



Health  
Canada

Santé  
Canada

# CURRENT REALITIES: STRENGTHENING THE RESPONSE

**Canada's Report on  
HIV/AIDS 2001**



Canadian Strategy on  
HIV/AIDS

La Stratégie canadienne  
sur le VIH/sida

Canada

## MESSAGE FROM THE MINISTER

In May 1998, I launched the Canadian Strategy on HIV/AIDS (CSHA) as a catalyst for collaborative action and to more broadly engage all sectors in addressing this devastating epidemic. CSHA partners have devoted tremendous effort toward the shared goals of reducing the spread of HIV, ensuring care, treatment and support for people living with HIV/AIDS, and finding a cure for AIDS. Our successes were possible because of the work of thousands of Canadians, including people living with HIV/AIDS. Clearly, though, much more needs to be done.

The HIV/AIDS epidemic is taking a tremendous toll, particularly in the developing world. Here in Canada, the epidemic continues to thrive. In the 20 years since the first reported case of AIDS in North America, we have seen the epidemic move into new populations and then resurface without warning among populations where we thought it was under control.

Through national and international collaboration, we have achieved a better understanding of the nature of the epidemic. We know that HIV/AIDS touches many different aspects of people's lives – that it has cultural, legal, ethical and human rights implications. Strengthening the response to include non-traditional partners is imperative if we are to halt the epidemic.

As the human and economic toll of HIV/AIDS rises, it is critical that, together, we build on the lessons learned. We must be vigilant and intensify our efforts, or we will lose ground. This disease will not be defeated in Canada until it is defeated around the world.

Once again on World AIDS Day, I am privileged to share with you Canada's annual report on HIV/AIDS. I encourage you to read this report and to share it with family, friends, co-workers and community leaders. I urge you to join me – and the thousands of Canadians who are already hard at work – in *Strengthening the Response*.



**The Honourable Allan Rock**  
*Minister of Health*  
*November 2001*

## MESSAGE FROM THE MINISTERIAL COUNCIL ON HIV/AIDS

**W**orld AIDS Day is an opportunity to call attention to a devastating disease that affects the lives of thousands of Canadians. It is also a time to reflect on the impact of this disease, which is firmly established in Canada. This year's UNAIDS slogan for World AIDS Day – “*I care ... Do you?*” – is particularly fitting in this context. It is a question we believe all Canadians should be asking their leaders and each other.

The Ministerial Council on HIV/AIDS is alarmed at the apparent lack of awareness among Canadians about the severity of the HIV/AIDS epidemic in Canada and worldwide. Internationally, millions of people continue to live with HIV/AIDS and millions have died over the last twenty years. In Canada, the situation remains critical. HIV/AIDS continues to grow among vulnerable populations, such as injection drug users, women, Aboriginal people, children and prison inmates. There is an increase in the number of new infections among men who have sex with men, including gay men, a population where the epidemic was previously in decline.

The Council – composed of experts from all aspects of the epidemic including people living with HIV/AIDS, front-line workers, researchers and human rights experts – keeps the Minister of Health abreast of these and other current realities of the epidemic. Over the past year, Council has analysed important issues related to the epidemic including those concerning Aboriginal people and funding gaps in the CSHA. Our recommendations have also influenced Canadian policies on the screening of migrants for HIV and the provision of prevention, care and support services for federal prison inmates.

Greater effort is needed to reverse the dangerous trends here in Canada and worldwide. We believe that it is absolutely essential to broaden the reach of the CSHA while sustaining the progress made to date. On this World AIDS Day we must remember that the fight against this terrible epidemic is far from over. There is so much more that needs to be done.

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

*Health Canada*

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## FOREWORD

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

Finally, it meets Health Canada's obligation to report annually on the CSHA. This report was developed by Health Canada in collaboration with key CSHA stakeholders.

**H**IV/AIDS is a global threat. In 2001, an estimated 40 million people worldwide are living with HIV. Epidemiological evidence shows that the developing world is bearing the brunt of the epidemic. Sub-Saharan Africa accounts for more than 70 per cent of the world's HIV-positive population, but the disease is also gaining strength in Asia, Eastern Europe, the Middle East, Latin America and the Caribbean.

### **The State of the Epidemic in Canada**

Canada has not escaped the increasing burden of HIV/AIDS within its own borders. At the end of 1999, Health Canada's Bureau of HIV/AIDS, STD and TB estimated that 49 800 Canadians were living with HIV/AIDS, a 24 per cent increase from the 1996 estimate of 40 100. Although the number of persons that were newly infected with HIV was about 4 200 per year in both 1996 and 1999, significant changes have occurred in infection rates within population subgroups. These changes have also been substantiated by a number of studies across Canada, as well as by national HIV/AIDS surveillance data.

# CONFRONTING HIV/AIDS

Sexual behaviour continues to be the primary means of transmitting HIV. The estimated number of new HIV infections among men who have sex with men (MSM), which includes gay, bisexual and other homosexually active men, increased by 30 per cent between 1996 and 1999. Research studies in Toronto and Vancouver confirm this finding. In 2000, for the first time since the mid-1980s, an increased number of newly diagnosed HIV cases among MSM was reported to Health Canada's HIV surveillance system.

Shifts in the epidemic are also occurring among other populations. The estimated number of new infections among injection drug users decreased by 27 per cent between 1996 and 1999. The annual number of newly diagnosed HIV cases among this population has also decreased in the national surveillance data. However, targeted studies across Canada have found that HIV infection rates among injection drug users are not declining in all areas of the country.

An estimated 370 Aboriginal people in Canada are becoming infected with HIV each year – an average of more than one per day. Within the correctional environment, there is an equally stark reality. Correctional Service Canada (CSC) estimates that the HIV prevalence rate in federal prisons is 1.6 per cent of the tested inmates.

National HIV surveillance data provide a picture of those who come forward for testing and are found to be HIV-positive. At the same time, an estimated 15 000 Canadians who are infected with HIV have not been diagnosed and are unaware that they are HIV-positive. These individuals represent a significant challenge for prevention, care and treatment efforts.

### **Realities and Challenges**

Much can be said about the knowledge gained and progress achieved in the fight against HIV/AIDS. Nevertheless, the infection rates remain too high, and many challenges lie ahead.

#### *HIV/AIDS continues to grow in Canada.*

People with HIV/AIDS are living longer due to the availability of treatments. At the same time, new infections are occurring. These circumstances increase demands on Canada's health care and social service systems, workers in the HIV/AIDS community and society in general. Clearly, new prevention efforts are needed to reach those living with HIV/AIDS, as well as those vulnerable to HIV infection.

#### *An estimated one third of people living with HIV/AIDS in Canada are not aware they are infected.*

Canada must remain vigilant in monitoring the epidemic. Innovative ways of encouraging people to come forward for HIV testing must be found so that those who are HIV-positive can have access to care, treatment, support and prevention programs as soon as possible after they have become infected.

#### *The epidemic is a moving target.*

The face of the HIV/AIDS epidemic is continually changing. After some successful prevention work in the early 1990s, HIV infection is once again increasing among MSM. Users of injection drugs, women and Aboriginal people have become increasingly vulnerable to HIV infection. Canada's response must be flexible enough to address changes in the epidemic while not jeopardizing previous gains.



*Until the epidemic is controlled everywhere, it will not be controlled anywhere.*

The spread of HIV/AIDS is placing an enormous social and economic burden on developing countries. Canada must help to advance global prevention efforts and address issues of access to HIV/AIDS care, treatment and support around the world.

*HIV/AIDS treatments are failing.*

As many as 4 000 HIV-positive Canadians are believed to be in need of an alternative to highly active antiretroviral therapy (HAART) due to drug intolerance or ineffectiveness, and this number is growing. New treatments are needed to avoid an increase in AIDS-related deaths. The appearance of multi-drug-resistant HIV intensifies these challenges.

*HIV/AIDS is more than a health issue.*

The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) confirmed that HIV/AIDS is not just a public health issue. HIV/AIDS also has cultural, legal, ethical and human rights implications. All sectors of society must become involved to address the issue in a comprehensive manner.

*There is still no cure for HIV/AIDS.*

Despite advances in understanding HIV/AIDS, there is still no cure. Researchers continue to search for effective vaccines for HIV and for microbicides to prevent transmission of the virus. Canadian researchers must be active participants in global efforts in these areas.

### **Collaborative Action**

The fight against HIV/AIDS is far from over. In fact, two decades after the first case of AIDS was diagnosed in North America, it has really only begun.

The CSHA provides a framework for unprecedented collaboration, innovation and engagement in addressing the epidemic. Efforts in Canada need to be intensified, and more sectors of society need to join the campaign. CSHA partners have set a difficult path. They are committed to:

- ~ keeping HIV/AIDS on the public agenda
- ~ positioning HIV/AIDS within a broad social justice context
- ~ expanding the pan-Canadian approach by establishing new partnerships with essential stakeholders and sectors

- ~ fulfilling Canada's obligation to the UNGASS Declaration of Commitment, with its focus on intensifying regional, national and international responses to HIV/AIDS
- ~ continuing to improve surveillance systems
- ~ revitalizing prevention efforts that integrate prevention and care, treatment and support programs for Canadians living with or at risk of HIV/AIDS
- ~ engaging vulnerable populations in developing and implementing unique approaches to addressing the needs of people living with or vulnerable to HIV/AIDS
- ~ setting HIV/AIDS research priorities and increasingly linking Canadian efforts to international research activities, with the goal of finding effective vaccines, drugs and therapies and, ultimately, a cure for HIV/AIDS
- ~ reviewing CSHA funding priorities to maximize the impact of financial resources

The complexity of the epidemic and the need for intensified efforts require a renewed and strengthened response. Partners have reaffirmed the CSHA as the framework within which they can respond to the epidemic. They have also used their collective voice to say that now is not the time to let up in the response to HIV/AIDS.

Canada's response to the HIV/AIDS epidemic has evolved significantly over the past two decades. From the initial mobilization of the gay community into small, volunteer-based community organizations in the early 1980s, involvement expanded to include hemophiliacs and others infected through Canada's blood system. As the threat of HIV/AIDS grew, governments, the health care system and other sectors of society began to respond.

In 1990, the federal government established the National AIDS Strategy (NAS) to help organize the various players – which now included professional associations, the medical community, researchers and the private sector – into a more formal, interconnected approach. In 1993, NAS was renewed for five years, with an increase in annual funding from \$37.3 million to \$42.2 million.

## A PAN- CANADIAN RESPONSE TO HIV/AIDS

Following extensive stakeholder consultations in the summer of 1997, the CSHA was launched in 1998. The CSHA, which receives permanent funding for an ongoing, coordinated national response, represents a shift from a disease-oriented approach under NAS to one that looks at the root causes, determinants of health and other dimensions of the HIV epidemic. People living with HIV/AIDS and those at risk of HIV infection are the focus and centre of CSHA efforts.

