



Government  
of Canada

Gouvernement  
du Canada



**STRENGTHENED LEADERSHIP:**

# **TAKING ACTION**

**CANADA'S REPORT ON HIV/AIDS 2005**

Canada





**STRENGTHENED LEADERSHIP:**

# **TAKING ACTION**

**CANADA'S REPORT ON HIV/AIDS 2005**



## ACKNOWLEDGEMENTS

*Canada's Report on HIV/AIDS 2005* was developed by the Public Health Agency of Canada on behalf of the federal departments and agencies that receive funding under the Federal Initiative to Address HIV/AIDS in Canada. Non-governmental organizations that receive funding under the Federal Initiative, and other federal departments and agencies that invest in HIV/AIDS programming from their own budgets, also collaborated in the development of this report. The Public Health Agency of Canada would like to thank all those who contributed information to this report and who commented on the various drafts. Thanks are also extended to the members of the editorial board for the 2005 report.

This publication may be reproduced by agencies and persons outside the Government of Canada provided prior permission is secured in writing. This publication is also available on the Public Health Agency of Canada Web site: <http://www.phac-aspc.gc.ca>.

To obtain additional copies, please contact:

The Canadian HIV/AIDS Information Centre  
1565 Carling Avenue, Suite 400  
Ottawa, Ontario K1Z 8R1  
Telephone: 1-877-999-7740 (613-725-3434 in the National Capital Region)  
Web site: [www.aidssida.cpha.ca](http://www.aidssida.cpha.ca)  
E-mail: [aidssida@cpha.ca](mailto:aidssida@cpha.ca)

© Minister of Public Works and Government Services Canada, 2005

Cat. HP37-3/2005  
ISBN 0-662-69439-2

TABLE OF

**CONTENTS**

List of Acronyms ..... viii

Foreword ..... ix

A New Beginning: Launching the Next Phase  
of Canada’s HIV/AIDS Response..... 1

About the Federal Initiative to Address HIV/AIDS in Canada ..... 5

Reporting on Progress..... 7

    Government of Canada Plans for AIDS 2006..... 8

    Strengthening the Federal Response ..... 10

    “Gay Men Play Safe” Campaign Tackles Myths, Promotes Prevention..... 17

    Focussing on Populations..... 18

    “The Fire Pit” Stokes Cultural Connections and HIV Prevention in Prince George ..... 37

    Strengthening the Foundation ..... 38

    Second Generation Surveillance System Monitors Risk Behaviours  
    Among Injection Drug Users..... 46

The Way Forward ..... 47

Key National Partners ..... 48

## LIST OF

# ACRONYMS

ACAP	AIDS Community Action Program
ACCHO	African and Caribbean Council on HIV/AIDS in Ontario
CAAN	Canadian Aboriginal AIDS Network
CAHR	Canadian Association for HIV Research
CAS	Canadian AIDS Society
CATIE	Canadian AIDS Treatment Information Exchange
CHARAC	CIHR HIV/AIDS Research Advisory Committee
CIDA	Canadian International Development Agency
CIHR	Canadian Institutes of Health Research
CPHA	Canadian Public Health Association
CSC	Correctional Service Canada
CSHA	Canadian Strategy on HIV/AIDS
CTAC	Canadian Treatment Action Council
CTN	Canadian HIV Trials Network
CWGHR	Canadian Working Group on HIV and Rehabilitation
FNIHB	First Nations and Inuit Health Branch
FPT AIDS	Federal/Provincial/Territorial Advisory Committee on AIDS
IAD	International Affairs Directorate
IAVI	International AIDS Vaccine Initiative
ICAD	Interagency Coalition on AIDS and Development
IDU	Injection drug use
LGV	Lymphogranuloma venereum
MSM	Men who have sex with men
NACHA	National Aboriginal Council on HIV/AIDS
NGO	Non-governmental organization
NPNU	Alberta Non-Prescription Needle-Use
PASAN	Prisoners with HIV/AIDS Support Action Network
PHAC	Public Health Agency of Canada
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

## FOREWORD



This report is intended to inform the HIV/AIDS community, the Canadian public and parliamentarians of the current realities of HIV/AIDS, of progress that has been made in Canada in responding to the epidemic, and of the challenges that lie ahead. This report will also help inform international audiences of Canada's domestic and global response to HIV/AIDS. Finally, it meets the Minister of Health's obligation to report annually to Treasury Board on the Federal Initiative to Address HIV/AIDS in Canada.

*Canada's Report on HIV/AIDS 2005* covers the period April 2004 to March 2005. However, information on significant events or activities that took place between March 2005 and World AIDS Day (December 1, 2005) may also be included. The information in this report was provided by national stakeholders in Canada's HIV/AIDS community, including federal government departments and agencies and non-governmental organizations. Although the majority of activities described in the report are funded through federal resources under the Federal Initiative to Address HIV/AIDS in Canada, efforts have been made to provide additional information on HIV/AIDS-related activities funded from other federal sources, including the Canadian International Development Agency (CIDA) and Foreign Affairs Canada.





**A NEW BEGINNING:****LAUNCHING THE NEXT PHASE  
OF CANADA'S HIV/AIDS RESPONSE**

*HIV/AIDS is a disease that knows no boundaries – geographic, socio-economic, gender, age or otherwise. Although the epidemic is most entrenched and virulent among target populations in the developing world, it can and does reach into the most privileged groups in western society. Although HIV infection is preventable, the virus continues to spread at an alarming rate. Despite treatment advances, there is no vaccine or cure, and AIDS remains deadly. Fuelled by stigma and discrimination, wherever it strikes, HIV/AIDS leaves a trail of distress and suffering, lost potential and premature death, social strife and upheaval, loss of human rights and economic devastation.*

**The Global Epidemic Continues to Grow**

Global action to combat HIV/AIDS has improved dramatically since the adoption of the UNGASS Declaration of Commitment in June 2001.<sup>1</sup> As a result of strengthened political commitment, HIV/AIDS prevention and treatment efforts are increasing in many countries. Despite encouraging signs of progress, however, the overall global epidemic continues to expand, with dire consequences.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of people living with HIV has now reached its highest level ever.<sup>2</sup> Almost 5 million people became newly infected in 2004 alone, bringing the total number of people living with HIV/AIDS worldwide to close to 40 million. The greatest increases in HIV infections are occurring in East Asia, Eastern Europe and Central Asia. Nevertheless, sub-Saharan Africa remains the world's most-affected region, accounting for more than 60 per cent of all people living with HIV, even though it is home to just over 10 per cent of the world's population.

More than 8 000 people die every day from AIDS-related conditions. About 76 per cent of the 3 million people killed by AIDS in 2004 lived in sub-Saharan Africa, and 18 per cent in Asia. In the Caribbean, AIDS has become the leading cause of death among people aged 15 to 44 years. It was the number one cause of death in 2001 for African American women aged 25 to 34. The World Health Organization (WHO) reports that AIDS is among the top conditions causing death in children under five years of age. In some countries, it may account for as many as 50 per cent of deaths in this age group.

Women now account for almost half (47 per cent) of all people living with HIV worldwide and for 57 per cent of infected individuals in sub-Saharan Africa. According to UNAIDS, young women and girls are particularly vulnerable to HIV/AIDS in the global context due to factors such as inadequate knowledge of AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods. In many parts of the world, women also do not

<sup>1</sup> The Declaration of Commitment was adopted by member states at the United Nations General Assembly Special Session (UNGASS) in New York from June 25 to 27, 2001 – the first time the United Nations General Assembly had convened a special session on a health issue.

<sup>2</sup> *Global Facts and Figures* Fact Sheet, 22/7/2005, UNAIDS ([www.unaids.org](http://www.unaids.org)).

enjoy the same rights and access to employment, property and education as men. Women and girls are more likely to face sexual violence, which can accelerate the spread of HIV.

Adolescents and young adults (aged 15 to 24) also appear to be at particular risk of HIV infection, due in part to their increased likelihood to engage in risky sexual behaviours and injection drug use (IDU). One half of new infections worldwide occur among this age group. Children are also being ravaged by the disease. Globally, an estimated 2.2 million children under 15 years of age are living with HIV, the vast majority of them infants who contracted HIV during gestation or delivery or as a result of breastfeeding. More than half a million HIV/AIDS-related deaths in 2004 were in this age group. Millions more children have lost one or both parents to the epidemic, with no signs of a slowing or reversal of this trend in sight.

The continued growth in HIV infections can be attributed in large part to the lack of basic prevention services in many countries. According to UNAIDS, in 2004 only 20 per cent of people who needed HIV prevention worldwide had access to these services, and only 10 per cent of people living with HIV had been tested for the virus.

HIV/AIDS treatment is also inadequate in many parts of the world. The latest report from UNAIDS and the WHO on the 3 by 5 Initiative indicates that, despite significant progress, the goal of providing antiretroviral drug treatments to 3 million people living with HIV/AIDS in developing countries by the end of 2005 will likely not be met.

“Stop AIDS. Keep the Promise” is the theme of the 2005 World AIDS Campaign. It challenges the world community to fulfill the commitments set out in the UNGASS Declaration of Commitment, including implementing prevention campaigns, reducing stigma, building health systems, providing necessary resources, and ensuring treatment, care and respect for people living with HIV/AIDS. Canada is determined to do its part.

### **Troubling Trends in the Canadian Epidemic**

Although HIV/AIDS has taken root in Canada to a much lesser degree than in many other parts of the world, the domestic epidemic is serious and is growing in magnitude and complexity. A number of troubling trends are emerging.

Updated surveillance data released by the Public Health Agency of Canada (PHAC) in April 2005 reveal that a total of 57 674 positive HIV tests were reported to PHAC between November 1985, when reporting began in Canada, and December 31, 2004.<sup>3</sup> The number of positive HIV test reports has increased by 20 per cent over the past five years, from 2 111 in 2000 to 2 529 in 2004. (This increase may be partly attributed to changes in immigration policies, including the introduction in 2002 of HIV screening of immigrants). The new surveillance data also reveal that a total of 19 828 AIDS

<sup>3</sup> Prior to the creation of PHAC in September 2004, positive HIV test results and AIDS diagnoses were reported to Health Canada. Unless otherwise noted, all domestic epidemiological and surveillance data presented in this report have been provided by PHAC.

diagnoses in Canada had been reported to the end of 2004 (however, data were not available from Quebec for 2004).

Although surveillance data provide a snapshot of persons who have been diagnosed with HIV and AIDS in Canada, they understate the magnitude of the HIV epidemic since they do not tell us about persons who have not been tested and diagnosed. In fact, PHAC estimates that 56 000 people in Canada were living with HIV infection at the end of 2002 (the latest year for which estimates are available) – a 12 per cent increase from estimates in 1999. PHAC further estimates that 17 000 (or 30 per cent) of these individuals were unaware of their infection (commonly referred to as the “hidden” epidemic).

Men who have sex with men (MSM) continue to be the group most affected in Canada, accounting for an estimated 58 per cent of all HIV infections, followed by injection drug users at 20 per cent.<sup>4</sup> Aboriginal persons account for a disproportionately high number of HIV infections in Canada. As well, the epidemic is growing among women of all age groups. Disproportionate rates of infection have also been noted among persons in Canada who were born in a country where HIV is endemic (mainly countries of sub-Saharan Africa and the Caribbean).

### A New Era in Canada's HIV/AIDS Response

Canada has made important progress in addressing the domestic epidemic. Nevertheless, significant challenges remain, and efforts must be enhanced to reduce stigma and discrimination, achieve better health outcomes for Canadians, save lives and mitigate the long-term impact of HIV/AIDS.

As our understanding of the causes and impacts of the epidemic improves, Canada's response to HIV/AIDS continues to evolve. Over the past year, a new, more strategic approach has taken shape through two distinct but interconnected initiatives.

Following widespread consultation with people across the country, Canada's HIV/AIDS community has issued a call for action on HIV/AIDS. *Leading Together: Canada Takes Action on HIV/AIDS 2005-2010* sets out an ambitious, coordinated nation-wide approach to tackling HIV/AIDS and the underlying health and social issues that contribute to the epidemic, so that “By 2010, the end of the epidemic is in sight.”<sup>5</sup>

Developed with the support of PHAC, *Leading Together* lays out the “optimal, ideal response” to HIV/AIDS in Canada. It promises to continue and strengthen the broad, multi-sectoral model of action on HIV/AIDS that has evolved in Canada over the past two decades. To that end, a “championing group” is being formed as a mechanism for encouraging its use in Canada.

<sup>4</sup> For the purposes of surveillance, terms such as MSM, injection drug use/IDU and heterosexual contact are used to characterize exposure categories, or the most likely way a person became infected with HIV.

<sup>5</sup> For the full text of *Leading Together: Canada Takes Action on HIV/AIDS 2005-2010*, visit [www.leadingtogether.ca](http://www.leadingtogether.ca).

*Leading Together* points to a new beginning for Canada's HIV/AIDS response, with federal leadership as a cornerstone of the way forward. To fulfill this leadership role and ensure a greater federal contribution to the pan-Canadian approach envisioned in *Leading Together*, the Government of Canada has renewed its own framework for dealing with the epidemic and has increased federal funding for HIV/AIDS (to \$84.4 million annually by 2008-2009 from \$42.2 million in 2003-2004).

This renewed framework – the Federal Initiative to Address HIV/AIDS in Canada – was announced by the Minister of Health on January 13, 2005. The Federal Initiative is an evolution from the Canadian Strategy on HIV/AIDS (CSHA). It builds on recommendations from the Standing Committee on Health, lessons learned from past federal HIV/AIDS strategies, and consultations with stakeholders, provinces and territories, all of which pointed the way to needed shifts in the federal response.

The Federal Initiative is distinct from but will contribute to the broader comprehensive and integrated response called for in *Leading Together*. Through the Federal Initiative, which is described in further detail in the next section of this report, the Government of Canada will continue to lead efforts to fight HIV/AIDS in Canada and around the world.

## ABOUT THE FEDERAL INITIATIVE TO ADDRESS HIV/AIDS IN CANADA



*The Federal Initiative to Address HIV/AIDS in Canada provides for a renewed and strengthened federal role in the Canadian response to HIV/AIDS. It encompasses elements of the human rights, social justice and determinants-of-health approaches to HIV/AIDS and is an important step towards a fully integrated Government of Canada response to HIV/AIDS.*

*The Federal Initiative is a partnership of PHAC, Health Canada, the Canadian Institutes of Health Research (CIHR) and Correctional Service Canada (CSC). Through funding contributions and partnerships, the Federal Initiative also engages non-governmental and voluntary organizations, people living with HIV/AIDS, communities, the private sector and all levels of government in working toward a society free from HIV and AIDS and the underlying conditions that make Canadians vulnerable to the epidemic.*

### Goals

PHAC, Health Canada, CIHR and CSC will work with other partners and stakeholders toward the following goals:

- Goal #1: Prevent the acquisition and transmission of new infections.
- Goal #2: Slow the progression of the disease and improve quality of life.
- Goal #3: Reduce the social and economic impact of HIV/AIDS.
- Goal #4: Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.

