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CANADA'S REPORT ON HIV/AIDS 2006

Canada

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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)
Facsimile: 613-725-1205
Website: www.aidssida.cpha.ca
E-mail: aidssida@cpha.ca

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MINISTER'S MESSAGE

A quarter of a century after the onset of the epidemic, HIV/AIDS continues to take a terrible toll on humanity, particularly among the most vulnerable and marginalised people in society. Although there is increased knowledge of the causes and impacts of the disease and access to prevention and treatment methods, people continue to die needlessly.

December 1 – World AIDS Day – is an opportunity for Canadians and others to acknowledge the courage and spirit of those who are living with or affected by the disease, to remember those who have passed away, and to recognize the efforts of the thousands of people who are contributing to the response. HIV/AIDS has been high on the public agenda in Canada throughout 2006, thanks in large part to our successful hosting of the XVI International AIDS Conference.

The XVI International AIDS Conference reiterated the importance of ongoing efforts of the global community to deliver universal access to comprehensive HIV/AIDS prevention, treatment, care and support by 2010. The Conference also focussed on the plight of women, who continue to be disproportionately affected by the epidemic.

The Government of Canada is implementing our Federal Initiative to address HIV/AIDS in Canada to prevent the acquisition and transmission of new infections; reduce the social and economic impact of HIV/AIDS; contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease. To support this initiative, we are increasing funding so that by 2008-09, our investment will be $84.4 million annually. Working with diverse partners at home and abroad, we will continue our efforts to find new ways to respond to this epidemic.

This report highlights some of the tremendous work that is being done under the auspices of the Federal Initiative by government departments and agencies, national non-government organizations, the scientific and medical communities, and community-based agencies. I encourage you to read it and to share the report with others. I also encourage all Canadians to become more actively engaged in the response to HIV/AIDS and wear a red ribbon on December 1. Working together and with others around the world, we will one day overcome this devastating disease.

The Honourable Tony Clement, P.C., M.P.
Minister of Health

MESSAGE FROM THE MINISTERIAL COUNCIL ON HIV/AIDS

The XVI International AIDS Conference in Toronto was an opportunity to showcase some of Canada's achievements in combatting the HIV/AIDS epidemic, both at home and abroad. The International AIDS Society, the Local Host Advisory Committee, the Government of Canada and other contributors are to be congratulated on the success of the conference. AIDS 2006 also brought a human face to the epidemic by bringing to the public eye those who are living with or affected by the disease and the many dedicated people and organizations who are involved in the response.

While acknowledging and celebrating the successes of the past and present, we must recommit ourselves for an even greater effort in the years ahead. New evidence from the Public Health Agency of Canada indicates that HIV/AIDS remains a serious and growing problem in Canada. Similarly, UNAIDS' latest report talks of raging epidemics in some regions of the world.

As the face of HIV/AIDS continues to change, the Ministerial Council believes in a strong role for Canada internationally, as called for in the Federal Initiative to Address HIV/AIDS in Canada and *Leading Together: Canada Takes Action on HIV/AIDS 2005-2010*. Whether working in other nations or within our own borders, Canada's response should continue to be framed in the context of prevention. This will include all aspects that influence preventive behaviours, including stigma and discrimination.

Looking to the future, the Council will continue to encourage and facilitate citizen engagement in Canada's HIV/AIDS response. We will also continue to offer strategic policy advice to the Minister of Health, to ensure that Canada's contribution to the international World AIDS Day campaign to "Stop AIDS. Keep the Promise" reaches all corners of the country and all corners of the world.

(A full accounting of Council's activities in 2005-2006 can be found at **http://www.phac-aspc.gc.ca/aids-sida/fi-if/minister_e.html**).

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LIST OF ACRONYMS

ACAP	AIDS Community Action Program
ACCM	AIDS Community Care Montreal
ASO	AIDS service organization
CAAN	Canadian Aboriginal AIDS Network
CAHR	Canadian Association for HIV Research
CAS	Canadian AIDS Society
CATIE	Canadian AIDS Treatment Information Exchange
CBR	Community-based research
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
CTAC	Canadian Treatment Action Council
CTN	Canadian HIV Trials Network
CWGHR	Canadian Working Group on HIV and Rehabilitation
DFAIT	Foreign Affairs and International Trade Canada
FNIHB	First Nations and Inuit Health Branch
F/P/T AIDS	Federal/Provincial/Territorial Advisory Committee on AIDS
HCV	Hepatitis C virus
IAD	International Affairs Directorate
IAS	International AIDS Society
IAVI	International AIDS Vaccine Initiative
ICAD	Interagency Coalition on AIDS and Development
IDU	Injecting drug use
MSM	Men who have sex with men
NACHA	National Aboriginal Council on HIV/AIDS
NGO	Non-governmental organization
PHAC	Public Health Agency of Canada
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

FOREWORD

This report is intended to inform the Canadian public, HIV/AIDS community, 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 2006 covers the period April 2005 to March 2006. However, information on significant events or activities that took place between March 2006 and World AIDS Day (December 1, 2006) may also be included. For example, information on the XVI International AIDS Conference, hosted by Canada in August 2006, is included in the report due to the timeliness and national and international importance of the conference.

The information in this report was provided by the four funded partners in the Federal Initiative to Address HIV/AIDS in Canada[1], as well as national non-governmental stakeholders involved in Canada's domestic response to HIV/AIDS. Although the majority of activities described in the report are funded through federal resources under the Federal Initiative, several federal departments and agencies provide additional dollars to address HIV/AIDS activities, including the Canadian Institutes of Health Research (CIHR), Correctional Service Canada (CSC), the Canadian International Development Agency (CIDA), and Foreign Affairs and International Trade Canada (DFAIT).

This report does not include information on the HIV/AIDS-related programs and activities of provincial and territorial governments, which are constitutionally responsible for most health, education and social programs in Canada (the federal government contributes partial funding for these programs through transfer payments to the provinces and territories). The federal role in HIV/AIDS identifies five areas for increased federal action and investment: program and policy interventions; knowledge development; communications and social marketing; coordination, planning, evaluation and reporting; and global engagement. Activities will be undertaken in partnership with community organizations, other federal government departments and agencies and other levels of government.

[1] The four funded partners in the Federal Initiative to Address HIV/AIDS in Canada are: the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and Correctional Service Canada.

PROGRESS AND SETBACKS: THE HIV/AIDS EPIDEMIC CONTINUES TO EVOLVE

HIV/AIDS continues to defy all global efforts to contain the epidemic. Stigma and discrimination continue to fuel the spread of HIV, particularly among vulnerable groups in society – the homeless; indigenous people; those suffering from addictions, mental illness and other disabilities; people who are isolated from family and support networks, and those whose gender, sexual orientation, culture or personal circumstances make them dependent on and vulnerable to others. While new data show promising signs of progress in some parts of the world, the epidemic is growing in scope and severity – including, to a degree, in Canada.

The Global Epidemic: At a Crossroads

According to the most recent report from the Joint United Nations Programme on HIV/AIDS (UNAIDS)[2], approximately 38.6 million people worldwide were living with HIV at the end of 2005 (this decline from the previous estimate of 40 million is due in large part to the increased availability of reliable data). An estimated 4.1 million people became newly infected with HIV last year, and about 2.8 million people are believed to have died from AIDS-related causes, bringing the total number of people killed by AIDS to more than 25 million. Although India has surpassed South Africa as the country with the most people living with HIV/AIDS – and HIV prevalence is increasing in other parts of Asia and Eastern Europe[3] – sub-Saharan Africa continues to bear the largest burden of the AIDS epidemic, followed by the Caribbean region.

UNAIDS notes that, overall, leadership and political action on AIDS have increased significantly since the adoption of the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment in June 2001. Prevention programs are having an impact in some countries, and the number of people on antiretroviral therapy in low- and middle-income countries increased more than fivefold between 2001 and 2005, to approximately 1.3 million.

Nevertheless, there are still significant weaknesses in the global response. Political commitment to address the epidemic is lacking in some countries. UNAIDS also notes that HIV prevention programs reach only a small minority of those in need, and are failing to reach those at greatest risk. Similarly, antiretroviral drugs still reach only one in five who needs them. Countries whose development is already suffering because of HIV/AIDS will continue to weaken unless significant and meaningful actions are taken.

> *"A quarter century into the epidemic, the global AIDS response stands at a crossroads. The AIDS response must become substantially stronger, more strategic and better coordinated if the world is to achieve the 2010 Declaration of Commitment targets."*
>
> UNAIDS *2006 Report on the global AIDS epidemic*

[2] *2006 Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition*, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2006.

[3] HIV prevalence refers to the proportion of the population living with HIV.

Noting that "AIDS is exceptional and the response to AIDS must be equally exceptional," UNAIDS has called for sustained and increased commitment, leadership and financing to combat the epidemic, as well as initiatives to aggressively address AIDS-related stigma and discrimination. Continuing with the theme "Stop AIDS. Keep the Promise," the 2006 World AIDS Campaign reminds Canada and other nations that many commitments remain unfulfilled.

The Epidemic is Growing in Canada

According to new estimates from the Public Health Agency of Canada (PHAC), the number of people living with HIV in Canada continues to rise.[4] The latest information shows that at the end of 2005, an estimated 58 000 people were living with HIV, up from the 50 000 estimated for 2002, the year estimates were last produced.[5] While the increase can be attributed in part to the fact that HIV treatments have improved survival rates for people living with HIV/AIDS, new infections continue to occur at a rate similar to or slightly greater than in 2002. An estimated 2 300 to 4 500 new HIV infections occurred in 2005, compared to an estimated 2 100 to 4 000 new infections in 2002.

Of particular concern to public health officials is that an estimated 27 per cent of the 58 000 individuals living with HIV at the end of 2005 were believed to be unaware of their infection. The individuals in this group are "hidden" or unknown to the health care and disease-monitoring systems, and are unable to take advantage of available treatment strategies or appropriate counselling to prevent the further spread of HIV.

PHAC's new estimates indicate that men who have sex with men (MSM) continue to be the group most affected by HIV/AIDS in Canada.[6] At the end of 2005, the MSM exposure category accounted for an estimated 51 per cent of all individuals living with HIV infections in Canada; people who use injecting drugs comprised 17 per cent and those infected through heterosexual exposure comprised 27 per cent of the total.[7] Women represented 20 per cent of individuals living with HIV. Aboriginal persons account for a disproportionately high percentage of the individuals living with HIV infections in Canada. Similarly, people from countries where HIV is endemic (mainly countries of sub-Saharan Africa and the Caribbean) also represent a disproportionate number of these infections.[8]

The new HIV estimates are supported by the most recent HIV/AIDS surveillance data, which provide a snapshot of persons who have been diagnosed with HIV and AIDS in Canada.[9] Between November 1985, when reporting began in Canada, and the end of 2005, a total of 60 160 positive HIV tests had been reported to PHAC.[10] During the same period, a total of 20 353 AIDS diagnoses were reported to PHAC. Among the most notable trends:

- the number of new positive HIV test reports has increased from 2 113 in 2000 to approximately 2 500 per year for the past three years

[4] New estimates have been produced for the period up to December 31, 2005. The report, *Estimates of HIV Prevalence and Incidence in Canada, 2005*, is available online at http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06vol32/dr3215e.html. Unless otherwise noted, all domestic epidemiological and surveillance data presented in this report have been provided by PHAC.

[5] Estimates in this report for years before 2005 will differ from previously published estimates because new data and methods have permitted an improved analysis of the epidemic and more reliable estimates.

[6] MSM is a term used to define a behaviour through which HIV is transmitted sexually between males. The population primarily includes gay, bisexual and two-spirited men and youth.

[7] For the purposes of surveillance, terms such as MSM, injecting drug use and heterosexual contact are used to characterize exposure categories, or the most likely way a person became infected with HIV.

[8] Some of these individuals may have already been infected with HIV when they immigrated to Canada, while others acquired the infection after arriving in Canada. Still others in this ethno-cultural exposure category were born in Canada and became infected in this country.

[9] While the HIV estimates represent the number of people PHAC estimated were newly infected with HIV in 2005, as well as the total number of people estimated to be living with HIV at the end of 2005, the surveillance data represent the actual diagnosed portion of the epidemic. The trends in HIV/AIDS surveillance data and HIV estimates are expected to be similar.

[10] AIDS data have not been available from the province of Quebec since June 30, 2003.

- women accounted for one quarter of new positive HIV test reports and 21.7 per cent of AIDS diagnoses in 2005, compared to just over 10 per cent of HIV reports and 6.6 per cent of AIDS diagnoses in the pre-1996 period
- women aged 15 to 29 years also accounted for a substantial proportion of positive HIV test reports (35 per cent in 2005 compared to 14.1 per cent before 1996) and AIDS diagnoses (28.6 per cent in 2005 compared to 10.9 per cent before 1996)
- MSM accounted for the largest proportion of positive HIV test reports (43.5 per cent)
- the heterosexual exposure category continued to account for a significant number and proportion (30.9 per cent) of new HIV infections in 2005 – a trend observed since 2001
- since 2003, the heterosexual exposure and MSM categories have accounted for a similar proportion of AIDS diagnoses (38.4 per cent and 37.6 per cent, respectively, in 2005)

The results of the recent HIV/AIDS Attitudinal Tracking Survey 2006 conducted on behalf of PHAC reveal continued stigma and discrimination related to HIV/AIDS (see the feature on page 25).[11] Although Canadians believe they would be highly supportive of someone with HIV/AIDS, their reported level of support has declined since the previous survey in 2003. Fewer than 6 in 10 Canadians agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and only about one third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. Despite the fact that most Canadians believe that they are knowledgeable regarding the transmission of HIV/AIDS, half would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS, and more than one quarter would feel uncomfortable wearing a sweater once worn by a person living with HIV/AIDS. These and other survey results reinforce the commitment to strengthened action to address stigma and discrimination through a national social marketing campaign and community-based responses.

What is the Difference Between HIV Infection and AIDS?

HIV – the Human Immunodeficiency Virus – is a virus that attacks the immune system, resulting in a chronic, progressive illness that leaves people vulnerable to opportunistic infections and cancers.

When the body can no longer fight infection, the disease is known as AIDS, which stands for Acquired Immunodeficiency Syndrome.

In other words, a person can have HIV infection without having AIDS (although progression to AIDS is inevitable). On average, it takes more than 10 years to progress from initial HIV infection to AIDS.

Canada's HIV/AIDS Response is Evolving

Canada's HIV/AIDS response is now guided by two distinct but interconnected initiatives – *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)* and the Federal Initiative to Address HIV/AIDS in Canada.

Leading Together sets out an ambitious, coordinated nationwide 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."[12] Developed with input from a broad range of stakeholders (including AIDS service organizations, clinicians and other health care professionals, researchers, national HIV/AIDS organizations and governments at all levels) and with the support of PHAC, *Leading Together* lays out the "optimal, ideal response" to HIV/AIDS in Canada and calls for bold action on many fronts. It promises to continue to strengthen the broad, multi-sectoral model of action on HIV/AIDS that has evolved in Canada over the past two decades.

[11] The survey report is available at http://www.phac-aspc.gc.ca/aids-sida/publication/index.html.

[12] For the full text of *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)*, visit 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.

This renewed framework – the Federal Initiative to Address HIV/AIDS in Canada – 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, ~~federal funding for HIV/AIDS is planned to increase incrementally from $42.2 million in 2003-2004 to $84.4 million annually by 2008-2009.~~

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, CIHR and 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. The Federal Initiative builds on evidence from the Report of the Standing Committee on Health (2003), the Five-Year Review of the Canadian Strategy on HIV/AIDS and examination of the federal role in HIV/AIDS (2003), epidemiological evidence, public health research, and consultations with community stakeholders.

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 NGOs 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 injecting drug use (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 is planned to increase from ~~$42.2 million in 2003-2004 to $84.4 million annually by 2008-2009,~~ as illustrated in Table 1.[13]

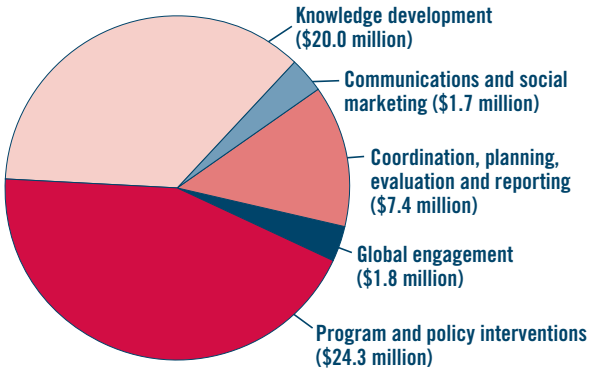
Table 1: Planned Federal Funding for HIV/AIDS (2003-2004 to 2008-2009)

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 NGOs, other federal government departments and agencies, and other levels of government. They are presented, along with budget allocations for 2005-2006, in Figure 1.

