Health Canada Santé Canada

Correctional Service Canada Service Correctionnel Canada

First Annual Report on the Canadian Strategy on HIV/AIDS

May 1998 to March 1999

Canadian Strategy on HIV/AIDS

La Stratégie canadienne sur le VIH/sida

Canada

This report was originally prepared in English and translated into French. If different interpretations exist between the two, the English language version should take precedence.

Prepared by the Departmental Program Evaluation Division and the HIV/AIDS Policy, Coordination and Programs Division.

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Executive Summary

This first annual report fulfills a commitment by Health Canada (HC) and Correctional Service Canada (CSC) to report annually to the Treasury Board Secretariat on their progress in implementing the Canadian Strategy on HIV/AIDS (CSHA). This report is an integral part of the efforts to track and evaluate progress.

The report covers the period from May 1998, the launch of the Strategy, to March 1999 and is divided into four chapters. Chapter one provides a brief contextual summary of the epidemic in Canada and internationally. Chapter two documents the major features of the Strategy and provides a summary description of its organization, structure and delivery. Chapter three reports on the year's progress, including an update on many of the activities initiated in the first year of the Strategy, and chapter four describes major issues that need to be addressed to ensure that the Strategy continues to work toward the achievement of the goals.

Many of the Strategy's intended results will come about only after long-term effort by many players in many jurisdictions. Since the Strategy is still in its formative period, this report concentrates less on longer-term results and more on progress indicators and on interim steps taken to achieve the Strategy's goals. An effort has nevertheless been made to describe any immediate outcomes of these efforts. The work is summarized under the following headings:

Securing the Base — Information and Policy

- Ensuring availability of reliable information for decision making; and
- Creating and strengthening effective, efficient and coordinated policy development and programming.

Addressing the Issues — Actions and Achievements

- Preventing the spread of HIV infection and minimizing the impact of social and economic factors that increase the collective risk for HIV;
- Finding a cure and providing effective vaccines, drugs and therapies; and
- Ensuring care, treatment and support for Canadians living with HIV/AIDS and their families, friends and caregivers, and minimizing the adverse impact of HIV/AIDS on individuals and in communities.

This annual report is evidence of the collective effort of those working on Canadian Strategy on HIV/AIDS. Furthermore, this report also provides the foundation for future performance monitoring and an overview of the Strategy achievements in the first year. The approach employed here and the information contained in this report will provide a point of departure for future annual reports.

Progress was realized, but further work needs to be done. For example, gaps in existing HIV/AIDS information need addressing, Strategy partnerships must be broadened and strengthened, and the dissemination of prevention, care, treatment and support information must continue. Moreover, efforts must be made to better document the result of prevention and research activities and the result areas.

Finally, if the Annual Report is to be a more useful management tool, increased efforts must be devoted to the collection of useful performance information. It will then be possible to make better assessments of progress made toward the result areas. Moreover, improving our performance information will allow us to better assess the success, cost-effectiveness and relevance of our activities, and therefore, the entire Strategy.

CHAPTER 1: BACKGROUND AND CONTEXT

Purpose of the Annual Report

This first annual report fulfills a commitment by Health Canada (HC) and Correctional Service Canada (CSC) to report annually to the Treasury Board Secretariat on their progress in implementing the Canadian Strategy on HIV/AIDS (CSHA). The report is also a performance information resource for CSHA managers and stakeholders and will inform the three- and five-year evaluations called for in the Accountability Framework for the CSHA.

This reporting process, initiated in 1998–99, is an integral part of our efforts to track and evaluate progress, and plan our future direction. It was developed from performance information provided by the nine CSHA responsibility centres in the two departments.

A Performance Reporting Framework, including performance indicators, created in 1998 by the two departments, as a guide to performance reporting for the various responsibility centres. It was submitted to the Treasury Board Secretariat in February 1999.

The report covers the period from May 1998, the launch of the Strategy, to March 1999. Because the Strategy is a long-term undertaking, it is still early to quantify "progress" on the longer-term goals. However, the report describes initial steps taken to reach those goals, as well as some of the early achievements.

Given that this is the first annual report there is a significant lack of performance information upon which the progress of the Strategy can be assessed. Consequently, this report purports to lay the foundation for future annual reports and will, as best as possible, attempt to link the activities undertaken by the Strategy with the intended overall results. Future reports will be able to make more direct links between the activities and overall results. An outline of the report is provided below.

The first chapter, *Background and Context*, provides a brief contextual summary of the epidemic in Canada and internationally. The second chapter, *Canadian Strategy on HIV/AIDS*, documents the major features of the Strategy and provides a summary description of its organization, structure and delivery.

Chapter 3, *Progress in 1998–99 — Year 1 of the Canadian Strategy on HIV/AIDS*, reports on the year's progress, including an update on many of the activities initiated in the first year of the Strategy.

The final chapter, *Moving Forward Together*, describes major issues that need to be addressed to ensure that the Strategy continues to work toward the achievement of the goals.

HIV and AIDS

Understanding the results achieved in the first nine months of the Strategy requires some knowledge of HIV/AIDS and their impact on society.

Figure 1, page 2, provides a thumbnail description of the stages of the infection.[1]

Figure 1: HIV and AIDS

HIV infections generally progress through four stages.

1. *Primary HIV or Acute Infection* — the virus multiplies rapidly.
2. *Seroconversion* — approximately one to three months after infection the body responds by producing antibodies.
3. *Asymptomatic HIV Infection* — symptoms of the virus may be difficult to recognize and the duration of this stage is variable; it may last for a few months or many years.
4. *Symptomatic HIV Infection* — the immune system is weakened and individual develops 'constitutional' or whole-body symptoms, which include swollen lymph nodes, night sweats, fever, diarrhea, weight loss and tiredness.

AIDS, the acronym for Acquired Immunodeficiency Syndrome, is not a disease. It is a syndrome associated with the HIV infection that leads to decreased numbers of T4 cells and one or more of the opportunistic infections.

It is estimated that since the beginning of the HIV/AIDS epidemic, 50 million individuals worldwide have been infected with HIV, of whom, more than 33 million are still living, while more than 16 million have died. In 1999 AIDS deaths reached a record of 2.6 million, and an estimated 5.6 million adults and children worldwide will have become infected with HIV by the end of the year. More astonishing is the fact that 11 people worldwide will become infected with HIV every minute. The magnitude of the epidemic, therefore, has had a severe impact upon education and health systems, as well as political and economic stability. HIV/AIDS exacerbates poverty and inequality, as it

[1] From *"Managing Your Health: A Guide for People Living with HIV/AIDS,"* Community AIDS Treatment Information Exchange (CATIE) and the Toronto People with AIDS Foundation, 1996.

is most likely to strike people during their most productive years. Consequently, in many countries of the world, HIV/AIDS is now considered the single greatest threat to development.

As of December 1996, an estimated 50-54,000 Canadians had become infected with HIV. Of this number, nearly 20,000 Canadians had developed AIDS and 13,000-15,000 had died. An estimated 40,000 Canadians were living with HIV at this time, of whom about 15,000 were unaware that they were infected. During 1996, approximately 4,200 new HIV infections occurred in Canada, or about a dozen a day.

HIV infection rates among men who have sex with men are lower than in the past, but other Canadians — particularly those marginalized by socio-economic factors — are becoming infected at increasing rates. HIV infection is increasing rapidly among people living in poverty (especially women and Aboriginal people) and prison inmates. Injection drug users now account for almost half of all newly reported HIV cases.

Men who have sex with men still account for the majority of individuals living with HIV/AIDS. Especially worrisome is the number of young people — many of them in their teens — now living with HIV/AIDS, and the many Canadians who are not aware of their HIV status.

Federal Government Response to HIV/AIDS

Since 1989, the federal government, under the leadership of Health Canada, has been committed to supporting initiatives that address HIV/AIDS. A chronology of these initiatives is presented in Figure 2.

The launch of the Canadian Strategy on HIV/AIDS signalled the start of a new collaboration between Health Canada and Correctional Service Canada. Health Canada is responsible for developing policies and programs to address issues surrounding HIV/AIDS, and Correctional Service Canada is mandated to provide policies and programs for offenders in correctional institutions, where the prevalence of HIV is estimated to be 10 times that of the population at large. The fact that most prison inmates will eventually be released into the general population underscores the importance of interdepartmental coordination in the development of HIV-related policies and programs.