### **A New Era in HIV/AIDS Programming**

The CSHA represents a new era in HIV/AIDS programming. Canada has a complex network of community-based, institutional and governmental systems that strive for an appropriate and effective response to HIV/AIDS. All major stakeholders are considered full partners in this response, linked by multiple working relationships and a shared determination to win the fight against HIV/AIDS.

## KEY CANADIAN MILESTONES

### 1982

- ~ First community meeting in Toronto to discuss newly identified “gay-related immune disease” (GRID)

### 1983

- ~ First Canadian death attributed to AIDS
- ~ Building on existing gay community infrastructures, AIDS Vancouver and the AIDS Committee of Toronto incorporated as first community-based AIDS organizations in Canada
- ~ Canadian Public Health Association releases first public policy statement on HIV/AIDS

### 1984

- ~ HIV isolated in Canadian laboratories
- ~ Test for HIV antibodies approved in Canada

### 1985

- ~ HIV testing of donated blood begins

### 1986

- ~ Canadian AIDS Society is created by 17 local AIDS organizations across Canada

### 1987

- ~ Black AIDS Project started in Toronto (later known as Black Coalition for AIDS Prevention)
- ~ First public service announcements on HIV/AIDS produced by the Canadian Public Health Association
- ~ Conference of Deputy Ministers of Health convenes the Federal/Provincial/Territorial Advisory Committee on AIDS

### 1988

- ~ AIDS Action Now! organizes Toronto demonstration calling for public and political support to address HIV/AIDS

Health Canada, the lead federal department for issues related to HIV/AIDS in Canada, coordinates the CSHA nationally. 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 (FNIHB), regional offices, the HIV/AIDS Policy, Coordination and Programs Division (HIV/AIDS Division) and the International Affairs Directorate. The CSHA also includes Correctional Service Canada (CSC) and Canadian Institutes of Health Research (CIHR) as federal government partners.

Although the CSHA is the Government of Canada’s main response to the HIV/AIDS epidemic, several federal departments and agencies supplement the work of the CSHA in their own areas of jurisdiction. CSC invests \$3 million annually, over and above the funding provided by the CSHA, in HIV/AIDS programming in federal penitentiaries. Similarly, FNIHB commits \$2.5 million of non-CSHA money to meet the needs of Inuit people and of First Nations people living on reserves. CIHR, which now manages most of the CSHA’s extramural research program, provided \$3.8 million from its own budget for HIV/AIDS research in 2000-2001. Over and above federal initiatives, provincial and territorial governments provide major support through contributions to the delivery of HIV/AIDS-related health care services, research and prevention activities.

The Government of Canada has emerged as a strong partner in the global response to the HIV/AIDS epidemic. HIV/AIDS was one of four social development priorities announced by the Canadian International Development Agency (CIDA) in September 2000. CIDA’s funding for HIV/AIDS initiatives is projected to increase incrementally from \$23 million in 2000-2001 to \$80 million in 2004-2005, for a total five-year investment of \$270 million. In addition, the Government of Canada announced in July 2001 that it will contribute \$150 million over four years to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is aimed at addressing these health issues in developing countries.

### **The CSHA Is a Collaborative Strategy**

The CSHA is a national strategy that requires the collaboration of voluntary organizations, communities, the private sector and all levels of government. Its goals are to:

- ~ prevent the spread of HIV infection in Canada
- ~ find a cure

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

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

- ~ enhanced sustainability and integration
- ~ increased focus on those most at risk
- ~ increased public accountability

Strategic areas for the CSHA are shown in Figure 1.

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
Research	\$ 13.15
Surveillance	\$ 4.30
International Collaboration	\$ 0.30
Legal, Ethical and Human Rights	\$ 0.70
Aboriginal Communities	\$ 2.60
Consultation, Evaluation, Monitoring and Reporting	\$ 1.90
Correctional Service Canada	\$ 0.60
<b>Total</b>	<b>\$ 42.2</b>

#### 1989

- ~ Canadian researchers discover the anti-HIV activity of the drug known as 3TC
- ~ Vth International AIDS Conference held in Montréal (first time in Canada)
- ~ National tour of the AIDS Memorial Quilt
- ~ First National Aboriginal Conference on HIV/AIDS held in Vancouver
- ~ Interagency Coalition on AIDS and Development formed
- ~ Canadian HIV/AIDS Clearinghouse established at the Canadian Public Health Association

#### 1990

- ~ National AIDS Strategy launched
- ~ Alliance for South Asian AIDS Prevention established
- ~ Canadian Association of Nurses in AIDS Care incorporates (first professional HIV association in Canada)
- ~ Canadian Association for HIV Research established

#### 1991

- ~ Canadian AIDS Treatment Information Exchange (CATIE) formed by AIDS Action Now! in Toronto
- ~ Prisoners with HIV/AIDS Support Action Network established in Toronto

#### 1992

- ~ Anonymous HIV testing programs are legalized in Ontario
- ~ Canadian HIV/AIDS Legal Network founded
- ~ Canadian and Kenyan researchers identify a high-risk population in Africa that is resistant to HIV and thus offers an opportunity for the study of the mechanisms of HIV resistance

## 1993

- ~ Phase II of the National AIDS Strategy launched
- ~ Atlantic First Nations AIDS Task Force is formed

## 1994

- ~ Report of the Expert Committee on AIDS in Prisons released
- ~ YouthCO AIDS Society is formed in Vancouver
- ~ Canadian research demonstrates that AZT treatment of pregnant women can reduce mother-to-infant transmission

## 1995

- ~ National HIV/AIDS Treatment Information Network launched by CATIE
- ~ Pauktuutit hosts first Inuit HIV/AIDS workshop in Iqaluit

## 1996

- ~ At the VIIIth International AIDS Conference in Vancouver, researchers present early successes of HIV/AIDS highly active antiretroviral therapy (HAART)

## 1997

- ~ Canadian Aboriginal AIDS Network incorporated
- ~ Canadian Treatment Advocates Council established
- ~ Announcement of the Canadian Strategy on HIV/AIDS (CSHA) following national consultations
- ~ "Krever Report" released by the Commission of Inquiry on the Blood System in Canada
- ~ Phase I of a national methadone maintenance treatment program begins in federal prisons

## 1998

- ~ National Working Group on Children and Families with HIV/AIDS established
- ~ 1st Canadian HIV/AIDS Skills Building Symposium held
- ~ Canadian Working Group on HIV and Rehabilitation established
- ~ Vancouver Area Network of Drug Users registered as a non-profit society
- ~ Ministerial Council on HIV/AIDS established

## Setting Strategic Directions

Changes in the epidemic and emerging challenges are limiting Canada's ability to sustain gains and make new progress. In October 2000, the first CSHA direction-setting meeting was held at Gray Rocks Inn, in Mont Tremblant, Quebec to review current realities and identify future actions. More than 125 individuals representing the full range of CSHA partners established 10 national strategic directions that will guide the CSHA over the next two to three years. It is through these directions that the CSHA's goals will be realized.

The directions are:

- ~ Mobilize governments at all levels, Aboriginal governments and community leaders to take coordinated action on HIV/AIDS.
- ~ In collaboration with Aboriginal people, build a national HIV/AIDS strategy for all Aboriginal people and their chosen communities within the CSHA.
- ~ Build an information strategy to identify, obtain, analyse, validate, communicate and facilitate the use of a broad base of information required to achieve the goals of the CSHA.
- ~ Build public awareness of the impact of the HIV epidemic in Canada and globally; encourage political leadership that advances Canada's response to the epidemic; and mobilize politicians, bureaucrats and community leaders.
- ~ Build a prevention strategy that sets specific goals, is based on principles, develops appropriate strategies, and includes culturally specific programs. This strategy must be coordinated nationally, developed collaboratively and implemented locally.
- ~ Build a strategic approach to care, treatment and support to ensure that people living with HIV/AIDS have equal and seamless access to care, treatment and support.
- ~ Renew and sustain pan-Canadian expertise and develop broad-based intersectoral knowledge of HIV/AIDS.

- ~ Engage vulnerable individuals in Canada in an inclusive and empowering way in order to build unique approaches that are flexible, innovative, measurable and accountable.
- ~ Move to a social justice framework that is based on the determinants of health in order to address the vulnerabilities of people living with and at risk of HIV/AIDS.
- ~ Develop a five-year operational/strategic plan for the CSHA that builds S.M.A.R.T.E.R. (specific, measurable, attainable, realistic, time-limited, effective, relevant) objectives for each CSHA component. Annual work plans will be developed based on these objectives.



#### 1999

- ~ Canadian Inuit HIV/AIDS Network formed by Pauktuutit
- ~ CAS buries a millennium time capsule, "Until There's a Cure," in Hull, Quebec
- ~ HIV/AIDS-Endemic Task Force struck in Ontario
- ~ First International Policy Dialogue held in Montebello, Quebec, co-hosted by Health Canada and UNAIDS

#### 2000

- ~ First National Women and HIV/AIDS Conference held
- ~ Ten broad strategic directions established to guide the work of the CSHA
- ~ CIDA releases HIV/AIDS Action Plan and commits to increased annual funding

#### 2001

- ~ 2nd Aboriginal Summit held in Calgary led to the establishment of the National Aboriginal Council on HIV/AIDS
- ~ Government of Canada plays active role at UNGASS and endorses the Declaration of Commitment
- ~ Government of Canada announces \$150 million in funding over four years for the Global Fund to Fight AIDS, Tuberculosis and Malaria
- ~ CIHR becomes the principal administrator of the CSHA's extramural research program

## Reporting on Progress to Date

Although the challenges ahead are great, considerable work has been done to address the epidemic. CSHA partners have identified key areas where results in the short term will contribute to the achievement of the goals of the CSHA. This section describes the CSHA's progress in each of these areas and the contribution of Canadian partners to the global challenge.

- ~ *Shaping A Coordinated Canadian Response.* Many organizations are engaged in addressing HIV/AIDS. Coordination and collaboration strengthen policy and programming efforts.
- ~ *Building a Pan-Canadian Response to HIV/AIDS.* The CSHA is promoting new partnerships, both within the traditional HIV/AIDS community and with non-traditional stakeholders.