### Policy Directions

Three policy directions will guide federal decision making and relationships under the Federal Initiative.

- **Partnership and Engagement.** Coherent action – locally, nationally and globally – by people, organizations and systems involved in the HIV/AIDS response is critical to reaching the goals of the Federal Initiative. To this end, federal, provincial, territorial and municipal partnerships will be enhanced while ensuring respect for jurisdictional mandates. An aligned inter- and intradepartmental approach will be put in place. It will focus on determinants of health and will have clearly defined roles and responsibilities. As well, increased engagement will be sought with the voluntary, professional and private sectors, international partners and people living with and vulnerable to HIV/AIDS. Continued strong relationships with non-governmental organizations and community partners will be paramount.

- **Integration.** Many people living with and vulnerable to HIV/AIDS have complex health needs and may be vulnerable to other infectious diseases, such as those transmitted sexually or by IDU. Federal HIV/AIDS programs will be linked with other health and social programs, as appropriate, to ensure an integrated approach to program implementation. Programs will address barriers to services for people living with or vulnerable to multiple infections and conditions that have an impact on their health. Those affected will play a key role in overcoming these barriers.
- **Accountability.** The federal government will foster mutual accountability among its delivery partners and will make public their achievements and challenges on an annual basis through the World AIDS Day report (published each year on December 1).

### Funding for the Federal Initiative

Funding for the Federal Initiative to Address HIV/AIDS in Canada will increase from \$42.2 million in 2003-2004 to \$84.4 million annually by 2008-2009, as illustrated in Table 1.<sup>6</sup>

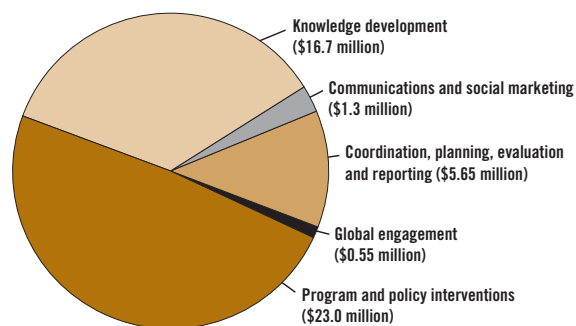
**Table 1: Planned Federal Funding for HIV/AIDS (2003-2004 to 2008-2009)**

Fiscal Year	\$ Millions
2003-2004	42.2
2004-2005	47.2
2005-2006	55.2
2006-2007	63.2
2007-2008	71.2
2008-2009 and beyond	84.4

### Areas of Federal Action

The Federal Initiative identifies five areas of federal action in partnership with national and local non-governmental organizations (NGOs), other federal government departments and agencies, and other levels of government. They are presented, along with budget allocations for 2004-2005, in Figure 1.

**Figure 1: Federal Initiative Funding by Area of Federal Action, 2004-2005**



<sup>6</sup> Several federal departments and agencies invest funds in HIV/AIDS that are over and above the amounts committed under the Federal Initiative.

## REPORTING ON PROGRESS



This section of *Canada's Report on HIV/AIDS 2005* describes activities and progress in three broad areas that reflect shifts in the federal response under the Federal Initiative to Address HIV/AIDS in Canada:

- **STRENGTHENING THE FEDERAL RESPONSE** outlines efforts to increase government collaboration at all levels; to increase coherence across the federal government and engage a broader range of federal departments and agencies in the response; and to increase the Government of Canada's engagement in the global response to the epidemic.
- **FOCUSSING ON POPULATIONS** provides epidemiological information and examines work that is under way to develop and implement discrete approaches, including social marketing initiatives to address the epidemic for specific target populations. It also describes efforts to increase the integration of HIV/AIDS prevention, care, treatment and rehabilitation interventions with those of other diseases, as appropriate.
- **STRENGTHENING THE FOUNDATION** reports on federal investments in HIV/AIDS science, vaccine and microbicide development, information development and dissemination, and capacity building.

This report focusses primarily on activities funded and undertaken in year one of the Federal Initiative. Information is also included on selected activities that are not funded under the Federal Initiative but that constitute an important part of the Canadian response (for example, the work of CIDA and Foreign Affairs Canada abroad). Future reports will provide more-detailed information on actual results and outcomes achieved under the Federal Initiative.

Additional information on the Federal Initiative, and specifically on PHAC's HIV/AIDS policies and programs, can be found at [www.phac-aspc.gc.ca/aids-sida](http://www.phac-aspc.gc.ca/aids-sida). Similarly, information on other national stakeholders involved in the Canadian response can be found on their respective Web sites, which are listed in the Key National Partners section of this document (see page 48).

# Government of Canada Plans for AIDS 2006

---



## AIDS 2006 TORONTO

XVI International AIDS Conference  
**August 13 - 18, 2006**

 **TORONTO**  **Ontario**  **Canada**

Canada will host the world from August 13 – 18, 2006, when as many as 20 000 delegates gather in Toronto for the XVI International AIDS Conference, which is being organized by the International AIDS Society. Through the Federal AIDS 2006 Secretariat, more than a dozen departments and agencies have joined forces to ensure a coherent and effective Government of Canada presence that will contribute to the overall success of the event.

Canada is not new to the experience, having hosted the International AIDS Conference in Montréal in 1989 and again in Vancouver in 1996. One thing that sets the Toronto conference apart, however, is the level of interest and involvement of a range of federal departments and agencies that have not traditionally been engaged in HIV/AIDS issues.

"The Secretariat was formed because an unprecedented number of government departments want to take part in the conference," explains Carla Gilders, Director General of Health Canada's International Affairs Directorate, which took the lead in establishing and now chairs the Secretariat. "Especially since the conference will be held on Canadian soil, we have a great opportunity to demonstrate the lessons learned from Canada's response to HIV/AIDS, both domestically and internationally. A lot of coordination is needed to ensure that the federal government is front and centre at the conference and that its messages are consistent and accurate."

The Secretariat was established in January 2005. It brings together federal officials to address issues ranging from financial support for the conference to immigration, intergovernmental coordination and international protocol. Subcommittees have been established to address specific issues such as communications and the development of satellite sessions and other events.



"We are working closely with the conference organizers (led by the International AIDS Society), the Local Host Advisory Committee, the Province of Ontario, the City of Toronto and others to make sure this event is a success, not only from an organizational perspective but also in moving the response forward," says Bersabel Ephrem, Associate Director General of the Public Health Agency of Canada (PHAC), and Alternate Co-chair of the Secretariat.

Other Government of Canada officials are also involved in the conference planning in a number of ways. For example, the federal Minister for International Cooperation, Aileen Carroll, is the Canadian co-chair of the Leadership Programme Committee for AIDS 2006. As well, Dr. Frank Plummer, Director General of PHAC's Centre for Infectious Disease Prevention and Control, is the Canadian co-chair for the Basic Sciences Track.

Consistent with the Federal Initiative's goal of expanding the response to include a broader range of federal departments and agencies, the Secretariat has helped to increase awareness of the conference within government. For example, Canadian Heritage, which is not usually involved in issues related to HIV/AIDS, has become quite engaged by issues of sport and youth.

The Secretariat acts as a single point of contact for all inquiries to the Government of Canada related to AIDS 2006, reviews requests for federal funding, and links non-governmental stakeholders with relevant departments and agencies that will have a presence at the conference.

Both PHAC and Health Canada will be making significant financial contributions to support the core activities of the conference and to provide scholarships for approximately 500 Canadians who otherwise would not be able to attend such an important event. As well, there will be a Canadian exhibition space at the conference to profile the work of governments and civil society. The Secretariat is also identifying topics of interest for the federal government and considering how to promote them. For example, some departments may collaborate on specific issues or develop or participate in satellite sessions.

As of October 2005, the following departments were participating in the AIDS 2006 Secretariat:

- Health Canada
- PHAC
- Foreign Affairs Canada
- Canadian International Development Agency
- Correctional Service Canada
- Canadian Institutes of Health Research
- Citizenship and Immigration Canada
- Canada Border Services Agency
- Justice Canada
- Canadian Heritage
- Indian and Northern Affairs Canada
- Social Development Canada
- Industry Canada
- Human Resources and Skills Development Canada

The theme of the XVI International AIDS Conference is "Time to Deliver" For information on the conference, visit [www.aids2006.org](http://www.aids2006.org).

## STRENGTHENING THE FEDERAL RESPONSE



*The Government of Canada's renewed response to HIV/AIDS will be marked by improved federal coordination and coherence, increased interdepartmental and intergovernmental collaboration, and greater integration of HIV/AIDS with the work of other federal departments and agencies. At the same time, Canada will strive to fulfill its international obligations by working with a range of partners to meet the commitments set out in the UNGASS Declaration of Commitment on HIV/AIDS.*

### Strengthening Federal Coherence and Collaboration

Increased government collaboration at all levels – federal, provincial/territorial and municipal – is a key element of the Federal Initiative. At the same time, the Federal Initiative aims to engage a broader range of federal departments and agencies in the Canadian response, particularly those that have mandates related to immigration, housing, disability, social justice, employment and other determinants of health.

To achieve greater coherence, complementarity and collaboration across the spectrum of federal HIV/AIDS policy and programming, on World AIDS Day 2004 the Minister of Health announced the creation of an interdepartmental committee comprising assistant deputy ministers of 14 federal departments and agencies with mandates that have an impact on or are related to Canada's HIV/AIDS response. Chaired by PHAC, the Government of Canada Assistant Deputy Minister (ADM) Committee on HIV/AIDS will promote linkages and alignment of policies and programs, particularly as they relate to determinants of health issues such as employment and affordable housing. As an initial step toward developing an integrated approach to addressing the epidemic, the committee has begun to formulate a government-wide position statement on HIV/AIDS, which it expects to release by the summer of 2006.

Interdepartmental discussions are also taking place to identify specific areas for collaboration on issues related to HIV/AIDS. For example, PHAC is undertaking a gender-based analysis of the priority populations identified in the Federal Initiative, with support from Health Canada's Bureau of Women's Health and Gender Analysis. As well, PHAC officials were invited to make a presentation on the Federal Initiative to regional staff of Human Resources and Skills Development Canada in June 2005.

Strengthened federal coordination and collaboration is also evident in the planning that is under way for the XVI International AIDS Conference in Toronto in August 2006. Fourteen departments and agencies are engaged in conference planning through the Federal AIDS 2006 Secretariat (see feature on page 8), which is working closely with the conference organizers, other levels of government and other organizations that have a role to play in making this pre-eminent international AIDS event a success.

## Advisory Committees Provide Input and Guidance

The Government of Canada continues to look to national advisory groups for input and direction on HIV/AIDS policy and programming.

They include the Ministerial Council on HIV/AIDS, which provides advice on HIV/AIDS directly to the federal Minister of Health. Among the issues raised by the Ministerial Council in 2004-2005 was the importance of making progress in addressing HIV/AIDS in prisons, including the introduction of a needle exchange program. As well, the Ministerial Council stressed the need to maintain the social justice and determinants-of-health frameworks in all approaches to HIV/AIDS. On the issue of HIV screening for pregnant women, the Ministerial Council expressed its concern about the position adopted by the Canadian Medical Association that all pregnant women should be routinely tested for HIV. Council strongly recommended to the Minister that he champion with the Canadian Medical Association and his provincial counterparts optional testing in all provinces, based on informed consent following pre-test counselling. The Ministerial Council also supported a renewed emphasis on HIV prevention and care for gay men, called for better education in schools on sexual health and sexually transmitted infections (STIs), and met with officials of Citizenship and Immigration Canada to discuss concerns related to the HIV testing of potential immigrants.

The Federal/Provincial/Territorial Advisory Committee on AIDS (FPT AIDS), which advises the Conference of Deputy Ministers of Health, also had a busy year in 2004-2005. In March 2005, FPT AIDS published an article entitled "Persons who fail to disclose their HIV/AIDS status: Conclusions reached by an Expert Working Group" in the *Canadian Communicable Disease Report*.<sup>7</sup> The article focussed on issues around disclosure of HIV status and public health and endorsed a framework developed by the Calgary Health Region for persons who are unwilling or unable to disclose their status, subject to certain recommendations. As well, an FPT AIDS Working Group on Surveillance developed a plan to enhance the role of surveillance and targeted epidemiological studies in improving the understanding of and response to HIV/AIDS in Canada. FPT AIDS also completed a paper that examines the HIV/AIDS epidemic in different Canadian jurisdictions from the perspective of provincial/territorial governments and key stakeholders. The paper summarizes the different jurisdictions' responses to the disease, analyses current issues of concern, and identifies means for a strengthened response. Work was also initiated on a federal/provincial/territorial consensus statement on HIV/AIDS, which will articulate a common policy platform to advance and strengthen Canada's intergovernmental approaches to HIV/AIDS.

The FPT Heads of Corrections Working Group on Health, a subcommittee of the FPT Heads of Corrections, has a mandate to promote policy and program development that is informed and sensitive to the complex issues surrounding the health of inmates and to advise the FPT Heads of Corrections on trends and best practices as they relate to health in a correctional setting. The Working Group on Health meets twice yearly and is co-chaired by CSC and a provincial corrections representative. At a

<sup>7</sup> *Canadian Communicable Disease Report*, Volume 31-05, March 1, 2005.

joint meeting with FPT AIDS in February 2005, it was agreed that FPT AIDS members would visit correctional facilities in order to more fully understand the context in which correctional health personnel work and the environment in which care and programs are provided. The visits took place in October 2005.

The CIHR HIV/AIDS Research Advisory Committee (CHARAC) acts as a voice for those involved in HIV/AIDS research in Canada. Made up of researchers and community representatives, CHARAC makes recommendations to the Institute of Infection and Immunity and to CIHR's Research Priorities and Planning Committee on research priorities for HIV/AIDS. It also informs the CIHR Institute of Infection and Immunity Advisory Board of strategic initiatives in HIV/AIDS research. CHARAC met three times in 2004-2005 to discuss the current state of HIV/AIDS research and identified a number of areas where further work is required, including combining training awards with research grant funding to build capacity; establishing programs for health services and population health researchers specializing in HIV; creating programs to address existing gaps in HIV research; and strengthening prevention technology research. Based on advice and input from a small group of researchers in the areas of health services and population health, CHARAC further refined these key areas and provided valuable input for requests for applications for HIV/AIDS research launched in June 2005. Also in 2004-2005, CHARAC met with the International Partnership for Microbicides to explore possible areas of collaboration.

### Engaging in the Global Response

The Federal Initiative calls for a strong, coherent health sector response as part of Canada's contribution to global efforts to address HIV/AIDS. As well, the new International Policy Statement outlines Canada's commitment to help countries improve health outcomes, particularly among the poorest, by:

- focussing on high-burden, communicable, poverty-linked diseases, especially HIV/AIDS
- strengthening health systems and capacity building in developing countries as part of the global response to the epidemic
- supporting research and development, including the development of an HIV/AIDS vaccine

Through the Global Engagement Component of the Federal Initiative, Health Canada's International Affairs Directorate (IAD) leads a number of international initiatives, including convening the Consultative Group on Global HIV/AIDS Issues, a regular forum for consultation and discussion on the international HIV/AIDS activities of federal departments and civil society. Participants in the group include Health Canada, PHAC, CIHR, CIDA, Foreign Affairs Canada, the Canadian AIDS Society (CAS), the Canadian HIV/AIDS Legal Network, the Canadian Public Health Association (CPHA), the Interagency Coalition on AIDS and Development (ICAD), the International Council of AIDS Service Organizations and the Canadian Association for HIV Research (CAHR). A representative of the Ministerial Council on HIV/AIDS also attends the group's meetings.

