Health Canada Santé Canada

LOOKING FORWARD: FOCUSSING THE RESPONSE

CANADA'S REPORT ON HIV/AIDS 2003

Canadian Strategy on HIV/AIDS
La Stratégie canadienne sur le VIH/sida

Canada

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Our mission is to help the people of Canada maintain and improve their health.

– Health Canada

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MESSAGE FROM THE MINISTER

World AIDS Day is a time to reflect on the state of the epidemic and to remember those we have lost to this devastating disease. It is also an opportunity to look ahead and to consider how Canada's response to the disease can be strengthened and made more effective and inclusive.

Canada can claim many successes, both at home and abroad. However, we are still not getting ahead of the epidemic. Recent evidence tells us that many Canadians have come to believe that HIV/AIDS is no longer a threat and that safer sex practices are not being used consistently. As a result, the rate of new HIV infections in Canada continues unabated, and the number of people living with HIV/AIDS continues to grow.

The Canadian Strategy on HIV/AIDS (CSHA) is intended to continually adapt to the new and emerging realities of the epidemic and to focus on people living with HIV/AIDS and those at risk of HIV infection. It provides a unique pan-Canadian framework through which many partners work together on innovative approaches to prevention, care and treatment of HIV/AIDS. Five years after the CSHA was launched, it is time to again renew our approach.

Canada needs to strengthen its efforts to prevent the spread of HIV and to provide care, treatment and support to affected people. We need to focus particular attention on those who are marginalized and do not have access to services and needed information. We need to broaden the Canadian response to more fully engage people living with HIV/AIDS. It is also important that we increase collaborative efforts with other federal departments, provincial and territorial governments, the private sector, Aboriginal and ethnocultural organizations and community groups. Stronger links are needed between Canada's domestic and international responses to HIV/AIDS.

Canadians involved in the response are being consulted on a new action plan to revitalize Canada's efforts to combat the epidemic. This plan will enhance Canada's ability to implement the United Nations Declaration of Commitment on HIV/AIDS. I am confident that the plan, once finalized, will help to guide us collectively as we continue the fight against HIV/AIDS.

Today, and in the months ahead, I challenge all Canadians to join the effort to ensure a compassionate, comprehensive and effective Canadian response to HIV/AIDS.

A. Anne McLellan
Minister of Health
December 2003

MESSAGE FROM THE MINISTERIAL COUNCIL ON HIV/AIDS

More Canadians than ever are living with HIV/AIDS–some 56 000 people, according to the latest estimates from Health Canada. Yet recent evidence suggests that HIV/AIDS has become "yesterday's disease" in the public mind. This is an alarming development given that the spread of HIV continues unabated and HIV/AIDS is still causing premature, unnecessary and tragic deaths throughout Canada and around the world.

Public complacency about HIV/AIDS was confirmed in a survey sponsored by Health Canada and completed early in 2003. Most Canadians do not consider themselves at significant risk for HIV infection, and one person in five believes that HIV/AIDS can be cured if treated early. The same survey highlighted the disturbing magnitude of stigma and discrimination surrounding HIV/AIDS: almost half of Canadians believe that people living with HIV/AIDS should not be allowed to work in public positions.

Despite the best efforts of thousands of dedicated workers and volunteers to stem the epidemic, HIV/AIDS continues to exact a terrible toll. This is true in Canada, where people continue to succumb to HIV/AIDS because of co-infections, treatment side effects or lack of access to treatment and support, as well as in the developing world, where the epidemic has reached staggering proportions and continues to grow. Clearly, more needs to be done.

The Ministerial Council on HIV/AIDS adds its voice to those of others, including key national stakeholders, community-based groups, researchers, health care providers and the House of Commons' Standing Committee on Health, in calling for an urgent increase in the federal investment in the CSHA. The Ministerial Council also supports the development of a strategic plan for Canada's HIV/AIDS response, one that aims to strengthen and expand the engagement of new players and that recognizes the importance of interdepartmental, intergovernmental and multi-sectoral collaboration on HIV/AIDS. Council believes that this plan must more fully align the domestic and international responses to HIV/AIDS.

Over the past year, the Council has advised the federal Minister of Health on these and other issues, including matters concerning citizen engagement, a culturally appropriate response to the epidemic among Aboriginal peoples and individuals newly arrived from regions of the world where HIV is endemic, the development of critical initiatives and the overall federal framework for the CSHA. The Council's work in these areas was documented in detail in its 2002-2003 annual report [www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/ministerial/annual_02.html].

The Council, which includes people living with HIV/AIDS, front-line workers, health care providers, researchers and human rights experts, will continue to contribute to the evolution of Canada's HIV/AIDS response both domestically and globally in the pivotal year ahead. The Ministerial Council on HIV/AIDS urges all Canadians to join in this critical work.

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LIST OF ACRONYMS

ACAP	AIDS Community Action Program
ACAS	Asian Community AIDS Services
AIDS	Acquired immune deficiency syndrome
ASHAC	Aboriginal Strategy on HIV/AIDS in Canada
ASO	AIDS service organization
CAAN	Canadian Aboriginal AIDS Network
CAHR	Canadian Association for HIV Research
CANFAR	Canadian Foundation for AIDS Research
CANVAC	Canadian Network for Vaccines and Immunotherapeutics
CAS	Canadian AIDS Society
CATIE	Canadian AIDS Treatment Information Exchange
CBR	Community-based research
CIDA	Canadian International Development Agency
CIDPC	Centre for Infectious Disease Prevention and Control (Health Canada)
CIHR	Canadian Institutes of Health Research
CMEC	Council of Ministers of Education, Canada
CPHA	Canadian Public Health Association
CSC	Correctional Service Canada
CSHA	Canadian Strategy on HIV/AIDS
CTAC	Canadian Treatment Action Council
CTN	Canadian HIV Trials Network
CWGHR	Canadian Working Group on HIV and Rehabilitation
DFAIT	Department of Foreign Affairs and International Trade
DPED	Departmental Program Evaluation Division (Health Canada)
FNIHB	First Nations and Inuit Health Branch (Health Canada)
FPT AIDS	Federal/Provincial/Territorial Advisory Committee on AIDS
FPT Corrections	Federal/Provincial/Territorial Heads of Corrections Health Services Committee
GHRI	Global Health Research Initiative
GIPA	Greater Involvement of People with HIV/AIDS
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
HRDC	Human Resources Development Canada
IAD	International Affairs Directorate (Health Canada)
IAVI	International AIDS Vaccine Initiative
ICAD	Interagency Coalition on AIDS and Development
ICASO	International Council of AIDS Service Organizations
IDU	Injection drug use
MAG-net	Microbicides Advocacy Group Network
MOU	Memorandum of understanding
MSM	Men who have sex with men
NACASO	North American Council of AIDS Service Organizations
NACHA	National Aboriginal Council on HIV/AIDS
NGO	Non-governmental organization
PASAN	Prisoners' HIV/AIDS Support Action Network
RFA	Request for applications
RFP	Request for proposals
RTA	Research technical assistant
STI	Sexually transmitted infection
TAP	Tugela AIDS Program
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organization

FOREWORD

This report is intended to inform the HIV/AIDS community, the Canadian public and parliamentarians about the current realities of HIV/AIDS, about progress that has been made in Canada in responding to the epidemic, and about the challenges that lie ahead. This report will also help inform international audiences of Canada's domestic and global response to HIV/AIDS. Finally, it meets Health Canada's obligation to report annually to Treasury Board on the CSHA.

Canada's Report on HIV/AIDS 2003 covers the period from April 2002 to March 2003. Information on significant events or activities that have taken place since March 2003 is also contained in the report. The information in this report was gathered through interviews with representatives of national partners in the CSHA. Although the majority of activities described in the report are funded through the CSHA, efforts have been made to provide additional information on HIV/AIDS-related activities funded through other federal sources, including the Canadian International Development Agency (CIDA) and the Department of Foreign Affairs and International Trade (DFAIT).

To better represent the reality of HIV/AIDS in Canada and internationally, Health Canada interviewed three individuals whose experiences and perceptions are described in short feature articles. These vignettes are intended to give readers a glimpse of how specific individuals have been affected by HIV/AIDS; they are not intended to make broad or definitive statements about any vulnerable population group or about those working in the field. This report also includes a feature on innovative HIV/AIDS outreach strategies and programs.

RESPONDING TO A CHANGING EPIDEMIC

HIV/AIDS continues its relentless march across Canada and around the world. Each year, warnings about the long-term impact of the global epidemic become more dire and the present-day devastation of the disease more alarming. Yet Canadians have lost their sense of the seriousness of HIV/AIDS. This section of the report presents an overview of the current realities of the HIV/AIDS epidemic and future directions of the CSHA.

GLOBAL NUMBERS ARE SHOCKING

AIDS claimed another 3.1 million lives in 2002, according to estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS). New HIV infections were estimated at 5 million, bringing to 42 million the number of people now believed to be living with HIV around the world. More than 95 per cent of new infections were in developing countries; as noted in last year's report, the devastation has been particularly brutal in sub-Saharan Africa and the Caribbean. UNAIDS predicts that more than 50 million people will be living with HIV/AIDS by 2005.

HIV/AIDS does not discriminate by age or sex. In 2002, UNAIDS estimated that 800 000 of the newly infected were children under the age of 15 years. More than half a million deaths attributed to HIV/AIDS in 2002 were among this age group. Worldwide, an estimated 3.2 million children are now living with HIV/AIDS. To add to the suffering, more than 13 million children have lost one or both parents to the epidemic, a number that is expected to reach 40 million by 2010. Beyond childhood, youth continue to be at the centre of the HIV epidemic – they are the most affected and infected population. Due to a lack of education, awareness and power, youth are more likely to engage in risky sexual behaviours and injection drug use (IDU). UNAIDS estimates that every 14 seconds, a person between 15 and 24 is infected with the virus.

As noted by UNAIDS, "... the scale of the AIDS crisis now outstrips even the worst-case scenarios of a decade ago."[1] The epidemic is more than a health crisis. It denies developing countries much-needed human capacity and depletes scarce financial resources and expertise. It undermines human rights and human security and impedes social and

[1] www.unaids.org/en/resources/epidemiology.asp

economic development. The global community will continue to be challenged to ensure that people have the knowledge and capacity to protect themselves against infection while at the same time providing adequate and affordable treatment and care to people living with HIV/AIDS.

CANADA'S EPIDEMIC: DISTURBING TRENDS

The epidemic in Canada is serious and continues to grow in scope and complexity despite the availability of information, services and resources that are lacking in many other parts of the world. According to Health Canada's Centre for Infectious Disease Prevention and Control (CIDPC), at the end of 2002 an estimated 56 000 people in Canada were living with HIV infection – more than ever before.[2] Men who have sex with men (MSM) continue to be the most affected group, representing 40 per cent of new infections, a slight increase from the 38 per cent estimated in 1999. The proportion of new infections among users of injection drugs is declining slightly but still remains unacceptably high. Aboriginal persons are still over-represented among HIV infections in Canada. The number of women testing positive continues to rise. An increasing proportion of AIDS cases occur among people from countries where HIV is endemic, mainly African and Caribbean communities. A large number of people in Canada remain unaware that they are infected with HIV.

A trend noted in last year's report – a perceived change in public perceptions about HIV/AIDS – has been supported through new research. The Canadian Youth, Sexual Health and HIV/AIDS Study, coordinated by the Council of Ministers of Education, Canada (CMEC), revealed that two thirds of Grade 7 students and half of Grade 9 students in Canada do not know that there is no cure for HIV/AIDS. An attitudinal survey funded by Health Canada in early 2003 provided additional troubling results.[3] Close to 20 per cent of adult Canadians believe that HIV/AIDS can be cured if treated early. Although most Canadians view HIV/AIDS as a serious problem, they perceive their own personal risk of HIV infection to be low.

These studies reveal the extent of complacency, lack of information, and misinformation about HIV/AIDS in Canada. They provide further evidence that Canadians, particularly youth, have lost their sense of urgency about HIV/AIDS.

Something startling is happening: the increased spiral of adult deaths [attributed to HIV/AIDS] in so many countries means that the numbers of children orphaned each day is expanding exponentially. Africa is staggering under the load.

Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, at the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa, September 2003

[2] Unless otherwise noted, all domestic epidemiological and surveillance data presented in this report have been provided by CIDPC.
[3] HIV/AIDS – An Attitudinal Survey, conducted by Ekos Research Associates in March 2003.

The survey also confirms that stigma and discrimination associated with HIV/AIDS are still pervasive in Canadian society. Thirty per cent of adult Canadians would be uncomfortable working in an office with a person with HIV, 40 per cent would be uncomfortable if their child was attending a school where one of the students had HIV/AIDS, and more than 50 per cent would be uncomfortable if a close friend or relative were dating someone with HIV/AIDS. Almost half of Canadians believe that people living with HIV/AIDS should not be allowed to serve the public in positions such as cooks and dentists.

Smaller local studies provide more information about the kinds of discrimination that people with HIV/AIDS experience. A survey of 50 people with HIV/AIDS in New Brunswick found that a third of those surveyed still reported being rejected by family and friends in 2000.[4] In a recent survey of 34 people with HIV/AIDS in Alberta, almost one third reported being treated unfairly by employers or co-workers as a result of their HIV status.[5] Women who participated in an in-depth study in Vancouver of the conditions that increase their risk of HIV infection and disease progression described, among other things, discrimination from health care providers and other institutions.[6]

In many ways, public perceptions do not match the reality of the epidemic in Canada. There is still no cure for AIDS – prevention is the only viable answer at this time. For people living with HIV/AIDS, treatment failures are becoming more commonplace as new strains of the virus appear and the human body develops resistance to HIV/AIDS drugs. According to a recent study by Dutch researchers, up to 10 per cent of newly diagnosed HIV-positive people may carry a form of HIV that can resist the effects of treatment.

FOCUSSING THE RESPONSE: NEW APPROACHES AND DIRECTIONS

Progress continues to be made on many fronts; however, new approaches and innovative initiatives must be pursued to put HIV/AIDS back on the public agenda and to strengthen and revitalize Canada's efforts to combat the epidemic, both domestically and internationally.

Much work has been done in this regard. In September 2002, the Minister of Health initiated a review of the current federal government role in the CSHA. The review examined the lessons learned over the past five years, identified current challenges and proposed new directions and related funding.

[4] C Olivier. HIV-related discrimination in New Brunswick increasing. *Canadian HIV/AIDS Policy & Law Newsletter* 2000; 5(2/3): 52.
[5] J Leech. Survey reveals human rights abuses in Alberta. *Canadian HIV/AIDS Policy & Law Review* 2003; 8(1): 24.
[6] S Kellington et al. Listen Up! Women are Talking About.... The social determinants of women's risk for HIV infection and illness in lower mainland British Columbia. Vancouver: Positive Women's Network, 1999, pp. 27-41.

In March 2003, the Standing Committee on Health initiated a study that focussed on Canada's response to HIV/AIDS. Key CSHA governmental and non-governmental partners provided much needed information to the Committee on the current situation and potential future directions. Consistent with the results of the five-year review, the Committee's report, tabled in the House of Commons in June 2003, called for a strengthened federal role in areas of leadership, coordination, prevention and research. It also emphasized the need for greater coordination among federal government partners in responding to HIV/AIDS.

