerships within Canada and internationally.
- The Ministerial Council wrote to the Minister of International Cooperation thanking her for her interest in microbicides and congratulating her on the $15 million contribution to the International Partnership for Microbicides made by the Canadian International Development Agency. The Council asked to be kept informed about how the funding would be spent and the outcomes of this investment; the Council offered its support on this issue.
- The Research Committee of the Ministerial Council studied the issue of microbicides and had a special presentation from the International Partnership on Microbicides at its March 2005 meeting.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.4 Vaccines

The issue

The hope for a cure for HIV/AIDS has been present since early in the epidemic. Research is ongoing to find both a curative and a preventive vaccine. A preventive vaccine is currently in clinical trials but results so far have not been promising. *The Federal Initiative to Address HIV/AIDS in Canada* has designated vaccine development as one of its action areas for knowledge development.

Canada is part of the international effort to develop vaccines. The Canadian International Development Agency supports HIV vaccine research through its commitment to the International AIDS Vaccine Initiative and the African AIDS Vaccine Programme; Canada is the largest government donor to the International AIDS Vaccine Initiative. The Canadian Institutes of Health Research have received a grant of US$17 million from the Bill and Melinda Gates Foundation to support HIV vaccine research. The Canadian research community has called for a greater federal investment in Canadian-based vaccine research.

The pharmaceutical industry has given little support to the development of a vaccine. The perception of most stakeholders is that this is because the industry is oriented toward drugs and treatment rather than prevention or cure. This results in the need for publicly-funded research in the absence of industry effort.

Work done during 2004-2005

- At its January 2005 meeting, the Ministerial Council had a special presentation from the President and other officials of the Canadian Institutes of Health Research (CIHR). The report included details of CIHR's support for the Canadian Network for Vaccines and

Immunotherapeutics and other vaccine projects, including the first Canadian-led clinical trial of a therapeutic HIV vaccine.
- The Ministerial Council maintained a watching brief on HIV vaccine issues.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.5 Injection drug use (research)

The issue

Injection drug users are among the fastest growing populations of newly infected Canadians. Research into injection drug use is needed in order to make prevention, care, treatment and support approaches more effective. Both biomedical (e.g. interaction of street drugs with HIV therapies or the existence of co-infections) and psychosocial research is needed using a determinants of health and social justice framework. A research project is currently underway in Vancouver involving a safer injection site.

A pilot study by Health Canada and other stakeholders began in several Canadian cities in late 2003 to establish a surveillance system tracking HIV and Hepatitis C-associated risk behaviour by injection drug users. The preliminary findings suggest that HIV prevalence rates among injection drug users remain high in Canada. This sentinel surveillance system will continue to yield data that can be used to increase the effectiveness of prevention efforts and policies at the provincial/territorial and national levels.

The policy aspects of injection drug use are discussed in section 6.2.5 of this report.

Work done during 2004-2005

- The Ministerial Council kept a watching brief on injection drug use research.
- The Ministerial Council had a special presentation at its June 2004 meeting on the safer injection site project in Vancouver (see section 6.2.5).

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.6 Medical use of marihuana (research)

The issue

Marihuana has been recognized as a useful therapy for some persons living with HIV/AIDS, although formal research data are scarce. There are few international clinical research studies on smoked marihuana. Canadian research initiatives include:

- Medical Marihuana Research Program (2001-2006) with $7.5 million funding over five years in partnership with the Canadian Institutes of Health Research (CIHR); this program supports research on safety, efficacy and pharmacokinetics
- Marihuana Open Label Safety Initiative in partnership with CIHR; this initiative supports research on dosages and the safety of the medical use of marihuana
- Community Research Initiative of Toronto: research into the effect of marihuana and appetite stimulation, safety and impact on HIV-related symptoms (ended in 2003)
- Contract Research Initiative funded by the federal government to support randomized control trials. Clinical trials to assess the medical effectiveness of marihuana are taking place with the support of Health Canada.

Research-grade marihuana is supplied by Health Canada through a contracted grower. The policy aspects of the medical use of marihuana are discussed in section 6.2.7 of this report.

Work done during 2004-2005

- The Ministerial Council kept a watching brief on this issue and monitored developments at Health Canada and the Canadian Institutes of Health Research to determine if progress was being made on a research strategy for medical marihuana.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.7 Epidemiological surveillance

The issue

Effective surveillance of the HIV/AIDS epidemic provides information that is essential for developing effective approaches to prevention, care, treatment and support; it provides essential information for getting ahead of the epidemic as emerging trends become apparent. Surveillance indicates that 56,000 Canadians were living with HIV at the end of 2002, of whom an estimated 17,000 are unaware of their HIV infection. The *Federal Initiative to Address HIV/AIDS in Canada* will provide $6.3 million annually for surveillance by 2008-2009; sentinel surveillance for vulnerable populations is a designated action area for knowledge development under the *Federal Initiative.* The Centre for Infectious Disease Prevention and Control of the Public Health Agency of Canada has the lead responsibility for HIV/AIDS surveillance. The Public Health Agency of Canada has a strong focus on surveillance and will be increasing the number of federal surveillance officers placed in provincial offices; some of this increased effort will be devoted to HIV/AIDS surveillance.

Surveillance involves extensive partnerships at the inter-governmental level. The Federal/Provincial/Territorial HIV/AIDS Working Group on Surveillance works to enhance the role of surveillance and targeted epidemiological studies. HIV/AIDS surveillance reports are available at: www.phac-aspc.gc.ca/publicat/aids-sida. In addition to the semi-annual reports *HIV and AIDS in Canada,* special reports have been released in the past year on the epidemic among Aboriginal peoples and among communities from countries where HIV is endemic.

The Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and other organizations have recently developed a “second generation HIV surveillance” framework that emphasizes the need for countries to centre their surveillance resources on populations where HIV infection is most likely to be concentrated. Canada has adopted this framework and is piloting several surveillance systems at sentinel centres across Canada to track infection transmission and risk behaviours for vulnerable populations: men who have sex with men; injection drug users; and street youth.

The continuing emergence of antiretroviral-resistant strains of HIV and the need to find new therapies to counteract resistance are ongoing issues. Canada is seen as a world leader in drug resistance surveillance. Health Canada monitors drug-resistant HIV through the Canadian HIV Strain and Resistance Surveillance Program.