Figure 1: Federal Initiative Funding by Area of Federal Action, 2005-2006



The funding allocations, goals, outcomes and policy directions of the Federal Initiative were based on evidence from the Report of the Standing Committee on Health (2003), the Five-Year Review of the Canadian Strategy on HIV/AIDS and examination of the federal role in HIV/AIDS (2003), epidemiological evidence, public health research, and consultations with community stakeholders. The result was a revised approach to all program components and substantially strengthened support to build the evidence base to guide policy and program decision-making and to ensure sound program management.

In 2008-2009, planned resources for community activities (through grants and contributions) will be $50.3 million (60 per cent of total Federal Initiative funding). Planned resources for federal activities will be $43.1 million (40 per cent of the total).

The Federal Initiative targets priority issues of people living with or at risk of HIV/AIDS through a combination of externally delivered grants and contributions and federally delivered investments.

- externally delivered investments support front-line work through the AIDS Community Action Program (ACAP), national HIV/AIDS funds, primary health care and public health activities for First Nations on-reserve, international health grants, clinical trials and social, behavioural, community-based and biomedical research
- federally delivered investments support routine and second-generation surveillance, epidemiological research, laboratory quality assurance, public opinion research, social marketing, national advisory bodies, national and regional planning and co-ordination, policy development, evaluation, and programs for federal prison inmates

Planned funding to support front-line work under ACAP will increase from $8,305,257 in 2003-2004 to $16,143,000 in 2008-2009.

[13] 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 2006* describes activities and progress in four broad areas:

- FOCUSSING ON POPULATIONS provides epidemiological information and examines work that is under way to develop and implement discrete approaches, including social marketing initiatives, in addressing 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 capacity-building efforts, the development and dissemination of reliable information, initiatives to address stigma and discrimination, and other aspects of the multi-faceted response to HIV/AIDS.
- STRENGTHENING THE FEDERAL RESPONSE outlines efforts to increase governmental collaboration at all levels; to increase coherence across the federal government; to enhance multi-sectoral engagement and alignment; and to increase the Government of Canada's engagement in the global response to the epidemic.
- ADVANCING THE SCIENCE OF HIV/AIDS provides information on federal investments in HIV/AIDS science and on vaccine and microbicide planning and development in Canada.

This report focusses primarily on activities funded and undertaken in year two 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 DFAIT abroad).

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**. Similarly, information on other national stakeholders involved in the Canadian response can be found on their respective websites, which are listed in the Key National Partners section of this document (see page 42).

FOCUSSING ON POPULATIONS

People living with HIV/AIDS, gay men, injection drug users, Aboriginal Peoples, prison inmates, youth at risk, women at risk and people from countries where HIV is endemic are target populations for strengthened HIV/AIDS programming under the Federal Initiative. Leading Together also calls for additional focus on HIV/AIDS prevention among these populations, many of which continue to face stigma and discrimination in Canada. Harm reduction measures, which include a comprehensive range of strategies, such as condom use to prevent HIV transmission, are important elements of any prevention initiative. This section of the report provides epidemiological data for each of the target populations, as well as examples of work that is under way.

The Population-Specific Approach Unfolds

In 2005-2006, as part of an organizational realignment to better address the goals and activities of the Federal Initiative, a Populations Section was created within the HIV/AIDS Policy, Coordination and Programs Division of PHAC. The section's role is to guide intervention approaches and provide public health and policy advice and expertise on issues affecting the eight priority populations identified in the Federal Initiative.

Significant work has been undertaken by the section to develop a population-specific framework, and specifically the federal role within this framework. As part of this effort, PHAC is working with other stakeholders to develop status reports for each of the target populations. The status reports will, for the first time, present a comprehensive analysis of the state of the epidemic and the response within each group, identify gaps in evidence, research, capacity and services, and bring to light needed shifts in policy and programming. When completed, the status reports will be used as information and planning documents by PHAC and other stakeholders involved in the Canadian response. Two reports are currently being piloted: one for people from countries where HIV is endemic, with a focus on Black Canadian, African and Caribbean communities, and one for gay men. These reports are being developed in collaboration with each group, other levels of government and the wider HIV/AIDS community, and will be completed and disseminated in mid- and late-2007, respectively.

The Specific Populations HIV/AIDS Initiatives Fund, one of five national funding programs under the Federal Initiative to Address HIV/AIDS in Canada (see page 30 for more information), was launched in the summer of 2006. The fund will support national projects that prevent HIV infection; increase access to appropriate diagnosis, care, treatment and support; and increase healthy behaviours among populations in Canada most affected by or vulnerable to HIV/AIDS. It will address population-specific policy, program and social marketing priorities identified through ongoing assessments of the HIV/AIDS epidemic in Canada, stakeholder consultations and *Leading Together*.

Research can make important contributions to the development of effective, population-specific approaches to dealing with the HIV/AIDS epidemic. The CIHR HIV/AIDS Community-Based Research (CBR) Program provides a unique opportunity for research to address issues that are important for vulnerable populations and to engage these populations in the research process. Examples of CIHR-funded community-based research projects focussing on vulnerable populations are outlined within this section.

Year-Two Funding Under the Federal Initiative

Federal Initiative funding increased by a further $8 million in 2005-2006, bringing the total annual investment to $55.2 million – a $13 million increase compared to the previous Canadian Strategy on HIV/AIDS. A significant portion of this money was targeted specifically to support populations most at risk of infection and those already living with the disease. The incremental funding was used to:

- support the development of national plans for HIV/AIDS research and vaccines, increase surveillance of risk behaviours, and research innovative responses to the epidemic
- strengthen front-line programs targeting priority populations
- augment mandated health services for on-reserve First Nations, Inuit and federal inmates living with HIV/AIDS
- develop a performance measurement system and begin component evaluations
- support preparations for the XVI International AIDS Conference in Toronto in August 2006

People Living with HIV/AIDS

An estimated 58 000 people in Canada were living with HIV infection (including AIDS) at the end of 2005. This represents a 16 per cent increase from the estimate of 50 000 at the end of 2002. There were an estimated 2 300 to 4 500 new HIV infections in Canada in 2005, approximately the same or slightly more than were estimated for 2002. Estimates indicate that 27 per cent of HIV-infected people living in Canada at the end of 2005 – an estimated 15 800 people – were believed to be unaware of their infection.

The Canadian AIDS Society (CAS) completed a 27-month project that examined provincial income supports for people living with HIV/AIDS. Project deliverables included a plain-language Online Compendium of Provincial Income Support Programs – a user-friendly database compiled by a legal researcher and now available on the CAS website, HIVandPoverty.ca. CAS also published a report entitled *"In my experience..." Clients, advocates and government workers talk about HIV and provincial disability assistance.* The result of Canada-wide consultations involving more than 70 clients, advocates and government workers, the report gives voice to the "real life" barriers that traditional policy analyses often fail to capture. Finally, CAS developed a *Guide to Income Advocacy* – a toolkit of resources that individuals and AIDS service organizations (ASOs) can use to fight poverty and to advocate for increased income and disability supports.

CAS, in collaboration with the British Columbia Persons With AIDS Society, the British Columbia Centre for Excellence in HIV/AIDS, Hemophilia Ontario and the Canadian Hemophilia Society, continued to explore the status of organ transplantation for people living with HIV/AIDS in Canada in order to move this issue forward. CAS also produced a series of fact sheets for people living with HIV/AIDS who use, or are considering using, cannabis to help manage some symptoms. The fact sheets provide information on a wide variety of issues related to the use of cannabis for medical purposes.

In 2005-2006, the Canadian AIDS Treatment Information Exchange (CATIE) expanded its role as the pre-eminent source of information and treatment support for Canadians living with HIV/AIDS and their caregivers (as well as for health care providers, ASOs and the general public). CATIE recorded over 900 000 visits to its website during the year, and disseminated more than 56 000 print publications and over 30 000 e-mailed bulletins, offering a full range of accessible, accurate, unbiased and timely treatment information at no charge to Canadians. Also central to CATIE's mandate is its toll-free information line, which research indicates is serving a broad diversity of people living with HIV/AIDS and their caregivers. Available free to all Canadians (with specific accommodation made for Canada's prison population), this service enables anyone, irrespective of knowledge level, to receive the information they need in a form they can use. Other notable developments in 2005-2006 include creation and distribution of the 150th edition of *TreatmentUpdate*, CATIE's flagship treatment digest on cutting-edge developments in HIV/AIDS research and treatment. CATIE also launched a redesigned website that aims to make treatment information even more accessible to people living with HIV/AIDS and others.

The Canadian Working Group on HIV and Rehabilitation (CWGHR) continued its multi-year project to support interprofessional learning about HIV for rehabilitation professionals, with the goal of increasing their ability to respond to the needs of people living with HIV. In support of this effort, CWGHR convened a national advisory committee of education and rehabilitation experts to provide input to the project. CWGHR also undertook an environmental scan; developed a compendium of existing curriculum resources, educational initiatives, programs and tools; held focus groups; and identified sites for delivery of the curriculum. The curriculum is being piloted and evaluated in four locations across Canada, with the goal of integrating it with existing learning programs and developing new formats and ongoing learning opportunities.

In October 2005, the Canadian HIV/AIDS Legal Network released a report analysing income security programs in Canada. The report, entitled *Support for survival*, makes numerous practical recommendations for reform of these programs, which are critical to the health and well-being of many people living with HIV/AIDS.

Research on services and access to care, treatment and support for HCV- and HIV-positive people was also undertaken in Quebec, where the ACAP and PHAC's Hepatitis C Prevention, Support and Research Program jointly funded a study of HCV infection across the province. Undertaken by the Committee on the Hepatitis C Situation in Quebec, the study revealed that while HCV and HIV share common modes of exposure, significant differences exist in the types of services and access to care, treatment and support available for the two diseases, as well as in how these services and support are delivered. A report entitled *Portrait of Hepatitis C in Québec* was produced with recommended actions, some of which are now being implemented by community groups across Quebec.

The Canadian HIV Trials Network (CTN) held a national workshop in May 2005 to explore ways to overcome barriers that may be preventing people living with HIV/AIDS from enrolling in clinical trials. The CTN has encouraged its members to implement a number of recommendations arising from the workshop, including ensuring that study questions address the needs of affected populations; involving community physicians in trials and ensuring that both physicians and their patients have confidence in the interventions being studied; increasing education and information about trials for physicians and community groups; and finding ways to make participation in studies as convenient as possible. Follow-up assessments will be conducted on an annual basis to determine the impact on enrolment.

The CTN continued to participate in major conferences involving people living with HIV/AIDS and researchers. Among the plain-language materials distributed at these venues was a CTN brochure entitled *Clinical Trials: What you need to know*, which provides potential participants with information on informed consent and their rights as a volunteer in clinical trials. People living with HIV/AIDS play a significant role in shaping clinical HIV/AIDS research in Canada through their participation in the CTN's Community Advisory Committee (CAC), which provides feedback on all scientific proposals being considered for funding by the CTN. In 2005-2006, CAC introduced an apprentice program to train additional community members to review scientific proposals and provide feedback to investigators.

(For more information on CTN clinical trials, see page 37).

Gay Men

The response of the gay men's community has increasingly been reflected in a move to situate HIV issues in the context of gay men's health and wellness. The Federal Initiative will continue to support HIV prevention initiatives that address the range of determinants of health which reduce HIV transmission and influence the wellness of the gay community.

Recent HIV estimates indicate that MSM continue to be the group most affected by HIV/AIDS in Canada, accounting for an estimated 45 per cent of all new HIV infections in 2005 and 51 per cent of persons living with HIV/AIDS at the end of 2005 (by comparison, gay men are believed to account for less than five per cent of the Canadian population). In addition to these numbers, a category of MSM who are also injecting drug users accounted for a further 3 per cent of estimated new infections in 2005 and 4 per cent of persons living with HIV/AIDS at the end of 2005. Recent data on risk behaviours suggest that MSM continue to be at considerable risk of HIV infection and other sexually transmitted infections (STIs) through engaging in unsafe sex.

To better understand the epidemic among this population group, PHAC is establishing M-Track, a second-generation HIV surveillance system that aims to study trends in disease prevalence and risk behaviours among MSM in Canada. M-Track involves repeated surveys of vulnerable, high-risk populations to obtain information on risk behaviours and biological samples for testing for HIV and other infections. Phase I of this project was recently completed in Montreal, where approximately 2 000 men completed questionnaires and provided dried blood specimens. An M-Track survey will be conducted in Winnipeg in late 2006, and M-Track sites are being established in Ottawa and Toronto, with data collection to begin in the spring of 2007. PHAC is also examining the possibility of expanding the M-Track network to sites in British Columbia. Surveys at each of the sites are expected to take place on a biennial basis. M-Track's results will be used to more closely monitor HIV and STI-associated risk behaviours in order to enhance reportable disease surveillance systems and to better guide prevention and care programs.

AIDS Vancouver's social marketing campaign to reinvigorate HIV/AIDS prevention among Canadian gay men was extended for one year, pending the roll-out of the new Specific Populations HIV/AIDS Initiatives Fund. The campaign was delivered in two phases. Phase 1, entitled "Assumptions – how do you know what you know?", challenged gay men's assumptions about the serostatus of their partners. The second phase of the campaign – "Gay Men Play Safe" – focussed on validating and supporting gay men's safer sex practices. An evaluation of the social marketing campaign by the Community-Based Research Centre in Vancouver concluded that different kinds of messages appeal to different segments of the gay male population. While Gay Men Play Safe appealed to the "moderate" majority and generated little controversy, the Assumptions campaign appealed to the "risk-exposed" minority of gay men.

An event focussing on HIV and gay, bisexual and other men who have sex with men was held in conjunction with the XVI International AIDS Conference (AIDS 2006) in Toronto in August 2006. Organized by the AIDS Committee of Toronto, CAS and other international partners, the event brought together gay, bisexual and other MSM from developing and developed countries, as well as those who work in HIV prevention, education, care and support, to engage in a dialogue on a range of HIV/AIDS-related issues. Participants explored current and emerging issues and potential responses; advanced a global agenda for gay, bisexual and other MSM; and created ongoing networks for gay, bisexual and other MSM to ensure that their issues and concerns are voiced at future regional and international HIV/AIDS conferences.

CATIE continued its outreach to MSM, among other populations. For example, breaking news reports on studies and developments of specific interest to the MSM population were published in *TreatmentUpdate*. CATIE's biannual magazine, *The Positive Side*, also featured articles for this population, and a large portion of telephone calls and treatment inquiries received by CATIE are from MSM.

CIHR is providing funding to the AIDS Committee of Toronto for a project that examines Canadian studies of sexual behaviour among gay, bisexual and other men who have sex with men, specifically Black MSM. The proposed study addresses a knowledge gap identified by the African and Caribbean Council on HIV/AIDS in Ontario and aims to enhance HIV prevention for Black MSM through improved understanding of their communities.

CAS published a series of eight fact sheets that deal with the social determinants of health for gay men and other MSM. Using a multi-faceted, holistic approach to gay men's health, the fact sheets move from seeing HIV as the sole definer of health to incorporating a broader spectrum of health determinants.

Recognizing that gay men in Canada are a population that experiences significant disparities in health and wellness, CAS is spearheading development of the Pan Canadian Gay Men's Health and Wellness Network. The Network's goals are to promote gay men's health and wellness and to achieve equity in the provision of health care services. The Network will initiate a dialogue to place gay men's health on the Canadian health agenda, build community capacity by networking and sharing resources and information, speak with one voice on gay men's health and wellness issues, and develop partnerships and strategic alliances.

The Canadian HIV/AIDS Legal Network, which has consultative status with the United Nations Economic and Social Council, supported continuing efforts for recognition of the human rights of gays, lesbians, bisexual and transgender people at the Human Rights Council (formerly the Commission on Human Rights) in Geneva.

Injection Drug Users

People who use injection drugs were estimated to account for 350 to 650 of the estimated new HIV infections (or 14 per cent of the Canadian total) in 2005 and 9 860 of the individuals living with HIV at the end of 2005 (or 17 percent of the total). Although the proportion of new infections attributed to this exposure category has decreased from the 19 per cent estimated for 2002, these numbers remain unacceptably high.

Efforts continued to more fully engage this population in the HIV/AIDS response. A significant step forward was achieved with the establishment of the Canadian Coalition of People Who Use Drugs at the 17th International Conference on the Reduction of Drug Related Harm, held in Vancouver in May 2006.

