



Canadian Institutes of Health Research

World AIDS Day: CIHR Report on HIV/AIDS 2006

Every year, the Canadian Institutes of Health Research (CIHR) generates a report which highlights examples of significant research accomplishments and activities CIHR has led under the Federal Initiative to Address HIV/AIDS. The report helps to inform the Canadian public, HIV/AIDS community, and researchers of progress that has been made through Canadian research in responding to the epidemic. The report focuses on fiscal year 2005-06 as well as significant events to date. The text was developed with the assistance of John Bissonnette.

Summary of the Federal Initiative to Address HIV/AIDS in Canada

The Federal Initiative to Address HIV/AIDS in Canada provides for a renewed and strengthened federal role in the Canadian response to HIV/AIDS. It encompasses elements of the human rights, social justice and determinants of health approaches to HIV/AIDS and is an important step towards a fully integrated Government of Canada response to HIV/AIDS.

The Federal Initiative is a partnership of the Public Health Agency of Canada (PHAC), Health Canada, the Canadian Institutes of Health Research (CIHR) and Correctional Service Canada (CSC). Through funding contributions and partnerships, the Federal Initiative also engages non-governmental and voluntary organizations, people living with HIV/AIDS, communities, the private sector and all levels of government in working toward a society free from HIV and AIDS and the underlying conditions that make Canadians vulnerable to the epidemic. The Federal Initiative builds on evidence from the Report of the Standing Committee on Health (2003), the Five-Year Review of the Canadian Strategy on HIV/AIDS and examination of the federal role in HIV/AIDS (2003), epidemiological evidence, public health research, and consultations with community stakeholders.

Goals

PHAC, Health Canada, CIHR and CSC will work with other partners and stakeholders toward the following goals:

- Goal #1: Prevent the acquisition and transmission of new infections.
- Goal #2: Slow the progression of the disease and improve quality of life.
- Goal #3: Reduce the social and economic impact of HIV/AIDS.
- Goal #4: Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.

Funding for the Federal Initiative

Funding for the Federal Initiative to Address HIV/AIDS in Canada is planned to increase incrementally from \$42.2 million in 2003-2004 to \$84.4 million annually by 2008-2009, as illustrated in Table 1¹.

Table 1: Planned Federal Funding for HIV/AIDS (2003-2004 to 2008-2009)

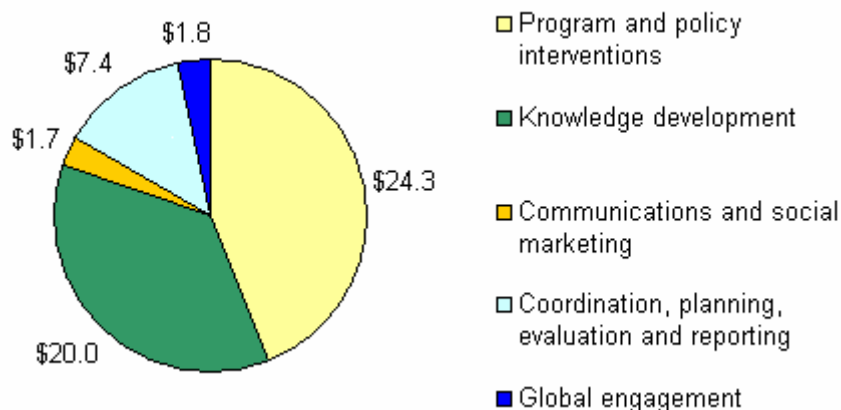
Fiscal Year	\$ Millions
2003-2004	42.2
2004-2005	47.2
2005-2006	55.2
2006-2007	63.2
2007-2008	71.2
2008-2009 and beyond	84.4

¹ Several federal departments and agencies invest funds in HIV/AIDS that are over and above the amounts committed under the Federal Initiative.

Areas of Federal Action

The Federal Initiative identifies five areas of federal action in partnership with national and local NGOs, other federal government departments and agencies, and other levels of government. They are presented, along with budget allocations for 2005-2006, in Figure 1.