Figure 2: Federal Government Leadership Initiatives

1990–1993 National AIDS Strategy (NAS I) —
Learning about the Epidemic

- $37.3 million annual allocation to Health Canada over 3 years ($112 million in total).
- Major Feature — established foundation for Canada's continuing response to the infection.

1993–1997 National AIDS Strategy (NAS II) —
Establishing Partnerships and Continuing Education

- $42.2 million annual allocation to Health Canada over 5 years ($211 million in total).
- Major Features — introduction of partnerships, learning more about the infection, recognition of the need to evaluate the progress and change direction, if warranted.

Summer 1997 National Consultation Process

- Comprehensive and multi-sectoral.
- Focus — guide the development of a new AIDS Strategy.
- Participants in the National Consultation Process: Canadians personally affected and those directly involved in helping to reduce the incidence of HIV/AIDS; federal departments, provincial and territorial governments, private sector representatives, National Stakeholder Group.

December 1997 World AIDS Day — December 1

- Federal Minister of Health announces the Canadian Strategy on HIV/AIDS.

May 28, 1998 Canadian Strategy on HIV/AIDS

- A national, shared, pan-Canadian strategy.
- Federal Minister of Health launches the Canadian Strategy on HIV/AIDS.
- Correctional Service Canada and Health Canada are federal government partners in the *Strategy*.
- $42.2 million annual allocation — no time limit on the funding.

December, 1998 World AIDS Day — December 1

- Federal Minister of Health releases *Shared Vision, Shared Hope: Canada's Report on HIV/AIDS*.

CHAPTER 2: CANADIAN STRATEGY ON HIV/AIDS

Major Features of the Canadian Strategy on HIV/AIDS

The Canadian Strategy on HIV/AIDS (CSHA) reflects the federal government's continuing commitment to the fight against HIV/AIDS. The Government of Canada has committed ongoing annual expenditures of $42.2 million. Previous HIV/AIDS initiatives were time limited. Health Canada was appointed the lead department, but funding for HIV/AIDS initiatives was also allocated to Correctional Service Canada. This departure from the earlier National AIDS Strategy - Phase II acknowledges the high incidence of HIV infection among inmates in Canadian prisons.

As partners, Health Canada and Correctional Service Canada have agreed to the provisions set out in the CSHA Accountability Framework. One of these requirements is to prepare annual progress reports. Appendix 1 illustrates the relationship between activities funded under the CSHA and the Health Canada and Correctional Service Canada business lines.

Other federal departments and agencies have responded to the epidemic by allocating at least another $22 million to support HIV/AIDS initiatives in 1998–99. Although the impact of these expenditures is not reviewed in this report, subsequent reports could include both descriptions and outcomes of the activities funded by other departments. Figure 3 outlines the allocation of funding for specific HIV/AIDS initiatives by federal government departments.

Figure 3: Estimated Federal Government Funding of HIV/AIDS Initiatives

Canadian Strategy on HIV/AIDS	
Health Canada	$41.6 M
Correctional Service Canada	$ 0.6 M
Other HIV/AIDS Funding	
Health Canada (Medical Services Branch)	$ 2.5 M
Correctional Service Canada	$ 1.0 M
Canadian International Development Agency	$17.0 M
Medical Research Council	$ 2.0 M

The goals of the Strategy as stated in *The Canadian Strategy on HIV/AIDS: Moving Forward Together* are:

- 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.

The three policy directions that guide the delivery of the Strategy are:

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

Funding allocations for the 1998–99 strategic areas were developed through extensive consultation as part of the development of the Strategy. Figure 4 details the allocations.

Figure 4: 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

Organization of the Canadian Strategy on HIV/AIDS

CSHA Program Components

The Strategy, administered jointly by Health Canada and Correctional Service Canada, is organized around eight program components, each with its own set of objectives for achieving the goals of the Strategy. The strategic areas span across the component areas which deal primarily with the administration of the Strategy. Figure 5 summarizes the mandate and funding allocation for each component of the Strategy. Component objectives are presented in Appendix 2.

The largest components in the Strategy are Prevention and Community Action, which received approximately 36 percent of Strategy funding, and Extramural Research, which received approximately 29 percent. The majority of these funds were grants and contributions to non-governmental organizations and researchers. More than 80 percent of the funding provided to Correctional Service Canada component was allocated to prevention activities.

Figure 5: CSHA Component Mandates and Funding

Components	Responsibility Centres	Funding	Mandate
Prevention and Community Action Program (PCAP)	HIV/AIDS Policy Programs and Coordination Division (HC)	$15.3 M	Provide leadership on HIV prevention issues, including providing operational and project funding to support local and national non-governmental organizations.
Care Treatment and Support Program (CTSP)	HIV/AIDS Policy Programs and Coordination Division (HC)	$4.35 M	Provide leadership on HIV/AIDS care, treatment and support issues.
First Nations and Inuit (FNI)	First Nations and Inuit Health Program (HC)	$1.1 M	Provide leadership on HIV/AIDS prevention and care, treatment and support issues for First Nations and Inuit communities.
Extramural Research (EMR)	National Health Research and Development Program (HC) and Medical Research Council	$12.15 M	Provide leadership for the funding of extramural research activities, including biomedical and clinical, health services, population health psychosocial and behavioural, community-based and Aboriginal research.

Components	Responsibility Centres	Funding	Mandate
Surveillance and Laboratory Science Program (SLS)	HPB/Bureau of HIV/AIDS, STD and TB (HC)	$6.0 M	Provide leadership in the monitoring of the HIV epidemic in Canada and ensure the accuracy and reliability of HIV diagnostic and laboratory tests for HIV serology, CD4 T-cell counts and viral load measurement.
International Action (IA)	International Affairs Directorate (HC)	$0.3 M	Provide leadership and coordination of international HIV/AIDS activities.
Strategic Management, Coordination, Evaluation and Monitoring (SMCEM)	HIV/AIDS Policy, Coordination and Programs Division and Departmental Program Evaluation Division (HC)	$2.4 M	Provide overall leadership, coordination and monitoring of the Strategy.
Correctional Service Canada (CSC)	Health Services Division (CSC)	$0.6 M	Provide leadership on HIV/AIDS prevention and care, treatment and support issues for inmates in federal prisons.

CSHA Committee Structure

A critical element of the CSHA has been the development of a network of committees designed to ensure effective coordination of the Strategy and to support a sustainable and integrated pan-Canadian approach to addressing HIV/AIDS.

The Health Canada Inter-branch Strategy Team on HIV/AIDS and the Health Canada Inter-branch Committee on HIV/AIDS and Aboriginal Peoples were mandated to oversee and coordinate the activities of Health Canada responsibility centres.

The Ministerial Council on HIV/AIDS was established to provide advice to the Minister of Health on the implementation of the Canadian Strategy on HIV/AIDS.

Two Federal/Provincial/Territorial committees/working groups were established to provide advice to the conference of Deputy Ministers of Health and the Heads of Corrections on HIV/AIDS.

Further details on these and other committees can be found in Appendix 3.

Commitment to Results

The Performance Reporting Framework (PRF), prepared by HC and CSC 1998 and submitted to Treasury Board Secretariat in February 1999, links the Strategy activities with the goals. From this it is clear what activities and components are responsible for the achievement of the Strategy results. The result areas reported upon in the annual report are based on the PRF.

The annual report focuses on the result areas presented in Figure 6. These are the result areas to which the CSHA made commitments in the Accountability Framework. The relationships of the result areas are illustrated by the intervention model (Figure 7), which shows the sequence of results that must take place for the Strategy to be successful. For example, result areas 1 and 2, described below, provide the foundation for result areas 3, 4 and 5. The first two result areas are enabling conditions; without them, the other goals cannot be achieved.