Work done during 2004-2005

The Ministerial Council followed developments in surveillance and in the data produced in order to inform its work.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.4.8 Co-infections (research)

The issue

There is a need for research into co-infection because of the complexity of care, treatment and support involving HIV and other infections or diseases such as tuberculosis, Hepatitis C, syphilis and a variety of other sexually transmitted infections, and the co-morbidities of addictions or mental illness. At the end of 1999, more than 11,000 persons living with HIV/AIDS in Canada were also infected with Hepatitis C. Prevention is influenced by co-infections because those living with other conditions may be at increased risk for HIV infection. Epidemiological, clinical and biomedical research into HIV and Hepatitis C co-infection receives support from the Canadian Institutes of Health Research; CIHR has identified issues of co-infection and co-morbidity as a priority area for HIV/AIDS research. Stakeholders have expressed support for increased research on co-infections and have also stated that this research must not be supported solely by HIV/AIDS funding. The policy aspects of co-infections are discussed in section 6.2.8 of this report.

Work done during 2004-2005

- The Ministerial Council kept a watching brief on research and surveillance with respect to co-infections.
- At its January 2005 meeting, the Ministerial Council had a special presentation from the President and other officials of the Canadian Institutes of Health Research. CIHR reported on its support for HIV and co-infections research as a priority area. Most co-infection research to date has been social and behavioural research involving HIV/AIDS and Hepatitis C. In its follow-up letter to CIHR after the meeting, the Ministerial Council underlined its support for co-infection research and its concern that funding for this research not be drawn only from HIV/AIDS research budgets.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.5 Canada's international response to HIV/AIDS

Overview

HIV/AIDS is a global issue, with more than 40 million people infected worldwide and an infection rate of five million people a year. More than 95% of new infections are in developing countries. An estimated 20 million people worldwide have died of AIDS. The area of greatest HIV prevalence remains sub-Saharan Africa, where more than 25 million people are living with HIV/AIDS; the Caribbean has the world's second-highest HIV prevalence. The areas of steepest increase in HIV transmission are East Asia, Eastern Europe and Central Asia.

The draft pan-Canadian Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010,* has a strong component of Canadian leadership in global efforts to fight the HIV/AIDS epidemic and find a cure. *The Federal Initiative to Address HIV/AIDS in Canada* aims to improve the alignment of Canada's approaches with international goals and commitments. The global engagement action area of the *Federal Initiative* includes: provision of technical support and policy guidance on global issues; coordination of federal engagement in the 2006 International AIDS Conference in Toronto; in collaboration with global partners, provision of technical and policy advice and training in lab science, epidemiology and modelling; development of Government of Canada-wide strategic approach on global HIV/AIDS activities; and sharing of best practices among non-governmental organizations. The global engagement action area of the *Federal Initiative* will have an annual budget of $2.2 million by fiscal year 2008-2009.

The Canadian International Development Agency (CIDA), which does not receive funds under the *Federal Initiative,* spends more than $50 million a year on international HIV/AIDS programs. Health Canada coordinates the Consultative Group on Global HIV/AIDS Issues, a multi-sectoral group including government and community representation, which serves as a forum for consultation and discussion of Canada's international HIV/AIDS activities. The Ministerial Council is exploring the possibility of a formal link to the Consultative Group.

Canada has close ties with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and became Chair of the UNAIDS governing body in June 2004. Health Canada and UNAIDS have an agreement of cooperation for 2003-2006 which encourages collaboration on joint activities such as policy dialogues, conferences, dissemination of best practices and research, epidemiology and surveillance, and staff secondments.

In 2003-2004, the Ministerial Council developed a report at the request of the Minister of Foreign Affairs and International Trade. The report, *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS With a Particular Focus on Africa,* has been the subject of discussions between the Ministerial Council and Foreign Affairs Canada, International Trade Canada, Health Canada and the Canadian International Development Agency.

The Ministerial Council has discussed with the Minister of Health its willingness to broaden its mandate to include working with other departments to foster inter-departmental collaboration on Canada's international response. The Ministerial Council raised international issues in its meetings with the Minister of Health and the Minister of State (Public Health). The Ministerial Council has also told the Minister of Health that it would like to be included in HIV/AIDS-related visits of people from other countries. At its November 2004 meeting, the Ministerial Council devoted a full day to international issues and had several special presentations.

6.5.1 World AIDS Day

The issue

World AIDS Day, December 1, has been the annual global observance of HIV/AIDS since it was declared by the United Nations in 1988. The theme chosen by the United Nations for World AIDS Day 2004 was "Have you heard me today?" which sought to raise awareness of and help address the many issues that make women and girls particularly susceptible to HIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that young women and girls are 2.5 times more likely to be HIV-infected than their male counterparts.

The communications activities associated with World AIDS Day provide an opportunity to draw public attention to key areas where efforts need to be strengthened. On each World AIDS Day since 1997, Canada's Minister of Health has released an annual report on Canada's response to HIV/AIDS. The 2004 World AIDS Day report, *Strategic Approaches: Renewing the Response – Canada's Report on HIV/AIDS 2004,* is available at www.hc-sc.gc.ca/hppb/hiv_aids/report04. The report is an overview of Canada's domestic and international response to HIV/AIDS.

In Canada, the week preceding December 1 is HIV/AIDS Awareness Week and Aboriginal HIV/AIDS Awareness Week. December 1 is also Aboriginal AIDS Awareness Day.

Work done during 2004-2005

- The Ministerial Council contributed a message to the World AIDS Day annual report. The Council's message stressed the need to address issues facing women and girls, including the need for microbicides and equitable access to treatment. The Council praised the Canadian government's leadership in adopting legislation to enable the exporting of generic versions of patented medicines to countries in need.
- The Ministerial Council was represented on the Editorial Board of the World AIDS Day annual report. The Council reviewed the report and provided input to the Public Health Agency of Canada.

- The Ministerial Council advised the Minister of Health and the Minister of State (Public Health) on their messages for Canadian HIV/AIDS Awareness Week and World AIDS Day and on possible ministerial activities on World AIDS Day. The Council was pleased that both ministers participated in World AIDS Day events, as did the Minister of International Cooperation, and expressed their thanks to the ministers. The Ministerial Council expressed special thanks to the ministers for their articulation of HIV/AIDS issues and particularly the need to eliminate stigma and discrimination.

