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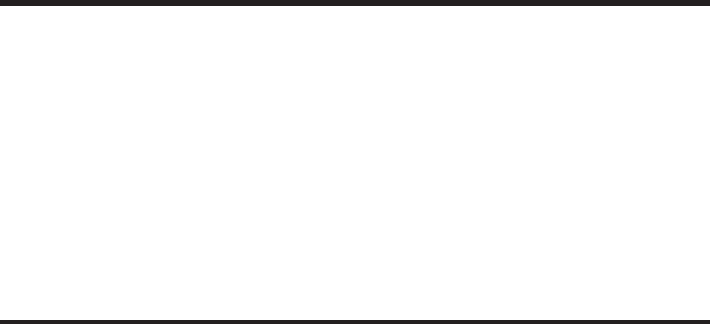
Gouvernement
du Canada

STRATEGIC APPROACHES:
RENEWING *the* RESPONSE



**Canada's Report
on HIV/AIDS 2004**

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ACKNOWLEDGEMENTS



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MESSAGE *from* the MINISTERS

World AIDS Day is an opportunity to reflect on HIV/AIDS and its tragic consequences. Although some Canadians see the epidemic as a distant problem affecting only other parts of the world, it is very much a part of our communities as well. As reflected in this year's UNAIDS World AIDS Day theme, women and girls are increasingly affected by HIV and AIDS. In Canada, HIV also continues to spread among gay men, injection drug users, Aboriginal people, street youth, prison inmates and individuals from HIV-endemic countries. HIV/AIDS affects us all.

We share the concern of many Canadians about this growing and changing epidemic. At the same time, we are heartened by Canada's response, particularly at the community level, where hundreds of organizations and thousands of staff and volunteers are working tirelessly to combat HIV/AIDS. These individuals and organizations embody the values of Canadian society, including our care and concern for those less fortunate, and remain essential to our efforts to get ahead of the epidemic.

The past year has been a time of significant reflection and dialogue. Stakeholders from across the country have been taking part in discussions about *Leading Together, An HIV/AIDS Action Plan for All Canada*, which will guide Canada's HIV/AIDS activities until 2010. At the same time, officials have been working on a renewed federal framework that will identify how the Government of Canada can continue to contribute to HIV/AIDS policies and programs, both here and abroad. The announcement in May 2004 of a doubling of federal funding over the next five years shows that our government is deeply committed to broadening and strengthening its role.

More changes are on the horizon as the federal government and its many partners sharpen their collective response to HIV/AIDS. The creation of the Public Health Agency of Canada, which was launched by Prime Minister Paul Martin on September 24, 2004, provides an opportunity to build a stronger, more coordinated approach to HIV/AIDS and other public health issues.

In the meantime, *Strategic Approaches: Renewing the Response* provides a snapshot of the HIV/AIDS epidemic and Canada's response to it over the past 12 to 18 months. It describes many examples of collaboration and identifies key future challenges and opportunities. Although the situation remains serious in Canada, over the past 20 years a solid foundation has been laid through the efforts of countless dedicated individuals, organizations and governments. There is reason to hope that there will one day be a cure for this disease. For people everywhere, that day cannot come too soon.

We encourage Canadians to show their support by wearing a red ribbon on December 1, World AIDS Day 2004.



Ujjal Dosanjh
Minister of Health



Dr. Carolyn Bennett
Minister of State
(Public Health)

November 2004



MESSAGE *from the* MINISTERIAL COUNCIL *on* HIV/AIDS

The HIV/AIDS epidemic – with its dire consequences of illness and suffering, stigma and discrimination, unnecessary and premature death, and family and community anguish – is gathering momentum in Canada and around the world.

The Ministerial Council on HIV/AIDS fully supports the theme of UNAIDS' 2004 World AIDS Day Campaign. "Have you heard me today?" seeks to raise awareness of and help address the many issues that make young women and girls around the world particularly susceptible to HIV. Canada is well positioned to show leadership on this front by, for example, accelerating the development of microbicides and by working to ensure that women and girls receive equitable access to treatment under the World Health Organization's and UNAIDS' 3 by 5 Initiative. The goal of the Initiative is to ensure access to antiretroviral treatment for 3 million people living with HIV/AIDS in the developing world by the end of 2005. As treatment efforts scale

up, Canada must also resist calls for HIV testing approaches that do not fully respect human rights, including mandatory HIV testing of pregnant women without their informed consent.

Women are also among the most vulnerable populations in Canada and therefore need additional attention. At the same time, Council remains deeply concerned about the increasing infection rates among gay men and youth in Canada and is advocating for enhanced prevention and awareness education for youth. Council also recognizes that Aboriginal peoples in Canada are especially vulnerable to the spread of HIV/AIDS. The reasons for this are multifactorial, grounded in social and economic inequities and must be addressed from a social justice perspective.

We will continue to strengthen our working relationship with the National Aboriginal Council on HIV/AIDS to ensure that the Government upholds its commitments to issues affecting First Nations, Inuit and Métis populations in Canada.

The Government of Canada has been in the forefront of certain issues. For example, Canada is the first country in the world to adopt legislation that enables the exporting of less expensive, generic versions of patented pharmaceutical products to countries in need. In addition, the first supervised injection site in North America has opened in Vancouver and initial evaluation results are positive. The Ministerial Council will continue to advise the Minister of Health on ways to strengthen harm reduction efforts, including pressing for the introduction of needle exchange programs in prisons.

The Government of Canada, with significant involvement and effort on the part of the HIV/AIDS community and others, has increased funding for the Canadian Strategy on HIV/AIDS. The Ministerial Council applauds this decision but would like to see an accelerated disbursement of the new funds.

Fiscal year 2003-2004 was one of significant activity for the Ministerial Council on HIV/AIDS, which includes people living with HIV/AIDS, front-line workers, health care providers, researchers and human rights experts. The Council's work is documented in detail in its 2003-2004 annual report, which can be viewed at (www.phac-aspc.gc.ca/aids-sida/hiv_aids/can_strat/ministerial/ar_03_04/index.html).


Council looks forward to its continued involvement in the renewal of Canada's HIV/AIDS response. Canada must get ahead of the epidemic, and the Ministerial Council will continue to monitor and contribute to this goal in the years ahead.



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LIST of ACRONYMS



ACAP	AIDS Community Action Program
AIDS	Acquired immune deficiency syndrome
ANHAN	All Nations Hope AIDS Network
APSS	AIDS Program South Saskatchewan
ARMS	Antiretroviral Readiness and Motivation Scale
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
CIDA	Canadian International Development Agency
CIDPC	Centre for Infectious Disease Prevention and Control (Public Health Agency of Canada)
CIHAN	Canadian Inuit HIV/AIDS Network
CIHR	Canadian Institutes of Health Research
COCQ-sida	Coalition des organismes communautaires québécois de lutte contre le sida
CPHA	Canadian Public Health Association
CSHA	Canadian Strategy on HIV/AIDS
CTAC	Canadian Treatment Action Council
CTL	Cytotoxic T cells
CTN	Canadian HIV Trials Network
CWGHR	Canadian Working Group on HIV and Rehabilitation
DPED	Departmental Program Evaluation Division (Health Canada)

ESCSY	Enhanced Surveillance of Canadian Street Youth
FNIHB	First Nations and Inuit Health Branch (Health Canada)
FPT AIDS	Federal/Provincial/Territorial Advisory Committee on AIDS
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	Highly active antiretroviral therapy
HB	Hepatitis B
HISI	HIV/AIDS Information Services Initiative
HIV	Human immunodeficiency virus
HLA	Human leukocyte antigens
IAD	International Affairs Directorate (Health Canada)
IAS	International AIDS Society
IAVI	International AIDS Vaccine Initiative
ICAD	Interagency Coalition on AIDS and Development
ICASO	International Council of AIDS Service Organizations
IDU	Injection drug use/users
MAG-net	Microbicides Advocacy Group Network
MSM	Men who have sex with men
NACHA	National Aboriginal Council on HIV/AIDS
NGO	Non-governmental organization
PI	Protease inhibitors
RTA	Research technical assistant
RTI	Reverse transcriptase inhibitors
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

FOREWORD



This report is intended to inform the HIV/AIDS community, the Canadian public and parliamentarians of the current realities of HIV/AIDS, of progress that has been made in Canada in responding to the epidemic, and of 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 the Minister of Health's obligation to report annually to Treasury Board on the Canadian Strategy on HIV/AIDS.

Canada's Report on HIV/AIDS 2004 covers the period April 2003 to March 2004. Information on significant events or activities that have taken place since March 2004 is also contained in the report. On September 24, 2004, responsibility for population and public health activities was transferred to the newly established Public Health Agency of Canada from Health Canada. The information in this report was gathered

through a questionnaire distributed to governmental and non-governmental partners in the Canadian Strategy on HIV/AIDS (CSHA) and through other research. Although the majority of activities described in the report are funded through federal resources under the CSHA, efforts have been made to provide additional information on HIV/AIDS-related activities funded from other sources, including the Canadian International Development Agency (CIDA) and Foreign Affairs Canada.

This report also includes four feature articles aimed at highlighting the important role community-based organizations play in the Canadian response. These features are not intended to encompass all aspects of the community-based response, but rather to give readers a glimpse of how the community's voice is being heard and how community-based organizations are working together in the fight against HIV/AIDS.



Setting a NEW PATH for CANADA'S HIV/AIDS RESPONSE

1

HIV/AIDS IS A DISEASE OF TERRIBLE GLOBAL PROPORTIONS AND APPALLING HUMAN AND SOCIO-ECONOMIC IMPACTS. IT ROBS CHILDREN OF THEIR PARENTS, MEN AND WOMEN OF THEIR LOVED ONES, AND SOCIETY OF THE UNTAPPED POTENTIAL OF MILLIONS OF PEOPLE EACH YEAR. FUELLED BY STIGMA AND DISCRIMINATION, HIV/AIDS LEADS TO THE LOSS OF HUMAN RIGHTS AND UNTOLD DISTRESS AND SUFFERING BY PEOPLE LIVING WITH THE DISEASE AND THOSE WHO CARE FOR THEM. WHILE MEDICAL AND SOCIAL SCIENCE ADVANCES ARE LEADING TO MORE EFFECTIVE TREATMENTS AND RESPONSES ON SOME FRONTS, NEW CHALLENGES CONTINUE TO ARISE. THE REPERCUSSIONS OF THE EPIDEMIC ARE MADE ALL THE MORE FRUSTRATING BY THE KNOWLEDGE THAT THE TRANSMISSION OF HIV IS PREVENTABLE. THIS SECTION OF THE REPORT PRESENTS AN OVERVIEW OF THE CURRENT REALITIES OF THE HIV/AIDS EPIDEMIC AND THE FUTURE DIRECTIONS OF THE CANADIAN RESPONSE.

A Devastating Global Epidemic

According to revised HIV/AIDS estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS), almost 5 million people became newly infected with HIV in 2003 – more than in any other year since the beginning of the epidemic.¹ Around the world, the number of people living with HIV was estimated at 38 million. About 3 million people died of AIDS-related illnesses last year, bringing the total number of AIDS-attributed deaths to more than 20 million worldwide since the disease was identified in 1981.

Almost two thirds of all HIV-positive people live in sub-Saharan Africa, a region that claims only 10 per cent of the world's population. In 2003, 75 per cent of AIDS deaths globally occurred

in sub-Saharan Africa, where access to care, treatment and support is meagre or non-existent. At the same time, the epidemic appears to be gathering momentum in other parts of the world – notably Eastern Europe and Asia.

As was noted in *Canada's Report on HIV/AIDS 2003*, children are among those most affected by the disease. In addition to the millions of children worldwide who are now living with HIV/AIDS, a significantly larger number have lost one or both parents to the epidemic, with no signs of a slowing or reversal of this trend in sight. Still, teens and young adults continue to be the most affected and infected population at the global level, due in part to their increased likelihood to engage in risky sexual behaviours and injection drug use (IDU).

¹ The *UNAIDS 2004 Report on the Global AIDS Epidemic* compares new estimates for 2003 with revised estimates for 2001 based on improved methodologies. This allows for a better understanding of how the epidemic is spreading. Although the new global estimates are slightly lower than previously published estimates, the actual number of people living with HIV has not decreased; rather, the epidemic continues to grow based on revised 2001 estimates.

As evidenced by the theme for the 2004 World AIDS Campaign “Have you heard me today?,” women and girls are particularly vulnerable to HIV/AIDS in the global context. According to UNAIDS, young women and girls can be 2.5 times more likely to be HIV-infected than their male counterparts. “Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides. At the same time, all over the world women do not enjoy the same rights and access to employment, property and education as men. Women and girls are also more likely to face sexual violence, which can accelerate the spread of HIV.”²

In the face of this staggering global epidemic, it is clear that efforts must be strengthened to halt the spread of HIV and diminish the impact of HIV/AIDS on individuals, families, communities and entire nations. Canada must be part of this expanded and reinforced global response and must provide the needed leadership, expertise and resources.

Canada’s Epidemic is Growing and Changing

In Canada, the HIV/AIDS epidemic continues to grow despite the efforts of governments, community-based organizations, national non-governmental organizations (NGOs), the health care sector, researchers and a legion of committed and dedicated volunteers across the country.

The Centre for Infectious Disease Prevention and Control (CIDPC) estimates that 56 000 people in Canada were living with HIV infection at the end of 2002 – a 12 per cent increase from previous estimates in 1999.³ Men who have sex with men (MSM) continue to be the most

affected group, accounting for an estimated 58 per cent of all infections. IDU comprise an estimated 20 per cent of infections, with the heterosexual exposure category accounting for 18 per cent, combined MSM-IDU 4 per cent, and the remaining exposure categories less than 1 per cent. Aboriginal persons account for a disproportionately high number of HIV infections in Canada, and the epidemic appears to be growing among women of all age groups. Disproportionate rates of infection have also been noted among African and Caribbean communities in Canada. CIDPC estimates that 17 000 HIV-positive individuals across all exposure categories and population groups are unaware of their infection.

New national HIV/AIDS surveillance data for the period up to December 31, 2003, confirm that the epidemic is growing in Canada. Since HIV testing began in Canada in 1985, 55 180 positive HIV tests had been reported to CIDPC, including 2 482 new HIV infections in 2003. A total of 19 344 AIDS diagnoses in Canada had been reported to the end of 2003, with the largest proportion of these among people aged 30 to 44 years. Although the number of new AIDS diagnoses has declined considerably since the mid-1990s, due to the introduction of highly active antiretroviral therapy (HAART), CIDPC is also concerned that AIDS diagnoses are becoming increasingly under-reported.

This continued growth in the epidemic appears to corroborate a change in public perceptions about HIV/AIDS that has been noted in previous reports. The 2003 Canadian Youth, Sexual Health and HIV/AIDS Study – coordinated by the Council of Ministers of Education, Canada – revealed that half of Grade 9 students in Canada are unaware that there is no cure for HIV/AIDS. Other research has disclosed that close to 20 per

² UNAIDS web site, www.unaids.org/wac2004/index_en.htm.

³ Unless otherwise noted, all domestic epidemiological and surveillance data presented in this report have been provided by CIDPC.

cent of adult Canadians believe that HIV/AIDS can be cured if treated early.⁴ Most Canadians view HIV/AIDS as a serious problem but perceive their own personal risk of HIV infection to be low. Levels of discomfort about HIV/AIDS are also high: as reported last year, 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.

Clearly, greater vigilance is needed to control Canada's HIV epidemic, including more effective strategies to prevent new infections among vulnerable groups, improved services for the increasing number of Canadians living with HIV infection, and increased awareness across society that stigma and discrimination only serve to worsen the situation.