Figure 6: Results Areas by CSHA Component

	HC Components							CSC Component
Result Areas	**PCAP**	**CTSP**	**FNI**	**EMR**	**SLS**	**IA**	**SMC EM**	**CSC**
1. Ensured availability of reliable information for decision making.	•	•	•	•	•	•	•	•
2. Effective, efficient and coordinated federal policy development and programming related to HIV/AIDS.	•	•	•	•	•	•	•	•
3. Prevent the spread of HIV infection in Canada and minimize impact of social and economic factors that increase individual and collective risk for HIV.	•		•				•	•
4. Find a cure and provide effective vaccines, drugs and therapies.				•	•			
5. Ensure care, treatment and support for Canadians living with HIV/AIDS, and their families, friends and caregivers and minimize the adverse impact of HIV/AIDS on individuals and communities.		•	•		•		•	•

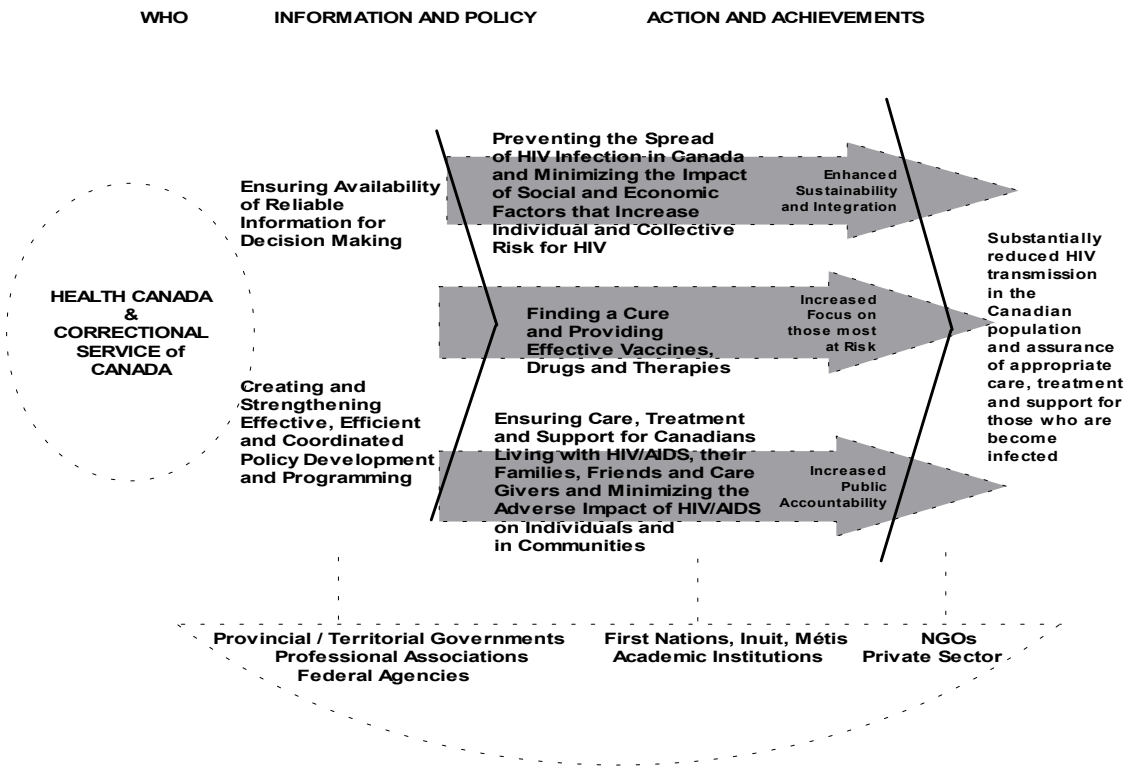
PCAP = Prevention and Community Action Program
CTSP = Care, Treatment and Support Program
FNI = First Nations and Inuit
EMR = Extramural Research
SLS = Surveillance and Laboratory Science Program
IA = International Action
SMCEM = Strategic Management, Coordination, Evaluation and Monitoring

It is insufficient to link individual Strategy activities to the result areas, so to report meaningfully on these result areas lower level results were developed. These lower level or sub-results link the Strategy activities to the overall results. By focusing on the sub-result areas, progress on the overall result areas can be demonstrated. Logical assumptions must be made because of a lack of available quantitative and qualitative data.

Since the Strategy is only in its first ten months it is very difficult to report on the achievement of the goals as they are laid out on page 5. Furthermore, to avoid duplication in reporting on similar result areas these result areas were combined. The intervention model (Figure 7) presents the current Strategy partners, the key policy directions, and the result areas. (Please note: The result areas identified in the intervention model have been adapted from the logic model presented in the Performance Reporting Framework.)

Efforts have been made to report along result areas, but the performance reporting expectations in this, the first annual report, must be somewhat tempered considering the infancy of the Strategy.

Figure 7: CANADIAN STRATEGY ON HIV/AIDS : INTERVENTION MODEL



CHAPTER 3: PROGRESS IN 1998–99 — YEAR 1 OF THE *CANADIAN STRATEGY ON HIV/AIDS*

Overview

This chapter reports the progress made during the first 10 months of the Strategy.

Section A, *Securing the Base — Information and Policy*, reports the progress made in:

- ensuring the availability of reliable information for decision making; and
- creating and strengthening effective, efficient and coordinated policy development and programming.

Section B, *Addressing the Issues — Actions and Achievements* reports on the progress made in:

- preventing the spread of HIV infection and minimizing the impact of social and economic factors that increase the collective risk for HIV;
- finding a cure and providing effective vaccines, drugs and therapies; and
- ensuring care, treatment and support for Canadians living with HIV/AIDS, and their families, friends and caregivers, and minimizing the adverse impact of HIV/AIDS on individuals and in communities.

A. Securing the Base — Information and Policy

The first step in implementing the Strategy is to develop sufficient knowledge and information to support quality decision-making. Section A discusses the availability and quality of HIV/AIDS information and knowledge for decision-making, Strategy coordination, and program planning. The CSHA has made progress toward the achievement of the following results:

- progress toward ensuring availability of reliable information for decision making; and
- progress toward creating and strengthening effective, efficient and coordinated policy development and programming.

Result Area 1: Progress Toward Ensuring Availability of Reliable Information for Decision Making

In 1998–99 knowledge about the epidemic grew, communication and information dissemination improved and accountability to the public increased at both Health Canada and Correctional Service Canada. All of the Strategy components contribute toward ensuring the availability of reliable information for decision making.

Progress toward this result area is evidenced through the following sub-result areas:

- enhanced knowledge about the epidemic;
- improved communication and dissemination; and
- increased public accountability.

1998–99 Highlights

- **Enhanced Knowledge About the Epidemic**

In 1998–99, both Health Canada and Correctional Service Canada strengthened their ability to collect information about populations at risk. For example, the HIV/AIDS Case Reporting Surveillance System was improved. The Aboriginal Working Group on HIV/AIDS Epidemiology and Surveillance worked with Aboriginal stakeholders to close information gaps in First Nations, Inuit and Métis HIV/AIDS data. Also, a working group to develop an automated surveillance system for HIV and other infectious diseases in federal correctional facilities was formed.

The analysis and interpretation of surveillance data and the results of HIV studies of at-risk groups influence the development of relevant approaches and policies in many organizations such as:

- public health organizations;
- government;
- non-governmental organizations;
- medical and academic research communities; and
- international organizations.

For example, information generated by an HIV/AIDS outbreak investigation at Springhill Institution in Nova Scotia improved Correctional Service Canada's capacity for informed policy decisions in the management of future outbreaks. Researchers developed projections of the prevalence and incidence of HIV in Canada and estimated what proportion of them had not been tested or diagnosed. This information was

published in various epidemiological reports, including *HIV/AIDS Epi Updates*, *Inventory of HIV Incidence and Prevalence Studies in Canada*, and the *HIV/AIDS Surveillance Report*. This information will inform the development of HIV/AIDS policies and programs.

Investigator-initiated extramural research continued to explore biomedical, clinical research, health system and policy issues related to HIV/AIDS. New research programs were established for community-based and Aboriginal organizations. It is estimated that more than 500 scientific research articles on HIV/AIDS were published in 1998–99, allowing investigators in Canada and around the globe to better understand the epidemic and focus their own research work. This research will contribute to the design and implementation of further research initiatives and effective HIV/AIDS policies and programs.

- **Improved Communication and Dissemination**

A Strategy-wide communications plan was developed to ensure that information about the Strategy is communicated to the participating Strategy partners, to the Canadian public and to the international community. A special logo was created and a CSHA web-site was designed. World AIDS Day
(December 1) activities reached an estimated 1.3 million Canadians and activities related to the 12th International AIDS Conference in Geneva reached an estimated 600,000 Canadians.

Under the international collaboration component, Health Canada developed a communications plan to encourage international action. In addition, *Canada's International Response to HIV/AIDS*, a compendium of international initiatives supported by the Canadian government and non-governmental organizations, was published and distributed internationally. These activities have enabled the dissemination of HIV/AIDS related information within Canada and around the world and will contribute to the development of effective HIV/AIDS prevention, care, treatment and support policies and programs. The sharing of our understanding of the social, economic, biomedical, clinical, health and public policy aspects of HIV/AIDS will lead to more effective and efficient use of HIV/AIDS resources in Canada and around the world.