Future activities

The Ministerial Council will continue to advise the Minister and federal officials staff about the messages and activities planned for World AIDS Day and about the Annual Report released on that day. The Council will continue to participate on the Annual Report Editorial Board.

6.5.2 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) – follow-up

The issue

In June 2001, the United Nations held a General Assembly Special Session on HIV/AIDS (UNGASS). During the Session, a Declaration of Commitment was made to help set the direction for the global response to HIV/AIDS for the next decade. A global fund was also announced (see section 6.5.3 of this report). Canada has signed the Declaration of Commitment which requires governments to report annually on their implementation of the Declaration. In signing the Declaration, Canada committed itself to: secure more resources to fight HIV/AIDS; ensure that a wide range of prevention programs are available; ensure that young people have access to information, education and services to reduce their vulnerability to HIV/AIDS; reduce the rate of infection in young people; reduce the proportion of infants born with HIV; strengthen anti-discrimination and human rights protection for people living with HIV/AIDS and vulnerable groups; strengthen participatory programs to protect the health of those most affected by HIV/AIDS; empower women to reduce their vulnerability; and develop national strategies to strengthen health care systems and address access to HIV/AIDS drugs.

The draft pan-Canadian Action Plan, *Leading Together: Canada's HIV/AIDS Action Plan 2005-2010,* and *The Federal Initiative to Address HIV/AIDS in Canada* both incorporate the principles and goals of the UNGASS Declaration.

Canada's second national progress report on meeting the UNGASS commitments was submitted to the United Nations in 2003, when the first set of targets of the Declaration of Commitment became due. The report was developed in consultation with stakeholders and included submissions by Health Canada and the Canadian International Development Agency which were combined into a single report by the Department of Foreign Affairs and International Trade. The report outlined Canada's progress using indicators developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to measure outcomes. Health Canada is developing data collection mechanisms which reflect these indicators, in collaboration with a variety of stakeholders. Canada was not required to submit a progress report on the UNGASS commitments in 2004-2005. The 2003 report is available at: www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/monitoring/ungass.

In 2003, the Prime Minister and the Minister of Foreign Affairs and International Trade participated in the United Nations General Assembly High Level Meeting on HIV and AIDS, the first follow-up meeting to UNGASS. The Prime Minister stressed the need to combat stigma and discrimination with respect to HIV/AIDS.

As part of Canada's response to UNGASS, the International Affairs Directorate of Health Canada prepared a report in 2002 for distribution to the Canadian business community, *Enhancing Canadian Business Involvement in the Global Response to HIV/AIDS* (www.hc-sc.gc.ca/datapcb/iad/ih_hivbus-e.htm).The report makes the case for business involvement on the basis of corporate social responsibility and the economic devastation caused by HIV/AIDS.

Work done during 2004-2005

The Ministerial Council continued to use UNGASS Declaration commitments in its analysis of issues.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.5.3 Global Fund to Fight AIDS, Tuberculosis and Malaria

The issue

The Global Fund to Fight AIDS, Tuberculosis and Malaria was announced by the United Nations Secretary General in 2001, calling for contributions of US$7-10 billion per year. Canada announced a contribution of CDN$150 million over a four-year period to the Global Fund during the United Nations General Assembly Special Session on HIV/AIDS meeting in June 2001. Canada's contribution to the Global Fund is the responsibility of the Canadian International Development Agency (see section 6.5.4). In 2003 the House of Commons Subcommittee on Human Rights and International Development urged the government to triple its contribution to the Global Fund. Canada began a term on the board of the Global Fund in 2004 and announced that it would contribute an additional $70 million to the Global Fund in 2005.

The Ministerial Council has consistently advised the Minister that Canada's contribution to the Global Fund must be increased.

Work done during 2004-2005

- The Ministerial Council wrote to the Minister of International Cooperation to congratulate her on Canada's increased contribution to the Global Fund.
- The Ministerial Council remained informed of issues related to the Global Fund.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.5.4 CIDA HIV/AIDS programs

The issue

The Canadian International Development Agency (CIDA) is the primary federal department contributing to international HIV/AIDS programs, although CIDA is not a formal partner in the *Federal Initiative to Address HIV/AIDS in Canada*. CIDA reports to Parliament through the Minister for International Cooperation. CIDA's HIV/AIDS Action Plan was launched in 2000 and included a commitment to a five-year investment totalling $270 million for a variety of international programs. In addition, CIDA is contributing:

- $220 million over five years to the Global Fund to Fight AIDS, Tuberculosis and Malaria (see section 6.5.3)
- $100 million to the World Health Organization in support of the *3 by 5 Initiative* (this initiative seeks to provide antiretroviral drug treatments to three million people living with HIV/AIDS by the end of 2005)
- up to $100 million to support African-led initiatives to broaden treatment access
- $50 million to support HIV vaccine research
- $12 million to build capacity to respond to HIV in sub-Saharan Africa
- core funding to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other United Nations organizations engaged in HIV/AIDS initiatives
- bilateral funding for programs in numerous countries and regions of the world
- funding to Canadian organizations involved in international HIV/AIDS work.

CIDA is developing a renewed HIV/AIDS Action Plan. There is concern among Canadian stakeholders that CIDA programs need to be more closely integrated with the pan-Canadian Action Plan and the *Federal Initiative* and that greater collaboration between CIDA and other federal departments is needed to enhance Canada's international response to HIV/AIDS.

Work done during 2004-2005

- The Co-Chairs of the Ministerial Council met with the Deputy Executive Director of UNAIDS and discussed the need for Canada to play a leadership role in the World Health Organization's *3 by 5 Initiative*.
- The Ministerial Council had a special presentation from an official of the Canadian International Development Agency at its November 2004 meeting. In addition to describing the CIDA programs outlined above, the official stated that CIDA is examining gender issues in relation to the HIV/AIDS pandemic.
- The Ministerial Council wrote to the Minister of Health expressing its concerns about the lack of adequate communication with Canadian organizations during a CIDA-sponsored study tour of Canada by a South African group. The Council expressed its hope that there would be future opportunities for such study tours and that these tours would be more effectively organized.
- The Ministerial Council wrote to the Minister for International Cooperation congratulating her on the $15 million contribution by CIDA to the International Partnership for Microbicides.