Figure 1: Federal Initiative Funding by Area of Federal Action, 2005-2006 (in millions)



Reporting on Progress

Advancing the Science of HIV/AIDS

Science is key to finding solutions to the HIV/AIDS epidemic. By supporting a wide range and variety of social and biomedical research, the Federal Initiative is helping Canada and Canadians improve the world's understanding of – and response to – HIV/AIDS. Canada is also moving forward in planning for the development and distribution of HIV vaccines and microbicides.

In 2005-2006, CIHR administered \$15.025 million in Federal Initiative funding to support extramural HIV/AIDS research (research done outside the federal government), an increase of \$2 million over the previous fiscal year. In addition, CIHR contributed an additional \$8.4 million from its own budget to HIV/AIDS research. This funding supported 130 research grants, 5 group grants, 87 salary and training awards, 33 community-based research grants and awards, and 4 other grants that are creating new knowledge and building capacity in many areas of HIV/AIDS. In addition, CIHR committed more than \$11.3 million towards indirect HIV/AIDS research (projects whose focus on HIV is less than 50 per cent).

As shown in Table 2, this funding was disbursed across four research funding streams as well as research planning and priority setting activities.

Table 2: Federal HIV/AIDS Extramural Research Funding 2005-06

Federal Initiative Funding

Research Funding Stream

Biomedical/Clinical (B/C)	\$5,441,250	
Health Services/Population Health (HS/PH)	\$2,877,980	
Canadian HIV Trials Network	\$4,432,220	
Community-Based Research	\$2,123,550	
Research Planning and Priority Setting	\$150,000	
<i>Federal Initiative Total</i>		\$15,025,000
CIHR Commitment		\$8,415,700
<i>Total Federal Initiative/CIHR Investment in HIV/AIDS Research</i>		\$23,440,700

NOTE: This total includes Federal Initiative support for the administration of research funding programs. The total contribution to HIV/AIDS grants and awards from the Federal Initiative and CIHR in 2005-06 was \$22.2 million. CIHR also contributed an additional \$11.3 million to research indirectly related to HIV/AIDS and administered \$2.6 million in support of 17 HIV/AIDS related Canada Research Chair Awards.

CIHR HIV/AIDS Research Advisory Committee

The CIHR HIV/AIDS Research Advisory Committee (CHARAC) provides leadership and advice for HIV/AIDS research in Canada. CHARAC makes recommendations to the Institute of Infection and Immunity and its Institute Advisory Board as well as CIHR's Research Priorities and Planning Committee on research priorities and strategic research initiatives in HIV/AIDS. The broad and diverse membership of the committee allows for in-depth knowledge of all aspects of Canadian HIV/AIDS research; an understanding of the complex dynamics of the HIV/AIDS community; and communication between different stakeholders interested in HIV/AIDS research.

A major activity of CHARAC in 2005 was to identify priorities for the CIHR HIV/AIDS Research Initiative. A draft report on the priorities identified by CHARAC was circulated extensively among researchers, community and not-for-profit organizations, the private sector and other federal departments and agencies to ensure they are aware of the direction CIHR is going with HIV/AIDS research and to seek input on the priorities. To help further develop the priorities and strategic initiatives in each area, the CIHR Institute of Infection and Immunity has established several expert working groups to provide recommendations to CHARAC. The working groups are made up of experts from different sectors in the particular priority areas and ensure a wide range of input is sought throughout the process. Based on feedback from these consultation activities, the original list of seven priorities has been refined to a list of six priorities for HIV/AIDS research funded by CIHR. These priorities will be used to guide CIHR investment of Federal Initiative funding for research. The priorities include:

- Health Systems, Services and Policy;
- Resilience, Vulnerability and Determinants of Health;
- Prevention Technologies and Interventions;
- Drug Development, Toxicities and Resistance;
- Pathogenesis; and
- Issues of Co-Infection.