The Canadian HIV/AIDS Legal Network published *"Nothing about us without us,"* a paper that examines why it is important to increase the meaningful involvement of people who use illegal drugs in the response to HIV/AIDS and hepatitis C (HCV) and how this can be achieved. Among its key recommendations, the paper calls on governments at all levels to recognize the unique value of organizations of people who use illegal drugs and to provide funding and support for capacity-building initiatives for such groups. The paper also recommends that people who use drugs be invited to participate in all processes or fora where policies, interventions or services concerning them are planned, discussed, researched, determined or evaluated. Efforts should also be made to increase the involvement of people who use drugs in community-based organizations. The new Canadian Coalition of People Who Use Drugs has cited this report as an important planning tool for its initial organizational structure and actions.

With funding from PHAC, the Canadian HIV/AIDS Legal Network undertook a new project in 2005-2006 to explore and address barriers to harm reduction measures for people who inject drugs. The project will look at three issues: access to and coverage of provincially funded needle exchange programs; access to and coverage of supervised injection facilities and the effects of federal supervised injection facility guidelines; and the practices on access to and coverage of drug-related harm reduction prevention programs.

In Saskatchewan, the Saskatoon Health Region conducted research on social networks of intravenous drug users and produced an environmental scan on HIV/AIDS in Saskatoon. The scan has helped PHAC's Manitoba and Saskatchewan regional office and other organizations determine funding priorities and prevention efforts for people who inject drugs, as well as heterosexual women, youth and other at-risk groups. Also as a result of this research, the provincial Injection Drug Use Network has developed a tool that is now being used across Saskatchewan to gather consistent data on injecting drug use and HIV/AIDS to better inform provincial prevention strategies.

PHAC's Atlantic Regional Office commissioned an environmental scan of injecting drug use in Atlantic Canada to update information from a similar study conducted in 2000. The resulting report strengthened the evidence base for harm-reduction policies and programs by: articulating the extent of, and problems associated with, injecting drug use in the region; identifying trends and characteristics of injecting drug use across sub-populations and provinces; and documenting programs, services and policy responses targeted to people who use drugs, including the strengths and gaps in these efforts.

PHAC continued to work with a range of partners across Canada to expand and enhance I-Track, a second-generation surveillance system that is monitoring risk behaviours among injecting drug users in selected Canadian cities. For an update on this project, see the feature on page 40.

CATIE continued to address the particular information needs of people who use drugs that are HIV-positive. The CATIE publication *pre*fix: harm reduction for + users* offers a thorough and accessible package of information for this audience, including sections on health problems related to injecting, the "whys and hows" of getting tested for HIV infection, and other harm reduction measures. Also in 2005-2006, CATIE published a new pamphlet on HIV/hepatitis C co-infection.

In September 2006, the Minister of Health granted Vancouver Coastal Health (VCH) an exemption under Section 56 of the *Controlled Drugs and Substances Act* to enable VCH to legally operate its Insite supervised injection site research project. Insite will continue to operate until December 31, 2007, during which time additional

studies will be conducted on how supervised injection sites affect crime and the prevention and treatment of injecting drug use. ~~While initial evaluations to date are positive, additional studies will be conducted.~~

With funding from CIHR's HIV/AIDS CBR Program, researchers at the Centre for Addiction and Mental Health in Toronto are focussing on improving the basic needs (e.g., medical care, housing, income, etc.) of people living with HIV/AIDS in a research project entitled "Understanding the role of basic needs and addiction treatment readiness on HIV prevention among needle exchange clients."

Aboriginal Peoples

Aboriginal Peoples – defined in Canada as being First Nations, Inuit and Métis people – are over-represented in the HIV/AIDS epidemic in Canada. Although they represent only 3.3 per cent of the Canadian population, it is estimated that Aboriginal persons accounted for 7.5 per cent of all people living with HIV in Canada at the end of 2005 and 9 per cent of all new HIV infections in 2005. The overall infection rate in Aboriginal persons was estimated to be nearly three times higher than among non-Aboriginals in 2005.

Health Canada's First Nations and Inuit Health Branch (FNIHB) committed $4.23 million to First Nations and Inuit HIV/AIDS projects and activities in 2005-2006. In addition to funding projects at the regional level, FNIHB continues to support the HIV/AIDS work of its national partner organizations – the Canadian Aboriginal AIDS Network (CAAN) and the Assembly of First Nations. Health Canada now has dedicated HIV/AIDS staff in each region and is implementing a new evidence-based funding formula for HIV/AIDS that better captures the burden of disease, the vulnerability of First Nations on-reserve and the remoteness of many communities. FNIHB is also collaborating with Health Canada's Office of Nursing Services and the National Native Alcohol and Drug Abuse Program to conduct an environmental scan on the availability of harm reduction prevention strategies on-reserve.

CAAN completed a literature review of sexual violence, HIV/AIDS and Aboriginal women. The review examined and summarized the literature on the impact of residential schools, gender inequality within an Aboriginal context, racism and sexism, addictions, HIV risk behaviours, sexual abuse and HIV infection among Inuit women. CAAN also completed a literature review for the Aboriginal Healing Foundation on incarceration issues for Aboriginal Peoples, with an emphasis on HIV/AIDS, HCV, co-infection and residential schooling. In addition, CAAN also developed a strategic plan for 2005-2010 that will see the organization build on its research strengths and work to raise its profile in advocating for and supporting Aboriginal Peoples living with HIV/AIDS, among other activities.

The CIHR HIV/AIDS CBR Program has a funding stream specifically targeted to Aboriginal populations. One recently funded project under this stream is led by CAAN and builds on the literature review mentioned above, with the goal of further investigating the issue of sexual violence, HIV/AIDS and Aboriginal women.

CATIE works directly with the Aboriginal community in a number of ways. In addition to providing a variety of information materials developed specifically for Aboriginal Peoples, CATIE works with organizations such as Pauktuutit Inuit Women's Association and ASOs in western Canada that serve a largely Aboriginal clientele. As well, some CATIE materials have been translated into Inuktitut and are available on the CATIE website.

Significant work was also undertaken by the National Aboriginal Council on HIV/AIDS (NACHA), a forum where issues affecting Aboriginal Peoples are discussed and policy advice is developed based on the knowledge and reality of Aboriginal Peoples. For details, see page 29.

The All Nations Hope AIDS Network, which provides HIV/AIDS training and workshops to staff and inmates in four federal correctional institutions in Saskatchewan, developed a new training manual entitled *Circle of Knowledge Keepers*. The manual was subsequently adapted by the Nine Circles Community Health Centre, which is delivering similar workshops and training at federal correctional institutions in Manitoba.

The CTN has been working with CAAN and researchers at the University of Calgary to develop culturally appropriate tools for clinical trial recruitment and to promote respectful engagement of Aboriginal Peoples in HIV prevention, treatment and research. The involvement of Aboriginal Peoples in clinical trials is vital in order to promote access to quality HIV/AIDS care.

Inmates

The prevalence of HIV among federal inmates in Canada is estimated to be 8 to 10 times higher than in the general population. Data from 2004 on federal inmates indicate that the known HIV infection rate among male inmates is 1.37 per cent and among female inmates is 3.44 per cent. Most HIV-positive inmates are known to be positive when they are admitted to penitentiary.[14] Higher rates of infection among inmate populations are often the result of a history of participation in high-risk behaviours, such as injecting drug use and unprotected sex, behaviours that some inmates may 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.

CSC continued to administer the Special Initiatives Program, which offers support to inmates to develop educational materials and organize activities for other inmates around the prevention of HIV and other infectious diseases. Among the projects and activities supported in 2005-2006, inmates at Westmorland Institution in the Atlantic Region developed HIV and HCV prevention posters and rave cards, and inmates at the Edmonton Institution for Women created a peer support group to increase awareness among inmates of ways to prevent HIV and HCV infection. In Quebec, inmates at the Federal Training Centre produced a booklet with articles on HIV and HCV, a list of community resources and quizzes to test knowledge about HIV and HCV.

Also in 2005-2006, CSC made special efforts to address HIV/AIDS among Aboriginal inmate populations. For example, the Aboriginal Peer Education and Counselling Program, which trains Aboriginal peer coordinators and volunteers to share information on HIV/AIDS and other infectious diseases and to provide peer support to fellow inmates, was implemented in a number of institutions.

As well, CSC used funding from the Federal Initiative to provide Aboriginal-directed program support in the Pacific and Prairie Regions, which have high concentrations of Aboriginal offenders.[15] Formal and informal consultations were carried out on a draft strategic framework to address HIV and other infectious diseases in the Aboriginal offender population.

CSC also continued to offer the Peer Education and Counselling Program to inmates, as well as the Reception Awareness Program. CSC's goal is to have 100 per cent participation in the Reception Awareness Program, which informs new admissions about the prevalence of infectious diseases in penitentiaries and about the availability of health services, including testing and treatment.

A pilot program on safer tattooing practices, initiated by CSC in 2005 in an effort to enhance infectious disease management and control activities in prisons, concluded in the fall of 2006 and is now being evaluated. Also during 2005-2006, CSC requested advice from PHAC as to the usefulness of needle exchange as a means of preventing the transmission or acquisition of infectious diseases in correctional facilities. PHAC's report on this matter is now under review by CSC.

In collaboration with PHAC, CSC collects surveillance data on infectious diseases in the inmate population on an ongoing basis. Periodic surveillance reports provide alerts for targeted public health interventions within CSC and are shared with federal and provincial corrections, as well as with the public health community nationally and internationally. CSC also collects data on inmate participation in infectious disease educational programs, including the number of programs delivered and the number of inmates who complete the programs. This information is used to monitor performance levels and to provide a means for identifying and addressing gaps in program delivery.

A satellite session was held at AIDS 2006 to raise awareness among experts, policy makers and prison managers about the serious nature of the HIV/AIDS epidemic in prisons. Co-organized by Health Canada, PHAC and CSC with the United Nations Office on Drugs and Crime (UNODC), the session highlighted the relationship between good prison management and the prevention, care and support of prisoners living with HIV/AIDS. Key resources

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[14] *Infectious Disease Surveillance in Canadian Federal Penitentiaries 2002-2004*, CSC, 2006.

[15] Aboriginal offenders are disproportionately represented at all levels of the criminal justice system. At the end of March 2006, Aboriginal Peoples represented 16.7 per cent of federally sentenced offenders nationally, but only 1.7 per cent of the Canadian adult population.

were disseminated to participants, including a UNODC Toolkit on HIV/AIDS in Prisons and Framework for an Effective National Response, as well as *HIV/AIDS and HCV in Prisons: A Select Annotated Bibliography*, a publication supported by Health Canada.

The Nine Circles Community Health Centre worked with Manitoba Corrections to address the need for greater access to HIV/AIDS primary care, education and prevention for inmates. A Prison Advocacy Group has also been established to address access issues for inmates.

The Canadian HIV/AIDS Legal Network continued to work with the Prisoners' HIV/AIDS Support Action Network on a multi-year project to review the availability and quality of harm reduction services in Canadian prisons. Together with the British Columbia Centre for Excellence in HIV/AIDS, the Legal Network is also investigating antiretroviral treatment interruptions in Canadian prisons.

Youth at Risk

The World Health Organization (WHO) defines "young people" as those between 10 to 24 years of age. Within this category are two sub-categories: "adolescents," defined as being 10 to 19 years of age, and "youth," defined as 15 to 24 years of age. Although youth represent a small proportion of the total number of reported HIV and AIDS cases in Canada[16] (i.e., individuals aged 10 to 24 account for 3.5 per cent of cumulative AIDS cases to 2005, and youth account for 1.5 per cent of positive HIV test reports), risk behaviour data on young Canadians show that they have significant potential for HIV transmission. A national study, undertaken by the Council of Ministers of Education, Canada, revealed that the use of condoms by sexually active youth decreases as their age increases.[17] 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 gonorrhea 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 gonorrhea was highest among 15- to 19-year-old women (101.3 cases per 100 000).[18]

Unprecedented efforts were made to engage youth in the XVI International AIDS Conference in Toronto. Through the efforts of a Youth Advisory Committee, the AIDS 2006 Youth Programme ensured the meaningful participation, integration and inclusion of young people in all aspects of the conference, including as moderators and presenters and in skills-building workshops, panel sessions and other fora. A Youth Pavilion within the Global Village provided a dynamic and interactive space to showcase youth achievements, facilitate networking opportunities and hold youth-focussed meetings. Throughout AIDS 2006, daily sessions were held in the Pavilion to prepare young delegates to participate in the conference and to record and report back to their communities on lessons learned. A special session was held on empowering youth living with HIV/AIDS to speak out openly and more effectively in their communities or institutions and to acquire treatment regionally or internationally. AIDS 2006 also featured a dedicated website for youth.

Live Positive, CATIE's website for youth, was showcased at AIDS 2006 and received an enthusiastic response. Developed in partnership with Positive Youth Outreach, Toronto's Hospital for Sick Children and TeenNet at the University of Toronto, the site was created for and by positive youth and offers an assortment of activities, learning opportunities, posted artwork and a discussion group.

The Canadian Public Health Association's (CPHA) social marketing campaign, "Change The World," aimed at breaking down the stigma and discrimination faced by all Canadians currently living with or affected by HIV/AIDS, was extended for one year pending the roll-out of the new Specific Populations HIV/AIDS Initiatives Fund. The 2006 campaign targeted youth aged 14 to 29, and distributed posters, information cards, stickers and other materials to schools, ASOs, public health units, and youth and Aboriginal organizations.

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[16] Globally, the situation is much different. According to the Interagency Coalition on AIDS and Development, young people aged 15 to 24 account for half of all new cases of HIV in the world; almost one third of all people living with HIV are under 25 years old; and an estimated 6 000 young people are infected with the virus every day.

[17] *Canadian Youth, Sexual Health and HIV/AIDS Study: Factors influencing knowledge, attitudes and behaviours.* The Council of Ministers of Education, Canada. 2003.

[18] Community Acquired Infections Division, Centre for Infectious Disease Prevention and Control, Health Canada. 2003.

CAS became a member of the National Children's Alliance, a group of 67 organizations interested in the well-being of children and youth. The Alliance is working on a national youth agenda that includes the issue of sexual health. As well, CAS remains active in the Canadian School Health Network, advocating for sexual health education across Canada through this interdisciplinary network. Consultations on HIV/AIDS education are ongoing with interested parties through the National Dialogue on HIV/AIDS Education housed at CAS.

PHAC's Community Acquired Infections Division (CAID) sponsored the 4 Health 4 Wellness National Youth Retreat in Banff, Alberta, in February 2006. The retreat attracted youth aged 13 to 29 from across Canada who are active in their communities around infectious diseases, social determinants of health and related health and wellness issues. The retreat focussed on peer education and awareness, harm reduction and prevention, care and quality of life, and health and social determinants.

A street-youth surveillance pilot project, undertaken by CAID in collaboration with external stakeholders, led to the development of more effective mechanisms to reach street youth and provide testing and care for HIV, STIs and related infections. This project has resulted in improved prevention and program delivery for this population, such as the provision by provinces/territories of expanded addiction services and the establishment of an Aboriginal healing centre in Edmonton.

Women at Risk

The HIV/AIDS epidemic is growing among women in Canada. At the end of 2005, there were an estimated 11 800 women living with HIV in Canada, or 20 per cent of the total. Women were also estimated to account for 27 per cent of all new infections in 2005. Approximately three quarters of these new infections among women were attributed to the heterosexual exposure category, with the remainder attributed to the IDU exposure category.

The Canadian HIV/AIDS Legal Network published *"Vectors, Vessels and Victims" – HIV/AIDS and Women's Human Rights in Canada*, which analysed a wide range of factors that limit the options of women in Canada to protect themselves against HIV infection or to live in dignity with HIV/AIDS. These include poverty, racism, violence, disproportionate burden of family and household duties, inattention to their needs in the penal system, and economic subordination. The report recommends a number of steps that could lead to a more coherent and effective response to HIV/AIDS and HIV risk among women in Canada. These include research on the real-life risks faced by women, more and better programs for women that are informed by an understanding of the human rights challenges they face, systematic representation of women at all levels of policy-making related to HIV/AIDS, training of care providers to give women living with HIV/AIDS the best support possible in antiretroviral therapy, and a major effort to ensure high-quality prevention, treatment and care services for women in Canadian prisons.

The Blueprint for Action on Women and Girls and HIV/AIDS, a coalition of ASOs, women's organizations and women living with and affected by HIV/AIDS, worked to ensure a high profile for women's issues at AIDS 2006 in Toronto. As well, the coalition developed a background paper and manifesto itemizing the needs and rights of women living with and affected by HIV/AIDS. The founding members of the Blueprint, including CAS, the Canadian Treatment Action Council (CTAC), Voices of Positive Women, the Positive Women's Network and the Canadian Federation for Sexual Health, secured private funding for a range of activities and resources related to AIDS 2006. These included a partnership in the Women's Networking Zone, a satellite session addressing women's needs, co-organization of the Women's March and development of a report card on HIV and women that was presented at the conference. The report card found that Canada was not meeting targets set for most areas of strategic action for women and HIV, including prevention, care, treatment, support, research and human rights.