Future activities

The Ministerial Council will continue to monitor CIDA's HIV/AIDS programs and advise the Minister of Health and other government officials as appropriate.

6.5.5 International trade

The issue

The World Trade Organization's agreements to which Canada is signatory affect Canada's ability to fulfil its promise to make HIV/AIDS medications available to developing countries. Following its public commitment to make affordable HIV/AIDS medication available to developing countries, the federal government passed legislation in 2004 (Bill C-9, the *Jean Chrétien Pledge to Africa Act*) that implemented a World Trade Organization decision that waived some provisions of the *Agreement on Trade-Related Aspects of Intellection Property Rights* to allow compulsory licensing of pharmaceutical inventions patented in Canada for the purpose of making generic products for export to countries with no or insufficient pharmaceutical manufacturing capacity of their own. Canada became the first country in the world to do this.

Work done during 2004-2005

- The Ministerial Council had a special presentation on international affairs at its November 2004 meeting, including presentations from officials of International Trade Canada. The presentations focused on Canada's trade policy and its positions on the *General Agreement on Trade in Services* (GATS) and its relations with the World Trade Organization. The Ministerial Council expressed its concern that Canada's public health system might be subject to GATS regulations. The presenter clarified that public health is not subject to GATS, but that health insurance is. With respect to intellectual property agreements, the ability of countries to export generic drugs is limited because of drug patents.

  Following this discussion, the Ministerial Council requested its International Affairs Committee to provide Council members with material on GATS so that they could study the possible impact of GATS on Canada's health care system.
- In its meeting with the Minister of Health, the Ministerial Council highlighted the fact that Canada was the first country to pass legislation (Bill C-9) to permit the manufacture of generic drugs for distribution in Africa.

- The Ministerial Council provided input into the development of the HIV/AIDS Strategy being developed by Foreign Affairs Canada. Among the Council's recommendations was the need for the Strategy to take into account the impact of international trade agreements and the policies of international financial institutions.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister.

6.5.6 International AIDS conferences

The issue

Since 1985, the International AIDS Society has sponsored international conferences that bring together thousands of people working across the full spectrum of involvement in the field of HIV/AIDS, including medical, social, scientific, community and political issues. Canada hosted the 1989 conference in Montreal and the 1996 conference in Vancouver. The 2006 conference will be held in Toronto from August 13-18 with an expected attendance of 12,000 people including researchers, clinicians, community service providers, government personnel and persons living with HIV/AIDS. The conference secretariat is in Geneva and the Local Host Committee is active in Toronto with representation from Canadian stakeholder organizations.

One of the action areas for global engagement of *The Federal Initiative to Address HIV/AIDS in Canada* is coordination of federal engagement and support for the Toronto 2006 conference. Health Canada's International Health Division established a Federal AIDS 2006 Secretariat to coordinate federal involvement in the conference and to act as a single point of contact for groups approaching the federal government with respect to the conference.

A group of Canadian stakeholders has formed a coalition to ensure that the Toronto 2006 conference will have a women's stream.

Canada's immigration policies have been an active issue during the past year, raising concerns that persons living with HIV/AIDS may encounter problems with entry into Canada to work on organizing or to attend the conference. The visa required for temporary residents (six months or less) requires any applicant to disclose their HIV status. This raises concerns that the information may not be treated as confidential, giving rise to stigma in the applicant's country of origin (where the visa application is filled out) or creating the possibility that the information may end up on computer systems in the United States because Canada shares immigration information with the United States. There is also concern because temporary visitors to Canada who come from designated countries may be tested for HIV at the discretion of the immigration officer. Visa applicants must pay a processing fee, which can create an economic barrier for those from developing countries. It is the policy of the International AIDS Society not to hold conferences in countries that discriminate against persons living with HIV/AIDS.

Work done during 2004-2005

- The Ministerial Council provided input into materials for the Canada booth at the 2004 International AIDS Conference in Bangkok, Thailand.
- An abstract on how the Ministerial Council functions as an advisory body to the Canadian Minister of Health was accepted and presented at the Bangkok conference.
- The Ministerial Council wrote to the Minister of Health and the Minister for International Cooperation recommending that they attend the Bangkok conference.
- The Co-Chairs of the Ministerial Council met with the Deputy Minister, Citizenship and Immigration Canada (CIC), and other CIC officials to discuss: facilitating the entry into Canada of HIV-positive persons working on the Toronto 2006 conference; and ensuring that there will be no problems regarding the entry of HIV-positive delegates attending the conference. CIC officials indicated that they would be implementing a training program to address these issues.

  The Ministerial Council then wrote to the Deputy Minister of CIC stating that the Council was pleased that a training program would be implemented, underlining continuing concerns about

entry requirements and suggesting that CIC meet with the Toronto 2006 Local Host Committee. In his letter of reply, the Deputy Minister of CIC told the Ministerial Council that CIC was building on lessons learned from the Vancouver 1996 conference and was working with the Canadian Border Services Agency to facilitate the entry of conference participants. He reported that a working group had been created within CIC to explore opportunities for CIC to partner with other government departments to ensure a successful conference and that CIC welcomed continued input from the Toronto 2006 Local Host Committee.