A Strengthened Nationwide Approach Takes Shape

Canada is about to embark on a new approach to HIV/AIDS that envisions unprecedented engagement across society and that will be underpinned by a renewed framework for federal involvement in the response.

Stakeholders in the CSHA have come to the conclusion that a more strategic approach is needed to get ahead of the epidemic. Although HIV/AIDS policy and programming must be broad-based and flexible, encompassing all elements of a social justice approach, there is also a need for a more consolidated and planned response.

To this end, a draft action plan was developed by a broad cross-section of organizations and individuals involved in the HIV/AIDS response,

setting out a bold vision that "By 2010, the end of the HIV/AIDS epidemic is in sight." The draft was released for broad national consultations in late 2003 and early 2004. A number of consistent messages emerged from these consultations, which included people living with HIV/AIDS, vulnerable Canadians, provincial/territorial governments and others:

- participants supported the concept of having a common, visionary plan and felt that such a plan could prove useful on many fronts
- the document's focus on a social justice framework resonated strongly with organizations and individuals involved in the HIV/AIDS response, who felt that this was the proper approach for addressing the epidemic
- participants supported the inclusion of specific measurable actions and targets in the plan

Based on these comments and other feedback from the HIV/AIDS community, the document was further refined. Entitled *Leading Together, An HIV/AIDS Action Plan for All Canada*, it sets out desired outcomes, targets and recommended actions to achieve the following goals:

- prevent HIV infection
- contribute to global efforts to fight the epidemic and find a cure
- provide timely, safe and effective care, treatment and support for all Canadians with HIV/AIDS
- reduce the social inequities, stigma and discrimination that threaten people's health and well-being

⁴ HIV/AIDS – An Attitudinal Survey, conducted by Ekos Research Associates in March 2003.

At the same time that the HIV/AIDS community was drafting the action plan, the federal government was developing a renewed federal framework for the future in response to the report of the Standing Committee on Health (tabled in June 2003) and the five-year review of the CSHA (completed in August 2003). The new framework will identify federal priorities to be undertaken over the next five years. The doubling of federal funding to \$84.4 million over five years, announced in May 2004, signals the federal government's increased commitment to addressing HIV/AIDS.

Leading Together, An HIV/AIDS Action Plan for All Canada, together with the renewed federal framework and increased federal funding for HIV/AIDS, points to a new beginning for Canada's HIV/AIDS response. Nevertheless, a number of challenges will need to be addressed

as we move forward together. Implementing the action plan will require:

- the engagement and involvement of additional players and sectors, where and as appropriate
- sufficient commitment and resources to support the work proposed in the action plan
- clear roles and responsibilities to move forward
- a mechanism to champion the action plan so that it continues to describe the best and right work to be done, captures and aligns existing responses, and proves useful as a shared planning tool
- continued input from individuals and population groups that are most affected by HIV/AIDS



About the CANADIAN STRATEGY on HIV/AIDS

2

Goals of the CSHA

Building on the previous federal strategies, 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, 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 CSHA 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
Total	\$ 42.20

Canada's Approach

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

The newly established Public Health Agency of Canada, the lead federal agency for issues related to HIV/AIDS, administers the CSHA through CIDPC and its regional offices. Several responsibility centres within Health Canada also contribute to this work, including the

Departmental Program Evaluation Division (DPED), the First Nations and Inuit Health Branch (FNIHB) and the International Affairs Directorate (IAD). Correctional Service Canada and the Canadian Institutes of Health Research (CIHR) also receive funding through 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 Canadian Working Group on HIV and Rehabilitation (CWGHR)
- 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. Correctional Service Canada invests \$13 million annually in infectious disease management in the correctional environment, including HIV/AIDS care, treatment and support. Similarly, Health Canada's 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 2003-2004 invested a total of \$8 million in HIV/AIDS research and an additional \$7.3 million in research related to HIV/AIDS.

CIDA's *HIV/AIDS Action Plan*, which articulates CIDA's approach to helping 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 or has contributed:

- \$100 million to the World Health Organization (WHO) in support of the 3 by 5 Initiative announced in May 2004
- \$220 million over five years to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GEATM)
- up to \$100 million to support African-led initiatives to broaden treatment access

- through the G8 Africa Action Plan, \$50 million over three years to the International AIDS Vaccine Initiative (IAVI) for vaccine research and \$12 million to build capacity to respond to HIV in sub-Saharan Africa
- an additional one-time contribution of \$5 million to UNAIDS, essentially doubling Canada's contribution to UNAIDS to \$10.4 million in fiscal year 2003-2004 (Of this additional funding, \$1 million was earmarked to support the new Global Coalition on Women and HIV/AIDS.)
- \$250,000 to support the attendance of participants from developing countries at the XV International AIDS Conference in Bangkok, Thailand

Provincial and territorial governments are key partners in the CSHA. Their collaboration and contributions, through their respective action plans and strategies, play an important role in achieving the goals of the CSHA. As well, community-based organizations engaged on the front lines of the response are critical to Canada's efforts to prevent the further spread of HIV while providing care, treatment and support to people living with HIV/AIDS.

3

REPORTING *on* PROGRESS



CANADA'S REPORT ON HIV/AIDS 2004 DESCRIBES THE ACTIVITIES AND PROGRESS OF CSHA PARTNERS IN FIVE KEY AREAS:

- COORDINATING HIV/AIDS POLICY AND PROGRAMMING
- ENHANCING CANADIAN ENGAGEMENT IN THE HIV/AIDS RESPONSE
- ADVANCING THE SCIENCE OF HIV/AIDS
- INCREASING THE USE OF RELIABLE INFORMATION
- STRENGTHENING 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 the Public Health Agency of Canada's HIV/AIDS policies and programs, can be found on the CSHA web site at www.aidsida.com. Similarly, information on other CSHA partners' programs and initiatives can be found on their respective web sites, which are listed in the Key National Partners section of this document (see page 48). Please note that at the time covered in this report, Health Canada was responsible for the population and public health activities now covered by the Public Health Agency of Canada.

Leading Together – An Action Plan by Canadians, for Canadians

Canada's HIV/AIDS response can be traced to a small number of volunteer-based community groups that mobilized in the early 1980s to provide care and support to gay men – the first and still the largest group affected by the disease. So it is fitting that 20 years later, the HIV/AIDS community has played a key role in calling for and developing Canada's new action plan for HIV/AIDS.

From the first Canadian Strategy on HIV/AIDS (CSHA) direction-setting meeting at Gray Rocks in the fall of 2000, where participants called for a five-year strategic plan, community advocates and front-line workers have been fully involved in activities leading to the creation of the action plan. There was community participation throughout its conception and development. The process was specifically designed to ensure that community organizations had a strong voice.

Organized and facilitated by a consulting firm hired by CIDPC, the consultations on *Leading Together, An HIV/AIDS Action Plan for All Canada* included visits to nine major urban centres across Canada in late 2003 and early 2004 to involve community-based organizations and others in a dialogue on the proposed action plan. Four sessions were held in each centre:

- a broad, multi-sectoral session that included community-based organizations, federal/provincial/territorial governments, the health care sector and others
- a session for people living with HIV/AIDS
- a session for vulnerable populations (for example, women, gay men over 40, injection drug users [IDUs], Aboriginal people), with the targeted population group varying from city to city

- a session for stakeholder groups, including community-based groups (in Winnipeg, for example, Aboriginal groups were involved, while in Vancouver the session focussed on groups working with IDUs)

Community groups and individuals were also invited to provide input to the action plan by telephone, through written submissions or by completing an on-line survey. In a separate process, CIDPC gathered feedback on the draft action plan from colleagues across the federal government and the provinces/territories.

The presence of the HIV/AIDS community is evident throughout the draft document, from the call for safe drug injection sites to the emphasis on ensuring people living with HIV/AIDS have access to the basic necessities of life – food and shelter, an adequate and dependable income, and health and social services. Many community-based groups see the action plan as both a planning tool and as a means for monitoring action by those involved in the response.

According to the report from the consultant who led the consultations, “... even the most critical participants were willing to make a ‘leap of faith’ with *Leading Together*. Participants set out a wide range of thoughtful responses on how to sharpen and strengthen the proposed strategies. We are grateful for their time, their passion and their honesty.”

In short, the title of the document – *Leading Together, An HIV/AIDS Action Plan for All Canada* – reflects the true collaborative spirit that has given voice to the hopes and needs of Canada's HIV/AIDS community as well as many other organizations and individuals involved in the response.

The action plan is expected to be launched in early 2005.

3a

COORDINATING HIV/AIDS
POLICY *and* PROGRAMMING

CANADIANS ARE EMBARKING ON A HOPEFUL NEW PHASE IN THE COLLECTIVE RESPONSE TO AIDS. MUCH WORK HAS BEEN DONE IN PREPARING FOR THIS NEW APPROACH, AS PARTNERS IN THE CSHA HAVE SOUGHT TO BROADEN THEIR THINKING TO INCLUDE THE FULL SPECTRUM OF PUBLIC POLICY ISSUES AND TO FOSTER GREATER COLLABORATION WITH BOTH TRADITIONAL AND NEW STAKEHOLDERS.

Planning the Way Forward

As noted earlier in this report, the development of an HIV/AIDS action plan for Canada continued to be the focus of significant effort by CSHA partners throughout 2003-2004. *Leading Together, An HIV/AIDS Action Plan for All Canada* sets out strategic directions that will guide Canada's collective response to HIV/AIDS over the next five years (see the feature on page 9). The action plan's scope extends well beyond the federal government, calling for contributions by NGOs and AIDS service organizations (ASOs), the provinces and territories, the health care and education sectors, and private industry, to name a few. The action plan is expected to be launched in early 2005.

Development of the action plan, along with the report of the Standing Committee on Health in June 2003 and the five-year review of the CSHA (completed in August 2003), have informed the development of a renewed federal framework for the CSHA. This renewal, was foretold in the

Government of Canada's response to the Standing Committee. Tabled in Parliament on October 31, 2003, the response emphasized the Government's commitment to continue to work with its partners in the CSHA to ensure a compassionate, comprehensive and effective Canadian response. Consistent with the recommendations of the five-year review, the renewed federal framework will focus on clarifying the federal role in HIV/AIDS.

On May 12, 2004, the Government of Canada, after a thorough review of the evidence – and in response to continued calls for increased funding for HIV/AIDS from national NGO stakeholders, supported by a recommendation from the Standing Committee – announced that federal funding for the CSHA would double over five years to \$84.4 million annually by 2008-2009. In year one of this commitment (2004-2005), additional funding will be targeted to enhance front-line efforts to address populations most at risk of infection.

Advisory Committees Inform Canada's HIV/AIDS Response

In developing CSHA policy and programming, the Government of Canada looks to a number of national advisory groups for input and direction.

These include the Ministerial Council on HIV/AIDS, which provides advice directly to the federal Minister of Health on pan-Canadian aspects of HIV/AIDS. The Ministerial Council works on a diverse range of issues, including HIV/AIDS-related research, immigration policy, the drug review process and intra- and inter-departmental collaboration. During 2003-2004, at the request of the Minister of Health, the Ministerial Council provided guidance to the Minister of Foreign Affairs Canada on the foreign policy dimensions of HIV/AIDS and their impacts on Canadians at home and abroad, with a particular focus on Africa. Consultants were hired to lead a consultation process and develop a report with input from Ministerial Council members, CIDPC, IAD, the Department of Foreign Affairs and International Trade (now Foreign Affairs Canada), CIDA and the Consultative Group on Global HIV/AIDS Issues. Entitled *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS With a Particular Focus on Africa*, the report was submitted to the federal government in early September 2003, in advance of the United Nations General Assembly High Level Meeting on HIV/AIDS. The Ministerial Council subsequently met with a representative from the office of the Minister of Foreign Affairs to discuss the report, which included 61 recommendations for enhanced Canadian involvement and political leadership in the global response.

The Federal/Provincial/Territorial Advisory Committee on AIDS (FPT AIDS) advises the Conference of Deputy Ministers of Health. In 2003-2004, FPT AIDS finalized a paper on the

issues surrounding disclosure of HIV status and public health and recommended a framework for persons who are unwilling or unable to disclose their status. As well, an FPT AIDS Working Group on Surveillance was established to develop a plan to enhance the role of surveillance and targeted epidemiological studies in improving both the understanding of and the response to HIV/AIDS in Canada. In 2003, FPT AIDS commissioned a paper on the state of the epidemic in Canada and government responses. The paper, expected to be released in December 2004, examines the HIV/AIDS epidemic in different Canadian jurisdictions from the perspective of provincial and territorial governments and key stakeholders, summarizes the different jurisdictions' responses to the disease, analyses current issues of concern, and identifies means for a strengthened response.

The mandate of the National Aboriginal Council on HIV/AIDS (NACHA) is to advise Health Canada, the Public Health Agency of Canada and other stakeholders about the HIV/AIDS-related needs of Aboriginal people in Canada. The Council consists of four caucuses, with equal representation of First Nations, Inuit and Métis peoples as well as Aboriginal community-based organizations and Aboriginal people living with HIV/AIDS. NACHA held three teleconferences and a face-to-face meeting in Halifax in 2003-2004. The Council also organized the third Aboriginal Summit on HIV/AIDS, which took place in Vancouver in April 2004, with more than 60 people in attendance. Participants adopted a number of recommendations arising from an evaluation of NACHA completed in the spring of 2004, including a recommendation to reduce membership on the Council from 24 to 16. Additional recommendations are under consideration, and revised terms of reference are being developed for NACHA.

The Federal/Provincial/Territorial Heads of Corrections Working Group on Health meets in person twice yearly, and holds conference calls as required, to exchange information, share best practices and collaborate on projects related to inmate health issues in correctional environments.

National partners in the CSHA continued to meet with CIDPC to consult and exchange information on issues related to the CSHA.

The Consultative Group on Global HIV/AIDS Issues (formerly the Working Group on International HIV/AIDS Issues) is a regular forum for consultation and discussion on the international HIV/AIDS activities of federal departments and civil society. IAD convened quarterly meetings of the Consultative Group during 2003-2004, providing a forum for NGOs to advise participating government departments on the global epidemic and for all parties to discuss issues of collaboration and policy coherence to ensure a more effective Canadian response.

CIHR's capacity to deliver a strategic HIV/AIDS research program that is responsive to the shifts in the epidemic was enhanced in 2003-2004 with the establishment of the HIV/AIDS Research Advisory Committee. A subcommittee of the Institute of Infection and Immunity Advisory Board, the Advisory Committee comprises representatives of five CIHR institutes, researchers, community organizations, CIDPC and the Ministerial Council on HIV/AIDS. It will advise on priorities for HIV/AIDS research, the design and delivery of strategic research funding programs, and the allocation of CSHA funding to HIV/AIDS research.

HIV/AIDS Policy and Program Development

CSHA partners continued to influence the development of HIV/AIDS policies and programs by governments and others.

CTAC has been monitoring the creation and implementation of the Common Drug Review Process housed in the federal Canadian Coordinating Office for Health Technology Assessment. The purpose is to provide a single process for reviewing new drugs and providing recommendations on formulary listings to participating provincial/territorial drug reimbursement plans across Canada so that Canadians can access quality treatment and care in a timely manner. CTAC also partnered with the Best Medicines Coalition and the Consumer Advocare Network to provide written comments and recommendations about process-related issues that are a barrier to meeting stated goals. They also shared their concerns with Health Canada and provincial ministries of Health. CTAC continues to monitor the progress of drugs as they proceed through the Common Drug Review Process.

