Health Canada Santé Canada

Canadian Strategy on HIV/AIDS

1999 - 2000

Annual Monitoring Report

Canadian Strategy on HIV/AIDS

La Stratégie canadienne sur le VIH/sida

Canada

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Chapter 1: Background

This is the second annual monitoring report for the Canadian Strategy on HIV/AIDS (CSHA).[1] Its purpose is to:

- inform stakeholders, decision-makers and the Canadian public about activities supported by the CSHA;
- highlight progress towards the achievement of CSHA goals; and
- serve as a management tool for CSHA partners.

As such, this report is an integral part of efforts to track and evaluate progress under the CSHA and to plan the Strategy's future direction.

The CSHA reporting process is in evolution, as Strategy partners move toward identifying realistic and measurable objectives and build on the pan-Canadian approach that underpins the CSHA. For the purposes of this report, performance information has been gathered from the national non-government organizations (NGOs) that receive CSHA funding and from the CSHA responsibility centres in two federal departments. A description of these organizations is provided in Appendix 1.

Organization of the Report

The report is divided into four chapters and includes two appendices[2]:

Chapter 1 provides a brief overview of the CSHA, including a description of its organization and funding allocations;

Chapter 2 describes the context within which the CSHA operates;

Chapter 3 reports on progress toward CSHA outcomes;

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1 This document combines the CSHA annual report to the Treasury Board Secretariat and the annual CSHA monitoring report. It builds on the information provided in the first monitoring report (May 1998 to November 1999) and first annual report (May 1998 to March 1999).

2 The core information in this report is derived from two technical reports produced by the Centre for Health Promotion at the University of Toronto. *Technical Report 1: Strategy Implementation Activities 1999-2000* assembles information from federal responsibility centres (which report on the April to March fiscal year) and HIV/AIDS NGOs (gathered from annual reports released between June and September 2000, supplemented by information from NGO web sites). *Technical Report 2: Key Trends in HIV/AIDS in Canada* is based on the most recent (1999) epidemiological evidence, released by Health Canada in November 2000. Both technical reports are available on Health Canada's CSHA web site at www.aidsida.com.

Chapter 4 identifies future broad directions for the Strategy;

Appendix 1 identifies the federal partners and NGOs that receive funding under the Strategy; and

Appendix 2 provides a breakdown of CSHA expenditures for the fiscal year 1999-2000.

Federal Government Response to HIV/AIDS

The Government of Canada, under the leadership of Health Canada, has been supporting initiatives to address HIV/AIDS since 1989. The Canadian Strategy on HIV/AIDS, launched in May 1998, is the most recent of these initiatives.

Through the CSHA, the Government of Canada has committed ongoing annual expenditures of $42.2 million to support a pan-Canadian approach that will encourage stronger linkages among public and private sector partners who are engaged in the fight against HIV/AIDS. In addition to Health Canada, the CSHA incorporates Correctional Service Canada (CSC) as a federal government partner.

The CSHA is building on the work of the previous National AIDS Strategy, which was delivered in two phases and established the foundation for Canada's ongoing response to the HIV/AIDS epidemic. Unlike the National AIDS Strategy, there is no time limit on funding for the CSHA.

CSHA Goals and Policy Directions

The goals of the CSHA are to:

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

Three policy directions guide the delivery of the Strategy:

- *enhanced sustainability and integration* — adoption of new approaches and mechanisms to consolidate and coordinate sustained national action;

- *increased focus on those most at risk* — innovative strategies to target high-risk behaviours in populations that are often socially and economically marginalized; and

- *increased public accountability* — increased evidence-based decision making and ongoing performance review and monitoring.

CSHA Funding

Strategic areas for CSHA funding, as well as specific allocations, were developed through extensive national consultations led by a group of HIV/AIDS stakeholders. Annual funding allocations are shown in Figure 1, and a report on CSHA expenditures for 1999-2000 is provided in Appendix 2.

Figure 1: CSHA Strategic Areas and 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

In addition to these CSHA funding allocations, which are managed by Health Canada and Correctional Service Canada, other federal departments and agencies have responded to the epidemic by designating a further $29 million in 1999-2000 for HIV/AIDS initiatives (see Figure 2). However, these non-CSHA expenditures and their impact are not addressed in this report.

Figure 2: Dedicated Federal Government Funding of HIV/AIDS Initiatives (1999-2000)

Canadian Strategy on HIV/AIDS	
Health Canada	$41.6 M
Correctional Service Canada	$ 0.6 M
Other HIV/AIDS Funding	
Health Canada (First Nations and Inuit Health Branch)	$ 2.5 M
Correctional Service Canada	$ 3.0 M
Canadian International Development Agency	$21.0 M
Canadian Institutes of Health Research/ Medical Research Council	$ 2.798 M

Chapter 2: The Environment

The CSHA was developed and is being implemented within the broad context of ongoing changes in:

- the HIV/AIDS epidemic;
- the evolution of a pan-Canadian response;
- the organizational structures that support CSHA policy and program development; and
- performance review and evaluation activities.