The development of an action plan to guide Canada's HIV/AIDS response has also been the focus of significant effort by CSHA partners over the past 18 months. A draft of the plan was released for public consultation in the fall of 2003. Based on the premise that governments alone cannot successfully tackle the epidemic, the plan provides a framework for broader, more strategic and more vigorous engagement by many sectors in the Canadian response. It proposes nine strategic directions:

- Raise public/political awareness of the impact of HIV on society, and of the social factors that contribute to the epidemic.
- Address the social, economic, environmental and health factors that contribute to the epidemic.
- Optimize the voice, involvement and meaningful participation of people living with or vulnerable to HIV.
- Increase capacity to monitor and track HIV and to develop, share and apply knowledge.
- Reinvigorate primary prevention efforts.
- Provide comprehensive, integrated prevention, diagnosis, support, care and treatment services.
- Strengthen organizations that provide HIV-related services and increase their capacity to meet increasingly complex needs.
- Ensure appropriate, sustainable investment in HIV services.
- Provide leadership in global efforts to combat the epidemic.

Building on these directions, the results of the five-year review and the recommendations of the Standing Committee on Health, and taking into account the current realities of the epidemic, a renewed framework for the CSHA is being developed.

Not only does Health Canada need to work with organizations like the Canadian AIDS Society, it must also work collaboratively with other federal departments, provincial and territorial governments and individual Canadians.

Hon. A. Anne McLellan, Minister of Health, at the Canadian AIDS Society Annual General Meeting and People Living with HIV/AIDS Forum, June 2003

ABOUT THE CANADIAN STRATEGY ON HIV/AIDS

GOALS OF THE CSHA

The CSHA was launched in 1998 with annual ongoing federal funding of $42.2 million. Its goals are to:

- prevent the spread of HIV infection in Canada
- find a cure
- find and provide effective vaccines, drugs and therapies
- ensure care, treatment and support for Canadians living with HIV/AIDS, and their families, friends and caregivers
- minimize the adverse impact of HIV/AIDS on individuals and communities
- minimize the impact of social and economic factors that increase individual and collective risk for HIV

In pursuing these goals, three policy directions guide the implementation of the CSHA:

- enhanced sustainability and integration – New approaches and mechanisms will be put in place to consolidate and coordinate sustained national action in the long term.
- increased focus on those most at risk – Innovative strategies will be devised to target high-risk behaviours in hard-to-reach populations that are often socially and economically marginalized.
- increased public accountability – Increased evidence-based decision making and ongoing performance review and monitoring will ensure that the new strategy continues to be relevant and responsive to the changing realities of HIV/AIDS.

People living with HIV/AIDS and those at risk of HIV infection are the focus and centre of CSHA efforts. Funding allocations for the CSHA are shown in Table 1.

TABLE 1: CSHA ANNUAL FUNDING ALLOCATIONS (MILLIONS OF DOLLARS)

Prevention	$ 3.90
Community Development and Support to National NGOs	$10.00
Care, Treatment and Support	$ 4.75
Legal, Ethical and Human Rights	$ 0.70
Aboriginal Communities	$ 2.60
Correctional Service Canada	$ 0.60
Research	$13.15
Surveillance	$ 4.30
International Collaboration	$ 0.30
Consultation, Evaluation, Monitoring and Reporting	$ 1.90

CANADA'S APPROACH

The CSHA is a Canadian approach that enables the engagement of non-governmental and voluntary organizations, communities, the private sector and all levels of government.

Health Canada, the lead federal department for issues related to HIV/AIDS, administers the CSHA. Several responsibility centres within Health Canada contribute to this work, including the Centre for Infectious Disease Prevention and Control (CIDPC), the Departmental Program Evaluation Division (DPED), the First Nations and Inuit Health Branch (FNIHB), regional offices and the International Affairs Directorate (IAD). Correctional Service Canada (CSC) and the Canadian Institutes of Health Research (CIHR) are the other federal departments participating in the CSHA.

Major national non-governmental stakeholders are also partners in the implementation of the CSHA. They include:

- the Canadian Aboriginal AIDS Network (CAAN)
- the Canadian AIDS Society (CAS)
- the Canadian AIDS Treatment Information Exchange (CATIE)
- the Canadian Association for HIV Research (CAHR)
- the Canadian Foundation for AIDS Research (CANFAR)
- the Canadian HIV/AIDS Information Centre, Canadian Public Health Association (CPHA)
- the Canadian HIV/AIDS Legal Network
- the Canadian HIV Trials Network (CTN)
- the Canadian Treatment Action Council (CTAC)
- the Interagency Coalition on AIDS and Development (ICAD)
- the International Council of AIDS Service Organizations (ICASO)

Several federal departments and agencies provide additional funding from their departmental budgets to address HIV/AIDS. CSC invests $3 million annually in HIV/AIDS programming in federal penitentiaries. Similarly, FNIHB invests $2.5 million annually to provide HIV/AIDS education, prevention and related health care services to Inuit and on-reserve First Nations peoples. CIHR is also committed to contributing at least $3.5 million per annum to HIV/AIDS research, and in 2002-2003 invested a total of $4.8 million.

CIDA's *HIV/AIDS Action Plan*, which articulates CIDA's approach to helping to control and prevent the spread of the disease in developing countries and countries in transition, was launched in June 2000 as part of the global response to the HIV/AIDS epidemic. The plan includes a commitment to a five-year investment totalling $270 million, beginning with $22 million in 2000-2001 and increasing to $80 million in 2004-2005. CIDA is also contributing:

- US$100 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- $50 million through the Canada Fund for Africa to support HIV vaccine research ($45 million to the International AIDS Vaccine Initiative and $5 million to the African AIDS Vaccine Program)
- $12 million, again through the Canada Fund for Africa, to a Canadian HIV/AIDS Coalition (comprising Care Canada, World Vision, Foster Parents Plan and Save the Children) in support of African young people, with a focus on the social issues surrounding AIDS

Provincial and territorial governments are key partners in the CSHA. Their collaboration and contributions play an important role in achieving the goals of the CSHA.

REPORTING ON PROGRESS

Canada's *Report on HIV/AIDS 2003* describes the activities and progress of CSHA partners in five key areas:

- coordinating HIV/AIDS policy and programming
- increasing Canadian involvement, participation and partnership in the HIV/AIDS response
- advancing the science of HIV/AIDS
- increasing the use of reliable information
- building Canada's capacity to address HIV/AIDS

As in previous years, most of the information presented in this section of the report is directly related to activities funded through the CSHA. However, efforts have been made to also include information on activities and achievements that are not funded by the CSHA but that constitute an important part of the Canadian response. This is intended to reflect the concept of pan-Canadianism – the work of many participants from many different sectors is needed to ensure an effective response to HIV/AIDS.

Additional information on the CSHA, and specifically on Health Canada's HIV/AIDS policies and programs, can be found on the CSHA website at www.hc-sc.gc.ca/hppb/hiv_aids. Similarly, information on other CSHA partners' programs and initiatives can be found on their respective websites, which are listed in Section 4 of this document (see page 51).

COORDINATING HIV/AIDS POLICY AND PROGRAMMING

The direction-setting meeting at Gray Rocks in the fall of 2000, attended by more than 125 individuals representing the full range of CSHA partners, was a turning point in the evolution of the CSHA. At this meeting, participants began to reflect on Canada's domestic and international responses to the HIV/AIDS epidemic and to consider developing a more strategic, long-term approach. This work has continued over the past year and, in fact, has moved forward significantly.

Partners in the CSHA continue to develop new and innovative approaches to foster collaboration across the spectrum of public policy issues, municipal, provincial, territorial and federal governments and all sectors of society. There is a growing recognition of the need for multiple and complementary contributions to the response. Progress is being made on many fronts to fully achieve the "pan-Canadianism" envisioned when the CSHA was announced in 1998.

CANADA'S ACTION PLAN

The development of a national action plan for addressing the HIV/AIDS epidemic in Canada was one of 10 strategic directions identified at the Gray Rocks direction-setting meeting. The follow-up meeting in Montréal expanded on the idea, proposing a five-year operational/action plan that builds SMARTER (specific, measurable, attainable, realistic, time-limited, effective, relevant) objectives for each CSHA component. Time lines were established and a working group was formed to design a process for developing this plan.

As a first step, more than 30 key people from various sectors of Canada's HIV/AIDS response were invited to attend an intensive, five-day retreat in Ste-Adèle, Quebec, to consider how to optimize Canada's response to HIV/AIDS. Held in December 2002, the retreat provided vital guidance on the major components of a draft five-year action plan, which was then further developed under the direction of a small steering committee. In November, 2003, the draft plan was released and national consultations were initiated on several fronts: with participants

in the Canadian response; with people living with HIV/AIDS, with vulnerable Canadians; with provincial/territorial governments; and with those not currently involved in the response but who may have a role to play.

The draft action plan proposes to make the concept of "pan-Canadianism" explicit in a model that identifies all of the required participants, expands on the strategic directions identified at Gray Rocks and sets measurable targets. It proposes nine strategic directions:

- Raise public/political awareness of the impact of HIV on society, and of the social factors that contribute to the epidemic.
- Address the social, economic, environmental and health factors that contribute to the epidemic.
- Optimize the voice, involvement and meaningful participation of people living with or vulnerable to HIV.
- Increase capacity to monitor and track HIV and to develop, share and apply knowledge.
- Reinvigorate primary prevention efforts.
- Provide comprehensive, integrated prevention, diagnosis, support, care and treatment services.
- Strengthen organizations that provide HIV-related services and increase their capacity to meet increasingly complex needs.
- Ensure appropriate, sustainable investment in HIV services.
- Provide leadership in global efforts to combat the epidemic.

GOVERNMENT REVIEWS

In September 2002, Health Canada launched a five-year review of the federal government's role in the Canadian response to HIV/AIDS. This review, which was undertaken with the assistance of a stakeholder advisory committee, was intended to document lessons learned, identify current gaps and recommend directions for the next five years. The review also fulfilled a Treasury Board requirement to report by July 2003 on activities and achievements related to the $42.2 million in annual federal funding for the CSHA for the period from 1998 to 2003.

The five-year review highlighted the following key areas:

- an expansion of the federal role and increased collaboration with provincial, territorial and municipal governments;
- a strengthening of federal interdepartmental capacity to address the determinants of health as they relate to HIV/AIDS, especially in the areas of housing and homelessness, disability, employment, regulatory and voluntary sector issues;
- a focus on populations most vulnerable to HIV/AIDS and on new approaches for involving people living with HIV/AIDS in Canada's response to the epidemic;
- a need to reach more than 15,000 Canadians who are unaware that they are infected and to develop strategic public education and awareness initiatives;
- an approach that links HIV/AIDS with other diseases and the development of integrated responses where appropriate;
- an increase in the international collaboration component of the CSHA.

In March, 2003, Health Canada, CSC, CIHR, non-governmental organization (NGO) partners in the CSHA, researchers and AIDS service organizations (ASOs) also participated in a special study undertaken by the Standing Committee on Health that focussed on Canada's response to HIV/AIDS.

Entitled *Strengthening the Canadian Strategy on HIV/AIDS*, the report recommended a strengthened federal role in areas of leadership, coordination, prevention and research. To ensure an effective process of evaluation and accountability, the Committee called for the establishment of clear, measurable five-year goals and objectives for the CSHA and emphasized the need for greater coordination among federal government partners.

The report, along with Canada's action plan and the results of the five-year review, will guide the development of future federal government policies and programs in the area of HIV/AIDS.

COMMITTEES AND ONGOING DIALOGUE CONTRIBUTE TO POLICY AND COORDINATION

National advisory groups continue to provide government with valued advice on HIV/AIDS issues. These committees bring a broad range of perspectives to bear on CSHA policy and programming, including the views of people living with HIV/AIDS. They include:

- the Ministerial Council on HIV/AIDS, which provides advice directly to the Federal Minister of Health on pan-Canadian aspects of HIV/AIDS. During 2002-2003, the Ministerial Council developed and began implementing work plans to address long-range issues identified in its strategic plan. For example, in recognition of the important links between Canada's domestic and international responses to HIV/AIDS, the Ministerial Council established a new committee with a particular focus on international affairs. The Ministerial Council also continued to encourage interdepartmental collaboration on HIV/AIDS, by promoting its policy discussion paper entitled *HIV/AIDS and Health Determinants: Lessons for Coordinating Policy and Action*.
- the Federal/Provincial/Territorial Advisory Committee on AIDS (FPT AIDS), which advises the Conference of Deputy Ministers of Health. During 2002-2003, FPT AIDS developed a three-year strategic plan with key objectives to promote further development of public policy on issues related to HIV/AIDS at the federal, provincial and territorial levels; to promote increased inter-governmental, inter-jurisdictional and multilevel collaboration on issues related to HIV/AIDS in Canada; and to promote the use of epidemiological data and community information in the development of policy, programs and services in Canada. FPT AIDS' Working Group on Emerging Issues held two expert round tables on the issue of failure to disclose HIV/AIDS status and developed recommendations for a graduated public health response that will be used by individual jurisdictions in developing their own frameworks. As well, FPT AIDS initiated work on a detailed report about the state of the epidemic in Canada and the various responses that are under way.

- the National Aboriginal Council on HIV/AIDS (NACHA), which advises Health Canada on policy and programmatic responses to address HIV/AIDS in Aboriginal communities. A framework was developed for evaluating both the work done to date by NACHA and NACHA's structure and ability to respond to the needs of the Aboriginal community and Health Canada. The evaluation itself will be completed in 2003-2004. NACHA has also been involved in the five-year review of the CSHA and the transfer of the Community-Based Research (CBR) program from Health Canada to CIHR. NACHA will soon release its 2002-2003 annual report.
- the Federal/Provincial/Territorial Heads of Corrections Health Services Committee (FPT Corrections) works with other health sectors and NGOs to address a wide range of issues related to infectious diseases within a correctional environment. In 2002-2003, FPT Corrections continued to consider how to respect the confidentiality rights of HIV-positive inmates while taking into account the rights, needs or fears of their spouses or partners, corrections staff and other inmates. Committee members continued to share information on the management of infectious diseases and on best practices across jurisdictions.
- CAS, CATIE, CAAN, CTAC, ICAD, the Canadian HIV/AIDS Information Centre (CPHA) and the Canadian HIV/AIDS Legal Network continue to meet with CIDPC's HIV/AIDS Policy, Programs and Coordination Division regularly to engage in discussions, consultations and information exchange on issues related to the CSHA.
- the Working Group on International HIV/AIDS Issues, which provides a regular forum for consultation on and discussion of the international HIV/AIDS activities of federal departments and civil society, leading to improved priority setting and policy coherence. Working group members have provided valuable input to a number of CIDA and Health Canada policy papers, including CIDA's Guidelines for Supporting HIV/AIDS Care, Treatment and Support in Resource Limited Settings, and IAD's annual work plan. In the coming year, the mandate of the group will be formalized as the Consultative Group on HIV/AIDS and International Issues. Priorities will include planning for Canada's hosting of the 2006 International AIDS Conference in Toronto.

COLLABORATIVE POLICY AND PROGRAM DEVELOPMENT

There are many examples of collaboration between CSHA partners and others on the development of HIV/AIDS policies and programs.