- **Increased Public Accountability**

Accountability mechanisms were developed to support evidence-based decision making and to ensure the overall responsiveness of the Strategy to the epidemic. A Strategy-wide governmental performance reporting framework was prepared and

adopted by the participating departments, outlining how the achievement of results will be monitored and evaluated. A feasibility study recommended that the framework be expanded to include other Strategy partners.

The report *Shared Vision — Shared Hope: Canada's Report on HIV/AIDS 1998* was released on World AIDS Day (December 1, 1998) to meet a commitment made by the Minister of Health on May 28, 1998, to report to Canadians on the Strategy each World AIDS Day.

The accountability and performance reporting regime put in place during the first 9 months will help ensure that the Strategy continues to support effective and relevant policies and programs and that the Strategy remains accountable to its partners and the people of Canada.

Outlook for 1999–2000

Progress has been made toward ensuring the availability of reliable information for decision making. Even though there are gaps in information, increased efforts are needed to synthesize existing information, and our community-based and Aboriginal research programs need further development.

Efforts will continue to ensure that accurate and reliable epidemiological and surveillance information is available for monitoring the epidemic. Both departments will be working to improve the responsiveness of the Strategy through the expansion of the performance reporting framework to include other Strategy partners and the development of an evaluation framework for the Strategy.

Result Area 2: Progress Toward Creating and Strengthening Effective, Efficient and Coordinated Policy Development and Programming

The long-term success of the Strategy is acutely dependent on increasing the government's capacity for coordinated policy development and programming. Many of the building blocks are in place, but further development is required. All of the Strategy components contributed toward creating and strengthening effective, efficient and coordinated policy development and programming. Progress toward this result area is evidenced through the following sub-results:

- expanded existing partnerships and increased Strategy coordination;
- improved linkages and innovative approaches for those most at risk; and
- a stronger international response to HIV/AIDS.

1998–99 Highlights

- **Expanded Existing Partnerships and Increased Strategy Coordination**

Strategy partners, as well as people living with HIV/AIDS, have been involved in the development and implementation of the Strategy. For example, individuals living with HIV/AIDS provided input into the renewal of the Strategy which are outlined in *Renewing Canada's Strategy on HIV/AIDS: Successes, Barriers and Lessons Learned*. Also, the Ministerial Council on HIV/AIDS is comprised of community representatives, which includes people living with HIV/AIDS.

National NGOs and community-based initiatives have been supported to foster a multi-sectoral response to HIV/AIDS. The Canadian AIDS Society held a series of roundtables to examine trends in HIV prevention and to discuss strategies to address these trends. The Canadian Aboriginal AIDS Network organized the annual Aboriginal AIDS Awareness Day to raise the profile of HIV/AIDS issues among leaders and communities. The Canadian HIV/AIDS Legal Network provided information on legal issues and HIV/AIDS on its web-site. Annual meetings of national non-governmental organizations have led to sharing of work plans and common priorities. Activities such as these contribute to the coordination and effective operation of the Strategy.

The Strategy's committee structure was revitalized to promote a shared vision and a pan-Canadian approach to address HIV/AIDS. Initially, efforts focused on operationalizing such committees as the Ministerial Council on HIV/AIDS and the Interdepartmental Coordinating Committee on HIV/AIDS. Formal relations were established between the Ministerial Council and the Federal-Provincial-Territorial Advisory Committee on HIV/AIDS. Collaborative efforts of the Federal-Provincial-Territorial Advisory Committee on HIV/AIDS led to the development of a comprehensive work plan and joint funding between governments and HIV/AIDS organizations to address current and emerging issues. Linkages established between the two federal-provincial-territorial committees made it possible to respond in a more coordinated way to HIV/AIDS issues, such as prevalence rates in federal and provincial institutions. The strengthening of partnerships will lead to improved coordination of Strategy activities. An effective committee structure will enable efficient and coordinated policy development and programming.

The Strategy's management structure was renewed to provide leadership and promote increased coordination and collaboration among responsibility centres. The Inter-branch Strategy Team on HIV/AIDS was re-established and the Inter-branch Committee on HIV/AIDS and the Aboriginal Peoples was established to ensure a coordinated approach to First Nations, Inuit and Métis HIV/AIDS issues. The Regional Directors of the Health Promotion and Programs Branch of Health Canada established a working group to develop strategic directions and a process for accommodating revised roles and

responsibilities under the CSHA. Extramural research funding was coordinated through a joint agreement between the Medical Research Council (MRC) and the National Health Research and Development Program (NHRDP). If the Strategy is to be successful in achieving its goals, then an effective management structure must exist. These efforts and activities are examples of progress.

- **Improved Linkages and Innovative Approaches for At-Risk Groups**

Linkages with broader health and social policy issues were improved to support the horizontal management of issues under the Strategy. Linkages have been made on issues such as population health, home care, mental health, hepatitis C, natural health products, and human rights and aging. Further linkages have been established on emerging issues such as intravenous drug use (IDU) and harm reduction approaches, HIV rehabilitation, complementary and alternative medicines, HIV vaccines, and the drug approval process.

Partnerships and linkages were established to enable the development of innovative approaches for at-risk groups. This has resulted in such initiatives as the Ontario First Nations HIV/AIDS Education Circle, a methadone treatment program in federal correctional institutions and an inmate Peer Education Program.

Legal, ethical and human rights issues such as HIV/AIDS discrimination and stigma, received increased attention as a new strategic direction. The Canadian HIV/AIDS Legal Network undertook a consultation process to identify priorities for 1998-2003. The Canadian HIV/AIDS Legal Network also undertook research, presented workshops and published reports dealing with such issues as HIV/AIDS in prisons, criminal law and HIV/AIDS, HIV testing and confidentiality, discrimination, the Aboriginal community, and gay and lesbian issues.

Several community-based groups launched initiatives that sought to enhance collaboration or increase HIV/AIDS knowledge among various sectors. The National AIDS Community Action Program (National ACAP) provided support for the Canadian Skills Building Symposium, which aimed to enhance the skill level of people working in the field of HIV/AIDS. An additional skill-building forum was held to address HIV/AIDS issues facing First Nation, Inuit and Métis.

The Regional AIDS Community Action Program (Regional ACAP) provided funding to provincial coalitions to develop skill-building workshops for member groups. For example, Regional ACAP supported the AIDS Coalition of Nova Scotia to develop a comprehensive provincial volunteer program and partnerships with key organizations addressing HIV issues. COCQ-Sida, Quebec's Coalition of Community-Based Groups Working Against AIDS, began a three-year process to develop a strategic plan and to develop information to encourage community action on HIV/AIDS issues. The All Nations Hope AIDS Network, in Saskatchewan, began developing its volunteer-based

and outreach program contracts to facilitate work with different sectors and levels of government in addressing HIV/AIDS issues for First Nations, Inuit and Métis. Regional ACAP also supported the Peterborough AIDS Resource Network to build coalitions as a means of addressing HIV vulnerability. The use of scarce Strategy resources will be improved by strengthening the linkages within the CSHA and by leveraging the work done in issue areas related to HIV/AIDS, by other federal departments, governments and non-governmental organizations.

- **A Stronger International Response to HIV/AIDS**

To effectively combat the affects HIV/AIDS in Canada and around the world, a significant international presence is necessary. To enhance Canada's international role and influence in the global response to HIV/AIDS, the Minister of Health and other Canadian delegates participated in the 12th International AIDS Conference. Improved working relationships between Health Canada officials and UNAIDS gave rise to plans for the first international policy dialogue on HIV/AIDS, to be co-hosted by Canada in the fall of 1999. The Working Group on International HIV/AIDS Issues prompted a more collaborative approach among federal departments, agencies and non-governmental organizations to deal with international issues.

The Government of Canada has also supported capacity building and collaborative efforts with international HIV/AIDS organizations. For example, *Beyond our Borders: A Guide to Twinning for HIV/AIDS Organisations*, fosters global partnerships. The twinning guide will promote additional global partnerships and further involve Canadians in the international response to HIV/AIDS.

International initiatives have increased collaboration between Canadian non-governmental organizations and organizations in other countries. Examples include fostering partnerships between the Canadian HIV/AIDS Legal Network and the AIDS Project of South Africa. In addition, the Bureau of HIV/AIDS, STD and TB has fostered partnerships and provided support targeted at strengthening national capacities for an expanded response to HIV/AIDS in developing countries.