The HIV/AIDS Community-Based Research (CBR) Program at CIHR assists community-based organizations, non-governmental organizations and institutions in developing the knowledge necessary to carry out their HIV/AIDS work in the most effective manner and to help create the expertise within these communities to conduct research. The program is offered in two streams – Aboriginal and General. Planning was initiated in 2005-06 for the establishment of a CBR Steering Committee which will report to the CIHR HIV/AIDS Research Advisory Committee and help guide the future development of the program.

Canadian Research Contributes to Knowledge Development

Two new programs to fund HIV/AIDS research were launched in June 2005 by the CIHR Institute of Infection and Immunity (CIHR-III), which is the lead Institute for HIV/AIDS research within CIHR. The objective of these programs is to support psychological, social-behavioural, epidemiological, health services and population-specific research to improve understanding of the root causes, determinants of health and other factors that contribute to the epidemic and its impact. The Capacity

Building through Enhanced Operating Grants in HIV/AIDS Request for Applications was designed to build capacity in these areas and support research projects that will enhance Canada's understanding of the risk factors for and impact of HIV/AIDS. The Pilot Projects Grants in HIV/AIDS Request for Applications is supporting five innovative HIV/AIDS health services and population health-focused research projects.

CIHR-III also re-launched two knowledge development Requests for Applications (RFAs) - Operating Grants and Development Grants - in June 2005 as part of the HIV/AIDS Community-Based Research Program. One Development Grant (Aboriginal Stream) and nine Operating Grants (three Aboriginal Stream, six General Stream) were approved for funding in 2005-06.

CIHR Priority Announcements continued to be an important means of delivering federal support for HIV/AIDS research in 2005-2006. Priority Announcements are used to support applications to CIHR's regular competitions that are highly rated but unsuccessful and are deemed relevant to pre-identified priority areas. Sixteen operating grants were approved for funding through HIV/AIDS Priority Announcements in 2005-2006 (fifteen in the B/C stream and one in the HS/PH stream). These were in addition to the nineteen HIV/AIDS operating grants approved for funding through the open competitions (twelve in the B/C stream and seven in the HS/PH stream).

CIHR-III also works with other CIHR institutes to enhance the coordination of funding and support diverse approaches to understanding the complex issues underlying the epidemic. For example, the Institute of Infection and Immunity is partnering in a program launched by the CIHR Institute of Gender and Health and the Institute of Population and Public Health entitled Reducing Health Disparities Interdisciplinary Capacity Enhancement Grants. The grant being funded by CIHR-III intends to enhance the uptake and sustainability of HIV care and antiretroviral therapy among survival sex workers. The Institute of Infection and Immunity is also a partner in a project funded under the International Collaborative Indigenous Health Research Partnership on Resilience, led by the CIHR Institute of Aboriginal Peoples' Health. The project is examining the role of resiliency in responding to blood-borne viral infections and sexually transmitted infections in Indigenous communities.

CIHR-funded HIV/AIDS researchers have made significant achievements in addressing the HIV/AIDS epidemic both in Canada and globally. The following are examples of positive contributions Canadian HIV/AIDS research is making to our understanding of the virus, the epidemic and effective responses to it:

- New HIV infections in the worst-hit Southern regions of India have declined by a third from 2000-2004, according to research published in *The Lancet*. The study was led by Dr. Prabhat Jha from the Centre for Global Health Research (CGHR) in partnership with researchers at St. Michael's Hospital, University of Toronto and Indian collaborators, and was funded, in part, by CIHR. Investigators tracked HIV prevalence among 30,000 young women attending pregnancy clinics. HIV transmission in India is mostly due to male use of female sex workers, which places their wives at risk. The CGHR research indicates that condom use and education programs can reduce infection rates. The study has influenced a new \$350 million World Bank initiative to expand condom programs for vulnerable groups.