The Changing Face of the HIV/AIDS Epidemic

Since the first clinical evidence of AIDS was reported two decades ago, HIV/AIDS has spread to every corner of the world. Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security. Worldwide, an estimated 36.1 million people are living with HIV. In 2000, about 5.3 million people around the world became infected, 600 000 of them children.

In Canada, the HIV/AIDS epidemic continues to evolve, resulting in new challenges for those affected by HIV/AIDS, their physicians and caregivers, policy makers and researchers.

The most recent national HIV incidence estimates for Canada (from 1999) show the same level of new HIV infections occurred in 1999 as in 1996 (estimated at approximately 4 200). However, there have been important changes in distribution among exposure categories. The estimated proportion of new infections attributed to injection drug use dropped by 27 per cent, while the proportion attributed to men who have sex with men rose by 30 per cent, and that attributed to heterosexual contact increased by 26 per cent. These estimates also point to large increases in the number of women and Aboriginal people infected with HIV. Although the main source of infection for both groups is injection drug use, the rate of infection through heterosexual exposure is increasing. The extent of the epidemic in correctional institutions remains unclear; however, studies have shown that approximately 1 per cent of prison inmates are HIV-positive.

Between 1996 and 1999, there was a 24 per cent increase in the number of Canadians living with HIV/AIDS (from 40 100 to 49 800). This growth was a result of

two factors: the continued occurrence of new HIV infections, and reduced mortality among people living with HIV/AIDS (due to more effective treatments). As more people with HIV/AIDS live longer, healthier lives, there is a need for increased emphasis on care, treatment and support issues.

From an economic perspective, *Albert and Williams* have stated that the total cost of the HIV/AIDS epidemic in Canada was $36 billion from 1982 to 1997, or about $1,200 per Canadian. The lifetime cost to treat each HIV/AIDS-infected individual was estimated at $153,000. This study also projected a savings of approximately $1 billion per year if more effective epidemic control methods were introduced. Conversely, if Canada were to experience dramatic increases in HIV incidence, additional costs of $1.5 billion per year are predicted.[3]

A Pan-Canadian Response

Collaborative relationships between governments, HIV/AIDS community groups, national organizations, individuals, and the educational, biomedical and social science communities continue to evolve. Strategy partners are increasingly working together to achieve the CSHA's goals.

Although these new relationships have strengthened the Strategy, further efforts are needed to engage a more diverse range of partners so that factors such as housing and education (as they relate to HIV/AIDS) can be addressed. It is becoming increasingly evident that other government departments and community organizations must become actively involved if the Strategy's goals are to be achieved and the CSHA is to become a truly pan-Canadian response to HIV/AIDS.

The International Challenge

Since the epidemic began, AIDS has killed a total of 21.8 million people around the world — almost three times the population of Switzerland. In 2000 alone, AIDS claimed three million lives.

Sub-Saharan Africa is by far the worst affected region in the world. An estimated 25.3 million Africans were living with HIV at the end of 2000. By that time, a further 17 million had already died of AIDS — over three times the number of AIDS deaths in the rest of the world.

The notion that the epidemic is a thing of the past in high-income industrialized countries is unfounded. Almost 1.5 million people are living with HIV in those regions, many of them productively, thanks to pervasive anti-retroviral therapy.

[3] Albert, T., and Williams, G. *The Economic Burden of HIV/AIDS in Canada*. Canadian Policy Research Networks, Case Study No. H02. 1998. This study was completed prior to highly active anti-retroviral therapy (HAART) becoming a standard form of treatment in Canada.

However, in order to wage an effective global response to HIV/AIDS, public awareness in developed countries must also centre around increasing awareness of the plight of millions in developing countries, who lack access to effective care, treatment and prevention programs.

Canada, in particular, will not be successful in waging a global battle against the epidemic if we are not successful in our own country. Moreover, Canada has committed itself to contain the disease both domestically and internationally. We are internationally recognized leaders, and acting globally can enhance our domestic response to the disease.

Organizational Change

Two major organizational changes have occurred within government in relation to implementation of the Canadian Strategy on HIV/AIDS.

First, the Canadian Institutes of Health Research (CIHR) were established in June 2000 with a mandate to create an integrated health research agenda that reflects the emerging needs of Canadians. The CIHR absorbed two major health research funding organizations that had been deeply involved in the HIV/AIDS field — the Medical Research Council of Canada and Health Canada's National Health Research and Development Program. In partnership with Health Canada, the CIHR will manage the CSHA's extramural research program. The CIHR may also expand the range of research on HIV/AIDS issues through its regular programs.

