

UNGASS Country Progress Report

– CANADA –

Government of Canada

**Report to the Secretary General
of the United Nations on the**

**United Nations General Assembly Special Session on
HIV/AIDS**

Declaration of Commitment on HIV/AIDS

January 2008 – December 2009

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I Status at a glance

(a) Inclusiveness of stakeholders in the report writing process

The Public Health Agency of Canada (PHAC) led the preparation of the 2010 submission of the UNGASS Report. PHAC prepared the initial drafts of the Main Section, Annex 1 and Part A of Annex 2 (the National Composite Policy Index), in consultation with other government departments participating in the federal response to HIV and AIDS. A draft was sent out for consultation to provincial and territorial government representatives, federal advisory and coordination committees, and national non-governmental organizations. Enhancements were made to the document based on the feedback received.

In a separate process, PHAC initiated a contract with an external consultant to prepare Part B of the National Composite Policy Index – the 'NGO Annex' – in consultation with national HIV/AIDS non-governmental organizations. This process was followed by a teleconference with national non-governmental organizations to review and discuss the findings of the entire report.

(b) The status of HIV and AIDS in Canada

Estimated number of Canadians living with HIV (including AIDS) at the end of 2008: 65,000 (54,000-76,000)

Estimated number of Canadians who have died of AIDS as of December 31, 2008: 22,300¹

Populations most-at-risk: gay men and men who have sex with men, people who use injection drugs, Aboriginal peoples, people in prisons, women, people from countries where HIV is endemic, and youth at risk.

(c) The policy and programmatic response

Canada's response to HIV and AIDS involves all levels of government, civil society, the research community, the public health sector, clinicians and those living with or at risk of HIV and AIDS. The Government of Canada is committed to a long-term comprehensive approach to address HIV and AIDS domestically and globally. The Canadian approach is evidence-based, investing in knowledge translation and capacity-building initiatives to support strategic and effective policy and program development. This approach is grounded in human rights. The domestic response focuses on population-specific approaches, tailored to the needs and realities of the populations most at risk in Canada.

¹ *Estimates of HIV prevalence and incidence in Canada, 2008*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. December 2009.

(d) UNGASS National Level Core Indicators – 2008-2009

#	National Programmes	Detailed Comments and References
3	Percentage of donated blood units screened for HIV in a quality assured manner	100% ² .
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Canada does not track this type of information.
5	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Out of 238 perinatally HIV-exposed infants born in 2008, 209 (87.8%) received perinatal antiretroviral prophylaxis ³ .
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	Canada does not track this type of information. However, the most recent WHO global TB report has estimated HIV prevalence in adult incident TB cases in Canada in 2005 to be 8.3% ⁴ .
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	32% of Canadians over the age of 15 years report having ever been tested for HIV (excluding testing for insurance, blood donation or participation in research) ⁵ .
8	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	In the I-Track, Phase 2 Survey, 46.7% of IDU had received an HIV test in the last 12 months and knew the results ⁶ . In the M-Track, Phase 1 Survey, 34.1% of MSM had received an HIV test in the last 12 months and knew the result. ⁷ In federal correctional facilities, the percentage of all

²In Canada, it is mandatory that each donation is tested for HIV using two screening assays: 1) anti-HIV and 2) HIV RNA. Canadian Blood Services performs this testing using the Abbott PRISM anti-HIV 1/2 O plus assay and the Roche Ampliscreen HIV RNA assay using documented standardized work instructions in three GMP laboratories that are licensed by Health Canada. All three laboratories participate in external quality assessment schemes for all assays tested including the two HIV assays. *Héma-Québec* (responsible for blood services in the province of Quebec) follows the same protocols. There are of course situations where the samples from the donation are either not available or are unsuitable for testing. In these cases the components manufactured from the donation are destroyed. Therefore 100% of donations released for transfusion have been tested (1) following documented standard operating procedures and (2) in laboratories that participated in an external quality assurance scheme.

³ Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2008*. Table 10.

⁴ *Global tuberculosis control: surveillance, planning, financing, WHO report 2006*. Geneva, World Health Organization (WHO/HTM/TB/2006.362).