- CIHR-funded researchers, Dr. Louis de Repentigny from the *Université de Montréal* and Dr. Paul Jolicoeur from the *Institut de recherches cliniques de Montréal*, have identified defects in immune cells that give rise to a fungal infection commonly found in HIV patients called candidiasis. The new knowledge will help in the development of more powerful and effective treatments for the fungal infection, which can limit food consumption, leading to weight loss that threatens patients' general health and well being.
- CIHR is funding the Atlantic Interdisciplinary Research Network for Social and Behavioural Issues in HIV/AIDS and Hepatitis C (AIRN), led by Dr. Susan Kirkland, which is coordinating research efforts in the region to achieve a greater impact in improving the quality of life of those affected by HIV and HCV.
- The GOAL (Global Ottawa AIDS Link) project is supporting and mobilizing the African and Caribbean communities in Ottawa around HIV/AIDS. With funding from CIHR, a team led by Dr. Carol Amaratunga has conducted extensive community consultations on a research project that will address important issues identified by community members and service providers. The CIHR grant was instrumental in formalizing research partnerships, engaging a broad cross-section of the community in the project, and generating new knowledge about rising infection rates among local African and Caribbean populations.
- The groups of Drs. Léa Brakier-Gingras and Nikolaus Heveker from the biochemistry department of the *Université de Montréal* and the research centre of *Hôpital Sainte-Justine* are researching molecules that modulate the programmed frameshift in HIV-1. Frameshifting alters the translation of genetic coding and is necessary for the production of the viral enzymes and, therefore, for the replication of the virus. The research, recently published in *Virology*, indicates this frameshifting event, specific for HIV-1, has potential as a new antiretroviral drug target.
- With funding from the CIHR's HIV/AIDS CBR Program and led by Dr. Terrence Trussler, the Community-Based Research Centre conducted a survey called *Sex Now* to investigate rising infection rates of HIV infection and other sexually transmitted diseases among gay men in British Columbia. The study confirmed that gay culture and social differentiation influence behaviour, and recommended development of a long-term population-based approach to complement existing efforts to prevent infections and improve the health of gay men.
- Dr. Roy Cain, of McMaster University's School of Social Work, and Randy Jackson, of the Canadian Aboriginal AIDS Network, are leading a study examining depression among Aboriginal people living with HIV/AIDS (APHAs). Their project focuses on the experiences and views of APHAs, and highlights the complex relationship they often see between their HIV infection and their feelings of depression. For many, HIV is but one of several factors underlying their depression, and not necessarily the most important. In responding to depression, participants draw on both formal (i.e., use of medication and/or psychotherapy) and informal support systems (participation in Traditional ceremonies, helping others, and drawing on other cultural strengths, such as the use of humour) but there is a clear preference for informal responses among participants. This study highlights the need for culturally appropriate services to more adequately respond to the needs of this growing population of

people living with HIV.

- Dr. Benoit Barbeau of the *Université du Québec à Montréal* has recently defined a new and unexpected pattern of gene expression in HIV-1, which has the potential to produce a new protein. Further studies on this protein are ongoing and have for the first time permitted its detection. In addition, recently discovered characteristics of this protein will provide important information as to its function in HIV-1 replication and pathogenesis. The discovery of this protein and identification of its function might provide a new target for antiretroviral therapies and in addition, due to its proposed membrane-associated characteristics, could provide new possibilities for vaccine design.

Capacity-Building Initiatives

In addition to creating new knowledge, increasing the capacity for HIV/AIDS research in Canada continues to be a major focus for CIHR. Several mechanisms for increasing capacity were employed in 2005-2006. For example, Priority Announcements for Doctoral Research Awards, Post-Doctoral Fellowships and New Investigator Awards supported the development of individual capacity for HIV/AIDS research. In 2005-06, one New Investigator Award (B/C stream), seven Fellowship Awards (three B/C stream, four HS/PH health stream) and fourteen Doctoral Research Awards (seven B/C stream, seven HS/PH health stream) were approved for funding.

The HIV/AIDS Community-Based Research (CBR) Program offered several tools to increase the capacity of organizations interested in conducting community-based research. In 2005-2006, CIHR approved one Research Technical Assistant grant (General Stream), two capacity-building workshop grants (General Stream), three Master's Awards (1 Aboriginal Stream, 2 General Stream) and one Doctoral Research Award (General Stream).