The second major change occurred in July 2000, when Health Canada realigned its internal structure to respond more effectively to advances in health knowledge and technology, changing public expectations and an increasing desire for partnership and collaboration. As part of the realignment, Health Canada's responsibilities for HIV/AIDS surveillance, CSHA policy, coordination and programs, Hepatitis C and other infectious diseases were brought together in the Centre for Infectious Disease Prevention and Control, in the Population and Public Health Branch.

CSHA Performance Monitoring and Evaluation

Working with other Strategy partners, Health Canada has developed an evaluation framework for the CSHA. The framework defines expected outcomes for the immediate, intermediate and long term, with corresponding performance indicators, in order to improve reporting on progress toward the Strategy's goals. This annual monitoring report, together with the Strategy's Year Three Evaluation and other program evaluations, are reporting against the identified outcomes, with the expectation that this information will provide stakeholders with a sound evidence base for making decisions about the effectiveness and relevance of the Strategy's activities.

Chapter 3: Making Progress

The CSHA Logic Model (Figure 3), prepared in collaboration with CSHA partners as an element of the CSHA Evaluation Framework, is a simplified system used to describe and communicate the anticipated outcomes of the Strategy. The logic model includes the goals of the Strategy and presents a theory about how the Strategy works to address HIV/AIDS. It depicts the linkages between activities, the outputs they produce, and the immediate outcomes that lead to the Strategy's intermediate and long-term outcomes.

The CSHA exercises diminishing control and influence over the more distant outcomes in the logic model. In other words, the Strategy can make a measurable and specific contribution to the immediate outcomes, but the intermediate and long-term outcomes are more broadly influenced by a range of national and international activities and many other players.

The intent of this annual monitoring report is to begin to focus on progress toward the outcomes identified in the logic model. Specifically, this chapter of the report highlights activities and results for the logic model's immediate outcomes:

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

Scientific Advancements

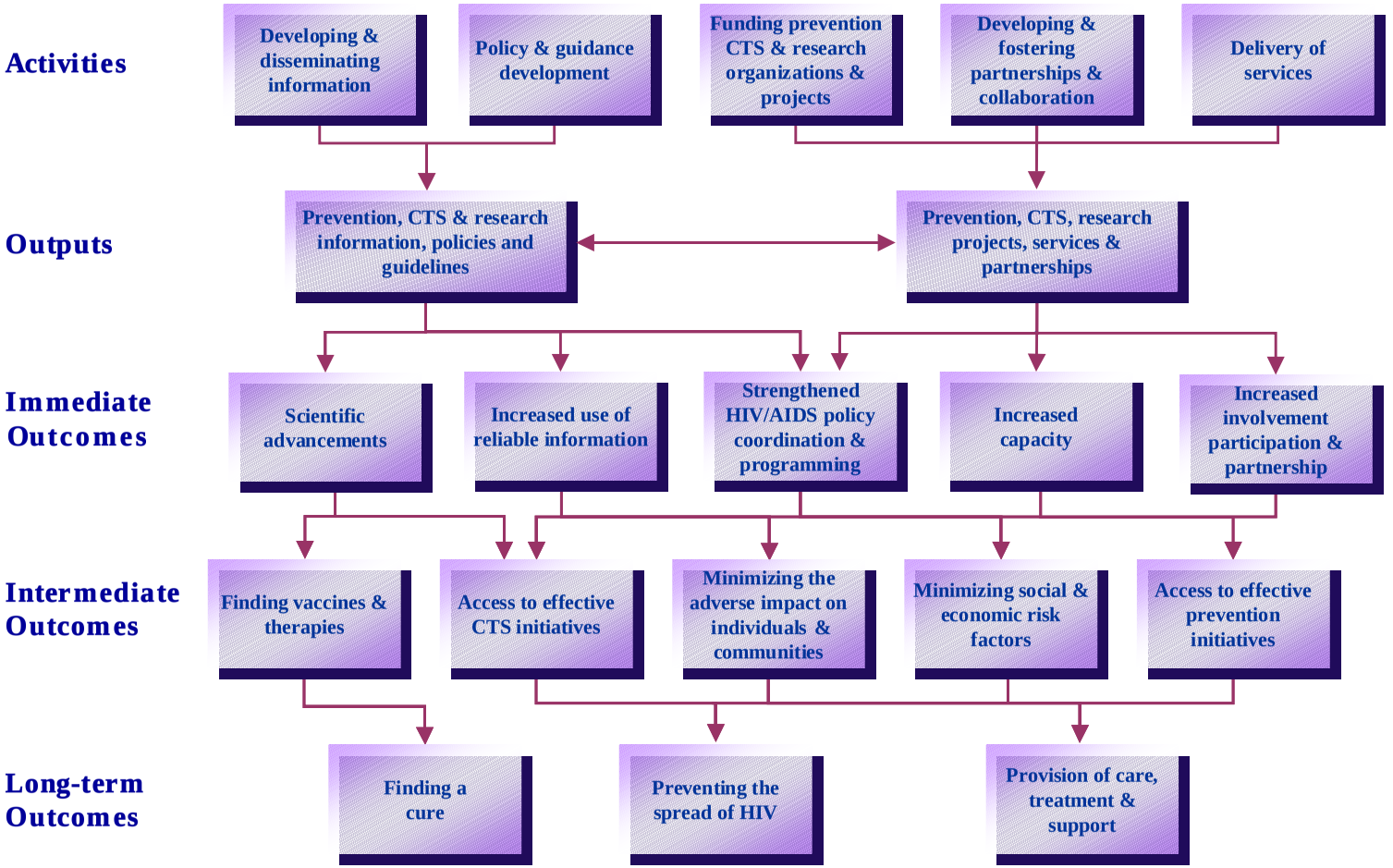
Scientific advancements have been made through new research discoveries and clinical trials of new drugs and therapies.