Outlook for 1999–2000

Progress has been made toward creating and strengthening effective, efficient and coordinated policy development and programming. To ensure that work toward the achievement of this result area continues, Health Canada and Correctional Service Canada will broaden and continue to strengthen existing partnerships. Both departments, as well as the Strategy's major partners, will work on the development and implementation of a new annual priority-setting and work-planning process. Further

efforts will be undertaken to clarify the roles, responsibilities and relationships of the committee structure. Work in these areas will help to strengthen the coordination of policy and program development.

B. Addressing the Issues — Actions and Achievements

Achieving the result areas described in this section is conditional on making significant progress on the result areas set out in Section A. Nevertheless, it is possible to assess and demonstrate progress in certain areas, including HIV/AIDS prevention; biomedical and clinical research and care; and treatment and support activities. Through coordinated and innovative approaches, Health Canada and Correctional Service Canada, in collaboration with other Strategy partners, are focusing on the needs of people infected with and affected by HIV/AIDS. The CSHA has made progress toward the achievement of the following results:

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

Result Area 3: Progress toward preventing the spread of HIV infection in Canada and minimizing the impact of social and economic factors that increase individual and collective risk for HIV

The first year of the Strategy facilitated the development of a long-term approach and plans for prevention-related initiatives at Health Canada and Correctional Service Canada. The achievement of this result area is the responsibility of the Prevention and Community Action Program, First Nations and Inuit and Correctional Service Canada components of the Strategy. The Strategy Management, Coordination Evaluation and Monitoring component provides support.

Progress toward this result area is evidenced through the following sub-results:

- increased knowledge and information dissemination about prevention;
- increased emphasis on those most at risk; and
- strengthened capacity.

1998–99 Highlights

- **Increased Knowledge and Information Dissemination**

Activities undertaken to expand the collection and synthesis of information on prevention include:

- an assessment of the status of HIV prevention education in Canada's school and public health systems;
- research on the determinants of HIV risk behaviour among women and men who have sex with men;
- preparation of needs assessments for First Nation, Inuit and Métis communities;
- an evaluation of an outreach program for gay, lesbian and bisexual youth;
- research on HIV transmission from mother to child; and
- research on HIV among male sex trade workers.

The development and implementation of HIV prevention resources and programs for professional organizations was initiated. A survey was undertaken with a selected group of professional HIV/AIDS organizations to identify current HIV prevention activities and information or support needs. Also, a synthesis was undertaken of several studies on determinants of HIV-related risk behaviours to identify common themes and to guide the development of future interventions and research questions.

Several initiatives sought to promote increased public awareness and support for HIV/AIDS initiatives. Examples of such initiatives include:

- the Canadian HIV/AIDS Clearinghouse response to more than 25,000 information requests and distribution of more than 850,000 items;
- the National AIDS Awareness and National Youth Awareness campaigns; and
- HIV/AIDS public service announcements, posters, rave cards, brochures and other resource guides that were developed and distributed to the public.

Conferences and workshops provided a forum for HIV/AIDS organizations to exchange information and to generate ideas on prevention practices. Increased knowledge and awareness about effective prevention initiatives will lead to successful intervention strategies.

- **Innovative Approaches and Increased Emphasis on Those Most at Risk**

The Strategy components contributed to the development of national action plans, strategic directions and funding guidelines to ensure that prevention activities address the needs of those most at risk. Preliminary consultations with HIV/AIDS stakeholders and partners established a framework for action on prevention activities for men who have sex with men. Also, funding guidelines for HIV prevention programming were developed through a national consultation with First Nation, Inuit and Métis. Regular meetings of federal, provincial and territorial HIV prevention coordinators allowed for the sharing of information and the development of common work plans and recommendations to influence prevention policies and programs.

Innovative community-based HIV prevention initiatives for those most at risk were developed and implemented. The National ACAP supported the adaptation and dissemination of a comic book that aims to educate youth about HIV, homophobia and drug use. The Manitoba Aboriginal AIDS Task Force began developing a peer education project to address injection drug use issues for street-involved Aboriginal youth. The Breaking Down Barriers project in Winnipeg developed a training module for professionals to assist gay men living with HIV/AIDS.

Innovative approaches were implemented for at-risk populations to ensure that prevention activities addressed the needs of those most at risk. Some of the activities undertaken are mentioned below.

- **First Nations, Inuit and Métis**: Support for the development of a needs assessment on issues facing two-spirited men in Canada was provided to the Two-Spirited People of the First Nations. National and community-based HIV/AIDS organizations conducted skills-building symposiums in Métis and the Northwest Territory communities.

- **Women**: A project exploring the relationship between HIV and sexual assault on women was undertaken. The Canadian AIDS Society began preparations for the first National Canadian Conference on Women and HIV/AIDS. More than 30 representatives of AIDS organizations are organizing the conference, which is scheduled for the spring of 2000. An HIV and sexual violence curriculum was developed through a survey of Canadian schools of social work. To inform the development of future programs relating to HIV testing, support was provided for a qualitative research study to explore pregnant women's understanding and decision-making processes regarding HIV prenatal screening. Under the Strategy an established federal-provincial-territorial working group on mother-to-infant HIV transmission, completed a skills and

needs assessment for Planned Parenthood and began to implement a nation-wide physician-evaluated prevention intervention program for women seeking reproductive counselling.

- **Inmates in federal correctional institutions**: The impetus for new prevention methods often came from offenders. Educational and awareness programs within Canada's correctional institutions were enhanced, and a peer education and counselling program was implemented. In addition, methadone maintenance treatment programs were made available for opioid-dependent inmates. L'association des intervenants en toxicomanie du Quebec implemented an HIV prevention program targeting inmates. An Anonymous Testing and Counselling Pilot was initiated at Prince Albert Institution in Saskatchewan. Inmates at Donnaconna Institution in Quebec developed and published a comic book discussing HIV in prison. Activities such as these will help increase awareness of HIV/AIDS and will ultimately decrease the transmission of HIV within Canada's correctional facilities.

- **Youth**: Messages for youth were delivered through videos, T-shirt and logo contests, plays, fashion shows and information sessions that were combined with other events, including Health Week, Valentine's Day and Maison des Jeunes. The Youth Outreach AIDS Society delivered a multidimensional peer education program consisting of the Peer Education Bureau, the YouthCO Theatre Troupe, Youth HIV/AIDS Resource Development, and the Peer Educators Training Together. Injection drug-using street youth were targeted through the project through, "L'intervention par les pairs auprès des jeunes de la rue du centre-ville," operated by Le Centre d'action communautaire auprès des toxicomanes utilisateurs de seringues (CACTUS). Injection drug-using youth in Guelph, Ontario, were contacted through a street and bar Peer Outreach Project. Initiatives such as these will work to increase awareness and decrease HIV transmission.

- **Ethnocultural communities**: The Asian Community AIDS Services addressed such issues as the lack of culturally and linguistically appropriate HIV/AIDS legal services in the wider society; the lack of knowledge and awareness of community members; and systemic barriers to adaptation and integration. The community also initiated the Legal, Ethical and Human Rights Challenges Phase by East and Southeast Asians and Discrimination and Gay and Lesbian Issues projects to highlight the need for culturally appropriate health services. Funding of culturally specific, language-appropriate HIV/AIDS outreach

programs aimed at the Asian community in Vancouver by the Asian Society for the intervention of AIDS, has been able to mitigate the negative effects of low self-esteem and the lack of social support networks.

The Federal-Provincial-Territorial Advisory Committee on HIV/AIDS organized a national conference on non-occupational post-exposure prophylaxis (PEP), which was held in October 1998, in Toronto. Community stakeholders, health care providers, researchers and policymakers participated in the conference. Recommendations and an action plan were developed at the conference and disseminated with various background papers on legal and ethical issues and the economics of PEP. The Federal-Provincial-Territorial Advisory Committee on HIV/AIDS assessed the progress of the implementation of the National Action Plan on HIV/AIDS and Drug Use. The Legal, Ethical and Human Rights Consensus Conference also developed recommendations that are soon to be implemented. The outcomes of these deliberations will improve prevention initiatives across the country.

- **Strengthened Capacity**

Operational funding was provided to five national non-governmental HIV/AIDS organizations and two mega-projects to support the multi-sectoral collaborative responses to address HIV/AIDS issues. They were: the Canadian AIDS Society; the Canadian HIV/AIDS Legal Network; the Canadian Treatment Advocates Council; the Canadian Aboriginal AIDS Network; the Inter-agency Coalition on AIDS and Development; the Canadian HIV/AIDS Clearinghouse; and the Community AIDS Treatment Information Exchange.