In recognition of the fact that HIV-positive people are often co-infected with hepatitis C and tuberculosis, CAS participated in the development of a draft hepatitis C strategy for Canada that was led by the Hepatitis C Action Group and presented at the 2nd Canadian Hepatitis C Conference in March 2004. CAS also participated in a conference hosted by Stop Tuberculosis Canada with the goal of establishing better linkages between groups working in these two areas.

The CWGHR organized a dialogue with Human Resources Development Canada (now Human Resources and Skills Development Canada) and CIDPC on disability and rehabilitation issues, submitted a brief on HIV and episodic disability issues to the Parliamentary Subcommittee on the

Status of Persons with Disabilities, and participated in the federal government's consultations on the Canada Pension Plan – Disability Program.

In April 2003, CIDPC hosted a two-day consultation on the HIV/AIDS Information Services Initiative (HISI). Twenty stakeholders from across Canada who are involved in HIV/AIDS information services – either as users or as deliverers – came together to articulate the goals of and identify key objectives, outcomes and activities for a national HIV/AIDS information service. The meeting resulted in a new description of HISI as a flexible, supportive service that empowers people living with HIV/AIDS and people at risk by promoting, collecting, developing and disseminating information that is accessible, accountable, meaningful, collaborative, accurate and appropriate for the consumer. As a follow-up to the meeting, the program and funding guidelines for both the HISI Fund and the National Non-governmental Organization Operational Fund were redesigned to better reflect the goals of the CSHA. Requests for proposals were issued for the two funds, and the successful applicants were announced in early 2004.

The Alberta Community HIV Fund is a joint community/provincial/federal funds disbursement model that demonstrates a shared long-term commitment to the prevention of HIV infection and the care and support of those affected by HIV/AIDS. In 2003-2004, the Fund supported 15 community-based organizations in Alberta for time-limited, specific activities to address unmet needs and priorities around HIV. For example, a project was undertaken to break down cultural barriers to the prevention of HIV/AIDS in the Southern Sudanese community in Calgary. Volunteers were recruited and trained to help mobilize and organize the community, and parents and youth were brought together in a safe and supportive environment to discuss HIV/AIDS prevention-related issues. As a result,

families in the Southern Sudanese community increased their understanding of HIV/AIDS and enhanced their awareness of healthy lifestyle choices and the services available in their community.

Pauktuutit Inuit Women's Association's HIV/AIDS project – the Canadian Inuit HIV/AIDS Network (CIHAN) – developed an advocacy strategy to promote regional adoption of the Inuit Plan of Action on HIV/AIDS. The strategy outlined a series of promotional activities and a two-year work plan to move regional Inuit organizations and communities forward in implementing the Plan of Action. CIHAN's steering committee approved the advocacy strategy in October 2003, and a training session was held to equip steering committee members with the knowledge and tools needed to implement its activities.

In 2003, FNIHB hired an external consulting firm to conduct a five-year formative evaluation of its HIV/AIDS program. The evaluation highlighted community success with the prevention of HIV/AIDS and resulted in recommendations to improve program administration. An action plan for 2004-2005 was developed for the program in response to these recommendations. FNIHB established an internal HIV/AIDS working group with regional representation to increase national-regional dialogue and collaboration within the Branch on HIV/AIDS issues, priorities and programming for First Nations on-reserve and Inuit people. The working group met in June 2004 to review the current state of FNIHB's HIV/AIDS program and to discuss potential new directions and initiatives. FNIHB also began to develop an inventory of available resources as a first step toward creating a national database of comprehensive, evidence-based programs and strategies that could inform the future development of HIV/AIDS programs for First Nations on-reserve and Inuit populations.

Correctional Service Canada continued to develop an HIV/AIDS strategy for Aboriginal inmates. Correctional Service Canada Health Services, in collaboration with Aboriginal stakeholders, organized a two-day consultation meeting to review the proposed strategy and to seek additional direction and input. The strategy, which was in its final consultative stage at the time of this report, will place increased emphasis on implementing the educational program, “Circle of Knowledge Keepers,” in federal institutions.

Action was taken to defend the human rights of people living with HIV/AIDS when implementing mandatory HIV testing was proposed, which goes against previous policy statements that HIV testing should be undertaken on a voluntary basis with fully informed consent and accompanied by pre- and post-test counselling. Working in partnership with the Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida), the Legal Network issued press releases, published op-ed pieces in the *Toronto Star* and *Le Devoir*, and wrote to Montréal’s Catholic archbishop, the City of Montréal and the Quebec Minister of Health to protest statements and proposed policies regarding mandatory HIV testing of candidates for the priesthood, surgeons and police officers in Quebec. The Archdiocese of Montréal subsequently rescinded its plan to require applicants for priesthood to undergo HIV testing.

After developing a Chronic Illness and HIV/AIDS in the Workplace Policy for Canadian organizations, ICAD hosted a series of workshops for interested organizations and government departments. Each workshop covered topics such as workplace policy development, employee rights, employer obligations, policy implementation and evaluation.

Policy Development for HIV Vaccines and Microbicides

The Canadian HIV Vaccines Plan Steering Committee, which has been mandated to develop a strategy to intensify the development of HIV vaccines and to plan for their effective and equitable distribution in Canada, developed an initial draft of a proposed action plan. The draft Canadian HIV Vaccines Plan addresses the issues of coordination and leadership; public engagement, education and communications; research, development and clinical trials; and best practices for vaccine development and delivery. The Steering Committee, which includes representatives from CAS, the research community, IAVI, CIDPC and IAD, and a person living with HIV/AIDS, has consulted broadly on the document and will incorporate the feedback received in future drafts of the plan. To mark World AIDS Vaccine Day – a global observance of the urgent need for vaccines against HIV/AIDS – on May 18, 2004, CAS, the Canadian HIV/AIDS Legal Network, the Canadian Network for Vaccines and Immunotherapeutics (CANVAC), CTAC and ICAD issued a press release praising Canadian leadership on this issue and calling for the commitment of specific resources to develop and implement the plan.

CAS completed a project to examine the legal, ethical and human rights issues surrounding microbicide development and testing. In addition to serving as the Canadian affiliate of the Global Campaign for Microbicides, CAS coordinates the Microbicides Advocacy Group Network (MAG-net). MAG-net continued to provide opportunities for members to become involved in awareness raising and advocacy around issues such as the continued use of Nonoxynol-9 and Canadian contributions to microbicides research.

To strengthen collaboration among microbicides, treatment and vaccine advocates, the Canadian HIV/AIDS Legal Network, with support from IAD, held an international expert consultation in Montréal in November 2003. Community advocates and researchers from 12 countries attended the meeting, which resulted in an agreement by all three movements to pursue a common agenda based on human rights principles and a shared commitment to a comprehensive, global response to HIV/AIDS. Further discussions led to the preparation in early 2004 of a joint *Statement of Commitment* and a 12-point *Plan of Action* to help governments, industry and civil society accelerate research, development and access across a prevention-treatment-care continuum. The *Statement of Commitment* and *Plan of Action* were officially launched at the XV International AIDS Conference in Bangkok and have been endorsed by advocates from all fields.

Canada on the International Stage

The *Jean Chretien Pledge to Africa Act* (Bill C-9), the Government of Canada's legislation to help provide lower-cost pharmaceutical products to address public health problems such as HIV/AIDS, tuberculosis and malaria in least-developed and developing countries, received Royal Assent in May 2004. Bill C-9 is Canada's response to a decision of the World Trade Organization that allows developed countries to authorize someone other than the patent holder to manufacture a lower-cost version of a patented medicine in order to export it to a developing country with insufficient or no pharmaceutical manufacturing capacity. Canada was the first country to enact legislation to implement this decision; this was the result of the mobilization of many concerned groups, individuals and federal government departments. Bill C-9 will come into effect once the regulations necessary to complete the legislative framework have been passed.

Canada assumed the role of chair of the UNAIDS Programme Coordinating Board in June 2004. The Canadian delegation to UNAIDS comprises CIDA, Foreign Affairs Canada, Health Canada and the Public Health Agency of Canada; the departments and agencies work closely to ensure consistent, coordinated Canadian representation on this important body. As well, Canada assumed a seat on the board of the GEATM in March 2004, representing a constituency comprising Canada, the United Kingdom, Germany and Switzerland.

As noted earlier in this report, CIDA's core funding to UNAIDS was \$10.4 million in fiscal year 2003-2004, including a one-time additional contribution of \$5 million. CIDA's five-year cumulative investment in HIV/AIDS for the period 2000-2001 to 2004-2005 is projected to be almost \$500 million. CIDA's HIV/AIDS policy and programming are now focussing on contributing to the scaled-up global effort to provide care, treatment and support to people living with HIV/AIDS; to harm reduction initiatives among injection drug users; to cross-sectoral themes between HIV/AIDS and agriculture; and to multi-donor HIV/AIDS initiatives in countries such as Tanzania, Mozambique and Malawi and in the Caribbean.

Through CIDA, Canada is also a leading donor to the WHO's 3 by 5 Initiative, which seeks to provide antiretroviral drug treatments to 3 million people living with HIV/AIDS by the end of 2005. Antiretroviral therapies can dramatically reduce death rates, prolong lives and improve the quality of life of those living with HIV/AIDS. The 3 by 5 Initiative provides front-end technical assistance to help developing countries build health systems that are capable of treating large numbers of people and to make it possible for other initiatives, such as Bill C-9 and the GEATM, to work most effectively.

In recognition of the exceptionally high rates of HIV infection among inmates in Canada and many other countries, advocacy for prisoners continued to be a priority for the Canadian HIV/AIDS Legal Network in 2003-2004. For example, the Executive Director of the Legal Network participated in the drafting of the *Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia*. Launched in February 2004, the *Declaration* provides a framework for mounting an effective response to HIV/AIDS in prison systems based on international best practices, scientific evidence and the obligations of states to ensure the fundamental human rights of people in prison. The Legal Network subsequently became one of the first organizations to endorse the *Dublin Declaration*.

During a mission to Russia and Ukraine in March 2004, Legal Network officials negotiated an agreement to help the Ukrainian prison system implement pilot studies on methadone maintenance treatment and needle exchanges. In September 2003, in collaboration with International Harm Reduction Development, the Legal Network initiated a multi-year HIV prevention project involving prisons in several countries in Eastern Europe and the former Soviet Republic. Specifically, the Legal Network will provide program development, research, evaluation and advocacy assistance to support the establishment of prison-based harm reduction programs in participating countries.

Canada continued to host visitors from organizations involved in the global response to HIV/AIDS. In 2003-2004, visits were made by representatives of the International AIDS Society (IAS), the International Partnership for Microbicides, the Canada AIDS Russia Project, UNAIDS and the WHO. In each case, round tables were held to inform Canadian officials of the work of these organizations and to identify opportunities for increased collaboration on global health issues.

Challenges and Opportunities

The challenge of reinvigorating HIV/AIDS programming during a time when complacency and prevention fatigue appear to be commonplace will require innovative, community-specific models. Program coordination and coherence are required in both the domestic and international responses to HIV/AIDS as well as between the two. Similarly, given the complex nature of the HIV/AIDS epidemic and its socio-economic influences and implications, efforts must be strengthened to improve collaboration between governments and across jurisdictions. The development of a new national action plan for HIV/AIDS, a renewed federal framework and the additional funding for HIV/AIDS announced in May 2004 will provide opportunities for better alignment of work and a more effective response in the years ahead.

Canada's HIV/AIDS Community Helps Plan for AIDS2006

Almost two years before the first delegates will set foot in the Metro Toronto Convention Centre in August 2006, planning is well under way for the XVI International AIDS Conference. And community-based organizations – front-line workers in the Canadian response – are at the centre of the process.

Toronto was named as host of the next biannual conference more than a year ago, but local organizers were already setting the stage for AIDS2006 when the official announcement was made by the International AIDS Society (IAS) and its partners: the International Council of AIDS Service Organizations, the Global Network of People Living with HIV/AIDS, the International Community of Women Living with HIV/AIDS and the Joint United Nations Programme on HIV/AIDS.

“Community-based organizations are expected to play a big role in AIDS2006,” says Glen Brown, a Toronto-based consultant assisting with communications and community relations for the conference. “In the latter part of 2003, we hosted consultations with community organizations and other stakeholders. We got a very enthusiastic response and lots of good ideas on everything from transportation to billeting to what the theme of the conference might be.”

The local organizing committee has been using every opportunity to inform potential visitors from around the world that AIDS2006 will be an interesting, diverse and welcoming conference. Who better to convey that message than people working at the local level?

With that in mind, representatives of community-based organizations were among the many volunteers who took shifts at the Canada Booth at the XV International AIDS Conference in Bangkok, Thailand, in July 2004. More than 8 000 delegates from around the world visited the booth, a joint venture of the Government of Canada, the Government of Ontario, the City of Toronto, Toronto Tourism and various partners in the Canadian

Strategy on HIV/AIDS. In addition to receiving information on Canada's HIV/AIDS response, they were encouraged to start thinking about attending AIDS2006.

Senior officials from all three levels of government also promoted AIDS2006 to more than 250 guests who attended the official Canada Reception, hosted jointly by Health Canada, the Canadian International Development Agency, the Province of Ontario and the City of Toronto. Tourism Toronto sponsored a video at the closing ceremony in Bangkok inviting delegates to AIDS2006.

Mr. Brown notes that many community-based organizations will be represented on the Local Host Advisory Committee for AIDS2006, along with governments, national non-governmental organizations, the research community and other stakeholders. “This is where a lot of the nuts and bolts thinking will take place. Lots of ideas are already percolating on how we can turn this into a real cultural event as well as a working conference.”

The conference in Toronto is expected to attract more than 12 000 participants to share knowledge and information on the global HIV/AIDS epidemic. Conference participants will include researchers, clinicians, community organizations, government personnel and people living with HIV/AIDS.

“Toronto is a great host city – and Canada a great host country – because the world is already here,” notes Montréal researcher Dr. Mark Wainberg, former IAS president and co-chair of AIDS2006 Toronto with Helene Gayle, president of the IAS. “The conference will showcase the best science from Canada and around the world.”

This is the third International AIDS Conference to be held in Canada: Montréal hosted the event in 1989 and Vancouver hosted in 1996. For more information, visit www.aids2006.org.

3b

Enhancing CANADIAN ENGAGEMENT in the HIV/AIDS RESPONSE



STRONG ENGAGEMENT IN THE PAN-CANADIAN RESPONSE TO HIV/AIDS IS KEY TO THE SUCCESS OF THE CSHA. THIS IS PREDICATED ON THE KNOWLEDGE THAT NO SINGLE LEVEL OF GOVERNMENT AND NO SINGLE ORGANIZATION CAN EFFECTIVELY TACKLE THE EPIDEMIC ON ITS OWN. THE SUPPORT OF MANY – GOVERNMENTS, NGOs, COMMUNITY-BASED ORGANIZATIONS, PEOPLE LIVING WITH HIV/AIDS, RESEARCHERS, THE PRIVATE SECTOR AND OTHERS – IS NEEDED IF CANADA IS TO HAVE A MORE FOCUSED AND STRATEGIC RESPONSE AND ULTIMATELY ACHIEVE THE GOALS OF ELIMINATING THE SPREAD OF HIV AND FINDING A CURE FOR HIV/AIDS.

New Partnerships Strengthen Canada's HIV/AIDS Response

CSHA partners continue to develop new and innovative partnerships to expand and reinvigorate Canada's response to HIV/AIDS.

CTAC spearheaded the creation of the National Women's Coalition to bring together a core group of AIDS organizations that are currently addressing women's issues. CTAC will meet with Planned Parenthood Federation of Canada, CAS and the Positive Women's Network in the fall of 2004 to determine future steps for the coalition.