The Consultative Group met on a quarterly basis throughout 2004-2005, providing a forum for NGOs to advise participating government departments on the global epidemic and for all parties to discuss issues of collaboration and policy coherence to ensure a more effective Canadian response. For example, input was provided on Foreign Affairs Canada's strategic plan on HIV/AIDS (see page 14) and on meetings of the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Consultative Group also contributed to the development of the *UNAIDS Policy Position Paper: Intensifying HIV Prevention*, which was endorsed in June 2005 by the UNAIDS Programme Coordinating Board. As chair of the Programme Coordinating Board from June 2004 to June 2005, Canada played a key role in the development of this document and worked to ensure that it reflected the importance of a human rights approach to HIV prevention.

In October 2005, the 3<sup>rd</sup> International Policy Dialogue on HIV/AIDS was held in Toronto. The Dialogue, which focussed on the issue of HIV/AIDS in prisons, was co-sponsored by the Government of Canada, UNAIDS, the United Nations Office on Drugs and Crime, and the Open Society Institute. Participants included national policy makers and senior officials from prison authorities and public health programs in approximately 11 countries, as well as academic experts. New international policy guidelines were used to stimulate the discussion and development of effective policy and legislation to address HIV/AIDS prevention, care, treatment and support in prison. As well, the Dialogue provided an important opportunity for participants to share information, ideas and experiences and to develop relationships that will strengthen domestic and global responses to the epidemic.

In 2004-2005, Canada continued to work with the global community to ensure that the goals set out in the UNGASS Declaration of Commitment were met. The Canadian delegation to UNAIDS, which was led by CIDA, included representation from Foreign Affairs Canada, Health Canada, the Public Health Agency of Canada and civil society. They worked closely together to ensure consistent, coordinated Canadian representation on this important body. As well, Canada continued to occupy a seat on the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, representing a constituency comprising Canada, the United Kingdom, Germany, Australia and Switzerland. (In September 2005, as a result of increased levels of funding, this constituency was split. Canada, Germany and Switzerland now share a seat). Various federal departments and agencies also collaborated to present uniform Canadian positions at UN commissions, the World Health Assembly, the G8 and other international fora.

The *Jean Chrétien Pledge to Africa Act*, and its accompanying regulations, came into force on May 14, 2005, making Canada one of the first G8 countries to implement the World Trade Organization's General Council Decision of August 30, 2003, which allows access to lower-cost versions of patented medicines to least-developed and developing countries unable to manufacture their own. The Act amends Canada's *Patent Act* and the *Food and Drugs Act* to facilitate access to less expensive medicines by developing countries to assist them in combatting public health problems, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics. With the Access to Medicines Program now fully operational, the Government of Canada is relying on the participation of Canadian NGOs and the pharmaceutical industry to avail themselves of this regime.

Through IAD's International Health Grants Program, the Canadian HIV/AIDS Legal Network received funding to develop model legislation in two areas: law related to drug policies that enable harm reduction services and are respectful of the rights of injection drug users, and secondly, a legal framework for respecting, protecting and fulfilling women's rights within the context of HIV/AIDS. Work is ongoing on both legal frameworks, which will eventually serve as a resource for legislators and civil society organizations in developing countries and countries in transition. IAD also supported further work by ICAD and CAS to develop and market the Canadian HIV/AIDS Skills Database ([www.skillsforhivaids.ca](http://www.skillsforhivaids.ca)), an online resource that profiles and promotes the skills, expertise and experience Canadian organizations can bring to the international struggle against HIV/AIDS. A recent addition to the database Web site is the "newsflash," which provides ongoing information about international development and HIV/AIDS opportunities and calls for proposals.

In April 2005, IAD established a new small-grants mechanism – the HIV/AIDS Global Engagement Grants – to support activities that will increase Canada's contribution at the global level and promote knowledge transfer between the domestic and global responses. In the program's first year of operation, grants were awarded for several projects. These included seminars to be organized by the Canada-Africa Community Health Alliance with a partner in Tanzania to highlight the impact of gender and poverty on HIV/AIDS and the importance of collaboration to the global response. Funding was also awarded to The Teresa Group to support the development of a global coalition of organizations working with AIDS-affected children. Both projects are helping to increase the engagement of Canadians and others in the global HIV/AIDS response.

Foreign Affairs Canada has developed a strategy to effectively address the foreign policy dimensions of HIV/AIDS, including such issues as human security, human rights, multilateral and bilateral advocacy, workplace guidelines and complex humanitarian emergencies. The strategy takes into consideration the recommendations provided to the Minister of Foreign Affairs by the Ministerial Council on HIV/AIDS in a 2003 paper entitled *Meeting the Challenge: Canada's Foreign Policy on HIV/AIDS With a Particular Focus on Africa*.

Since 2000, CIDA has contributed close to \$600 million to the global effort to address HIV/AIDS, including:

- \$100 million to the WHO to support the 3 by 5 Initiative
- more than \$525 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- \$67.4 million to the United Nations Population Fund (this funding includes \$58.4 million to the Fund's ongoing work in the area of sexual and reproductive health and HIV/AIDS among women and girls, and \$9 million to help improve the distribution of reproductive health supplies)

- \$15 million to the International Partnership for Microbicides as a support to innovative approaches that protect women and girls from HIV with measures they themselves can control
- \$45 million to the International AIDS Vaccine Initiative (IAVI) to help in the development of AIDS vaccines.

Canada continued to host visitors from organizations involved in the global response to HIV/AIDS. In 2004-2005, visits were made by Dr. J.W. Lee, Director General of the WHO; Dr. Richard Feachem, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; and representatives of UNAIDS, the International Partnership for Microbicides and Foster Parents Plan in West Africa, among others. The visits provided opportunities to inform Canadian officials of the work of these organizations and to identify opportunities for increased collaboration on global health issues.

Canadian organizations also supported the building of global capacity to address the HIV/AIDS epidemic in 2004-2005. For example:

- PHAC has become globally recognized as a location of choice for international training on HIV testing methodologies. In 2004-2005, training was provided to scientists from Pakistan, Kosovo, Haiti, Russia, China, the Republic of the Ivory Coast, Ethiopia, South Africa, Sudan, Mozambique, Morocco, Zimbabwe, the Caribbean, and Mexico. PHAC provides this training through partnerships with organizations such as WHO, UNAIDS and Doctors Without Borders.
- PHAC's International Quality Assurance Program continued to assist resource-poor countries in monitoring the effectiveness of antiretroviral treatments. Two to three times a year, panels of stabilized whole blood are sent to approximately 300 laboratories in 60 to 70 countries, where CD4 lymphocytes are enumerated and the results sent back to Canada via the Internet. PHAC assesses the accuracy of the results submitted by each laboratory and provides feedback as required. This program helps to ensure that individuals on antiretroviral therapy in developing countries are receiving care and treatment comparable to the levels provided in developed countries.
- Funding from CIDA's Youth Employment Initiative enabled ICAD to sponsor five interns in 2004-2005 who linked organizations in Canada and overseas by serving work terms with both organizations. An HIV/AIDS epidemiologist worked with an organization in Kenya and with ICAD; an HIV/AIDS research assistant worked with an organization in India and with The Teresa Group in Canada; a human rights worker was co-hosted by an organization in Zambia and AIDS Calgary; an intern worked with the AIDS Orphans Project in Tanzania and with the Canada Africa Community Health Alliance and the University of Ottawa in Canada; and a project coordinator in Gabon was co-hosted by the Canada Africa Community Health Alliance and the University of Ottawa.

## Future Directions

The Government of Canada has taken the initial steps towards strengthening its involvement in the HIV/AIDS response by focussing more strategically on areas of federal responsibility, becoming more efficient and better connected internally, and promoting greater collaboration with provincial/territorial governments and civil society. In the months and years ahead, the federal government will continue to reach out to others, in Canada and globally, to engage organizations not traditionally involved in HIV/AIDS, maximize its investments, and move towards a comprehensive and integrated Government of Canada response. It will also ensure that the domestic response continues to be evidence-based and grounded in the principles of human rights and will work to see that this approach is also reflected in the global response.



## “Gay Men Play Safe” Campaign Tackles Myths, Promotes Prevention

---

The latest data from the Public Health Agency of Canada reveal that gay men continue to be disproportionately affected by HIV. In 2002, an estimated 40 per cent of new HIV infections in Canada were among men who have sex with men, compared to 30 per cent in 1996. Which raises the question: is unsafe sex on the rise?

The answer, according to a national HIV prevention campaign being spearheaded by AIDS Vancouver, is a resounding NO!

“Gay Men Play Safe” was launched on September 12, 2005, in Vancouver, Edmonton, Winnipeg, Toronto, Montréal and Halifax, with the goal of challenging the widely held perception that gay men suffer from condom-use fatigue and apathy. Using the humorous tag line, “Whatever you call it, thanks for keeping it safe,” the campaign aims to validate and support gay men’s safer sex practices while reinforcing the fact that sexual safety, including condom use, is a community norm.

“It’s time we recognize gay men for more than 20 years of practising safer sex and using condoms,” says Phillip Banks, Director of HIV Prevention at AIDS Vancouver and national coordinator of the campaign. “It’s undeniable that gay men’s efforts in the early days of HIV had the greatest impact on reducing HIV infection rates. This campaign acknowledges these successes and reminds gay men that their continued efforts are required.”

“Gay Men Play Safe” is the second national HIV prevention campaign for gay men led by AIDS Vancouver and supported by the Public Health Agency of Canada’s National HIV/AIDS Community-based Social Marketing Fund. The first, entitled “Assumptions – How do you know what you know?,” was undertaken in 2004 and focussed on a small group of gay men who engage in unprotected anal intercourse with partners whose HIV status they don’t know. The intent was to question the assumptions some gay men make about the relative safety of their sexual practices.

The 2005 campaign focusses on a much larger group of gay men who are consistent in their safer sex practices. According to the B.C. Centre for Excellence in HIV/AIDS, three out of four gay men choose safety, very rarely or never taking HIV risks. In addition to reinforcing the safer sex practices of the majority of gay men, the campaign aims to reduce new HIV infections by motivating other gay men to become safer.

“Surveys show that gay men are aware and concerned about the continuing threat to health posed by HIV,” says Dr. Terry Trussler, Research Director at the Community Based Research Centre in Vancouver, a partner in the campaign. “This campaign doesn’t threaten or blame gay men. Rather, it acknowledges that as a community, gay men continue to support HIV prevention.”

The bilingual campaign consists of posters, coasters and postcards along with transit, billboard, washroom, newspaper and magazine advertising in all six cities. The use of explicit images will be restricted to closed, adult locations such as bathrooms in bars and posters in bathhouses, in part to avoid the controversy that arose during the “Assumptions” campaign, when media companies refused to display some campaign materials. A public service announcement will be broadcast on television and made available online through the campaign’s English and French language web sites.

The “Gay Men Play Safe” campaign was developed *pro bono* by Rethink Advertising of Vancouver. This allowed more dollars to be invested in producing and distributing campaign materials, purchasing advertising space and creating the campaign Web sites.

In addition to AIDS Vancouver and the Community-Based Research Centre, partners in the campaign are AIDS Coalition of Nova Scotia, AIDS Community Care Montreal, Action Séro-Zéro, the AIDS Committee of Toronto, Nine Circles Community Health Centre, HIV Edmonton, Two-Spirited People of the First Nations and the Canadian AIDS Society.

For more information on the campaign, visit the Web site at [www.gaymenplaysafe.com](http://www.gaymenplaysafe.com).

## FOCUSSING ON POPULATIONS



*The Federal Initiative to Address HIV/AIDS in Canada commits the federal government to develop discrete approaches to addressing the epidemic for eight specific target populations: people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, prison inmates, youth, women and people from countries where HIV is endemic. Leading Together also calls for additional focus on HIV/AIDS prevention among these population groups, many of which continue to face stigma and discrimination in Canada. This section of the report provides epidemiological data for each of the eight target populations as well as examples of work that is under way. It also includes an explanation of the shift to population-specific initiatives and a breakdown of year-one funding under the Federal Initiative.*

### Why Population-Specific Approaches?

The shift in emphasis to population-specific approaches reflects a number of lessons learned over the past two decades:

- the factors that make people vulnerable to HIV/AIDS are different for each population
- HIV is principally transmitted among specific populations and under specific conditions
- the epidemic is regionally and culturally diverse
- responses tend to work best when they are close to and meaningfully involve the people most affected, including people living with HIV/AIDS
- prevention messages targeted to specific populations work best and are most effective when delivered in settings where these populations gather
- each population has specific needs in relation to prevention, diagnosis, care, treatment, support and rehabilitation
- multiple issues that impact vulnerability should be addressed in an integrated manner

The population-specific approach results in evidence-based, culturally appropriate responses that are better able to address the realities that contribute to infection and poor health outcomes for the target groups. Population-specific approaches also allow people at risk of infection and those living with HIV/AIDS to directly shape policies and programs that affect them.

Working in consultation with key stakeholders, PHAC has undertaken to develop a framework to guide the development and implementation of population-specific initiatives and plans. The framework will support priority setting, provide linkages to front-line initiatives, encourage collaboration and partnership, and provide opportunities for the sharing of knowledge about specific populations.

### Year-One Funding Under the Federal Initiative

The first \$5 million of additional funding under the Federal Initiative was provided in 2004-2005 and was targeted specifically to support populations most at risk of infection and those already living with the disease.

Half of the additional funding (\$2.5 million) was administered by the AIDS Community Action Program (ACAP), which provided a total of \$10.64 million to support the operations and projects of more than 100 community-based organizations across Canada. This funding was administered through PHAC's regional offices. (Organizations funded by ACAP may also receive financial support from other sources, including the private sector, municipal/provincial/territorial governments and/or regional health authorities.)

Additional funding was also provided to community-based organizations through PHAC's Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund, which supports time-limited projects that enhance the capacity of non-reserve Aboriginal communities to address HIV/AIDS, promote sustainability and partnerships, and encourage Aboriginal agencies that do not currently offer services in this area to incorporate HIV/AIDS into their work. With increased funding of \$250,000 under the Federal Initiative, total investments by the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund were \$1.478 million in 2004-2005.

PHAC also provided \$150,000, in addition to existing resource allocations, to key NGOs supported under the Federal Initiative (see list of Key Partners on page 48). This incremental funding supported both individual organizational strategic planning and broader voluntary sector strategic planning to ensure a coordinated and collaborative response to HIV/AIDS in Canada.

Also in 2004-2005, PHAC contributed an additional \$100,000 to the development of *Leading Together: Canada Takes Action on HIV/AIDS*. This brought PHAC's total contribution to \$2.15 million in the first year of the Federal Initiative.