Operational funding was also provided through the Regional ACAP to more than 60 local non-governmental organizations to support activities in such areas as development of supportive environments, health promotion for people living with HIV/AIDS, prevention, and strengthening community-based organizations. For example, AIDS Prince Edward Island undertook several activities that addressed the needs of those most at risk. These activities included the establishment of a gay/lesbian phone line; the creation of a training program for youth peer educators; and the development of a support program for women in a transitional house.

National non-governmental organizations and community-based initiatives received financial and non-financial support to foster multi-sectoral, collaborative responses to HIV/AIDS issues. The Regional ACAP focused on expanding partnerships and increasing levels of coordination in the community response to HIV/AIDS. By strengthening the capacity of non-governmental organizations working on HIV/AIDS issues, the reach and effectiveness of HIV/AIDS initiatives will be improved.

Outlook for 1999–2000

Efforts will continue to focus on generating and disseminating information on HIV prevention, developing innovative approaches for reaching those most at risk and strengthening the capacity of non-governmental organizations to do prevention work.

Further work will focus on the development of a measurable and integrated strategic social marketing plan that can be effectively evaluated. Health Canada and Correctional Service Canada will also pursue the development of partnerships, strategies and programs to address the needs of Canadians affected by HIV/AIDS in other jurisdictions, such housing and income support. The Strategy will continue to support and strengthen the capacity of nationally and regionally funded HIV/AIDS organizations, and will promote the compilation of performance information on these activities.

Result Area 4: Progress Toward Finding a Cure and Providing Effective Vaccines, Drugs and Therapies

Canadian biomedical and clinical research has helped improve the quality of life for persons living with HIV/AIDS through, for example, the research that led to the development of the pharmaceutical 3TC. Ongoing efforts focus on understanding basic mechanisms of HIV infection, the body's defences against it, and factors influencing activation and deactivation of the virus. New knowledge in these areas point the way to vaccines and medicines that can be tested in clinical trials. Support for Canadian biomedical and clinical HIV/AIDS research is delivered by the Medical Research Council using funds from the Strategy as well as additional funds from within its own budget. The Extramural Research and Surveillance and Laboratory Science components of the Strategy are responsible for the achievement of this result area.

Progress toward this result area can be evidenced through the following sub-results:

- understanding the epidemic; and
- building research capacity.

1998–99 Highlights

- **Understanding the Epidemic**

The Strategy funded 43 world-class research projects and three research groups that produce new ideas, knowledge and insights which will contribute to national and international efforts to find a cure and provide effective vaccines, drugs and therapies. For example, a research group at McGill University has united the efforts of seven well-established investigators in examining mechanisms regulating HIV gene expression,

latency and persistence. Understanding these basic processes may lead to ideas for immobilizing the virus and, hence, to a cure. The group uses diverse scientific approaches, including immunology and molecular genetics, to study the biology and pathology of HIV-1 in the hope of developing new strategies to combat HIV-1 infection and control the emergence of drug-resistant variants. A comprehensive understanding of HIV is required to support efforts to contain the epidemic.

- **Building Research Capacity**

As a result of the Strategy, 28 talented Canadians received training and career awards. When students paid through project grants and groups funded are counted, it is estimated that combined Strategy/Medical Research Council funding in 1998–99 supported the training of 186 Canadians in HIV/AIDS research. Moreover, international conferences and workshops provided opportunities for Canadian researchers to establish linkages, to network and to exchange ideas with their colleagues.

Funding of the Canadian HIV Trials Network was continued (through the National Health Research and Development Program) and clinical trials of HIV/AIDS therapies and vaccines in Canada were supported. The National Quality Assurance Program (QAP) for lymphocyte enumeration conducted through the National Laboratory of Analytical Cytology was developed in close collaboration with the Canadian HIV Trials Network for the development of therapies by national and international agencies. Compliance with QAP is a prerequisite for nationwide access to T-cell subsets for use in clinical trials of new drugs and vaccines. The program ensures that Canadians living with HIV will have early access to new therapies, allowing them the best chance in their fight against AIDS. Strategy funds devoted to the development of research capacity and to ensure the availability of reliable blood samples guarantee that high quality scientific research into new drugs, therapies and vaccines will continue in Canada.

Outlook for 1999–2000

Canadian researchers, in collaboration with their international colleagues, will continue to search for HIV vaccines, drugs and therapies. To better facilitate reporting in this area, the links between research activities and the result area must be strengthened. As the results of these activities are long-term, research outcomes must be more clearly articulated and viable measurement strategies must be developed.

Result Area 5: Progress Toward Ensuring Care, Treatment and Support for Canadians Living with HIV/AIDS, and Their Families, Friends and Caregivers, and Minimizing the Adverse Impact of HIV/AIDS on Individuals and in Communities

All components contribute to the achievement of this result area. Progress toward this result area is evidenced through the following sub-results:

- increased knowledge and information dissemination;
- innovative approaches and increased emphasis on those most at risk; and
- strengthened capacity.

1998–99 Highlights

- **Increased Knowledge and Information Dissemination**

Knowledge and skills were developed among professional and non-professional care givers, as well as in the community. Initiatives such as the first annual Canadian AIDS Society Skills Building Symposium contributed to these results, as did the development of the latest volume in the *Comprehensive Guide for the Care of Persons with HIV Disease* series, *Module 8: A Manual for Home Support - A Comprehensive Guide for the Care of Persons with HIV Disease.* This was produced in collaboration with the Canadian Association for Community Care.

The Federal-Provincial-Territorial Advisory Committee on HIV/AIDS initiated a research study on the cost and accessibility of therapy. The College of Family Physicians of Canada, in collaboration with Health Canada and other national organizations, completed a national study on the state of HIV care, which identified trends, changes and emerging issues. The study also documented the experiences of caregivers related to the use of anti-retroviral drugs and the course of HIV-related infections. Correctional Service Canada assessed the palliative care needs of inmates with AIDS-related and other terminal illnesses.

Informed decisions about HIV treatments were made possible through the activities of the Community AIDS Treatment Information Exchange. Knowledge of complementary and alternative therapies was developed through research and program initiatives with York University and the Canadian AIDS Society. Culturally specific knowledge and information about discrimination was collected through two organizations working with South and South-East Asian communities. Since more and more Canadians are becoming infected with HIV, developing capacity in this area is important.

- **Innovative Approaches and Increased Emphasis on Those Most at Risk**

Innovative approaches were developed to increase access to care, treatment and support and to create a supportive environment for persons living with HIV/AIDS, their caregivers and families. For example, the Calgary Urban Aboriginal Outreach Project, which serves First Nations, Inuit and Métis, is linked with existing support services, both Aboriginal and non-Aboriginal, to improve access to care and support services. The Canadian Working Group on HIV Rehabilitation developed guidelines for the development of policies related to rehabilitation services and return-to-work for persons living with HIV/AIDS. The Federal-Provincial-Territorial Heads of Corrections Working Group on HIV/AIDS explored such areas as the confidentiality and disclosure of medical information and initiated the development of standards of care, treatment and support for inmates with HIV/AIDS. The working group also examined the issue of continuity of care between institutions and community.

- **Strengthened Capacity**

Training modules and mentorship programs were strengthened to support the delivery of HIV/AIDS care, treatment and support by professional and non-professional health caregivers. Modules on psycho-social care and mental health were developed by the Canadian Association of Social Workers and the Canadian Psychological Association. A mentorship model was developed through partnerships between the Canadian Nurses in AIDS Care, the Quebec Order of Nurses, the Canadian Nurses Association and the Victorian Order of Nurses. Strategy funding was provided to the Canadian HIV/AIDS Mentorship Program to provide peer mentoring to physicians new to HIV/AIDS. This program gave support to 288 physicians.

National non-governmental organizations demonstrated leadership on care, treatment and support issues through synthesis of information, advocacy activities and resource development for community partners.

The HIV and Scholars-In-Residence program was also initiated through the Association of Canadian Medical Colleges to provide a mechanism for the development of multidisciplinary HIV/AIDS curricula in Canadian schools of health and social services.

Correctional Service Canada initiated a National Palliative Care Committee to develop standards of care, treatment and support for inmates requiring palliative interventions. CSC also continued to address issues related to confidentiality, disclosure of information and "duty to warn."