FNIHB, CIDPC and CAAN have jointly developed the Aboriginal Strategy on HIV/AIDS in Canada (ASHAC). Entitled ***Strengthening Ties – Strengthening Communities***, it offers a vision for Inuit, Métis and First Nations people to respond to HIV/AIDS. More than 170 stakeholders were consulted on ASHAC, which was released at CAAN's annual general meeting in October 2003. ASHAC identifies nine strategic areas of activity to ensure that a range of programs and services are in place to meet the needs of Aboriginal people living with HIV/AIDS: coordination and technical

support; community development, capacity building and training; prevention and education; sustainability, partnerships and collaboration; legal, ethical and human rights issues; the engaging of Aboriginal groups with specific needs; the support of broad-based harm reduction approaches; holistic care, treatment and support; and research and evaluation.

CSC collaborates with local public health authorities on infectious disease prevention and control (including HIV/AIDS) and other cross-jurisdictional public health initiatives. CSC is also an ad hoc member of the Council of Chief Medical Officers of Health. CSC is in the process of developing discharge planning guidelines to ensure that health needs, particularly those of the population affected by HIV/AIDS and other infectious diseases, are met during transition to another institution or to the community. The guidelines will provide consistent procedures and clear direction on steps to be initiated by health care professionals prior to an inmate's discharge. The team members will ensure that social, emotional and physical needs are taken into consideration in the overall discharge plan.

CTAC, CAS and CATIE have been working with other partners, including the Best Medicine Coalition and Advocare, to move Canada forward on the federal drug review process and on the issue of common drug reviews. These three organizations have also been engaged in public consultations on how to make the drug review process more efficient, announced in the last federal budget. This also included a commitment of $190 million for faster drug reviews.

The CTN partnered with the HIV/AIDS community, provincial officials, the Canadian Liver Foundation and physicians in a joint effort to change the definition of who can receive a liver transplant. As a result of this work, transplant officials in Ontario and British Columbia have agreed to begin considering people living with HIV/AIDS who may need new livers, due to co-infection with hepatitis C, as candidates for transplants.

The Canadian HIV/AIDS Legal Network collaborated with CAAN, CAS and local HIV/AIDS organizations that work with vulnerable populations to design and implement a three-year project on stigma and discrimination, which continues to be a barrier to people living with HIV/AIDS accessing care, treatment and support, and prevention services in Canada. Launched on April 1, 2003, the project builds on the Legal Network's previous work in this area. Specifically, the Legal Network is preparing an update on HIV/AIDS-related stigma and discrimination in Canada, revising its information sheets on this topic, preparing a draft action plan to address selected priorities, and consulting and collaborating with other organizations in finalizing and implementing the action plan.

In June 2002, the Legal Network published a document calling on the federal government to develop an HIV vaccine plan for Canada. The document aimed to increase awareness across Canada of the need for such a plan

from a legal, ethical and human rights perspective and to encourage the HIV/AIDS community to become more fully engaged on the issue. Health Canada subsequently hosted a two-day planning meeting involving other government departments and stake-holders from community organizations and the research community.

CANADA ON THE INTERNATIONAL STAGE

Canada continues to show progress in the area of HIV/AIDS policy and programming. At the federal level, Health Canada, CIDA and DFAIT are increasingly addressing the global epidemic as a multi-dimensional issue, requiring action on many fronts (for example, as a health issue, a development issue, a human rights issue, a human security issue, a trade issue, etc.). They are collaborating to represent Canada in multilateral fora, including the World Health Organization (WHO), the United Nations (UN) General Assembly High Level Meeting on HIV/AIDS, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Canadian NGOs have also strengthened their involvement globally, both on their own and in partnership with others in Canada and internationally.

Canada is currently the vice-chair of the Programme Coordinating Board of UNAIDS and will assume the role of chair in June 2004. CIDA, DFAIT and Health Canada comprise the Canadian delegation to UNAIDS, and the three departments work closely to ensure consistent, coordinated Canadian representation on this important body.

Canada's relationship with UNAIDS was further strengthened with the signing in June 2003 of a renewed and strengthened partnership agreement between Health Canada and UNAIDS. This partnership will expand the focus of surveillance and laboratory science to include new areas of policy and programming.

As well, Canada, the U.K. and Switzerland form a constituency representation at the Global Fund to Fight AIDS, Tuberculosis and Malaria. Canada will represent this constituency by assuming a seat on the board of the Global Fund in January 2004.

CIDA has increased its core funding to UNAIDS from $3.4 million to $5.4 million annually. CIDA also provides core funding for HIV/AIDS initiatives to other multilateral organizations, such as the United Nations Children's Fund, the United Nations Population Fund and the United Nations Development Programme. Bilateral funding is provided for programs in numerous countries and regions of the world where CIDA is working with governments and civil society to mitigate the impact of HIV/AIDS. Many Canadian partners/stakeholders working internationally in the field of HIV/AIDS also receive funding from CIDA. For example, CIDA funds the Zambia Family and Reproductive Health Project, a five-year initiative of the CPHA that aims to improve the quality and increase the use of integrated reproductive health services in parts of Zambia. Among other activities, the project provides training for institutional health care providers in the area of HIV/AIDS counselling.

In September 2003, the Prime Minister participated in a round table discussion panel at the UN General Assembly High Level Meeting on HIV/AIDS, the first follow-up meeting to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001. The Prime Minister's opening remarks highlighted how stigma and discrimination continue to fuel the epidemic, both in Canada and around the world. Fear of stigma and discrimination deters people from being tested for HIV infection, which in turn serves as a barrier to prevention efforts. The Prime Minister called on all those present to work together to ensure that affordable and effective treatment is available to those who need it.

Canada also provided input to the WHO's Global Health Sector Strategy on HIV/AIDS, the draft WHO Global Strategy on Sexual and Reproductive Health, the UN Commission on the Status of Women and the UN Commission on Human Rights. Canada hosted visitors from UNAIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the International AIDS Vaccine Initiative (IAVI); the Pan-American Health Organization; and the International Partnership for Microbicides. In each case, round tables were held to inform Canadian officials about the work of these organizations and to identify opportunities for increased collaboration on global health issues.

Treatment helps those living with HIV to lead productive lives, with dignity, as full members of our communities. Canada will continue to make contributions to alleviate AIDS suffering.

Prime Minister Jean Chrétien at the UN General Assembly, High Level Meeting on HIV/AIDS, September 2003

In November 2003, IAD, CIDA, UNAIDS and the Open Society Institute cosponsored the 2nd International Policy Dialogue on HIV/AIDS in Warsaw. Policy makers and senior officials of drug- and HIV/AIDS-control programs in approximately 15 countries attended the session, which transferred knowledge between regions on the development and implementation of harm reduction strategies. In preparation for the Warsaw meeting, IAD commissioned a series of background papers on HIV/AIDS and IDU and HIV/AIDS treatment maintenance challenges.

As the epidemic grows and changes internationally, DFAIT has assumed a stronger role in HIV/AIDS policy and programming issues. For example, DFAIT is currently working on a comprehensive HIV/AIDS policy that will link the many aspects of its work that touch on the HIV/AIDS epidemic, such as the G8's Africa Action Plan, human security, the promotion and protection of human rights and good governance, and support for Canadian business interests internationally. DFAIT is also collaborating with Health Canada and CIDA to better coordinate Canada's international response to HIV/AIDS and to more clearly define the relationship between the global and domestic responses.

ICAD and the Canadian HIV/AIDS Legal Network were among eight organizations that jointly sponsored the National Civil Society Summit in Ottawa in May 2003. Organized around the theme of "Global Health is a Human Right," the summit brought together representatives of a wide range of Canadian and international organizations interested in promoting the human right to the highest attainable standard of health in developing countries as a human right. In particular, the summit focussed on developing a common front for addressing the global crises of communicable diseases, such as HIV/AIDS, tuberculosis and malaria.

The House of Commons' Subcommittee on Human Rights and International Development issued its report entitled *HIV/AIDS and the Humanitarian Catastrophe in Sub-Saharan Africa*. Although the subcommittee commended the federal government for its commitment to fight the HIV/AIDS pandemic through multilateral and bilateral programming, it also noted that, due to the magnitude and urgency of the HIV/AIDS crisis, additional action and resources were required. Specifically, the subcommittee urged the government to triple its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

CHALLENGES AND OPPORTUNITIES

Canada's HIV/AIDS response is unfolding in an environment that is ever-changing and sometimes chaotic. In these circumstances, identifying and agreeing on priorities for action can be a challenge. Nevertheless, Canada must strengthen its efforts to address HIV/AIDS while remaining flexible in its approach. Canada's action plan identifies common directions for future action and identifies a cohesive set of targets for all stakeholders. It encourages effective partnerships, both within the health care system and with other sectors where determinants of health have an impact on HIV/AIDS, such as social services, education, housing and justice. It also aspires to achieve the greater participation of those most affected by HIV.

As Canada moves from developing its action plan to implementing it, the next five years will be a period of rejuvenation for the CSHA and for those dedicated individuals who work in this challenging field. Collaborative relationships already exist, both domestically and globally, but they will need to be strengthened and expanded to achieve the vision set out in the action plan. More work needs to be done to encourage and facilitate interdepartmental collaboration at the federal level.

DR. ALAN LI: A VOICE FOR ACCESS AND EQUITY

As a gay Asian immigrant, Alan Li had experienced racism and homophobia first-hand since moving to Canada at the age of 16. This became the driving force behind his work in fighting injustices and building safe spaces for marginalized and vulnerable groups: people of colour, immigrants and refugees, and especially people of Asian descent.

Dr. Li was a young medical student active in the gay community of Toronto in the 1980s when he was introduced to the world of HIV/AIDS. Because of his work in organizing the group Gay Asians Toronto, he was called upon by the AIDS Committee of Toronto to help provide services and counselling to a Vietnamese-Canadian client.

"Tong was a factory worker who did not speak much English and was very isolated," recalls Dr. Li. "He was afraid to seek help from Asian social services because of the stigma and AIDS phobia and was unable to get help from mainstream AIDS service organizations (ASOs) because they did not understand his culture and the barriers he faced. I was his support buddy for only a short time before he died, but the experience really shook me up and made me realize we had to do something very quickly as a community."

Tong's case was the tip of the iceberg. Cases of HIV/AIDS among Asian Canadians grew rapidly in the late 1980s, with many individuals coming down with AIDS before they tested positive for HIV and had a chance to get treatment. Racism and homophobia forced many Asian people living with HIV/AIDS to feel alienated and remain isolated. Dr. Li realized that treating AIDS requires more than just medicine – a holistic strategy, with supportive community infrastructures and accessible services, is essential to improve the health of these individuals.

Thanks in large part to his efforts, the situation has improved for Asian Canadians in Toronto. Working with allies and other activists, Dr. Li co-founded Asian Community AIDS Services (ACAS) to provide education and support services to people of east and southeast Asian-Canadian descent.

With funding from the CSHA, the provincial government and other sources, ACAS has significantly increased the HIV/AIDS capacity and resources of Toronto's Asian communities. Trained staff and volunteers provide outreach services to many at-risk groups, in addition to peer and case management support. Last year, ACAS developed a web-based HIV/AIDS treatment information resource in English and three southeast Asian languages, the only such resource in the world.

Still, the situation is far from ideal. "On many levels, the challenges have not been reduced. In many ethnocultural groups, AIDS is still very stigmatized, more so than in the general population. People still lack awareness of the treatments available, so they remain in a state of helpless despair. This and the fear of exclusion prevent many people from getting tested, getting support and accessing treatment. That's why we still see HIV/AIDS cases rising in vulnerable groups and witness people dying untimely and often unnecessary deaths," says Dr. Li passionately.

Dr. Li believes the key to effective prevention is maximizing the human context. "I have been stressing the need to link the face of AIDS with people. Communities need to know that this is affecting their own people. Otherwise, we are just perpetuating invisibility and denial."

Dr. Li is now focussing his energy on immigrants, refugees and people living with HIV/AIDS without health care coverage. Having completed community-based research on the barriers these populations face, Dr. Li has been working with a coalition of health and social service organizations to develop legal and health information on HIV and immigration and a training curriculum for service providers on service accessibility for marginalized groups. Currently, Dr. Li is working with ACAS, other ethnocultural ASOs and the Canadian AIDS Treatment Information Exchange to spearhead a peer treatment counsellor training program for people living with HIV/AIDS from linguistically diverse communities.

These are the challenges that keep Dr. Li involved. "HIV/AIDS has huge significance for me. I have lost many close, dear friends to the epidemic. What keeps me going is the continuing injustices I see, the many barriers that still need to be broken down. What recharges me is the synergy of working with other partners who share my belief that we can make a difference."

INCREASING CANADIAN INVOLVEMENT, PARTICIPATION AND PARTNERSHIP IN THE HIV/AIDS RESPONSE

Involvement, participation and partnership are cornerstones of the pan-Canadian response to HIV/AIDS and vital to the success of the CSHA. Efforts to prevent the spread of HIV, find a cure for AIDS and achieve other goals of the CSHA require strengthened policies and innovative approaches that can only be realized through better partnerships between governments, NGOs, community-based organizations, people living with HIV/AIDS, researchers, the private sector and others. There is growing activism in some sectors to mitigate the physical, societal, psychological and economic damage caused by the disease.

PARTNERING TO IMPROVE INFORMATION RESOURCES

CATIE continues to work in partnership with diverse community organizations to determine needs and enhance accessibility to treatment information. For example, in collaboration with Asian Community AIDS Services (ACAS), CATIE made its series of *Plain and Simple Fact Sheets* available in Chinese, Tagalog and Vietnamese. CATIE is currently exploring the potential for translating this series into other languages for use by African, South Asian and other communities. CATIE also helped the group Africans in Partnership Against AIDS launch its website during 2002-2003.

Similarly, the Canadian HIV/AIDS Information Centre (CPHA), regularly surveys community-based AIDS organizations to determine what information resources are needed and how the resources can be made meaningful for the organizations and their clients. An example of a resource developed by the Centre in response to demand from the community is the "Safer Injecting" postcard, a harm reduction resource for injection drug users that illustrates safe and unsafe injection areas on the body. The Centre also looks for resources that were originally produced at the provincial or local level that might be useful for national distribution. In this regard, the Centre sought permission to update and translate the ***Safer Sex Menu***, a document produced several years ago by a Toronto-based HIV/AIDS group. The ***Safer Sex Menu***, which uses street language to explain different types of sexual activities and the level of risk of HIV infection associated

with each activity, has become a popular resource that is now being distributed across Canada.

Through the publication of *Epi Notes*, CIDPC continued to work with CAS to produce epidemiological information that is more understandable to the general public and the media. Work was also initiated to develop a series of *Epi Notes* aimed specifically at Aboriginal populations. Epidemiological information provides communities with data on how the epidemic is evolving and helps inform their policy and program responses.

INCREASING THE INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS AND PEOPLE AT RISK

As the HIV/AIDS epidemic in Canada continues to evolve, innovative ways are being sought to ensure that people living with the disease are fully involved in the response.

For example, people living with HIV/AIDS are actively participating in the Canadian Working Group on HIV and Rehabilitation (CWGHR), a national, multi-sectoral, not-for-profit group of stakeholders that promotes innovation and excellence in rehabilitation in the context of HIV disease. The CWGHR also includes representatives of community-based HIV and other disability organizations, as well as national associations representing health professionals, government departments, the private sector and employment-related agencies.