Examples of important accomplishments and contributions to HIV/AIDS research supported through CIHR training and salary awards include:

- Dr. Vinh-Kim Nguyen, a CIHR HIV/AIDS New Investigator awardee at the *Université de Montréal*, has been able to build on over 10 years experience with local community groups providing support to people with HIV and AIDS in the West African countries of Burkina Faso and Mali. Along with a team of local activists and researchers, this new investigator has put together a community-based research team that aims to improve treatment outcomes and quality of life for people with HIV by examining barriers to treatment and adherence to treatment. This research has played an important role in sensitizing local officials and patients to the importance of investing in improving adherence to treatment over the long term.
- CIHR-funded trainee Ms. Nicole Lund of the University of Toronto, is working on a research project that addresses the concept that a certain type of lipid is influential in HIV-host cell entry. Under the supervision of Dr. Donald R. Branch, Ms. Lund's research has led to the discovery that it is possible to mimic a specific lipid and inhibit HIV infection, which could potentially pave the way for novel treatment and prevention strategies.

- Mr. Jorge Flores-Aranda from the *Université de Montréal*, supported by a HIV/AIDS CBR Master's award, studied the quality of life issues for people living with HIV/AIDS (PHAs) in various regions of the province of Québec under the supervision of Ms. Joanne Otis. The study addressed the multiple impacts of HIV/AIDS on the quality of life, including the “ups and downs” of treatment, sexual aspects of living with HIV/AIDS, social support and access to social services and health care.

Clinical Trials Test Treatments and Vaccines

Since 1990, the CTN – a CIHR-funded partnership of researchers, people living with HIV/AIDS, industry and others – has implemented close to 100 clinical trials of HIV therapies and vaccines. More than 8 000 Canadians have enrolled in CTN trials to date, and an additional 11 000 have enrolled in compassionate access trials. As of March 31, 2006, nearly 1 000 volunteers were enrolled in active CTN studies, including:

- CTN 213, which is exploring the potential for Leukotriene B4 (LTB4), a naturally occurring substance that activates the body's leukocytes (infection-fighting white blood cells), to block the co-receptors for HIV. For newly infected people, success in this regard could prolong the period of time between diagnosis and the need to start antiretroviral therapy.
- CTN 167 – also known as the OPTIMA study – which aims to determine the optimal management of patients with HIV for whom first- and second-line highly active antiretroviral treatment has failed. CTN 167 is a five-and-a half year study that recently completed enrolling participants in Canada, the U.S. and the U.K.
- CTN 194 – the PICCO study – which is testing whether the prevention of depression can improve adherence to hepatitis C treatment among people who are co-infected with HIV and HCV. Anxiety and depression are potential side effects of drug combinations commonly prescribed for co-infected individuals, and can often hinder the effectiveness of the HCV treatment.

A new structural component introduced by the CTN in 2005-2006 is allowing investigators to work closely with colleagues and peers across Canada who share similar research interests to develop study concepts and implement new research projects. Built around four thematic Core Teams, this new approach has facilitated high-level scientific exchanges and pan-Canadian partnerships. During the past year, a total of eight Core-generated clinical trials moved to the stage of full acceptance by the CTN. For example, the Clinical Management Sciences Core Team facilitated the development of an innovative program of HIV-related lipoatrophy in collaboration with the Maple Leaf Clinic in Toronto. The Vaccines and Immunotherapies Core Team helped a CTN researcher further develop a clinical trial (CTN 205) that will use the anti-convulsant drug valproic acid to attempt to flush out and isolate HIV. If this can be achieved, researchers believe that a combination of antiretroviral therapy, vaccines and other interventions might be able to effectively purge the virus from the body.