CAS formed a network of medical marijuana users to provide advice on its participation in Health Canada's Stakeholder Advisory Committee on Medical Marijuana. Representatives of the network participated in a stakeholder consultation meeting hosted by Health Canada as part of the regulatory review of the *Marihuana Medical Access Regulations*.

The CWGHR developed a network of organizations to work together on issues faced by people living with episodic disabilities caused by such diseases as multiple sclerosis, arthritis, diabetes, muscular dystrophy, lupus, hepatitis C and HIV/AIDS. Among the common issues being addressed by the network are coordination of care, disability income support and work issues.

CAAN engaged a number of groups in delivering HIV/AIDS information and programming to hard-to-reach Aboriginal target audiences. These groups included the Aboriginal Healing Foundation (which addresses issues related to residential schooling), the CIHR Institute of Aboriginal Peoples Health, the Waseskun Healing Lodge for Aboriginal Men (for inmates being released into the community) and the National Native Addictions Partnership Foundation.

Increasing the Involvement of People Living with HIV/AIDS and People at Risk

People living with HIV/AIDS and people particularly vulnerable to infection are engaged in the response.

For example, HIV-positive people are involved in the Positive Youth Project, a collaborative initiative involving CATIE, CAAN, CAS, The Hospital for Sick Children, TeenNet (University of Toronto), Positive Youth Outreach and the YouthCO AIDS Society. As part of this project, CATIE cosponsored a day-long conference for HIV-positive youth that attracted more than 50 participants from across Canada. A major theme of this conference was youth experiences with HIV treatment. CATIE also collaborated with Positive Youth Project partners to present workshops on youth treatment issues at various national conferences. In a separate project – the “Have a Heart Program” – CATIE collaborated with CANFAR to increase HIV/AIDS awareness among 300 000 youth across Canada.

Sex trade workers were among the key informants at a national workshop organized by the Canadian HIV/AIDS Legal Network to obtain input to a report and recommendations it is developing on prostitution, criminalization and vulnerability to HIV/AIDS. Other participants included researchers, community-based workers and HIV-positive people. Sex trade workers will continue to be involved in this project as it evolves.

The People Living with HIV/AIDS Forum was held in June 2003 in conjunction with CAS's annual general meeting in Ottawa. The Forum 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. The 2003 Forum

included skills-building workshops on medical marihuana and communications as well as a panel discussion on the principle of greater involvement of people living with HIV/AIDS.

In 2004, approximately 42 000 Canadians in 130 communities participated in WALK FOR LIFE, the country's largest single event for raising awareness and funds for HIV/AIDS. Held from September 18-26, 2004, WALK FOR LIFE raised \$1.7 million to assist local AIDS organizations in every province and territory (money pledged to walkers remains in the communities where it was raised). WALK FOR LIFE, coordinated nationally by CAS and funded entirely by the private sector, depends on hundreds of volunteers from coast to coast to coast. In addition to a new theme and logo (the event was formerly known as AIDS Walk Canada), the 2004 event featured enhanced partnership between CAS and the three largest walks, in Toronto, Montréal and Vancouver. For the second consecutive year, 80 inmates at Westmoreland Institution in New Brunswick participated in an AIDS walk that raised more than \$400 for AIDS New Brunswick.

WALK FOR LIFE 2004 included participation by 25 Inuit communities, with coordinators recruited by Pauktuutit Inuit Women's Association on behalf of CAS. Pauktuutit also continued to engage Inuit people in the HIV/AIDS response by sponsoring 10 HIV/AIDS and Hepatitis C Fairs in Inuit communities, with support from FNIHB. These popular community events are based on the science fair model, with youth creating projects on HIV/AIDS and/or hepatitis C. Aboriginal people living with HIV/AIDS often assist with project judging and speak to the community about the disease. From time to time, project materials may be included in HIV/AIDS awareness information distributed across the North.

Aboriginal people are among those most at risk of HIV infection in Canada. To increase understanding of specific issues affecting Inuit people, CIHAN steering committee members participated in CAAN's annual general meeting in Morley, Alberta, in October 2003. As well, Pauktuutit, CIHAN, the Assembly of First Nations and the Métis National Council participated in Aboriginal AIDS Awareness Day activities organized by CAAN in Ottawa, with the goal of increasing collaboration and partnership among Aboriginal associations that undertake HIV/AIDS work.

Correctional Service Canada provided funding to continue the Special Inmates Initiatives Program, which enables inmates to become directly involved in developing activities that will improve HIV/AIDS awareness and education in institutional settings. In 2003-2004, inmates at the Nova Institution for Women in Nova Scotia received funding for a project that invited inmates to answer questions about HIV/AIDS. All correct answers were entered into a draw, with prizes awarded weekly. In Manitoba, the Inmate Health Awareness Group at Stony Mountain Institution organized an HIV slogan and poster contest for inmates at Stony Mountain and nearby Rockwood Institution. Representatives of the Manitoba AIDS Cooperative selected the winning posters, copies of which were provided to all provincial and federal institutions in Correctional Service Canada's Prairie Region and to member organizations of the Manitoba AIDS Cooperative. The HIV/AIDS Peer Education and Counselling group at Drumheller Institution in Alberta printed and distributed a range of resources, including a calendar with harm reduction, health promotion and illness prevention tips.

Correctional Service Canada's National HIV/AIDS Peer Education and Counselling Program continued to provide inmate "peers" with opportunities to share information and support on HIV/AIDS and other infectious diseases with fellow inmates. The implementation of the program across federal correctional facilities is ongoing and remains a priority for Correctional Service Canada in preventing blood-borne pathogen transmission during incarceration.

Working with Canada's Global Partners

More than 19 000 delegates attended the XV International AIDS Conference in Bangkok from July 11-16, 2004, including some 250 Canadians. This was the first time the biannual conference – the only venue in which the experience of scientists, clinicians, NGOs and advocates comes together – was held in Southeast Asia. Health Canada, which along with CIDA was among the official conference sponsors, coordinated the Government of Canada's engagement in the conference. Many partners in the CSHA attended, including national NGOs, researchers and scientists from across Canada. The next International AIDS Conference will be held in Toronto in 2006 (see feature on page 17).

Several Canadian organizations organized or cosponsored satellite sessions held in conjunction with the XV International AIDS Conference. For example, the Canadian HIV/AIDS Legal Network co-organized a satellite session on "Human Rights at the Margins – HIV/AIDS, Prisoners, Drug Users and the Law," with financial support from IAD, CIDA and others. IAD officials delivered skills-building workshops and participated in a panel discussion with CIDA and Foreign Affairs Canada on Bill C-9, legislation that is intended to facilitate access to affordable pharmaceutical products by developing countries. Representatives of CSHA partner organizations also made poster presentations and organized workshops.

IAD and the Women's Health Bureau (Health Canada) sponsored a satellite session entitled "Acting on Rights: Women and HIV/AIDS." The session, also supported by CIDA, the CIHR Institute of Gender and Health and the International Partnership for Microbicides, attracted more than 300 participants. Through the satellite, IAD engaged a network of individuals and organizations working on women and HIV/AIDS and human rights issues, including the International Community of Women Living with HIV/AIDS, Human Rights Watch, the Centres of Excellence for Women's Health, the University of Ottawa's Women's Health Research Unit and the International Partnership for Microbicides. In collaboration with the Women's Health Bureau and the Atlantic Centre of Excellence for Women's Health, IAD compiled a CD-ROM of resources developed by these organizations for dissemination at the XV International AIDS Conference.

A coalition of Canadian groups – Save the Children Canada, World Vision Canada, CARE Canada and Foster Parents Plan of Canada – presented a paper at the conference urging world governments, researchers and drug companies to shift their focus toward prevention and treatment among children and youth threatened by HIV/AIDS. HIV infection rates among children are estimated at 600 000 to 800 000 new cases per year, and an estimated 34 million children worldwide have already been orphaned by AIDS. The coalition is being supported by a five-year, \$12 million grant from CIDA to establish health care and social support programs for orphaned or HIV-positive children, as well as prevention education programs to try to halt the spread of HIV (ICAD is an advisor to the coalition). The aid groups will work in Kenya, Ethiopia, Burkina Faso and Mozambique.

Challenges and Opportunities

Meeting the needs of diverse target populations in rural and urban settings throughout Canada continues to be a challenge for many CSHA partners and stakeholders. While engaging these populations in the development and delivery of prevention programs and care, treatment and support initiatives is key to success, the very characteristics and circumstances that make individuals vulnerable to HIV/AIDS – including marginalization and stigma and discrimination – also serve as barriers to their involvement in the response. There is also a recognized need to increase the involvement of non-traditional groups in the HIV/AIDS response and to establish broader coalitions to address problems such as stigma and discrimination.

At the same time, organizations at all levels must avoid "partnerships for partnership's sake." To be truly effective, alliances must be established for strategic reasons, such as the pursuit of complementary goals. Increased funding under the CSHA should support additional networking and collaborative work among a growing range of organizations involved in the fight against HIV/AIDS.

3c

ADVANCING *the*
SCIENCE *of* HIV/AIDS

CANADA CONTINUES TO CONTRIBUTE TO THE WORLD'S UNDERSTANDING OF HIV/AIDS. THROUGH PROMISING NEW WORK IN THE GROWING DOMAIN OF HIV/AIDS-RELATED SOCIAL AND BEHAVIOURAL SCIENCE, AS WELL AS THE BIOMEDICAL AND CLINICAL FIELDS OF RESEARCH, CANADIANS ARE INVESTIGATING THE PHYSICAL, PSYCHOLOGICAL AND SOCIETAL IMPACTS OF THIS DEVASTATING DISEASE.

Working individually and in collaboration with others at the local, regional, national or international levels, the goals of HIV/AIDS scientists and researchers are to stop the spread of HIV, develop better treatments and a cure for AIDS, and improve the quality of life of people living with HIV/AIDS. Despite the frequent emergence of new and difficult challenges, scientific advancements continue to offer hope for success in achieving these goals.

Canadian Partners in HIV/AIDS Research

About 30 per cent of the CSHA's annual budget – or approximately \$13 million – was dedicated to HIV/AIDS research in 2003-2004. Most of this money supported extramural research at universities, hospitals and other institutions (see Table 1), with about \$1 million being used to support epidemiological research within CIDPC. Over and above this amount, CIHR, which administers the majority of the CSHA's extramural research program, contributes at least

\$3.5 million per annum from its own budget to HIV/AIDS research. In 2003-2004, CIHR's investment in HIV/AIDS research was larger than ever, with \$8 million committed to HIV/AIDS research and an additional \$7.3 million committed to research related to HIV/AIDS.

Table 1:
Federal HIV/AIDS Extramural Research Funding Streams – (\$M)

	CSHA	CIHR
Community-Based Research	1.0	
Aboriginal Community-Based Research	0.8	
Biomedical/Clinical*	4.6	6.3
Health Services/ Population Health*	2.4	0.6
Canadian HIV Trials Network*	3.2	1.1
Total	12.0	8.0

* Administered by CIHR

Canadian advances in health research are facilitated through open competitions sponsored by CIHR that provide opportunities for researchers to conduct creative and significant projects across the full spectrum of health research, including HIV/AIDS. CIHR also offers unique opportunities for Canadian scientists to engage in interdisciplinary and targeted research through its 13 institutes, which are setting the Canadian health research agenda and offering strategic programs to address important health research challenges. Two CIHR institutes – the Institute of Infection and Immunity and the Institute of Aboriginal Peoples' Health – have specifically identified HIV/AIDS as a priority and have offered strategic funding opportunities in relation to HIV/AIDS. In 2003-2004, 10 new HIV/AIDS research projects were approved through strategic requests for applications launched by CIHR institutes. Six pilot project grants were approved under the Global Health Research Initiative requests for applications, and three pilot project grants were approved under the Institute of Infection and Immunity's pilot project requests for applications, targeted specifically toward new investigators. Pilot project grants provide the opportunity for researchers to test innovative ideas and to determine the viability of new research directions. One new emerging team in HIV/AIDS was also approved for funding through a CIHR requests for applications.

This combination of strategic and investigator-initiated HIV/AIDS research resulted in CIHR approving a total of 38 new HIV/AIDS research projects in 2003-2004, bringing the number of funded projects to 101 (see Table 2). This was the largest number of HIV/AIDS research projects ever supported by CIHR, surpassing the previous high of 89 projects supported in 2002-2003.

Table 2:
CIHR-Funded HIV/AIDS Research
Projects in 2003-2004

Research Program	New Projects	Ongoing Projects
Operating Grants	25	74
Randomized Controlled Trials	1	5
Group Grants	0	3
Institute Strategic Initiatives	10	13
Other CIHR Programs	2	6
Total	38	101

Science Leads to New Knowledge

With funding support from the federal government and other sources, Canadian scientists have contributed substantial new knowledge to the fight against HIV/AIDS.

Some of the latest findings were showcased at the 13th Annual Canadian Conference on HIV/AIDS. Organized by CAHR, the three-day conference in Montréal in May 2004 attracted more than 670 researchers and other stakeholders from across Canada. Abstracts of the 286 oral and poster presentations made at the conference were published in the *Canadian Journal of Infectious Diseases* (Volume 15, Supplement A, March/April 2004). With funding from CIDPC, CAHR developed a media kit for distribution at the conference to help raise awareness of HIV in Canada and to highlight some key findings and projects.

The CWGHR, with funding from CIDPC, supported a study of impairments, activity limitations and participation restrictions among people living with HIV/AIDS in British Columbia, a collaborative project that involved the British Columbia Centre for Excellence in HIV/AIDS, the University of British Columbia, the University of Toronto and the British Columbia Persons with AIDS Society. This population-based survey, one of the first of its kind in Canada, revealed extraordinarily high levels of disability among people living with HIV. More than 90 per cent of respondents reported experiencing one or more impairments, with one third reporting more than 10 impairments. These findings have important implications for rehabilitation programs and services for people living with HIV across Canada.

CTAC completed the data collection for its Post-Approval Surveillance Study and began working on the project's final report. This study engaged government, the pharmaceutical industry and the HIV/AIDS community, including people living with HIV/AIDS. Initiated in 1999, it involved major sites hosted by ASOs in Toronto, Vancouver and Montréal, as well as Aboriginal focus groups in British Columbia, Alberta, Manitoba and Ontario. The project identified methods for successfully collecting adverse events information directly from people living with HIV/AIDS (as well as methods that are not successful) and confirmed the need for a national consumer-centred, active post-approval surveillance system for HIV/AIDS drugs. Preliminary results of the study were reported at the Ontario HIV Treatment Network's Research Days in November 2003, at the CAHR Conference in May 2004 and at the XV International AIDS Conference in Bangkok.

CIHR supports all disciplines of HIV/AIDS research. The following are examples of CIHR-funded research projects in 2003-2004:

- Adhering to a complex medication regimen such as HAART is difficult, especially when dealing with the psychological, economic and medical challenges of HIV/AIDS. Not adhering, however, can mean more rapid disease progression, the development of drug-resistant strains of the virus and an increase in AIDS-related mortality. Researchers at the B.C. Centre for Excellence in HIV/AIDS have developed a tool – the Antiretroviral Readiness and Motivation Scale (ARMS) – to measure patients' readiness to adhere to HAART. Preliminary results have shown that ARMS possesses excellent psychometric properties, and the team is now exploring the relationship between ARMS scores and actual adherence. The tool could allow physicians and other caregivers to better predict which patients will adjust quickly to HAART and to take steps to help those who will face more challenges in adhering to the regimen.
- In a project led by a researcher at the University of Regina, Aboriginal youth served by community services correctly answered only two thirds of questions about HIV/AIDS in a wide-ranging study of their sexual health behaviours, knowledge, attitudes and beliefs. The study, which surveyed more than 200 Aboriginal youth aged 11 to 20 in Regina, also found that youth in the community are more at risk for sexual health problems than non-Aboriginal youth or Aboriginal youth attending high school. The study concluded that sexual health care services must be provided to youth where they are, must be incorporated with other kinds of care, and must include a strong cultural component.