People from Countries Where HIV is Endemic

Persons from countries where HIV is endemic were over-represented in the estimates of Canada's HIV epidemic in 2005. It was estimated that 7 050 Canadians who were born in an HIV endemic country were living with an HIV infection (or 12 per cent of the total in Canada) at the end of 2005, and this group was further estimated to account for 400 to 700 of the new infections in 2005 (or 16 per cent of the total). While they comprise only 1.5 per cent of the Canadian population, this group's estimated infection rate in 2005 was almost 13 times higher than among other Canadians.

In an effort to better understand the dynamics of transmission and the burden of HIV infection among these Canadian sub-populations, PHAC is establishing a second-generation surveillance system among Canadians who were born in countries where HIV is endemic. As is the case with M-Track and I-Track (see page 11 and page 40, respectively), this surveillance system will involve repeated surveys of vulnerable, high-risk populations to obtain information on risk behaviours and a biological sample for testing for HIV and other infections. Projects are currently being planned in Montreal, and support has been provided for a study in an east-African community in Toronto.

To catalyze a national response to the growing HIV/AIDS epidemic in Canada's Black communities, the Interagency Coalition on AIDS and Development (ICAD) embarked on a partnership with the African and Caribbean Council on HIV/AIDS in Ontario and seven health and social service organizations working with Black Canadians, and African and Caribbean communities in Canada. The purpose of the collaboration was to conduct preliminary research aimed at contributing to the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities. As part of this effort, a satellite session was held at the 5th Canadian HIV/AIDS Skills Building Symposium in Montreal in October 2005 to engage participants in identifying the key elements of an effective national response to HIV/AIDS among the targeted community. The resulting joint activities and report contributed to the launch of the African/Black Diaspora Stream at AIDS 2006, which included a day-long symposium examining the realities of HIV/AIDS among Black African and Carribean populations in Europe and North America.

CIHR is also funding research that addresses issues for people from countries where HIV is endemic. For example, the AIDS Calgary Awareness Association was approved for funding in 2005-2006 through the CIHR HIV/AIDS CBR Program. Through a project entitled "Engaging people from HIV endemic countries (Nigeria, Sudan and South Africa) in Calgary," the research team will pilot a process to engage members of these communities in developing and delivering culturally appropriate HIV prevention, care and support services for populations born in HIV-endemic countries now living in southern Alberta.

People living with HIV/AIDS from ethno-racial communities often experience language and cultural barriers in accessing HIV treatment information, which in turn affects their use of and adherence to treatments. To help address these barriers, in 2005-2006 CATIE launched a new multilingual website called treatHIVglobally.ca. Produced in collaboration with several Toronto-based ethno-cultural ASOs, the site aims to improve access to HIV/AIDS treatment information for people across Canada and around the world by providing accessible, easy-to-read information in 10 Asian and African languages. The information is linked and cross-referenced so that it can readily be shared between people, even when they speak different languages. The site also features a multilingual glossary of HIV terms. More than 5 000 CD-ROMS promoting the site and materials were distributed at AIDS 2006.

CAS has established an Ethnocultural Networking Group to share information, resources and strategies among people working with ethno-specific populations, as well as with groups working with new immigrants in locations where ethno-specific resources are not available or easily accessible.

Future Directions

Sustained and expanded efforts are needed to address the complex issues that make specific population groups in Canada particularly vulnerable to HIV/AIDS. While continued increases in Federal Initiative funding and the roll-out of the Specific Populations HIV/AIDS Initiatives Fund will support the development and delivery of discrete approaches for each target group, efforts to get ahead of the epidemic must also engage an ever-broadening range of stakeholders whose work can influence the determinants of health and other root causes of the epidemic. Many answers lie within each population, but at-risk populations need the tools to find and implement solutions, as well as the understanding and support of mainstream society to avoid marginalization.

TREATMENT BUDDIES Support People Living with HIV/AIDS in Montreal

Beginning antiretroviral treatments – with the health side effects, social alienation and other lifestyle changes this may entail – can be a difficult and stressful time for people living with HIV/AIDS. Who better to ease the transition than someone who has already walked in those shoes?

That is the thinking behind the Treatment Buddy Program, a peer-based support initiative of AIDS Community Care Montreal (ACCM). The program matches a person living with HIV/AIDS who has successfully managed treatment with an HIV-positive individual who is beginning a new treatment regime or having trouble adhering to their current regime. Treatment Buddy volunteers spend several hours a week with this individual, offering personal support based on a combination of their own experience and extensive training they have received on HIV treatment, living well with HIV/AIDS, and how to support people in a one-on-one context.

"There is a large need for psycho-social support when people are first starting HIV treatment, explains Gillian Kolla, coordinator of the Treatment Buddy Program. "People living with HIV/AIDS in Montreal are really well served on the medical side – they have good access to doctors and other medical services. But in terms of having someone to talk to – someone who has been through this themselves – this is a service we are trying to provide through a more formal approach than has been used in the past."

Ms. Kolla was hired by ACCM, a community-based AIDS service organization, in April 2005 to develop training materials, recruit volunteers and provide overall coordination for the Treatment Buddy Program. She is supported by a volunteer advisory committee comprising people living with HIV/AIDS and health experts like pharmacists, nurses specializing in HIV treatment and counsellors. In addition to providing feedback on the training materials, the committee was instrumental in determining an appropriate schedule for the training to avoid taxing the health of the Treatment Buddy volunteers, many of whom continue to manage their own treatment regimes.

Treatment Buddy volunteers are recruited from within ACCM's membership and through partner organizations in the Montreal area. Half of the training they receive focusses on treatment issues, like side-effects and drug interactions, and half focusses on psycho-social issues, such as active listening and coping with non-death loss (e.g., loss of autonomy). ACCM recruits partners from other community organizations and health service providers to help deliver the training workshops.

"The first training session was offered in the fall of 2005, says Ms. Kolla. "Seven volunteers started the program, and they all finished, which is remarkable for a 30-hour program. ACCM works primarily in the English language, so this past spring we partnered with another group here in Montreal, GAP-VIES, to offer the training in French. Because there were two groups involved, we were able to recruit 15 volunteers for the French-language training."

Treatment Buddy volunteers are typically matched with those starting treatment for a three-month period, which is generally enough time to allow people to adapt to their medication and its impact on their lifestyle. The volunteers then move on to work with someone else who may need support. However, Ms. Kolla stresses that ACCM is flexible in its approach – some buddy teams last only a few weeks and others may go beyond the three-month target.

Other treatment support is also available through ACCM. A psycho-social counsellor by training, Ms. Kolla, along with other members of ACCM's support service team, can provide information, support or counselling, or refer people experiencing difficulties to other professionals when necessary. At least once a month, treatment-related topics are discussed at the ACCM's weekly dinners, which are open to all members. Treatment Buddy volunteers also meet on a regular basis to share information and ideas and support each other in their work.

Feedback from both the volunteers and those receiving support has been overwhelmingly positive.

"There is still a lot of stigma and discrimination around HIV/AIDS, and people who are starting treatment need someone who will respect their confidentiality, says Ms. Kolla. "People feel that starting HIV treatment is a momentous step in their lives, and the Treatment Buddies can help them make that transition."

As for the volunteers themselves, many have remarked that the training has provided additional insight into their own experiences and increased their knowledge of HIV treatment.

"I came out of the training feeling that I could help anyone who needed help, noted one volunteer in evaluating the initial English-language training program. "Very informative; I learned a lot, commented another.

The Treatment Buddy Program is financially supported by ACAP in the Quebec Region, under a time-limited project funding agreement that runs to March 31, 2008. A second round of English-language training was completed in the fall of 2006, and planning has commenced for a second round of French-language training sessions in the spring of 2007. For more information, visit the ACCM's website at **www.accmontreal.org**.

STRENGTHENING THE FOUNDATION

Efforts are ongoing to improve the front-line capacity of individuals and organizations to deliver HIV/AIDS education and prevention initiatives, as well as legal and research capacity in Canada and abroad. Canadian organizations are also developing and disseminating reliable, up-to-date information on HIV/AIDS, and have made important contributions to efforts to combat the stigma and discrimination that fuel the epidemic.

Capacity-Building Initiatives

CTAC's Tools for Action: HIV/AIDS Treatment Access Advocacy Series was completed in 2005-2006. Funded by PHAC, the project produced nine skills-building workshops to 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. Building on the Tools for Action project, CTAC has begun to develop four new modules focussing on provincial and territorial treatment access issues and treatment access for prisoners, illicit drug users and persons co-infected with hepatitis C.

CAS is leading a planning process that will set out a strategic plan for the voluntary sector response to *Leading Together*. A national summit of HIV/AIDS organizations was held in Ottawa in November 2005, at which representatives of 10 national groups identified common strategic areas and drafted a strategic framework for the voluntary sector's contribution to *Leading Together*. The document was subsequently revised by a working group and finalized at a meeting of national partners in March 2006. The document proposes that national partners focus their collective response on areas where there is the greatest need and/or the greatest potential to effect change.

CATIE continued to offer HIV treatment information workshops to ASOs, health care workers and other service providers throughout Canada, as well as training workshops to enhance their capacity to research and deliver up-to-date, accurate and unbiased treatment information. CATIE also offers e-learning modules for self-directed learning on topics such as new HIV drugs, metabolic complications and drug resistance. Its electronic library contains more than 1 400 books and 10 000 documents on treatment-related subjects.

CATIE also completed a major PHAC-funded capacity-building project involving seven AIDS service organizations across Canada: Positive Living North (Prince George, British Columbia), HIV Edmonton, AIDS Program South Saskatchewan (Regina), Bruce House (Ottawa), MIELS-Québec (Quebec City), the AIDS Coalition of Nova Scotia (Halifax) and one in Iqaluit, in partnership with Pauktuutit Inuit Women's Association. The project increased each organization's capacity to integrate the provision of HIV treatment information into its existing continuum of programs and services. It also enabled CATIE to strengthen partnerships across Canada and will serve as a model for communities to meet their HIV treatment information needs.

CWGHR and the International Centre for Disability and Rehabilitation sponsored two sessions at AIDS 2006 on the relationships between HIV, disability and rehabilitation in domestic and international contexts. Participants exchanged ideas on HIV and rehabilitation policies, programs, practices and related issues in various geographical and cultural contexts, and developed new relationships and networks to continue collaborative work beyond the conference. The sessions drew attention to the needs of people living with HIV and other disabilities, including their rehabilitation needs, as well as the need to develop and deliver HIV prevention, education and support programs specifically for, and in collaboration with, people living with other disabilities.

ICAD held a skills-building workshop entitled Addressing HIV/AIDS from a Gender Perspective in conjunction with its annual general meeting in Montreal in September 2005. The workshop provided participants with an opportunity to learn about the relationship between gender and HIV/AIDS and helped define how a gender perspective on HIV/AIDS can be integrated into policy and programming. The 65 participants who attended the workshop also learned about best practices by Canadian organizations in their domestic and international work.

ICAD also co-hosted workshops across Canada entitled Understanding Gender and HIV/AIDS. Facilitated by an HIV-positive AIDS educator from South Africa, the workshop presented a personalized understanding of gender and provided a strong foundation for understanding the link between gender, HIV/AIDS and development by looking at several examples of successful international models and their potential application to programs and activities in Canada. A total of nine workshops were held, supported by a grant from Health Canada's International Affairs Directorate (IAD).

ICAD continued to provide training to its members and other organizations on HIV/AIDS as an episodic disability in the workplace. In 2005-2006, 15 workshops were held for ASOs and NGOs focussing on the development of responsive policies for addressing employment-related concerns for people living with HIV/AIDS and other episodic disabilities. Three additional workshops were held for people living with HIV/AIDS who are employed, currently looking for work or contemplating a return to work. In total, approximately 30 people living with HIV/AIDS, 100 organizational participants and three train-the-trainer participants attended the workshops.

The Legal Network also undertook many capacity-building efforts with community-based ASOs in Canada and around the world. This work includes presenting workshops on complicated legal issues, such as criminal prosecutions for conduct that transmits, risks transmitting or is perceived to risk transmitting HIV. In 2005, for example, the Legal Network conducted a workshop on these topics in Beijing for Chinese lawyers, law professors and law students. In collaboration with UNAIDS, the Legal Network also released *Courting Rights*, a selection of case studies on using litigation to defend or advance the human rights of people living with or vulnerable to HIV.

In addition to creating new knowledge, increasing the capacity for HIV/AIDS research in Canada continues to be a major focus for CIHR. Several mechanisms for increasing capacity were employed in 2005-2006. For example, Priority Announcements for Doctoral Research Awards, Post-Doctoral Fellowships and New Investigator Awards supported the development of individual capacity for HIV/AIDS research. The CIHR HIV/AIDS Community-Based Research Program offered several tools to increase the capacity of organizations interested in conducting community-based research, such as Research Technical Assistant and capacity-building workshop grants and awards for master's and doctoral students training in the area of HIV/AIDS CBR.

Examples of important accomplishments and contributions to HIV/AIDS research supported through CIHR training and salary awards include:

- A CIHR-funded trainee at the University of Toronto is working on a research project that addresses the concept that a certain type of lipid is influential in HIV-host cell entry. The trainee's research has led to the discovery that it is possible to mimic a specific lipid and inhibit HIV infection, which could pave the way for novel treatment and prevention strategies.
- An HIV/AIDS New Investigator awardee at the Université de Montréal, working with local community groups and activists in the West African countries of Burkina Faso, Côte d'Ivoire and Mali, is assembling a community-based research team that aims to improve treatment outcomes and quality of life for people living with HIV/AIDS by examining barriers to treatment and treatment adherence.
- A student from Université de Montréal, supported by an HIV/AIDS CBR master's award, studied quality of life issues for people living with HIV/AIDS in various regions of Quebec. The study addressed the multiple impacts of HIV/AIDS on quality of life, including the "ups and downs" of treatment, sexual aspects of living with HIV/AIDS, social support and access to social services and health care.

PHAC also continued to build capacity by expanding its International Quality Assurance Program in 2005-2006. Ensuring accurate CD4 T cell counting and other testing is critical for antiretroviral drugs to be successfully introduced into resource-limited countries. The International Quality Assurance Program aims to ensure a reasonable level of testing in participating countries, and is the only such network that offers services and training in both English and French (French is a common language in sub-Saharan Africa, the region hardest hit by HIV/AIDS). PHAC also manages training for some U.S. Centers for Disease Control and Prevention programs that target French-speaking countries.

NGOs Contribute to Policy Development

With funding from PHAC, the Canadian HIV/AIDS Legal Network undertook a research and policy development project aimed at identifying new and emerging issues in compulsory HIV testing laws. The focus of this project is to prepare human rights-based information and awareness materials to educate policy-makers, ASOs and other stakeholders at the provincial level and to inform the development of provincial law and policy on compulsory HIV testing. The Legal Network also received funding from PHAC to research and write a paper identifying legal and policy approaches that can increase HIV testing in a manner that respects and promotes human rights. This project is being undertaken in partnership with the CPHA.

In June 2006, CAS released a policy report entitled *Cannabis as Therapy for People Living with HIV/AIDS: "Our Right, Our Choice."* The report is based on extensive consultations with people living with HIV/AIDS across Canada and with other key stakeholders, as well as an in-depth legal review and analysis. It documents experiences people have had with Canadian policies on medical cannabis, identifies barriers to legal access to cannabis for medical purposes, and recommends measures to address these barriers.

A workshop held prior to AIDS 2006 focussed on intensifying linkages between HIV/AIDS and sexual and reproductive health rights at the policy and program level, with particular attention to the impact of these dynamics on vulnerable communities. The session was organized by the Government of Canada (Health Canada, CIDA and DFAIT), WHO, the United Nations Population Fund, Action Canada for Population and Development, the International Community of Women with HIV/AIDS, International Planned Parenthood Federation and CARE Canada. Entitled Making the Connection: Vulnerable Populations, HIV/AIDS and Sexual and Reproductive Health and Rights, it attracted more than 100 participants, including government officials, policy-makers, activists, researchers and people responsible for program delivery in HIV/AIDS, sexual and reproductive health rights and related areas.

Addressing Stigma and Discrimination

Addressing HIV/AIDS-related stigma and discrimination and other denial of human rights of people living with or vulnerable to HIV/AIDS is central to the mission of the Canadian HIV/AIDS Legal Network. In 2005-2006, the Legal Network released *Sex, work, rights: reforming Canadian criminal laws on prostitution*. The product of a two-year project on criminal law, prostitution and the health and safety of adult sex workers in Canada, the report calls for law and policy reforms to respect, protect and fulfil the human rights of sex workers. The report aims to inform the work of community-based ASOs in promoting the health and human rights of sex workers, as well as the work of the House of Commons Subcommittee on Solicitation Laws and the larger public policy debate related to prostitution laws in Canada. The Legal Network also published a series of 10 information sheets providing more concise information on various topics addressed in the larger report.