- The Ministerial Council had a special presentation at its January 2005 meeting from representatives of the Toronto 2006 Local Host Committee. The presenters provided an overview of planning for the conference and raised urgent concerns about possible immigration entry barriers for persons living with HIV/AIDS. The presenters suggested that CIC should waive the requirement for medical disclosure for those attending the conference, and clarify and make consistent decisions about HIV testing rather than leaving them to the discretion of immigration officers. The presenters asked for the Ministerial Council's support in moving these issues forward.
- The Ministerial Council had a special presentation from an official of Citizenship and Immigration Canada (CIC) at its January 2005 meeting. The official reported that CIC and the Canadian Border Services Agency had met with the Toronto 2006 Local Host Committee to discuss their concerns and that they were working to resolve problems as quickly as possible. The Ministerial Council offered its assistance in this process.
- The Ministerial Council wrote to the Minister of Health advising of the danger that the International AIDS Society could move the 2006 conference out of Canada if Canada's immigration policies discriminate against HIV-positive visitors. The Council's letter recommended that:
    - the visa application form for temporary visitors not require disclosure of HIV status
    - clear, consistent criteria be followed by all immigration/visa officers and that training for officers be given
    - immigration officers not have discretionary power to order medical examinations at ports of entry into Canada if entrants are known to be, or suspected of being, HIV-positive
    - the Minister meet with the Minister of Citizenship and Immigration to raise these issues.
- The Ministerial Council held several special teleconference meetings with CIC and the Toronto 2006 Local Host Committee to facilitate dialogue on disclosure of HIV status for visa applicants, application and adherence of policies and guidelines (i.e. pre- and post-test counselling), and mandatory HIV testing when applicants go for an immigration medical examination. Other issues such as co-infection with tuberculosis were raised. CIC reported that it was working internally and with the Local Host Committee on options to resolve these problems.
- The Ministerial Council recommended to officials of Foreign Affairs Canada (FAC) that Canada ensure that financial support is in place to allow the extensive participation at the Toronto 2006 conference of people from developing countries. The Council further recommended that FAC secure the involvement and attendance of the Prime Minister and other senior ministers at the conference and that FAC work with other departments on Canada's immigration policies with respect to the conference.
- The Ministerial Council sent a representative to the coalition working to create a stream on women's issues at the Toronto 2006 conference.
- The Ministerial Council made the Toronto 2006 conference a standing item on its meeting agendas until the conference takes place.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister and others as appropriate.

6.5.7 Other international issues

The issue

Other international issues were addressed by the Ministerial Council during 2004-2005. The Ministerial Council engaged in dialogue with the departments of Foreign Affairs and International Trade about their HIV/AIDS strategies as a follow-up to the Ministerial Council's 2003 paper *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS With a Particular Focus on Africa.* The paper was developed at the request of the Minister for Foreign Affairs and International Trade and has been widely circulated to government officials in several ministries and agencies and to non-governmental organizations.

Work done during 2004-2005

- The Ministerial Council devoted a full day to international affairs at its November 2004 meeting and had special presentations from officials of Foreign Affairs Canada, International Trade Canada, Health Canada's International Health Division and the Canadian International Development Agency (CIDA). The purpose of dialogue with officials was to follow up the Ministerial Council's 2003 paper, determine how its recommendations might be implemented by the various federal responsibility centres and examine ways of fostering inter-departmental partnership on HIV/AIDS issues in order to promote greater federal policy coherence in the global response to HIV/AIDS.

  The Ministerial Council expressed an ongoing interest in being kept informed of further developments with respect to HIV/AIDS by the departments and CIDA and offered its support.
- The Ministerial Council monitored progress by Foreign Affairs Canada in appointing a Special Advisor on HIV/AIDS, who was appointed during 2004. The Ministerial Council provided input to Foreign Affairs Canada on its draft HIV/AIDS strategy.

Future activities

The Ministerial Council will continue to monitor these issues and provide advice to the Minister and others as appropriate.

7.0 Appendices

For further information, please see the following appendices:

Appendix 1 Terms of Reference for the Ministerial Council on HIV/AIDS

Appendix 2 List of Ministerial Council members with brief biographies

Appendix 3 Contact information for the Ministerial Council on HIV/AIDS

Appendix 4 Date and location of Ministerial Council meetings in 2004-2005 including the presenters at each meeting

Appendix 1: Terms of Reference for the Ministerial Council on HIV/AIDS

Mandate: To provide advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS

Role:

1. To monitor and evaluate the implementation of the Canadian Strategy on HIV/AIDS and to support its effectiveness and its flexibility to meet changing circumstances

2. To be a champion to ensure that current and emerging issues are being adequately addressed

3. To be visionary in providing long-term directions.

Reporting and Scope:

The Ministerial Council on HIV/AIDS will provide independent advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS, and will report to the Minister annually. Meeting minutes, recommendations and other materials produced by the Council will be available to the general public.

The Minister will meet at least once a year with the Council and review its recommendations, and every December 1st, the Minister will announce what progress has been made towards achieving the goals of the Canadian Strategy on HIV/AIDS. The Council has no decision-making authority over operational or regulatory functions or programs, nor will it be responsible for the implementation of its advice.

Membership

Appointments and Structure

The Minister of Health will appoint a maximum of 15 members to the Ministerial Council on HIV/AIDS. A minimum of five (5) seats will be held by people living with HIV/AIDS, and consideration will be given to ethnocultural diversity, gender and regional balance on the Council.

From among Council members, the Minister will appoint Co-Chairs, one of whom will be a person living with HIV/AIDS. To help ensure that the Council influences a truly integrated approach that cuts across lines of government, the provincial Co-Chair of the FPT Advisory Committee on AIDS will hold an ex officio position on the Council. In order to provide technical advice and to facilitate coordination, one or more officials from Health Canada may hold ex officio positions. Federal and provincial government observers may attend meetings as required.

The membership structure of the Council will provide five (5) seats for professional/technical experts to be drawn from the following areas: the private sector; biomedical research; clinical trials; psycho-social research; and medicine (education, primary care physicians/nurses, regional/public health). The balance of the voting membership (10 seats) will be drawn from national HIV/AIDS organizations, community organizations and front-line workers. These members should have expertise in treatment issues, ethics/law/human rights and/or international issues, knowledge and experience with one or more groups at risk of HIV/AIDS.

Member Selection

In selecting members, consideration will be given primarily to: individual expertise in a number of issues that reflect the diverse realities of HIV/AIDS in Canada and, in particular, knowledge and front-line experience concerning emerging at-risk groups; and the need for an overall balance of expertise on the Council.

Accountability

Although Council members will be expected to conduct themselves as individual experts, affiliation with a national stakeholder organization, community organization, business, or institution with HIV/AIDS activities will enable a strong link for policy and advice based on direct experience from those infected and affected, including those potentially at risk, as well as those working in the field. Many emerging at-risk groups, however, have neither a community identity nor a national voice. For this reason, it is essential that experts, lacking an affiliation with a recognized HIV/AIDS organization, not be excluded from the Council. Members should bear responsibility for the needs of the plurality of individuals, communities, organizations, and sectors infected and affected by HIV/AIDS, while rising above any corporate interest of an organization with which they might be affiliated.