> The success of the Strategy is dependent on the development of scientific advancements in the area of biomedical and clinical research. These advancements are key to the development of vaccines and therapies for HIV/AIDS.

As a partner in the CSHA's extramural research program, the Medical Research Council of Canada (now part of the CIHR) funded 58 HIV-related biomedical and clinical health research projects in 1999-2000. Examples of research discoveries from these projects include:

Figure 3

Canadian Strategy on HIV/AIDS Logic Model



CTS = Care, Treatment & Support

- an HIV protein that kills neurons by depleting their calcium stores;
- the revelation that changes in the viral envelope lead to HIV-associated dementia;
- a protein that can reduce AZT (azidothymidine) toxicity by improving the body's capacity to generate new blood cells;
- the demonstration that the genetic and functional repertoire of T-cells (immune system cells) is maintained even in advanced HIV infection, meaning that if the right treatment can be found the immune system of persons with HIV could be returned to normal; and
- clarification of the mechanism through which HIV stops the normal reproduction of host cells.

Such discoveries have enhanced the potential for creating effective vaccines and interventions (such as new pharmaceuticals).

HIV/AIDS clinical trials, which are essential to the development and approval of vaccines and therapies, have also contributed to scientific advancements. The Canadian HIV Trials Network (now funded through the CIHR) is supported by the CSHA to facilitate these trials. In 1999, the Network's protocol development committee proposed a ground-breaking four-year, tri-national salvage therapy trial. Called OPTIMA, the trial will attempt to find an optimal drug-management approach for patients with HIV infection for whom first- and second-line highly active anti-retroviral treatment (HAART) has failed. As many as 4 000 Canadians are believed to be in need of an alternative to HAART, due to drug intolerance or ineffectiveness. Additional funding has enabled the Canadian HIV Trials Network to pursue this project in collaboration with researchers in the United Kingdom and the United States.

Increased Use of Reliable Information

> The success of the Strategy is dependent on the use of reliable information by all stakeholders — persons living with and vulnerable to HIV/AIDS, the general public, non-government organizations and governments — for HIV/AIDS policy and program purposes. The use of such evidence as incidence rates in policy and program development is vital to ensuring the effectiveness of Strategy activities and outputs.

The CSHA funds the collection, production and dissemination of information about HIV prevention and HIV/AIDS care, treatment and support, and financially supports high-caliber scientists working in the field.

CSHA partner organizations play a major role in the dissemination of reliable information, both across Canada and internationally. For example, the HIV/AIDS Clearinghouse collects, produces and distributes information on HIV prevention, care and support. It responds to more than 25 000 requests a year, distributing over 800 000 pamphlets, posters, brochures, videos and manuals annually.

Another CSHA partner — the Canadian HIV/AIDS Treatment Information Exchange (CATIE) — runs targeted information campaigns and provides resources and information on HIV/AIDS treatment and related health care issues for persons living with HIV/AIDS and their professional and non-professional caregivers. CATIE operates a toll-free bilingual telephone consultation service and a web site, and provides programs, services, resources, training, education and publications on allopathic treatment and complementary therapies. Use of CATIE's web site increased by 66 per cent in 1999-2000 compared to the previous year.

The Canadian HIV/AIDS Legal Network, which opened its Resource Centre to the public on June 1, 1999, is yet another CSHA partner that plays a key role in the increased use of reliable information. The Resource Centre is Canada's largest and most comprehensive publicly accessible documentation centre on legal, ethical and policy issues related to HIV/AIDS. In March 2000, the Legal Network web site received more than 80 000 hits, up from 21 000 hits in March 1999 and fewer than 4 000 hits in April 1998.