HIV testing is an essential element of effective prevention, care, treatment and support. In 2005-2006, the Legal Network collaborated with other NGOs to organize an international symposium to examine the growing pressure in many quarters to make HIV testing more routine and to eliminate or weaken efforts to ensure that testing is conducted with appropriate counselling, informed and truly voluntary consent, and protection of confidentiality. Held in Montreal in October 2005, the conference brought together people living with HIV/AIDS from 10 countries, front-line service providers, UN officials and human rights experts, and has continued to inform the international policy debate on shifts in HIV testing policy.

The Legal Network also continued to support other anti-discrimination efforts internationally. Undertaken in partnership with and on behalf of people who use drugs and prisoners in eastern and central Europe and the former Soviet Union, MSM in many parts of the world (including China), and people living with HIV/AIDS worldwide, this work has taken the form of advocacy and statements in the international press and participation in international events. The Legal Network has also adapted and distributed some of its materials for use internationally by groups seeking to assert their rights.

To address the stigma and discrimination associated with cannabis use for medical purposes by people living with HIV/AIDS, CAS, in collaboration with the Medical Marijuana Information Resource Centre, coordinated a networking zone in the Global Village at AIDS 2006. The networking zone provided a space for disseminating materials on the use of cannabis for medical purposes in the context of HIV/AIDS, encouraged a dialogue on this issue, and showcased Canada's federal medical marijuana program.

CIDA worked with the Association of Canadian Community Colleges to support a range of projects to help address HIV/AIDS-related stigma and discrimination in other countries. In Ghana, for example, universities are changing people's attitudes towards HIV/AIDS and reducing the stigma associated with the condition. In the Caribbean, CIDA's support to the Caribbean Epidemiology Centre has contributed to the adoption of a framework for action to reduce stigma and discrimination against persons living with HIV/AIDS.

In Saint John, New Brunswick, the Sex Trade Action Committee (STAC) is bringing about positive change and creating more supportive environments for sex trade workers, a group that has traditionally been excluded from mainstream society. Comprising representatives of AIDS Saint John (a community-based organization that receives operational funding from ACAP), local police, faith-based organizations, community groups and other stakeholders, STAC has encouraged frank and open discussions about the serious health and social problems associated with the sex trade, such as illicit drug use and the potential spread of HIV/AIDS. As a result, attention has been focussed on the broader determinants of health that make people vulnerable to addictions and "survival sex," rather than simply blaming sex workers for problems that were polarizing the community. In turn, support for provincially funded harm reduction measures, such as addiction treatment for sex workers, has increased and broadened.

PHAC undertook significant research on HIV/AIDS-related stigma and discrimination during the past year, to inform the development of a Social Marketing Plan to be implemented in 2006-2007. For a more detailed discussion of this work, see the feature article on page 25.

Increasing Public Knowledge and Awareness

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 organizations that receive funding under the Federal Initiative. In addition to increasing knowledge and awareness about HIV/AIDS, information development and dissemination enhances the capacity of individuals and organizations to respond to the epidemic.

The Canadian HIV/AIDS Information Centre, a program of 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. The Centre is a distribution point for HIV/AIDS pamphlets, brochures, manuals, posters and videos developed by more than 60 partner organizations across Canada. It also maintains a library collection of more than 20 000 titles and a comprehensive website.

CATIE is also a primary source for a broad range of resources, providing free, current, confidential and bilingual information on HIV/AIDS treatment and related health care issues to people living with HIV/AIDS and their support networks and caregivers. Materials range from easy-to-read fact sheets for the general public to high-level scientific reports intended for medical professionals, and are available in both print and electronic formats. In 2005-2006, CATIE conducted 79 in-depth treatment information workshops for diverse audiences and regularly added new content to its website, which experienced a 41 per cent increase in queries over the previous year. *CATIE e-Bulletin*, *CATIE News* and *TreatmentUpdate* provided breaking news on HIV treatments, complications, side effects, co-infections, nutrition and other research. Two issues of *The Positive Side*, Canada's national magazine for people

living with HIV, were published, and the magazine was adapted to an e-zine format and made available on CATIE's website.

In response to increased media attention around AIDS 2006, CAS developed a speakers' bureau that responded to more than 30 requests for speakers at the conference itself, as well as more than 40 additional requests related to CAS's work and the community-based AIDS movement in Canada.

The Canadian HIV/AIDS Legal Network continues to answer hundreds of information requests per year from front-line organizations in Canada, AIDS and human rights organizations in many countries, policy-makers and other individuals. It maintains one of the world's most complete collections of material on AIDS, law and human rights. Among its new information dissemination projects in 2005-2006, the Legal Network received funding from UNAIDS to produce a searchable CD-ROM of materials related to HIV/AIDS and human rights in four languages. This is the largest such collection currently available in one place. Several thousand copies of the CD-ROM will be distributed globally to law schools, human rights advocates, AIDS organizations, policy-makers and others, with a special effort to make these materials accessible to people in resource-poor countries where Internet access can be limited, unreliable or prohibitively expensive.

PHAC has developed a new, integrated website that is completely devoted to HIV/AIDS. Broader in scope and more comprehensive than its predecessor, the new site links the HIV/AIDS work of all PHAC divisions and regional offices. PHAC also continued to publish the Communiqué newsletter and developed a condensed version of *Leading Together* to increase its distribution and uptake across Canada. Information on HIV/AIDS and other health issues can also be researched on the Canadian Health Network's website at **www.canadian-health-network.ca**.

In October 2005, CAS launched a new website on HIV and poverty in Canada to help raise awareness about how poverty contributes to the transmission of HIV. The site aims to help community organizations, policy-makers, the media and others understand the connection between poverty and HIV and how they can integrate this issue into their work.

CATIE is leading the development of an innovative new "virtual volunteer" website for ASOs. The first such initiative of its kind in Canada, **AIDSvolunteers.ca** is intended to break down barriers that prevent people from volunteering, such as time constraints, a disability or a home-based obligation. The site will make it possible for people with Internet access and an e-mail address to volunteer from anywhere in Canada for tasks they can complete at home or at work. The site includes a bilingual matching service and a suite of tools and education modules to promote effective volunteer management, retention and screening. **AIDSvolunteers.ca** is available free-of-charge to ASOs across Canada. CATIE is preparing for a full-scale launch of the site in 2006-2007.

Over the past year, CAS also continued to provide workshops and training on new prevention technologies, including microbicides and vaccines, and to answer requests for information on HIV and immigration/emigration from front-line workers, HIV-positive individuals and family members.

New bilingual information resources developed by ICAD include two annotated bibliographies: one on gender, HIV/AIDS and development and the second on HIV/AIDS among persons from countries where HIV/AIDS is endemic. As well, ICAD published an environmental scan entitled *Springboarding a National HIV/AIDS Strategy* and new fact sheets on the resources needed to respond to HIV/AIDS; HIV/AIDS and African diaspora communities living in Canada; the *Jean Chrétien Pledge to Africa Act* and its impact on improving access to HIV/AIDS treatment in developing countries (written jointly with the Canadian HIV/AIDS Legal Network); HIV/AIDS and gender issues; best practices for care of children orphaned by AIDS; the emigration of healthcare professionals to high-income countries; and five regional fact sheets about HIV/AIDS in Sub-Saharan Africa, Asia, Eastern Europe and Central Asia, Latin America and the Caribbean.

In partnership with the Coalition of Community Organizations Addressing HIV/AIDS in Quebec (COCQ-Sida), ICAD also developed a series of 15 fact sheets on employment-related issues. The fact sheets were compiled in two resource kits: one for people living with HIV/AIDS and the other for organizations interested in policy issues related to HIV/AIDS as an episodic disability in the workplace.

The CTN continued to work in close partnership with CATIE, posting plain language information about clinical trials on the CTN website.

With funding from the Federal Initiative, PHAC's Community Acquired Infections Division produced and distributed the *2006 Canadian Guidelines on Sexually Transmitted Infections*, which presents the most current knowledge on the management of STIs, including their treatment in people already infected with HIV. New materials have also been developed and distributed to raise awareness about the serious health threat posed by the acquisition of a sexually transmitted infection by HIV-positive individuals. Evidence shows that STIs are more harmful to, and more difficult to treat, when the infected individual is living with HIV. Similarly, the treatment of HIV becomes more difficult with the presence of an STI.

A request for proposals was issued for PHAC's new National HIV/AIDS Knowledge Exchange Fund. The new fund has been revamped to incorporate recommended changes arising from a comprehensive program review conducted in 2005-2006 and from consultations with front-line organizations, national NGOs and knowledge providers. A needs assessment was also conducted to inform development of the new fund. The following are among the key messages emerging from the stakeholder consultations:

- different communities, populations and cultures need to be engaged in the development, adaptation, translation and dissemination of knowledge
- front-line organizations and individuals should be involved in all aspects of the knowledge exchange system
- knowledge gaps need to be filled, including the need for timely epidemiological and surveillance data that is tailored to populations and regions and for syntheses and analyses of research results
- the focus should be on making knowledge accessible and meaningful to front-line organizations

The Walk for Life, Canada's largest single event for raising awareness and funds for HIV/AIDS, collected $1.9 million in 2006 to assist local ASOs in every province and territory. More than 28 000 Canadians in over 130 communities participated in this year's event. Held each fall, the Walk for Life is coordinated nationally by the Canadian AIDS Society in partnership with the British Columbia Persons with AIDS Society, the AIDS Committee of Toronto and the Farha Foundation. The Walk for Life is made possible by the generous support of the corporate community, notably Molson, Allard Johnson Communications, Canpar, Gilead, GlaxoSmithKline in partnership with Shire BioChem, Pfizer, Abbott Virology, Bristol-Myers Squibb Canada, Cineplex Entertainment and OUTtv.

Another example of a successful awareness-raising initiative was AIDS PEI's "Swim the Strait" campaign, in which a local competitive swimmer donated her time to train for and complete a swim across the Northumberland Strait between Prince Edward Island and New Brunswick. Other community members and organizations volunteered time, goods and services to support her efforts. In addition to raising more than $18,000 – shared equally between AIDS PEI and the Stephen Lewis Foundation – the campaign generated a tremendous amount of local, regional and national publicity for AIDS PEI and increased awareness about people living with HIV/AIDS in Prince Edward Island, across Canada and around the world.

Future Directions

Building the foundation for Canada's HIV/AIDS response is an ongoing task that involves many sectors and many players. Among the challenges faced is the need to sustain the volunteer base and to attract new people to the field – both as volunteers and as paid front-line workers, policy-makers, program staff and researchers. As well, more attention needs to be focussed on turning the knowledge generated by HIV/AIDS research and projects into useable information that will benefit and support the response. Strengthened and expanded efforts are needed to address persistent HIV/AIDS-related stigma and discrimination in Canada.

STIGMA AND DISCRIMINATION Underlie Canada's HIV/AIDS Epidemic

HIV/AIDS-related stigma and discrimination still persist in Canada, according to two national surveys completed earlier this year for the Public Health Agency of Canada. Conducted by Ekos Research Associates Inc., the surveys confirm that public attitudes about HIV/AIDS are contributing to the social marginalization that inhibit people from accessing the HIV prevention, care, treatment and support they need.

The HIV/AIDS Attitudinal Tracking Survey 2006 was undertaken to determine if and how Canadians' attitudes towards HIV/AIDS have changed since a previous survey in 2003. A similar survey was conducted of Aboriginal Peoples in Canada to acquire baseline data on the HIV/AIDS-related knowledge, awareness and behaviour of First Nations people living on- and off-reserve, Métis and Inuit.

The general population survey revealed that most Canadians believe they would be highly supportive of someone with HIV/AIDS; nevertheless, the reported level of support has declined since 2003. Fewer than 60 per cent of Canadians agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and only about one third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. Despite the fact that most Canadians believe they are knowledgeable regarding the transmission of HIV, half would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS, and more than one quarter would feel uncomfortable wearing a sweater once worn by a person living with HIV/AIDS.

"This survey confirms that HIV/AIDS-related stigma and discrimination are an everyday reality in Canada, comments Joanne Csete, Executive Director of the Canadian HIV/AIDS Legal Network.

"Reducing the stigma and discrimination surrounding HIV/AIDS is one of the keys to reducing the worst effects of the epidemic in Canada, says Ms Csete. "It will not only help stop the spread of the epidemic, but also improve the quality of life of people living with the disease."

The survey of Aboriginal Peoples – the first of its kind in Canada – revealed many similarities in attitudes with Canadians in general. For example, roughly half of Aboriginal Peoples agree that people with HIV/AIDS should be allowed to serve the public in positions such as hairstylists, and roughly one third agree that people with HIV/AIDS should be permitted to work in positions such as dentists. More than half of the survey respondents indicated they would feel uncomfortable if a close friend or family member dated someone with HIV/AIDS, and more than one third would feel uncomfortable working in an office where someone had HIV/AIDS or shopping at a small neighbourhood grocery store where the owner had HIV/AIDS.

Half of Aboriginal Peoples in Canada agree that people are unwilling to be tested for HIV due to the stigma associated with this disease. Close to two thirds of Aboriginal Peoples agree that the shame felt by some people living with HIV/AIDS is often also felt by their children or others close to them. Over one third agree that if they were diagnosed with HIV/AIDS they would not want others in their community or on their reserve to know, and an equal proportion would seek treatment off-reserve or outside their community to reduce the chances that others would find out. One quarter agree that people living with HIV/AIDS are pressured to leave the community or reserve. Similarly, 20 per cent of First Nations people living on-reserve agree that those who leave the reserve and return with HIV/AIDS are not welcomed back.

"We have long known that stigma and discrimination are driving the epidemic in Aboriginal communities, and the survey results back that up, says Kevin Barlow, Executive Director of the Canadian Aboriginal AIDS Network. "If an Aboriginal person living with HIV/AIDS feels isolated and fearful about disclosing their HIV status, they will not seek the necessary services to assist them in fighting the disease. The emotional stress of isolation is allowing HIV to thrive in Aboriginal populations."

Taken together, the results of these surveys and separate literature reviews are helping to guide the development of a Social Marketing Plan to be implemented by PHAC in 2006-2007. Created with input from an expert panel, the three-year plan proposes to use a range of marketing tools and tactics to target two primary audiences: Canadians who have HIV/AIDS-related stigmatizing and discriminatory attitudes and behaviours, and people in settings and environments where people living with HIV/AIDS experience stigma and discrimination. The media and opinion leaders will also be engaged and educated on HIV/AIDS-related stigma and discrimination issues.

STRENGTHENING THE FEDERAL RESPONSE

Improved coordination and coherence across the Government of Canada, increased interdepartmental and intergovernmental collaboration, and greater integration of HIV/AIDS with the work of other federal departments and agencies are cornerstones of the Federal Initiative to Address HIV/AIDS in Canada. At the same time, Canada is working with a range of partners to fulfill its international obligations and contribute to the global response, as well as to learn from the experience of other countries.

Government of Canada Position Statement on HIV/AIDS

A broad range of expertise and resources must be brought to bear in addressing the HIV/AIDS epidemic and its underlying social determinants, such as poverty, homelessness, violence, limited education and literacy, gender inequality, and denial and infringement of human rights. To that end, the Government of Canada has developed a Position Statement on HIV/AIDS that calls on all federal departments and agencies, particularly those whose mandates and expertise relate to the determinants of health, to become more fully engaged in the response to the epidemic.

Under the leadership of the Government of Canada Assistant Deputy Minister Committee on HIV/AIDS[19] with input from national HIV/AIDS stakeholders, the Position Statement sets out the vision, goals, objectives and guiding principles and practices of the government's integrated, horizontal approach to federal HIV/AIDS policy development and program planning, implementation and evaluation. The Statement supports federal collaboration with other jurisdictions in Canada and internationally, and to consult and ensure the meaningful involvement with people living with HIV/AIDS, populations vulnerable to and affected by the epidemic, civil society, the professions, researchers and the private sector in developing, implementing and evaluating its policies and programs.

The Position Statement includes a framework for action that will enable the government to identify lead departments and agencies for specific areas of work; develop bilateral and multilateral working arrangements among departments and agencies; consult across government on legislative, regulatory and program initiatives; support joint annual work planning; and monitor progress, evaluate outcomes and report annually to Ministers, Parliament and the Canadian public.

Federal Leadership for AIDS 2006

Canada hosted more than 24 000 delegates from around the world at the XVI International AIDS Conference in Toronto from August 13 – 18, 2006 (see feature article on page 34). The Government of Canada played a key role in ensuring the success of this pre-eminent international AIDS event, investing more money in the conference than the government of any previous host country.