- A researcher at Université Laval in Québec City is focussing on new ways to circumvent resistance to antiretroviral drugs, which continues to be a problem among people living with HIV infection. This project has found evidence that treatment with statins – drugs currently used to lower cholesterol – can decrease HIV replication and attachment to target cells. The ability of statins to limit the initial steps in virus replication provides a new approach for treating HIV-1 infection.
- A long-term study of both HIV-positive and HIV-negative MSM has generated promising research results and become an important resource for other researchers and trainees. Among its many contributions, the Polaris HIV Seroconversion Study, led by researchers at the University of Toronto, has identified alarming increases in new infection rates in the late 1990s, leading to increased community awareness and new prevention programs; highlighted the fact that contact with pre-ejaculatory fluid alone may be sufficient for HIV transmission; and developed new knowledge about disclosure of HIV status in terms of social and relationship factors, providing new insights for the development of guidelines and counselling around disclosure.

During 2003-2004, an environmental scan was completed for FNIHB's *Community Health Nurse HIV/AIDS Clinical Guidelines*, which are intended to ensure appropriate and adequate information for community health nurses to deliver HIV/AIDS education, care, testing, counselling and support.

Community-Based Research

Interest and participation in community-based HIV/AIDS research continues to grow. For example, researchers at the University of Alberta in Edmonton completed a two-year study entitled "Challenging Lifestyles – Aboriginal Men and Women living with HIV." The goals of the project were to examine the experiences of Aboriginal men and women living with HIV; identify culturally and situation-relevant HIV prevention interventions for Aboriginal individuals with HIV; design, apply and assess an intervention approach to promote healthier lifestyles for Aboriginal people living with HIV; and model a research process that is based on respect and that involves and is accessible to the community. The project has improved knowledge of the factors that limit or enhance the risk behaviour of Aboriginal people living with HIV.

Researchers at Mount Saint Vincent University in Halifax completed a project entitled "Learning about HIV/AIDS in the Meshwork: The Nature and Value of Indigenous Learning Processes in Community-Based HIV/AIDS Organizations." The goal was to develop a better understanding of the nature and value of the indigenous learning processes of community-based organizations and a deepened awareness of the social and cultural processes that regulate the exchange of knowledge between community-based agencies and academic, medical, corporate and government organizations. The findings of this study are being incorporated into health policy frameworks at the local, provincial and national levels to improve the capacity of community-based organizations to generate new and effective responses to the evolving challenges of HIV/AIDS.

Finally, with the support of a community-based research scholarship from the AIDS Calgary Awareness Association, a student pursuing a Master of Science degree at the University of Calgary undertook an evaluation of the mental health needs of people living with HIV/AIDS, with a particular focus on the gay male community. The findings have provided community-based organizations with valuable information about their program efficiency and potential ways to improve service availability.

A Letter of Agreement was signed by Health Canada and CIHR in 2003-2004 regarding the planned transfer of the Community-Based Research Program to CIHR. The transfer took place in spring 2004.

Clinical Trials An Important Component of HIV/AIDS Research

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 received \$3.1 million in CSHA funding in 2003-2004 to work with clinical investigators, people living with HIV/AIDS, the pharmaceutical industry, physicians, specialists and laboratories to assess experimental HIV/AIDS therapies. CIHR also provided an additional \$1.1 million from its own budget to support the CTN's work.

In 2003-2004, the CTN facilitated 14 HIV clinical trials, four of them new, involving more than 649 Canadians with HIV/AIDS. The CTN also reviewed nine new trial protocols and approved five. CTN trials for which results were presented in 2003-2004 include:

- **CTN 158:** This study looked at adding a synthetic DNA compound to a hepatitis B (HB) vaccine to improve the immune response of HIV-infected persons to hepatitis B vaccination. Participants with no prior HB vaccination reached a protective level of HB antibody significantly more rapidly, and they maintained higher HB antibody response. Among people with prior HB vaccine failures, significantly more participants maintained durable HB antibody response.
- **CTN 161:** This study was designed to evaluate simplified protease inhibitors (PI) regimen. It showed that a once-daily regimen of saquinavir soft gel capsule (SGV)/ritonavir with two reverse transcriptase inhibitors (RTIs) is as effective as a twice-daily regimen of indinavir/ritonavir with two RTIs in suppressing viral load at 24 weeks in patients with PI-susceptible HIV virus. However, a higher rate of discontinuation for adverse events was observed among participants taking indinavir/ritonavir.

In partnership with the CTN, CATIE publishes an on-line database of currently enrolling clinical trials across Canada. This information helps inform people living with HIV/AIDS and their caregivers about experimental treatment options and how they can participate.

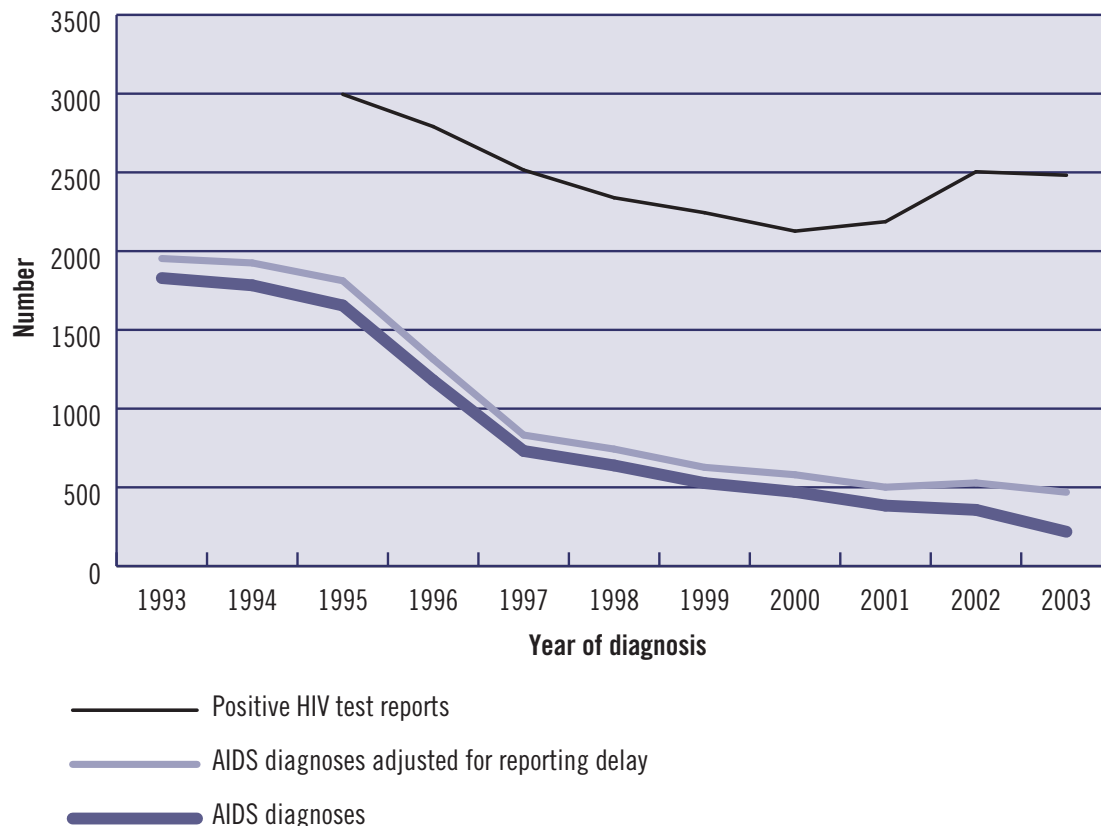
HIV/AIDS Surveillance Data Updated

In May 2004, CIDPC released new national HIV/AIDS surveillance data for the period up to December 31, 2003.⁵

The data reveal that since HIV testing began in Canada in 1985, 55 180 positive HIV tests had been reported to CIDPC. The annual number of new positive HIV tests declined from 2 996 in

1995 to 2 127 in 2000, and has since increased to 2 504 in 2002 and 2 482 in 2003 (see Figure 1). The increase in the number of positive HIV test reports in the past two years may be partly attributed to changes in immigration policies, including the introduction in 2002 of HIV screening of immigrants and reduced restrictions on certain groups of immigrants who would previously have been considered medically inadmissible.

Figure 1:
HIV Positive Test Reports and AIDS Diagnoses by Year of Diagnosis, 1993-2003*



* Positive HIV test report data prior to 1995 are not available by year.

⁵ Surveillance data provide a snapshot of persons who have been diagnosed with HIV and AIDS in Canada. Surveillance data understate the magnitude of the HIV epidemic, since they tell us only about persons who have been tested and diagnosed. An estimated 17 000 individuals are HIV-infected but remain untested and undiagnosed.

Females represent a growing proportion of positive HIV test reports. For the past three years, females have accounted for approximately one quarter of positive HIV test reports with known gender, compared to 8.9 per cent during the period between 1985 and 1992. This pattern is seen in all age groups and most notably in the 15 to 29 and 30 to 39 age groups.

MSM continue to account for the largest number and proportion of positive HIV test reports. This proportion decreased from close to 75 per cent in the 1985-1994 period to 37 per cent in the mid- to late 1990s, but has increased to 44.4 per cent in the past three years. The diverse heterosexual exposure category has steadily increased from 7.5 per cent of new infections before 1995 to 36.9 per cent in 2003. This exposure category is made up of three subcategories: heterosexual contact with a person who is either HIV-infected or at increased risk of HIV, heterosexual as the only identified risk, or origin in a country where HIV is endemic. From 1998 to 2003, the proportion of positive HIV test reports attributed to the third subcategory increased from 2.9 per cent to 10.2 per cent.

CIDPC's new surveillance data also reveal that a total of 19 344 AIDS diagnoses in Canada had been reported to the end of 2003. The annual number of reported AIDS diagnoses (adjusted for reporting delays) increased throughout the 1980s and early 1990s, peaking at 1 953 in 1993, and has since declined to about 500 to 600 diagnoses per year. This pattern of declining AIDS diagnoses has been reported in other industrialized countries, including the United States, Australia and the United Kingdom. The decline has been largely attributed to the widespread use, beginning in 1996, of highly effective anti-retroviral therapy among people infected with HIV; however, there is a growing concern that AIDS diagnoses are becoming increasingly under-reported.

The largest proportion of reported AIDS cases is among those aged 30 to 44 years (60.4 per cent), followed by the 45 to 59 (19.4 per cent) and 15 to 29 (15.9 per cent) year age groups. Over the past decade, the proportion of AIDS diagnoses among adult females has increased from 7.0 per cent in 1993 to 24.2 per cent in 2003 (among AIDS diagnoses with reported age and gender). In 2003, females represented 42 per cent of AIDS diagnoses among those aged 15 to 29 years, 25.4 per cent among those aged 30 to 44 years, and 18.2 per cent among 45 to 59 year olds. During the same period, the proportion of reported AIDS cases among MSM has declined from 73.8 per cent in 1993 to 35.3 per cent in 2003. AIDS diagnoses among the heterosexual exposure category increased from 13 per cent in 1993 to 43.8 per cent in 2003.

The proportion of reported AIDS cases attributed to White Canadians has been decreasing over time, from 86.8 per cent prior to 1993 to 54.3 per cent in 2003. Conversely, increases in reported AIDS diagnoses have been noted among both Black Canadians (rising from 8.4 per cent of cases in 1993 to 21.5 per cent in 2003) and Aboriginal Canadians (rising from 1.2 per cent of cases in 1993 to 13.4 per cent in 2003).

The rising proportion of positive HIV test reports among Aboriginal and Black Canadians, as well as among females in each age group (especially in the younger years), are important findings that have implications for prevention and treatment programs. Similarly, the increasing proportion of positive HIV test reports and AIDS diagnoses attributed to the heterosexual exposure category demands further analysis.

Enhanced Surveillance

UNAIDS, the WHO and other organizations have recently developed a new framework for HIV surveillance. Known as "second generation HIV surveillance," the framework emphasizes the need for individual countries to centre their surveillance resources on population groups where HIV infection is most likely to be concentrated. Consistent with this approach, CIDPC, in partnership with provincial, regional and local health authorities, researchers and other stakeholders, is implementing second generation surveillance systems for MSM and IDU populations. These new systems combine behavioural surveillance with biological surveillance in these groups by gathering information using repeated, cross-sectional studies to supplement routine HIV/AIDS surveillance. Phase I of a surveillance system for HIV- and hepatitis C-associated risk behaviours among IDUs has now been completed in Victoria, Sudbury and Toronto, is ongoing at sites in Quebec and Ottawa, and will soon be launched in Edmonton, Winnipeg and Regina. In the case of MSM, a surveillance system for risk behaviours associated with HIV, viral hepatitis and sexually transmitted infections (STIs) is being established in response to recent evidence suggesting that rates of STIs are increasing among this population group in certain parts of Canada. Phase I of the survey is expected to take place in Montréal starting in late 2004. These enhanced surveillance systems will provide critical information for planning and evaluating the response to HIV, viral hepatitis and STIs among IDUs and MSM. Used in combination with existing national surveillance data and national incidence and prevalence estimates, the behavioural trend data will also enhance CIDPC's monitoring of the course of the HIV and hepatitis C epidemics among these population groups.

In addition to this work in Canada, CIDPC is collaborating with the Ministry of Health in Bulgaria to develop second generation HIV/AIDS surveillance systems for IDUs, MSM and other at-risk communities in Bulgaria. CIDPC also continues to work with UNAIDS and the WHO on a variety of epidemiology and surveillance working groups and to offer technical advice in support of Health Canada's Partnership Agreement with UNAIDS.

As Canada and other countries increase the availability of HIV/AIDS drugs in support of the WHO's 3 by 5 Initiative, drug resistance will begin to emerge. Systems that are put in place to monitor and support patient treatment must also be able to monitor drug resistance. As part of this work, CIDPC is developing methodologies for time-sensitive analysis of blood samples for mutations associated with drug resistance from a single sample of dried blood that can be quickly collected, stored, shipped and analysed. Such a system would be of benefit not only for international shipments of blood samples but also for communities within Canada where physical distance is an ongoing challenge (for example, remote northern communities).

CIDPC is also partnering with other federal departments and public health organizations in a national, multi-centre, cross-sectional surveillance system that is examining rates of STIs, blood-borne pathogens and associated risk behaviours among Canadian street youth aged 15 to 24. The Enhanced Surveillance of Canadian Street Youth (ESCSY) surveillance system is the first of its kind in Canada and is generating data that will contribute to a better understanding of the issues facing this target population. In turn, ESCSY will support the development of more effective programs and services to help prevent the spread of infectious diseases, including HIV/AIDS, among Canadian street youth.

Understanding Issues of Co-Infection

As of December 1999, an estimated 11 194 HIV-positive individuals in Canada were also infected with hepatitis C.⁶ Understanding issues of co-infection is therefore an important goal of researchers in both fields.

The Public Health Agency of Canada's Hepatitis C Program, through a funding agreement with CIHR, continued to support epidemiological, clinical and biomedical research into HIV and hepatitis C co-infection in 2003-2004, with a particular emphasis on at-risk populations, such as IDU and prison inmates. To address the complexities involved in managing hepatitis C and co-infections such as HIV, the Hepatitis C Program partnered with other federal departments and NGOs representing medical and science specialists to host "Management of Viral Hepatitis: A Canadian Consensus Conference" in Ottawa in November 2003. The Hepatitis C Program also engaged at-risk youth by empowering them to coordinate a symposium on hepatitis C as an adjunct to the 2nd Canadian Conference on Hepatitis C, held in Vancouver in March 2004. IDU was a prominent theme at the one-day symposium, which provided participants with opportunities to build prevention capacity, network with other youth from across Canada and share best practices. Also at the conference, issues of HIV and hepatitis C co-infection among inmates were discussed during a presentation by Correctional Service Canada on the prevention, care and treatment of hepatitis C in federal penitentiaries.