Term of Appointment

Members will be appointed by the Minister of Health for such periods as the Minister may determine, but usually for terms of one to two years. Appointments will be scheduled to ensure continuity as well as systematic rotation of membership. At the expiration of that period, the appointment normally will end; however, the Minister may review the appointment when renewal is warranted by specific Council activities. After one year, and thereafter at the Minister's discretion, the mandate, terms of reference and membership of the Council will be reviewed and adjusted to respond to changing needs.

Committees and Working Groups

The Council may establish an executive committee, standing committees and working groups to assist it in its work. Standing committees and working groups must include at least one Council member, and they will report to the Co-Chairs of the Ministerial Council on HIV/AIDS.

Support

Health Canada will provide administrative and technical support to the Council.

Legal Consideration

Conflict of Interest

Council members, who are also a member of any HIV/AIDS organization in receipt of government contributions, would find themselves in a conflict of interest situation if they were to influence the Council in a way that would benefit that member's organization.

While it is acceptable that a Council member be affiliated in some fashion with an HIV/AIDS organization, that individual must conduct him/herself as an independent expert and comply with Health Canada guidelines on conflict of interest.

Responsibilities

Members

1. adhere to the Goals and Principles of the Canadian Strategy on HIV/AIDS
2. work positively, co-operatively and respectfully with other Council members, observers and secretariat staff
3. respect and support Council decisions once these have been reached
4. in order to provide a direct link between the Council and working groups or standing committees, be prepared to serve on at least one committee or working group
5. abide by Health Canada conflict-of-interest guidelines1
6. exercise and encourage frugality in all Council activities (meeting venues, accommodation, transportation, publications, etc.).

Council

1. adhere to the Goals and Principles of the Canadian Strategy on HIV/AIDS
2. review the reporting/evaluation framework and all external evaluations of the Strategy
3. encourage open and forthright examination of all issues and, when considering conflicts between particular interests, act in the greater interest of all infected, affected and at-risk Canadians
4. mediate and strive for consensus when addressing emerging issues that call for a shift in limited resources
5. assess whether potential Council activities might duplicate or be more effectively or efficiently handled by other HIV/AIDS organizations or agencies
6. annually establish Council objectives, work plan and timetable
7. annually evaluate Council performance against work plan objectives.

Health Canada

1. adhere to the Goals and Principles of the Canadian Strategy on HIV/AIDS
2. collaborate with the Council in an open and transparent manner
3. upon request by the Council, provide timely access to all available public documentation related to Strategy activities and budgets.

1 Health Canada, Corporate Services Branch, *Policy Guide for the Management of Advisory Committees in Health Canada,* Section 3.2 and Appendix 3, 23 June 1997

Appendix 2: Members of the Ministerial Council on HIV/AIDS

CO-CHAIRS

Louise Binder

Louise Binder, a retired lawyer, is Chair of the Canadian Treatment Advocates Council, Chair of Voices of Positive Women and a member of the board of the Wellesley Central Health Corporation. She is a member of the University of Toronto's HIV/AIDS Ethics Review Committee, the Canadian Trials Network Community Advisory Board, the Ontario HIV Treatment Network Treatment Committee and a former board member of the HIV/AIDS Legal Clinic Ontario. Ms. Binder was the recipient of the YWCA of Metropolitan Toronto's 1999 Women of Distinction award for social action and of the Queen's Golden Jubilee Medal for volunteerism in 2002. Ms. Binder received an honorary Doctorate of Laws from Queens University in October 2001.

Lindy Samson

Dr. Lindy Samson is a pediatric infectious disease specialist and HIV physician at the Children's Hospital of Eastern Ontario (CHEO) and Assistant Professor at the University of Ottawa. She is Director of the CHEO HIV clinic and is a strong advocate for mothers and children dealing with HIV infection. Dr. Samson has participated in studies and programs that have led to the early recognition of HIV in pregnancy and the peripartum management of HIV to prevent infection of children. She is Chair of the Canadian Pediatric AIDS Research Group.

MEMBERS

Mary Armstrong

Mary Armstrong has been a counsellor at Nine Circles Community Health Centre (formerly Village Clinic) in Winnipeg since 1997. She works directly with infected and affected people as they deal with the emotional and mental health issues connected to living with HIV/AIDS. Ms. Armstrong is a clinical member of the Manitoba Branch of the American Association for Marriage and Family Therapy and has a Master's degree in Marriage and Family Therapy.

Margaret Dykeman (term ended in 2004)

Dr. Margaret Dykeman has been working in HIV/AIDS in various capacities for more than 10 years as a nurse practitioner, researcher, community representative and advocate. She is an Associate Professor in the University of New Brunswick's Faculty of Nursing. Dr. Dykeman is President of AIDS New Brunswick, the provincial HIV/AIDS organization. She has broad experience and knowledge of the injection drug user population which is one of the most vulnerable to HIV infection.

Richard Elliott

Richard Elliott, a lawyer formerly in private practice, is Director, Legal Research and Policy, for the Canadian HIV/AIDS Legal Network. The Legal Network is a national, non-governmental organization (NGO) undertaking research, education and advocacy on HIV/AIDS and human rights issues within Canada and internationally. The Legal Network is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations. Mr. Elliott has written many reports, papers and articles on legal and human rights issues relating to HIV/AIDS and has delivered numerous presentations to community groups and national and international conferences. He has been active with a variety of community organizations addressing HIV and human rights issues and helped found the Global Treatment Action Group, a working group of Canadian civil society organizations engaged in collaborative advocacy to realize the human right to health. Mr. Elliott served as rapporteur for the Third International Consultation on HIV/AIDS and Human Rights in relation to HIV prevention, treatment, care and support.

Dionne A. Falconer

Dionne A. Falconer has extensive knowledge of HIV/AIDS issues through her involvement with community-based AIDS service organizations since the late 1980s. She is Managing Director of her own consulting firm in Toronto, DA Falconer & Associates, and works nationally and internationally on HIV/AIDS, health and social issues. Her previous staff positions include Clinical Director of Lawrence Heights Community Health Centre, Interim Executive Director of Access Alliance Multicultural Community Health Centre and Executive Director of the Black Coalition for AIDS Prevention (Black CAP). Ms. Falconer has many years of active community service and is Past President of the Board of Directors for the Interagency Coalition on AIDS and Development. She is a past member of the Board of Directors of the Ontario AIDS Network and the Canadian AIDS Society. Ms. Falconer holds a Master of Health Science degree in Health Administration.