Health Canada's First Nations and Inuit Health Branch (FNIHB) received an additional \$250,000 in year one of the Federal Initiative, bringing its total allocation to \$1.35 million. FNIHB also invested \$2.59 million from its own budget to provide HIV/AIDS education, prevention and care and support networks to on-reserve First Nations people and Northern Labrador Inuit communities. IAD received additional funding of \$250,000 as Phase I of Health Canada's contribution to AIDS 2006.

CSC received incremental funding of \$500,000, for a total allocation of \$1.1 million in 2004-2005. CSC also invests \$13.5 million annually from its own budget in infectious disease management, including HIV/AIDS care, treatment and support, in the correctional environment.

The \$1 million in incremental funding provided to CIHR in year one of the Federal Initiative was used to support the work of the Canadian HIV Trials Network (CTN).

### People Living with HIV/AIDS

As previously noted, an estimated 56 000 people in Canada were living with HIV infection (including AIDS) at the end of 2002. This represents a 12 per cent increase from the estimate of 49 800 at the end of 1999. There were an estimated 2 800 to 5 200 new HIV infections in Canada in 2002, approximately the same as in 1999. An estimated 17 000 (30 per cent) of HIV-infected people in Canada are not aware of their infection.

ACAP supports numerous projects aimed at meeting the needs of people living with HIV/AIDS. In the Ontario Region, for example, ACAP is supporting a project by the Toronto People with AIDS Foundation to increase the number and capacity of volunteers (most of whom are living with HIV/AIDS) providing programs, services and support to the agency's approximately 5 000 clients. To this end, the Foundation is implementing strategies for volunteer recruitment, training and retention; publishing a monthly volunteer newsletter; updating its volunteer manual; providing social opportunities for volunteers and staff; and implementing volunteer acknowledgment programs. Partnering with the Foundation in this project are the AIDS Committee of Toronto, the AIDS Bereavement Project of Ontario, Canada World Youth, the Community-Linked Evaluation AIDS Resource Unit, the 519 Church Street Community Centre and Kikkawa College.

AIDS Programs South Saskatchewan (APSS) and All Nations Hope continues to respond to the needs of those living with HIV/AIDS by providing the necessary information to make informed choices and to improve the knowledge level of the public on issues such as HIV and other STIs.

The Community-Based Research Program, which was transferred from PHAC to CIHR on April 1, 2004, supports collaborative projects that engage communities and professional researchers in health research on HIV/AIDS. Among the projects approved as a result of the first round of requests for applications under the new program, researchers at Fife House in Toronto received funding for a study to explore the impact of housing support and homelessness on the health outcomes of people living with HIV/AIDS in Ontario.

With funding from CIHR, the CTN – a partnership of researchers, people living with HIV/AIDS, industry and others that facilitates clinical trials for the development of treatments, vaccines and a cure for HIV/AIDS – supported 16 HIV clinical trials involving more than 853 Canadians living with HIV/AIDS in 2004-2005. The CTN also approved and implemented two new trial protocols: CTN 198

will examine whether a psycho-educational intervention helps people living with HIV improve their adherence to HIV drugs, and CTN 203 is an early-stage therapeutic HIV vaccine study that is being conducted at one site in Canada and two sites in the United Kingdom.

CTN researchers completed a major study of structured treatment interruption in 2004-2005, the results of which were presented at several conferences. CTN 164 found that people taking antiretroviral drugs did not benefit from a 12-week structured treatment interruption before switching to a salvage highly active antiretroviral treatment regimen (compared to those who immediately switched to a salvage regimen).

The CTN has also begun to collaborate more extensively with researchers in other disease areas of relevance to HIV/AIDS and in other countries. In Canada, for example, the CTN is exploring ways to help build capacity for clinical trials on hepatitis C. Abroad, it continued to support a range of HIV trials at sites in Europe, the United States and South America and established its first international affiliate satellite at a hospital in Uganda.

The Canadian AIDS Treatment Information Exchange (CATIE) continued to respond to the needs of people living with HIV/AIDS by providing free, current, confidential and bilingual information on HIV/AIDS treatment and related health care issues. CATIE received 2 049 treatment information requests in 2004-2005, almost 90 per cent of which were made through its toll-free telephone service. As well, CATIE's Web site received more than 650 000 visits during the year, a 50 per cent increase over 2003-2004. In response to these Web site visits and requests for information, CATIE distributed 64 013 print publications (an increase of 31 per cent over 2003-2004), 29 486 bulletins through e-mail (an increase of 46 per cent), and 2.5 million Web pages (an increase of 84 per cent). An additional 80 books, 912 articles and 85 Web resources were added to CATIE's collection.

*CATIE News* and *TreatmentUpdate* continued to provide breaking news on HIV treatments, complications, side effects, co-infections, nutrition and other research. In response to inquiries from readers, the entire issue of *TreatmentUpdate* 146 was devoted to developments in the management of lipodystrophy. *TreatmentUpdate* reached an important milestone in June/July 2005, with the publication of the 150<sup>th</sup> issue. CATIE also continued to publish *The Positive Side*, Canada's national magazine for people living with HIV, which covered stories ranging from treatment adherence to the struggles of managing long-term side effects.

CATIE presented a total of 78 workshops to 7 040 participants across Canada in 2004-2005, including new workshops on HIV and the heart, anal cancer, tips for HIV-positive travellers, and HIV and depression. Throughout the year, CATIE was supported by 280 volunteers who contributed more than 19 000 hours of service answering treatment calls, translating documents, desktop publishing articles, testing the usability of CATIE's Web site, indexing magazines, attending clinical rounds at a local hospital, and conducting Internet research.

CAS launched a project to examine access and regulation issues faced by people living with HIV/AIDS who choose to use cannabis as part of their therapy (for some people, the use of cannabis alleviates symptoms associated with the disease and with HIV/AIDS medication). Focus groups have been conducted in Vancouver, Victoria, Toronto, Montréal and Ottawa to document the experiences of people living with HIV/AIDS who use cannabis as therapy. Lawyers, physicians, pharmacists, compassion clubs, cannabis growers, regulators and law enforcement officials will also be interviewed. Based on the feedback received, information materials will be developed for organizations and individuals on how to access Health Canada's medical marijuana program, how to speak to a physician about medical marijuana, legal considerations, suggestions on how to use cannabis as therapy, and other topics. The project, which is being funded by PHAC's Legal, Ethical and Human Rights Fund, will also develop an action plan to address the issues identified.

The Canadian Working Group on HIV and Rehabilitation (CWGHR) has developed a network of 25 disability groups across Canada to link HIV and other episodic disabilities (e.g., multiple sclerosis, arthritis, diabetes, lupus, mental health problems, some forms of cancer and hepatitis C) and to work on issues of common concern. The cross-disability network is undertaking policy research and education on disability income support, labour force participation and social inclusion for people living with HIV and other episodic disabilities. In partnership with this network, CWGHR is also working with public and private disability insurance programs, unions, employers and human resource professionals to research models of disability income support and labour force participation, with the goal of developing and testing new models to accommodate the challenges related to living with alternating periods of disability and wellness.

PHAC's National HIV/AIDS Capacity-Building Fund is supporting a number of projects to update the knowledge and skills of organizations and individuals who work with people living with HIV/AIDS, including the following:

- The Canadian Treatment Action Council (CTAC) has initiated a major project to develop, promote, deliver and evaluate up to 15 stand-alone training modules on HIV/AIDS treatment access in Canada. Entitled "Tools for Action: HIV/AIDS Treatment Access Advocacy Series," the training modules will increase the HIV/AIDS treatment and access- to-treatment knowledge and skills of staff and volunteers working in areas related to HIV/AIDS in Canada, as well as their capacity to influence relevant treatment policy and practices. The training will be delivered both in person and through interactive technologies such as tele-workshops. CTAC's partners in this initiative include the Canadian Aboriginal AIDS Network (CAAN), the British Columbia Persons With AIDS Society, the HIV/AIDS Legal Network, Voices of Positive Women, le Comité des Personnes Atteintes du VIH du Québec, the Prisoners with HIV/AIDS Support Action Network (PASAN), the Wellesley Central Health Corporation, Planned Parenthood Federation of Canada, Arthritis Consumer Experts, CATIE, CAS, the Canadian Hemophilia Society and the Canadian Harm Reduction Network.

- CATIE has launched a two-year capacity-building project involving seven AIDS service organizations: Positive Living North (Prince George, British Columbia), HIV Edmonton, AIDS Programs South Saskatchewan (Regina), Bruce House (Ottawa), MIELS-Québec (Québec City), the AIDS Coalition of Nova Scotia (Halifax), and one in Iqaluit, in partnership with Pauktuutit Inuit Women's Association. As a first step, the project will assess each organization's capacity to integrate HIV treatment information into the continuum of services it provides. CATIE will then work with each organization to develop specific strategies for expanding its HIV treatment information services.
- CWGHR is undertaking a multi-year project to support interprofessional learning about HIV for rehabilitation professionals. By integrating HIV issues into rehabilitation curricula, the project will increase the capacity of rehabilitation professionals to respond to the needs of people living with HIV. Project partners include several universities across Canada, as well as the Canadian Physiotherapy Association, the Canadian Association of Occupational Therapists, the Canadian Association of Speech-Language Pathologists and Audiologists and the College of Family Physicians of Canada.
- ICAD is providing training to its members and other organizations on HIV/AIDS as an episodic disability in the workplace. Pilot workshops were held in 2004-2005, leading to revisions to the content of the workshops and accompanying resource materials. A total of 20 workshops will be held across Canada in 2005-2006, some with organizations wishing to develop and implement relevant workplace policies and others directly with people living with HIV/AIDS.

A national coalition has been collaborating on issues of HIV and hepatitis C co-infection. The coalition consists of CATIE, CAS, the Canadian Hepatitis C Society, the Canadian Liver Foundation, the Hemophilia Society of Canada, and two programs of the CPHA – the Canadian HIV/AIDS Information Centre and the Canadian Hepatitis C Information Centre. CATIE and CTAC have also been participating in a broad coalition that challenges systemic barriers to health care access: the Best Medicines Coalition. Both coalitions include a range of stakeholders working in arthritis, cancer, multiple sclerosis and other illnesses.

During 2004-2005, CTAC and CATIE continued to partner with the Best Medicines Coalition and other disease/disability groups in coordinated meetings with federal officials on the federal drug review process (both pre- and post-approval). As part of this work, CTAC is participating in discussions and stakeholder consultations on issues regarding implementation of the Common Drug Review process, which went into effect in 2004-2005. Common Drug Review was created to provide a single process for evaluating new drugs and providing recommendations on formulary listings to participating provincial/territorial drug reimbursement plans across the country so that Canadians could have access to quality treatment and care in an acceptable length of time.

## Gay Men

MSM (gay men and other homosexually active men) continue to be the group most affected by HIV/AIDS in Canada, accounting for an estimated 40 per cent of all new HIV infections in 2002 and 58 per cent of persons living with HIV/AIDS. The MSM/injection drug users exposure category accounted for a further 7 per cent of estimated new infections in 2002 and 4 per cent of persons living with HIV/AIDS. Recent data on risk behaviours suggest that MSM continue to be at considerable risk of HIV infection and other STIs through engaging in unsafe sex.

To better understand the epidemic in the gay community, PHAC is currently establishing M-Track, a second generation HIV surveillance system that aims to study trends in disease prevalence and risk behaviours among MSM in Canada.<sup>8</sup> Phase I of this project was recently completed in Montréal, where more than 2 000 MSM completed questionnaires and provided dried blood specimens. Negotiations are under way to launch M-Track pilot studies in Toronto and Ottawa to assess the feasibility of the project's data collection procedures, and PHAC is examining the possibility of expanding the M-Track network to other sites. The M-Track studies completed to date have also provided a platform for undertaking new laboratory tests, such as detuned HIV assays on dried blood samples to assess the incidence of HIV.

As part of its ongoing health promotion work, PHAC is developing a range of national resources targeting gay men and encouraging them to seek out testing and screening for STIs, including HIV. Activities are also being developed to mitigate the threat of ulcerative STIs, such as lymphogranuloma venereum (LGV) and syphilis, which increase the risk of HIV infection. The aim is to increase awareness among gay and bisexual men of the risk of co-infection and find ways to use the Internet as a syphilis prevention and control tool. In partnership with provincial and territorial governments, PHAC has developed enhanced surveillance systems to better understand the prevalence of LGV and syphilis in Canada. Efforts are also under way to expand the capacity of PHAC's regional offices to integrate issues related to STI prevention and control and co-infection risks.

Working with a National Advisory Team composed of partner organizations from across Canada, AIDS Vancouver has developed "Gay Men Play Safe," the second phase of a national social marketing campaign to reinvigorate HIV/AIDS prevention among Canadian gay men (see the feature article on page 17). Based on the evaluation of Phase 1 of the campaign ("Assumptions – how do you know what you know?"), the new campaign has shifted from challenging gay men's assumptions about the serostatus of their partners to focussing on validating and supporting gay men's safer sex practices. To address the problem of unsafe sex, the AIDS Committee of London is receiving funding from ACAP for a project to increase knowledge of HIV, encourage risk-reduction behaviours, and improve the accessibility of HIV prevention services for the city's MSM population. Project activities include HIV presentations and workshops for MSM; the distribution of condoms, lubricants and other prevention

<sup>8</sup> The term "second generation" is used to describe surveillance systems that aim to gather information on behaviour, as well as infection status.



materials; the provision of HIV-related information through chat lines and the AIDS Committee of London's Web page; and referrals to other HIV services in London. The committee is partnering in this initiative with the Middlesex-London Health Unit, the Options Clinic, Club 181 and Club London.

Planned Parenthood Edmonton is receiving funding from the Alberta Community HIV Fund (a joint community/provincial/federal funds disbursement model) for a project to enhance the programming of the Gay Men's Outreach Crew. The Outreach Crew is a peer-led initiative that aims to educate MSM about safer sex practices to reduce the spread of HIV and to increase positive attitudes and self-acceptance with respect to same sex relationships, experiences and encounters. Among other activities aimed at preventing HIV/AIDS in Edmonton's gay, bisexual and MSM populations, the project will develop outreach resources, maintain a sexual health discussion board and chat room on the Gay Men's Outreach Crew's Web site, and survey the target groups on issues of safer sex messaging, condom use and condom fatigue.

In Vancouver, the Community-Based Research Centre Society recently completed a project entitled *Totally Outright: A Sexual Health Leaders Course for Young Gay Men*. ACAP project funding enabled the Society to work in partnership with five youth-serving organizations to develop a gay health and HIV prevention education program for young gay men in the Greater Vancouver area. The curriculum is now being used extensively by partner organizations and has been disseminated across Canada in an effort to increase sexual health knowledge among young gay men. The project also served to strengthen cooperative relationships between often disparate community groups that work with young gay men in the Vancouver area.

### **Injection Drug Users**

In 2002, injection drug users were estimated to account for 11 000 prevalent (known) HIV infections (20 per cent of the Canadian total) and 800 to 1 600 of the estimated new infections (30 per cent of the total) in that year. Although the proportion of new infections in this exposure category has decreased from previous estimates (down from 34 per cent in 1999), these numbers remain unacceptably high.