For example, funding from PHAC and CIHR for the Canadian Scholarship Program enabled about 1 100 Canadians to attend AIDS 2006, including people living with HIV/AIDS, front-line workers, youth, transgendered people and people who use injecting drugs. CIDA provided funding to the International Scholarship Program, and FNIHB supported about 50 First Nations people living with HIV/AIDS to attend the conference.

The Federal Initiative also helped fund a CD-ROM containing hundreds of key HIV/AIDS documents from across Canada, for conference delegates. The CD-ROM was

[19] The Government of Canada Assistant Deputy Minister Committee on HIV/AIDS comprises assistant deputy ministers of 13 federal departments and agencies with mandates that have an impact on or are related to Canada's HIV/AIDS response. Its mandate is to achieve greater coherence, complementarity and collaboration across the spectrum of federal HIV/AIDS policy and programming.

developed and distributed by the Canadian HIV/AIDS Information Centre, CPHA. As well, a Calendar of Canadian Events was developed and made widely available to highlight the breadth and depth of Canadian involvement in the conference, its satellite events, skills-building workshops and other activities.

Federal departments and agencies provided funding for or delivered more than 20 conference satellite sessions, focussing on topics ranging from gender diversity and AIDS to HIV/AIDS in prisons. For the first time, an International Indigenous Peoples' Satellite was held, co-hosted by 2-Spirited People of the First Nations and the Ontario Aboriginal HIV/AIDS Strategy with funding from FNIHB. Federal scientists, researchers and policy experts also contributed to international knowledge and awareness through more than 30 abstracts accepted by the conference. Canadian civil society organizations also made major contributions to AIDS 2006 by sponsoring and delivering satellite sessions, hosting cultural events, and participating in workshops, panel sessions and other aspects of the conference.

A coherent and effective Government of Canada presence was achieved through the Federal AIDS 2006 Secretariat, convened by IAD, which worked closely with the conference organizers (the International AIDS Society), the Local Host Advisory Committee, the Province of Ontario, the City of Toronto and other Canadian organizations. More than a dozen federal departments and agencies participated in the Secretariat,[20] which acted as the single point of contact for all inquiries to the Government of Canada related to AIDS 2006, reviewed requests for federal funding, and linked non-governmental stakeholders with relevant departments and agencies participating in the conference.

The Secretariat also coordinated the Canadian exhibition space, which provided a consolidated venue for showcasing the HIV/AIDS work of federal departments and agencies, 10 NGOs, all provinces and territories, the City of Toronto and the Ministerial Council on HIV/AIDS.

AIDS 2006 was the third such event in Canada, which hosted the conference in Montreal in 1989 and in Vancouver in 1996.

Strengthened Federal/Provincial/Territorial Collaboration

Governments in Canada share responsibility for responding to HIV/AIDS, and as the epidemic grows in scope and complexity, effective federal/provincial/territorial collaboration is essential. The Federal/Provincial/Territorial Advisory Committee on AIDS (F/P/T AIDS), which is a liaison committee to the Public Health Network, plays an important role in stimulating and facilitating intergovernmental dialogue and cooperation.

In May 2006, F/P/T AIDS released *A National Portrait: A Report on Governments' Responses to the HIV/AIDS Epidemic in Canada*.[21] The report examines the state of the epidemic in different Canadian jurisdictions, summarizes policy and programming approaches, analyses issues of common concern, and identifies ways to strengthen the Canadian response. *A National Portrait* notes that HIV/AIDS remains a serious problem for all jurisdictions, but also that governments in Canada have built a strong foundation for addressing both the disease and the epidemic. Treatment is available everywhere in Canada, and most jurisdictions understand the importance of a population health model and a human rights framework for preventing HIV infection in the long term. Nevertheless, *A National Portrait* concludes that a renewed commitment and cooperative partnerships are needed across the country if Canada is to effectively address the epidemic. Specifically, the document calls for:

- increased efforts to promote public awareness and concern and "to put HIV/AIDS back on the public radar"
- enhanced political commitment and leadership to champion efforts to address the epidemic in a vigorous and comprehensive manner

[20] The AIDS 2006 Secretariat included representatives from Health Canada, PHAC, DFAIT, CIDA, CSC, CIHR, Citizenship and Immigration Canada, the Canada Border Services Agency, Justice Canada, Canadian Heritage, Indian and Northern Affairs Canada, Industry Canada, and Human Resources and Social Development Canada.

[21] *A National Portrait: A Report on Governments' Responses to the HIV/AIDS Epidemic in Canada* can be downloaded from http://www.phac-aspc.gc.ca/aids-sida/publication/index.html. Hard copies are available from the Canadian HIV/AIDS Information Centre at www.aidssida.cpha.ca.

- a shift in public awareness and government spending from the treatment of the disease to population health, and from short-term palliatives to long-term solutions
- greater cooperation and more effective partnerships across governments and sectors in planning, delivering and funding HIV/AIDS programs

F/P/T AIDS continued to collaborate with the F/P/T Heads of Corrections Working Group to address the priority issue of HIV/AIDS in prison populations. Cooperation between corrections and public health is essential to ensure that prevention, care, treatment and support services are linked and coherent. During 2005-2006, discussions were held on the topic of ensuring follow-up care for HIV-positive inmates after they leave prison.

In 2004-2005, an F/P/T 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. Work has progressed on this project, with the identification of key areas where additional action and attention are required.

The F/P/T Heads of Corrections Working Group on Health provides a forum for the regular exchange of information on best practices, program management and other areas of common interest with respect to infectious diseases, including HIV, in prison environments. The Working Group on Health meets twice yearly, and includes an F/P/T AIDS representative.

Another successful model of federal/provincial/territorial cooperation is the relationship between PHAC's National HIV/AIDS Laboratories and the Canadian Association of HIV Clinical Laboratory Specialists, which represents all laboratories in Canada that conduct HIV testing. Through their participation on a joint steering committee, the two organizations are working together to ensure an equivalent level of testing, to high standards, across Canada.

Increased collaboration and integration is also taking place at the regional level. For example, ACAP initiatives funded by PHAC's Manitoba and Saskatchewan regional office in 2005-2006 reported a total of 78 partnerships between AIDS organizations and agencies involved in the health, social services, education, addictions, housing and corrections sectors. According to project sponsors, these partnerships resulted in a range of benefits, including better access to basic services for clients, more effective case management, improved capacity to address gaps in programs and services, and increased recruitment, training, retention and recognition of volunteers.

In Ontario, PHAC's regional office and the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care have been working with community agencies to implement a common reporting approach known as the Ontario Community HIV/AIDS Reporting Tool (OCHART). Currently in spreadsheet format, this reporting tool will capture information on HIV/AIDS-related activities and projects that receive funding from ACAP, the provincial AIDS Bureau or both, thus reducing duplication of reporting by ASOs. OCHART is now being developed into a web-based tool for improved automation of data collection. In addition to streamlining and simplifying reporting requirements for ASOs, OCHART will strengthen monitoring and evaluation of funded programs and services and yield information that can be used to help identify emerging trends and resource needs.

Advisory Committees Inform Federal Policy and Programming

A number of national advisory committees provide input and direction to the Government of Canada on HIV/AIDS policy and programming issues.

The Ministerial Council on HIV/AIDS, for example, provides advice on HIV/AIDS directly to the federal Minister of Health. The Council's membership reflects a broad range of experience and expertise, spanning scientific research knowledge to front-line experience with emerging at-risk groups, and includes several Canadians living with HIV/AIDS. During 2005-2006, the Ministerial Council continued to examine stigma and discrimination that contribute to the epidemic. The Council also advocated for increased citizen engagement in Canada's HIV/AIDS response, and promoted increased coherence of the federal response by contributing to development of the Government of Canada Position Statement on HIV/AIDS.

During 2005-2006, the Ministerial Council continued to encourage and support efforts to improve inter- and intradepartmental collaboration across the Government of Canada. It also participated in discussions with other stakeholders on the development of a pan-Canadian research agenda that will encompass all streams of HIV/AIDS-related research, including epidemiological, basic science, clinical science, and psychosocial and community-based research.

The National Aboriginal Council on HIV/AIDS, which is jointly supported by PHAC and FNIHB, advises government and other stakeholders on HIV/AIDS and related issues among Aboriginal Peoples in Canada. NACHA is a multi-disciplinary group that consists of 16 members with equal representation from First Nations, Inuit and Métis and a Community Caucus (the latter represents Aboriginal HIV/AIDS organizations and community-based Aboriginal organizations involved in HIV/AIDS).

During 2005-2006, NACHA produced an Aboriginal Reality Statement to explain the specific factors that make Aboriginal Peoples more vulnerable to HIV infection than the general population. The purpose of the statement is to increase knowledge and awareness among government officials and others, so that the unique factors that affect Aboriginal Peoples are taken into account in the development of HIV/AIDS policies. An Inclusion Statement was also developed, affirming NACHA's commitment to include a diverse range of Aboriginal Peoples living with HIV/AIDS in its decision-making processes. NACHA funded a research paper entitled *HIV/AIDS Issues Affecting Métis in Canada*, which assessed service delivery and identified gaps in HIV/AIDS services for Métis. The Council's organizational capacity was strengthened with the finalization of Terms of Reference and the development of a detailed work plan for 2005-2007. A communications strategy was also developed, and NACHA participated in PHAC's evaluation of the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund.

The CIHR HIV/AIDS Research Advisory Committee (CHARAC) provides leadership and advice for HIV/AIDS research in Canada. CHARAC makes recommendations to the Institute of Infection and Immunity and its Institute Advisory Board as well as CIHR's Research Priorities and Planning Committee on research priorities and strategic research initiatives in HIV/AIDS. The broad and diverse membership of the committee allows for in-depth knowledge of all aspects of Canadian HIV/AIDS research; an understanding of the complex dynamics of the HIV/AIDS community; and communication between different stakeholders interested in HIV/AIDS research.

A major activity of CHARAC in 2005 was to identify priorities for the CIHR HIV/AIDS Research Initiative. A draft report on the priorities identified by CHARAC was circulated extensively among researchers, community and not-for-profit organizations, the private sector and other federal departments and agencies to ensure that they are aware of the direction CIHR is going with HIV/AIDS research and to seek input on the priorities. To help further develop the priorities and strategic initiatives in each area, the CIHR Institute of Infection and Immunity established several expert working groups to provide recommendations to CHARAC. Based on recommendations from the working groups, six priorities have been identified for HIV/AIDS research funded by CIHR: health systems, services and policy; resilience, vulnerability and determinants of health; prevention technologies and interventions; drug development, toxicities and resistance; pathogenesis; and issues of co-infection. These priorities will be used to guide CIHR's investment of Federal Initiative funding for research.

CIHR's Research Priorities for HIV/AIDS

- Health systems, services and policy
- Resilience, vulnerability and determinants of health
- Prevention technologies and interventions
- Drug development, toxicities and resistance
- Pathogenesis
- Issues of co-infection

ACAP Working Group Contributes to Increased Coherence

The ACAP Evaluation Working Group is contributing to greater coherence in the federal response by developing a common data collection, evaluation and analysis system that will strengthen PHAC's ability to systematically collect and assess evidence on the results of ACAP projects. In 2005, the Working Group developed common indicators for outputs and immediate outcomes that will allow for systematic collection across Canada of project-level evidence about ACAP's effectiveness. Evaluation questions to address these common indicators – which have been aligned with the Federal Initiative – will be piloted in a new program evaluation and analysis tool in October 2006.

Realignment of Grants and Contributions Funding

PHAC has realigned its national HIV/AIDS grants and contributions funding programs to better contribute to the goals, policy directions and expected outcomes of the Federal Initiative. The changes are based on a national program review that included consultations with national NGOs, professional associations, the provinces/territories and other federal departments.

As a result of this realignment, the number of national HIV/AIDS funds administered by PHAC has been reduced from seven to five:

- the National HIV/AIDS Voluntary Sector Response Fund focuses on enhancing and sustaining an effective voluntary sector response to HIV/AIDS in Canada
- the Specific Populations HIV/AIDS Initiatives Fund addresses national policy and program priorities for people living with HIV/AIDS and those populations most vulnerable to HIV/AIDS in Canada
- the National HIV/AIDS Knowledge Exchange Fund focuses on ensuring that reliable HIV/AIDS information is accessible, made meaningful and can be used by individuals, professionals, organizations and communities to strengthen responses to HIV/AIDS across Canada
- the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund supports the strengthening the ability of non-reserve First Nations, Inuit and Métis communities to respond effectively to HIV/AIDS
- the National HIV/AIDS Demonstration Fund, to be launched in 2007, will support initiatives that demonstrate the effectiveness of selected front-line initiatives to build the evidence base and strengthen programmatic responses to HIV/AIDS

Global Engagement

Increased Canadian engagement in the global response is a key element of the Federal Initiative. IAD, which has the lead responsibility for the Global Engagement Component of the Federal Initiative, continued to convene quarterly meetings of the Consultative Group on Global HIV/AIDS Issues, a regular forum for NGOs to advise federal departments and agencies on the global epidemic and for all parties to discuss issues of collaboration and policy coherence to ensure a more effective Canadian response. In 2005-2006, the Consultative Group provided input on the Government of Canada Position Statement on HIV/AIDS, provided feedback on how the new Global Engagement Grants program functioned in its first year, and provided input on Canadian positions on universal access to HIV/AIDS prevention and treatment and the United Nations' 2006 AIDS Review and High Level Meeting.

The Consultative Group also participated in stakeholder consultations with UNAIDS on the challenges and issues of providing "as close as possible to "universal access" to HIV/AIDS treatment. UNAIDS undertook this process to facilitate the implementation of commitments made both at the Gleneagles G8 Summit and the 2005 United Nations World Summit. This universal access commitment is a follow-up to the 3 by 5 Initiative, which fell short of its target of providing antiretroviral drug treatments to 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005 but nevertheless achieved significant progress in improving treatment access. In particular, Canada provided advice on human rights and testing, specifically as it relates to the "3 Cs" – pre- and post-test counselling, confidentiality and informed consent – in any new program to advance universal access.

DFAIT, CIDA, PHAC and IAD participated in the 2006 AIDS Review and High Level Meeting, which took place in New York from May 31 to June 2, 2006. The main objectives of the meeting were to review progress in implementing the 2001 UNGASS Declaration of Commitment on HIV/AIDS, consider recommendations on how the targets set in the Declaration can be reached, and renew political commitment. The Government of Canada supported the participation of seven Canadian civil society representatives in this event, including two representatives on the official Canadian delegation. The High Level Meeting on AIDS culminated with the negotiation and adoption by member nations of a political declaration on HIV/AIDS. Canada endeavoured to ensure that the principles, values and approaches contained in the Federal Initiative and *Leading Together* were reflected in the declaration. Canada will continue to work with the United Nations and other countries to strengthen future Declaration of Commitment review processes.

Canada's third report on the UNGASS Declaration of Commitment on HIV/AIDS, submitted in March 2006, was one of many country reports that informed deliberations at the High Level Meeting on AIDS. Canada's UNGASS report was prepared by PHAC in consultation with other federal departments and agencies and provincial and territorial representatives. Key stakeholders, including national NGOs, the Ministerial Council on HIV/AIDS and the NACHA, also provided input to the report, which offers an overview of the AIDS epidemic and Canada's national response. The report highlights the launch of *Leading Together* and the Federal Initiative, as well as the Government of Canada's commitment to double the funding for HIV/AIDS to $84.4 million by 2008-2009. It also identifies the challenges Canada faces – and the actions needed – to achieve the UNGASS goals and targets.

Coinciding with the High Level Meeting on AIDS, DFAIT organized an event to examine the impact of HIV/AIDS on children in fragile states. The event was part of DFAIT ongoing work to raise awareness of the foreign policy dimensions of HIV/AIDS, including the epidemic's impact on human security, human rights, gender issues and child protection.

A longstanding partnership arrangement between the Government of Canada and UNAIDS was renewed at AIDS 2006 in Toronto. The agreement, signed by Canada's Minister of Health, the Honourable Tony Clement, and Dr. Peter Piot, Executive Director of UNAIDS, signals a renewed commitment on the part of Health Canada and PHAC to enhance collaboration and strengthen Canada's global response to HIV/AIDS.