Deborah Foster

Deborah Foster is a Registered Social Worker and a doctoral student in the Department of Human Ecology at the University of Alberta. She began working and volunteering in the field of HIV/AIDS in 1986 while living in Guelph and Toronto and currently resides in Edmonton, Alberta. Since 1986, Ms. Foster has held a variety of positions related to HIV/AIDS in both the non-profit sector and government. She is currently a member of the Advisory Committee for the HIV/AIDS Stigma Research Project. Ms. Foster has spoken at numerous conferences across Canada and has been a guest lecturer in university and college classes on HIV/AIDS issues. She currently divides her time between teaching and research activities at University of Alberta and Athabasca University.

Jacqueline Gahagan

Jacqueline C. Gahagan, PhD, is an Assistant Professor in the School of Health and Human Performance of Dalhousie University. She holds cross appointments in Community Health and Epidemiology, Women's Studies, and Nursing at Dalhousie University. Dr. Gahagan is a Research Associate at the Atlantic Centre of Excellence for Women's Health where she leads the development of the research arm of the proposed International Institute on Gender-Mainstreaming and HIV/AIDS. She serves as a Commissioner on the Nova Scotia Advisory Commission on HIV/AIDS and was a member of the National Reference Group on Women and HIV/AIDS. Dr. Gahagan has extensive research experience in the field of HIV and gender. She teaches undergraduate and graduate courses in program planning, measurement and evaluation and community health promotion strategies. Her current research studies include: HIV and Hepatitis C prevention, care, treatment and support needs of women in federal prisons; HIV prevention education needs of young heterosexual males; and the impact of unpaid caregiving on women's health.

Michael Grant

Dr. Michael Grant has been involved in the basic science of HIV/AIDS research since 1987. He trained in Vancouver and Hamilton and is now an Associate Professor of Immunology in the Faculty of Medicine of Memorial University of Newfoundland. Dr. Grant has been a member of the Canadian Association of HIV Research since its inception and was a National Health AIDS Scholar from 1996-2002. He holds grants from the Canadian Institutes of Health Research for HIV and Hepatitis C (HCV) research and is a Canada Foundation for Innovation Researcher.

Marie Anésie Harérimana

Marie Anésie Harérimana is Executive Director of the *Centre de resources et d'interventions en santé et sexualité* (CRISS), a Montreal community agency whose primary mission is to provide support to women living with HIV/AIDS and their loved ones. She is an important spokesperson on the problems of countries where HIV is endemic, and especially the problems of African communities and women in Quebec. Ms. Harérimana coordinates the publication by CRISS of the Quebec newsletter *De tête et de coeur.* In 2002 her contributions were recognized by her peers when she received a Fahra Foundation *Hero* award, which is presented to individuals for their outstanding service in the fight against HIV/AIDS in Quebec.

Brian Huskins

Brian Huskins has extensive knowledge across the spectrum of HIV/AIDS issues based on 14 years of community HIV/AIDS work. As Chair of the Board of Directors of the Canadian AIDS Society in the mid-1990s, he was instrumental in establishing the broad framework of the Canadian Strategy on HIV/AIDS with other national leaders. He has served as Chair of the Consumer Advisory Committee of the new Canadian Blood Services and has brought the consumer voice to many tables where a variety of healthcare issues have been discussed. Mr. Huskins has written extensively about HIV/AIDS and health issues for various publications and has two published works, *Sexual Identity: The Journey Begins* and *Breaking the Skin: Tattooing and Body Piercing - Know the Risks*, which are tools used widely by HIV/AIDS prevention workers.

In 2000, Mr. Huskins was one of 25 Calgarians chosen to participate in the inaugural course of Leadership Calgary, a unique action study and community-focused program designed to identify and motivate aspiring leaders in Calgary. He became the first openly HIV-positive candidate to run for public office in Canada when he was a candidate representing the Liberal Party in the 2001 Alberta provincial election. Mr. Huskins is the Outreach and Partnership Coordinator at the Toronto-based Canadian AIDS Treatment Information Exchange (CATIE). CATIE is a national, non-profit organization committed to improving the health and quality of life of all Canadians living with HIV/AIDS.

René Lavoie (term ended in 2004)

René Lavoie is the coordinator of the Réseau Sida/maladies infectieuses du Fonds de recherche en santé du Québec. He is former Executive Director of Séro-Zéro, a community-based HIV/AIDS prevention organization for gay men in Montreal. He is a co-researcher for the Omega Study and participates in other research on gay men. Mr. Lavoie is a long-time gay activist and founder of a number of programs for gay men. He was a member of the National Reference Group on Gay Men.

Enrico Mandarino

Mr. Mandarino has been working and volunteering in all areas of HIV/AIDS for over 15 years. His background in research microbiology gives him a strong scientific knowledge of HIV/AIDS including infection, therapies and research. Mr. Mandarino has extensive front-line experience working with people living with HIV/AIDS and volunteers with many community-based, provincial and national AIDS service organizations. He currently serves as Secretary of the board of directors of the Canadian AIDS Society, as a board member of the Canadian Treatment Action Council and as an apprentice on the Community Advisory Committee of the Canadian HIV Clinical Trials Network. In 2005, Mr. Mandarino was appointed to the Ontario Advisory Committee on HIV/AIDS where he continues to be a strong advocate for emerging issues related to HIV /AIDS.

Ken Monteith

Ken Monteith is the Executive Director of AIDS Community Care Montréal/*Sida bénévoles Montréal* (ACCM). Trained as a lawyer, he worked in the community youth sector as Legal Coordinator and Executive Director of Head & Hands/*À deux mains* for nine years before joining ACCM in 1999. Mr. Monteith is a member of the board of the *Coalition des organismes communautaires québécois de lutte contre le sida* (COCQ-Sida) and is the Coalition's representation on the Canadian Treatment Action Council. He holds degrees in Industrial relations, Common and Civil Law from McGill University and was a member of the Québec Bar from 1991-2001, when he resigned to devote himself more fully to his community work in HIV/AIDS.