# PROGRESS – TELLING THE STORY

- ~ *Engaging in the Global Response to HIV/AIDS.* Canada is committed to halting the global spread of HIV and to helping developing countries strengthen their response.
- ~ *Strengthening the Canadian Response Through Science.* Research in biomedical, clinical and social sciences are strengthening the future response.
- ~ *Increasing the Use of Reliable Information.* Resources are being developed and disseminated for use by persons living with or at risk of HIV/AIDS and by others involved in the Canadian response.
- ~ *Increasing Capacity Across the HIV/AIDS Spectrum.* The CSHA is strengthening the capacity of individuals and groups to respond to a complex and widespread epidemic that has significant health, socio-economic and human rights implications for society.

Most of the information presented in these sections of the report is directly related to activities funded through the CSHA. However, efforts have been made to also include non-CSHA achievements involving federal departments and agencies that supplement the work of the CSHA. This is particularly evident in the section on international actions.



## SHAPING A COORDINATED CANADIAN RESPONSE

The CSHA is encouraging a pan-Canadian response to the epidemic in Canada and worldwide – one that involves all levels of government, all sectors of society and a broad range of policies and programs. This approach recognizes that HIV/AIDS policy and programming efforts are strengthened and most effective when they are coordinated within and between government and non-government organizations.

### **National Committees Advise Government**

At the national level, committees representing a broad range of views and perspectives provide strategic advice and policy directions that influence the CSHA.

The Ministerial Council on HIV/AIDS provides advice on the implementation of the CSHA directly to the federal Minister of Health. During 2000-2001, the Council helped shape Health Canada's policy recommendations to Citizenship and Immigration Canada on the screening of migrants for HIV and to CSC on the provision of HIV/AIDS prevention, care and support services to inmates in federal prisons. Council's paper, *Taking Stock: Assessing the Adequacy of the Government of Canada Investment in the Canadian Strategy on HIV/AIDS*, which was released in January 2001, advised on the need for additional public funding for the CSHA. The Council has also brought attention to the need for more community-based research and to the spread of HIV among vulnerable populations, including injection drug users, women and Aboriginal people.

The Federal/Provincial/Territorial Advisory Committee on AIDS (FPT AIDS) provides policy advice to the Conference of Deputy Ministers of Health. FPT AIDS participated in a collaborative effort with four other federal/provincial/territorial committees to examine injection drug use as a health issue. This resulted in a report that provides a framework for multi-level strategies to reduce the harms associated with injection drug use and promotes increased coordination and collaboration across jurisdictions and sectors. The report was subsequently released for broader consultation by the Conference of Deputy Ministers. In addition, FPT AIDS has dealt with a broad range of issues related to Aboriginal people and with legal issues concerning individuals who are unwilling or unable to prevent HIV transmission.

### **Gray Rocks: Approaching the Challenges Ahead**

The federal government demonstrated its ongoing commitment to fighting HIV/AIDS in the fall of 2000, when Health Canada convened the first direction-setting meeting for the Canadian Strategy on HIV/AIDS (CSHA).

Known as the Gray Rocks meeting, this historic consultation and planning exercise sought to build on Canada's 20-year legacy of addressing HIV/AIDS and to strengthen the pan-Canadian approach that underpins the CSHA.

The meeting was attended by 125 people representing the full range of CSHA partners, from national and regional non-government AIDS and Aboriginal organizations to federal, provincial and territorial government departments, the Ministerial Council on HIV/AIDS, researchers, health care professionals and people living with HIV/AIDS. It contributed to a better understanding of HIV/AIDS in Canada and to a commitment to meet future challenges together.

Much work lies ahead in implementing the 10 directions identified at Gray Rocks.




## A Collaborative Model in Alberta

**T**he Alberta Community HIV Fund (ACHF), a partnership between Health Canada's AIDS Community Action Program, the provincial government and community AIDS Service Organizations (ASO), has been providing operational funding for ASOs and project funding for community-based HIV/AIDS initiatives since April 1, 1999.

A key goal of this collaborative approach is to improve coordination among HIV programs and services in Alberta by increasing the involvement of local communities, improving the use of community resources, limiting service or program duplication and increasing opportunities to access additional funds.

To this end, work is under way on an evaluation framework and logic model for the ACHF that will demonstrate the work that Alberta ASOs are doing to respond to the HIV/AIDS epidemic. Community involvement ensures that the framework is created by and for Alberta ASOs.



The International HIV/AIDS Working Group guides the international collaboration element of the CSHA. The Working Group, which is composed of national and international organizations and various federal government departments, advises Health Canada's International Affairs Directorate on relevant collaborative efforts.

### Developing Policy Positions

Broad consultation and collaboration have become common practices in the development of Canadian positions on key HIV/AIDS policy issues. All partners play a role in policy development.

*Injection Drug Use and HIV/AIDS: Health Canada's Response to the Report of the Canadian HIV/AIDS Legal Network* was developed in collaboration with CSHA partners, Health Canada's Drug Strategy and the Hepatitis C Prevention, Support and Research Program. The response commits Health Canada to promoting dialogue with other federal departments on the impact of health determinants and current drug laws on injection drug users. It also commits Health Canada to supporting the Senate's ongoing review of Canada's drug legislation and policies.

Consultation is also key to developing HIV/AIDS policies and programs for Aboriginal people. Seventy Aboriginal stakeholders and federal, provincial and territorial government officials participated in the Second National Aboriginal Summit on HIV/AIDS. The Summit resulted in two key outcomes. A new framework for collaborative action was adopted by the Aboriginal community, and partners in the CSHA and delegates agreed to establish the National Aboriginal Council on HIV/AIDS to ensure that the HIV/AIDS-related needs of all Aboriginal people are being met. The Aboriginal Council, when fully constituted, will consist of 24 members, six each from the First Nations, Inuit and Métis communities and six representing Aboriginal AIDS service organizations (ASOs) and Aboriginal people living with HIV/AIDS. This new approach has been endorsed by the three groups of Aboriginal people in Canada (First Nations, Inuit and Métis) and Health Canada.

## Focus on Vulnerable Populations

Collaborative programs to reach vulnerable populations are central to Canada's response to the HIV/AIDS epidemic. Health Canada's HIV/AIDS Division provided funding and other support to a wide range of partners to develop and deliver such initiatives.

In 2000-2001, the Tri-City Project/Projet Trois-Villes began to investigate the relationship between gay men's health and wellness issues and HIV prevention in the gay communities in Montréal, Toronto and Vancouver. Similarly, a National Reference Group, Gay Men, composed of gay men from across Canada, produced a report entitled *Valuing Gay Men's Lives*, which is aimed at refocusing and rejuvenating HIV prevention efforts for this population.

Phase II of the Safe Spaces Project was funded to implement and evaluate a model for establishing community-based support mechanisms for gay, lesbian and bisexual youth. This model serves as an example of the population health approach to primary prevention. The Project is currently developing a sustainability plan in Halifax, Moncton and Kamloops.

Epidemiological evidence suggests that women account for an increasing proportion of new HIV infections, AIDS cases and HIV-related deaths. To help address the special needs of vulnerable women, a National Reference Group on Women and HIV provided recommendations to Health Canada on programs and policies.

Several collaborative projects are being implemented to address HIV/AIDS in Aboriginal communities. The Labrador Aboriginal HIV/AIDS Project is developing and implementing an HIV/AIDS strategy that will reflect local needs and concerns in a culturally appropriate manner. Another initiative, the Red Prairie AIDS Project, is helping partner organizations deliver culturally based HIV-prevention education to Aboriginal people in southwestern Manitoba. Pauktuutit (Inuit Women's Association), through its development of the Canadian Inuit HIV/AIDS Network, has initiated a project to enhance the capacity of Inuit educators to deliver HIV-prevention education in the Canadian North.

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## Direction 180 – Changing Lives in Halifax

**D**irection 180 is an innovative, community-based, low-threshold methadone project that is giving users of injection drugs in Halifax a chance to turn their lives around.

Located in a storefront in the north end of the city, Direction 180 provides clients with methadone on a daily basis, as well as with access to health care professionals and a variety of community-based programs.

Launched in March 2001, the Direction 180 model was developed by a diverse group of stakeholders, including the Central District Health Authority, the Mainline Needle Exchange, the Nova Scotia Advisory Commission on AIDS, the Mi'kmaq Native Friendship Centre, the North End Community Health Centre, local physicians and injection drug users.

Health Canada's AIDS Community Action Program is funding an evaluation of this program. Although it is too early to draw definite conclusions, client testimonials have given reason for hope.

"It's been a big help for me," acknowledged one participant. "I haven't put a needle in my arm for four months."

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Users of injection drugs are also a target group for HIV-prevention initiatives. Queen's University School of Nursing and the Kingston, Frontenac, Lennox and Addington Health Unit are jointly implementing a project entitled "Creating a Better Life: A Support Program for Women." The project is developing a model program to improve the health, social functioning, family functioning and HIV risk-reduction behaviours of women who use injection drugs. In another project, Health Canada, the Government of Quebec, the regional health authority and community organizations are collaborating to develop and evaluate a low-threshold methadone maintenance treatment pilot project for opiate-dependent injection drug users in Montreal.

Important work is also under way to control the spread of HIV/AIDS among prison populations. CSC negotiated a memorandum of agreement with the New Brunswick Department of Health and Wellness to conduct anonymous HIV-testing clinics in the province's federal penitentiaries. Also, CSC continued its work on the development and implementation of an HIV/AIDS strategy for Aboriginal offenders. A round table was organized by CSC, in collaboration with the Canadian Aboriginal AIDS Network (CAAN), in 2000 to further this work.

### **Maintaining the Momentum**

The new and strengthened relationships cited here have improved Canadian HIV/AIDS policies and programs domestically and internationally. However, to sustain gains and further reduce the spread of HIV, partnership efforts must be enhanced even further, and engagement of new partners is required.

## BUILDING A PAN-CANADIAN RESPONSE TO HIV/AIDS

To build a truly pan-Canadian response, the CSHA needs the involvement and participation of many partners and stakeholders. Partnerships with organizations that have traditionally been part of Canada's HIV/AIDS response need to be maintained, while new partnerships are needed with those who have not traditionally participated. Canada also has an opportunity to contribute to the global response by engaging in international partnerships and sharing knowledge and experience.

### **Strengthening Existing Processes and Relationships**

Traditional partners continue to work together and learn from each other. CSHA partners were responsible for the development and success of the Gray Rocks direction-setting meeting. A task group, comprising representatives of Health Canada, CSC, CAS, CTAC, CAAN, FPT AIDS and the Ministerial Council on HIV/AIDS, provided advice to Health Canada's HIV/AIDS Division on the organization of the meeting.

Vulnerable populations were also more directly engaged in HIV/AIDS initiatives in 2000-2001. CAAN, CAS, CTAC and CATIE, as co-sponsors, ensured that HIV-positive women were involved in planning the first National Conference on Women and HIV/AIDS held in Canada. The National Reference Group, Gay Men consulted extensively with gay men and others involved in gay men's health.