CTN-supported research on lipodystrophy is providing new evidence to help treat this disfiguring side effect associated with HIV/AIDS medications. Results from CTN 148 – a study examining lipodystrophy in people initiating a protease inhibitor-based highly active antiretroviral treatment

regimen – showed that DEXA (Dual Energy X-ray Absorptiometry) scanning appears to be a reliable tool for objectively determining changes in regional fat over time. The study also showed that peripheral lipoatrophy appears to occur earlier and to a greater extent than central hypertrophy, and is psychologically more disturbing.

The CTN is working with partners at home and abroad to establish international affiliate clinical trial sites to improve the global response to HIV/AIDS. During 2005-2006, two such sites were launched in Uganda – one at the Immune Deficiency Clinic in Kampala and another at the Mbarara Infectious Diseases Clinic in Mbarara Town. The Network also “grandfathered” in two international affiliate sites in Buenos Aires, Argentina, which have a strong history of collaboration with CTN researchers. Over the course of the year, the CTN forged new partnerships with clinical trial organizations around the world, including the *Agence nationale de chercheurs sur le sida et les hepatites virales* in France, the International Antiviral Therapy Evaluation Centre in the Netherlands, and the US National Institutes of Health (AIDS Division).

Developing a National HIV/AIDS Research Plan

CIHR and PHAC conducted several projects in 2005-06 which will inform the future development of a national HIV/AIDS research plan. As part of this effort, PHAC commissioned a study to begin to identify Canadian HIV/AIDS research priorities. The resulting paper – *HIV/AIDS Research Priority Identification* – provides a synthesis of HIV/AIDS research priorities compiled from a review of selected documents and interviews with key stakeholder organizations. The paper also provides a brief discussion of the continuities and shifts in research priorities over the past five years. Common themes that emerged from this study include the need for research on HIV/AIDS and women, population-specific prevention, microbicides, the determinants of health, post-approval surveillance, community-based research and the needs of vulnerable and at-risk populations.

Also to inform the development of a national HIV/AIDS research plan, PHAC undertook a separate review of research planning and priority-setting models. The review focussed on models outside the HIV/AIDS area, such as those used for cardiovascular disease and stroke, cancer, tobacco control and health services.

CIHR commissioned an environmental scan in 2005 outlining the state of HIV/AIDS research in Canada. The purpose of this project was to provide information on funding of HIV/AIDS research in Canada to help guide and direct discussion on strategic planning and priority-setting. The report provides broad information about Canadian HIV/AIDS research funding from across provincial and federal sources, as well as key non-governmental organizations. It also attempts to identify strengths and weaknesses in the Canadian research environment based on an analysis of the funding distribution and discussions with key informants.

Taking into considerations these and other documents and the goals of the Federal Initiative, CIHR undertook a major priority-setting exercise for HIV/AIDS research in 2005, which is described in more detail earlier in the report.

Over the coming year, PHAC will work with CIHR and other stakeholders in HIV research and knowledge translation on developing a broad national agenda for HIV research. The agenda will aim to identify common goals and objectives for research and knowledge translation across the country and the role of various organizations and funding agencies.

Planning for Vaccines and Microbicides

Canada's national strategy for HIV vaccines – *Towards a World Without AIDS: Canadian HIV Vaccines Plan* – was published in July 2006. Developed by a steering committee comprising a person living with HIV/AIDS and representatives of the Canadian AIDS Society (CAS), the research community, other NGOs, the International AIDS Vaccine Initiative (IAVI) and PHAC, the document is the result of a collaborative process involving researchers, government and the wider HIV/AIDS community. *Towards a World Without AIDS* acknowledges that Canada has the expertise, experience and resources to make a significant contribution to the global effort to develop HIV vaccines and deliver them to all people who need them, including Canadians. The plan articulates the vision for Canada's contributions across all parts of this effort, including vaccine discoveries, trials and testing, production, distribution, community engagement and leadership.

The *Canadian Microbicides Action Plan* was unveiled in draft form at the 3rd Microbicides Symposium, held in Ottawa in May 2006. This multi-sectoral plan articulates the contributions Canada can make, domestically and globally, in supporting the development and delivery of microbicides. A steering committee comprising representatives from government, NGOs and the research community, will finalize the draft plan shortly.

