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# BASIC FACTS

**Canadian Strategy  
on HIV/AIDS**



Canadian Strategy on  
HIV/AIDS

La Stratégie canadienne  
sur le VIH/sida

Canada

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

*Health Canada*

Également disponible en français sous le titre

La Stratégie canadienne sur le VIH/sida

Faits Essentiels

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HIV/AIDS is a global threat that knows no boundaries. Epidemiological evidence shows that the developing world is bearing the brunt of the epidemic; more than 95 per cent of new infections in 2000 were in developing countries. Sub-Saharan Africa accounts for a full 70 per cent of the world's HIV-positive population, but the disease is also gaining strength in Asia. Rates in Eastern Europe, the Middle East, Latin America and the Caribbean are also on the rise. Health Canada estimates from 1999 show that the impact of the epidemic is increasing in Canada.

An estimated 40 million people worldwide are living with HIV, more than 17.6 million of whom are women. In 2001, about 5 million people became infected, 800 000 of them children. Since the epidemic began, AIDS has killed 24.8 million people, a significant majority of them in Sub-Saharan Africa. Last year alone, AIDS claimed 3 million lives. HIV/AIDS has also orphaned more than 13 million children under the age of 15.

## STATE OF THE HIV/AIDS EPIDEMIC

In Canada, Health Canada estimates show that at the end of 1999, there were 49 800 people living with HIV infection (including those living with AIDS), an increase of 24 per cent since 1996. In addition, Health Canada has estimated that the number of new HIV infections per year was about the same in 1999 as in 1996, that is, approximately 4 200 new infections per year. However, the composition of these new infections continues to change. The estimates clearly illustrate the changing face of the Canadian HIV epidemic, highlighting a potential resurgence of the epidemic among men who have sex with men and an increasingly urgent situation among Aboriginal populations. Although the estimates show a reduction among injection drug users, the number of new infections per year in this group is still unacceptably high.

*Additional information on the state of the epidemic is available from UNAIDS ([www.unaids.org.in](http://www.unaids.org.in)) and Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)).*

The Canadian Strategy on HIV/AIDS (CSHA), launched on May 28, 1998, provides stable ongoing funding of \$42.2 million annually and reaffirms the Government of Canada's commitment to ensure a strong national capacity to respond to HIV/AIDS. The CSHA builds on the groundwork laid by the National AIDS Strategy, Phases I and II, and is the result of extensive and precedent-setting consultations with those Canadians who know the disease best. The CSHA places increased emphasis on achieving sustainability and integration, focussing activities on those most at risk and on increased public accountability.

The CSHA is delivered by three federal departments and agencies. Health Canada is the lead federal department for issues related to HIV/AIDS and is responsible for coordinating the CSHA. Correctional Service Canada plays an important national leadership role in addressing HIV/AIDS in the correctional environment. Canadian Institutes of Health Research administer most of the extramural research component of the CSHA.

## CANADA'S DOMESTIC RESPONSE

*Additional information on the CSHA is available from Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)), Correctional Service Canada ([www.csc-scc.gc.ca](http://www.csc-scc.gc.ca)) and Canadian Institutes of Health Research ([www.cihr.ca](http://www.cihr.ca)).*

HIV/AIDS is a truly worldwide issue. A proactive global response is needed to address this pandemic, which is threatening the health, economic and social development progress achieved in developing countries and elsewhere. Canada's international activities are based not only on a commitment to global citizenship but also on the conviction that acting globally can alert Canadians to new approaches to fighting HIV/AIDS at home.

The CSHA's international collaboration component focusses on increasing the coordination of Canadian international HIV/AIDS activities, strengthening information sharing with other countries and international organizations, building the capacity of Canadian non-government organizations and enhancing collaboration among participating agencies, such as the Canadian International Development Agency (CIDA).

## CANADA'S ROLE IN THE GLOBAL RESPONSE

The Government of Canada is playing an important leadership role in the global response to HIV/AIDS. Beginning early in 2001, the United Nations hosted preparatory sessions leading up to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held on June 25-27, 2001. These sessions culminated in 189 member states adopting the Declaration of Commitment on HIV/AIDS by acclamation. The Declaration is a landmark document, setting out the direction for the global response to HIV/AIDS over the next decade. Led by the Minister for International Cooperation, Canadian government representatives from the Department of Foreign Affairs and International Trade, Health Canada and CIDA showed leadership at UNGASS by advocating for a human rights approach in dealing with this epidemic.