As part of its contribution to the global response, Canada has contributed approximately $600 million over the past five years, through CIDA, to combat HIV/AIDS in Africa, Asia, Latin America and the Caribbean, and Eastern Europe. CIDA recently committed to providing an additional $250 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria, 60 per cent of which goes towards HIV/AIDS. Canada is also committed to working with development partners to strengthen African health systems, which will make an important contribution to combatting HIV/AIDS in Africa. ~~At the G8 Summit in St. Petersburg, Russia, in July 2006, the Prime Minister announced that CIDA would contribute $450 million over 10 years towards African health systems.~~

Examples of CIDA-supported initiatives include:

- In Zimbabwe, CIDA is supporting McGill University to set up 14 programs in rural hospitals aimed at the prevention of parent-to-child transmission of HIV. Since 2003, these programs have reached some 20 000 women.
- CIDA is working in Russia, Tajikistan and Ukraine to support policies and legislation that increase public awareness about HIV/AIDS, drug use and harm reduction, as well as programs to address these issues. With CIDA support, for example, a non-governmental organization and the Government of Ukraine set up six pilot projects to provide injecting drug users with substitution treatment.
- In Tanzania, CIDA funds reproductive health and HIV/AIDS outreach services for women and men of all ages. These services include counselling for couples to foster greater dialogue between women and men on sexual and reproductive health. To date, these services have reached almost 500 000 clients.

- Through a CIDA-funded project in Zimbabwe, 2 336 young people in 15 secondary schools gained the skills to make informed decisions about issues related to HIV/AIDS and sex.
- In Haiti, CIDA enabled 15 local NGOs to organize awareness-raising events that ultimately reached more than 30 000 people, most of them young people. More than 150 young educators received training in leading these types of sessions.

CIDA is also financing the establishment of an effective second-generation HIV/AIDS surveillance system in Pakistan through a five-year, $8-million project called the Canada-Pakistan HIV/AIDS Surveillance Project. The information acquired through this system will be used by the Government of Pakistan to monitor the epidemic and to plan, implement and evaluate an expanded response. PHAC is supporting the project by providing technical assistance on HIV surveillance and laboratory services. In February 2006, for example, PHAC officials visited Pakistan to help assess the results of surveillance studies carried out in 2005 and to develop plans to expand the surveillance system during 2006-2007.

Similarly, CIDA and PHAC have supported the Government of Bulgaria in strengthening its HIV/AIDS surveillance system. Following the establishment of both routine and second-generation surveillance among vulnerable populations, the Government of Bulgaria requested and is receiving continued technical support from PHAC for HIV/AIDS surveillance.

ICAD continued to implement a number of programs supporting domestic and overseas collaboration around HIV/AIDS issues. For example, ICAD implements a CIDA-funded internship program that provides opportunities for Canadian youth to become involved in international HIV/AIDS work and links organizations in Canada with AIDS organizations overseas. Six interns were funded through this program to work in Zambia, Tanzania, Gabon, Uganda, Albania and Lesotho in 2005-2006.

ICAD and the Canadian Society for International Health co-manage the CIDA-funded Small Grants Fund, which supports partnerships between Canadian NGOs and ASOs and HIV/AIDS organizations in developing countries. The partnerships promote innovative exchanges and skills-sharing, with a specific focus on HIV/AIDS and gender issues. The third phase of the program, which is supporting 20 partnerships between Canadian NGOs, ASOs and academic institutions and similar organizations in Africa, Asia and Latin America, will end in early 2007.

ICAD also continued to work with CAS to expand and market the Canadian HIV/AIDS Skills Database, an online resource that profiles and promotes the skills, expertise and experience Canadian organizations can bring to the international response to HIV/AIDS.

The Canadian Association for HIV Research (CAHR), in conjunction with partners in Canada and South Africa, worked with voluntary sector organizations and research ethicists to develop a code of conduct to outline ethical guidelines for Canadians involved in HIV/AIDS research in the developing world.

The Interdepartmental Forum on Global HIV/AIDS Issues, chaired by IAD, met quarterly in 2005-2006 to discuss ongoing issues and provide coordination and coherence to the federal government's approach to the global pandemic. Participating departments and agencies include PHAC, Health Canada, CIDA, DFAIT and CIHR (other government departments are invited to attend as needed). During the year under review, the Interdepartmental Forum collaborated in developing Canadian positions for various meetings and events, including meetings of the G8 and the 2006 AIDS Review and High Level Meeting.

Canada's Access to Medicines Regime (CAMR), which came into force in May 2005, represents an important humanitarian initiative to facilitate access to less expensive medicines urgently needed by least-developed and developing countries combatting HIV/AIDS, malaria and other epidemics. To address the lack of uptake, Health Canada

has been leading an interdepartmental outreach effort launched in December 2005 to inform eligible importing countries, as well as manufacturers, about how the regime works. In August 2006, the Minister of Health announced that the Government of Canada will undertake a review of the legislative framework for CAMR. An interdepartmental process involving Industry Canada, Health Canada, DFAIT, CIDA and the Canadian Intellectual Property Office has been initiated to plan the review, which must be tabled in Parliament by May 15, 2007.

Future Directions

As funding under the Federal Initiative continues to ramp up over the next three fiscal years, Canada's HIV/AIDS response will strengthen and expand, both at home and abroad. Within the Government of Canada, priorities for interdepartmental collaboration include advancing HIV vaccines, developing and implementing workplace policies for HIV/AIDS in Canada's overseas missions, and advancing access to HIV/AIDS medicines in low- and middle-income countries. As well, NGO stakeholders have expressed hope that the transition to the new funding streams under the Federal Initiative will progress more quickly so as to avoid delays in project approvals and work plan implementation.

AIDS 2006 – "Time to Deliver"

From the official opening on August 13 to the closing session five days later, the XVI International AIDS Conference – AIDS 2006 – was an informative and inspiring event. Delegates were reminded of the ongoing challenges presented by HIV/AIDS in all corners of the world, but also heard that important progress is being made in key areas. They departed Toronto with new knowledge, new friends and colleagues, and new hope in the response.

An estimated 24 000 participants from more than 170 countries, along with 3 500 media, were welcomed to the conference by the Right Honourable Michaëlle Jean, Governor General of Canada. Over the following days, they took part in a wide range of plenary and concurrent sessions and attended skills-building workshops and cultural events. AIDS 2006 also featured an expanded programme of activities for youth, as well as numerous satellites, exhibitions and affiliated events.

Canada's Minister of Health, the Honourable Tony Clement, and Minister of International Cooperation, the Honourable Josée Verner, headed the Government of Canada delegation at AIDS 2006, participating in a wide range of activities throughout the week. The Government of Canada contributed more financial support to the conference than the government of any previous host country. Speaking at the opening press conference, Minister Clement had high praise and a clear message for delegates.

"I want you to know that the government of Canada is engaged in and committed to the international multilateral effort to fight HIV/AIDS, and we indeed want this conference to be a huge success, said Minister Clement. "I can't imagine another venue, another event around the world that brings together a more dynamic, diverse, committed group of people. We need all of these people – all of their energy, all of their collective wisdom, and all of their passion, perhaps most of all."

AIDS 2006 was organized by the International AIDS Society (IAS) and the Toronto Local Host in conjunction with five co-organizing agencies: UNAIDS, the Global Network of People Living with HIV/AIDS, the International Community of Women Living with HIV/AIDS, the International Council of AIDS Service Organizations and the Canadian AIDS Society. As anticipated, it provided a unique forum for the interaction of science, community and leadership in the HIV/AIDS response.

The Government of Canada, through the Public Health Agency of Canada, the Canadian International Development Agency, Health Canada and the Canadian Institutes of Health Research, also provided significant financial support to the overall conference and to the Canadian and international scholarship programs.

Achieving universal access to HIV/AIDS treatments was a major focus at AIDS 2006. Conference co-chair Dr. Mark Wainberg took the opportunity of the closing session to remind the audience about the need for continued progress on this front.

"This conference cannot be deemed a success unless we collectively realize our theme of Time to Deliver, said Dr. Wainberg. "Indeed, we will have failed unless we dramatically and rapidly expand by millions the numbers of people around the world with access to antiretroviral drugs. Clearly, progress cannot be achieved if more people continue to become infected by HIV each year than the numbers that are able to access treatment."[22]

The impact of the epidemic on women – and more specifically the need to empower women to prevent HIV – was also a common theme, reiterated by people like Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa, and Bill and Melinda Gates, co-founders of the Bill and Melinda Gates Foundation. Former U.S. President Bill Clinton emphasized the need to fight stigma. Still other keynote speakers cited the need to protect human rights as a cornerstone of the HIV/AIDS response. Delegates also heard about promising new drugs that have the potential to dramatically improve the qualify of life for people living with HIV.

The next International AIDS Conference will be held in Mexico in 2008.

[22] For more commentary from the closing session, visit http://www.kaisernetwork.org/health_cast/uploaded_files/081806_dr1.pdf.

ADVANCING THE SCIENCE OF HIV/AIDS

Science is key to finding solutions to the HIV/AIDS epidemic. By supporting a wide range and variety of social and biomedical research, the Federal Initiative is helping Canada and Canadians improve the world's understanding of – and response to – HIV/AIDS. Canada is also moving forward in planning for the development and distribution of HIV vaccines and microbicides.

Canadian Research Contributes to Knowledge Development

In 2005-2006, CIHR administered $15.025 million in Federal Initiative funding to support extramural HIV/AIDS research (research done outside the federal government), an increase of $2 million over the previous fiscal year. In addition, CIHR contributed an additional $8.4 million from its own budget to HIV/AIDS research.

Two new programs to fund HIV/AIDS research were launched by CIHR in June 2005 by the Institute of Infection and Immunity (CIHR-III), which is the lead Institute for HIV/AIDS research within CIHR. The objective of these programs is to support psychological, social-behavioural, epidemiological, health services and population-specific research to improve understanding of the root causes, determinants of health and other factors that contribute to the epidemic and its impact. The Capacity Building through Enhanced Operating Grants in HIV/AIDS request for applications was designed to build capacity in these areas and support research projects that will enhance Canada's understanding of the risk factors for and impact of HIV/AIDS. The Pilot Projects Grants in HIV/AIDS request for applications is supporting five innovative HIV/AIDS health services and population health-focussed research projects.

CIHR Priority Announcements continued to be an important means of delivering federal support for HIV/AIDS research in 2005-2006. Priority Announcements are used to support applications to CIHR's regular competitions that are highly rated but unsuccessful and are deemed relevant to pre-identified priority areas.

CIHR-III also works with other CIHR institutes to enhance the coordination of funding and support diverse approaches to understanding the complex issues underlying the epidemic. For example, the Institute of Infection and Immunity is partnering in a program launched by the CIHR Institute of Gender and Health and the Institute of Population and Public Health entitled Reducing Health Disparities Interdisciplinary Capacity Enhancement Grants. The grant being funded by CIHR-III intends to enhance the uptake and sustainability of HIV care and antiretroviral therapy among survival sex workers. The Institute of Infection and Immunity is also a partner in a project funded under the International Collaborative Indigenous Health Research Partnership on Resilience, led by the CIHR Institute of Aboriginal Peoples' Health. The project is examining the role of resiliency in responding to bloodborne viral infections and STIs in Indigenous communities.

CIHR-funded HIV/AIDS researchers have made significant achievements in addressing the HIV/AIDS epidemic both in Canada and globally. The following are examples of positive contributions Canadian HIV/AIDS research is making to our understanding of the virus, the epidemic and effective responses to it:

- New HIV infections in the worst-hit regions of India have declined by one third, according to a study by researchers at the University of Toronto and Indian researchers, funded in part by CIHR. The study tracked HIV prevalence among young women attending pregnancy or antenatal clinics in India's southern and northern states. The research indicates that condom use and awareness programs can have a significant impact on reducing infection rates.

- CIHR-funded researchers from the Université de Montréal and the Institut de recherches cliniques de Montréal have identified defects in immune cells that give rise to a fungal infection commonly found in HIV patients called candidiasis. The knew knowledge will help in the development of more powerful and effective treatments for the fungal infection, which can limit food consumption, leading to weight loss that threatens patients' general health and well-being.
- CIHR is funding the Atlantic Interdisciplinary Research Network for Social and Behavioural Issues in HIV/AIDS and Hepatitis C which is coordinating research efforts in the region to achieve a greater impact in improving the quality of life of those affected by HIV and HCV.
- The GOAL (Global Ottawa AIDS Link) project is supporting and mobilizing the African and Caribbean communities in Ottawa around HIV/AIDS. With funding from CIHR, the GOAL project has conducted extensive community consultations on a research project that will address important issues identified by community members and service providers. The CIHR grant was instrumental in formalizing research partnerships, engaging a broad cross-section of the community in the project, and generating new knowledge about rising infection rates among local African and Caribbean populations.
- With funding from the CIHR's HIV/AIDS CBR Program, the Community-Based Research Centre conducted a survey called *Sex Now* to investigate rising rates of HIV infection and other sexually transmitted diseases among gay men in British Columbia. The study confirmed that gay culture and social differentiation influence behaviour, and recommended development of a long-term population-based approach to complement existing efforts to prevent infections and improve the health of gay men.

CAHR organized the 15th Annual Canadian Conference on HIV/AIDS in May 2006, giving researchers the opportunity to share their latest findings and to network with colleagues. More than 500 participants attended the conference, which featured 108 oral presentations and 121 poster presentations from researchers working in the fields of basic science, clinical science, social and behavioural sciences and epidemiology. Abstracts of the oral and poster presentations were published in the *Canadian Journal of Infectious Diseases and Microbiology* (Volume 17, Supplement A, May/June 2006).

With input from major federal and provincial funding agencies, CAHR also developed an inventory of HIV/AIDS research undertaken in Canada or by Canadian researchers abroad over the past five years.[23] The inventory will facilitate contacts among scientists in diverse disciplines, both in Canada and abroad, enabling them to enhance their research and meet common objectives. It will also improve opportunities for mentorship and graduate training.

Laboratory Work Expanded

PHAC's domestic Quality Assurance Program has been expanded to include HIV resistance (in addition to CD4 T cell counting, serology and viral load testing). Among other research initiatives, the program is exploring how to quality assure HIV rapid testing, which generally does not occur in a controlled laboratory setting.

The HIV Genetics Research Program has expanded into the field of molecular epidemiology, which allows researchers to use the genetic code of HIV sub-types to understand how the virus is transmitted among certain groups. For example, based on HIV sub-types in newly diagnosed infections from 2004 (collected by the Canadian HIV Strain and Drug Resistance Surveillance Program), it was determined that 45 per cent of newly diagnosed infections were related to at least one other new infection. Results such as these can better inform prevention efforts for specific target groups. Molecular epidemiology can also assist public health efforts by identifying clusters of infections and supporting outbreak investigations.

[23] The inventory is available online at www.hivresearch.ca.

Among other developments, PHAC's HIV/AIDS laboratories are:

- investigating alternative specimens for diagnostic and prognostic testing of individuals in remote communities where there is no laboratory infrastructure. One option being explored is the use of dry blood spots, which are easy to transport to domestic or international laboratories (since the virus is dead, the sample does not need refrigeration). Dry blood spots can be tested for HIV, viral load and drug resistance.
- investigating low-cost systems for CD4 T cell monitoring in resource-limited countries (when an individual's CD4 T count drops below a certain level, they are diagnosed to have AIDS). Laser systems are being investigated that may reduce the cost of CD4 T cell monitoring machines from about $200 000 for the sophisticated equipment used in developed countries to about $5 000 per machine. Systems that are robust enough for use in Asia could also have applications in Canada's Far North.

Clinical Trials Test Treatments and Vaccines

Since 1990, the CTN – a CIHR-funded partnership of researchers, people living with HIV/AIDS, industry and others – has implemented close to 100 clinical trials of HIV therapies and vaccines. More than 8 000 Canadians have enrolled in CTN trials to date, and an additional 11 000 have enrolled in compassionate access trials. As of March 31, 2006, nearly 1 000 volunteers were enrolled in active CTN studies, including:

- CTN 213, which is exploring the potential for Leukotriene B4 (LTB4), a naturally occurring substance that activates the body's leukocytes (infection-fighting white blood cells), to block the co-receptors for HIV. For newly infected people, success in this regard could prolong the period of time between diagnosis and the need to start antiretroviral therapy.
- CTN 167 – also known as the OPTIMA study – which aims to determine the optimal management of patients with HIV for whom first- and second-line highly active antiretroviral treatment has failed. CTN 167 is a five-and-a half year study that recently closed participant enrolment in Canada, the U.S. and the U.K.
- CTN 194 – the PICCO study – which is testing whether the prevention of depression can improve adherence to hepatitis C treatment among people who are co-infected with HIV and HCV. Anxiety and depression are potential side effects of drug combinations commonly prescribed for co-infected individuals, and can often hinder the effectiveness of the HCV treatment.