### **Extending the Scope of the HIV/AIDS Response**

CSHA partners pursued partnerships with non-traditional partners during 2000-2001 to increase their level of involvement.

AIDS Walk Canada is funded entirely by the private sector. The Levis Strauss Foundation, as well as paying for a staff position at CAS, funded the youth component at the 3rd Canadian HIV/AIDS Skills Building Symposium in Montréal.

### **Five Hundred Attend Women's Conference**

Canada's first National Conference on Women and HIV/AIDS, held in Toronto in May 2000, was the product of vision and collaboration on the part of the Canadian Aboriginal AIDS Network, the Canadian AIDS Society, the Canadian Treatment Advocates Council and the Canadian AIDS Treatment Information Exchange.

More than 500 people attended the conference, which addressed four themes: prevention; support; treatment; and legal, ethical and public policy issues. About 100 scholarships were awarded, most of them to HIV-positive women from across Canada.

While the conference focussed on the special HIV/AIDS issues and challenges faced by women, ultimately all Canadians win from such events.

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## **Inuit Walk for HIV/AIDS**

**A**IDS Walk Canada struck a responsive chord with the Inuit communities of Nunavut, Labrador, Nunavik and the Northwest Territories.

Inuit participated in this national event for the first time in 2000, and they did so with energy and enthusiasm. Twenty-two of the fifty-three Inuit communities in Arctic Canada took part in AIDS Walk Canada 2000, with three of these recording the largest per capita walks in Canada.

In Arctic Bay, community members came together to form the word "AIDS" in Inuktitut and English for a giant aerial photograph. Pauktuutit and the Canadian Inuit HIV/AIDS Network have since used the image to produce the dramatic HIV/AIDS prevention poster "Community Action Saves Lives."

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CTAC is also expanding the reach of the CSHA. Working with disability groups such as Partners in Self-Help Community Education and Support, a breast cancer advocacy organization, CTAC helped to organize a national meeting on improving the drug review process in Canada. The meeting led to the formation of the Best Medicines Coalition, whose membership includes CTAC and representatives of colorectal cancer, arthritis and breast cancer organizations.

The Legal Network is increasingly working with non-HIV/AIDS-specific organizations, such as the Canadian Foundation for Drug Policy, the Canadian Harm Reduction Network, the Centre for Addiction and Mental Health, the Canadian Association of Elizabeth Fry Societies and the John Howard Society of Canada.

Within the federal government, collaboration is occurring between CSHA partners and non-HIV/AIDS-specific programs and strategies. The HIV/AIDS Division is working with another branch of Health Canada – Canada's Drug Strategy – on a low-threshold methadone pilot project. CSC and Health Canada's Hepatitis C Division jointly sponsored an initiative to respond to the high prevalence of HIV and hepatitis C at a federal penitentiary for women offenders. This led to the development of a health promotion strategy for the institution. In addition, Health Canada's Bureau of HIV/AIDS, STD and TB is working closely with municipal public health officials. The International Affairs Directorate and CIDA have established a close working relationship to address international HIV/AIDS issues.

## **Engaging the Canadian Public**

Canadians from all walks of life – people who recognize the seriousness of the epidemic and its toll on society – are involved in the battle against HIV/AIDS.

Each year, many of these individuals come together to show their support through AIDS Walk Canada, the country's largest single event for raising awareness and funds for HIV/AIDS. Held on September 22 and 23, 2001, the seventh annual AIDS Walk Canada was a great success in every province and territory. More than 52 000 Canadians participated in this event in 120 communities from coast to coast to coast. AIDS Walk Canada raised \$2.2 million in 2001. This money remains in the communities where it was raised to assist local AIDS organizations. Coordinated nationally by CAS, AIDS Walk Canada happens because of the work of many ASOs across the country. It is a visible reminder that volunteers are an integral and vital human resource in addressing HIV/AIDS.

Volunteers help national and local partners achieve their mandates. CAS member organizations depend on volunteers to perform up to 500 hours of work each month. CATIE recorded more than 7 400 hours of volunteer work in 2000-2001, with an estimated worth of close to \$124,000. This does not include the contributions of 25 “virtual volunteers” – HIV/AIDS experts who offer their expertise and knowledge to CATIE over the Internet.

Further evidence that Canadians are becoming more broadly involved in the response to HIV/AIDS can be seen in the strong membership growth among HIV/AIDS organizations. ICAD almost doubled its membership in 2000-2001, from 54 to 98 member organizations. Over the same period, membership in CATIE grew at a rate of 221 per cent, reaching 450 individuals across Canada by March 2001. Participation in CTAC continued to increase through its development of provincial treatment access networks.

### **Expanding the Reach**

Traditional partners remain committed to the fight against HIV/AIDS. However, to respond to the changing epidemic and to address HIV/AIDS in the context of health determinants, broader engagement from organizations and individuals beyond the current partners is required. Expanding the CSHA’s reach and inclusiveness, while maintaining current collaboration and ingenuity, is key to building a pan-Canadian response to HIV/AIDS in the years ahead.

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## **Evaluating the Canadian Strategy on HIV/AIDS’ Regional Impact**

**W**hen the Canadian Strategy on HIV/AIDS was launched in May 1998, operationally funded AIDS Service Organizations (ASO) in Manitoba and Saskatchewan agreed to work with Health Canada’s AIDS Community Action Program (ACAP) to create a regional evaluation framework that would meet the needs of both community groups and Health Canada.

This framework, developed by a working committee of ASO representatives, Health Canada and an evaluator, has been approved by all the funded groups. The working committee also developed data-gathering tools, including a consumer questionnaire and a template for focus groups.

As a result of this collaborative process, ACAP-funded organizations in Manitoba and Saskatchewan now receive a regional progress report, as well as a report specific to their own operations. Although the challenges of such a participatory evaluation are numerous, the results – useful information specific to the principles and approaches of ACAP – are worth the effort.

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## ENGAGING IN THE GLOBAL RESPONSE TO HIV/AIDS

**H**IV/AIDS has reached every corner of the world, and its spread continues at an alarming pace. As the epidemic magnifies, it is reversing hard-won development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security.

As a participant in the global community, and as a nation of concerned, compassionate citizens, Canada makes a significant contribution to addressing the humanitarian challenge that is HIV/AIDS. Canada must strengthen this international role on issues that touch and affect the HIV/AIDS epidemic. There is much to share and much to learn in the global response.

### **International Collaboration an Element of the CSHA**

Canada is committed to addressing HIV/AIDS internationally, as well as at home. To this end, the CSHA includes an international collaboration element that focuses on increasing the coordination of Canada's participation in HIV/AIDS activities, strengthening information sharing with other countries and international organizations, building the capacity of Canadian non-government organizations (NGOs), and enhancing collaboration among participating groups, individuals, departments and agencies.

Work is under way on several fronts to achieve these goals. Health Canada's International Affairs Directorate, which is responsible for the international collaboration element of the CSHA, has been working with others to engage Canadians and Canadian organizations more broadly on the global stage. One product of this approach, developed with the assistance of the Working Group on International HIV/AIDS Issues, is the *Case for Canadians to Act Globally Against HIV/AIDS*. This presentation tool, released in the fall of 2000, is being widely used at conferences and workshops to improve peoples' understanding of the global HIV/AIDS epidemic and to highlight ways in which individuals and organizations can become involved at the international level.



## **CIDA Makes HIV/AIDS a Social Development Priority**

Canada has been involved in the global response to HIV/AIDS since the onset of the epidemic. Government and non-government organizations alike have worked to foster greater public education, improved health care training and capacity building in developing countries. CIDA began directly funding HIV/AIDS programming in 1987 and to date has invested more than \$150 million globally to address HIV/AIDS.

Fiscal year 2000-2001 has been a watershed year in terms of Canada's international HIV/AIDS activities. In June 2000, CIDA unveiled its HIV/AIDS action plan. This plan, which was developed in consultation with Canadian partners, provides a framework for HIV/AIDS programming for CIDA and its partners. It is based on the promotion and protection of human rights and outlines a number of key areas for action around the world.

## **Canada at Durban – A United Presence at a Pivotal Conference**

Canada participated in the XIII International AIDS Conference in Durban, South Africa, in July 2000. This conference is a highlight of global dialogue, information sharing and action. This was the first time the biennial conference was hosted by a developing country. More than 10 000 people attended the Durban conference, which proved to be pivotal in bringing HIV/AIDS-related issues specific to developing countries to the forefront of the international agenda.

Canadian government and non-government organizations involved in the battle against HIV/AIDS had a unified presence at the conference through the Canada Booth, which was coordinated by the Canadian HIV/AIDS Clearinghouse. The Booth served as a focal point for sharing information about the programs and activities of CSHA partners. Canadian organizations sponsored a range of activities associated with the Durban conference, including a symposium on HIV/AIDS prevention, a policy session that examined how governments can support youth involvement in the effort against HIV/AIDS, and sessions on twinning. Health Canada, CSC and CIDA also funded the Legal Network to develop a legal, ethical and human rights satellite at the conference.

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## **UN Commission Addresses HIV/AIDS and Women**

**H**IV/AIDS among women and girl children was a key topic of discussion at the 45th Session of the United Nations Commission on the Status of Women, held in March and May 2001.

Officials from Health Canada, the Canadian International Development Agency and the Department of Foreign Affairs and International Trade participated in the Session, which explored the links between human security, human rights, gender equality and HIV/AIDS. The Session resulted in a document that contains the first internationally agreed upon language on women and HIV/AIDS.

The 45th Session built on the work of several previous UN meetings, where delegates had called on member states to place greater emphasis on HIV/AIDS issues specific to women, such as female-controlled prevention methods, access to care, treatment and support, and education programs for men on safer sex.

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## Supporting HIV/AIDS Training in Africa

Close to 800 health care students from 21 countries throughout east and southern Africa have received training on HIV/AIDS issues through a project being supported in part by the Canadian International Development Agency and the University of Manitoba.

Called the Regional AIDS/STD Training Network (RATN), the project has created a network of institutions that provide skills training, extension services and technical assistance to help health care professionals and community workers deliver more effective HIV/AIDS and STD sensitization, prevention and treatment strategies.

Four years after it was launched, RATN is recognized as perhaps the leading agency in the region dedicated to issues of training and human capacity development. Its 17 partner institutions have delivered more than 60 courses, and evaluations show that students are putting their training to good use when they return home.

With the continued spread of HIV/AIDS across the African continent, the number of applicants for RATN courses is increasing. So is the impact of Canada's investment in this important international humanitarian initiative.