In July 2001, through CIDA, the Government of Canada reaffirmed its commitment to the global response to HIV/AIDS when it announced a contribution of \$150 million over four years to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

HIV/AIDS is one of four social development priorities announced by CIDA in September 2000. CIDA's funding for HIV/AIDS initiatives is projected to increase from \$23 million per year in 2000-2001 to \$80 million per year in 2004-2005, for a total five-year investment of \$270 million.

*Additional information on the global response is available from UNAIDS ([www.unaids.org.in](http://www.unaids.org.in)), CIDA ([www.acdi-cida.gc.ca](http://www.acdi-cida.gc.ca)) and Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)).*

# VULNERABLE CANADIANS

The CSHA is centred on the needs of persons living with or vulnerable to HIV/AIDS; in other words, it focusses knowledge and resources where they are needed most. A key challenge for the CSHA is the changing face of the epidemic. This is illustrated by epidemiological evidence that shows that the composition of new infections continued to change over the period 1996 to 1999.

**In Canada, men who have sex with men – including gay, bisexual and other homosexually active men – are vulnerable to HIV infection.**

To date, gay men represent the population most affected by HIV and AIDS. According to epidemiological estimates, the incidence of HIV among men who have sex with men increased between 1996 and 1999, making up 38.4 per cent of new infections in 1999. Issues such as loneliness, isolation and depression, a lack of social support, homophobia and prevention fatigue create vulnerabilities that may play a role in risk-taking behaviour. Under the CSHA, Health Canada, in collaboration with its partners, is developing a framework to rejuvenate HIV prevention efforts for gay men.

**Aboriginal people in Canada are vulnerable to HIV infection.**

According to epidemiological estimates, the incidence of HIV has been rising steadily among First Nations, Inuit and Métis peoples for the past decade. The unique social and cultural situation of Aboriginal people in Canada requires innovative approaches to prevention, testing, care, treatment and support. Under the CSHA, Health Canada established the National Aboriginal Council on HIV/AIDS in 2001 to provide advice on HIV/AIDS issues as they relate to Canada's Aboriginal people. In addition, Health Canada is supporting the development of a national Aboriginal AIDS strategy.



**Injection drug users are vulnerable to HIV infection in Canada.**

Epidemiological estimates show that the number of new HIV infections among injection drug users in Canada decreased by 27 per cent between 1996 and 1999. However, the absolute number of new infections is still unacceptably high in this group. Key prevention strategies to decrease HIV transmission among injection drug users in Canada include harm reduction concepts, such as needle exchange and outreach programs combined with social services. Under the CSHA, there is continued monitoring of risk behaviours among injection drug users and of the factors associated with these behaviours. Work is being done to promote the piloting and implementation of complementary services that integrate accessible health and social services and detoxification and drug treatment programs. In addition, the first Canadian Conference on Harm Reduction is now being organized.

**Young people in Canada are vulnerable to HIV infection.**

Although current epidemiological evidence suggests that HIV prevalence is low among youth, data on sexual behaviour and sexually transmitted disease clearly indicate that the potential exists for the spread of HIV among young Canadians. Canadian youth most at risk for HIV infection are street-involved, inject drugs and/or are homeless. Under the CSHA, Health Canada and its many partners are undertaking initiatives that will educate youth and enable them to take effective action to prevent HIV and other sexually transmitted diseases. For example, a national study is currently being implemented by Health Canada in collaboration with the Council of Ministers of Education, Canada. Such initiatives are critical to the well-being of Canadian youth and to the development of behaviours that will further enhance their health as adults.

**Women in Canada are vulnerable to HIV infection.**

According to epidemiological estimates, the number of women newly infected with HIV remained just below 1 000 per year in both 1996 and 1999. In 1999, 54 per cent of new infections among women were attributed to injection drug use and 46 per cent to heterosexual sex. Based on the broader determinants of health, including women's place in society, their risk of violence and their low economic status, Health Canada has supported the development of resources on sexual violence and HIV for women and for health and social service providers. The National Reference Group on Women, convened by Health Canada, has developed a series of recommendations on program and policy priorities related to women and HIV/AIDS prevention, care, treatment and support. Health Canada will use these recommendations to determine future actions.

**Prison inmates are vulnerable to HIV infection in Canada.**

Based on epidemiological evidence, the prevalence of HIV infection in the federal correctional environment is estimated to be 1.6 per cent of the tested population. The need for accessible and innovative prevention and treatment programs for prison inmates is crucial because of the high rate of injection drug use, unsafe tattooing and piercing, unprotected sex and other high-risk activities. Correctional Service Canada has constructed a comprehensive program to address the issue of HIV/AIDS within the federal correctional system. The Department continues to collaborate with key partners to ensure an appropriate response to the issue of HIV/AIDS, including a specific focus on women and Aboriginal inmates.