Injection drug users are at risk of acquiring HIV and other blood-borne infections, such as hepatitis C, through contaminated needles and unsafe sex practices. In collaboration with provincial, regional and local health authorities, community stakeholders and researchers, PHAC has established a surveillance system at sentinel sites across Canada to track HIV- and hepatitis C-associated risk behaviours (see the feature on page 46). The pilot phase of this surveillance system, known as I-Track, was undertaken during the fall of 2002.<sup>9</sup> Phase I of the surveillance survey has now been completed in Victoria, Sudbury, Toronto, Winnipeg, Regina and Edmonton, and has been linked with a separate study (by the SurvUDI group) at sites in Ottawa and in the province of Quebec (a report on Phase I of the survey

<sup>9</sup> A report on the findings of the pilot phase was published in February 2004. *I-Track: Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada, Pilot Survey Report* can be accessed online at [www.phac-aspc.gc.ca/i-track/psr-rep04/pdf/i-track\\_pilot\\_survey\\_report\\_feb-2004\\_e.pdf](http://www.phac-aspc.gc.ca/i-track/psr-rep04/pdf/i-track_pilot_survey_report_feb-2004_e.pdf).

is currently being developed). Negotiations are ongoing to expand the I-Track survey to include additional sites. The specimens collected under I-Track have also enabled PHAC to study HIV prevalence and testing behaviour among IDUs, as well as hepatitis C genotypes circulating in Canada.

With funding from PHAC's Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund, the Western Aboriginal Harm Reduction Society is endeavouring to increase knowledge and awareness of the risk of HIV and hepatitis C infection among Aboriginal people who use illicit drugs in Vancouver's Downtown Eastside. To that end, the Society is delivering HIV/AIDS prevention, peer-support and capacity-building workshops; networking with other Aboriginal HIV prevention and support organizations in Vancouver; and sponsoring presentations by other community organizations on HIV/AIDS, hepatitis C, harm reduction and related health topics. Partners in this project include the Vancouver Area Network of Drug Users, the PIVOT Legal Society, the BC Association of People on Methadone, the Portland Hotel Society, the B.C. Centre for Excellence in HIV/AIDS, the Life Is Not Enough Society and the Canadian HIV/AIDS Legal Network.

People who use injection drugs are also the focus of a harm reduction, prevention and support project by the Positive Living North West Society in Smithers, British Columbia. With funding from ACAP, this project is providing basic HIV and hepatitis C prevention and education programming and addressing a variety of support and care needs for people who use drugs and other at-risk groups throughout the Pacific Northwest.

The Alberta Community HIV Fund is supporting two projects aimed at reducing the risk of HIV infection by providing for safe disposal of injection drug needles:

- The Prostitute Awareness and Action Foundation of Edmonton is being funded to develop and distribute a toolkit of resources entitled *Safe Needle Disposal: On the Streets Where We Live*. The toolkit aims to build community capacity to address the issue of needle debris and the risk of needlestick injury in neighbourhoods across the city and will include information about HIV/AIDS and harm reduction.
- The Friends of Whitecourt Society has received funding for *Sharp Smart*, a project aimed at preventing injuries, including HIV infection, by raising awareness of and providing opportunities for the proper disposal of needles and other sharp objects in the communities of Whitecourt, Blue Ridge and Mayerthorpe. As part of this project, collection boxes have been installed at selected sites in the three communities for use by injection drug users and by farmers, ranchers and others who may need to dispose of sharp objects.

Also in Alberta, PHAC's Hepatitis C Prevention, Support and Research Program will provide funding for a project by the HIV Network of Edmonton Society, a member of the Alberta Non-Prescription Needle Use (NPNU) Public Awareness Task Group. The project will involve compiling, refining and marketing NPNU products to raise awareness among the general public and prison guards of the role of harm reduction in preventing hepatitis C and other blood-borne pathogens.

The Community-Based Research Program provided funding in 2004-2005 for a study to assess the need for a safer injecting facility in Ottawa. As part of this project, 250 street-recruited injection drug users were interviewed to determine their attitudes toward and expectations of safer injecting facilities (health care sites where injection drug users can inject pre-obtained drugs under medical supervision, access needle exchange services, and receive primary health care, emergency care for overdoses, health education and referrals). In addition, the survey yielded information on patterns of drug use and the demographic characteristics, drug treatment and overdose experience, and HIV and hepatitis C status of injection drug users in Ottawa. Focus groups will also be held with health professionals, policy makers, service organizations and law enforcement personnel to gauge community attitudes and concerns related to safer injecting facilities. Information gathered through this study will help to identify features that would optimize the use of a safer injecting facility, including location, hours of operation, supervision, provision of injection equipment, and referrals to drug treatment and social services. Results from the project will be presented through a series of community education fora in 2006.

### Aboriginal Peoples

Aboriginal peoples are over-represented in the HIV/AIDS epidemic in Canada. In 2002, it was estimated that Aboriginal persons accounted for 5 to 8 per cent of all people living with HIV in Canada, even though Aboriginal peoples account for only 3.3 per cent of the total Canadian population.

Surveillance data available for this population have shown injection drug use to be a key risk factor.<sup>10</sup> More than half (51.7 per cent) of diagnosed AIDS cases among Aboriginal peoples in 2003 were attributed to IDU. Females represent nearly half (45.0 per cent) of all positive HIV test reports among Aboriginal peoples, compared with 20.0 per cent among non-Aboriginal peoples. Aboriginal peoples are also being infected with HIV at a younger age than non-Aboriginal peoples. Almost a third (28.7 per cent) of positive HIV test reports for Aboriginal peoples in 2003 were among youth (under 30 years of age), compared to 21.3 per cent for non-Aboriginal peoples.

Since 2001, PHAC and FNIHB have jointly supported the National Aboriginal Council on HIV/AIDS (NACHA), which advises government and other stakeholders on HIV/AIDS and related issues among Aboriginal peoples (Inuit, Métis and First Nations) in Canada. NACHA is a forum where issues affecting Aboriginal peoples, both on- and off-reserve, are discussed and policy advice is developed based on the knowledge and reality of Aboriginal peoples. During 2004-2005, NACHA collaborated with PHAC in developing an HIV/AIDS Epi Note entitled *Understanding the HIV/AIDS Epidemic among Aboriginal Peoples in Canada: The Community at a Glance*. NACHA also developed a five-year strategic plan and contributed to the review of PHAC's Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund.

<sup>10</sup> The degree to which the epidemic can be monitored among Aboriginal peoples is hindered by a lack of surveillance data. Ethnicity information is provided in only one-third of positive HIV test reports.

ACAP funding is enabling the Vancouver Native Health Society to use music therapy to help HIV-positive Aboriginal residents of Vancouver's Downtown Eastside reconnect with their native culture. Music therapy is increasingly recognized as an effective catalyst for client motivation, stimulation and communication and can help improve an individual's mental, physical and emotional well-being. In addition to music therapy and storytelling workshops for HIV-positive clients, this innovative project is providing community outreach aimed at street-involved Aboriginal youth and elders and producing an audio CD that will convey a powerful prevention message and help to build skills in this highly marginalized population.

PHAC's Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund is supporting a two-year project of the Battlefords Family Health Centre entitled Mobilizing Community Supports for the Prevention of HIV/AIDS. The aim of the project is to increase the knowledge of HIV/AIDS, hepatitis C and other STIs among Aboriginal youth and their health, social service and education providers in the Battlefords, Saskatchewan. Training is being provided to Aboriginal youth service providers, and a youth-friendly magazine that highlights harm reduction strategies for HIV/AIDS, hepatitis C and STIs is being published. The Battlefords Family Health Centre is also distributing awareness and education posters, sponsoring a public service announcement, and employing peer outreach strategies in areas frequented by Aboriginal youth in the Battlefords.

The four Eastern Métis settlements in northeastern Alberta were supported by the Alberta Community HIV Fund to send elders and youth who are employed by the communities during the summer to an HIV cultural camp, where they shared traditional practices and current attitudes on sexuality and HIV/AIDS and participated in train-the-trainer sessions. The Alberta Community HIV Fund also supported the Canadian Red Cross Society, Southern Alberta Region, in delivering Phase II of the Tipi of Courage project, a mobile Aboriginal community centre that offers a range of programs and services related to HIV/AIDS. Among other activities, focus groups were conducted with staff and clients from non-Aboriginal agencies who work with Aboriginal people to help the Red Cross Society meet their HIV prevention programming needs.

Eighty-two per cent of FNIHB's HIV/AIDS budget was transferred to its regional program in 2004-2005 to support First Nations communities in delivering a wide range of prevention, education and awareness projects. In addition, the regional program helps to support Aboriginal AIDS Service Organizations in British Columbia, Alberta, and Atlantic Canada. This year, FNIHB programming supported 200 contribution agreements, four through the national office and 196 in the regions. For example:

- In Atlantic Canada, FNIHB supported Healing Our Nations, a Nova Scotia-based Aboriginal AIDS service organization that provides prevention, education and awareness workshops to First Nations people in Nova Scotia, New Brunswick, Newfoundland and Labrador and Prince Edward Island. Of particular note, Healing Our Nations delivered HIV/AIDS workshops to the band council of the Indian Brook First Nation. This was the first time Healing Our Nations had been invited to make a presentation to Aboriginal leaders in this part of Nova Scotia and could lead to the community's future participation in Aboriginal AIDS Awareness Week activities.

- In Quebec, FNIHB co-funds the Cercle de l'Espoir to publish its biannual bulletin, develop a school-based HIV/AIDS prevention campaign for Aboriginal youth, and provide training on HIV/AIDS and hepatitis C for First Nations people living in urban areas.
- In British Columbia, FNIHB sponsored a leadership forum to respond to the outbreak of HIV and hepatitis C among Aboriginal youth in Prince George.

At the national level, FNIHB continued to support Pauktuutit Inuit Women's Association in delivering HIV/AIDS awareness sessions at Labrador's Winter Fair, as well as the policy work of the Assembly of First Nations. Also with funding support from FNIHB, the Canadian Aboriginal AIDS Network (CAAN) expanded its annual Aboriginal AIDS Awareness Day to a week-long event beginning on World AIDS Day (December 1). In 2004 – the first year for the week-long campaign – close to 14 646 people participated in HIV/AIDS workshops, rallies, press conferences and other activities in 133 communities across Canada. FNIHB's national program is also supporting the 2-Spirited People of the First Nations to develop and implement a one-day International Indigenous People's Conference, to be held in conjunction with the International AIDS Conference in Toronto in August 2006.

Under the Aboriginal Stream of CIHR's Community-Based Research Program, CAAN is being supported to conduct research on Aboriginal culturally competent care in the context of HIV/AIDS. In a community-based research project completed in 2004-2005, the group Positive Living North in Prince George, British Columbia, uncovered a complex and interrelated series of obstacles that either prevent or delay access to antiretroviral therapy for Aboriginal people living in urban areas. Integrating the results of this project into HIV/AIDS treatment practices could encourage early uptake of antiretroviral therapy by Aboriginal people, with significantly improved health outcomes.

In the summer of 2004, CAAN conducted a national survey of 195 Aboriginal people living with HIV/AIDS in Canada to document the extent to which their service needs are being met and to identify service deficiencies. While participants indicated that the services they access are meeting or exceeding their needs, the study concluded that barriers to care, treatment and support continue to exist for Aboriginal people living with HIV/AIDS. CAAN also recently published the results of a study of homophobia in relation to HIV/AIDS in Aboriginal communities. Most individuals who responded to the survey identified themselves as being gay male or two-spirited and indicated that they had experienced verbal forms of homophobic discrimination. Approximately one quarter of respondents had also experienced some form of physical violence. In a separate survey of Aboriginal service organizations, approximately half of the respondents reported incidents of homophobic discrimination within or involving their organization.

PHAC funded CAAN's Aboriginal HIV/AIDS Anti-Discrimination project, which created a policy development framework that can be used by Aboriginal organizations to produce anti-HIV/AIDS discrimination policies to support inclusion and the hiring of Aboriginal people living with HIV/AIDS and to strengthen their service delivery to Aboriginal people living with HIV/AIDS. The framework was developed in collaboration with the Canadian HIV/AIDS Legal Network, and was presented in a workshop format at the National Native Addiction Partnership Foundation's training conference in Ottawa. A guide to developing anti-discrimination policies was also developed and is available through CAAN.

CAAN has also undertaken a two-year project to examine HIV/AIDS privacy and confidentiality concerns in Aboriginal communities. This project includes a comprehensive legal analysis of Canadian and international privacy law as it impacts Aboriginal people living with HIV/AIDS, as well as analysis of Aboriginal customary laws, societal structures and self-government.

CAAN's Aboriginal People with HIV/AIDS Gathering was held in Toronto from February 14 – 16, 2005. Entitled "Gathering Wisdom," the event was attended by about 80 Aboriginal youth, women, two-spirited men and straight men from across Canada who are living with HIV/AIDS. Through focus groups and other activities, participants shared information, built support systems and explored how CAAN could better meet their needs. Gathering Wisdom was also supported by the Ontario Aboriginal HIV/AIDS Strategy and the 2-Spirited People of the First Nations.

### Prison Inmates

The prevalence of HIV among federal and provincial inmates in Canada is estimated to be nearly 10 times higher than in the general population. Recent evidence indicates that HIV infection rates are higher among female inmates (3.44 per cent) than among male inmates (1.37 per cent).<sup>11</sup> Higher rates of infection among inmate populations are often the result of offenders' histories of participating in high-risk behaviours, such as injection drug use and unprotected sex, behaviours which some offenders continue to engage in while incarcerated.

CSC, a core partner in the Federal Initiative, undertakes a range of HIV/AIDS prevention and education activities in federal prisons in addition to providing care, treatment and support services to inmates. With the additional funding allocated under the Federal Initiative, CSC will focus on building knowledge through infectious disease surveillance, expanding infectious disease intervention, and implementing coordinated prevention responses with public health and federal, provincial and territorial partners.

During 2004-2005, CSC continued to implement the HIV/AIDS Peer Education and Counselling Program, which trains peer coordinators and volunteers to share information on HIV/AIDS and other infectious diseases and to provide peer support to fellow inmates. A parallel program is operated for Aboriginal inmates with the support of community Aboriginal AIDS service organizations.

For the third consecutive year, CSC provided funding through the Special Initiatives Program to enable inmates to organize activities and projects related to HIV/AIDS prevention. Nine projects were funded in 2004-2005. Examples include:

- Images painted by two inmates at the Atlantic Institution, with HIV prevention as the theme, were transformed into a calendar and distributed to all federal penitentiaries in the Atlantic Region, selected penitentiaries in other regions, and several HIV/AIDS service organizations.

<sup>11</sup> CSC Infectious Disease Surveillance System, preliminary unpublished data, 2005.