Research is a critical component in the identification and development of HIV vaccines and microbicides. CIHR-funded researchers working in these fields published important results in 2005-06. Examples include:

- Dr. Nicole Bernard of McGill University and her team have discovered that people who are exposed to HIV without becoming infected are more likely to have immune responses to the virus than those who are at low risk for exposure. These immune responses appear to protect the uninfected people exposed to HIV, regardless of whether their exposure to the virus came through injection drug use or sexual behaviour.
- Working with a group of HIV-resistant female commercial sex workers in Nairobi, Dr. Keith Fowke of the University of Manitoba was part of a team that has found that women who are resistant to HIV respond differently to a peptide called p24, which could result in a longer lifespan for CD4 T cells, which are important to the immune response to HIV. The immune environment and the p24-specific immune responses of HIV-resistant women should be considered in the design and development of an effective HIV vaccine.

Focussing on Populations

People living with HIV/AIDS, gay men, injecting drug users, Aboriginal Peoples, prison inmates, youth at risk, women at risk and people from countries where HIV is endemic are target populations for strengthened HIV/AIDS programming under the Federal Initiative.

Research can make important contributions to the development of effective, population-specific approaches to dealing with the HIV/AIDS epidemic. The CIHR HIV/AIDS Community-Based Research (CBR) Program in particular provides a unique opportunity for research to address issues that are important for vulnerable populations and to engage these populations in the research process. Examples of CIHR-funded community-based research projects focussing on vulnerable populations are outlined below:

- CIHR is currently providing funding to the AIDS Committee of Toronto for a project that examines Canadian studies of sexual behaviour among gay, bisexual and other men who have sex with men (MSM), specifically Black MSM (BMSM). The proposed study, led by Dr. Winston Husbands, addresses a knowledge gap identified by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and aims to enhance HIV prevention for Black MSM through improved understanding of their communities.
- Dr. Carol Strike and her team at the Centre for Addiction and Mental Health in Toronto are focussing on improving the basic needs (e.g., medical care, housing, income, etc.) of people living with HIV/AIDS in a research project entitled: *Understanding the role of basic needs and addiction treatment readiness on HIV prevention among needle exchange clients.*
- One of the projects recently funded under the Aboriginal Stream, led by Mr. J. Kevin Barlow of the Canadian Aboriginal AIDS Network (CAAN) and Dr. Charlotte Loppie from Dalhousie University, will address several research questions and focus attention on the issue of sexual violence in the context of HIV/AIDS service provision.
- CIHR is also funding research that addresses issues for people from countries where HIV is endemic. For example, the AIDS Calgary Awareness Association was approved for funding in 2005-2006 through a project entitled: *Engaging people from HIV endemic countries (Nigeria, Sudan and South Africa) in Calgary.* Ms. Nedra Huffey is leading the project which will pilot a process to engage members of these communities in developing and delivering culturally-appropriate HIV prevention, care and support services for populations born in HIV-endemic countries now living in southern Alberta.

Federal Leadership for AIDS 2006

Canada hosted more than 26 000 delegates from around the world at the XVI International AIDS Conference in Toronto from August 13 – 18, 2006. The Government of Canada played a key role in ensuring the success of this pre-eminent international AIDS event, investing more money in the conference than the government of any previous host country.

Federal departments and agencies provided funding for or delivered more than 20 conference satellite sessions, focussing on topics ranging from gender diversity and AIDS to HIV/AIDS in prisons. For example, CIHR-III hosted a satellite session in partnership with the Ontario HIV Treatment Network (OHTN) and Canadian Aboriginal AIDS Network (CAAN) entitled: *Community-based research in Canada: Innovations and partnership to improve health outcomes for people living with HIV/AIDS and communities at risk.*

For information on the CIHR HIV/AIDS Research Initiative please visit the CIHR Institute of Infection and Immunity website at: <http://www.cihr-irsc.gc.ca/e/13533.html>