A new structural component introduced by the CTN in 2005-2006 is allowing investigators to work closely with colleagues and peers across Canada who share similar research interests to develop study concepts and implement new research projects. Built around four thematic Core Teams, this new approach has facilitated high-level scientific exchanges and pan-Canadian partnerships. During the past year, a total of eight Core-generated clinical trials moved to the stage of full acceptance by the CTN. For example, the Clinical Management Sciences Core Team facilitated the development of an innovative program of HIV-related lipoatrophy in collaboration with the Maple Leaf Clinic in Toronto. The Vaccines and Immunotherapies Core Team helped a CTN researcher further develop a clinical trial (CTN 205) that will use the anti-convulsant drug valproic acid to attempt to flush out and isolate HIV. If this can be achieved, researchers believe that a combination of antiretroviral therapy, vaccines and other interventions might be able to effectively purge the virus from the body.

CTN-supported research on lipodystrophy is providing new evidence to help treat this disfiguring side effect associated with HIV/AIDS medications. Results from CTN 148 – a study examining lipodystrophy in people initiating a protease inhibitor-based highly active antiretroviral treatment regimen – showed that DEXA (Dual Energy X-ray Absortiometry) scanning appears to be a reliable tool for objectively determining changes in regional fat over time. The study also showed that peripheral lipoatrophy appears to occur earlier and to a greater extent than central hypertrophy, and is psychologically more disturbing.

The CTN is working with partners at home and abroad to establish international affiliate clinical trial sites to improve the global response to HIV/AIDS. During 2005-2006, two such sites were launched in Uganda – one at the Immune Deficiency Clinic in Kampala and another at the Mbarara Infectious Diseases Clinic in Mbarara Town. The Network also "grandfathered" in two international affiliate sites in Buenos Aires, Argentina, which have a strong history of collaboration with CTN researchers. Over the course of the year, the CTN forged new partnerships with clinical trial organizations around the world, including the Agence nationale de recherche sur le sida et les hépatites virales in France, the International Antiviral Therapy Evaluation Centre in the Netherlands, and the US National Institutes of Health (AIDS Division).

Canada is also a strong supporter of AIDS vaccine and microbicide research and development at the international level. Since 2005, with support from CIDA and other donors, more than 19 clinical trials of preventative AIDS vaccines got under way globally, while a number of microbicide trials have been initiated across Africa.

Developing A National HIV/AIDS Research Agenda

CIHR and PHAC conducted several projects in 2005-2006 that will inform the future development of a national HIV/AIDS research agenda. As part of this effort, PHAC commissioned a study to begin to identify Canadian HIV/AIDS research priorities. The resulting paper – *HIV/AIDS Research Priority Identification* – provides a synthesis of HIV/AIDS research priorities compiled from a review of selected documents and interviews with key stakeholder organizations. The paper also provides a brief discussion of the continuities and shifts in research priorities over the past five years. Common themes that emerged from this study include the need for research on HIV/AIDS and women, population-specific prevention, microbicides, the determinants of health, post-approval surveillance, community-based research and the needs of vulnerable and at-risk populations.

Also to inform the development of a national HIV/AIDS research agenda, PHAC undertook a separate review of research planning and priority-setting models. The review focussed on models outside the HIV/AIDS area, such as those used for cardiovascular disease and stroke, cancer, tobacco control and health services.

CIHR commissioned an environmental scan in 2005 outlining the state of HIV/AIDS research in Canada. The purpose of this project was to provide information on funding of HIV/AIDS research in Canada to help guide and direct discussions on strategic planning and priority-setting. The report provides broad information about Canadian HIV/AIDS research funding from across provincial and federal sources, as well as key non-governmental organizations. It also attempts to identify strengths and weaknesses in the Canadian research environment based on an analysis of the funding distribution and discussions with key informants.

Taking into considerations these and other documents and the goals of the Federal Initiative, CIHR undertook a major priority-setting exercise for HIV/AIDS research in 2005, which is described earlier in this report (see page 29).

Over the coming year, PHAC will work with CIHR and many other stakeholders in HIV research and knowledge translation on developing a broad national agenda for HIV research. The agenda will aim to identify common goals and objectives for research and knowledge translation across the country and the role of various organizations and funding agencies.

Planning for Vaccines and Microbicides

Canada's national strategy for HIV vaccines – *Towards a World Without AIDS: Canadian HIV Vaccines Plan* – was published in July 2006. Developed by a steering committee comprising a person living with HIV/AIDS and representatives of CAS, the research community, other NGOs, the International AIDS Vaccine Initiative (IAVI) and PHAC, the document is the result of a collaborative process involving researchers, government and the wider HIV/AIDS community. *Towards a World Without AIDS* acknowledges that Canada has the expertise, experience and resources

to make a significant contribution to the global effort to develop HIV vaccines and deliver them to all people who need them, including Canadians. The plan articulates the vision for Canada's contributions across all parts of this effort, including vaccine discoveries, trials and testing, production, distribution, community engagement and leadership. Specifically, the Plan aims to:

- define Canada's role in developing and distributing HIV vaccines
- enhance Canada's capacity to participate in domestic and international efforts to develop, produce and distribute HIV vaccines and to build knowledge of HIV vaccines across all sectors
- develop the sustained public and government commitment required to support an HIV vaccines program
- help guide the allocation of Canadian resources for preventive and therapeutic HIV vaccines, both domestically and internationally

PHAC is collaborating with CIHR, the Canadian Foundation for AIDS Research, the Ontario HIV Treatment Network and the National Research Council on a range of vaccines research. For example, the highly effective chicken pox vaccine is being modified and tested as an HIV vaccine in collaboration with the University of Toronto. In a separate project, a polypeptide-based HIV vaccine has exhibited good immune system response but has not yet been proven to protect. PHAC was also involved in a project to test a DNA vaccine. Although the vaccine was not successful, the project generated valuable information and a new model for testing.

The *Canadian Microbicides Action Plan* was unveiled in draft form at the 3rd Microbicides Symposium, held in Ottawa in May 2006. This multi-sectoral plan articulates the contributions Canada can make, domestically and globally, in supporting the development and delivery of microbicides. A steering committee comprising representatives from government, NGOs, industry and the research community, will finalize the draft plan shortly.

CAS has formed a Canadian Rectal Microbicides Working Group as a committee of the Microbicides Advocacy Group Network (MAG-Net). In addition to advocating for more resources and research in this field, the Working Group is reviewing rectal safety data for vaginal microbicides currently being tested and safety data on sexual lubricants currently on the market. CAS is also a member of the newly formed International Rectal Microbicides Working Group.

Research is a critical component in the identification and development of HIV vaccines. CIHR-funded researchers working in this field published important results in 2005-2006. Examples include:

- A researcher at McGill University and her team have discovered that people who are exposed to HIV without becoming infected are more likely to have immune responses to the virus than those who are at low risk for exposure. These immune responses appear to protect the uninfected people exposed to HIV, regardless of whether their exposure to the virus came through injection drug use or sexual behaviour.
- Working with a group of HIV-resistant female commercial sex workers in Nairobi, researchers from the University of Manitoba have found that women who are resistant to HIV respond differently to a peptide called p24, which could result in a longer lifespan for a CD4 T cells, which are important to the immune response to HIV. The immune environment and the p24-specific immune responses of HIV-resistant women should be considered in the design and development of an effective HIV vaccine.

Future Directions

Canadian HIV/AIDS research will continue to make a strong contribution to worldwide efforts to solve the biomedical and social challenges of HIV/AIDS in the years ahead. The development of a national research agenda for HIV/AIDS will help inform Canadian research. Work will also continue on Canadian strategies for the development and delivery of, and community preparedness for, vaccines and microbicides.

I-TRACK PHASE I Report Confirms Need for Ongoing Monitoring

Preliminary results from a second-generation surveillance system for people who inject drugs confirm that needle-sharing, unprotected sex and other risky behaviours continue to put individuals at risk of HIV and hepatitis C infection. Ongoing monitoring of risk behaviours is needed to inform the development of effective HIV prevention policies and programs for this difficult-to-reach vulnerable population.

"One of the key components of the Federal Initiative to Address HIV/AIDS in Canada is knowledge development, notes Dr. Chris Archibald, Director of PHAC's Surveillance and Risk Assessment Division. "In particular, the Federal Initiative advocates the establishment of sentinel surveillance programs, such as I-Track, for vulnerable populations. Second-generation HIV surveillance is also advocated by WHO and UNAIDS."

Second-generation surveillance emphasizes the importance of using behavioural data in addition to routine surveillance data to help explain changes in HIV incidence and prevalence and as an early warning system for the spread of HIV. Second-generation surveillance also supports increased use of behavioural information when designing and evaluating prevention policies and programs at the local, provincial and national levels.

I-Track is monitoring risk behaviours in Canadian cities that have a particularly serious injection drug use problem. Kingston was recently added to the study, which also has sites in Victoria, Sudbury, Toronto, Winnipeg, Regina, Edmonton, Ottawa and across the province of Quebec (the Ottawa and Quebec locations are participating as part of the ongoing SurvUDI study).

The surveillance system involves periodic surveys of people who inject drugs to learn about their behaviours and explain changes in the HIV epidemic. Respondents are also asked to provide biological samples, which are tested for HIV and hepatitis C.

"If we do a survey only once, it doesn't tell us much, explains PHAC's Dr. Yogesh Choudhri. "If we repeat the survey using the same sampling techniques over time, it allows us to assess the trends."

Three years of data gathered from various study sites between 2003 and 2005 have now been compiled in a Phase I report on I-Track. Although risky behaviours among people who use injecting drugs appear to have declined somewhat since the study began, researchers found that:

- the most commonly injected drug was reported to be cocaine (77.5 per cent of respondents) followed by non-prescribed morphine (45.9 per cent of respondents), the drugs injected varied in different centres across Canada
- 14.5 per cent of the study population had borrowed used needles and 30.9 per cent had borrowed other used injecting equipment in the six months before participating in the study
- 32.0 per cent of study participants had passed on injecting equipment they had used to others, and 18.2 per cent reported passing used needles to someone else
- 32.1 per cent of female participants (as compared to 2.8 per cent of male respondents) had sex with client sex partners – in some cases without using condoms – in the six months before the study
- The seroprevalence of HIV was found to be 13.2% and varied between participating centres: Edmonton, 23.8%; Quebec, including Ottawa, 17.3%; Regina, 2.9%; Toronto, 7.6%; Sudbury, 12.2%; Victoria, 15.4%; and Winnipeg, 13.1%.
- Nearly half of the study population (50.7 per cent) reported injecting in public places six months prior to the study
- in the five centres that participated in both the pilot and Phase I of the studies, the proportion of participants who borrowed needles went down from 26.7 per cent to 16.4 per cent; the proportion of participants who borrowed other injecting equipment went down from 43.0 per cent to 31.2 per cent (this trend was observed in all five centres)

The results of Phase I have now been shared with local partners in all study sites and are being used to inform the development of prevention strategies.

"We are now moving toward enhancing the utility of this surveillance system even further, says Dr. Choudhri. "This involves gathering additional information that will allow us to estimate the number of people who inject drugs in each community and the need for services in the community. For example, we are undertaking a pilot project to assess the feasibility of estimating the number of people who inject drugs in Sudbury using a new statistical method. In addition, pilot studies are being undertaken in Winnipeg to assess the nature and volume of high-risk activities taking place there. The results will help us focus HIV prevention and control programs at places where they are needed the most."

The I-Track surveillance system was developed by PHAC and is a collaborative effort involving provincial ministries of health, regional and local health authorities, researchers and community stakeholders in the sentinel sites.

[24] *I-Track: Enhanced Surveillance of Risk Behaviours among Injecting Drugs Users in Canada, Phase I Report, August 2006*, is available at http://www.phac-aspc.gc.ca/i-track/sr-re-1/index.html.

THE WAY FORWARD

AIDS2006 was a tremendous success in that it provided an international showcase for the latest evidence, ideas and lessons learned in HIV/AIDS research, policies and programs. It raised the profile of HIV/AIDS within Canada and around the world, and introduced Canadians to an inspiring range of courageous, dedicated and determined people who are living with HIV/AIDS or engaged on the front lines of the response. It also reminded us that much more needs to be done, and that the consequences of inaction are catastrophic.

HIV/AIDS continues to devastate families and communities throughout the world, particularly in Africa. Internationally, it is causing widespread suffering and loss of life, and is leading to discrimination and human rights abuses, especially for women. AIDS2006 focussed attention on the obligation shared by all nations to follow through on commitments made around HIV/AIDS prevention, treatment and care.

Canada is responding to the challenge by taking far-reaching and unprecedented action on HIV/AIDS. Globally, Canada has committed close to $800 million towards HIV/AIDS prevention, education, care, treatment, support and research to help developing countries fight the pandemic. At home, the Government of Canada is doubling its investment in HIV/AIDS programming, ~~from $42.2 million to $84.4 million~~ annually ~~by 2008-2009.~~ On both fronts, Canada's approach focusses on addressing the underlying health and social issues that put people at risk of HIV and other health problems.

Working in partnership with other governments in Canada and abroad, non-governmental and community organizations, the research community and individual citizens, the Government of Canada will continue to strengthen its response to HIV/AIDS in the coming months and years. In 2006-2007, a review will be undertaken of the Federal Initiative to ensure that it is achieving the goals set in concert with stakeholders. At the same time, the federal government will further develop the population-specific framework needed to address the complex issues that make certain Canadians particularly vulnerable to HIV/AIDS. Greater attention will be given to addressing HIV/AIDS-related stigma and discrimination in Canada, and work will proceed on the development of a national agenda for HIV/AIDS research and on national plans for HIV vaccines and microbicides. While pursuing these and other priorities, the Government of Canada will work with the provinces and territories to address the increasingly complex need of those living with HIV/AIDS.

HIV infection can be prevented and, one day, AIDS will be curable. Canada and Canadians are doing their part to achieve both these goals.

KEY NATIONAL PARTNERS

Canadian Aboriginal AIDS Network

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

E-mail: **info@caan.ca**
Website: **www.caan.ca**

Canadian AIDS Society

The Canadian AIDS Society is a national coalition of over 125 community-based AIDS organizations from across Canada. Dedicated to strengthening the response to HIV/AIDS across all sectors of society, CAS also works to enrich the lives of people and communities living with HIV/AIDS. CAS accomplishes this by advocating on behalf of people and communities affected by HIV/AIDS; facilitating the development of programs, services and resources for its member groups; and providing a national framework for community-based participation in Canada's response to AIDS.

E-mail: **casinfo@cdnaids.ca**
Website: **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**
Website: **www.catie.ca**

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**
Website: **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**
Website: **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 Canadian HIV/AIDS Legal Network promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS.

E-mail: **info@aidslaw.ca**
Website: **www.aidslaw.ca**

Canadian HIV Trials Network

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

E-mail: **ctn@hivnet.ubc.ca**
Website: **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**
Website: **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**
Website: **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**
Website: **www.ctac.ca**

Canadian Working Group on HIV and Rehabilitation

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: **info@hivandrehab.ca**
Website: **www.hivandrehab.ca**

Correctional Service Canada

Correctional Service Canada is a federal government agency that reports to the Minister of Public Safety and Emergency Preparedness. The agency 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**
Website: **www.csc-scc.gc.ca**

Federal/Provincial/Territorial Advisory Committee on AIDS

F/P/T AIDS is a liaison committee within the Public Health Network. F/P/T AIDS facilitates strong federal/provincial/territorial intergovernmental collaboration in addressing a pan-Canadian approach to HIV/AIDS in Canada, while respecting jurisdictional responsibilities/activities.

Website: **www.phac-aspc.gc.ca/aids-sida/fi-f/ftp_e.html**

Foreign Affairs and International Trade Canada

Foreign Affairs and International Trade Canada supports Canadians abroad; helps Canadian companies succeed in global markets; promotes Canada's culture and values; and works to build a more peaceful and secure world.

Telephone: **1-800-267-8376**
Website: **www.international.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.

Website: **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**
Website: **www.icad-cisd.com**

Ministerial Council on HIV/AIDS

The Ministerial Council on HIV/AIDS advises the Minister of Health on aspects of HIV/AIDS that have a national scope. The Council's membership reflects a broad range of experience and knowledge, and includes several Canadians living with HIV/AIDS. The main focus of its work is on monitoring the Federal Initiative, championing current and emerging issues, and offering a long-term vision for the Canadian response to HIV/AIDS.

Website: **www.phac-aspc.gc.ca/aids-sida/fi-if/minister_e.html**

National Aboriginal Council on HIV/AIDS

NACHA is a multi-disciplinary group that advises government and other stakeholders on HIV/AIDS and related issues among Aboriginal Peoples in Canada. NACHA consists of 16 members with equal representation from First Nations, Inuit and Métis and a Community Caucus (the latter represents Aboriginal HIV/AIDS organizations and community-based Aboriginal organizations involved in HIV/AIDS).

Website: **www.phac-aspc.gc.ca/aids-sida/fi-if/national_e.html**

Public Health Agency of Canada

PHAC, 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.

Website: **www.phac-aspc.gc.ca**