Quality assurance and monitoring programs support physicians and provincial testing laboratories. Quality assurance programs for HIV serology and viral load ensured that Canadian HIV diagnostic laboratories and HIV clinical monitoring sites have access to high-quality testing facilities. Diagnostic testing of difficult samples for determination

of HIV and HTLV status ensured that Canadians obtained timely and reliable treatment. Accurate monitoring of the impact of anti-retroviral drug regimes for progression and manifestation was provided by the Reference Service and Cytology Laboratory Services.

Regulatory improvements ensured timely approval of effective treatments and testing kits. The involvement of community representatives in the activities of a working group on approval of therapeutic products led to shorter drug approval times. The National Laboratory for HIV Reference Services provided advice on the licensing of HIV and HTLV testing kits.

Funding was provided to the Canadian Psychological Association for *AIDS Impact '99*, the 4th International Conference on HIV/AIDS and Mental Health. The conference sought to develop knowledge and skills among Canadian mental health care professionals and non-professionals by means of workshops, training modules and panel discussions.

As part of the Bureau of HIV/AIDS, STD and TB, the National HIV/AIDS Laboratories were asked by stakeholders to develop guidelines for the use of rapid HIV testing in "point of care" settings.

Outlook for 1999–2000

Health Canada and Correctional Service Canada will continue to focus on generating and disseminating information, skills development, finding new ways to reach those most at risk, and capacity building for professional and non-professional caregivers to provide care and support for persons infected and affected by HIV/AIDS. Efforts will focus on implementing the most effective models of providing care to infected Canadians and on documenting and demonstrating the collaborative linkages and relationships between the federal, provincial and territorial governments.

CHAPTER 4: MOVING FORWARD TOGETHER

Although the primary purpose of this report was to document the achievements of the Strategy's first nine months, it has also provided an opportunity to identify future directions for 1999–2000. Future directions identified are listed below.

A. Securing the Base — Information and Policy

Result Area 1: Progress Toward Ensuring Availability of Reliable Information for Decision Making

While recognizing that progress has been made toward ensuring the availability of reliable information for decision making, we know that there are gaps in information. We also need to synthesize existing information, and our community-based and Aboriginal research programs need further development.

Our efforts will continue to ensure that accurate and reliable epidemiological and surveillance information is available for monitoring the epidemic. Health Canada (HC) and Correctional Service Canada (CSC) will be working to improve the responsiveness of the Strategy through the expansion of the performance reporting framework to include other Strategy partners and will develop an evaluation framework for the Strategy.

Result Area 2: Progress Toward Creating and Strengthening Effective, Efficient and Coordinated Policy Development and Programming

Although progress has been made toward creating and strengthening effective, efficient and coordinated policy development and programming, more work needs to be done. To ensure that work toward this result continues, HC and CSC will broaden and strengthen existing partnerships. HC and CSC, as well as the Strategy's major partners, will work on the development and implementation of a new annual priority-setting and work-planning process, as well as clarifying the roles, responsibilities and relationships of the committee structure. Work in these areas will help to coordinate policy and program development.

B. Addressing the Issues — Actions and Achievements

Result Area 3: Progress toward preventing the spread of HIV infection in Canada and minimizing the impact of social and economic factors that increase individual and collective risk for HIV

Efforts will continue to focus on the generation and dissemination of HIV prevention information, on the development of innovative approaches for reaching those most at risk and on strengthening the capacity of non-governmental organizations to do prevention work.

Further work is needed in developing a measurable and integrated strategic social marketing plan, with results that can be evaluated. HC and CSC will also pursue the development of partnerships, strategies and programs to address the needs of Canadians affected by HIV/AIDS in other jurisdictions, such as housing and income support. The Strategy will continue to support and strengthen the capacity of nationally and regionally funded HIV/AIDS organizations, and will promote the compilation of performance information on these activities.

Result Area 4: Progress Toward Finding a Cure and Providing Effective Vaccines, Drugs and Therapies

Canadian researchers, in collaboration with their international colleagues, will continue to search for HIV vaccines, drugs and therapies. To better facilitate reporting in this area, the links between research activities and the result area must be strengthened. As the results of these activities are long-term, research outcomes must be more clearly articulated and viable measurement strategies must be developed.

Result Area 5: Progress Toward Ensuring Care, Treatment and Support for Canadians Living with HIV/AIDS, and Their Families, Friends and Caregivers, and Minimizing the Adverse Impact of HIV/AIDS on Individuals and in Communities

Health Canada and Correctional Service Canada will continue to focus on generating and disseminating information, skills development, finding new ways to reach those most at risk, and capacity building for professional and non-professional caregivers to provide care and support for persons infected and affected by HIV/AIDS. Efforts will focus on implementing the most effective models of providing care to infected Canadians and on documenting and demonstrating the collaborative linkages and relationships between the federal, provincial and territorial governments.

Concluding Thoughts

This annual report documents the extensive efforts of those working on Canadian Strategy on HIV/AIDS. Furthermore, it also provides the foundation for future performance monitoring and an overview of the Strategy achievements in the first year.

Clearly annual reporting improvements can be made. For example, future reports must more clearly define the result areas, clarify and document the linkages between Strategy activities and the result areas, and identify and report on performance expectations. Moreover, future annual reports should provide assessments on short-term performance.

This report reveals some gaps in performance information. The reliance on reporting on activities and outputs must be avoided in future reports. Even though this annual report provides an overview of some of the activities undertaken and relates these activities to the result areas, these linkages are often insufficient and tenuous. As time passes and the Strategy continues, the Strategy will need to more clearly demonstrate to the people of Canada the extent to which progress is being made toward the achievement of the result areas. Concrete performance information is essential. The linkages between the Strategy activities and the result areas must be clear.

Furthermore, the usefulness of this document and future documents can be improved if they provide greater insight into the success, cost-effectiveness and relevance of Strategy activities and outputs. Value added for program managers can be increased if this process can provide greater conclusive judgements in these areas.

It is recognized that improving performance measurement is a long-term and iterative journey. By continuing to improve the collection of performance data and by refining the annual reporting process, advances in these areas will be realised. Clearly, work has begun and will continue to demand considerable effort. To maintain the momentum, however, Health Canada, Correctional Service Canada and other Strategy partners must continue to work together.

Appendices

APPENDIX 1: BUSINESS LINES

Funding provided by the Canadian Strategy on HIV/AIDS was used to support activities in several Health Canada and Correctional Service Canada business lines. Tables 1 and 2 show how the various Strategy components relate to the two departments' business lines.

Table 1: Health Canada Business Lines

	CSHA Components						
Business Lines	**PCAP**	**CTSP**	**FNI**	**EMR**	**SLS**	**IA**	**SMCEM**
Promotion of Population Health	T	T			T		
Management of Risks to Health				T	T		
Aboriginal Health			T		T		
Health System Support and Renewal							
Health Policy, Planning and Information					T	T	T
Corporate Services							

PCAP = Prevention and Community Action Program
CTSP = Care, Treatment and Support Program
FNI = First Nations and Inuit
EMR = Extramural Research
SLS = Surveillance and Laboratory Science
IA = International Action
SMCEM = Strategic Management, Coordination, Evaluation and Monitoring

Table 2: Correctional Service Canada Business Lines

	CSHA Component
Business Lines	**Correctional Service Canada**
A. Care	T
B. Custody	T
C. Reintegration	T
D. Corporate Services	T
E. Health Policy, Planning and Information	T

APPENDIX 2: CANADIAN STRATEGY ON HIV/AIDS PROGRAM COMPONENTS

Each of the CSHA program components has a set of objectives. For Health Canada, these are set out in Table 3 below. For Correctional Service Canada, they are outlined in Table 4.

Table 3: CSHA Program Component Objectives — Health Canada

Components	Responsibility Centres	Objectives
Prevention and Community Action Program	HIV/AIDS Policy Programs and Coordination Division (HC)	• Develop strategies and action plans to address barriers to HIV prevention and harmonize/integrate programming. • Expand the HIV-prevention knowledge base for vulnerable populations. • Reduce the risk of further transmission of HIV • Improve the preventive capacity of professionals and provincial and territorial partners. • Maintain and enhance the capacity of national non-governmental and community based partners to respond to HIV prevention issues.
Care Treatment and Support program	HIV/AIDS Policy Programs and Coordination Division (HC)	• Ensure that appropriate and effective care, treatment and support are available to all people affected by HIV/AIDS. • Ensure that current information on HIV/AIDS care, treatment and support is accessible to all people living in Canada. • Increase access to care, treatment and support for people affected by HIV/AIDS living in Canada.
First Nations and Inuit	First Nations and Inuit Health Program (HC)	• Prevention, community development, care, treatment and support, program coordination. • Increased awareness of HIV/AIDS among all First Nations and Inuit and in particular youth, elders, women, health workers and educators. • Reduce the incidence and spread of HIV by disseminating timely and culturally appropriate information. • Provide care, treatment and support that is readily available age-appropriate and culturally sensitive. • Increased coordination, communication and accountability among all partners.