CTAC collaborated with local ASOs, hemophilia and hepatitis groups to organize community fora on HIV and hepatitis C co-infection in Toronto, Halifax, Vancouver and Montréal. These sessions explored barriers and solutions for co-infected

people to improve their access to treatment and care. With funding support from CIDPC, CTAC also organized a national consensus-building meeting in Montréal in January 2004, bringing together physicians, researchers, community members, government and the pharmaceutical industry to discuss further research and clinical work on co-infection. The meeting resulted in the publication of a blueprint for future initiatives entitled *Roadmap for Improving Access to Treatment and Care for Persons Co-infected with HIV/HCV*.

Vaccine and Microbicide Development Continues

Vaccine development is a key focus of HIV/AIDS research. CANVAC, which brings together leading Canadian scientists specializing in the fields of immunology, virology and molecular biology, continues to work toward the development of an HIV vaccine. CANVAC spent approximately \$1.2 million on HIV/AIDS projects in 2003-2004. It is one of 20 networks supported by the federal Networks of Centres of Excellence Program.

A team of researchers at the University of Manitoba has discovered that cytotoxic T cells (CTL) that are reactive to HIV are present in both the blood and genital mucosa of HIV-resistant women, supporting the belief that a mucosal-based vaccine is the best hope. The researchers have also discovered that CTL can be elicited by single or infrequent exposures to HIV, suggesting that a single- or low-dose vaccine that elicits CTL responses may be possible. In other research, the team has discovered that women who are resistant to HIV have unique types of human leukocyte antigens (HLA) that may allow them to better respond to HIV infection. Identifying HIV targets that are recognized by these HLA types may also help in vaccine development.

⁶ *Final Report: Estimating the Number of Persons Co-infected with Hepatitis C Virus and Human Immunodeficiency Virus in Canada*, Robert S. Remis MD, MPH, FRCPC, Department of Public Health Sciences, University of Toronto, March 31, 2001.

Researchers in Ottawa and Montréal are undertaking the first Canadian-led controlled trial of a therapeutic HIV vaccine (that is, a vaccine intended to treat those already infected, as opposed to preventing infection in the first place). The trial, led by a researcher at the University of Ottawa, combines products from two companies, both of which have been shown in separate tests to more effectively induce different aspects of the immune response.

CIDA invested \$15 million in vaccine research in 2003-2004 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.

In addition to vaccines, microbicides may offer another effective method of preventing HIV infection in the future. Research on microbicide development is currently under way in Canada. A researcher at Université Laval, with support from CIHR's Randomized Controlled

Trials Program, is testing the safety and acceptability of a vaginal gel containing the microbicide sodium lauryl sulfate. The product is being tested on healthy young African women in Cameroon. If proven effective, the gel may provide a new method of HIV/AIDS prevention that can be controlled by those who need it most.

Challenges and Opportunities

In the face of an exploding global epidemic and ever-changing and growing challenges on the domestic front, research continues to offer hope of a vaccine to prevent the spread of HIV and a cure for AIDS. While Canadian spending on HIV/AIDS research reached new levels in 2003-2004, additional resources – human and financial – are needed to continue to expand the scope and breadth of study in the biomedical, clinical and social science fields. Enhanced surveillance efforts are also called for to support properly targeted and effective prevention programming. For many CSHA partners and stakeholders, the challenge of translating research into practice remains key. CSHA partners will pursue innovative surveillance, research and knowledge transfer activities to overcome these challenges.

Community-Based Social Marketing Campaign Challenges Assumptions

After several years of declining numbers, HIV infection rates are on the rise among gay men in Canada.⁷ Evidence also suggests that an increase in risky sexual behaviours is the cause.

AIDS Vancouver is one of many organizations that has paid heed to the epidemiological data. In response to a request for proposals from the National HIV/AIDS Community-based Social Marketing Fund, the Vancouver AIDS service organization (ASO) successfully applied for funding for a social marketing campaign targeted at gay men. Early results from the campaign are challenging the notion that gay men are no longer receptive to HIV prevention messages.

“We are still tabulating data from Phase I of the campaign, but the importance gay men have attributed to this type of campaign appears to be quite high,” notes Phillip Banks of AIDS Vancouver. “There is a lot of support among respondents for this type of initiative.”

“Assumptions – How do you know what you know?” is encouraging gay men to challenge their assumptions about the HIV status of their partners, with the goal of reducing the incidence of risky sexual behaviour between gay men who do not have the same HIV status. Launched in June 2004 under the direction of a national advisory committee that includes community-based ASOs from across Canada, Phase I of the three-year campaign is using materials adapted from a similar initiative in San Francisco.

“The recall rate for the campaign was pretty high – more than 70 per cent, based on our preliminary survey data,” reports Mr. Banks. “Gay men could remember seeing campaign materials, and many have said it made them think about their behaviour.”

Phase I of the Assumptions campaign brought the complex issues of sexual assumptions and sexual silence into the open using billboards, posters, postcards, public service announcements, a web site, chat lines and a multi-channelled advertising and public relations campaign delivered through community press and local venues, such as bars, bathhouses, clubs, community centres and campuses.

Initially intended to target six major urban centres – Vancouver, Edmonton, Winnipeg, Toronto, Montréal and Halifax – the campaign in fact reached a much broader audience across Canada, thanks to the national advisory committee’s ability to leverage funding from other organizations. For example, the Ontario Ministry of Health and Long-Term Care provided funding to expand the Assumptions campaign to 16 other cities in Ontario. Support from Quebec’s Ministry of Health and Social Services allowed the campaign to be delivered in Québec City as well as Montréal. In British Columbia, the Coastal Health Authority and the British Columbia Centre for Disease Control provided funding that enabled expansion of the program to other communities.

AIDS Vancouver is now analysing data collected through various response mechanisms. It will then work with the national advisory committee and public relations consultants to develop Phase II – a new campaign, with new messages and materials – for delivery in the summer of 2005. In the meantime, the Assumptions campaign web site will remain on-line to provide prevention messages and information to gay men across Canada.

After collecting additional qualitative and quantitative data from Phase II, AIDS Vancouver will undertake a comprehensive evaluation of the campaign and report on the extent to which gay men were exposed to and affected by its messages. Lessons learned and best practices from the campaign will also be documented and shared with stakeholders.

“There’s no doubt that Phase I of the campaign built momentum as it went along,” concludes Mr. Banks. “With a small investment, our funding partners were able to become part of quite a large campaign. And the advice and direction we received from other community-based ASOs has been vital. We still have a lot of work to do, but the results to date have been very encouraging.”

Members of the national advisory committee include the AIDS Coalition of Nova Scotia, Action Séro Zéro, AIDS Community Care Montreal, the AIDS Committee of Toronto, Two Spirited People of the First Nations, the Nine Circles Community Health Centre, HIV Edmonton, the Asian Society for the Intervention of AIDS, CAS and the British Columbia Community-Based Research Centre. More information on the Assumptions campaign is available at <http://www.think-again.ca>.

⁷ Men who have sex with men (MSM) accounted for more than 44 per cent of new HIV infections between 2000 and 2003, an increase of 7 per cent over the late 1990s, Health Canada, *HIV and AIDS in Canada Surveillance Report to December 31, 2003*.



INCREASING *the use* of RELIABLE INFORMATION

3d

RELIABLE, UP-TO-DATE INFORMATION IS A FUNDAMENTAL BUILDING BLOCK FOR EFFECTIVE HIV/AIDS PREVENTION PROGRAMMING; FOR DEVELOPING AND DELIVERING EFFICIENT CARE, TREATMENT AND SUPPORT; AND FOR CONTINUING TO ADVANCE OUR KNOWLEDGE OF HIV/AIDS. EQUALLY IMPORTANT, INFORMATION EMPOWERS PEOPLE LIVING WITH HIV/AIDS TO MANAGE THEIR HEALTH AND LIVES AND ENABLES AT-RISK INDIVIDUALS TO AVOID HIV INFECTION. THUS, THE DEVELOPMENT AND DISSEMINATION OF RELIABLE INFORMATION THAT IMPROVES THE LIVES OF INDIVIDUALS AND STRENGTHENS CANADA'S RESPONSE TO HIV/AIDS CONTINUES TO BE A CORE ACTIVITY OF ALL CSHA PARTNERS.

Information Dissemination A Key CSHA Activity

Through HISI, CSHA funding is provided to two national organizations whose work is central to ensuring that trustworthy, up-to-date information is available to Canadians engaged in the HIV/AIDS response and to individuals living with HIV/AIDS.

The Canadian HIV/AIDS Information Centre, CPHA, is Canada's largest distributor of free HIV/AIDS materials, with a client base that includes community-based organizations, the education sector, health intermediaries, federal/provincial/territorial governments, other NGOs and the general public. As a distribution point for HIV/AIDS pamphlets, brochures, manuals, posters and videos developed by more than 60 partner organizations across Canada, the Centre responded to 15 630 requests for information and shipped 361 074 items in 2003-2004. The Centre's web site

was accessed more than 384 000 times, including repeat visits by more than 7 000 individuals and organizations.

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. From plain and simple fact sheets and practical guides to breaking research news, CATIE's publications are designed to empower people and help them make informed decisions. In 2003-2004, CATIE staff and volunteers responded to 2 621 requests for treatment information received through its bilingual, toll-free telephone service and by e-mail, facsimile and surface mail, a slight increase from the 2 576 requests reported in 2002-2003. More than 69 000 publications were distributed in response to these requests (48 905 print publications and 20 156 electronic publications). CATIE's national reference library grew

to include 1 500 books, 1 200 web resources, 10 000 articles and 76 medical journals and periodicals. CATIE also presented 53 workshops in 2003-2004, reaching more than 1 000 participants from diverse target populations and regions of Canada. CATIE's web site, which now has more than 10 000 pages of content, is recognized as one of the world's premier sources of on-line HIV/AIDS treatment information, with more than 1.4 million page views annually.

A third CSHA national partner – the Canadian HIV/AIDS Legal Network – also fulfils an important information dissemination role. During 2003-2004, staff of the Legal Network participated in 65 interviews with Canadian and international journalists on a variety of legal, ethical and human rights topics. The Legal Network also responded to 337 requests for information and distributed thousands of copies of new and previously published papers and information sheets. Its redesigned web site has now received more than 6 million hits from Canada and around the world.

Developing New Information Resources

Many CSHA partners developed and distributed new information resources in 2003-2004 to improve understanding and awareness of the epidemic, strengthen HIV/AIDS programming and encourage broader engagement in the response.

In response to needs identified through its annual survey of clients, the Canadian HIV/AIDS Information Centre, CPHA, developed four new resources: an updated pamphlet entitled *Basic Facts About HIV/AIDS*; a pamphlet focussing on serodiscordant relationships; a poster/pamphlet resource intended to dispel sexual health myths identified in the Canadian Youth, Sexual Health and HIV/AIDS Study; and an updated teacher's guide and student booklet for students in grades 3 to 5.

CATIE also produced a number of new publications and information resources in 2003-2004. These included two new issues of its magazine *The Positive Side*, covering topics ranging from lipodystrophy and the Aboriginal medicine wheel to the secrets of long-term HIV/AIDS survivors. Two other CATIE resources – *CATIE News* and *Treatment Update* – provided breaking news on treatments, complications, side effects, co-infections, nutrition and other research. New fact sheets were published on atazanavir and herb-drug interactions, and CATIE's *Practical Guide to Complementary Therapies* and *Practical Guide to Herbal Therapies* were updated to include new information.

With contribution funding from FNIHB, national Aboriginal organizations have also developed new information resources and tools. For example, the Assembly of First Nations developed a Youth Peer Education training curriculum kit and community implementation template. CAAN received funding for a national media campaign to make First Nations and Inuit communities aware of the availability of its Aboriginal AIDS Awareness Day activity kit, as well as posters and fact sheets highlighting HIV/AIDS-related issues facing Aboriginal women, children and families.

Health Canada provided both financial support and expertise to a number of groups to develop "Syphilis is Back," a public service announcement designed to raise awareness of the recent resurgence in Canada of this STI. The 60-second animated video was produced in cooperation with the AIDS Committee of Ottawa, Pink Triangle Services, Boomstone, Action Séro Zéro, the City of Ottawa and Régie Régionale de la Santé et des Services Sociaux de Montréal-Centre. Syphilis infection increases the risk of being infected with HIV by three to five times (the genital sores caused by syphilis in adults make it easier to transmit and acquire HIV). Thus, efforts to control the rate of syphilis in Canada can also help control the HIV epidemic.

ICAD added to its fact sheet series on HIV/AIDS and development issues. New fact sheets published in 2003-2004 included *HIV/AIDS and Homophobia*, which discusses the impact of homophobia on HIV/AIDS programs around the world, and *HIV/AIDS and the Response of Christian Churches*, which discusses the significant role that faith-based organizations can play in addressing the global pandemic. ICAD's *Voices* newsletter was again released on World AIDS Day 2003, this time focussing on what communities in Bangladesh, Lesotho, Tanzania, Mexico and Canada (Edmonton) are doing to address HIV/AIDS. ICAD also published *An Overview of Potential Canadian Government Sources of Funding for Canadian NGOs Doing International HIV/AIDS Work*.

ICAD has also been collaborating with Canadian partners to develop an education resource kit entitled "Behind the HIV/AIDS Pandemic." Initiated by the Unitarian Service Committee and AIDS Vancouver, the kit aims to help Canadian ASOs, international development agencies and educational institutions better understand international HIV/AIDS issues and the links between HIV/AIDS and social inequity and poverty.

CAS produced a document entitled *Advocacy in Action 2002-2003* as a reference tool and guide for the advocacy activities of its members and stakeholders. CAS also published a pamphlet entitled *Disability and Income Security – AIDS in the Workplace*, which was distributed to member organizations and is now available through the Canadian HIV/AIDS Information Centre, CPHA. The *AIDS in the Workplace* section of CAS's web site was completed and launched in 2003-2004, and CAS developed and distributed an information sheet entitled *HIV Testing Policies in Canada: Responding to the Media and the Public* to help its member organizations address the preponderance of HIV/AIDS testing-related stories in the media.

With funding from Human Resources Development Canada, CAS launched a project to combat the lack of comprehensive and accessible information about federal and provincial income security, employment support and health benefits for people living with HIV/AIDS. Through partnerships with researchers and disability and poverty organizations, the National HIV/AIDS Income and Benefits Information Project will generate and disseminate information about current programs and benefits to people living with HIV/AIDS, community-based AIDS organizations, other anti-poverty and disability organizations, program administrators and policy makers.

The CWGHR continued to deliver education programs to increase awareness among people living with HIV/AIDS of the availability of rehabilitation services and to ensure that rehabilitation professionals are better able to support and care for such individuals. During 2003-2004, for example, the CWGHR developed a training manual to support the delivery of rehabilitation workshops at the community level.

In November 2003, the Legal Network cosponsored a week-long screening in Montréal of *FIX: The Story of an Addicted City*, a feature-length documentary by award-winning filmmaker Nettie Wild that profiles the struggle to establish a safe injection facility in Vancouver. Presentations of the film were followed by panel discussions featuring local activists, community workers, police, medical officials, and current and former drug users.