- At Stony Mountain Institution in Manitoba, inmates held a “Chalk the Walk” contest in which HIV prevention images were drawn with chalk on the outside track. The winning design was printed on t-shirts, which were awarded as prizes to inmates during World AIDS Day activities.
- Inmates at the Grand Valley Institution for Women in Ontario produced drawings, poetry, paintings and sculpture to express how HIV/AIDS has affected their lives.
- In Quebec, inmates at the Federal Training Centre and Montée Saint-François Institution produced a publication, *Virus en Pen*, containing articles, drawings and poems with HIV prevention messages.

CSC funded 10 penitentiary nurses to attend the 2005 Canadian Association of Nurses in AIDS Care Conference in Banff. Two nurses who attended wrote about their experiences at the conference in the Summer 2005 issue of CSC's *Focus on Infectious Diseases* newsletter. CSC also delivered a presentation on infectious diseases in federal penitentiaries to the association's British Columbia chapter.

CSC has enhanced its surveillance forms for infectious disease screening and test requisition. The new forms guide nurses in assessing an inmate's risk behaviours and deciding whether to recommend testing for HIV and other infections. The forms also provide data that helps CSC develop effective health promotion and education programs and evaluate health interventions and harm reduction programs.

A pilot project related to safer tattooing practices was implemented by CSC in six penitentiaries. Several inmate tattooists have been trained in infection control, sterilization procedures and safer tattooing methods, and penitentiaries have been supplied with appropriate tattooing equipment. The project, which aims to further CSC's commitment to provide federal inmates with harm reduction measures, is being monitored on an ongoing basis and will be formally evaluated after one year.

Each year, inmates in CSC penitentiaries across Canada organize and participate in activities around World AIDS Day. For example, inmates at Mountain Institution in British Columbia hold a mini AIDS walk every year, collecting money from other inmates to donate to the British Columbia Persons With AIDS Society.

PHAC's Legal, Ethical and Human Rights Fund is currently funding a national joint project between PASAN and the Canadian HIV/AIDS Legal Network to assess the status of harm reduction programs and materials in federal and provincial prisons, identify gaps that need to be filled, and develop a best practice model for program and material delivery. PASAN and the Legal Network are collaborating on this project with the John Howard Society of Toronto, the Canadian Association of Elizabeth Fry Societies and the Canadian Harm Reduction Network. The project aims to ensure that all stakeholders are engaged in working toward increased access to harm reduction programs and materials in federal and provincial prisons.

The use of harm reduction measures while incarcerated is also being examined through a cross-Canada survey of federal inmates being funded jointly by PHAC's Hepatitis C Program and CSC. Other issues being addressed through the survey include participation in risk behaviours while incarcerated and knowledge of infectious disease transmission.

In the Quebec Region, ACAP is supporting the Centre Option Prévention Toxicomanie- Violence-Délinquance-Sida to undertake a pilot project to promote treatment adherence among incarcerated people living with HIV/AIDS. Phase I of the project involves conducting a needs assessment at the Archambault Institution to obtain information on the treatment adherence behaviour of inmates living with HIV/AIDS. This will lead to the development of an action plan tailored to the prison environment and the testing of various approaches to increasing treatment adherence. During Phase III of the project, the measures put in place will be evaluated, and information from the project will be shared with other CSC institutions.

CATIE and PASAN continued to work together in 2004-2005 on issues of HIV/AIDS and prisoners. For example, CATIE delivered workshops on HIV treatment information for PASAN staff, and PASAN in turn provided workshops on prison issues and HIV for CATIE staff and volunteers. PASAN also partnered with CATIE in its recent treatment information volunteer training program.

## Youth

Although youth represents a small proportion of the total number of reported HIV and AIDS cases in Canada (individuals aged 10 to 24 account for 3.4 per cent of cumulative AIDS cases, and youth aged 15 to 19 account for 1.4 per cent of positive HIV test reports), risk behaviour data on young Canadians show significant potential for HIV transmission. A national study revealed that the use of condoms by sexually active youth decreases as their age increases.<sup>12</sup> The same study showed that approximately half of grade 9 students are not aware that there is no cure for HIV/AIDS, and some students think a vaccine is available to prevent HIV/AIDS. The extent of unprotected sexual activity among youth is captured in rates of chlamydia and gonorrhoea among those aged 15 to 24 years. In 2002, the reported incidence of chlamydia in Canada was highest among females aged 20 to 24 years (1 377 cases per 100 000 women), and the reported incidence of gonorrhoea was highest among 15 to 19 year old women (101.3 cases per 100 000).<sup>13</sup>

In Manitoba, the Sexuality Education Resource Centre, which promotes universal access to comprehensive, reliable information and services related to sexuality and reproductive health issues, undertook a project entitled Empowering Rural Youth Towards Healthy Sexuality. The objective of the project was to strengthen the involvement of rural Manitoba youth (grades 8 to 12) in education on sexuality issues for youth, including HIV/AIDS. With funding support from ACAP, the Resource Centre

<sup>12</sup> *Canadian Youth, Sexual Health and HIV/AIDS Study: Factors influencing knowledge, attitudes and behaviours*. The Council of Ministers of Education, Canada. 2003.

<sup>13</sup> Community Acquired Infections Division, Centre for Infectious Disease Prevention and Control, Health Canada. 2003.



designed and delivered 74 workshops in schools, coordinated a youth conference, distributed promotional items such as condom key chains, and developed information tools containing harm reduction messages.

ACAP is providing ongoing funding to the AIDS Committee of Toronto for an outreach project aimed at HIV-positive youth. The committee sponsors the project on behalf of Positive Youth Outreach, a Toronto-based program that aims to empower, support and affirm the lives of young people infected with HIV/AIDS. Through workshops, drop-in groups, peer youth counselling and advertising, the project is increasing access to health promotion and HIV treatment information and support for HIV-positive youth, providing skills development opportunities, reducing social isolation and improving access to HIV-related psycho-social and medical services. In addition to the AIDS Committee of Toronto, the project involves the Toronto People with AIDS Foundation, Voices of Positive Women and CATIE.

The Alberta Community HIV Fund provided support for a number of projects aimed specifically at Aboriginal youth in 2004-2005. These include:

- the Grande Prairie Friendship Centre's Youth Wellness Program, which aims to ensure that youth aged 12 to 17, including at-risk street youth and incarcerated youth, are knowledgeable about HIV/AIDS, hepatitis C and how traditional teachings can help them make healthier lifestyle choices
- the Nechi Training, Research and Health Promotions Institute's Two Spirit Safe Communities Project, which is developing and delivering supportive outreach services to two-spirit youth aged 15 to 24 in the Edmonton area
- a project by the Canadian Red Cross Society, Southern Alberta Region, to recruit, train and supervise 200 Aboriginal youth (on- and off-reserve) to become "warriors" battling the spread of HIV in the Aboriginal population
- a project by the White Buffalo Dancers and Drummers Society in Edmonton to train urban Aboriginal youth to implement HIV/AIDS projects in their communities and to hold a retreat for Aboriginal youth
- an HIV/AIDS education and awareness workshop for pre-teen girls sponsored by the Métis Nation of Alberta

PHAC continued to develop STI prevention and control materials, STI treatment guidelines, sexual health education guidelines, and materials to promote sexual health education among parents and teachers, using an approach based on common risk behaviours and shared modes of transmission.

## Women

The HIV/AIDS epidemic is growing among women of all age groups in Canada. At the end of 2002, there were an estimated 7 700 women living with HIV in Canada, a 13 per cent increase over 1999 estimates. Women accounted for 23 per cent of estimated new infections in 2002. Surveillance data demonstrate that heterosexual contact and IDU are the two major risk factors for HIV infection in women.

At a meeting in the fall of 2004, CTAC, CAS, CATIE, Planned Parenthood Federation of Canada, the Positive Women's Network and Voices of Positive Women agreed to bring together other like-minded partners to develop a *Blueprint for Action on Women and HIV/AIDS*, launched on World AIDS Day this year. The national women's coalition formed by these groups now consists of more than 60 organizations from Canada and internationally, working to ensure that the impact of the epidemic on women around the world is addressed at the XVI International AIDS Conference in Toronto in August 2006.

Kali Shiva, a community-based organization that provides non-medical support services for people living with HIV/AIDS in Manitoba, is receiving funding from ACAP for a project entitled Positive Women Communicating for Change. The goal of the project is to build self-advocacy and life skills among HIV-positive women, thus enabling them to gain better access to employment, housing, social support systems and medical care. Among other activities, the project aims to establish an education and peer support group and a catering collective for HIV-positive women.

In Nova Scotia, the Antigonish Women's Resource Centre is being funded by ACAP for a two-year project to increase awareness among women of healthy sexuality, STIs and HIV/AIDS. Entitled Overcoming Resistance – From Awareness to Engagement, the project is involving community leaders and decision makers in increasing the availability of information that is both culturally and gender-relevant. Training sessions, workshops and presentations at community fairs are among the activities being used to raise awareness.

Voices of Positive Women held its fourth Dialogue Conference in Toronto in May 2005, providing an opportunity for HIV-positive women in Ontario and their health care providers to exchange knowledge, identify emerging issues and foster a cooperative environment for advocacy. Dialogue IV: Knowledge Exchange was held in conjunction with the LIGHT (Living In Good Health Together) Conference organized by PASAN to address issues for women living with HIV who had been incarcerated.

The British Columbia Persons with AIDS Society, in partnership with the Positive Women's Network, produced an interactive CD-ROM for HIV-positive women and health care providers. Entitled *Retro Woman: Navigating Advanced Treatment Information for Women*, the CD-ROM includes information that is specific to HIV-positive women on such topics as epidemiology, disease progression, gynecological health, drug side effects, STIs and antiretrovirals.

PHAC provided funding to enable Stella – an organization by and for sex workers – to plan and organize Forum XXX, the first ever international conference for sex workers and their allies. Held in Montréal in May 2005, the three-day conference attracted 250 street workers, escorts, strippers and x-rated film stars from countries around the world, including New Zealand, Thailand, India, Argentina, Sweden and Israel. HIV prevention was a major topic of discussion at the conference, which also featured workshops and presentations on legal and human rights for sex workers, job safety and the place of sex work in society.

CIHR's Community-Based Research Program awarded a grant to the British Columbia Centre for Excellence in HIV/AIDS to investigate HIV prevention and care strategies for women who depend on sex work for their survival.

### **People from Countries Where HIV is Endemic**

In 2002 there were an estimated 3 700 to 5 700 prevalent HIV infections, and 250 to 450 incident (new) infections, among persons who were born in a country where HIV is endemic and who were infected through heterosexual contact. When these national incidence and prevalence estimates are compared to data from the 2001 Census, it is clear that persons from countries where HIV is endemic are over-represented in Canada's HIV epidemic. In 2001, approximately 1.5 per cent of the Canadian population was born in a country where HIV is endemic, yet this group accounted for an estimated 7 to 10 per cent of prevalent HIV infections and 6 to 12 per cent of all new infections.

ACAP is providing funding support for a multi-faceted and multi-year project being undertaken by the Alliance for South Asian AIDS Prevention, a Toronto-based community organization working to prevent the spread of HIV and promote the health of South Asians infected with and affected by HIV/AIDS. The project aims to improve access to services for South Asian people living with HIV/AIDS and to increase their capacity to deal with psycho-social issues associated with the disease. As well, it will better enable these individuals to manage their own health, help build a supportive environment among service providers and the South Asian community, and strengthen volunteer involvement in the Alliance. Other partners in the project include CATIE, the Regent Park Community Health Centre and Asian Community AIDS Services.

In the Quebec Region, ACAP is supporting a compassion campaign led by GAP-VIES (Groupe d'action pour la prévention de la transmission du VIH et l'éradication du sida) to improve sensitivity among the Haitian community of Montréal about the needs, circumstances and experiences of Haitian people living with HIV/AIDS. The campaign aims to demystify HIV/AIDS, increase knowledge of the disease within the Haitian community, and improve understanding among service providers and others of the cultural aspects of HIV/AIDS and appropriate intervention models. Partners in the project include the Coalition des organismes québécois de lutte contre le sida, the Maison des jeunes l'Ouverture, the Centre d'alphabétisation NA Rive and McGill University's CKUT campus radio station.

The African Canadian Society of Alberta is being supported through the Alberta Community HIV Fund to develop and deliver an HIV/AIDS prevention project for new African immigrants in Edmonton. The project aims to develop sexual education awareness among this target group; to examine their attitudes, beliefs and values related to HIV transmission and prevention; and to encourage them to be tested for HIV infection. The project will also enable the African Canadian Society of Alberta to channel information about HIV and other STIs to African immigrants and to establish a referral system for HIV treatment.

PHAC's National HIV/AIDS Capacity Building Fund has approved funding for a national project that will strengthen the capacity of service providers and HIV/AIDS researchers to reduce the spread of HIV and improve the quality of life of African and Caribbean people living with HIV/AIDS. This joint initiative of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and the Women's Health in Women's Hands Community Health Centre will increase the availability and use of population-specific prevention resources, service providers' knowledge of HIV/AIDS-related issues that affect the African and Caribbean communities in Canada, and the cultural competency of service providers who work with these communities.

In a complementary initiative, ICAD, ACCHO and several other organizations have launched a process to develop a national strategy on HIV/AIDS for persons from countries where HIV/AIDS is endemic. Results of the work completed to date were presented during a satellite session at the 5th Canadian HIV/AIDS Skills Building Symposium in Montréal.

Through its [languages@catie.ca](http://languages@catie.ca) Web site, CATIE makes treatment information available in Swahili, Hausa, Tamil and several South Asian languages (more languages will be added in the future). CATIE staff are also involved in a study by ACCHO and the University of Toronto, with funding from the Ontario HIV Treatment Network, of HIV/AIDS stigma and discrimination in African and Caribbean communities.

## **Future Directions**

The Federal Initiative to Address HIV/AIDS in Canada answers a call for more effective interventions and improved prevention and treatment initiatives for at-risk populations. As implementation of the Federal Initiative unfolds, programs will be established to improve front-line capacity to deliver population-specific initiatives; increase access to care, treatment, support and rehabilitation; and provide for the meaningful involvement in the response of at-risk populations and people living with HIV/AIDS. The federal government will also continue to improve population-specific epidemiological, socio-behavioural, ethnographic and community-based research. As well, enhanced behavioural research is being undertaken among street youth, injection drug users, MSM, Aboriginal peoples and other at-risk populations to support the evidence-based HIV prevention and control strategies funded under the Federal Initiative.

# “The Fire Pit” Stokes Cultural Connections and HIV Prevention in Prince George

Homelessness, injection drug use and alcohol abuse are taking a huge toll on Aboriginal people in Prince George, British Columbia. The Fire Pit Cultural Centre is attempting to address these determinants of health, and prevent new infections of HIV and hepatitis C, by helping at-risk Aboriginal people reconnect with their culture and understand how the process of colonization has impacted their lives and risk for HIV.

Operated by Positive Living North (an Aboriginal AIDS service organization in Prince George) in partnership with the Central Interior Native Health Society, The Fire Pit is a place where Aboriginal people – and their friends – can gather to learn, share and understand culture, health and community.

“As an Aboriginal person, I recognize that culture needs to be integrated into what we do in terms of HIV prevention,” says Catherine Baylis, coordinator of The Fire Pit. “This project brings the notion of culture and healing to the street level for HIV and hepatitis C prevention.”