Components	Responsibility Centres	Objectives
Extramural Research	National Health Research and Development Program (HC) and Medical Research Council	• Enhance the science, policy and program contributions of Canadian HIV/AIDS researchers through programs such as the NHRDP-MRC partnership (supporting biomedical, clinical, health services, population health and psycho-social and behavioural research), Aboriginal research, community-based research and the Canadian HIV Trials Network. • Develop a Canadian research capacity that contributes optimally to the world effort to prevent the spread of and treatment of HIV/AIDS.
Surveillance and Laboratory Science	Bureau of HIV/AIDS, STD and TB (HC)	• Ensure the integrity of T-cell subset enumeration (Canadian Clinical Trial Network for HIV Therapies). • Examine viral and immune markers of progression. • Prevent the spread of HIV. • Enhance the AIDS case reporting system and develop/enhance HIV surveillance systems. • Adopt an integrated approach to surveillance. • Ensure the quality and accuracy of HIV and HTLV laboratory testing.
International Action	International Affairs Directorate (HC)	• Strengthen capacity and develop mechanisms for exchanging information, expertise and research with other countries and international organizations. • Increase Canadian participation and influence in international activities related to HIV/AIDS. • Improve the coordination of federal policy development and program initiatives related to HIV/AIDS. • Enhance the capacity of the Canadian voluntary sector to contribute to Canada's international work.
Strategic Management, Coordination, Monitoring and Evaluation	HIV/AIDS Policy, Coordination and Programs Division and Departmental Program Evaluation Division (HC)	• Strengthen national capacity (long term). • Develop a pan-Canadian HIV/AIDS Strategy. • Increase public accountability.

Table 4: Canadian Strategy on HIV/AIDS Program Component Objectives — Correctional Service Canada

Components	Responsibility Centres	Objectives
Prevention and Community Action Program	Health Services Sector (CSC)	• Develop strategies and action plans to address barriers to HIV prevention in a correctional environment. • Reduce the risk of further transmission of HIV in offender populations. • Improve prevention capacity of staff and inmates in CSC's regions and institutions.
Care Treatment and Support program	Health Services Sector (CSC)	• Ensure that appropriate and effective care, treatment and support are available to all inmates and staff affected by HIV/AIDS. • Ensure that current information on HIV/AIDS care, treatment and support is accessible to inmates and staff. • Increase access to care, treatment and support for inmates affected by HIV/AIDS living in CSC facilities and in the community.
First Nations and Inuit	Health Services Sector and Aboriginal Sector (CSC)	• Enhance strategies to appropriately respond to the needs of Aboriginal inmates.
Surveillance	Health Services Sector (CSC)	• Assess mechanisms required to implement an automated surveillance system. • Enhance capacity to collect accurate information on HIV/AIDS in CSC facilities via a manual surveillance system.
Collaboration and Coordination	Health Services Sector (CSC)	• Enhance multi-sectoral partnerships nationally and internationally with AIDS Service Organizations (ASOs), non-governmental organizations (NGOs), other correctional jurisdictions and central agencies.
Legal, Ethical and Human Rights	Correctional Service Canada	• Ensure the development of policies, procedures and practices in CSC facilities are inclusive for the legal, ethical and human rights of offenders.

APPENDIX 3: CANADIAN STRATEGY ON HIV/AIDS COMMITTEE STRUCTURE

The implementation of the Strategy is being coordinated by a network of interdepartmental and inter-jurisdictional committees. Tables 5 and 6 list the committees established to coordinate Health Canada and Correctional Service Canada activities. Table 7 lists the committees established by Health Canada to encourage the development of a pan-Canadian approach to HIV/AIDS.

Table 5: Coordinating Committees — Health Canada

Committee	Mandate	Linkages/Partners
Health Canada Interbranch Strategy team on HIV/AIDS	To provide strategic advice on cross-branch issues and gaps, and ensure that departmental objectives and accountabilities are met.	Linkages under development.
Health Canada Interbranch Committee on HIV/AIDS and Aboriginal People	The *Inter-branch Committee on HIV/AIDS and Aboriginal Peoples* will enable effective coordination, communication and harmonized policy and program activities between Health Canada branches and partners in support of the CSHA goals and objectives as they relate to Aboriginal peoples.	Linkages under development.

Table 6: Coordinating Committees — Correctional Service Canada

Committee	Mandate	Linkage/Partnership
Regional Infectious Diseases Coordinators Committee	To implement CSC national HIV/AIDS work plan in CSC's five regions.	Linkages established between NHQ and the regions.
National Infectious Diseases Steering Committee	To provide policy and program advice to CSC on the management of HIV and other infectious diseases.	Linkages established with Health Canada (LCDC and HPB) and provincial medical officers of health.
National MMT Implementation Committee	To provide policy and program advice to CSC on the implementation of CSC's MMT Program.	Linkages established between CSC and the regions and with clinical specialists in substance abuse treatments.
Study Group on Risk Management of Infectious Diseases	To provide advice to CSC on harm reduction initiatives including needle exchange programs.	Linkages established between CSC, ASOs, NGOs, Health Canada, clinical specialists and academia.
CSC Interdepartmental HIV/AIDS Implementation Committee	To provide strategic policy and program advice to CSC on the implementation of CSC's National HIV/AIDS work plan.	Linkages established between all sectors in NHQ including Corporate Development, Security, Chaplaincy and Strategic Planning.
CSC's National Palliative Care Committee	To provide policy and program direction on the appropriate care, treatment and support of offenders requiring palliative interventions.	Linkages established between various CSC sectors including Health Services, Chaplaincy and Parole, and with the Canadian Palliative Care Association.
Federal-Provincial-Territorial Heads of Corrections Working Group on HIV/AIDS	To promote a policy and program environment that will enable provincial, territorial and federal corrections systems to address HIV/AIDS in the prison environment through an examination of issues and opportunities for collaboration.	Partnerships established between FPT Ministries responsible for corrections. Linkages established with FPTAIDS.

ASOs = AIDS Service Organizations
FPTAIDS = Federal/Provincial/Territorial AIDS Working Group
HPB = Health Protection Branch
LCDC = Laboratory Centres for Disease Control
MMT = Methadone Maintenance Treatment Programs
NGOs = Non-Governmental Organizations
NQH = National Headquarters

Table 7: Pan-Canadian Committees — Health Canada

Committee	Mandate	Linkages/Partnerships
Ministerial Council on HIV/AIDS	To provide independent advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS by: • providing long-term vision: • championing new and emerging issues; and • monitoring and evaluating Strategy implementation.	Linkages established with FPTAIDS and under development with NARGHA.
Interdepartmental Coordinating Committee on HIV/AIDS	To facilitate the establishment and maintenance of horizontal linkages among participating federal departments and agencies.	Partnerships established between 15 federal government departments/agencies.
Federal-Provincial-Territorial Advisory Committee on HIV/AIDS	To provide strategic policy advice on HIV/AIDS to the Conference of Deputy Ministers.	Partnerships established between FPT ministries of health. Linkages established with Ministerial Council and FPT Corrections.
Working Group on International HIV/AIDS Issues	To provide advice to the International Affairs Directorate on the global HIV/AIDS epidemic and on the implementation of the international component under the Canadian Strategy on HIV/AIDS by: • facilitating information sharing on proposed and current international HIV/AIDS projects/initiatives; • identifying and discussing policies and programs related to the global HIV/AIDS epidemic; • promoting collaboration between non-governmental organizations and federal departments/agencies; and • identifying emerging issues and trends and discussing ways to address them.	Partnerships established with other departments/agencies and national non- governmental organizations.
National Aboriginal Reference Group on HIV/AIDS	To provide advice on Aboriginal activities under the Strategy.	Partnerships established First Nation, Inuit and Métis Linkages under development with Ministerial Council.
Medical Services Branch Focus Group	To provide advice to Medical Services Branch (HQ and regions) on the Strategy and other issues concerning First Nations and Inuit.	Members of the focus group include national organizations, networks, and community groups representing First Nations and Inuit.