The CSHA also funds the collection of surveillance information to assist in planning and evaluation activities, and the dissemination of synthesized information on the epidemiology of HIV in Canada. In this regard, in November 2000 Health Canada published estimates of the total number of Canadians living with HIV infection at the end of 1999 (prevalence) and of the number of individuals who became newly infected in 1999 (incidence). These figures update the previous 1996 estimates. Health Canada scientists have also recently developed methods for calculating HIV incidence rates in support of integrated surveillance activities.

With funding support from the CSHA, Correctional Service Canada is developing and implementing a manual surveillance system for HIV and other infectious diseases in prisons. The information obtained from this system will enable CSC to initiate evidence-based policy and program development and facilitate funding forecasts. Similarly, Health Canada is working with the Canadian Aboriginal AIDS Network (CAAN) to develop a data set for increased surveillance of HIV/AIDS in Aboriginal communities.

CSHA funding for high-caliber scientists also supports the increased use of reliable information. For example, career researcher awards are recognized in Canada and abroad as signals of scientific excellence and as an investment in producing high-quality information. During the period covered by this monitoring report, HIV/AIDS researchers received Clinical Investigator Awards, New Investigator Awards and Scientist Awards from the Medical Research Council to support their continued work in the field. The credibility of CSHA-funded researchers is also demonstrated by their appointment to peer review panels (which review proposals for research funding), to the executive boards of international HIV/AIDS organizations, and to editorial boards of key international journals. As well, a CSHA-funded researcher was president of the International AIDS Society from 1998 to 2000.

Key findings from CSHA-funded research are widely distributed within the research community. To this end, CSHA-funded researchers from across the country participate in the annual meeting of the Canadian Association for HIV Research, to share up-to-date information and test ideas for future work. As well, approximately 240 articles were published by CSHA researchers in 1999-2000, including papers in leading journals such as *Science, Neuroscience* and the *Journal of Immunology*. While continuing such activities in the future, the CSHA will also seek out opportunities to more widely convey the results of scientific research to community organizations and the general public.

Strengthened HIV/AIDS Policy, Coordination and Programming

The CSHA has made significant progress in promoting inter-sectoral policy development, planning processes, coordinating committees and programs.

From November 8 - 10, 1999, Canada hosted more than 40 invited participants (representing Australia, Brazil, Canada, Denmark, India, Mexico, Sweden, Switzerland,

> The success of the Strategy is dependent on the degree of coordination of HIV/AIDS policy and programming among non-governmental organizations and governments. Coordination among the federal and provincial and territorial governments is also key to ensuring that efforts to address HIV/AIDS are maximized and that identified gaps are addressed.

Thailand, the United Kingdom and the United States) at the first "Dialogue on HIV/AIDS: Policy Dilemmas Facing Governments." Expected outcomes of the event, co-sponsored by Health Canada and UNAIDS, were:

- the development and implementation of more effective governmental policies and strategies related to HIV/AIDS in both the North and the South;
- the creation of an international policy network on HIV/AIDS;
- enhanced partnerships with international organizations such as UNAIDS; and
- support for the development of the UNAIDS 2001-2006 strategic plan.

Another major initiative during the reporting period was the development of a model for annual work planning and CSHA direction setting for all Strategy partners. The model was presented and adopted at a December 1999 meeting attended by more than 50 representatives of government and non-government partners in the CSHA.

The Ministerial Council on HIV/AIDS has supported strengthened policy and program coordination by encouraging federal and provincial governments to work together on HIV/AIDS issues. The Ministerial Council has also helped bring emerging priorities for the CSHA to the attention of the Minister of Health and Strategy partners. For example, the federal Health Minister and members of the Ministerial Council have discussed immigration, inter-ministerial collaboration and injection drug use.

During the reporting period, the Federal/Provincial/Territorial (FPT) AIDS Working Group on Point-of-Care Testing launched a project to gather information about where test kits are being used across Canada. This will facilitate the sharing of information when policy and programming issues arise related to these kits. For its part, the FPT AIDS Working Group on Injection Drug Use is continuing to work with other FPT committees (with expertise in population health, drugs, corrections and justice) to develop a framework that will guide collaborative government action to reduce the harms associated with injection drug use in Canada. FPT AIDS working groups are also addressing issues related to mother-to-child transmission, access to drugs and rehabilitation. Health Canada has funded several studies on perinatal HIV transmission to support the provinces and territories in their policy and program decision making.