In March 2003, the CWGHR jointly sponsored a workshop with Health Canada and Human Resources Development Canada (HRDC) that brought together people living with HIV/AIDS and government and ASO representatives to develop a common definition of rehabilitation as it relates to HIV/AIDS, to explore various perspectives on rehabilitation and to identify barriers and gaps in rehabilitation programs and services. Workshop participants suggested ways that health care providers can better address the episodic nature of HIV and improve the coordination of HIV rehabilitation programs and services. The CWGHR also collaborated with CAS to submit a brief, entitled *HIV As An Episodic Illness: Revising the CPP (D)* Program, and to participate in a round table discussion held by the Parliamentary Subcommittee on the Status of Persons with Disabilities to consider the need for changes to the disability policies of the Canada Pension Plan.

CAS continued efforts to more fully engage HIV-positive youth and other young Canadians in the response by sponsoring the Youth Institute, part of the 4th Canadian HIV/AIDS Skills Building Symposium. The only national event of its kind that brings together youth and youth workers to build skills and share experiences related to HIV/AIDS, the Youth Institute aims to help young people confront HIV/AIDS in their own communities and on their own terms. Youth from each of CAS's five regions sat on the National Youth Advisory Committee that guided planning for the Youth Institute.

As well, for the first time, CAS actively recruited HIV-positive youth to participate in its annual People Living with HIV/AIDS Forum, which provides the opportunity for people living with HIV/AIDS, community-based workers and volunteers to network,

build skills, elect regional directors to the CAS board and pass resolutions that influence CAS policy directions. Full scholarships were made available to allow four youth to attend the Forum, held in conjunction with the CAS annual general meeting in Montréal in June 2003.

Users of injection drugs were involved in all aspects of planning and implementation of the First National Harm Reduction Conference, sponsored by the Street Health Nursing Foundation and held in Toronto in November 2002. The conference was jointly funded by the HIV/AIDS Policy, Coordination and Programs Division, the Hepatitis C Division, the Drug Strategy and Controlled Substances Programme and FNIHB. The lead-up to the conference included a peer-led project in which users of injection drugs were trained to visit local communities, talk about drug-related issues and encourage participation at the conference. Current injection drug users and those who had experience with IDU constituted half of the 350 participants, while the remainder were front-line service providers and professionals from the health and social services sectors. More than 100 scholarships were provided to enable injection drug users and others to attend the conference, which identified a need for similar events in the future to bring the IDU community together.

CTAC opened up its membership in 2002-2003 to all interested parties and individuals, resulting in a jump in membership from about 20 to more than 200. Many of CTAC's members and volunteers are people living with HIV/AIDS. CTAC also worked with the Canadian Hemophilia Society, the Hepatitis C Society of Canada and the Toronto Primary Care Physicians Group to ensure that drugs needed by people with HIV/AIDS are listed on the Ontario formulary.

The Canadian HIV/AIDS Legal Network launched a new initiative to champion the inclusion of drug users and other marginalized populations in all of the Network's activities and to encourage other organizations to do the same. A special workshop was held at the Legal Network's annual general meeting in Montréal in September 2002 to allow people who have had success in this regard to share their experiences with others and to encourage greater action to implement the greater involvement of people living with HIV/AIDS principle, known as GIPA.

The CTN also endeavours to ensure that the voices of people living with HIV/AIDS are heard in the development and design of HIV/AIDS clinical trials. People living with HIV/AIDS participate on every committee established by the CTN to advise on new clinical trials, and the network hosted several community workshops in 2002-2003 aimed at providing information to and dialoguing with people living with HIV/AIDS.

CAAN, through the Aboriginal Persons Living with HIV/AIDS Coordination Program, is guided by the advice and direction of the National Aboriginal PHA Advisory Committee, which meets four times annually. The Advisory Committee receives direction from the Aboriginal People Living with HIV/AIDS Caucus, which meets during CAAN's annual general meeting.

CSC launched the Special Inmates Initiatives Program, which enables inmates to become directly involved in developing programs that will improve HIV/AIDS awareness and education in institutional settings. To this end, inmates are invited to suggest ideas for projects to be funded by the program. In 2002-2003, funding was provided to inmates at three institutions to develop materials and make presentations on HIV/AIDS. For example, inmates at Warkworth Institution in Campbellford, Ontario, conducted a one-day symposium on HIV/AIDS and hepatitis C entitled "Let's Talk … Let's Listen." Speakers and participants included members of NGOs and external health practitioners.

IMPROVED INTERDEPARTMENTAL AND INTERGOVERNMENTAL COLLABORATION

The federal government is striving to increase collaboration and partnership among departments and agencies that have programs or responsibilities directly or indirectly related to HIV/AIDS, as called for in the five-year review of the federal role in the CSHA and by the Standing Committee on Health. Health Canada is also working to further engage non-traditional partners at the federal level, including HRDC, the Department of Justice, Indian and Northern Affairs Canada and Citizenship and Immigration Canada.

Another example of interdepartmental teamwork is the Global Health Research Initiative (GHRI), a partnership between CIHR, Health Canada, CIDA and the International Development Research Centre. The GHRI is a cooperative arrangement aimed at coordinating and building upon Canada's global health research activities. The initiative provides a framework that allows the four partners to operate more effectively when addressing areas of mutual interest.

CIDPC continued to foster partnership and collaboration with provincial/territorial HIV/AIDS laboratories. A consensus meeting held in Vancouver in June 2003 brought together management and technical support staff from CIDPC and provincial/territorial laboratories to discuss issues of common concern and new ways of doing business, thus fostering a team approach and strengthening federal, provincial, territorial relations.

CIDPC also hosted a National HIV/AIDS/STI surveillance meeting in Victoria in March 2003. The meeting brought together federal, provincial and territorial counterparts responsible for HIV/AIDS and STI data collection, management and analysis. Members of the community and specific interest groups, many of whom are partners in disease surveillance, also attended the meeting, as did users of surveillance data who guide policy and programming. The meeting was an opportunity to discuss priority data needs to improve the monitoring of HIV/AIDS, to share new initiatives and provide updates on key activities at the national and regional levels, and to determine national goals and priority activities for 2003-2004.

WORKING WITH CANADA'S GLOBAL PARTNERS

The UNGASS Declaration of Commitment on HIV/AIDS has become an important guidepost for the policy and programming activities of CSHA partners. Since UNGASS, for example, there has been greater coordination among CIDA, DFAIT and Health Canada on Canada's international response to HIV/AIDS. NGOs see the Declaration of Commitment, with its measurable outcomes, as a powerful tool for influencing the policy agenda and reminding governments of the need to fulfill their commitments to fight HIV/AIDS at both the national and international levels. To this end, ICAD and its members have developed training materials to strengthen the capacity of the HIV/AIDS community to use the Declaration to develop and monitor their core programming.

The Government of Canada's second annual report on the implementation of the UNGASS Declaration of Commitment on HIV/AIDS was submitted to UNAIDS in June 2003. The report was coordinated by CIDPC, with input from national and community NGOs, federal government departments/agencies and the Working Group on International HIV/AIDS Issues. This was the first time Canada and other countries reported on UNGASS on the basis of indicators developed by the United Nations (that is, national core indicators, national program and behaviour indicators and impact indicators). To strengthen the reporting process, Health Canada is examining a series of data collection mechanisms and resources that will allow better monitoring of Canada's progress in implementing the Declaration of Commitment. Canada also participated at the UN General Assembly High Level Meeting on HIV and AIDS on September 22, 2003.

CAS signed a new memorandum of understanding (MOU) to continue its participation in IAVI. The new MOU includes an agreement to work together in Canada to increase political commitment for HIV vaccine development; to increase public awareness about the need for a preventive vaccine; to increase financial support for HIV vaccine development from government, industry and individual donors; to increase the interest and involvement of the scientific community and NGOs; and to increase the knowledge, skills and advocacy capacity of community-based HIV/AIDS organizations around vaccine development issues. The Canadian HIV/AIDS Legal Network also signed an MOU with IAVI to work on legal, ethical and human rights issues related to HIV vaccines, in Canada and internationally.

As well, CAS continues to act as the secretariat for the North American Council of AIDS Service Organizations (NACASO). NACASO offers its members a mechanism through which to network on critical advocacy issues, such as vaccines, microbicides, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the UNGASS Declaration of Commitment on HIV/AIDS. During 2003, NACASO has focussed on building its infrastructure and governance, increasing its membership and preparing to deliver workshops on the Declaration of Commitment to its members.

ICAD and CAS have launched a database to promote greater involvement of Canadian organizations in international HIV/AIDS issues and activities. The database, co-funded by IAD and CIDA, collates the knowledge, skills and expertise of Canadian ASOs, NGOs, faith-based organizations and educational institutions. It is being marketed to multilateral and bilateral agencies, private sector firms, trusts and international NGOs searching for Canada's help and support in global programming.

The GHRI mentioned above encourages collaboration between researchers in Canada and researchers in low- and middle-income countries. As a result of a Request for Applications (RFA) for global health development and planning grants, seven HIV/AIDS-related projects were approved in 2002-2003, covering topics such as transforming violent gender relations to reduce risk of HIV infection among young women and girls in South Africa and the determinants and societal impact of the HIV/AIDS epidemic in India.

INCREASED INVOLVEMENT AND COLLABORATION IN HIV/AIDS RESEARCH

All of the HIV/AIDS-related RFAs issued by CIHR aim to increase the involvement and participation of various target groups in research. For example, in 2002-2003 the Institute of Aboriginal Peoples' Health and the Institute of Infection and Immunity provided funding for two projects that are enabling Aboriginal communities and organizations to participate in HIV/AIDS research. One project, involving a multidisciplinary approach and 600 study participants in British Columbia, is intended to improve understanding of HIV vulnerability in young Aboriginal drug users. The second study, a collaborative effort between researchers, government and community groups, is exploring issues of HIV testing and care decisions in Canadian Aboriginal youth.

Work also continued on the establishment of the HIV/AIDS Research Advisory Committee, whose role will be to identify priorities for HIV/AIDS research in consultation with CIHR, Health Canada, HIV researchers and community groups. The committee will be instrumental in making recommendations on priorities for HIV research, developing RFAs in the area of HIV/AIDS and advising on the allocation of strategic HIV/AIDS research funding. Nominations for membership were submitted in 2002-2003, and the committee is now operational.

Partnerships with communities, Health Canada and universities (for example, the University of Alberta, the University of Ottawa, the University of Toronto and the University of Calgary) are an important component of CAAN's research efforts. CAAN is currently working with these partners on two CIHR-funded research projects: the Influence of Stigma on Access to Health Services by Persons Living with HIV Illness and the Diagnosis and Care of HIV Infection in Canadian Aboriginal Youth.

CHALLENGES AND OPPORTUNITIES

Increased collaboration among and involvement by all sectors of Canadian society are fundamental goals of CSHA partners as they seek out opportunities to expand and strengthen Canada's response to HIV/AIDS. Despite their innovative, strategic and proactive efforts, challenges continue to arise, as evidenced by the 50 per cent decline in participation in AIDS Walk Canada 2003 compared with previous years (the amount of money raised for local AIDS organizations dropped from $2.2 million in 2002 to approximately $1.6 million in 2003). CAS, which provides national coordination for AIDS Walk Canada, attributed the decline in part to a complacency about HIV/AIDS and indicated that new mechanisms will be sought for recruiting walkers from all sectors of society.

Similarly, new opportunities must be sought to reduce jurisdictional barriers, improve interdepartmental and intergovernmental collaboration, and engage other federal departments more broadly in the response. In addition, innovative and creative ways are needed to enhance the opportunities to involve people living with HIV/AIDS, and those at risk of infection, in all aspects of program development and delivery.

The draft national action plan and the report of the five-year review of the federal role in the CSHA portray the forward-thinking, collaborative and multi-sectoral approach that must be embraced to address these challenges and realize the goals of the CSHA.

ANNE MARIE DICENSO: INSPIRED BY PERSONAL EXPERIENCE

Anne Marie DiCenso brings a passion to her work that is shared by many who are active in Canada's HIV/AIDS response. And, like countless others, she draws her inspiration and energy from the very people who are living with the disease.

"I have a long history of working with people who are in conflict with the law," she says by way of background. "In fact, I was working for the Elizabeth Fry Society in 1991 when I was asked to sit on PASAN's founding board of directors." Ms. DiCenso later applied for a staff position and became coordinator of women's programs at the Prisoners' HIV/AIDS Support Action Network (PASAN) a community-based network that provides advocacy, education and support to prisoners and ex-prisoners on HIV/AIDS and related issues.

In October 2002, she was named Executive Director of PASAN and became accountable for the full scope of the organization's activities. But she retains a special interest in women's issues.

"When I was with the Elizabeth Fry Society, part of my job was to go into the Prison for Women in Kingston (now closed). I was meeting with a number of women who were HIV-positive, and I could see that their needs were not being met. These were special people who were up against tremendous odds and were great fighters, both for themselves and for others with HIV/AIDS. I realized that this was where my passion was."

Working with other PASAN staff and volunteers, Ms. DiCenso set out to improve the support network and service delivery for HIV-positive women prisoners. "For a long time we simply provided one-on-one counselling, dealing with individual women's experiences. This made an enormous difference to these women. They finally had someone to reach out to. We were able to go into prisons, so the isolation was reduced. We could see what they needed and give them a shoulder to cry on. PASAN has become a place they can connect with – they build trust with us and know we will help them get support in the community when they are released."

While the situation for HIV-positive women prisoners has improved on some fronts, many systemic barriers still need to be addressed. Ms. DiCenso and co-investigators Giselle Dias and Jacqueline Gahagan recently documented these barriers through a major research project that explored the experiences of 156 women in Canadian prisons who are infected with HIV or hepatitis C (see page 29).

"This study means a lot to me," she acknowledges. "It was the first of its kind in Canada, and we got a huge amount of detailed information on what was working and what wasn't working and where there are service gaps. I think the report includes a lot of important findings."

The study has confirmed that much remains to be done by PASAN and other stakeholders in the Canadian Strategy on HIV/AIDS. Women living with HIV/AIDS in prison are still isolated and need advocates and support networks, both inside and outside the institutional setting. But more than anything, it is the women themselves who inspire Ms. DiCenso day after day.

"One of my closest friends died a couple of years ago of AIDS," she explains. "I met her in 1991, when I was working for the Elizabeth Fry Society. When this woman was released from prison, she came to work at PASAN and we became very close. I was with her when she died. Her experience and the work she did and the fight she made impacted me in a very personal way. That's what keeps me going – I have met so many powerful, amazing women who really inspire me."

ADVANCING THE SCIENCE OF HIV/AIDS

Advances on the biomedical and clinical fronts, as well in various aspects of social science, are key to stopping the spread of HIV, developing better treatments and a cure for AIDS, and improving the quality of life of people living with HIV/AIDS. Canadians are at the forefront of specific areas of HIV/AIDS research and continue to expand their involvement in broad-based, collaborative research initiatives at the local, regional, national and international level.

New scientific knowledge is contributing to better responses to HIV/AIDS in Canada and worldwide, but many questions remain unanswered and new challenges continue to arise. New strains of the virus, treatment failures, widespread misconceptions and a lack of the sense of seriousness about the risks of contracting HIV/AIDS are posing new questions for biomedical and social science researchers alike.