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## United Nations Turns the Spotlight on HIV/AIDS

If the Durban conference was pivotal in drawing the world's attention to the HIV/AIDS plight of developing countries, UNGASS was monumental in bringing the global community together in one forum. From June 25 to 27, 2001, 189 member states and representatives of civil society assembled at UN headquarters in New York to consider the international community's response to the HIV/AIDS epidemic. This marked the first time that the United Nations General Assembly had convened a special session on a health issue.

Member states at UNGASS adopted, by acclamation, the Declaration of Commitment, which will help set the direction for the global response to HIV/AIDS over the next decade. The Declaration is viewed by Canada as a strong, comprehensive and clear document. Entitled *Global Crisis – Global Action*, the Declaration addresses such issues as leadership; prevention; care, treatment and support; human rights; reducing the vulnerability of children; alleviating social and economic impacts; and HIV/AIDS in conflict areas. It is expected to provide fundamental guidance for global HIV/AIDS initiatives. There is strong language on the need to ensure that the human rights of people infected with HIV/AIDS, as well as those affected by it and vulnerable to it, are respected.

Canada's negotiating position at UNGASS was developed through a national consultation process initiated by the federal government to gather feedback from Canadians on the draft Declaration of Commitment. As part of this process, ICAD, with funding from the International Affairs Directorate and CIDA, held a national web-based discussion forum and facilitated a one-day consultation meeting of government and non-government stakeholders and other interested parties. This resulted not only in an informed Canadian response to a proposed draft of the Declaration of Commitment circulated prior to UNGASS, but also in a model for involving non-government stakeholders in developing Canadian positions on international HIV/AIDS issues.

Canada played a significant role in the success of UNGASS and was particularly applauded for emphasizing the importance of a human-rights-based approach to HIV/AIDS and the inclusion of civil society and people living with HIV/AIDS. The official Canadian delegation, led by the Minister for International Cooperation, included representatives from Health Canada, the Department of Foreign Affairs and International Trade and CIDA, as well as two representatives from the HIV/AIDS community. Health Canada also provided funding support to allow seven representatives of the HIV/AIDS community to participate in UNGASS.

## NGOs Focus on Twinning

During 2000-2001, an important program focus for ICAD was promoting opportunities for Canadian ASOs to become involved in international HIV/AIDS work by encouraging “twinning” with organizations in developing countries. Twinning refers to a formal, substantive collaboration between two organizations, with the goals of building capacity, sharing best practices, increasing program effectiveness, broadening horizons and building relationships. In Canada, the concept was pioneered by the Legal Network, which established a working relationship with the AIDS Law Project, South Africa, in 1998. This relationship has resulted in several joint activities, including various projects to improve treatment access for people with HIV/AIDS in South Africa and other resource-poor countries.

Over the past two years, ICAD has played the role of a broker in expanding the twinning process across Canada. With support from the International Affairs Directorate, ICAD has published and distributed the resource guide *Beyond Our Borders: A Guide to Twinning for HIV/AIDS Organizations*. In addition, ICAD continues to provide twinning information and a discussion forum on its website and tracks lessons learned from the twinning process.

To put the principles espoused in *Beyond Our Borders* into practice, in June 2000 CIDA awarded grants to 12 Canadian organizations, selected through a competitive process, to twin with organizations in developing countries. These grants were administered on behalf of CIDA by the Canadian Society for International Health (CSIH). The Canadian partners have reported that these twinning relationships have enhanced their domestic work and resulted in greater understanding and awareness of HIV/AIDS issues in general. Based on the success of this initial effort, CIDA has issued a second call for proposals for HIV/AIDS twinning projects that will be jointly administered by CSIH and ICAD.

## Translating Global Commitments Into Action

Through UNGASS and other fora, the world has witnessed an unprecedented mobilization of political leadership on HIV/AIDS. Global issues associated with HIV/AIDS have also been more broadly embraced by Canadian NGOs and ASOs, resulting in greater levels of cooperation and international solidarity. Continued commitment, better coordination of international programming and the increased awareness and capacity of Canadians to respond globally are essential if the spread of HIV/AIDS, and the human and economic devastation it causes, are to be halted.

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## Twinning Project Helps AIDS Vancouver Reach Users of Injection Drugs

Many Canadian organizations view twinning relationships as an opportunity to share their knowledge, expertise and resources with people in developing countries. Increasingly, they are finding that the process works both ways. Such was the case when AIDS Vancouver embarked on an international partnership with the Mexican Network of Persons Living with HIV/AIDS.

During a visit to Vancouver, representatives of the Mexican organization observed that users of injection drugs at risk of HIV infection include people of Latin origin. The Mexicans subsequently helped AIDS Vancouver workers better understand cultural issues affecting this population, provided resource materials that were suitable for Spanish-speaking people and participated in follow-up workshops.

For its part, AIDS Vancouver has provided its Mexican partner with information and resources on HIV/AIDS education and skills building. The twinning relationship, launched in June 2000, promises additional benefits in the years ahead.

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## STRENGTHENING THE CANADIAN RESPONSE THROUGH SCIENCE

Over the past decade, advances in biomedical, clinical and social science have enabled a better response to HIV/AIDS in Canada and worldwide. Through research networks, researchers maximize their contribution to and benefit from scientific advances worldwide. Still, new strains of the virus and the shifting face of the epidemic continue to present challenges for researchers, policy makers and practitioners.

Fostering scientific advancements is a priority under the CSHA, which provides annual funding of \$13.15 million for research within Health Canada and for extramural research at universities, hospitals and other research institutions. These funds, along with the additional investments they leverage from other stakeholders, are an integral part of Canada's response to HIV/AIDS.

### **CIHR – New Momentum for the Research Community**

CIHR was established in June 2000 with a mandate to create an integrated health research agenda that reflects the emerging needs of Canadians. In partnership with Health Canada, CIHR now administers most of the CSHA's extramural research program. Multidisciplinary HIV/AIDS research opportunities are provided through the Institute of Infection and Immunity.

HIV/AIDS research funding programs previously administered by the Medical Research Council of Canada and Health Canada's National Health Research and Development Program have been incorporated into CIHR. CIHR has committed to increase its contribution by \$1.5 million, from \$2 million to a minimum of \$3.5 million per year. In addition to administering the CSHA's dedicated funding for extramural biomedical and clinical research (\$4.6 million), CIHR contributed \$3.8 million from its own budget for HIV/AIDS research in 2000-2001. With this pooled envelope of funds, CIHR supported 15 new research projects in 2000-2001 for a total of 64 ongoing HIV/AIDS research projects. Among the 64 research projects, CIHR is funding 58 operating grants, 2 clinical trials, 2 industry partnership grants and 2 projects under the regional partnerships program.

## Clinical Discoveries Lead to More Effective Treatments

CIHR administers funding for the Canadian HIV Trials Network (CTN) to conduct scientifically and ethically sound clinical trials. The CTN is a partnership of researchers and research institutes committed to developing treatments, vaccines and a cure for HIV and AIDS. From a fledgling network with only two trials under way in 1990, the CTN has grown to play a vital and leading role in Canada's HIV/AIDS research community. As of April 1, 2001, the CTN was operating 36 trial sites and had 15 trials under way. Since its inception, the CTN has reviewed 173 protocols and approved 111 clinical trials, of which 69 have been completed. More than 7 600 Canadians have been involved in these trials.

CTN clinical trials continue to expand Canada's knowledge of HIV/AIDS drugs and treatment regimens. Examples of recent findings include the following.

- ~ VACOP-B chemotherapy treatment for non-Hodgkins lymphoma (NHL) is well tolerated, even when combined with antiretroviral treatment. However, long-term control of NHL is poor, and new therapies are needed to treat this condition.
- ~ Results from the first 450 participants involved in an international trial testing different drug combinations showed that after 48 weeks the combination of efavirenz, zidovudine and lamivudine had greater antiviral activity and was better tolerated than the combination of indinavir, zidovudine and lamivudine.

The CTN also continues to launch new clinical trials, many of which are investigator-initiated and supported by research funding agencies. One new study is evaluating the virologic response of a once-daily protease inhibitor regimen compared to a once-daily regimen containing efavirenz. A once-a-day regimen of protease inhibitors would be of significant benefit to people, such as injection drug users, who have difficulty managing multiple-drug-therapy regimens.

## OPTIMA Tri-National Study

Canada has taken a lead role in a ground-breaking, tri-national clinical trial that will attempt to identify the optimal drug management for HIV-positive patients for whom first- and second-line HAART has failed.

The Canadian component of the study, known as the OPTIMA Trial, is being undertaken by the Canadian HIV Trials Network (CTN), which aims to enrol 400 volunteers in some 20 sites across the country (CTN 167). Canadian Institutes of Health Research will provide more than \$3.7 million to the OPTIMA Trial as Canada's contribution to a \$20 million, four-year study that aims to enrol a total of 1 700 volunteers. Other national partners in the trial are the U.S. Department of Veterans Affairs and the Medical Research Council in the United Kingdom.

It has been estimated that as many as 4 000 Canadians need an alternative to HAART because of drug intolerance or ineffectiveness.

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## CIHR Supports Group Research

**A** collaborative research group being funded by Canadian Institutes of Health Research is producing results that will support the development of new methods for early treatment of HIV infection.

The group, which includes researchers from l'Université de Montréal, McGill University and l'Université Laval, is one of three currently funded by CIHR's Group Program, which brings together multi-disciplinary teams to tackle pressing HIV/AIDS research issues.

Data from the group's various studies have allowed a comparison of the clinical features of acute HIV-1 infection in patients infected sexually or through injection drug use to determine whether these different transmission routes lead to different symptoms. The group has also studied HIV-1 resistance to antiretroviral drugs in individuals infected by sexual contact, injection drug use or unknown cause. All three populations showed a high prevalence of genotypic variants associated with high-level resistance to antiretroviral drugs. Transmission of multi-drug resistance was confirmed in several subjects by showing that source partners possessed HIV of similar genotype.

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## The Search for HIV Vaccines and Microbicides

Worldwide research on HIV vaccines is led by the International AIDS Vaccine Initiative (IAVI). IAVI is a global, non-government consortium founded in 1996 to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. CIDA currently supports IAVI with funding of \$2.5 million per year, and CAS is IAVI's official Canadian community partner. IAVI, currently supporting five "partnerships" in their efforts to move candidate HIV vaccines into phase one trials, has announced plans to expand into more partnerships. One of the initiatives has seen the vaccine concept move into phase one human testing in an unprecedented 18 months. In addition to this scientific program, IAVI's activities include mobilizing support through education and advocacy and encouraging industrial participation.