Efforts have also been made to promote inter-sectoral coordination and information exchange on initiatives for at-risk population groups. To this end, Health Canada surveyed professional organizations to identify emerging HIV prevention needs, and established a national reference group to develop an HIV prevention strategy for gay men. In a separate initiative, CATIE, the Canadian AIDS Society (CAS), CAAN and

the Canadian Treatment Advocates Council (CTAC) worked together to organize a conference on Women and HIV/AIDS.

National policy setting has benefited from the legal, ethical and human rights policy documents produced by the Canadian HIV/AIDS Legal Network.

At the community level, for example, AIDS Vancouver continues to work in partnership with about 50 agencies and a corps of volunteers to deliver a wide range of programs and services. These include case management for long-term care planning and service coordination, grocery services (providing nutritional health), support programs, a help-line, a library and information centre, women's outreach initiatives, education and support for gay men, and a training institute for professional development. Approximately 50 per cent of the individuals who receive these services are injection drug users.

Another example of a community-based partnership is the Street Youth Peer Prevention Project, run by the Centre d'action communautaire auprès des toxicomanes utilisateurs de seringues (CACTUS) in Montreal. The project targets vulnerable populations, principally street youth, injection drug users and sex-trade workers.

The transmission of HIV and other harms associated with injection drug use is a major health issue in Canada. Under the CSHA, governments and national and community-based organizations are working together to find new ways to approach the problem. During the reporting period, the Strategy supported a national conference to address injection drug use issues as social challenges and to facilitate information sharing among needle exchange programs. Research on the impact of the changing funding environment for needle exchanges in Ontario was also financially supported by the CSHA.

Strengthened HIV/AIDS policy, coordination and programming can also help address the disproportionate health risks faced by vulnerable populations in Canada, which are only now beginning to be documented. Several recent studies have focussed on HIV/AIDS and some of the broader determinants of health as they relate to vulnerable populations, including homeless people, street youth, Aboriginal people, injection drug users, sex-trade workers, inmates and other frequently marginalized groups. These studies strongly suggest that members of socio-economically disadvantaged groups are more likely to experience living and working conditions that place them at risk of HIV infection; are more likely to engage in risk-related activities; are more likely to become HIV-positive; are less likely to follow treatment regimens; and are more likely to die prematurely than are members of less disadvantaged groups.

Increased Capacity

The CSHA has increased the capacity of organizations and individuals to deliver services to persons living with and vulnerable to HIV/AIDS, and has enhanced the capacity of the research community to respond to the epidemic.

> The success of the Strategy is dependent on the capacity of persons living with and at-risk of HIV/AIDS, non-government organizations, researchers and governments to respond to HIV/AIDS. Training materials, mentorship and scholarship programs and operational funding are key to ensuring a sustainable response to HIV/AIDS.

A key way the CSHA is helping to build capacity is by providing operational funding to sustain national non-government organizations and information services. Specifically, the CSHA provides operational funding to CAAN, CAS, the Canadian HIV/AIDS Legal Network, CTAC and the Interagency Coalition on AIDS and Development (ICAD). As well, the Strategy's AIDS Community Action Program (ACAP) provides operational and project funding to more than 100 community-based organizations to develop and strengthen their ability to address HIV/AIDS prevention, health promotion, care and support issues.

Strategy partners have also developed a series of resources, studies and initiatives aimed at building capacity across all elements of the CSHA. For example, the Canadian HIV/AIDS Legal Network conducted an investigation of the need for, and feasibility of, building the capacity of community-based organizations and lawyers to address legal, ethical and human rights issues related to HIV/AIDS. As well, CAAN has developed a manual to explain epidemiological terms to Aboriginal people, and has created a new position in its organization to assist CSC in developing and implementing a strategy to address HIV/AIDS issues among Aboriginal inmates.

During the reporting period, the third phase of the Empowering Youth to Confront HIV/AIDS Project was completed. Young people from across Canada organized and facilitated workshops to discuss HIV/AIDS issues relevant to youth, such as social justice and peer education. As well, CATIE delivered 57 workshops across Canada in 1999-2000, compared to 45 in 1998-1999. Particular attention was given to Internet skills building and training programs for HIV/AIDS caregivers (professional and non-professional).

CSHA funding has also supported the development of Canada's HIV/AIDS research capacity. In 1999-2000, approximately 180 graduate students were working on CSHA-funded research projects, and about 60 post-doctoral fellows were training as HIV/AIDS researchers. As well, the CSHA funded 13 research salary awards (which increase capacity by allowing individuals to devote more of their time to research

projects) held by Canadian HIV/AIDS researchers. In response to advice from stakeholders, Health Canada has also established a four-year program to build capacity for community-based research.

Federal funding for HIV/AIDS research often leverages additional resources from other sources. The Medical Research Council has found that for every dollar received from the CSHA, researchers are able to obtain $0.72 from other sources. This suggests an additional $5.6 million of research capacity.