CANADIAN PARTNERS IN HIV/AIDS RESEARCH

HIV/AIDS research receives a significant portion of the CSHA's annual budget – approximately $13 million per year, or 30 per cent of total CSHA spending. Most of this money is dedicated to extramural research at universities, hospitals and other institutions (see Table 2), with about $1 million being used to support epidemiological research within Health Canada. In addition, CIHR, which administers the majority of the CSHA's extramural research program, is committed to contributing at least $3.5 million per annum to HIV/AIDS research from its own budget. In 2002-2003, CIHR invested a total of $4.8 million in this work.

CIHR has begun to issue RFAs that are more strategic and targeted in order to address gaps in certain areas of research. Largely as a result of this approach, the number of new HIV/AIDS research projects approved by CIHR reached a five-year high in 2002-2003. Thirty-seven new HIV/AIDS research projects were approved by CIHR during the year, bringing the total number of projects receiving funds in 2002-03 to 89 (see Table 3).

TABLE 2: FEDERAL HIV/AIDS EXTRAMURAL RESEARCH FUNDING STREAMS – ($M)

	CSHA	CIHR
Community-Based Research	1	
Aboriginal Community-Based Research	0.8	
Biomedical/Clinical*	4.6	4.8
Health Services/Population Health*	2.4	
Canadian HIV Trials Network*	3.2	

* Administered by CIHR.

TABLE 3: CIHR-FUNDED RESEARCH GRANTS IN 2002-2003

Research Program	New Projects	Ongoing Projects
Operating Grants	24	67
Randomized Controlled Trials	0	4
Group Grants	1	3
Proof of Principle	1	1
Partnership Programs	1	6
Institute Strategic Initiatives	10	8
TOTAL	37	89

Other federal funding programs also support Canadian HIV/AIDS research. For example, Genome Canada, the primary funding and information resource relating to genomics and proteomics in Canada, has invested $11.5 million over three years in large-scale research projects that will increase our understanding of the role of genetics in immune-based diseases like HIV and in opportunistic infections that pose a threat to people with weakened immune systems. The Canada Foundation for Innovation, whose mandate is to strengthen Canada's capacity to carry out world class research and development activities, also supports HIV/AIDS research infrastructure at universities and not-for-profit institutions across Canada.

The Canadian Network for Vaccines and Immunotherapeutics (CANVAC) is one of 20 networks supported by the federal Networks of Centres of Excellence Program. CANVAC, which brings together leading Canadian scientists specializing in the fields of immunology, virology and molecular biology, spent approximately $1.18 million on HIV/AIDS projects in 2002-2003.

SOCIAL SCIENCE AND COMMUNITY-BASED RESEARCH

Canadian social science and community-based research (CBR) has contributed substantial new knowledge to HIV/AIDS prevention, care, treatment and support efforts.

For example, the aforementioned Canadian Youth, Sexual Health and HIV/AIDS Study, coordinated by CMEC, was the first national study since 1989 to focus specifically on the sexual health of adolescents. Funded by Health Canada under the CSHA and carried out by researchers at four Canadian universities (Acadia, Alberta, Laval, and Queen's), the study surveyed more than 11 000 youth in Grades 7, 9 and 11 about their knowledge, attitudes, behaviours and other factors that influence sexual health. The study results reinforce the need for a comprehensive focus on students' sexual health and the need for services directed to those most at risk of unhealthy behaviours. Among the noteworthy findings:

- Forty per cent of male students and 46 per cent of female students in Grade 11 had experienced sexual intercourse. In Grade 9, 23 per cent of male students and 19 per cent of female students had experienced sexual intercourse.
- Students in 2002 generally exhibit lower levels of sexual knowledge than those who participated in the 1989 survey. For example, two thirds of Grade 7 students and half of Grade 9 students do not know that there is no cure for HIV/AIDS.
- About half of Grade 11 students are not aware that people with sexually transmitted infections (STIs) may not have any visible symptoms.
- For the first time in Canada, the survey provides data on how young people use and perceive sexual health services and education. The findings indicate that more should be done in these areas.
- Most students report relatively rare use of harmful addictive drugs and a "happy home life," and indicate that the school serves as an important source of sexual and HIV/AIDS information.

The Canadian Youth, Sexual Health and HIV/AIDS Study will serve as a benchmark for the development and delivery of sexual health programs and initiatives for youth.

As noted earlier, in early 2003 Health Canada funded *HIV/AIDS – An Attitudinal Survey* to determine the adult public's knowledge, awareness and behaviour with respect to HIV/AIDS and to provide direction to the Department's efforts to raise Canadians' awareness of HIV/AIDS. Among the findings:

- Nearly one in five Canadians believe HIV/AIDS can be cured if treated early.
- Although virtually all Canadians believe that HIV/AIDS is a somewhat serious or a very serious problem, an overwhelming majority of Canadians believe that their own personal risk of contracting HIV/AIDS is low.
- Forty-four per cent of Canadians do not agree that people living with HIV/AIDS should be allowed to serve the public in positions such as dentists and cooks. As well, only about 40 per cent of Canadians rate themselves as being "very comfortable" working in an office with a man or woman who developed HIV/AIDS.

- Just over one quarter of Canadians indicated that they have been tested for HIV, excluding testing for insurance purposes, blood donation and participation in research.
- When asked where they believe the federal government should be focussing its attention, half of those surveyed stated public education. One third believe the federal government should be conducting research into treatment. Canadians also believe that the federal government should be focussing attention on finding a cure/vaccine, caring for the infected and youth education and prevention.
- Nearly three quarters of Canadians support federal government involvement in HIV/AIDS. Close to two thirds of Canadians believe that the federal government should be spending more on HIV/AIDS today than it did 10 years ago, while 28 per cent believe that spending should be unchanged from 10 years ago.

Other social science research also produced important information in 2002-2003.

For example, "Positive Connections for Positive Inmates," a research project undertaken by the AIDS Calgary Awareness Association and Safeworks (Calgary Health Region), identified systemic barriers to the care, treatment and support of HIV-positive inmates in southern Alberta and made recommendations on how to improve their physical and psychosocial health.

Another study explored the social contexts within which injection drug users in Halifax use injection drug paraphernalia (either safely or not safely) and have sex (again, either safely or not safely). The study, a collaborative effort involving Dalhousie University, the Mainline Needle Exchange, the North End Community Health Centre and the Queen Elizabeth II Hospital, suggests that there is a continued need for HIV prevention measures among injection drug users in Halifax, with a particular focus on gender issues that influence unsafe practices.

The Polarias Seroconversion Study, based at the University of Toronto, is a CIHR-funded longitudinal open-cohort study of documented recent HIV-infected individuals and an HIV-negative control group in Ontario that has made numerous contributions to the field of HIV/AIDS. A key finding of this research team last year was that delayed application of condoms for anal sex is an important predictor of HIV infection among gay and bisexual men. Men who reported this practice were six times more likely to become infected with HIV.

A researcher at the King's College School of Social Work (University of Western Ontario) explored how the income level of people living with HIV/AIDS affected their access to work (both paid and volunteer), services and informal social relations. A key recommendation arising from this project was that policy and program design should focus on sources of stress, factors that affect control over stressful life events, and barriers to social engagements.

The Prisoners' HIV/AIDS Support Action Network (PASAN) undertook a qualitative study of the perceptions and experiences of female inmates living with HIV/AIDS and/or hepatitis C. Researchers interviewed 156 women in nine federal institutions across Canada to document their needs in relation to HIV/AIDS and hepatitis C prevention, care, treatment, and support, both in institutions

and in the community after release. The resulting bilingual report, *Unlocking Our Futures: A National Study on Women, Prisons, HIV and Hepatitis C,* is a reflection of the women's voices, their needs and concerns. It identifies both gaps in service delivery and good practices, in such areas as harm reduction, prevention education, HIV testing, confidentiality, the provision of medical services, diet and nutrition, counselling, support and information. A series of recommendations are presented for CSC, Health Canada, public health departments and others to assist in the development and implementation of a "best practice" framework in this sector. For example, the study recommends that access to women-specific HIV and hepatitis C prevention education programs must be expanded and made consistent throughout the prison system. As well, female physicians should be available in all women's institutions, and inmates must have access to anonymous HIV testing.

The CSHA's investment in CBR, which generates information relevant to communities developing innovative program and policy responses to HIV/AIDS, is also beginning to produce results. For example, the Community-Based Research Network project, a three-year initiative started in 2002, serves as a repository of CBR models, tools, reports and information about ongoing studies as well as a communications medium for upcoming events. An initiative of the Community-Based Research Centre in Vancouver, the project has created a bilingual website under the guidance of a national advisory committee drawn from the Canadian HIV/AIDS CBR community, including Aboriginal representatives. A review, rating and editorial policy is being developed to enhance the quality and effectiveness of the website.

CAAN is working on several CBR projects under the Aboriginal Community-Based Research Program. These include studies entitled Canadian Aboriginal People Living with HIV/AIDS: Care, Treatment and Support Issues (Praxis Research Associates); Joining the Circle, Phase II: Aboriginal Harm Reduction (Sir Wilfred Laurier University); and Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities (University of Manitoba).

CLINICAL TRIALS TEST HIV/AIDS TREATMENT OPTIONS

The CTN – the principal organization conducting HIV/AIDS clinical trials in Canada – is a partnership of researchers and research institutes committed to developing treatments, vaccines and a cure for HIV/AIDS. Through CIHR, the CTN receives $3.2 million in CSHA funding each year to work with clinical investigators, people living with HIV/AIDS, the pharmaceutical industry, physicians, specialists and laboratories to assess experimental HIV/AIDS therapies. Many CTN trials have also been successful in obtaining additional support directly from CIHR, which has enabled the CTN to move away from industry-sponsored trials to investigator-initiated, peer-reviewed trials.

The CTN underwent a CIHR-administered peer review process by an international panel

of experts in 2002-2003. The international reviewers gave the CTN an excellent rating and praised the Network as a useful and productive investment of CSHA dollars. As a result of this review, the CTN was awarded a grant for another five-year term, with an increased budget to support its activities beginning in 2003-2004.

In 2002-2003, the CTN facilitated 16 HIV clinical trials – five of them new – involving more than 800 Canadians with HIV/AIDS. The CTN also reviewed 13 new trial protocols and approved five. CTN trials that published results in 2002-2003 include:

- CTN 102, the Nelfinavir vs. Ritonavir Study, which showed that the antiviral activity of either nelfinavir or ritonavir as part of highly active antiretroviral therapy (HAART) was similar and resulted in a substantial decline in disease progression over nearly four years of follow-up. The study also showed that nelfinavir was better tolerated than ritonavir. This equivalence, open-label study, which enrolled 253 participants across Canada, was the first large-scale trial in which the CTN collaborated with a U.S.-based trials network and the first to compare the clinical efficacy of nelfinavir to ritonavir when added to background therapy.
- CTN 160, the Double Non-Nucleoside Study, which evaluated the antiviral efficacy and safety of nevirapine and efavirenz – the two most widely used non-nucleoside reverse transcriptase inhibitors – in combination therapy with 3TC and d4T. The study concluded that treatment failure was similar in the efavirenz and the nevirapine arms but was highest in the nevirapine plus efavirenz arm, mainly due to more treatment discontinuations in this arm. This study suggests that nevirapine once daily or twice daily is a reasonable alternative to efavirenz. Dual non-nucleoside treatment appears to offer no advantage.

CTN researchers have also determined that treatment for HIV infection may start later than originally believed without compromising the medical outcome for the individual being treated. Treatment traditionally began when the patient reached a CD4 count of 500, but new evidence indicates that treatment can be delayed until the CD4 count is 200. This can benefit patients (by delaying the potentially harmful side effects of HIV therapies) and translate into health care savings.

Clinical research is ongoing in many areas. For example, CTN researchers are conducting a clinical trial to determine if a structured treatment interruption, also known as a "planned drug holiday," is beneficial before switching to a new regimen. Structured treatment interruption is a new investigational approach to managing HIV-infected patients who are experiencing treatment failure. Approximately 200 HIV-infected volunteers across Canada will participate in the trial (CTN 164), which will assess the risks and benefits of structured treatment interruption in terms of viral response, CD4-count response, safety, quality of life and other factors.

ADVANCEMENTS IN BIOMEDICAL RESEARCH

Biomedical research continues to produce information that is essential to understanding the virus and to developing effective strategies to treat HIV/AIDS and opportunistic infections.

CIHR-funded researchers at the University of Western Ontario and Robarts Research Institute have been focussing their efforts on understanding the side effects of drugs in HIV-infected patients. The researchers have identified that the side effects may be due to changes in patients' cells as a result of virus-produced proteins, which change some key elements of cellular function. These changes have included a reduction in the production of glutathione (a key defence against stress in the cell) related to production of a specific HIV protein. These reductions make the cells much more vulnerable to drug break-down products, and cellular injury and death can then produce serious side effects during treatment. Research continues into how these cellular changes occur in order to develop strategies to reduce the number and severity of drug side effects among people with HIV and AIDS.

Researchers from the University of Western Ontario, in collaboration with colleagues at the Hospital for Sick Children in Toronto, have also been investigating the treatment of HIV in children. The team has demonstrated that children living with HIV experience problems with the palatability of a large number of antiviral drugs and that the side effects of many drugs used in the treatment of HIV appear to be different among children with HIV than among adults.

Another important aspect of the treatment of HIV infection is the poor response to antiviral therapy and the emergence of resistant strains of the virus in the central nervous system. Researchers at the University of Toronto have been investigating the properties of various antiviral drugs in relation to the emergence of resistant strains of HIV-1 in the brain. Their results have revealed important information on the transport of drugs within the central nervous system. Knowledge of the mechanisms that regulate drug delivery in the brain will assist with the development of novel pharmacological treatment approaches and prevention of HIV-1-induced injury to the nervous system.

Opportunistic infections occur in HIV-infected people as a result of a weakened immune system. Mucosal candidiasis is a common and debilitating fungal infection in HIV patients that is being studied by researchers at Sainte-Justine Hospital, University of Montréal and the Clinical Research Institute of Montreal. The work of this team, performed using transgenic mice reproduce the features of candidiasis in human HIV infection, has revealed the specific cell types that are involved in susceptibility to mucosal candidiasis (Langerhans cells, CD4+ T-cells, CD8+ T-cells). Their studies provide new insights into the alterations of host defence mechanisms in HIV-infected patients that predispose them to mucosal candidiasis. This new knowledge is an essential prerequisite to rational, targeted augmentation of defective immune cell populations in HIV-infection.

IMPROVING HIV/AIDS TESTING METHODOLOGIES

HIV testing technologies support research and improve our understanding of new HIV strains and issues such as drug resistance.

In 2002-2003, CIDPC initiated a project with the National Institutes of Health and Centers for Disease Control in the United States to investigate low-cost diagnostic and prognostic tests for HIV. Specifically, researchers are developing a test that would reduce reagent use by about 40 per cent. (When added to a substance, reagents cause a reaction that aids in determining the composition of the substance). At the same time, reagent manufacturers are being asked to reduce their prices in resource-poor settings. Currently, a CD4 count test costs about C$50 to administer, including the cost of equipment. Canadian and U.S. researchers are endeavouring to reduce this cost to about C$25 for industrialized nations and C$3 for resource-poor settings.