According to Ms. Baylis, adult Aboriginal males account for the majority of new HIV infections in Prince George, and injection drug use is the primary mode of transmission. However, injection drug use and unsafe sex practices are also putting other Aboriginal people at risk, especially women and youth.

“By helping people connect with their culture and understand historical processes, we are actively engaging in a process of decolonization and healing. This helps to move people away from risky activities.”

The Fire Pit opened its doors in October 2003 with project funding from the AIDS Community Action Program and the provincial Ministry of Health (In its second year of operation, The Fire Pit was also supported by Public Health Agency’s Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund). It is currently open three afternoons a week and is visited by 70 to 80 people a day.

“Because we are working with people who are often homeless, and because poverty is an increasing social reality, The Fire Pit experiences a large need for food,” says Ms. Baylis. “This was not part of the original plan, but the needs of the people who come here drive our services.”

In a cultural context, food is considered medicine and part of the healing process. But while food is often what draws people into The Fire Pit, once

there they are encouraged to participate in “talking circles” and other cultural activities, such as doing beadwork and making dream catchers.

Being physically located in the same building as the Native Health Centre (which pays a portion of the rent for the drop-in centre) has enabled The Fire Pit to develop strong relationships with the centre’s health care professionals.

“In addition to having an HIV counsellor on-site in The Fire Pit, we have access to a drug and alcohol counsellor, a mental health support worker and an outreach nurse through the Native Health Centre,” explains Ms. Baylis. “Physicians from the Native Health Centre are also close at hand, often at a moment’s notice. In fact, we see The Fire Pit as being the cultural foundation of primary health care for Aboriginal people in Prince George.”

As a result of its integrated approach to service delivery, The Fire Pit has been able to attract funding from other government departments, including the provincial Ministry of Human Resources. At the federal level, Human Resources and Skills Development Canada contributes to the centre’s food budget and helps pay the salary of a nutrition coordinator.

“Other agencies support us in other ways,” says Ms. Baylis. “For example, literacy is a problem for some at-risk people, so we approached the Prince George Friendship Centre to see what could be done about it. In partnership with the Prince George Nechako Aboriginal Employment Training Association, the Friendship Centre has donated three computers to The Fire Pit, each with literacy programs installed.”

The Fire Pit won a 2005 Accolades Award from the British Columbia Persons with AIDS Society for innovative programming in HIV prevention. Its integration of culture, food and health has also attracted attention from other AIDS service organizations.

“It’s difficult to measure our immediate impact on HIV prevention,” acknowledges Ms. Baylis, who stresses that non-Aboriginal people at-risk of HIV infection are also welcome at The Fire Pit. “But a measure of our success is that other service providers in the community have deemed The Fire Pit to be an essential health service, and people from other communities are interested in implementing this model.”

For more information on The Fire Pit, visit [www.positivelivingnorth.ca](http://www.positivelivingnorth.ca).

## STRENGTHENING THE FOUNDATION



*Canada's HIV/AIDS response has many aspects. Through research into the physical, psychological and societal impacts of this devastating disease, Canada is making important contributions to the world's understanding of HIV/AIDS. As well, basic biomedical research being conducted in Canada is improving our understanding of the evolving virus. Canadian organizations are also contributing to the development and dissemination of reliable, up-to-date information on HIV/AIDS and to addressing the stigma and discrimination that are root causes of the epidemic.*

### Advancing the Science of HIV/AIDS

In 2004-2005, CIHR administered \$13.025 million in research grants and personnel awards on behalf of the Federal Initiative to Address HIV/AIDS in Canada (compared to \$12.025 million under the CSHA). As shown in Table 3, this funding was disbursed across four major research themes: biomedical and clinical research; health services and population health research; clinical trials; and community-based research. In addition to these funds, CIHR committed almost \$8.5 million from its own budget in 2004-2005 for direct HIV/AIDS research, as well as more than \$6.75 million for indirect HIV/AIDS research (projects whose focus on HIV is less than 50 per cent). Federal Initiative funding for HIV/AIDS research will increase to \$22.575 million annually in 2008-2009 and beyond.

**Table 3: Federal HIV/AIDS Extramural Research Funding 2004-2005**

<b>Research Funding Stream</b>	<b>Funding</b>
Biomedical/Clinical	\$ 4,630,000
Health Services/Population Health	\$ 2,440,000
Canadian HIV Trials Network	\$ 4,097,500
Community-Based Research	\$ 1,857,500
<b>Federal Initiative Total</b>	<b>\$ 13,025,000</b>
CIHR Commitment	\$ 8,449,000
<b>Total Federal Investment in HIV/AIDS Research*</b>	<b>\$ 21,474,000</b>

\* For the purposes of reporting, the \$6.75 million in indirect HIV/AIDS research funded by CIHR is not included in the total.

CIHR provides funding for both investigator-initiated and more strategically directed research in HIV/AIDS.

In 2004-2005, 14 new HIV/AIDS projects were funded through regular competitions, bringing the total number of funded projects to 88. These competitions are open to health researchers in all domains, and the success of HIV/AIDS researchers within this large pool of applicants is a testament to Canada's strong and growing HIV/AIDS research capacity. CIHR also continued to support the training of junior scientists by offering training awards to 10 individuals (master's students, doctoral students and research fellows) studying in the field of HIV/AIDS. Three new salary awards were approved to allow scientists already working in this area to dedicate more of their time to research projects. This brings the total numbers of training or salary awards offered to HIV/AIDS researchers to 50.

In addition to these investigator-initiated efforts, CIHR approved funding under the Federal Initiative for strategically defined projects. Three projects were approved for funding under the Institute of Infection and Immunity Social and Behavioural Research Issues in HIV/AIDS and Hepatitis C strategic initiative. These grants are supporting new or existing groups to conduct multidisciplinary research in this area and to build capacity or add expertise to their core capabilities. Other strategic areas targeted for support include research in preventative interventions such as microbicides and vaccines and in Aboriginal health.

CIHR also provided core funding of \$4.097 million from the Federal Initiative in 2004-2005 for the CTN (see page 20).

With funding from the Federal Initiative and other sources, Canadian scientists continue to contribute substantial new knowledge to the fight against HIV/AIDS. Some of the latest findings were showcased at the 14th Annual Canadian Conference on HIV/AIDS. Organized by CAHR, the May 2005 three-day conference in Vancouver attracted more than 650 researchers and other stakeholders from across Canada. Abstracts of the 280 oral and poster presentations made at the conference were published in the *Canadian Journal of Infectious Diseases* (Volume 16, Supplement A, May/June 2005).

CAHR continued to attract and mentor new investigators to build Canada's HIV research capacity. In 2005, CAHR gave four New Investigator Awards to promising researchers. CAHR also awarded its Red Ribbon Award for outstanding service to the cause of research in Canada that will lead to increased understanding of the treatment and prevention of HIV/AIDS while enhancing the quality of life of those living with HIV.

## Vaccines and Microbicides

CIHR has identified vaccines and microbicides as priority areas of research and has actively sought applications for both projects and personnel awards in this area. Examples of CIHR-supported research in 2004-2005 include:

- A researcher at the University of Toronto is using state-of-the-art techniques in immunology and virology to design a new, improved version of an HIV vaccine made from the canarypox virus. Although the current vaccine has been shown to be safe in humans, it does not create strong immune responses in vaccinated persons. If testing of the new vaccine in mice and monkeys shows promising results, it will move on to clinical testing in humans.
- A second research team at the University of Toronto is studying ways to prevent Black women from being left out of HIV vaccine strategies that may be available to the public within the next decade. Black women are commonly left out of research that could help decrease their vulnerability to infection and disease, and tend to be one of the last groups to gain from health care innovations.
- A researcher at the University of Manitoba is studying the immune systems of individuals who have been infected with HIV for years yet remain healthy. Specifically, the project is examining the antibody IgG1 b12 to determine whether it is capable of inhibiting HIV infection in mammals.
- In the field of microbicide development, a researcher at Université Laval is studying the safety, tolerance and acceptability of a vaginal gel containing sodium lauryl sulfate (invisible condom) among healthy women in Cameroon, Kenya, Benin and South Africa.

Work progressed during 2004-2005 on a national strategy to intensify the development of HIV vaccines and to plan for their effective and equitable distribution in Canada. The Canadian HIV Vaccines Plan is being developed by a steering committee comprising a person living with HIV/AIDS and representatives of CAS, the research community, IAVI and the Public Health Agency of Canada. A draft document is currently being updated in consultation with experts in the field.

In June 2004, Canada and other G8 nations endorsed the creation of the Global HIV/AIDS Vaccine Enterprise. Proposed by an international group of scientists to accelerate global efforts to develop a safe and effective HIV vaccine, the Vaccine Enterprise is an international alliance of independent agencies and organizations conducting or supporting HIV vaccine research. *The Global HIV/AIDS Vaccine Enterprise Scientific Strategic Plan*, developed and published in 2005, identifies major scientific roadblocks facing HIV/AIDS vaccine development, outlines a strategic approach to addressing them, and proposes a collaborative model to ensure that researchers around the world are harnessing their efforts towards a common goal. The Government of Canada is exploring how it will support the Vaccine Enterprise beyond its current activities of funding HIV vaccine research and supporting the development of the Canadian HIV Vaccines Plan.



Work is also under way to develop an action plan outlining Canada's role in microbicide development and access, both domestically and internationally. The proposal for such a plan arose at the 2<sup>nd</sup> Canadian Microbicides Symposium: Advancing HIV Prevention, held in Ottawa in March 2005. Organized by ICAD, CAS and other stakeholders, the symposium attracted participants from the research community, private sector firms, government and community organizations. Its goals were to build commitment for multi-sectoral Canadian contributions to microbicides and to provide opportunities for networking and collaboration. A committee led by a representative from CAS and including representatives from government, NGOs and the research community, has been formed to develop the action plan.

On World AIDS Day 2004, the Government of Canada announced a contribution of \$15 million over three years to the International Partnership for Microbicides to develop a female-controlled method of protection against HIV/AIDS. The announcement was part of a \$105 million package of initiatives targeting women and girls infected with or affected by HIV/AIDS in developing countries.

### Surveillance of HIV Strains and Drug Resistance

PHAC has also been conducting surveillance of HIV strains and drug resistance in Canada (this information is important for assessing the usefulness of potential HIV vaccines, which will likely be strain-specific). While HIV-1 subtype B continues to be the predominant HIV strain in Canada, data published by PHAC in May 2005 indicate that 10.1 per cent of the sampled population of 2 152 individuals were infected with non-B subtypes. Significantly higher proportions of non-B subtype infections were detected among females (compared with males), among those who were older at initial diagnosis, among African/Caribbean or mixed ethnicities (compared with Caucasians) and among those reporting heterosexual sex as their primary risk factor (compared with MSM). The data also reveal that primary drug resistance to at least one antiretroviral drug was identified in 8.6 per cent of the sample population of 1 738 newly diagnosed individuals who had never received treatment (this is similar to the rates of primary drug resistance observed in other countries where highly active antiretroviral treatment is widely used). Multi-drug resistance was identified in 1.3 per cent of the sample population.

### Addressing Stigma and Discrimination

In January 2005, the Canadian HIV/AIDS Legal Network launched *A Plan of Action for Canada to reduce HIV/AIDS-related stigma and discrimination*. The plan highlights the responsibility of governments at all levels to lead both by example and by rigorously applying anti-discrimination laws and measures to reduce stigma. Endorsed by the Canadian Labour Congress, the United Church of Canada, CAS and other national organizations, the plan was accompanied by a letter-writing campaign to help put the issue before policy makers. The plan calls for the meaningful participation of people living with and vulnerable to HIV/AIDS in developing public policy that concerns them; greater support by government leaders at all levels for the rights of people living with and vulnerable to HIV/AIDS; more active and creative work with the media to improve its coverage of HIV/AIDS-related issues; support for peer-based programs; and the strengthening of human rights mechanisms in Canada.

CPHA has entered the third year of its highly successful social marketing campaign, aimed at breaking down the stigma and discrimination faced by all Canadians currently living with or affected by HIV/AIDS. For the 2005 campaign, CPHA has produced resources that are meant to support communities in their efforts to “Change the World!” by encouraging people to join the fight against human rights violations and to use safer sex practices. As in previous years, CPHA expects to receive more than 1 000 orders for campaign materials and will distribute more than 600 000 campaign items to community organizations and schools across the country.

CAAN is collaborating with a researcher at the University of Alberta to examine the influence of stigma on access to health services by people living with HIV/AIDS. The project, which is funded by CIHR, involves research in Edmonton and Ottawa to explore the experiences of both Aboriginal and non-Aboriginal people living with HIV/AIDS, with the goal of identifying areas of similarities and differences between the two groups. It also aims to identify organizational policies that contribute to or reinforce stigmatizing practices. In addition to interviews with people living with HIV/AIDS, the project involves focus groups and in-depth interviews with physicians, nurses, social workers, psychologists and community workers.

### **Skills Building Symposium**

The 5<sup>th</sup> Canadian HIV/AIDS Skills Building Symposium was held in Montréal in October 2005. Participants from across Canada – representing AIDS service organizations, members of the public and governments – attended the interactive event. Skills 2005 featured more than 80 workshops, 20 poster sessions, two days of satellite sessions and six panels, which featured best-practice models and wide-ranging discussion on critical issues in HIV/AIDS work in Canada today. Skills training and networking opportunities were provided in eight learning tracks: prevention; care/counselling/support; treatment; human rights, law, policy and advocacy; organizational and community development; community-based research; international action; and rehabilitation. Skills 2005 also included the Youth Institute, which brought together youth (29 years old and under) and youth workers to build skills and share experiences related to HIV/AIDS.

### **WALK FOR LIFE**

On September 8, 2005, comedian Rick Mercer launched the 2005 WALK FOR LIFE at Ottawa’s City Hall. WALK FOR LIFE is Canada’s largest single event for raising awareness and funds for HIV/AIDS. Approximately 40 000 Canadians in 130 communities participated in this year’s event, which raised \$2 million to assist local AIDS service organizations in every province and territory.

Held each fall, WALK FOR LIFE is coordinated nationally by CAS and funded entirely by the private sector.

## Information Development and Dissemination

The development and dissemination of reliable information that improves the lives of individuals and strengthens Canada's response to HIV/AIDS continues to be a core activity of all organizations that receive funding under the Federal Initiative.

The Canadian HIV/AIDS Information Centre, a program of the CPHA, is Canada's largest distributor of free HIV/AIDS materials, with a client base that includes community-based organizations, the education sector, health intermediaries, federal/provincial/territorial governments, other NGOs, and the general public. As a distribution point for HIV/AIDS pamphlets, brochures, manuals, posters and videos developed by more than 60 partner organizations across Canada, the Centre responded to over 11 000 requests for information and shipped almost 800 000 items in 2004-2005. The Centre's library boasts a collection of more than 20 000 titles and responds to several hundred reference requests each year. Visits to the Centre's Web site more than doubled during the year, reaching over 600 000 "hits," including repeat visits by more than 40 000 individuals and organizations.