Canadian researchers and institutions are also making significant contributions to vaccine research. One study, led by researchers at the Ottawa Hospital and l'Université de Montréal, involves 40 participants who have been receiving HAART and who have had undetectable viral loads for at least two years. The study will provide one group with Remune, ALVAC and GM-CSF at set times over a 24-week period prior to stopping antiretroviral therapy. The second group will receive matching placebos prior to stopping treatment. In all participants, the kinetics of virologic rebound and the immunologic response to the vaccine will be monitored carefully.

A CIHR-funded collaborative group grant, directed by researchers from the University of Manitoba, includes projects dealing with the characterization of immune mechanisms of resistance to HIV-1 infection. The work is carried out in Kenya and Canada and has relevance in vaccine development. This research team has identified both genetic and immunologic factors correlated with the development of resistance.

Canadians are also engaged in the search for effective microbicides. Researchers at the Infectious Diseases Research Centre at l'Université Laval in Quebec City are conducting research on one type of microbicide. They launched phase one of the "invisible condom" clinical trials in spring 2001. The "invisible condom" is a microbicide-bearing liquid polymer initially developed to prevent the transmission of disease during vaginal sex. It gels on contact with mucosa, forming a barrier to pathogens. The initial focus of this research will measure toxicity and related issues, and it is expected that the clinical trials will be completed in 2004.

## **Social Scientists Expanding the Knowledge Base**

Advances in social science research are contributing to an informed Canadian response to the HIV/AIDS epidemic.

Recent findings from the Vanguard Project suggest that HIV infections among young gay and bisexual men are on the rise in the Vancouver area. Another study involving 400 gay men in Vancouver suggests that optimism about the efficacy of treatments for HIV is leading to higher levels of unprotected anal intercourse among young gay and bisexual men. Findings such as these are contributing to a renewed call for strengthened HIV-prevention campaigns for gay and bisexual men.

In 2000-2001, a national study on the determinants of sexual health for youth was initiated by the HIV/AIDS Division in partnership with the Council of Ministers of Education, Canada and four universities. The study is being conducted to investigate the determinants of sexual health for young people in relation to HIV prevention. Findings from the study will inform the development and implementation of sexual health and HIV programs in both school and community-based settings.

In addition, the HIV/AIDS Division funded researchers at the University of Ottawa in 2000-2001 to explore the processes that shape pregnant women's decisions about HIV counselling. This project is expected to lead to improved HIV-testing programs that are relevant, appropriate and accessible to pregnant women.

## **Health Canada Issues New Epidemiology Estimates**

Scientific advances can also come in the form of information analysis and dissemination. In this context, in the fall of 2000 Health Canada's Bureau of HIV/AIDS, STD and TB published new national HIV prevalence and incidence estimates for use by policy makers, physicians, caregivers, researchers and others.

The Bureau of HIV/AIDS, STD and TB also supports targeted epidemiological research. The Bureau has provided funding for the SurVIDU study, which is assessing the incidence and prevalence of HIV and risk behaviours among injection drug users who frequent needle exchange sites throughout Quebec and in Ottawa. The Bureau has also funded an ongoing study of the prevalence of HIV among pregnant women in Ontario.

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## **Gender, Power and Harm Reduction: Women Receiving Methadone Maintenance Treatment in Vancouver**

**A** research project involving drug-using women in Vancouver has found that the positive effects of methadone maintenance treatment (MMT) can be compromised by the social conditions affecting women's lives.

Conducted by researchers at the B.C. Centre for Excellence in HIV/AIDS, the study explored the social and cultural contexts of drug-related vulnerability for women seeking MMT. Although more women than men seek MMT, they are also more likely to continue to engage in high-risk behaviour.

The study found that from intimate partner violence to "bad dates," rape and unprotected sex, adult women face several forms of drug-related vulnerability. Women seeking MMT do not necessarily seek to discontinue drug use; some women view treatment as a means to help them control the conditions surrounding their drug use.

While further ethnographic research into client motivations is necessary, this study indicates the importance of establishing women-focussed, non-pharmacological interventions in methadone clinics.

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### **Community-Based Research Gains a Foothold**

Community-based research is also receiving a boost under the CSHA. This approach ensures that research is grounded and relevant to communities developing innovative program and policy responses to addressing HIV/AIDS.

The HIV/AIDS Division provided support for a national study by CAS to understand how community-based care differs for HIV/AIDS populations currently in need of support, with a focus on examining how each population can best be served. CAS is collaborating on this project with the Canadian Association for Community Care and the HIV Social Behavioural and Epidemiological Studies Unit at the University of Toronto.

CTAC is also bringing the perspective of the community to research projects and clinical trials. To this end, a research project to determine the most effective methods of obtaining post-approval information on the beneficial and adverse effects of drugs from consumers has been developed with the assistance of an advisory committee that includes a representative of Health Canada's Bureau of Drug Surveillance.

### **Innovative Approaches Break New Ground**

Innovative approaches are being developed to improve the quality of methodologies and procedures used in surveillance and laboratory science under the CSHA.

Innovative statistical methods and mathematically complex models are needed to help bridge data gaps and provide a more accurate understanding of HIV trends. Health Canada's Bureau of HIV/AIDS, STD and TB is working with other stakeholders to ensure that the most appropriate mathematical and statistical models are used to interpret data and to provide accurate data projections. Modelling the progression of the disease in the post-HAART era is a long-term project for the Bureau, along with projecting the future burden of the disease. Transmission models based on risk behaviours will be developed to assess the impact of various interventions, such as the introduction of needle exchange programs, on the burden of HIV illness in Canada.



Health Canada also remains at the forefront of innovative laboratory work. In this regard, the Bureau of HIV/AIDS, STD and TB is continuing to develop and validate new ultra-sensitive diagnostic testing methodologies that may shorten the period between HIV infection and the detection of antibodies, thereby allowing treatment to begin sooner.

### **Finding the Balance**

Researchers remain committed to working towards finding a cure for AIDS. Intensifying their participation and collaboration with international partners will help to ensure global scientific advancements. Locally, more effective communication of research findings to stakeholders is required so that new discoveries can be translated into effective action at the community and government levels. A key challenge for policy makers is to find the right balance between investigator-initiated and targeted research and the balance among research areas.

## INCREASING THE USE OF RELIABLE INFORMATION

Supporting the development and dissemination of information is an important objective of the CSHA. Information is the key to knowledge, and knowledge allows people living with HIV/AIDS to gain access to new treatments and services (thereby improving the quality of their lives), helps reduce the risk of HIV infection for vulnerable populations, and enables policy makers, professionals and the public, in Canada and abroad, to deal with HIV/AIDS.

### **Technology Expands the Reach of Information**

The advent of new information technologies is providing a wide range of tools and opportunities to increase the use of reliable HIV/AIDS information.

The World Wide Web provides instant access to a wealth of information on HIV/AIDS. Organizations, including Health Canada and national and community-based ASOs, maintain their own websites that provide electronic access to relevant documents and links to other HIV/AIDS organizations. Some organizations are developing electronic discussion groups on specific subjects. These tools link individuals around the world, helping people to exchange information, ideas and viewpoints. The Canadian HIV/AIDS Legal Network, CATIE and the Canadian HIV/AIDS Clearinghouse maintain listservs on HIV/AIDS legal, ethical, policy, care, treatment and prevention issues.

The HIV/AIDS Affiliate of the Canadian Health Network was established by the Canadian HIV/AIDS Clearinghouse, CAS and CATIE. This partnership gives Canadians access to accurate, reliable and timely information on HIV/AIDS from across Canada and ensures that HIV/AIDS is included in this major dissemination vehicle for health information.

### **Resource Centres Provide Front-Line Tools**

Health Canada funds the Clearinghouse and CATIE to maintain comprehensive resource centres on HIV/AIDS prevention, care, treatment and support issues.

The Clearinghouse, a program of the Canadian Public Health Association, is Canada's largest distributor of HIV/AIDS materials. In 2000-2001, it distributed more than 800 000 pamphlets, posters, brochures, videos and manuals to individuals and organizations across Canada and around the world. The Clearinghouse distribution centre currently contains more than 600 items. Its library has 18 000 titles in 102 different languages, including one of the world's most comprehensive holdings of French language materials. These materials include the latest videos, books and how-to manuals, all of which are available on loan. The Clearinghouse also actively supports a national network of front-line workers by gathering, disseminating and producing information on HIV prevention through its national prevention program. The Clearinghouse, in partnership with a national steering committee, developed a prototype for the national HIV prevention database. When it is completed, the database will improve the distribution of prevention information.

CATIE gives people living with HIV/AIDS and their caregivers access to free, current, confidential and bilingual information on HIV/AIDS treatment and related health care issues. CATIE maintains electronic mailing lists, various print publications and a bilingual, toll-free phone service. During 2000-2001, CATIE delivered more than 1.4 million documents via its website and more than 60 000 print publications by mail and through workshops. *CATIE News/Nouvelles CATIE*, the organization's newsletter, was distributed to more than 500 subscribers.

### **New Information Resources Developed**

CSHA partners and others continue to develop vital new information resources that are contributing to improved understanding of the HIV/AIDS epidemic.

The Clearinghouse regularly provides Canadians with a series of up-to-date HIV prevention resources. These include a national catalogue, annotated bibliographies, 14 frequently asked questions, basic facts on HIV and injection drug use, a national newsletter and contact databases. CATIE produced eight new fact sheets and three new supplement sheets and revised 11 existing fact sheets.

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### **CD-ROM from Durban**

Canadian materials on HIV/AIDS are viewed as reliable and valued resources and are in great demand around the world. This was particularly evident after the XIII International AIDS Conference in Durban, where the high-profile Canada Booth spurred requests for 1 200 additional pieces of information after the Conference concluded.

As a result of this demand, the Canadian HIV/AIDS Clearinghouse (which provided logistical services and support for the Canada Booth) joined forces with Health Canada's International Affairs Directorate to produce a CD-ROM that contains more than 45 documents in both English and French. The CD-ROM was created in a webpage-like format to allow quick access to the documents and instant access to the websites of the CSHA's key national stakeholders, including community-based organizations, non-governmental organizations and government departments.

Demand for the CD-ROM has been so high, reports the Clearinghouse, that 500 additional copies have been produced.

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## Keeping Health Care Professionals Informed

**T**he Canadian AIDS Treatment Information Exchange (CATIE) is taking full advantage of modern information technology to help keep health care professionals informed about clinical developments in the field of HIV/AIDS.

“Innovations” is a free Internet-based current awareness service available through CATIE’s website. The service directs users to selected articles from leading peer-reviewed journals. From here, a simple click of the mouse gives users access to the full abstract of any article on the list.

CATIE’s constant scanning of HIV/AIDS literature gives users of “Innovations” faster access to relevant information. This ultimately benefits people living with HIV/AIDS across Canada.