The capacity of the research community to respond to the HIV/AIDS epidemic is also being strengthened through the work of two Health Canada laboratories that run quality assurance programs (QAP), which increase the confidence level in HIV testing and HIV drug evaluation across Canada.

The National Laboratory for HIV Reference Services monitors the status of more than 85 labs that perform tests for blood screening and/or clinical management, including labs from all provincial ministries, hospitals and Canadian Blood Services. This national laboratory is equipped to identify the infection status of difficult or challenging samples. In 1999-2000, more than 2 000 samples were submitted for reference testing from over 20 laboratories across Canada, a 45 per cent increase over the previous year. Knowledge gleaned from the characterization of challenging HIV strains is disseminated to regulatory agencies in the blood and medical devices fields.

For its part, the National Laboratory for HIV Immunology has implemented a rapid QAP that monitors the status of 50 labs that perform CD4 T-cell phenotyping of HIV-infected patients. The impact of this QAP has been the subject of presentations at two international HIV meetings and of an article published in a peer-reviewed journal. A new reporting format has been introduced that increased the potential remedial time and reduced the turnaround time by 50 per cent, thus making this QAP the most efficient of its kind among developed countries.

Increased Involvement, Participation and Partnership

The CSHA has placed significant emphasis on developing partnerships among HIV/AIDS NGOs, between government and NGOs, and between AIDS-based organizations and other types of organizations.

Examples of progress toward this outcome include:

> The success of the Strategy is dependent on the level of involvement and participation of persons living with and at-risk of HIV/AIDS, non-government organizations, researchers and governments. Partnerships between and among governments and non-government organizations are key to ensuring a pan-Canadian response to HIV/AIDS.

- CAS, the Canadian HIV/AIDS Legal Network and the Prisoners with HIV/AIDS Support Action Network have worked collaboratively to advise CSC on recommendations for needle exchange initiatives in federal facilities.

- Health Canada hosted the first national information sharing meeting on HIV/AIDS for Aboriginal stakeholders. Held in Winnipeg in late March, 2000, the meeting resulted in a process to form a national Aboriginal Interim Working Group on HIV/AIDS, which will be charged with the responsibility of developing a mechanism to improve communication between Health Canada and Canada's Aboriginal peoples.

- The Canadian HIV/AIDS Legal Network entered into a partnership with the Centre for Bioethics of the Clinical Research Institute of Montreal to start proactive work on legal, ethical and human rights issues related to the development and eventual availability of a vaccine for HIV/AIDS.

- CAS is the Canadian partner for the International AIDS Vaccine Initiative. CAS is working on policy, education and awareness and, ultimately, readiness issues as they pertain to AIDS vaccine initiatives. CAS also disseminates AIDS vaccine information from researchers and government departments.

- ICAD took the lead role in bringing together a group of Canadian national organizations to form an Ad-hoc Committee on the Global Response to Children Affected by HIV/AIDS. A "call to action," issued by the committee in February 2000, has been endorsed by hundreds of organizations and individuals.

- *Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations*, was published in November 1999. The guide was developed by ICAD, with support from Health Canada (International Affairs Directorate), to enhance the capacity of Canadian NGOs to undertake twinning projects with organizations in other countries.

Legal, ethical and human rights issues, concerns about the availability and accessibility of increasingly expensive care and treatment, and a growing awareness of the need to address the factors that make Canadians vulnerable to HIV infection call for strengthened dialogue and innovative partnerships. CSHA partners are committed to including members of vulnerable populations and people living with HIV/AIDS in all stages of their work. To this end, processes are being developed to further encourage and engage all stakeholders in building a shared national Strategy. This commitment will have a strong influence on future work under the CSHA.

Chapter 4: The Road From Here

The CSHA has begun to demonstrate the synergy that exists among governments, community groups, national organizations and individuals involved in the field of HIV/AIDS, as well as the educational, biomedical and social science communities.

New relationships are emerging through joint NGO-government activities. While these heighten the Strategy's potential, they also create new demands. A model for shared direction setting and work planning, adopted in 1999 and now being implemented, will provide for a more sustainable, integrated Strategy in the years ahead.

The first annual CSHA direction-setting meeting, held in October 2000, was called to address a concern shared by all stakeholders — that the HIV/AIDS epidemic in Canada is not yet under control. The meeting brought together 125 participants from governments (federal, provincial and territorial), national and regional HIV/AIDS non-government organizations, national Aboriginal organizations, national professional organizations involved in HIV/AIDS and the Ministerial Council on HIV/AIDS. It launched a collaborative planning and direction-setting process and produced 10 broad long-term directions for the CSHA, as follows:

1. Mobilize integrated action on HIV/AIDS.
2. Build unique approaches for Aboriginal peoples within the CSHA.
3. Build a broad information strategy.
4. Get public commitment, political leadership and funding.
5. Build a strategic approach to prevention.
6. Build a strategic approach to care, treatment and support.
7. Renew and develop human resources.
8. Engage vulnerable Canadians.
9. Move to a social justice framework.
10. Develop a five-year operational/strategic plan.