CIDPC has also begun to develop and implement drug resistance quality assurance programs in collaboration with the British Columbia Centre for Excellence in HIV/AIDS. These programs are designed to ensure that drug resistance monitoring is equivalent across Canada in terms of testing, interpretation of the results and standardization of care. Canada is seen as a world leader in drug resistance surveillance, and this project has attracted the participation of a number of other countries.

NEW EPIDEMIOLOGY ESTIMATES POINT TO A NEED FOR GREATER VIGILANCE

New national HIV prevalence and incidence estimates released by Health Canada in the fall of 2003 indicate that rates of HIV infection are still unacceptably high among all exposure categories. Greater vigilance is required to turn the corner on Canada's HIV/AIDS epidemic.

The new estimates reveal that more people are living with HIV infection (prevalent infection) in Canada than ever before. At the end of 2002, an estimated 56 000 people in Canada were living with HIV infection (some of whom also had AIDS), an increase of 12 per cent compared with the end of 1999 when an estimated 49 800 people were HIV-positive. In terms of exposure categories among the 2002 prevalent infections, 32 500 were MSM (accounting for 58 per cent of the total), 11 000 were injection drug users (20 per cent of the total), 10 000 were heterosexuals (18 per cent of the total), 2 200 were MSM/injection drug users (four per cent of the total) and 300 infections (less than one per cent of the total) were attributed to other types of exposure. Of particular concern is the fact that about 30 per cent of HIV-infected people at the end of 2002 (an estimated 17 000 individuals) were unaware of their HIV infection. These individuals are "hidden" to the health care and disease-monitoring systems since they have not yet been tested and diagnosed for HIV infection.

The number of new HIV infections (incident infections) continues at approximately the same rate as three years ago. In Canada,

there were an estimated 2 800 to 5 200 new HIV infections in 2002, compared with the estimate of 3 310 to 5 150 new infections in 1999. MSM continue to comprise the greatest number of new infections, accounting for 40 per cent of the national total, which is a slight increase from 38 per cent in 1999. The proportion of new infections among injection drug users has decreased slightly, from 34 per cent of the total in 1999 to 30 per cent in 2002, while the proportion attributed to the heterosexual exposure category increased slightly, from 21 per cent in 1999 to 24 per cent in 2002. (Figure 1 provides a comparison of the distribution of new infections among different exposure categories from 1981 to the end of 2002.)

Among the other significant trends noted in the data:

- At the end of 2002, an estimated 7 700 women were living with HIV in Canada, (including those living with AIDS), accounting for about 14 per cent of the national total. This represents a 13 per cent increase from 1999. The number of new infections among women attributed to the heterosexual category increased from 46 per cent in 1999 to 53 per cent in 2002, with the remainder of new infections among women attributed to IDU.
- An estimated 3 000 to 4 000 Aboriginal people in Canada were living with HIV at the end of 2002, accounting for five to eight per cent of the national total (Aboriginal people accounted for about six per cent of the estimated prevalent infections in 1999). The composition of exposure categories among Aboriginal people did not change significantly between 1999 and 2002. (The distribution in 2002 was 63 per cent attributed to IDU, 18 per cent heterosexual, 12 per cent MSM and seven per cent MSM-injection drug users).
- An estimated 3 700 to 5 700 people who were born in countries where HIV is endemic were living with HIV at the end of 2002, accounting for seven to 10 per cent of the national total.

The new estimates confirm that concerted action is required to prevent new infections among all risk groups and to provide services for the increasing number of Canadians living with HIV infection.

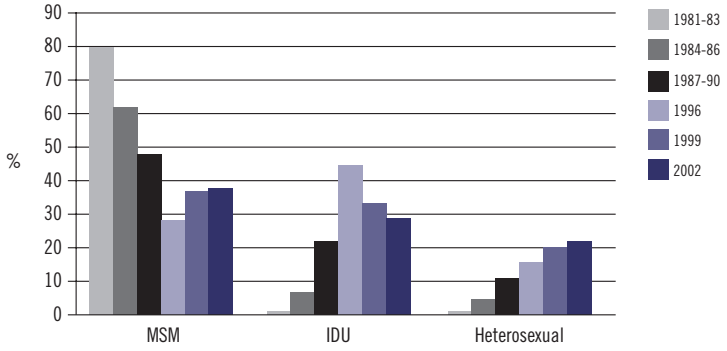
VACCINE AND MICROBICIDE DEVELOPMENT CONTINUES

CIDA invested $15 million in vaccine research in 2002-2003 as part of a three-year, $45 million commitment to IAVI announced at the G8 Summit in Kananaskis, Alberta, in June 2002. This contribution makes Canada the largest government donor to IAVI. Canada is also contributing $5 million to the African AIDS Vaccine Programme, for a total commitment to international vaccine development of $50 million over three years.

Clinical trials of AIDSVAX were concluded in 2002-2003. CTN researchers were involved in the trials, which took place in North America, the Netherlands and Thailand. Although this international initiative did not achieve the hoped-for results, it was an important learning experience for the CTN (this was only the second time the Network actively participated in a vaccine trial) and others around the world.

On the domestic front, CIDPC is collaborating with industry and academic researchers on pre-clinical evaluations of the efficacy of new HIV vaccines. These evaluations

FIGURE 1: ESTIMATED EXPOSURE CATEGORY DISTRIBUTIONS (%) AMONG NEW HIV INFECTIONS IN CANADA, BY TIME PERIOD.



MSM: men who have sex with men; *IDU:* Injecting drug users; *Heterosexual:* sub-categories of heterosexual contact with a person at risk for HIV, origin in a country where HIV is endemic and heterosexual as the only identified risk

are required before clinical trials can begin. Two projects are under way: one involving the University of Ottawa, the National Research Council of Canada and a biotechnology company (owner of the intellectual property) and another in partnership with McMaster University, McGill University and the University of Toronto.

In October 2003, a one-day symposium was held in Ottawa to identify how Canadian researchers, biotechnology companies, ASOs and development NGOs can promote the research and development of microbicides. The symposium was cosponsored by ICAD, Health Canada, CIHR, CIDA, the International Partnership for Microbicides, the Microbicide Advocacy Group Network (MAG-net; coordinated by CAS) and the Global Campaign for Microbicides.

CHALLENGES AND OPPORTUNITIES

Through research efforts in Canada and internationally, our understanding of the science of HIV/AIDS continues to improve. Advances are being made on the biomedical, clinical and social science fronts, and community-based research is becoming more robust. With each step forward, however, new challenges emerge in the form of drug-resistant HIV strains, treatment failures and the need for new, more effective interventions to prevent infection in at-risk populations.

Achieving true advances in health research is resource-intensive. CSHA partners continue to cite the need for increased funding to carry out HIV/AIDS research, upgrade the research infrastructure and attract and retain qualified scientists and support staff. Communication could also be enhanced within the research community and between researchers and other stakeholders. As well, epidemiological research in Canada needs to be strengthened in order to provide information that will improve estimates of HIV incidence and prevalence. The increased cost of insurance for research projects, the complexity of research contracts (for example, for clinical trials) and the need for better information to monitor the epidemic have also been identified as challenges for Canada's HIV/AIDS research community.

JENNY SAARINEN: MAKING A DIFFERENCE IN SOUTH AFRICA

Jenny Saarinen's introduction to the HIV/AIDS epidemic in South Africa was harsh but effective. The day after arriving on a six-month internship sponsored by the Interagency Coalition on AIDS and Development and funded by the Canadian International Development Agency, Ms. Saarinen was taken to the hospital in Eshowe, a small rural community in KwaZulu-Natal province, where an entire ward is set aside for HIV/AIDS patients. She watched helplessly as a patient died, and the next day attended the funeral.

"I was quite shocked to see a ward full of people who were obviously very sick," she recalls of her first hospital visit. "But it was a good way to be introduced to the place and the problem. I saw pretty quickly that it was an issue that was invading the whole community on many levels."

An Alberta native who is currently completing a master's degree in international social work at the University of Calgary, Ms. Saarinen was in Eshowe to work with the Tugela AIDS Program (TAP). TAP is one of only a handful of AIDS service organizations in the remote northern region of the province and is experiencing financial difficulties due to cutbacks by the provincial department of health.

Against this backdrop, Ms. Saarinen's primary task was to help ensure the long-term sustainability of TAP by developing fund-raising materials that will enable the organization to attract financial assistance from domestic and international donors. However, she also worked closely with TAP's director of training to deliver peer education workshops to youth, farm and mill workers and traditional leaders throughout northern KwaZulu-Natal province. It was on these travels that she saw the most difficult aspects of life in South Africa but also enjoyed her most rewarding experiences.

"I think the workshops I helped deliver were the greatest achievement of my internship. I was connecting with people and had several really wonderful one-on-one experiences in the workshops and afterward. I felt I was doing something concrete and that we were learning together."

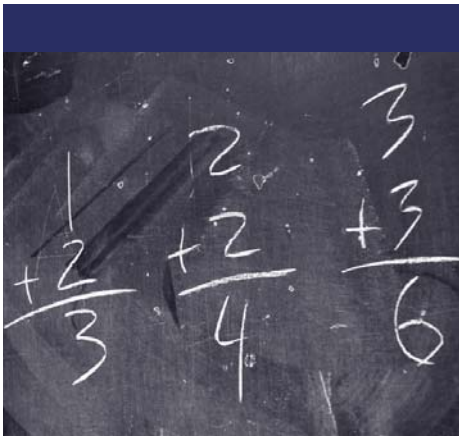
Ms. Saarinen has other lasting impressions from her time in South Africa. "HIV/AIDS was everywhere. One day, in a 40-minute period, I counted six or seven public service announcements about HIV/AIDS on the radio. Every billboard in my township was an AIDS awareness billboard. But a lot of people still didn't want to talk about HIV/AIDS."

Overall, Ms. Saarinen received a tremendously positive and warm welcome from the people of Eshowe and the surrounding area. "People were both amazed and happy that I was there," she remembers. "I was the only white person in King Dinizulu township." At the same time, she struggled to come to grips with gender relationships in rural South Africa, which are dramatically different than in Canada.

"I'm still trying to figure out how I feel about what I saw, the way men and women interacted. In some situations, I could feel power being taken away from me because of my gender. I understand there is a different cultural context, but it was still very difficult."

Ms. Saarinen is using the knowledge and experience she gained in South Africa to inform others about the epidemic. Since returning to Canada, she has made presentations at an AIDS conference in Ontario and to groups ranging from AIDS Calgary to the United Church. She is also doing research on HIV/AIDS in Alberta for a professor at the University of Calgary, and is looking forward to comparing what she learns from this work to her experiences in South Africa.

As for the future, Jenny Saarinen's career path remains open. "I guess I have always imagined I would go back to Africa if the opportunity arose," she acknowledges. "HIV/AIDS remains a big interest for me."



INCREASING THE USE OF RELIABLE INFORMATION

Canadians and others around the world need access to accurate, up-to-date information on HIV/AIDS. Reliable information enables people at risk to change their behaviours to avoid HIV infection and those living with HIV/AIDS to learn about new treatments, manage their health and improve their quality of life. Information is essential for policy making, programming and delivery of professional health care and support services. CSHA partners continue to devote significant resources to the development and dissemination of reliable information that is having an impact on the lives of individuals and strengthening Canada's response to HIV/AIDS.

GENERATING NEW KNOWLEDGE AND INFORMATION RESOURCES

Many CSHA partners report developing new knowledge and information resources in 2002-2003, with the goal of improving understanding and awareness of the epidemic, strengthening HIV/AIDS programming and encouraging broader engagement in the response.

The Canadian HIV/AIDS Information Centre, CPHA, designed, developed and implemented a national, bilingual HIV/AIDS awareness campaign targeted at the general public during Canadian HIV/AIDS Awareness Week in December 2002. Adopting the UNAIDS theme of stigma and discrimination, the campaign ensured that HIV/AIDS awareness resources were available to support local activities throughout the week and on World AIDS Day. Campaign promotional information was sent to more than 14 000 organizations in September 2002, resulting in orders from 926 organizations for a total of 611 245 items – a 300 per cent increase over 2001. The campaign website was visited 98 936 times, and 56 850 documents were downloaded over a five-month period. With encouragement from the CPHA, 164 municipalities officially declared Canadian HIV/AIDS Week and World AIDS Day in their communities.

Using visual methods to convey culturally appropriate messages about stigma, discrimination and HIV/AIDS, CAAN developed and distributed a new poster series with the tag line "HIV/AIDS. Fear. Discrimination. It can end with us." Launched on Aboriginal

AIDS Awareness Day (December 1, 2002), four of the posters provide personal messages from Aboriginal individuals whose lives have been affected by HIV/AIDS, fear and discrimination, while a fifth aims to raise awareness of CAAN and its role in supporting Aboriginal people infected with or affected by the disease. CAAN developed a series of fact sheets and radio public service announcements to complement the poster campaign. As well, CAAN is engaged in a two-year project entitled "HIV/AIDS Prevention Messages for Aboriginal Youth in Canada." The project involves a literature review of HIV/AIDS prevention campaigns targeting Aboriginal youth and will lead to the development and distribution of a series of fact sheets.

With funding from FNIHB, the Assembly of First Nations developed HIV/AIDS awareness kits for chiefs. The kits included *HIV/AIDS Cost Impact Analysis on Canada's First Nations Population*, a report that provides up-to-date information on the economic costs of treating HIV/AIDS.

Health Canada developed a document entitled *Sharing Our Stories*, which summarizes 18 projects completed under the Non-Reserve First Nations, Inuit and Métis Project Fund. The report shares information about the funded projects and identifies common "lessons learned" that may assist Aboriginal groups and other interested stakeholders in developing initiatives. This was the first time that the Department had developed such a summary document. *Sharing Our Stories* will help to inform the evolution of the Fund in the years ahead.

CAHR developed a media kit for distribution at its annual conference in Halifax in April 2003. Funded by a grant from Health Canada, the kit helped raise awareness of the work being done by CAHR and of the conference itself, which is an opportunity for scientists from Canada and around the world to share information on new developments in HIV research. More than 250 presentations were made by researchers at the 2003 conference.[7]

CSC released a report on its infectious disease surveillance system entitled *Infectious Diseases Prevention and Control in Canadian Federal Penitentiaries 2000-01*. The report was prepared jointly by Health Canada and CSC staff, including regional infectious diseases coordinators, registered nurses, chiefs of health services and regional administrators, who played an integral role in the data collection. The report examines the epidemiology of infections, testing patterns and treatment uptakes among inmates during the period from January 2000 to the end of December 2001. It includes information on HIV, hepatitis C, hepatitis B and sexually transmitted diseases and represents the first analysis of infectious disease data obtained through health surveillance in Canadian federal correctional institutions. A total of 223 inmates in federal penitentiaries (1.8 per cent of the inmate population) were reported to be HIV-positive at the end of 2001, compared to 214 (1.7 per cent of the population) at the end of 2000. The surveillance system also revealed that the HIV infection rate among female offenders (5.0 per cent in 2000 and 4.7 per cent in 2001) was significantly

[7] Abstracts of these presentations can be found in the *Canadian Journal of Infectious Diseases*, Volume 14, Supplement A, March/April 2003.

higher than among male offenders in all CSC regions. CSC will use the report's findings to address evolving trends in disease management, implement harm reduction strategies and promote healthy lifestyle practices in the federal inmate population.