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CATIE has expanded its *Practical Guide* series for people living with HIV/AIDS to include two new guides, one on antiretroviral therapy and one dedicated to women’s issues. The Legal Network developed, updated and distributed information sheets on legal issues affecting Aboriginal people, prison inmates and prostitutes. ICAD produced fact sheets on a wide range of topics, including the state of the AIDS epidemic in different regions of the world, HIV/AIDS issues and young people, children’s rights and access to treatment.

Efforts have also been strengthened to develop population-specific, culturally sensitive materials on HIV/AIDS. Health Canada, in collaboration with the AIDS Committee of Toronto, translated a series of HIV/AIDS booklets on women and sexual violence into several languages other than English and French. Similarly, CAAN is working with CSC, the Legal Network and CATIE to adapt materials for Aboriginal populations, using culturally appropriate language. The Clearinghouse has also produced Basic Facts in Ojibway, Cree, Inuktitut and OjiCree. CATIE has collaborated with the Association for South Asian AIDS Prevention to produce a culturally sensitive Tamil edition of *Managing Your Health* and with Pauktuutit to produce four low-literacy fact sheets for the Inuit community.

### **Influencing Policies, Programs and Decision Making**

Some information resources being developed under the umbrella of the CSHA are informing policy- and decision-making processes, both in government and in the NGO community.

Epidemiological information is vital to understanding the changing face of the HIV/AIDS epidemic. To promote awareness and understanding of the new estimates released in the fall of 2000, Health Canada’s Bureau of HIV/AIDS, STD and TB revised its series of *Epi Updates* and met with key stakeholder groups, including provincial/territorial officials and representatives of the Aboriginal community.

In addition, the evidence-based direction-setting process for the CSHA relied on several sources, including environmental scan panel presentations on the current state of the epidemic, the 1998-1999 CSHA Annual Report, the 1998-1999 Monitoring Report and the 1999-2000 CSHA Work Plans.

The HIV/AIDS Division supported a national HIV/AIDS treatment information environmental scan to identify treatment information needs and the ways in which they can best be addressed. The scan found that gaps in treatment information are expected to increase in the future.

Research reports published by the Legal Network also influenced policy directions for the CSHA. *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues* signalled the need for an increased focus on reducing the harms associated with injecting drugs; providing care, treatment and support for people who inject drugs; and ensuring that people who inject drugs can contribute to the development of policies and programs affecting their health.

Evaluation reports and annual reports from CSHA-funded national partners are also feeding work-planning processes and informing continuous improvement in the delivery of the CSHA. The CSHA's 1999-2000 Annual Monitoring Report, prepared by the HIV/AIDS Division in partnership with the Departmental Program Evaluation Division, presented information demonstrating short-term progress toward the achievement of the goals of the CSHA. An evaluation of the CSHA's first three years is also under way to help establish future directions. More than 230 representatives of government and non-government partners, including more than 60 HIV/AIDS researchers and persons living with HIV/AIDS, front-line workers and international experts, are contributing to the study.

### **Managing the Information Base**

CSHA partners need a better understanding of the available information, how it is being used and how it might be used more effectively in the fight against HIV/AIDS. There is a huge body of information both in Canada and at the international level. Partners have called for the development of a strategy to facilitate and evaluate the use of this information and to address existing gaps.

## INCREASING CAPACITY ACROSS THE HIV/AIDS SPECTRUM

Improving the capacity to respond to the epidemic is a critical element of the CSHA. As the HIV/AIDS epidemic continues to grow in magnitude and complexity, new demands are being placed on those most directly involved in the response, both in Canada and beyond.

### **Funding Strengthens Organizations**

Health Canada invests \$14.8 million each year to help sustain the activities of organizations involved in responding to the HIV/AIDS epidemic, for a total of \$44.4 million since the CSHA was launched in 1998.

The bulk of this funding is disbursed through ACAP, which each year commits \$8 million to operational and project funding to develop and strengthen the ability of more than 100 community-based organizations to address HIV/AIDS issues through targeted prevention education, health promotion for people living with HIV/AIDS and the creation of supportive environments.

An additional \$2 million supports the operation of national NGOs to strengthen community capacity to respond to HIV/AIDS issues; to create and develop issue-based coalitions and partnerships; to set strategic directions, policies, plans and expected outcomes on issues related to both persons living with HIV/AIDS and vulnerable populations; and to strengthen communication and working relationships with membership and other partners.

Support is provided to Aboriginal communities on- and off-reserve. FNIHB invests \$1.1 million of CSHA funding and \$2.5 million of non-CSHA funding in providing HIV/AIDS education, prevention and related health care services to on-reserve First Nations and Inuit. The HIV/AIDS Division administers a further \$1.2 million for HIV/AIDS programming by community-based organizations in non-reserve Aboriginal communities.

## Providing the Tools to Do the Job

The development of capacity-building tools is key to assisting stakeholders in addressing HIV/AIDS.

The Bureau of HIV/AIDS, STD and TB is collaborating with CAS to build on CAAN's document, *Understanding HIV/AIDS Epidemiology: HIV/AIDS Surveillance Among Canada's Aboriginal Peoples*, to meet the needs of other communities. To this end, a glossary of terms is being developed to assist those who rely on epidemiological information but have no formal training in epidemiology.

The HIV/AIDS Division collaborated with Laurentian University to publish a special edition of the *Native Social Work Journal* focussing on HIV/AIDS issues in Aboriginal populations. The publication explores personal experiences and medical, cultural and social issues associated with HIV/AIDS. More than 4 000 copies of the publication have been distributed to Aboriginal organizations and leaders and to correctional facilities, regional health boards and federal and provincial health ministries.

In another project, the HIV/AIDS Division collaborated with national philanthropic organizations, CAS, the Clearinghouse and selected community-based ASOs to develop *The Wiseguide*. Billed as "a complete, no-nonsense guide to non-profit communications," *The Wiseguide* provides the basic knowledge, skills and tools community-based ASOs need to attract media attention, raise money and build partnerships.

## Developing Professional Expertise on HIV/AIDS

The Canadian HIV/AIDS Mentorship Program (CHAMP) addressed the needs of new physicians providing HIV care and treatment. Funded by the HIV/AIDS Division, CHAMP linked 330 novice physicians with 124 experienced HIV primary care physicians through a network of telephone support and provided novice physicians with educational materials. The success of the CHAMP program model has attracted international attention.

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## Aboriginal Epi Guide – A Model for Other Communities?

**T**he document *Understanding HIV/AIDS Epidemiology: HIV/AIDS Surveillance Among Canada's Aboriginal Peoples* has been a resounding success, so much so that other organizations are considering it a model for explaining epidemiological terms in lay language.

One thousand hard copies of the guide have been distributed to Aboriginal communities and organizations, and the document is now available electronically through the Canadian Aboriginal AIDS Network's website. It has also been profiled through presentations at the Canadian Association of HIV Researchers conference, the 3rd Canadian HIV/AIDS Skills Building Symposium and the XIII International AIDS Conference.

The feedback from users has been unequivocal: the guide has made epidemiological information from Health Canada and other sources more accessible and meaningful for HIV/AIDS policy makers and program directors. With this in mind, the Canadian AIDS Society is now working with Health Canada's Bureau of HIV/AIDS, STD and TB on a similar glossary of HIV/AIDS epidemiologic and surveillance terms to make epidemiological data more accessible to people who use this information in their work but have no formal training in epidemiology. The glossary is intended to better link national HIV/AIDS surveillance data to prevention and treatment programs.

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## Reaching Women Victims of Violence

**M**TS-Sida Montérégie, a community-based AIDS service organization in the Montérégie region, has achieved a remarkable breakthrough in implementing a sexual health program for women living in shelters.

Reaching this population has proven a challenge. These women, who live in disruptive surroundings and deal with the effects of physical and psychological abuse, are often unwilling to participate in health counselling programs.

Nevertheless, MTS-Sida Montérégie, with funding from Health Canada's AIDS Community Action Program, has been able to break down these barriers and bring messages of safe sexual behaviour to women victims of violence living in several shelters in the Montérégie region. A real mark of the project's success is that other shelters and other AIDS groups have requested information in order to implement the program in different regions of the province.



Mentorship is also the underlying objective of the Clinical Associates in HIV Trials Program, an initiative of the CTN. Through this program, young scientists are trained by experienced investigators in how to conduct HIV/AIDS clinical trials. This program, which initially granted three awards each year, was expanded under CIHR to seven mentoring grants (now known as fellowships) in 2000-2001. Many of Canada's most successful clinical investigators have developed their careers through this program.

The College of Family Physicians of Canada (CFPC), with funding from Health Canada's HIV/AIDS Division, released *HIV Care: A Primer and Resource Guide for Family Physicians* to mobilize family doctors in a national effort to expand HIV/AIDS care. The CFPC estimates that 39 per cent of family doctors are caring for people living with HIV/AIDS.

As well, a new training module on palliative care for HIV-positive users of injection drugs was developed by the HIV/AIDS Division to assist people who provide palliative care services.

### **Building Canada's Research Capacity**

Canada is recognized around the world for the quality of its HIV/AIDS research. In order to maintain this leadership role, attract bright new people to the field and further advance the science of HIV/AIDS, Canada must continually invest in its research capacity. One way this is being done is through the provision of research training and salary awards.

In 2000-2001, CIHR approved two new training awards and one new salary award for HIV/AIDS researchers. As a result, 23 HIV/AIDS researchers are now receiving training awards from CIHR, and 14 individuals are receiving salary awards that allow them to devote more of their time to HIV/AIDS research projects. In addition, across Canada, an estimated 180 graduate students and 60 post-doctoral fellows are training as HIV/AIDS researchers through support from research grants.

CSHA research funds leverage additional investments from other sources, which further increases Canada's HIV/AIDS research capacity. CIHR has estimated that for every dollar of support received from the federal government, researchers are able to obtain \$0.72 from other sources. In the HIV/AIDS field, this suggests an additional \$5.9 million worth of research capacity was being leveraged by federal investments in 2000-2001. Overall, it is estimated that approximately \$16 million has been leveraged to build research capacity over the life of the CSHA.



Special efforts are under way to build Canada's capacity for community-based HIV/AIDS research. The Community-Based Research Capacity-Building Program and the Aboriginal Capacity-Building Program for Community-Based Research are four-year initiatives funded through the CSHA that offer scholarships and other skills-building opportunities. Scholarships are available to graduate students in master's and doctoral programs who conduct community-based research on HIV/AIDS as part of their degree requirements. As of July 2001, a total of six scholarships – four for community-based capacity building and two for Aboriginal research capacity building – had been awarded. The Aboriginal Capacity-Building Program also supports summer internships that allow undergraduate Aboriginal students to work in Aboriginal ASOs under the direction of an academic advisor. Six internships were awarded in 2001.