Stakeholders involved in this first direction-setting meeting agreed that the only way to overcome the challenges of the HIV/AIDS epidemic is through a strategic, step-by-step approach. Stronger collaboration, an extended reach to other government departments and private partners, and S.M.A.R.T.E.R.[4] objectives were identified as being key to the more effective and efficient delivery of the CSHA.

[4] Specific, Measurable, Attainable, Realistic, Time-limited, Effective, Relevant

Appendix 1: CSHA Partners

Canadian Aboriginal AIDS Network (CAAN)

CAAN is a national coalition of Aboriginal peoples and organizations providing leadership, advocacy and support for Aboriginal peoples living with and/or affected by HIV/AIDS.

Web site: www.caan.ca

Canadian AIDS Society (CAS)

CAS is a national coalition of more than 120 community-based AIDS organizations directed by people affected by HIV/AIDS. It acts as a national voice for a community-based response to HIV infection.

Web site: www.cdnaids.ca

Canadian AIDS Treatment Information Exchange (CATIE)

CATIE is a national, bilingual non-profit organization providing comprehensive information on HIV/AIDS treatment and related health care issues to people living with HIV/AIDS and their caregivers across Canada.

Web site: www.catie.ca

Canadian HIV/AIDS Clearinghouse (Canadian Public Health Association)

The Canadian HIV/AIDS Clearinghouse is the largest information centre on HIV/AIDS in Canada. Its mandate is to provide information on HIV/AIDS prevention, care and support to health and education professionals, AIDS service organizations, community organizations, resource centres and others with HIV/AIDS information needs.

Web site: www.clearinghouse.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.

Web site: www.aidslaw.ca

Canadian HIV Trials Network (CTN)

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.

Web site: www.hivnet.ubc.ca/ctn.html

Canadian Institutes of Health Research (CIHR)

CIHR is Canada's major federal funding agency for health research. Its objective is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

Web site: http://www.cihr.ca

Canadian Treatment Advocates Council (CTAC)

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

E-Mail: ctac@sympatico.ca

Correctional Service Canada (CSC)

An agency of the Ministry of the Solicitor General of Canada, CSC plays an important national leadership role and contributes to the understanding of HIV/AIDS in the correctional environment.

Web site: www.csc-scc.gc.ca

Health Canada

Health Canada is the lead federal department for issues related to HIV/AIDS in Canada. The department coordinates the Canadian Strategy on HIV/AIDS, which has an annual budget of $42.2 million. Several responsibility centres within Health Canada contribute to this work, including the Bureau of HIV/AIDS, STD and TB, the Departmental Program Evaluation Division, the First Nations and Inuit Health Branch, the Health Canada Regional Offices, the HIV/AIDS Policy, Coordination and Programs Division and the International Affairs Directorate.

Web site: www.aidsida.com

Interagency Coalition on AIDS and Development (ICAD)

ICAD is a coalition of international development organizations, AIDS service organizations and others. Its aim is to lessen the impact of HIV/AIDS on resource-poor communities and countries.

Web site: www.icad-cisd.com

Appendix 2: 1999-2000 Financial Summary for the Canadian Strategy on HIV/AIDS

Strategic Areas	Allocations under the CSHA	Expenditures	Variance
Prevention	$3.9M	$4.07M	($0.17M)
Community Development and Support to National NGOs	$10.0M	$10.55M	($0.55M)
Care Treatment and Support	$4.75M	$5.01M	($0.26M)
Research	$13.15M	$11.51M	$1.64M
Surveillance	$4.3M	$4.24M	$0.06M
Aboriginal Communities	$2.6M	$2.86M	($0.26M)
Correctional Service Canada	$0.6M	$0.73M	($0.13M)
Legal Ethical and Human Rights	$0.7M	$0.73M	($0.03M)
International Action	$0.3M	$0.35M	($0.05M)
Consultation, Monitoring, Evaluation and Coordination	$1.9M	$2.0M	(0.1M)
Total – CSHA	**$42.20M**	**$42.05M**	**$0.15M**
Community/Aboriginal Research Rollover	$1.31M	$1.74M	($0.42M)*
Grand Total – CSHA	**$43.51M**	**$43.79M**	**($0.27M)**

* Negative variance is due to the difference between the estimated and actual surplus for fiscal year 1998-99