In response to needs identified through its annual client survey, the Information Centre developed three new resources: a booklet entitled *Talking to Kids about HIV/AIDS*; a pamphlet for women entitled *Sex toy stories: A user's guide to HIV and STI prevention*; and a very popular novelette entitled *In my quiet space: A based-on-reality fiction about HIV transmission and discrimination*. All three resources are available in both English and French.

Responding to the trend towards increased use of the Internet as a source of information, CATIE expanded the services available through its site and launched several new Web-based information programs. *Catie.ca/nurses* was developed in partnership with the Canadian Association of Nurses in AIDS Care; *AIDSvolunteers.ca* is a site for connecting potential volunteers across Canada with AIDS service organizations; and *Languages.catie.ca* is a multilingual treatment information site. CATIE also continues to host a vibrant Web site for youth ([www.livepositive.ca](http://www.livepositive.ca)).

Other national organizations are also engaged in developing and disseminating HIV/AIDS knowledge and information. For example, using the latest data available from UNAIDS, ICAD issued new or updated regional overviews of the HIV/AIDS epidemic. ICAD also developed a fact sheet that examines the vulnerability of migratory populations to HIV/AIDS and the challenges inherent in delivering services and programs to migratory groups. As well, ICAD collaborated with the School of Health and Human Performance at Dalhousie University, the Southern African AIDS Trust and CHF-Partners in Rural Development to develop *Guidelines for Incorporating HIV/AIDS and Gender Considerations into Agricultural Programming*. ICAD staff and representatives of 20 NGOs subsequently received training on the guidelines.

CAS updated the document *HIV/AIDS Transmission Guidelines* to reflect changes in HIV/AIDS treatment, prevention and care, and to include new information about sexually transmitted infections and HIV/hepatitis C co-infections. A CD-ROM version of the guidelines and a pamphlet on HIV and hepatitis C prevention were also produced and distributed.

CTAC published and began to distribute the final report from its community-based research study on Post-Approval Surveillance, which identified methods for successfully collecting adverse event information directly from people living with HIV/AIDS and confirmed the need for a national, consumer-centred active post-approval surveillance system for HIV/AIDS drugs. Abstracts were presented at a number of conferences. CTAC's partners in this project were Voices of Positive Women, the British Columbia Persons With AIDS Society, the Comité des Personnes atteintes du VIH du Québec and CAAN.

In October 2004, the Canadian HIV/AIDS Legal Network published a report on the operation of prison-based needle exchanges in Spain, Germany, Switzerland, Moldova, Belarus and Kyrgyzstan. The report concluded that needle exchanges are an extremely effective HIV prevention measure among incarcerated populations and recommended that federal and provincial/territorial correctional services in Canada immediately implement multi-site pilot needle exchange programs.

With financial support from UNAIDS, the Legal Network has developed two tools that will ensure that information on experiences with HIV/AIDS-related legal and human rights issues is available to people who need it. The first is a searchable CD-ROM containing almost 1 000 documents in four languages (English, French, Spanish and Russian), including monographs, legal decisions and advocacy papers that can be searched by key word, topic, country or document type. The second tool is an analysis of 30 court cases related to HIV/AIDS from 16 countries. The collection focusses on three substantive areas: discrimination, access to treatment and prisoners' rights. With the help of UNAIDS' global network, both tools will be widely disseminated to legal and human rights groups, legal professionals, law schools and other interested parties.

The Canadian HIV/AIDS Legal Network has also developed a series of information sheets to guide communities that may find themselves part of vaccine trials or that want to ensure that they benefit from vaccines when they are available. The information sheets, which were developed with funding from WHO, UNAIDS and IAVI, will be translated and widely disseminated in the coming year.

CATIE's Treatment Information Network – a group of approximately 30 treatment information providers from across Canada, many of whom are living with HIV/AIDS – has developed an action plan to encourage and facilitate increased collaboration, with the goal of strengthening Canada's HIV treatment network. During 2004-2005, action groups were created to move forward in four key areas identified in the action plan: partnerships and collaboration, social marketing, treatment publications and volunteer treatment information training. CATIE has also developed an online Treatment Information Network discussion group to facilitate communication and the sharing of resources among members of the Network. As a result, agencies have begun to share their training resources online. CATIE also held a two-day satellite session prior to the 5th Canadian Skills Building Symposium in October 2005 to plan a national training session for treatment information providers.

ICAD and CAS completed development of a toolkit to enhance the capacity of community-based AIDS service organizations to integrate international perspectives in their work. The toolkit is available in both official languages and can be downloaded from the CAS Web site. The two organizations also co-hosted a three-day “train the trainers” workshop on the toolkit in February 2005.

### **Future Directions**

The Federal Initiative is building on the success of the CSHA and previous strategies to continue to strengthen the foundation of Canada's HIV/AIDS response. As part of this effort, federal investments in HIV/AIDS-related social, behavioural, biomedical and clinical research will continue to grow under the Federal Initiative. As well, support will be provided to federal departments and agencies and non-governmental stakeholders to ensure that HIV/AIDS prevention, care, treatment, support and rehabilitation information is widely available to those who need it, across Canada and throughout the world. The federal government will also strengthen reporting under the Federal Initiative by building its capacity to measure performance, including the gathering of quantitative data from funded projects to complement narrative reports and epidemiological information.

## Second Generation Surveillance System Monitors Risk Behaviours Among Injection Drug Users

A new HIV surveillance system that is tracking risk behaviours among injection drug users in cities across Canada will yield crucial data to help national, regional and local health authorities plan prevention efforts for HIV and related infections, such as sexually transmitted infections (STIs) and hepatitis C.

“Risk behaviour is accepted around the world as another type of information you need to properly monitor prevention programs,” explains Dr. Chris Archibald, Director of the Public Health Agency of Canada’s (PHAC) Surveillance and Risk Assessment Division. “Because it involves gathering behaviour information, in addition to information on a person’s infection status, this is often referred to as ‘second generation’ surveillance.”

I-Track was launched in the fall of 2002 to monitor risk behaviours in cities that have a particularly serious injection drug use (IDU) problem. Sites in Victoria, Sudbury, Toronto, Winnipeg, Regina, Edmonton, Ottawa and across the province of Quebec are currently participating in the system (the Ottawa and Quebec locations are participating through an agreement with the ongoing SurvUDI study). Halifax and two cities in Ontario – Kingston and Thunder Bay – are being considered as new I-Track sites. Vancouver is doing its own study and is not currently part of the I-Track surveillance system.

“We do periodical surveys of IDU populations in the different cities to track trends in risk behaviours and changes in the HIV epidemic,” explains Dr. Yogesh Choudhri, a consultant working on the project for PHAC. “The surveillance system will provide critical information for those involved in planning and evaluating the response to HIV, STIs and hepatitis C by allowing us to assess national and, to a certain extent, provincial and local trends in risk behaviours.”

In addition to answering questions about their behaviours, respondents are asked to provide blood samples, which are tested for HIV, hepatitis C and other infections.

“We now have three years of data, and our big focus at this time is on getting the data out to people who need it, like managers of needle exchange programs,” says Dr. Choudhri. “We need to structure and present the data so that it feeds into their programs.”

The surveillance system is a collaborative effort between PHAC, provincial ministries of Health, regional and local health authorities, researchers and community stakeholders in the sentinel sites. For its part, PHAC provides financial and technical support, including funding for the surveys, blood sample analysis, and data input and analysis at the national level. The provinces also contribute funding, and local health authorities provide office space and personnel to manage the surveys.

Dr. Murray Fyfe, a medical health officer with the Vancouver Island Health Authority, is one of many individuals working to implement the surveillance system at the street level.

“Our role is to work with PHAC and with community agencies to conduct the I-Track study among a sample of the injection drug using population in Victoria,” says Dr. Fyfe. “During Phase I and Phase II, three interviewees were contracted to do the work, and about 250 injection drug users were interviewed. They were generally quite receptive to being included in the study and quite accepting of the questions being asked.”

The data gathered in the first two phases of the study will be of tremendous value to organizations that provide services to injection drug users in the Greater Victoria area.

“Hopefully this will give us an accurate snapshot of blood-borne pathogens and the behaviours that put this community at risk of HIV and hepatitis C,” says Dr. Fyfe. “At the local level, this data will help shape our programming and the services we provide to this population.”

Dr. Fyfe notes that the Vancouver Island Health Authority is already looking forward to participating in additional cycles of the survey, probably at two-year intervals.

“This is a great example of the provinces and municipalities coming together with the federal government to create a truly national system,” says PHAC’s Dr. Archibald. “A second generation surveillance system has also been established for men who have sex with men, and we hope to expand this approach into other at-risk population groups in the future.”

## THE WAY FORWARD



*Canada's HIV/AIDS response has reached a turning point. With the release of Leading Together: Canada Takes Action on HIV/AIDS (2005-2010), a broad spectrum of stakeholders have signalled their intention to renew and widen their efforts and to engage others in fighting the epidemic. As a key element of this reinvigorated response, the Federal Initiative to Address HIV/AIDS in Canada provides a framework for strengthened federal action and leadership in strategic areas.*

Increased federal funding for HIV/AIDS will support the response as we move forward. Already, the impact of this additional funding, which is being ramped up year by year until it reaches \$84.4 million annually by 2008-2009, is being felt in communities and among at-risk populations across Canada. It is supporting HIV/AIDS research, prevention, treatment, support and rehabilitation initiatives. It is supporting the tireless work of dedicated staff and volunteers on the front lines of the epidemic, without whom there would be no response.

There is a new sense of hope and optimism around Canada's HIV/AIDS response. Yet there is also an awareness that the challenges before us – both on the domestic scene and globally – are formidable. HIV/AIDS continues to take a merciless toll in many parts of the world. In Canada, the most vulnerable in society continue to be at risk of HIV infection. As illustrated in this report, people living with HIV/AIDS are no longer a single community – they are several communities, each with its own needs and challenges.

In Canada and internationally, comprehensive, evidence-based approaches to HIV prevention must be sustained and scaled up. These efforts must effectively address the underlying determinants of health that leave people vulnerable to HIV infection. They must combat stigma and discrimination and protect and promote the human rights of vulnerable groups.

The XVI International AIDS Conference in Toronto in August 2006 is an opportunity for Canada to highlight its successes in responding to the epidemic at home and abroad. It is also an opportunity for us to learn from the experiences of others. Most importantly, AIDS 2006 is an opportunity for Canada and Canadians to show leadership in fostering an environment where real progress is possible in stopping the spread of HIV and ridding the world of AIDS.

## KEY NATIONAL PARTNERS



### **Canadian Aboriginal AIDS Network**

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

E-mail: [info@caan.ca](mailto:info@caan.ca)

Web site: [www.caan.ca](http://www.caan.ca)

### **Canadian AIDS Society**

CAS is a coalition of more than 120 community-based AIDS organizations across Canada. Its member organizations are directed by people living with HIV/AIDS and people from communities affected by HIV/AIDS. CAS's mandate is to speak as a national voice and act as a forum for a community-based response to HIV infection as well as to advocate for persons so affected, to act as a resource for its member organizations, and to coordinate community-based participation in a national strategy on HIV/AIDS.

E-mail: [casinfo@cdnaids.ca](mailto:casinfo@cdnaids.ca)

Web site: [www.cdnaids.ca](http://www.cdnaids.ca)

### **Canadian AIDS Treatment Information Exchange**

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

E-mail: [info@catie.ca](mailto:info@catie.ca)

Web site: [www.catie.ca](http://www.catie.ca)

Telephone: **1-800-263-1638** (toll-free) or **416-203-7122** (in the Toronto area)

### **Canadian Association for HIV Research**

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

E-mail: [info@cahr-acrv.ca](mailto:info@cahr-acrv.ca)

Web site: [www.cahr-acrv.ca](http://www.cahr-acrv.ca)

### **Canadian HIV/AIDS Information Centre, Canadian Public Health Association**

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

E-mail: [aidssida@cpha.ca](mailto:aidssida@cpha.ca)

Web site: [www.aidssida.cpha.ca](http://www.aidssida.cpha.ca)

Telephone: **1-877-999-7740** (toll-free) or **613-725-3434** (in the National Capital Region)



### **Canadian HIV/AIDS Legal Network**

The Legal Network promotes policy and legal responses to HIV/AIDS that respect the human rights of people with HIV/AIDS and those affected by the disease.

E-mail: [info@aidslaw.ca](mailto:info@aidslaw.ca)

Web site: [www.aidslaw.ca](http://www.aidslaw.ca)

### **Canadian HIV Trials Network**

The CTN is a partnership committed to developing treatments, vaccines and a cure for HIV disease and AIDS through the conduct of scientifically sound and ethical clinical trials.

E-mail: [ctn@hivnet.ubc.ca](mailto:ctn@hivnet.ubc.ca)

Web site: [www.hivnet.ubc.ca](http://www.hivnet.ubc.ca)

### **Canadian Institutes of Health Research**

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

E-mail: [info@cihr-irsc.gc.ca](mailto:info@cihr-irsc.gc.ca)

Web site: [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

### **Canadian International Development Agency**

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

E-mail: [info@acdi-cida.gc.ca](mailto:info@acdi-cida.gc.ca)

Web site: [www.acdi-cida.gc.ca](http://www.acdi-cida.gc.ca)

### **Canadian Treatment Action Council**

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

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

Web site: [www.ctac.ca](http://www.ctac.ca)

### **Canadian Working Group on HIV and Rehabilitation**

The CWGHR is a national, charitable, multi-sector organization, working to coordinate a comprehensive national response to issues of rehabilitation in the context of HIV through cross-disciplinary research, education and efforts to promote excellence in policy and practice in public and private sectors.

E-mail: [cwghr@hivandrehab.ca](mailto:cwghr@hivandrehab.ca)

Web site: [www.hivandrehab.ca](http://www.hivandrehab.ca)

### **Correctional Service Canada**

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

E-mail: [sierolawskiar@csc-scc.gc.ca](mailto:sierolawskiar@csc-scc.gc.ca)

Web site: [www.csc-scc.gc.ca](http://www.csc-scc.gc.ca)

### **Health Canada**

Several responsibility centres within Health Canada contribute to the goals of the Federal Initiative to Address HIV/AIDS in Canada, including the Departmental Program Evaluation Division, the First Nations and Inuit Health Branch and the International Affairs Directorate.

Web site: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

### **Interagency Coalition on AIDS and Development**

ICAD is a coalition of more than 150 Canadian AIDS service organizations, development NGOs, faith-based agencies, educational institutions and individuals interested in international HIV/AIDS issues. Its mission is to lessen the spread and impact of HIV/AIDS in resource-poor communities and countries by providing leadership and actively contributing to the Canadian and international responses.

E-mail: [info@icad-cisd.com](mailto:info@icad-cisd.com)

Web site: [www.icad-cisd.com](http://www.icad-cisd.com)

### **Public Health Agency of Canada**

The Public Health Agency of Canada, the lead federal agency for issues related to HIV/AIDS, administers the Federal Initiative to Address HIV/AIDS in Canada through the Centre for Infectious Disease Prevention and Control and its regional offices.

Web site: [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)