Sharing Scientific Information

As Canada's primary federal funding agency for health research, CIHR has an important role to play in sharing information with HIV/AIDS researchers and other stakeholders. This is achieved primarily through CIHR's participation in national and international conferences and through the CIHR web site.

In 2003-2004, CIHR developed a document for distribution at the 13th Annual Canadian Conference on HIV/AIDS Research in Montréal to update the research community and other stakeholders on its HIV/AIDS research program. CIHR also provided an update on HIV/AIDS research funding, funding opportunities and CIHR developments at CAHR's annual general meeting, which took place during the conference.

Other tools for sharing information include a newsletter produced by the CIHR Institute of Infection and Immunity that focusses on the activities of the Institute and scientific developments in the area of infection and immunity. The newsletter published in Winter 2004 had a particular focus on HIV/AIDS research. A brochure outlining CIHR's HIV/AIDS research program, its achievements and funded researchers, as well as a look at the future of HIV/AIDS research, was also produced in May 2004 and was included in a CD-ROM prepared for distribution at the XV International AIDS Conference in Bangkok.

Through its web site, CIHR also shares information on research funding opportunities and funded HIV/AIDS research projects. Information on funded projects is available through a database on the web site, which can be searched for research projects on a particular topic, by a particular researcher, or conducted in a certain research institution. This database provides the name(s) and institution(s) of the researcher(s), the title of the project, a project abstract and funding details.

CIDPC and NACHA partnered to create a new *Epi Note* summarizing the HIV/AIDS epidemic among Aboriginal peoples in Canada. The *Epi Note* was drafted by CIDPC and shared with a committee that included representatives from First Nations, Inuit and Métis communities in Canada, as well as technical experts from CIDPC.

The draft document was also shared with territorial and provincial partners. The final draft of the *Epi Note* was reviewed at the NACHA-sponsored Aboriginal Summit on HIV/AIDS in Vancouver in April 2004. In addition to building epidemiology and surveillance knowledge and capacity among Aboriginal representatives, this project improved understanding of issues important to the Aboriginal community and of the most effective methods of presenting Aboriginal HIV/AIDS surveillance data.

Correctional Service Canada continued to publish its *Focus on Infectious Diseases* newsletter. The Summer 2003 issue focussed on STIs in correctional institutions. The theme of the Winter/Spring 2004 issue was emerging infectious diseases. Correctional Service Canada and CIDPC jointly published an article entitled "HIV and hepatitis C virus testing and seropositivity rates in Canadian federal penitentiaries: A critical opportunity for care and prevention" in the July/August 2004 issue of the *Canadian Journal of Infectious Diseases and Medical Microbiology*.

HIV/AIDS Social Marketing Campaigns

The National Steering Committee on HIV/AIDS Awareness continued to guide the development of a national HIV/AIDS awareness strategy for Canada. The strategy will include enhanced communications efforts to increase the profile of the role of federal partners in responding to HIV/AIDS, awareness initiatives to support behaviour and/or attitudinal changes in specific target populations, and programs to address societal stigma and discrimination in order to improve the environment for HIV/AIDS prevention, harm reduction and care activities.

In support of this work, Health Canada commissioned a report entitled *Review of Canadian HIV/AIDS Campaigns Carried Out Between 2000 and 2002*. The report provides information on the strategies, successes and lessons learned from 11 current or recently completed HIV/AIDS awareness campaigns in Canada. Among other uses, this information will inform the development of parameters for a national social marketing campaign aimed at broad audiences to be undertaken by the Public Health Agency of Canada as a key component of the National HIV/AIDS Awareness Strategy.

In the meantime, CIDPC continues to support the development and implementation of national, community-led social marketing campaigns intended to increase awareness and reduce the negative impacts of HIV/AIDS for target audiences identified by the National Steering Committee. To this end, two projects were approved under the National HIV/AIDS Community-based Social Marketing Fund for the 2003-2006 period, with the goal of leveraging the Public Health Agency of Canada funding through partnerships with private and non-profit partners. For example, AIDS Vancouver has received funding for a social marketing campaign entitled "Assumptions – How do you know what you know?," with the goal of reinvigorating HIV/AIDS prevention among Canadian gay men and reducing the number of new HIV infections in this population (see feature article on page 32). The three-year campaign challenges gay men to reconsider their assumptions about the serostatus of their partners. Similarly, the CPHA received funding to develop, implement and evaluate a three-year national, bilingual social marketing campaign targeted at the general public. Entitled "Anytime. Anywhere. Anyone. HIV/AIDS Doesn't Discriminate. Do You?," the

campaign is intended to reduce societal stigma and discrimination against people living with or at risk of HIV/AIDS. Planned activities include the development and dissemination of posters, postcards, fact sheets, condom holders, bookmarks, public service announcements (video and print) and other electronic tools with HIV/AIDS messages. The CPHA will also update its *Community Action Toolkit* and develop newsletter articles and public service announcements to support local campaigns and activities.

Challenges and Opportunities

Canadians now have access to more information than ever about HIV/AIDS – including information on how to prevent the spread of HIV. Nevertheless, the number of new HIV infections reported in Canada from year to year shows no signs of abating. For those living with HIV/AIDS, the wealth of available information on treatments, as well as on legal, ethical and human rights issues, is welcome and empowering. At the same time, it can be daunting in its sheer volume and complexity.

CSHA partners continue to focus on developing new knowledge and information that will arrest the spread of HIV and help those living with the disease to better manage their lives. Simultaneously, many are also wrestling with the challenge of managing their information resources more effectively to ensure that the information remains reliable, accessible, comprehensible and appropriate to users. CSHA partners also need to strengthen their capacity to document Canadian experiences at the international level, to make that knowledge available globally, and to better use it in the domestic response.

Partnerships Sustain Saskatchewan Aboriginal AIDS Service Organization

Partnerships are key to Canada's HIV/AIDS response, and they are happening at all levels across the country. But the concept of partnership is more important for some organizations than for others. In the case of at least one Saskatchewan AIDS service organization (ASO), if it was not for partnerships, the organization would not exist.

The All Nations Hope AIDS Network (ANHAN) is an Aboriginal HIV/AIDS and hepatitis C network operating out of Regina. It provides awareness and prevention education, information, support and other services to First Nations, Métis and Inuit people throughout the province.

"Partnerships really allow us to do our work," says Margaret Akan, Executive Director of ANHAN. "Working together is the only way we can achieve concrete results and implement the many HIV/AIDS and hepatitis C strategies that have been developed in this province. We just don't have the money to sustain all of our activities on our own."

ANHAN was established in 1995 as a program of AIDS Regina, now called AIDS Program South Saskatchewan (APSS). After almost a decade of being mentored by its parent organization, ANHAN was incorporated as an autonomous entity in 2004 – the only Aboriginal group in Saskatchewan with a specific HIV/AIDS mandate.

Although ANHAN now operates as a separate agency, it continues to share office space and administrative services with APSS, and the two organizations deliver a number of shared events. These include two major annual functions – the Epidemics in Our Communities conference and the Saskatchewan Healthcare Excellence Awards. ANHAN is also collaborating with APSS and others to host the 3rd National Aboriginal Hepatitis C Conference in May 2005.

"Our relationship with APSS is critical, but we also work closely with many others, including AIDS groups in Saskatoon, Prince Albert and North Battleford, and friendship centres across the province," says Ms. Akan. "For example, we collaborate with AIDS groups to deliver workshops in schools, mostly in rural and northern areas of the province. We also work with regional health authorities and with the corrections and addictions communities. We may have different roles and mandates but often our target audiences overlap – Aboriginal people are also among the homeless, some use injection drugs, and so on."

At the provincial level, ANHAN sits on the Saskatchewan Advisory Committee on HIV/AIDS and regularly interacts with Saskatchewan Health. Nationally, it delivers workshops at numerous conferences and is represented on the board of directors of the Canadian Aboriginal AIDS Network.

"Through partnerships, we've been able to do more work with less money," concludes Ms. Akan. "We are able to call on the expertise of different people from other organizations to assist us with our work. Without partnerships we wouldn't exist. And that means a lot of people would be without education and support services – and the spread of HIV/AIDS and hepatitis C among Aboriginal people in Saskatchewan would be even more serious than it already is. That's why we value our partnerships so much."

For more information on ANHAN and its partnership initiatives, visit www.allnationshope.ca.

STRENGTHENING CANADA'S CAPACITY *to address* HIV/AIDS

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CANADA'S CAPACITY TO RESPOND TO THE HIV/AIDS EPIDEMIC HAS GROWN DRAMATICALLY SINCE THE FIRST AIDS CASE WAS DIAGNOSED MORE THAN 20 YEARS AGO. HOWEVER, CHANGES IN THE EPIDEMIC AND A BROADENING OF THE SCOPE OF HIV/AIDS-RELATED ISSUES REQUIRE CANADIAN ORGANIZATIONS AND INDIVIDUALS WORKING IN THIS FIELD, AS WELL AS THOSE LIVING WITH HIV/AIDS, TO CONTINUALLY UPDATE THEIR KNOWLEDGE AND SKILLS.

HIV/AIDS Organizations Strengthen Their Capacity

CIDPC and the regional offices invested \$14.8 million in 2003-2004 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 was administered by the AIDS Community Action Program (ACAP), which provided \$8 million to support the operations and projects of more than 100 community-based organizations across Canada. This funding was administered through regional offices (Atlantic Region, Quebec Region, Ontario and Nunavut Region, Manitoba and Saskatchewan Region, Alberta and Northwest Territories Region and British Columbia and Yukon Region). Organizations funded by ACAP may also receive financial support from other sources, including the private sector, municipal/provincial/territorial governments and/or regional health authorities.

During 2003-2004, further progress was made toward increasing the regional offices' capacity to measure specific outcomes from ACAP funding, which community-based organizations use to deliver prevention programming, create supportive environments, promote improved health for people living with HIV/AIDS, and strengthen

their operations. ACAP staff in the Public Health Agency of Canada's regional offices are working closely with DPED to develop an evaluation framework that includes a logic model, indicators and a performance measurement strategy. The framework will be validated in the next fiscal year, and appropriate tools will be developed for collecting output and outcome data from across Canada. The evaluation framework will assist ACAP in presenting a concise, accurate and results-based description of the program logic for stakeholders and clients, and the collection of reliable data will lead to more responsive programming based on a solid evidence base.

National NGO partners in the CSHA received funding of \$2 million in 2003-2004 to help ensure that HIV/AIDS issues were addressed in a strategic, multi-sectoral, collaborative way. This funding supported NGOs in the areas of program delivery, organizational development and relationship building between national, provincial and local organizations and governments.

FNIHB invested \$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 provided 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 in 2003-2004.

DPED received \$100,000 from the CSHA to provide expertise in evaluation and performance measurement. DPED continues to work with CIDPC and others to update and strengthen the CSHA's evaluation strategy. In 2003-2004, a synthesis evaluation was completed that examined 165 evaluations and similar studies undertaken in Canada between 1998 and 2003. The goal of the evaluation was to assess possible conclusions about the outcomes, impacts and cost-effectiveness of HIV/AIDS-related projects in Canada; to assess which methodologies might be most appropriate for evaluating HIV/AIDS-related projects; and to identify both potential improvements in the CSHA's evaluation strategy and further research needs. CIDPC is now integrating the findings of this report with other research to improve its HIV/AIDS programming.

CSHA Funding Streams Support Capacity Development

CIDPC administers a number of CSHA funding streams that contribute to capacity development.

The National HIV/AIDS Capacity-Building Fund supports projects that strengthen the capacity of staff and volunteers across Canada working in areas related to HIV/AIDS. A total of nine projects were funded in the 2002-2004 period. These included Canada's first multi-sectoral national forum on rehabilitation in the context of HIV, organized by the CWGHR in partnership with the Canadian Association of Occupational Therapists and the Canadian Physiotherapy Association. The forum, held from January 31 – February 1, 2004, brought together more than 80 stakeholders from across the country to exchange ideas, develop new knowledge and build their capacity to respond to the diverse rehabilitation needs of people living with HIV. The CWGHR

subsequently published *Breaking New Ground: Report on the National Forum on HIV and Rehabilitation*, as well as a DVD of the forum proceedings, including presentations by key stakeholders and benchmarks for learning about rehabilitation developed at the forum. In a separate project, St. Michael's Hospital in Toronto received funding to increase the capacity of community-based organizations across Canada to identify people living with HIV/AIDS who are suffering from depression and to make appropriate interventions and referrals. This project was undertaken in collaboration with the Ontario Ministry of Health and Long-Term Care and the Ontario AIDS Network.

The Best Practice Models for the Integration of HIV Prevention, Care, Treatment and Support Fund continued to support the development of best practice models of initiatives that integrate HIV prevention and support for people living with HIV/AIDS. For example, CAAN received funding to develop a best practice model for HIV/AIDS prevention outreach to Aboriginal youth. Project outcomes included the publication of a report entitled *HIV/AIDS Prevention Messages for Canadian Aboriginal Youth* and a dialogue between national Aboriginal youth organizations and other key stakeholders. This project, the findings of which were disseminated through CAAN's web site and various Aboriginal organizations across Canada, has helped to minimize the adverse impact of HIV/AIDS on individuals and communities, as well as the impact of socio-economic factors that increase individual and collective risk. In another project supported by this fund, the University of Ottawa documented best practices used by the Ottawa Inner City Health Project to reduce the impact of HIV/AIDS on the homeless by helping HIV-positive clients access treatment and by supporting clients at risk of contracting HIV. Among other activities, a training module was developed for front-line shelter/housing staff to support HIV-positive clients in adhering to treatment regimes.

The Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund provides funding for time-limited projects that enhance the capacity of non-reserve Aboriginal communities to address HIV/AIDS, promote sustainability and partnerships, and encourage Aboriginal agencies that do not currently offer services in this area to incorporate HIV/AIDS into their work. A total of 15 projects were funded in 2003-2004. Examples include a two-year initiative by the Labrador Friendship Centre in Happy Valley/Goose Bay to develop and deliver a culturally appropriate train-the-trainer HIV/AIDS prevention program and targeted prevention education workshops in Labrador. This project is building upon previous initiatives to heighten the awareness and willingness of Inuit and Innu communities in Labrador to address HIV/AIDS. As well, the Métis National Council in Ottawa received funding for "Following the Red Cart," a two-year project to develop and disseminate culturally appropriate HIV/AIDS prevention material for Métis people living in rural and urban communities in British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

The Legal, Ethical and Human Rights Fund aims to support research, analysis, education and advocacy that focusses on the legal, ethical and human rights dimensions of Canada's response to HIV/AIDS. Projects funded in 2003-2004 included an initiative by the Canadian HIV/AIDS Legal Network to develop the capacity of the legal profession in Canada to respond to legal, ethical, and human rights issues related to HIV/AIDS. Activities included promoting the participation of law students and faculty in the Legal Network and other HIV/AIDS-related legal events; developing and distributing "HIV/AIDS and the Law" course modules for use in Canadian law faculties; and co-organizing and hosting an event to establish links between practising lawyers, law students, law faculty, community-based ASOs and people living with HIV/AIDS. As well, CAAN received funding

for a project to reduce the vulnerability of Aboriginal people to HIV/AIDS. Among other initiatives, CAAN is developing a policy framework for Aboriginal communities to combat HIV/AIDS-related discrimination and sample antidiscrimination policies for implementation in Aboriginal organizations.