### **Building Expertise Among CSHA Stakeholders**

Organizations and individuals working in the field of HIV/AIDS benefit from many opportunities to expand their knowledge and understanding of the epidemic while contributing their time and expertise.

A national partners committee, supported by CAS, plays a lead role in facilitating learning and capacity-building opportunities by organizing the biennial Canadian HIV/AIDS Skills Building Symposium. The third symposium, held in Montréal in July 2001, brought together 900 representatives of more than 30 national, regional and local partners to plan and implement a dynamic skills-building program that focussed on specific areas. These included prevention, therapies, organizational and community development, policy, legal and ethical issues, care/counselling/support, community-based research, international perspectives and youth issues. Eighty-eight scholarships created an opportunity for youth, people living with HIV/AIDS and individuals from disadvantaged communities to take part in the Symposium. Networking on global issues was also an integral component of the Symposium. To this end, ICAD, CAS and the International Affairs Directorate organized a satellite workshop. In addition, CIDA provided funding to allow 24 international visitors to travel to the Symposium. Their participation led to increased knowledge about the global pandemic among Canadian participants.

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### **Empowering Women Sex Trade Workers**

**F**emale sex trade workers in Montréal are learning how to avoid HIV infection, defend their rights, increase their self-esteem and protect themselves against violence through two complementary initiatives being delivered by a community-based group called Stella.

The projects, both of which receive funding from Health Canada's AIDS Community Action Program, are empowering women sex trade workers through counselling and other initiatives. Stella's staff have mobilized women involved in the sex trade to create a guide that contains vital information on health and security.

Stella is also working to sensitize others in society about the realities of working in the sex trade.

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## ACCESS-AIDS Committee of Sudbury: Making A Difference

Community-based AIDS service organizations make a difference – in some cases, the difference between life and death. Consider these testimonials from clients of the ACCESS-AIDS Committee of Sudbury, which works with the city's gay, lesbian, bisexual and transgendered community:

*"Over the past five weeks there have been six suicides related to sexual orientation. All of them were under 23, and I knew two of them from the 'Net.' I felt the same way last year and thankfully came here instead. I wish they had!"*

Allan, 17

*"I thank God for ACCESS and all who work there! If not for your support and understanding and friendship I would have killed myself because of feeling so alone. Thanks to you all, I'm starting to like myself."*

David, 43

*"Please know that what you do doesn't go unnoticed! And, I can guarantee that our community is a better place to live because of your program."*

Terry, 49

*"I really hated myself. I felt alone. My parents heard about this group and made me come. Now I think I'm pretty, made friends and I'm back in school. My parents are happy with me."*

Melissa, 17

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Other examples of HIV/AIDS learning through training opportunities in Canada include the following:

- ~ FNIHB funds groups to provide AIDS introductory workshops in reserve communities.
- ~ CTAC regularly holds skills-building sessions at its board and council meetings. These sessions are videotaped, and the tapes are circulated for training.
- ~ CATIE delivered 51 workshops focussed on treatment-related issues in 2000-2001, involving a total of 1 509 individuals from 396 organizations.

### Capacity Stretched to the Limits

Retaining existing capacity to address the epidemic is a serious challenge for the CSHA. Canada needs to continually renew and sustain its human resources in the field of HIV/AIDS. Increased capacity is also required to respond to changes in the epidemic.

Canadians have learned hard lessons about HIV/AIDS over the past two decades, and many challenges lie ahead. The reality is harsh and disturbing. Millions of people worldwide continue to live with HIV/AIDS; millions have already died.

Canada has not escaped the burden of this disease, which is still making inroads into the Canadian population. Persistence is critical, or there is a risk of losing the gains that have been made.

Since the first case of AIDS was diagnosed in North America, Canadians have worked tirelessly against the disease. Partners in the Canadian Strategy on HIV/AIDS (CSHA) continue to build a pan-Canadian response to the epidemic in Canada and worldwide.

Yet – at a time when CSHA partners find themselves already stretched to the limit – they must face a new reality. Greater efforts are needed. Non-traditional partners must be welcomed, and existing partners must remain vigilant. Finding the right balance in Canada’s response remains a key challenge. Increased Canadian involvement and improved coordination of international programming are essential.

## THE WAY AHEAD

CSHA partners have set a difficult but necessary path. They are committed to:

- ~ keeping HIV/AIDS on the public agenda
- ~ positioning HIV/AIDS within a broad social justice context
- ~ expanding the pan-Canadian approach by establishing new partnerships with essential stakeholders and sectors
- ~ fulfilling Canada’s obligation to the UNGASS Declaration of Commitment, with its focus on intensifying regional, national and international responses to HIV/AIDS
- ~ continuing to improve surveillance systems

- ~ revitalizing prevention efforts that integrate prevention and care, treatment and support programs for Canadians living with or at risk of HIV/AIDS
- ~ engaging vulnerable populations in developing and implementing unique approaches to addressing the needs of people living with or vulnerable to HIV/AIDS
- ~ setting HIV/AIDS research priorities and increasingly linking Canadian efforts to international research activities, with the goal of finding effective vaccines, drugs and therapies and, ultimately, a cure for HIV/AIDS
- ~ reviewing CSHA funding priorities to maximize the impact of financial resources

The complexity of the epidemic and the need for intensified efforts require a renewed and strengthened response. Partners have reaffirmed the CSHA as the framework within which they can respond to the epidemic. They have also used their collective voice to say that now is not the time to let up in the response to HIV/AIDS.

# KEY CANADIAN PARTNERS AND REGIONAL ORGANIZATIONS

## NATIONAL ORGANIZATIONS



### **Canadian Aboriginal AIDS Network (CAAN)**

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

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**Telephone:** 1-888-285-2226

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**Website:** [www.caan.ca](http://www.caan.ca)

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### **Canadian AIDS Society (CAS)**

CAS represents a national coalition of more than 120 community-based AIDS organizations directed by people affected by HIV/AIDS. It speaks as a national voice for a community-based response to HIV infection, advocates for persons affected, and acts as a resource for member organizations.

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**Telephone:** (613) 230-3580

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**Website:** [www.cdnaids.ca](http://www.cdnaids.ca)

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### **Canadian AIDS Treatment Information Exchange (CATIE)**

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

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**Telephone:** 1-800-263-1638

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**Website:** [www.catie.ca](http://www.catie.ca)

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### **Canadian Association for HIV Research (CAHR)**

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

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**Telephone:** (613) 258-5062

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**Website:** <http://cfeweb.hivnet.ubc.ca/cfe.html>

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### **Canadian Foundation for AIDS Research (CANFAR)**

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

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**Telephone:** (416) 361-6281 or 1-800-563-CURE

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**Website:** [www.canfar.com](http://www.canfar.com)

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### **Canadian HIV/AIDS Clearinghouse, Canadian Public Health Association (CPHA)**

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

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**Telephone:** (613) 725-3434 or 1-877-999-7740

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**Website:** [www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)

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### **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.

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**Telephone:** (514) 397-6828

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**Website:** [www.aidslaw.ca](http://www.aidslaw.ca)

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### **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.

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**Telephone:** (604) 806-8327 or 1-800-661-4664

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**Website:** [www.hivnet.ubc.ca/ctn.html](http://www.hivnet.ubc.ca/ctn.html)

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### **Canadian Institutes of Health Research (CIHR)**

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

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**Telephone:** (613) 941-2672

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**Website:** [www.cihr.ca](http://www.cihr.ca)

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### **Canadian International Development Agency (CIDA)**

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

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**Telephone:** (819) 997-5006 or 1-800-230-6349

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**Website:** [www.acdi-cida.gc.ca](http://www.acdi-cida.gc.ca)

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### **Canadian Treatment Advocates Council (CTAC)**

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

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**Telephone:** (416) 410-6538

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**E-mail:** [ctac@sympatico.ca](mailto:ctac@sympatico.ca)

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### **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.

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**Telephone:** (613) 992-0630

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**Website:** [www.csc-scc.gc.ca](http://www.csc-scc.gc.ca)

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### **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 First Nations and Inuit Health Branch, the Departmental Program Evaluation Division, the Department's regional offices, the HIV/AIDS Policy, Coordination and Programs Division and the International Affairs Directorate. Health Canada also works closely with the provinces and territories through such mechanisms as the Federal/Provincial/Territorial Advisory Committee on AIDS.

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**Telephone:** (613) 952-5258

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**Website:** [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

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### **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.

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**Telephone:** (613) 788-5107

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**Website:** [www.icad-cisd.com](http://www.icad-cisd.com)

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## **International Council of AIDS Service Organizations (ICASO)**

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

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**Telephone:** (416) 340-2437

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**Website:** [www.icaso.org](http://www.icaso.org)

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## REGIONAL ORGANIZATIONS



### **Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida) (Quebec's Coalition of Community-Based Groups Working Against AIDS)**

A provincial coalition of 35 independent organizations working with and for people living with HIV/AIDS.

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**Telephone:** (514) 844-2477

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**Website:** [www.cocqsida.com](http://www.cocqsida.com)

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### **Ontario AIDS Network (OAN)**

A province-wide coalition of diverse community-based organizations. The member groups work together to establish a just and effective response to AIDS.

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**Telephone:** (416) 364-4555 or 1-800-839-0369

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**Website:** [www.ontarioaidsnetwork.on.ca](http://www.ontarioaidsnetwork.on.ca)

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### **Manitoba AIDS Cooperative (MAC)**

A network of community-based organizations ensuring the design, development and implementation of appropriate HIV/AIDS programs, services and policies for people living in Manitoba.

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**Telephone:** (204) 774-7722

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**Website:** [www.escape.ca/~aidscoop/index.htm](http://www.escape.ca/~aidscoop/index.htm)

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### **Saskatchewan AIDS Network (SAN)**

A coalition of community-based organizations in Saskatchewan dedicated to responding to HIV/AIDS.

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**Telephone:** (306) 373-2777

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**E-mail:** [saskaidsnetwork@home.com](mailto:saskaidsnetwork@home.com)

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### **Alberta Community Council on HIV (ACCH)**

A partnership of 12 non-profit community HIV organizations, ACCH members come together to present a unified provincial voice on HIV/AIDS issues and concerns common to all.

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**Telephone:** (403) 314-0892 or 1-888-786-7448

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**Website:** [www.1888stophiv.com](http://www.1888stophiv.com)

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### **Pacific AIDS Network (PAN)**

Pan is a member-driven network of more than 50 community-based AIDS organizations that provides a forum for communication, mutual support and collective action for HIV issues throughout British Columbia and the Yukon.

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**Telephone:** (250) 888-9697

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**Website:** [www.pan.ca](http://www.pan.ca)

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