David M. Nelson

David Mervyn Nelson is a Cree/Icelandic man from Alberta. He has been involved in HIV/AIDS since the early 1980s and graduated from Grant MacEwan Community College with a Social Worker Diploma in 1990. He has been providing professional and volunteer services to those who live with HIV/AIDS since then. During his career he has had the opportunity to travel across North America working mainly with First Nations/Aboriginal Communities to develop and deliver HIV prevention programs and support services to those living with HIV/AIDS. Mr. Nelson has been a member of a number of decision making bodies in the United States including: the New Mexico Community Planning Group for Regions 5 and 7; The Governors AIDS Task Force; Nation advisory on GLBT Committee; the National Rural HIV Advisory Committee; and the Advisory Board to the Office of Minority Health Resource Center.

Mr. Nelson works with the AIDS Calgary Awareness Association in Calgary, Alberta and continues to be an advocate. He travels to First Nations communities and programs across the country providing education and consulting services on HIV/AIDS issues. In 1996 he was infected with HIV and has since developed a deeper understanding of the issues that surround this disease based on his first-hand experience.

Anita Rachlis

Dr. Anita Rachlis is a Professor, Department of Medicine, Division of Infectious Disease, University of Toronto. She has worked in HIV/AIDS care since 1983 at Sunnybrook and Women's College Health Sciences Centre and has been involved in clinical research in the treatment of opportunistic infections and antiretroviral therapy. Dr. Rachlis received a Council Award in 2002 from the College of Physicians and Surgeons of Ontario for her work in the care and treatment of people living with HIV/AIDS. She facilitated the development of the Canadian HIV Primary Care Mentorship Program and the Ontario HIV Observational Database (HOOD). Dr. Rachlis is a member of the board of the Ontario HIV Treatment Network, is Associate Director for the Ontario Region of the Canadian HIV Trials Network and serves as a scientific reviewer for granting agencies. She is a member of the Ontario Advisory Committee on HIV/AIDS. Dr. Rachlis is Clerkship Director of the Undergraduate Medical Program, Faculty of Medicine, University of Toronto.

Sheena Sargeant

Sheena Sargeant is Executive Director of YouthCO AIDS Society in Vancouver. She has an extensive background in community-based HIV/AIDS work in the areas of women and youth. In addition to her previous work as Communications Coordinator at the Vancouver-based Positive Women's Network, she spent more than four years at YouthCO AIDS Society working directly with youth to develop HIV/AIDS prevention education programming at the local, regional and international level. Ms. Sargeant served consecutive appointments as Member and Co-Chair of the British Columbia Ministry of Health Planning's HIV/AIDS Advisory Committee in 2000-2001.

Appendix 3: How to contact the Ministerial Council on HIV/AIDS

You may write to the Ministerial Council on HIV/AIDS at:

Ministerial Council on HIV/AIDS
c/o Secretariat
HIV/AIDS Division, Public Health Agency of Canada
Building 6
Address Locator 0601A,
Tunney's Pasture
Ottawa ON K1A 0K9

or send a fax to the Ministerial Council at (613) 952-3556.

To find out more about the Ministerial Council on HIV/AIDS, visit the Council's web site at:

www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/ministerial (English)
www.phac-aspc.gc.ca/aids-ida/vih_sida/initiative_federale/ministeriel (français)

Appendix 4: Date and location of Ministerial Council meetings during 2004-2005

April 23-24, 2004 Ottawa

June 4-5, 2004 Montreal

Special Presentations:

1. Internet pharmacies: Barry Davis, Trade and Economic Analyst, International Trade Canada

2. Common Drug Review process: Louise Binder, Co-Chair, Ministerial Council on HIV/AIDS

3. Safer injection sites: Thomas Kerr, Director of Health Research and Policy, Canadian HIV/AIDS Legal Network and Research Associate, British Columbia Centre for Excellence in HIV/AIDS

November 27-29, 2004 Ottawa

Special Presentations:

Canada's international response to HIV/AIDS:

1. Chris Armstrong, Senior Advisor for HIV/AIDS, Foreign Affairs Canada
2. Gail Steckley, Senior HIV/AIDS Advisor, International Health Division, Health Canada
3. Laurie Hunter, Deputy Director, Services Trade Policy Division, International Trade Canada
4. Edith St-Hilaire, Deputy Director, Intellectual Property, Information and Technology Trade Division, International Trade Canada
5. Nancy Connor, Social Development Policy Advisor, Canadian International Development Agency

Meeting with: the Honourable Ujjal Dosanjh, Minister of Health; the Honourable Caroline Bennett, Minister of State for Public Health; and David Butler-Jones, Chief Public Health Officer, Public Health Agency of Canada.

January 21-22, 2005 Toronto

Special Presentations:

1. International Conference on HIV/AIDS – Toronto 2006
    a. Joan Anderson, Consultant, AIDS 2006 Secretariat
    b. Gail Flintoft, Chair, Canadian AIDS Society and AIDS 2006 Secretariat

2. *Leading Together: Canada's HIV/AIDS Action Plan (2005-2010)*

    Steven Sternthal and Fernand Comeau, HIV/AIDS Policy, Coordination and Programs Division, Public Health Agency of Canada

3. HIV/AIDS Research and the Canadian Institutes of Health Research
    a. Alan Bernstein, President, Canadian Institutes of Health Research (CIHR)
    b. Paula Kirton, Team Lead, HIV/AIDS and Hepatitis C initiatives (CIHR)

c. Bruce Moor, Assistant Director, Institute of Infection and Immunity, CIHR
d. Chris Power, Chair, CIHR HIV/AIDS Research Advisory Committee
e. Bhagirath Singh, Scientific Director, Institute of Infection and Immunity (CIHR)

4. *The Federal Initiative to Address HIV/AIDS in Canada*

   Neil Burke and David Hoe, HIV/AIDS Policy, Coordination and Programs Division, Public Health Agency of Canada

5. HIV/AIDS and immigration:
   a. Alan Li, Regent Park Community Health Centre, Toronto, and Committee for Accessible AIDS Treatment

      Esther Tharao, Women's Health in Women's Hands, Toronto, and African and Caribbean Council on HIV/AIDS in Ontario
   b. Sylvie Martin, Acting Director, Immigration Health Program, Citizenship and Immigration Canada