CATIE developed new publications, such as *pre*fix – harm reduction for + users*, that focus on specific user groups. Directed at HIV-positive injection drug users and the intermediaries who work with them, *pre*fix* deals with issues such as using drugs while on HIV medications and side effects that can occur from drug interactions. A special edition of CATIE's magazine, *Positive Side*, dealt with the challenges HIV-positive women face in their day-to-day lives and now serves as a practical guide for women and HIV.

ICAD continued to add to its fact sheet series on HIV/AIDS and development issues. New fact sheets published in 2002-2003 included the following: *Access to Treatment and Care for HIV/AIDS and Other Diseases; HIV/AIDS and Deminers – Issues and Recommendations; HIV/AIDS and African and Caribbean Communities in Canada; HIV/AIDS and Gender;* and *Implementing the UN's Declaration of Commitment on HIV/AIDS: A Guide for Canadian AIDS Service Organizations*. ICAD also produced a special newsletter called Voices, released on World AIDS Day 2002 to illustrate what communities around the world are doing to address HIV/AIDS. Finally, ICAD commissioned a survey of 26 Canadian organizations involved in international twinning partnerships to determine the benefits of these activities for Canada. The resulting report, entitled *Benefits of International Twinning Projects for HIV/AIDS Programming in Canada*, is available on ICAD's website.

Health Canada published three editions of *HIV/AIDS Communiqué*, a new electronic newsletter designed to keep CSHA partners and others informed about new initiatives and ongoing work by the Department's various responsibility areas involved in addressing the HIV/AIDS epidemic. *HIV/AIDS Communiqué* was launched after an informal survey of national CSHA partners revealed that a lack of information from government was widely viewed as an issue that needed to be addressed.

CIDA is developing guidelines to assist HIV/AIDS care, treatment and support in resource-limited settings. Geared to development officers, program consultants/officers and health specialists in CIDA and its partner organizations, the guidelines will provide a framework for assessing HIV/AIDS care, treatment and support projects and programs in countries that have limited resources for addressing the HIV/AIDS epidemic.

LEADERS IN DISSEMINATING RELIABLE INFORMATION

Using web-based technologies, collaborative relationships and innovative outreach strategies, partners in the CSHA have emerged as world leaders in the dissemination of information on HIV/AIDS prevention, care, treatment and support issues.

The Canadian HIV/AIDS Information Centre, CPHA, is Canada's largest distributor of HIV/AIDS materials. Formerly known as the Canadian HIV/AIDS Clearinghouse,[8] the Centre is a vital source of HIV/AIDS pamphlets, brochures, manuals, posters and videos. It also offers a range of value-added services, including a lending library, referral services, resource development, direct marketing services and assistance with HIV prevention programming. During 2002-2003, the Centre's distribution service received 18 796 requests (compared to 15 324 requests in the previous year) and shipped a total of 544 566 items (367 560 in 2001-2002). The Centre's library continues to expand – it now holds more than 20 000 titles in over 100 languages – and the number of loan requests jumped more than eightfold in 2002-2003. The Centre's website received 255 011 hits in 2002-2003, compared to 193 823 in the previous year.

CATIE is also a major resource centre, providing free, current, confidential and bilingual information on HIV/AIDS treatment and related health care issues to people living with HIV/AIDS and their caregivers. In 2002-2003, CATIE received more than 2 500 treatment inquiries from across Canada (compared to 2 414 in the previous year) and distributed 60 373 print publications and 23 230 electronic publications (via e-mail). As well, more than 1 million pages of information were delivered through CATIE's website, which makes about 10 000 documents available online. CATIE continued to provide a bilingual, toll-free phone service, and presented 49 workshops to approximately 1 300 participants on topics such as drug therapies, complementary therapies, treatment decision making, depression and pain management. CATIE also launched "Live Positive," a vibrant new website for youth, in 2002-2003. Developed in partnership with Kids Help Phone/Parent Help Line, the Teresa Group and CATIE's National Youth Advisory Committee, and sponsored by the Levi Strauss Foundation, the site provides accessible, youth-friendly information about HIV and its treatment, as well as stories about youth who are living with HIV/AIDS.

Use of CATIE's main website continues to grow, with more than 320 000 hits in 2002-2003 – nearly triple the number from only five years ago. An online survey of visitors revealed that the website is highly regarded in Canada and around the world. Of the 263 visitors who responded to the survey between January and March 2003, 44 per cent indicated that they used information from CATIE to manage their health, 29 per cent shared the information with family or friends, 28 per cent used it for professional development, 23 per cent used it for research purposes, and 12 per cent provided the information to clients or patients. In the fall of 2002,

[8] The name change took effect April 1, 2003, with the approval of Health Canada. Evaluation surveys revealed that use of the word "clearinghouse" in the program's name often limited people's understanding and awareness of the broad range of value-added services offered by this program. The new name illustrates that the Centre is more than a source of HIV/AIDS posters, pamphlets and videos.

CATIE hired an external consultant to evaluate the organization's activities and accomplishments over the past five years. The consultant concluded that CATIE has made a difference for people living with HIV/AIDS and their caregivers by providing treatment information that is accessible, trustworthy and empowering and that presents a Canadian perspective.

In a survey by the International AIDS Economic Network, the website of the Canadian HIV/AIDS Legal Network ranked 14th in the world as a source of HIV/AIDS information for professionals. The Legal Network's website received more than 4.5 million hits in 2002-2003, including visits from more than 357 000 individuals.

Other CSHA partners are also using the World Wide Web to improve access to and broaden the use of reliable information. CAAN's "LinkUp" web-based resource for information about Aboriginal people and HIV/AIDS was strengthened during the year with the introduction of a new search facility and improvements to electronic document cataloguing. Many of the document's in LinkUp's resource library are not available anywhere else in the world. More than 100 groups and individuals are currently registered users of the LinkUp website.

CIHR continued to share information on funded HIV/AIDS research projects through a database on its website. This database provides the name and institution of the researcher, the title of the project and funding details. CIHR also features key media articles on HIV/AIDS research on its website.

CAS updated its website in December 2002, relaunching the site with a new look and a better search engine feature.

INFORMATION INFLUENCES POLICIES, PROGRAMS AND DECISION MAKING

New knowledge and information is supporting the development of better and broader HIV/AIDS policies, programs and responses in Canada and around the world.

For example, IAD's *Enhancing Canadian Business Involvement in the Global Response to HIV/AIDS* was disseminated to the business community at the launch of the CARE–Photosensitive photo exhibit in Montréal in December 2002 and at a conference on corporate social responsibility in Calgary in June 2003. The document explains why businesses should participate in the global response to HIV/AIDS and provides concrete examples of how they can become engaged.

During 2002-2003, DFAIT collaborated with the RCMP and the Department of National Defence on HIV/AIDS-related codes of conduct for personnel posted overseas, using information and knowledge derived from a wide range of sources. The Department also works to ensure that sexual health education and training are provided in refugee camps in war-torn parts of the world.

CIDPC is committed to communicating information on the prevention and treatment of sexually transmitted infections to those who work directly with populations at

greatest risk. CIDPC continues to work with stakeholders to conduct research and surveillance and to develop web-based tools and resources to provide Canadians with current, accurate and culturally sensitive information that will help them to enhance overall health and avoid HIV/AIDS and STIs. To this end, Health Canada's *Canadian Guidelines for Sexual Health Education* provide direction for professionals developing programs that support positive sexual behaviours and avoid negative outcomes, including HIV infection. *The Canadian STI Guidelines* support the development of effective prevention strategies and the appropriate management of STIs. CIDPC has also contributed to an online self-learning module on STIs that enables physicians, medical students, nurse practitioners, nursing students, health care professionals and others to enhance their knowledge and skills regarding STI screening, diagnosis, treatment and prevention (the self-learning module is available on Health Canada's website).

CHALLENGES AND OPPORTUNITIES

Information management continues to be a challenge for CSHA partners. Web-based technologies present many opportunities to improve accessibility to HIV/AIDS information, but some organizations lack the resources – human, financial and technological – to keep their websites current as new information becomes available. As a result, visitors to some websites may be receiving information that is dated or no longer relevant.

Confidentiality issues can also present problems for HIV/AIDS researchers and policy makers. For example, better information is needed to monitor the epidemic and allocate resources accordingly, but confidentiality standards and the difficulty of sharing information between jurisdictions can prevent the current and complete reporting of positive HIV tests and AIDS diagnoses.

As the volume and quality of information about HIV/AIDS continue to grow, CSHA partners are looking for new ways to manage this important element of their work.

GETTING CREATIVE – INNOVATIVE OUTREACH STRATEGIES

Recognizing that prevention is the only certain way to beat HIV/AIDS, individuals and organizations involved in the Canadian response are using innovative outreach strategies to head off the spread of HIV infection.

One example is the Labrador Friendship Centre in Happy Valley-Goose Bay, Labrador, which is giving travellers using the coastal ferry service something to think about on their journey. A booth stocked with HIV/AIDS educational and awareness materials is set up on the ferry, and travellers are encouraged to pick up and read the available information. This is one of many ways that the Labrador Friendship Centre reaches out to Aboriginal communities in this sparsely populated region of Canada. The Friendship Centre also integrates HIV/AIDS educational sessions with fun activities, such as bingo and dart nights, youth workshops and youth expos.

In Halifax, Moncton, Montréal and Kamloops, the Safe Spaces Project is providing social support to young gay, lesbian, bisexual and two-spirited youth, with the goal of helping to reduce the risks of HIV infection, sexually transmitted infections (STIs), alcohol and drug use and suicide. This partnership initiative between Health Canada, the McGill Centre for Applied Family Studies, the Canadian AIDS Society (CAS) and the Canadian Public Health Association (CPHA) is based on the successful Project 10 in Montréal. Committees established to oversee the project in each of the four communities were given the autonomy to tailor services to local needs, based on focus groups conducted in each city. Although national funding for this project has expired, each site has developed alternate funding sources. Follow-up research funded by the Canadian Institutes of Health Research indicates clearly that this type of outreach has had positive impacts on the hundreds of youth reached to date.

In February and March of 2001, Grade 8 students from schools in and around St. Paul, Alberta, were invited to attend a two-day overnight camp called "Me and HIV" to learn about HIV/AIDS, other sexually transmitted diseases and healthy lifestyle choices. Each of the two camps featured 18 sessions delivered by trained teen facilitators on such topics as sex and sexuality, birth control, sexually transmitted diseases, HIV, high-risk activities and safe sex. Based on feedback received from participants, a second set of camps was offered to Grade 8 students in 2002.

Pauktuutit Inuit Women's Association and local community workers collaborated to stage community HIV/AIDS fairs in Iqaluit, Taloyoak, Pangnirtung and Arctic Bay in February 2001. Students in each community were encouraged to explore HIV/AIDS in the same way they would research science for a science fair. And as with a science fair, prizes were awarded for the best projects. The community fairs model for HIV/AIDS awareness and education was subsequently expanded to include hepatitis C and to involve many more communities. HIV/AIDS and hepatitis C fairs were held in 12 Inuit communities in 2002 and in 19 communities in 2003.

STRENGTHENING CANADA'S CAPACITY TO ADDRESS HIV/AIDS

Canadian organizations and individuals working in the HIV/AIDS field need to continually renew their knowledge and skills as the epidemic shifts, new challenges arise, new treatment and prevention strategies are developed and the scope of HIV/AIDS-related issues broadens. Partners in the CSHA are investing in a wide range of initiatives to strengthen their abilities – and the abilities of others, both in Canada and internationally – to respond to the epidemic. Key among those whose capacity is being strengthened are people living with HIV/AIDS.

STRENGTHENING ORGANIZATIONAL CAPACITY

Health Canada invests $14.8 million each year to help hundreds of organizations across Canada engage in the response to HIV/AIDS and contribute to the goals of the CSHA.

The largest portion of this funding is administered by the AIDS Community Action Program (ACAP), which provides $8 million each year to support the operations and projects of more than 100 community-based organizations across Canada. This funding is administered through Health Canada's regional offices. Organizations funded by ACAP may also receive financial support from other sources, including the private sector and municipal/provincial/territorial governments and/or regional health authorities.

Recently, Health Canada has begun capturing detailed data on ACAP's impact in Canadian communities. As a first step, information was collected from 178 activities funded in 2001-2002 (90 time-limited projects and 88 operationally funded programs). The results revealed that:

- one-on-one peer-based support services provided by groups that receive funding from ACAP, such as care and support, counselling, home visits and referrals, were used 13 413 times in 2001-2002 (10 821 times by people living with HIV/AIDS and 2 592 times by affected persons)
- people living with HIV/AIDS accessed other support services, such as workshops, health promotion activities, drop-in lounges, support groups and retreats, 35 339 times

- millions of Canadians received HIV/AIDS education and prevention messages through workshops, health fairs, street and park outreach initiatives, etc.
- more than 900 000 resource kits, including condoms, lubricant, dental dams and HIV/AIDS information, were distributed
- more than 1 500 workshops were delivered on HIV prevention and education
- almost 70 per cent of the 178 funded projects and programs used volunteers to help provide HIV/AIDS services
- the funded projects and programs developed partnerships primarily with the health and social services sectors and other community-based ASOs and agencies, followed by the addictions, private sector, housing and corrections sectors
- the key determinants of health affected by these partnerships were reported to be personal health practices and coping skills, social support networks, social environments and health services

Health Canada's national NGO partners in the CSHA receive funding of $2 million each year to help ensure that HIV/AIDS issues are addressed in a strategic, multi-sectoral, collaborative way. This funding supports NGOs in the areas of program delivery, organizational development and relationship building between national, provincial and local organizations and governments.

Each year, FNIHB invests $1.1 million of CSHA funding and $2.5 million of non-CSHA funding to provide HIV/AIDS education, prevention and related health care services to on-reserve First Nations people and Inuit throughout Canada. CIDPC provides an additional $1.2 million to support HIV/AIDS programming in non-reserve Aboriginal communities, bringing the total federal investment in strengthening the capacity of Aboriginal communities to $4.8 million.

Health Canada's DPED receives $100,000 annually from the CSHA to provide expertise in evaluation and performance measurement. DPED is currently working with CIDPC and others to update the CSHA's evaluation strategy. As the evidence base for the CSHA grows, evaluation will help to identify those programmatic responses that are best suited to populations at risk for or affected by HIV/AIDS.

The Project Sustain Basic Training Manual on Grief and Loss was published in 2002-2003. Project Sustain was launched in 1999 to create and strengthen organizational supports for HIV/AIDS workers coping with the impacts of ongoing AIDS-related multiple loss. The manual, which was developed by the AIDS Bereavement Project of Ontario with funding support from the CSHA, provides information to help community-based ASOs enhance their response to multiple loss, change and transition and implement training workshops.

Canada's capacity to contribute to innovative responses to HIV/AIDS is attracting international interest. For example, the very successful "twinning" program supported by CIDA's Small Grants Fund continued during 2002-2003, with 14 new projects receiving funding of $75,000 each. Three existing projects were renewed with additional funding of $25,000 each. The concept of twinning was established in Canada as a way to help organizations implement effective intervention strategies in new locations. In 2002-2003, the Vancouver Area Network for Drug Users was twinned with the Society

for Service to Urban Poverty in New Delhi, India, in a project to share information, expertise and resources to reduce the spread of HIV/AIDS in drug-using communities in both cities. In another twinning project, the Faculty of Education at McGill University in Montréal is collaborating with an organization called the Centre for the Book in Cape Town, South Africa, to demonstrate how young authors can become involved in a hands-on literacy initiative to address issues of sexuality and HIV/AIDS.