Building Individual and Community Capacity

Significant capacity-building work was done around the issue of disclosure of HIV status in 2003-2004, particularly in the aftermath of the Supreme Court of Canada's decision in the *Williams* case, the first criminal case dealing with exposure to HIV to reach the Supreme Court since the 1998 *Cuerrier* decision. In the *Williams* decision, the Supreme Court ruled that an HIV-positive individual who has unprotected sex without disclosing his/her status to a sexual partner who may already have been infected with the virus can be convicted only of "attempted aggravated assault," and not "aggravated assault." Immediately following the release of the decision in September 2003, the Canadian HIV/AIDS Legal Network and CAS prepared and disseminated an eight-page backgrounder on *HIV Disclosure & the Criminal Law in Canada: Responding to the Media and the Public*. The backgrounder provides community organizations with up-to-date, accurate information on HIV disclosure and Canadian criminal law, with the hope of fostering more balanced media coverage and public discussion of these issues.

CAS, in collaboration with the Legal Network and the AIDS Coalition of Nova Scotia, published a comprehensive guide entitled *Disclosure of HIV Status After Cuerrier: Resources for Community-Based AIDS Organizations*. The guide provides concise, accurate information and practical tools that help community-based AIDS organizations and people living with HIV/AIDS make informed and empowered choices about how to respond to the complex legal and ethical

issues related to HIV disclosure. CAS held six workshops across Canada to present the guide, as well as a separate training session in Toronto to give participants from throughout the country the skills needed to conduct HIV-disclosure workshops in their own regions.

The Canadian HIV/AIDS Legal Network continued a three-year project to develop and implement an action plan to address HIV/AIDS-related stigma and discrimination in Canada. In October 2003, representatives of community-based ASOs, labour organizations and other social movements from across Canada met for a two-day workshop in Montréal to identify priorities for action. Drawing on input from the workshop, in November 2003 the Legal Network disseminated a draft *Plan of Action for Canada to Reduce HIV/AIDS-related Stigma and Discrimination*, seeking feedback and comments from its members, government officials and the general public. A revised *Plan of Action* will be released in the fall of 2004.

As a complement to this work, the Legal Network also undertook a one-year capacity-building project aimed at reducing stigma and discrimination at the local level. Participants from community groups across Canada exchanged information and experiences using an electronic discussion list and then attended a three-day workshop in Montréal in January 2004. The workshop provided participants with the opportunity to work through and share local action plans they had developed in relation to various models of community mobilization.

CATIE assisted its long-standing partner, Asian Community AIDS Services, with the delivery of peer treatment information training for staff and volunteers representing ethno-specific AIDS service agencies in Toronto. This partnership continues in 2004-2005.

The CWGHR delivered HIV rehabilitation workshops for physiotherapy and occupational therapy students, practising professionals, nurses and medical adjudicators for the Canada Pension Plan – Disability Program, and community-based organizations across Canada. CTAC also sponsored a number of skills-building events on topics such as cross-border Internet pharmacies (Toronto) and pharmacoeconomics (Vancouver).

FNIHB continued to support capacity building among on-reserve First Nations and Inuit people to ensure that they have the knowledge, skills and resources needed to prevent HIV transmission and to facilitate care for those infected with and affected by HIV/AIDS. For example, funding is provided to national Aboriginal organizations to explore best practice models, provide effective programming and develop culturally appropriate resources for First Nations and Inuit communities. At the community level, funding is provided through FNIHB's regional offices to support community-based prevention initiatives that build awareness and education, address the determinants of health and promote healthy lifestyles. CAAN also builds the capacity of individuals and organizations to respond to the HIV/AIDS epidemic in Aboriginal communities through its Skills Building Forum, which is held in conjunction with CAAN's annual general meeting.

Innovative capacity-building initiatives are also taking place at the regional level. For example, a wide range of partners, including the Public Health Agency of Canada's regional offices, FNIHB, Correctional Service Canada, Manitoba Health, Manitoba Corrections, the Winnipeg Regional Health Authority, the Nine Circles Community Health Centre and the private sector, pooled their resources and expertise to organize the "Partners in Caring" conference in Winnipeg in October 2004. The conference brought together participants from correctional institutions, the health care sector, social services,

community-based organizations and First Nations communities to explore harm reduction needs and strategies in Manitoba.

IAD's organizational capacity is being enhanced through employee secondments. An IAD senior policy advisor is currently on secondment with UNAIDS, a senior member of CARE Canada has been seconded to IAD, and a senior manager from IAD has been seconded to the International Partnership for Microbicides. This is helping to bring about stronger linkages between Canada's domestic and international responses.

ICAD offered a workshop that gave ASOs, NGOs, labour unions, universities and private sector companies the opportunity to explore ways to increase their mutual cooperation in international HIV/AIDS work. As well, as part of its World AIDS Day 2003 activities, ICAD organized workshops on HIV/AIDS stigma and discrimination in Ottawa, Vancouver, Prince George, Saskatoon and Toronto. The workshops were funded by IAD and facilitated by a person living with HIV/AIDS from South Africa, who introduced and adapted the lessons learned from the sub-Saharan region to the Canadian context.

Growing Canada's HIV/AIDS Research Capacity

CIHR has established many mechanisms to develop the capacity of the Canadian health research community:

- The training of junior scientists increases the capacity of Canada's future research community. Training is enabled through the support of training awards or positions paid from research grants. In 2003-2004, CIHR approved 26 new HIV/AIDS training awards – more than in any previous fiscal year – bringing the total number of training awards to 46 (compared to 36 in 2002-2003).
- The capacity of Canada's current HIV/AIDS research community is increased through salary awards that allow individuals to dedicate more of their time to research projects. In 2003-2004, CIHR supported five new HIV/AIDS salary awards for a total of 15 awards.
- Similarly, the Canada Research Chair program increases research capacity in Canada by helping to retain and attract excellent researchers. As was the case in the previous fiscal year, CIHR supported nine HIV/AIDS researchers through this program in 2003-2004.
- In August 2003, a workshop entitled "A Coordinated Approach to HIV and Hepatitis C Research in Atlantic Canada: How do we get there?" was cosponsored by the CIHR Institute of Infection and Immunity, the Nova Scotia Health Research Foundation, the Atlantic Centre of Excellence for Women's Health, and Dalhousie University. The objectives of the workshop were to provide opportunities for networking, to discuss current gaps in HIV and hepatitis C research, and to promote a coordinated regional response to these research needs. The workshop led to commitments by participants to collaborate to enhance HIV and hepatitis C research in the Atlantic region. One of the specific activities resulting from the workshop was an application in response to a strategic requests for applications launched by the CIHR Institute of Infection and Immunity in June 2003, with the goal of providing funding to enhance interdisciplinary research capacity on social and behavioural issues in relation to HIV/AIDS and hepatitis C (a previously identified gap in Canadian research). The team hosting the workshop in August 2003 and three other interdisciplinary teams are now receiving funding through this strategic initiative to increase their collective research capacity and expertise.

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 students under the Community-Based Research General Stream and 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 community-based research. Students received Summer Training Awards in 2003-2004 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 community-based research. CIHR 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 Persons with AIDS Society. CIHR 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 half a dozen

young scientists to work on HIV clinical trials each year. As well, CAHR's objectives include attracting and mentoring new HIV investigators and building research capacity within the community. In 2004, CAHR provided four New Investigator Awards to promising researchers and 18 scholarships to students and community members. CAHR also awarded its Red Ribbon Award for outstanding service to the cause of research in Canada that will lead to increased understanding of the treatment and prevention of HIV/AIDS while enhancing the quality of life of those living with HIV.

Canada Supports International Capacity Building

At the international level, ICAD and the Canadian Society for International Health continued to implement CIDA's Small Grants Fund (Phase 2), which provides support for 34 Canadian and overseas organizations to "twin" in implementing HIV/AIDS projects. For example, the Alberta Community Council on HIV/AIDS partnered with the Instituto Mexicano De Investigacion Para La Familia y Poblacion, a non-profit Mexican organization, to train rural shopkeepers in Oaxaca State to be educators and distributors of HIV/AIDS prevention information. The partnership also strengthened the capacity of both organizations in the areas of cultural competency and organizational development. In another project, the AIDS Committee of Toronto twinned with the Associação Brasileira Interdisciplinar de AIDS in Rio de Janeiro on a project to reduce the risk of HIV infections among MSM. Through a two-way exchange of information and skills, both organizations increased their capacity to develop appropriate messaging and outreach for MSM and other marginalized groups. The Small Grants Fund was evaluated in 2004 by external evaluators who concluded that it was an innovative and cost-effective program and recommended continued funding under a new phase.

Canada is gaining international recognition as a location of choice for technology transfer and training in HIV testing methodologies. Over the past year, CIDPC's HIV/AIDS laboratories have provided training to scientists from Pakistan, Kosovo, Haiti, the Republic of the Ivory Coast, Ethiopia, South Africa, Mozambique, the Caribbean, China and Mexico. These international visitors typically stay for two to three weeks, depending on their background and the expected outcome of the training. CIDPC has also trained scientists from Russia on CD4 monitoring and assisted Russia in developing guidelines for CD4 monitoring technology. Through a partnership with Doctors Without Borders, CIDPC provided serology training to a scientist from Sudan.

CIDPC's International Quality Assurance Program continues to assist resource-poor countries in monitoring the effectiveness of antiretroviral treatments. Two to three times a year, panels of stabilized whole blood are sent to approximately 250 laboratories in 60 to 70 countries, where the specimens are analysed for CD4 lymphocyte enumeration, and results are sent back to Canada via the Internet. CIDPC assesses the accuracy of the results submitted by each country and provides feedback as required. The program helps to ensure that individuals on antiretroviral therapy in developing countries are receiving care and treatment comparable to the levels provided in developed countries.

With funding from CIDA, the Canadian HIV/AIDS Legal Network provided technical and financial support to professional legal associations in Kenya and Zambia. Local project management was provided by the Kenya AIDS NGOs Consortium and the Zambia office of the International HIV/AIDS Alliance. Based on an evaluation of the project undertaken between October and December 2003, a follow-up action plan was developed and will be implemented in the next fiscal year.

CIDPC also provides technical assistance to enhance the capacity of HIV/AIDS organizations and projects abroad. For example, technical support was provided to a project to design and implement a second generation HIV surveillance program in Pakistan. As well, CIDPC staff helped design a monitoring and evaluation system for the planned roll-out of HIV treatment in the Caribbean and participated in a UNAIDS mission to assess Guyana's need for technical support in the areas of HIV/AIDS surveillance and HIV treatment monitoring.

ICAD received funding from CIDA's Youth Employment Initiative to sponsor four interns who linked organizations in Canada and overseas by serving work terms with both organizations. A program officer worked at ICAD in Ottawa and with the ICROSS project in Kenya; an AIDS orphans project manager served work terms with the Canada-Africa Community Health Alliance in Ottawa and the MKUKI Project in Tanzania; an HIV/AIDS street youth worker was employed at CUSO in Ottawa and with the Kiota Women's Health and Development Organization in Tanzania; and an HIV/AIDS peer educator spent separate work terms with CARE/Ottawa and CARE/Cameroon.

With financial support from IAD, ICAD and CAS collaborated on two projects. The first involved maintaining a database launched in the previous fiscal year that allows Canadian ASOs, NGOs, educational institutions and others to promote their skills and expertise in the HIV/AIDS sector internationally. The second is a resource entitled *Integrating International Perspectives in the Community-based AIDS Movement in Canada: The International Toolkit*. The goal of the toolkit is to enhance the capacity of community-based HIV/AIDS organizations to integrate international perspectives in their work. Presentations on the toolkit were made at several meetings and conferences, including a full-day workshop in Montréal in November 2003 that was attended

by 30 representatives of community-based AIDS organizations and development NGOs in Quebec.

Two Canadian experts – one from the Canadian HIV/AIDS Legal Network and one from the BC Centre for Excellence in HIV/AIDS – helped the Thai Drug Users' Network develop a proposal for a peer-driven HIV/AIDS prevention and care project. The project received a grant from the GFATM in October 2003, marking the first time the GFATM had provided funding directly to a user-run organization. The two Canadian experts later returned to Thailand, where more than 50 per cent of injection drug users are living with HIV, to provide additional training and discuss future collaboration in the evaluation and monitoring phases of this ground-breaking project.

Challenges and Opportunities

As in previous years, capacity building remains a significant challenge for organizations involved in the HIV/AIDS response. The problem is twofold: organizations are continuously required to create capacity in new areas due to the increasing complexity of the epidemic while at the same time struggling to maintain existing capacity in the face of high staff turnover and volunteer fatigue. Many CSHA partners have identified capacity development at the community level as a key priority for the additional strategy funding announced in May 2004. Internationally, the lack of human resource capacity to effectively deliver antiretroviral treatment is a significant constraint to the rapid scaling up of treatment and progress toward the “3 by 5” target.



The WAY FORWARD

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DESPITE THE PROGRESS THAT IS EVIDENT THROUGHOUT THIS REPORT, THE CHALLENGES OF HIV/AIDS REMAIN DAUNTING AND MULTI-FACETED. NEVERTHELESS, THE RESOLVE OF THOSE INVOLVED IN THE CANADIAN RESPONSE IS STEADFAST. BRIGHT, ENERGETIC AND DEDICATED PEOPLE CONTINUE TO BECOME ENGAGED, OFTEN DEVOTING THEIR ENTIRE WORKING LIVES TO MAKING A DIFFERENCE FOR THOSE LIVING WITH OR VULNERABLE TO HIV/AIDS.

“Complex” and “changing” are among the words commonly used to describe the HIV/AIDS epidemic. Similarly, “adaptability” and “resilience” have been hallmarks of the response. Setbacks on some fronts are often countered by new developments and new partnerships in others. One constant, however, is the need to do more – both in Canada and abroad.

Increases in funding over the next five years – and the additional investments this will leverage from

other levels of government, NGOs, not-for-profit foundations and the private sector – will further strengthen Canada’s response to HIV/AIDS. At the same time, the renewed federal framework will serve to clarify, expand and reinforce the federal role in HIV/AIDS. And *Leading Together, An HIV/AIDS Action Plan for All Canada* will provide a solid foundation for enhancing engagement across society while identifying common targets to which all Canadians can contribute.

5

KEY NATIONAL 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

Web site: www.caan.ca

Canadian AIDS Society

CAS is a coalition of 120 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

Web site: 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

Web site: 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

Web site: 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

Web site: 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 for health and education professionals, AIDS service organizations, community organizations, resource centres and others with HIV/AIDS information needs.

E-mail: aidssida@cpha.ca
Web site: 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
Web site: 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
Web site: 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, and health systems and services, and the social, cultural and other factors that affect the health of populations.

E-mail: info@cihr-irsc.gc.ca
Web site: 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
Web site: www.acdi-cida.gc.ca

Canadian Treatment Action Council

CTAC is a national organization that promotes 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
Web site: www.ctac.ca

Canadian Working Group on HIV and Rehabilitation

The CWGHR is a national, charitable, non-profit organization that promotes innovation and excellence in rehabilitation in the context of HIV disease.

E-mail: cwghr@hivandrehab.ca
Web site: www.hivandrehab.ca

Correctional Service Canada

Correctional Service Canada is a federal government department reporting to the Minister of Public Safety and Emergency Preparedness. The Department plays an important national leadership role and contributes to the prevention, care and treatment of HIV/AIDS in the correctional environment.

E-mail: sierolawski@csc-scc.gc.ca
Web site: www.csc-scc.gc.ca

Health Canada

Several responsibility centres within Health Canada contribute to the goals of the CSHA, including the Departmental Program Evaluation Division, the First Nations and Inuit Health Branch and the International Affairs Directorate

Web site: 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 lessen 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

Web site: 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

Web site: www.icaso.org

Public Health Agency of Canada

The newly established Public Health Agency of Canada, the lead federal department for issues related to HIV/AIDS, administers the Canadian Strategy on HIV/AIDS through CIDPC and its regional offices.

Web site: www.phac-aspc.gc.ca