CANADA'S HIV/AIDS RESEARCH CAPACITY CONTINUES TO GROW

CIHR has established many mechanisms to develop Canada's health research community's capacity to contribute directly to better prevention efforts, better treatments, an improved quality of life for people living with HIV/AIDS, the development of HIV vaccines, and a cure for AIDS.

For example, CIHR supports the training of junior scientists through training awards and training positions paid from research grants. In 2002-2003, CIHR supported 14 new HIV/AIDS training awards for a total of 38 training awards. As well, approximately 175 graduate students and post-doctoral fellows received training as HIV/AIDS researchers through support from research grants and other sources.

Canada's HIV/AIDS research capacity is also increased through salary awards that allow experienced scientists to dedicate more of their time to research. In 2002-2003, CIHR supported one new HIV/AIDS salary award, bringing the total to 12. In addition, it is estimated that more than 280 trained technicians were also supported during the year through HIV/AIDS research grants.

RFAs from CIHR institutes are often aimed at increasing research capacity. Two RFAs launched by the GHRI in 2002-2003 were designed to build capacity for global health research in Canada and in low- and middle-income countries and to encourage research collaboration between countries. The Institute of Infection and Immunity also launched an RFA to address capacity in the area of socio-behavioural issues related to HIV/AIDS and hepatitis C. This initiative will enable interdisciplinary teams to build their capacity, add expertise to their core capabilities and develop strategies for knowledge translation.

The Canada Research Chair Program also strengthens HIV/AIDS research capacity in Canada by helping to attract and retain top-level researchers in Canadian institutions. CIHR supported nine HIV/AIDS researchers through this program in 2002-2003.

Under the CSHA, the Community-Based Research Program awards scholarships of $18,000 annually to full-time master's and doctoral students who apply a community-based approach to HIV/AIDS research. To date, the program has supported eight students under the Community-Based Research General Stream and three under the Aboriginal Community-Based Research Stream. An important element of the latter stream is the Summer Training Awards, which are administered by CAAN and support Aboriginal undergraduate arts and sciences students to participate in CBR. Six students received Summer Training Awards in

2002-2003 to work under the supervision of an academic advisor and an Aboriginal ASO. CAAN also administers the National Aboriginal Community-Based Research Capacity-Building Program, which supports Aboriginal community organizations and professional researchers to undertake Aboriginal community-based HIV/AIDS research.

The CSHA's Community-Based Research Program also provides funding for research technical assistants (RTAs), who play a key role in developing and enhancing research capacity among non-Aboriginal community organizations. RTAs work with organizations in their geographical area to identify, plan and deliver initiatives that build capacity for CBR. Health Canada is currently funding RTAs for four regional HIV/AIDS coalitions – COCQ-sida in Quebec, the Alberta Community Council on HIV, the Ontario AIDS Network and the British Columbia People with AIDS Society. Health Canada also supports Aboriginal community organizations by providing funding to the National Aboriginal Community-Based Research Initiative. This project ensures that services similar to those of RTAs are available through a national Aboriginal coordinator.

Other CSHA partners are also supporting the strengthening of Canada's research capacity. For example, the CTN's Associateship Program provides financial support for up to six young scientists to work on HIV clinical trials each year. This program has now come full circle, with several associates from the past having become principal investigators. CAHR sponsors New Investigator Awards to attract researchers to four disciplines: basic science, clinical science, social science and epidemiology/public health. (One award is made annually for each track). CAHR also presents a Blue Ribbon Award each year to an individual who has championed HIV work and research. Finally, CAHR funds 16 full scholarships to enable people to attend its annual conference and present their work (eight for students and eight for applicants working in the community).

STRENGTHENING INDIVIDUAL AND COMMUNITY CAPACITY

In September 2002, Health Canada launched the National HIV/AIDS Capacity-Building Fund with the goal of strengthening the capacity of staff and volunteers across Canada working in areas related to HIV/AIDS. As a result of the first request for proposals (RFP) issued by this fund, nine projects that are national in scope or that have national applicability received approval for funding. For example, the Aboriginal Nurses Association of Canada received funding to deliver a series of training workshops across Canada. These workshops were intended to enhance the capacity of local community service providers to integrate HIV/AIDS into the programs and services they provide to Aboriginal clients. In another funded project, the Planned Parenthood Federation of Canada is developing bilingual guidelines that will help to improve the content, quality and effectiveness of sexual and reproductive health counselling in Canada.

Health Canada launched its Best Practice Models for the Integration of HIV Prevention, Care, Treatment and Support Fund in 2002-2003. Its goal is to identify or develop best practice models of initiatives that integrate HIV prevention and support for people living with HIV/AIDS to maintain and improve their health.[9] Seven projects received approval for funding as a result of the initial RFP, which had a deadline of July 31, 2002. For example, the Blood Ties Four Directions Centre Society in Whitehorse received funding to develop and document a best practice model for integrating existing non-HIV/AIDS services in Yukon into HIV/AIDS prevention, care, treatment and support initiatives. Similarly, the Peterborough AIDS Resource Network will develop a best practice model for integrating HIV prevention, care, treatment and support through needle exchange programs in small urban/rural areas, based on the Network's Four Counties Needle Exchange Coalition.

CSC delivers a number of programs to build the capacity of staff and inmates to prevent HIV infection and provide or receive appropriate HIV/AIDS care, treatment and support. Working in collaboration with Health Canada, CSC developed a computer-based self-directed training module to give staff a better understanding of how to prevent and protect themselves from infectious diseases within a correctional environment. CSC's National Infectious Diseases Steering Committee was instrumental in the development of this tool. As well, CSC provided palliative care training across various disciplines, including the faith community. CSC is also continuing to implement its methadone maintenance treatment program for injection drug users. About 500 inmates across Canada are currently receiving methadone treatment. The Department's HIV/AIDS peer-counselling program was expanded in 2002-2003 with the development, in collaboration with CAAN, of a training module for Aboriginal inmates.

The Canadian HIV/AIDS Legal Network held its first Pacific Regional Capacity Building Workshop on Legal, Ethical and Human Rights Issues in Vancouver in October 2002. Topics included the impact of drug laws and policies; methadone maintenance treatment; supervised injection sites; condoms, bleach and needle exchange programs in prisons; and human-rights-based approaches to HIV/AIDS. The objective was to equip community-based organizations that provide services to people living with HIV/AIDS, users of injection drugs and/or inmates with the knowledge and skills needed to address legal and policy issues raised by Canada's drug laws and policies. A second such workshop was held in Montréal in March 2003.

The 4th Canadian HIV/AIDS Skills Building Symposium was held in Calgary from November 20 – 23, 2003. Organized by CAS with the assistance of the 21-member National Program Partners Committee, the Symposium addressed the skills-building needs of front-line HIV/AIDS workers. Participants from across Canada attended the event, which provided skills training and networking opportunities in several learning streams: HIV/AIDS prevention; care/counselling/support; treatment; human rights and legal, ethical and policy

[9] A best practice model is a targeted, sustainable, evidence-based initiative where information about the design, development, implementation, outcomes and experiences of the initiative is well documented and available in sufficient detail to allow its effectiveness to be assessed and the initiative to be adapted for implementation in other locations.

issues; organizational and community development; international action; and rehabilitation. Satellite sessions were also held on topics ranging from taking action on HIV/AIDS-related stigma and discrimination to participating in HIV/AIDS clinical trials.

On the international front, ICAD continued to implement a CIDA-funded internship program. Four interns travelled to Kenya, Tanzania and Cameroun to work on community-based HIV/AIDS projects for five months. On returning to Canada, the interns spent a final month sharing their knowledge and experiences at schools and with interested community groups. ICAD also hosted a visit to Ontario and Nova Scotia by the director of ICROSS, an innovative HIV/AIDS and community development project in Kenya. At two universities in Nova Scotia, an essay contest was held, and the winners were awarded free airline flights to Kenya and the opportunity to work at ICROSS during the school break.

CIDA provides funding to a range of organizations working to increase HIV/AIDS capacity in the developing world. For example, CIDA is supporting projects being implemented in South Africa by OXFAM-Canada, Queen's University and the Child and Youth Care Agency for Development. All three projects are supporting community-based initiatives to address capacity building, prevention activities among vulnerable groups and the needs of children. CIDA and Health Canada are also supporting a project to increase regional coordination of the response to HIV/AIDS and tuberculosis in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal and the Maldives.

CHALLENGES AND OPPORTUNITIES

Capacity building continues to be a significant challenge for organizations involved in the HIV/AIDS response. High staff turnover, staff fatigue, a limited number of well-trained scientists and aging research equipment – which many CSHA partners attribute to a lack of funding – are among the issues that need to be addressed to ensure that Canada has the skills, expertise and infrastructure needed, at home and internationally, in the years ahead.

CSHA partners are tackling these challenges with innovation and determination. Events such as the 4th Canadian HIV/AIDS Skills Building Symposium provide evidence of the widespread commitment to increase the HIV/AIDS capacity of Canadian organizations and individuals. With the development of Canada's action plan for HIV/AIDS, more and better opportunities will arise to ensure that Canada remains at the forefront of HIV/AIDS policy and programming.

THE WAY FORWARD

The dedication of CSHA partners is evident throughout this report. We can see that progress is being made both at home and abroad. However, more needs to be done.

We have learned that the number of infected continues to grow, due in part to complacency, lack of information and misinformation. This is exacerbated by the fact that – more than twenty years into the epidemic – stigma and discrimination still discourage people from being tested or from seeking the necessary care and treatment.

We must continue to build on our strengths if we are to get ahead of this epidemic. And we do have many strengths. Our collective skills, knowledge, commitment and experience will serve us well as we renew our efforts.

The success of the CSHA lies in its framework of partnerships. We must strengthen these partnerships and build new ones if we are to achieve a comprehensive, pan-Canadian response to HIV/AIDS.

KEY CANADIAN PARTNERS

CANADIAN ABORIGINAL AIDS NETWORK

A national coalition of Aboriginal people and organizations providing leadership, advocacy and support for Aboriginal people living with and/or affected by HIV/AIDS.

E-mail: info@caan.ca
Website: www.caan.ca

CANADIAN AIDS SOCIETY

CAS is a coalition of 115 community-based AIDS organizations across Canada. Its member organizations are directed by people living with HIV/AIDS and people from communities affected by HIV/AIDS. CAS's mandate is to speak as a national voice and act as a forum for a community-based response to HIV infection, as well as to advocate for persons so affected; to act as a resource for its member organizations; and to coordinate community-based participation in a national strategy on HIV/AIDS.

E-mail: casinfo@cdnaids.ca
Website: www.cdnaids.ca

CANADIAN AIDS TREATMENT INFORMATION EXCHANGE

CATIE is Canada's national bilingual source for HIV/AIDS treatment information. It provides information on HIV/AIDS treatments and related health care issues to people living with HIV/AIDS, their care providers and community-based organizations.

E-mail: info@catie.ca
Website: www.catie.ca

CANADIAN ASSOCIATION FOR HIV RESEARCH

CAHR is an association of Canadian HIV researchers. Members' interests include basic sciences, clinical sciences, epidemiology, public health and social sciences.

E-mail: info@cahr-acrv.ca
Website: www.cahr-acrv.ca

CANADIAN FOUNDATION FOR AIDS RESEARCH

CANFAR is a national charitable foundation created to raise awareness in order to generate funds for research into all aspects of HIV infection and AIDS.

E-mail: cure@canfar.com
Website: www.canfar.com

CANADIAN HIV/AIDS INFORMATION CENTRE, CANADIAN PUBLIC HEALTH ASSOCIATION

The Canadian HIV/AIDS Information Centre is the central Canadian source for information on HIV prevention, care and support to health and education professionals, AIDS service organizations, community organizations, resource centres and others with HIV/AIDS information needs.

E-mail: aidssida@cpha.ca
Website: www.aidssida.cpha.ca

CANADIAN HIV/AIDS LEGAL NETWORK

The Legal Network promotes policy and legal responses to HIV/AIDS that respect the human rights of people with HIV/AIDS and those affected by the disease.

E-mail: info@aidslaw.ca
Website: www.aidslaw.ca

CANADIAN HIV TRIALS NETWORK

The CTN is a partnership committed to developing treatments, vaccines and a cure for HIV disease and AIDS through the conduct of scientifically sound and ethical clinical trials.

E-mail: ctn@hivnet.ubc.ca
Website: www.hivnet.ubc.ca/ctn.html

CANADIAN INSTITUTES OF HEALTH RESEARCH

CIHR, Canada's major federal funding agency for health research, administers most of the research funds for the Canadian Strategy on HIV/AIDS. CIHR supports all aspects of health research, including biomedical, clinical science, health systems and services, and the social, cultural and other factors that affect the health of populations.

E-mail: info@cihr-irsc.gc.ca
Website: www.cihr-irsc.gc.ca

CANADIAN INTERNATIONAL DEVELOPMENT AGENCY

CIDA's goal is to support sustainable development in order to reduce poverty and contribute to a more secure, equitable and prosperous world. HIV/AIDS – a key component of programming for CIDA and its many partners since 1987 – is one of the organization's four social development priorities.

E-mail: info@acdi-cida.gc.ca
Website: www.acdi-cida.gc.ca

CANADIAN TREATMENT ACTION COUNCIL

CTAC is a national organization that promotes better access to treatment on behalf of people living with HIV/AIDS. CTAC works with government, the pharmaceutical industry and other stakeholders to develop policy and systemic responses to treatment access issues.

E-mail: ctac@ctac.ca
Website: www.ctac.ca

CORRECTIONAL SERVICE CANADA

CSC is a federal government department reporting to the Solicitor General of Canada. CSC plays an important national leadership role and contributes to the prevention, care and treatment of HIV/AIDS in the correctional environment.

E-mail: PoliquinIm@csc-scc.gc.ca
Website: www.csc-scc.gc.ca

HEALTH CANADA

Health Canada is the lead federal department for issues related to HIV/AIDS in Canada. The Department coordinates the Canadian Strategy on HIV/AIDS, which has an annual budget of $42.2 million. Several responsibility centres within Health Canada contribute to this work, including the Centre for Infectious Disease Prevention and Control, the First Nations and Inuit Health Branch, the Departmental Program Evaluation Division, the Health Canada regional offices, and the International Affairs Directorate. Health Canada also works closely with the provinces and territories through such mechanisms as the Federal/Provincial/Territorial Advisory Committee on AIDS.

Website: www.hc-sc.gc.ca

INTERAGENCY COALITION ON AIDS AND DEVELOPMENT

ICAD is a coalition of Canadian AIDS service organizations, development NGOs, faith-based agencies, educational institutions and individuals interested in international HIV/AIDS issues. Its mission is to lesson the spread and impact of HIV/AIDS in resource-poor communities and countries by providing leadership and actively contributing to the Canadian and international responses.

E-mail: info@icad-cisd.com
Website: www.icad-cisd.com

INTERNATIONAL COUNCIL OF AIDS SERVICE ORGANIZATIONS

ICASO works to strengthen the community-based response to HIV/AIDS, connecting and representing AIDS service organizations in all regions of the world.

E-mail: icaso@icaso.org
Website: www.icaso.org