⁵ *HIV/AIDS Attitudinal Tracking Survey 2006, Final Report*. EKOS Research Associates, 2006

#	National Programmes	Detailed Comments and References
		inmates who were tested for HIV in 2006 was estimated to be 33.5% . The percentage of newly admitted inmates who were tested for HIV upon admission to a federal institution (adjusted to exclude those who were known to be positive on admission) was estimated to be 53.7% ⁸ .
9	Percentage of most-at-risk populations reached with HIV prevention programmes	<p>Substitute Indicator 9A: the percentage of IDU who have ever been tested for HIV was 90.8%.</p> <p>Substitute Indicator 9B: the percentage of IDU who have never been tested for HIV because they didn't know where to get tested was 0.4%.</p> <p>Substitute Indicator 9C: the percentage of IDU who have ever used the services of a needle exchange program was 85.8%⁹.</p> <p>Substitute Indicator 9A: The percentage of MSM who have ever been tested for HIV was 81.5%.</p> <p>Substitute Indicator 9B: the percentage of MSM who have never been tested for HIV because they didn't know where to get tested was 4.9%¹⁰.</p> <p>In 2006, 72% of all new admissions to a federal correctional facility received health education training on infectious disease, including HIV, by attending the Reception Awareness Program (RAP)¹¹.</p>
10	Percentage of orphaned and vulnerable children aged 0-17 whose households receive free basic external support in caring for the child	Not applicable.
11	Percentage of schools that provided life skills-based HIV education in the last academic yr	Canada does not collect these data.

⁶ Unpublished data from *I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 2 (2006-2008)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

⁷ Unpublished data from *M-Track: Enhanced Surveillance of Risk Behaviours among Gay, Bisexual, and Other Men who Have Sex with Men, Phase 1 (2005-2007)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

⁸ Correctional Service Canada. Internal data.

⁹ Unpublished data from *I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 2 (2006-2008)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

¹⁰ Unpublished data from *M-Track: Enhanced Surveillance of Risk Behaviours among Gay, Bisexual, and Other Men who Have Sex with Men, Phase 1 (2005-2007)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009

¹¹ Correctional Service Canada. Internal data.

	UNGASS: Knowledge and Behaviour	Detailed Comments and References
12	Current school attendance among orphans and among non-orphans aged 10-14	Not applicable.
13	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	<p>84% of Canadians over the age of 15 years were able to correctly identify how HIV is transmitted. Some Canadians incorrectly believe that HIV can be transmitted through kissing (32%), from mosquito bites (29%), from a sneeze or cough (11%), contact with objects such as drinking fountains or toilets (10%), or from casual contact (5%).</p> <p>82% of Canadians over the age of 15 years were found to have medium to high levels of HIV/AIDS knowledge. Knowledge was measured via an index that included knowledge of HIV transmission methods, methods of detecting HIV, natural history of HIV and prognosis. Young people ages 15-24, however, score lower on overall knowledge of HIV, including transmission methods, than those who are in between the ages of 25 and 64¹².</p>
14	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Canada does not collect these data.
15	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Among respondents 15-24 , 61.3% reported that they have had sexual intercourse. Among respondents 15-17 only, 27.9% reported that they have had sexual intercourse ¹³ .
16	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	13% of Canadians over the age of 15 years who were sexually active engaged in sexual activity with more than one partner in the last 12 months ¹⁴ .
17	Percentage of women and men aged 15-49 who had more than one partner in the last 12 months reporting the use of a condom during their last sexual intercourse	<p>Two different surveys have asked those who were sexually active about condom usage. Neither asked this question specifically to those who had more than one partner in the last 12 months.</p> <p>In the <i>HIV/AIDS Attitudinal Tracking Survey 2006</i>: 23% of Canadians over the age of 15 years who were</p>

¹² *HIV/AIDS Attitudinal Tracking Survey 2006, Final Report*. EKOS Research Associates, 2006

¹³ *Canadian Community Health Survey 3.1*, 2005.

¹⁴ *HIV/AIDS Attitudinal Tracking Survey 2006, Final Report*. EKOS Research Associates, 2006

	UNGASS: Knowledge and Behaviour	Detailed Comments and References
		sexually active used a condom the last time they had sex ¹⁵ . In the <i>Canadian Community Health Survey</i> : Among respondents 15-49 , 74.8% indicated that they had sex in the past 12 months (*question asked of those who responded that they had ever had sex, incl. don't know/ refusal) Among those who were sexually active in the past 12 months, 19.4% indicated that they used a condom the last time they had intercourse (22.5% of males, 16.3% of females) ¹⁶ .
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	Canada does not collect these data.
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	The percentage of men reporting the use of a condom the last time they had anal sex with a male partner was 61.5% ¹⁷ .
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	39% of IDUs used a condom the last time they had sex ¹⁸ .
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	Substitute indicator 21A: 21% of injecting drug users reported using needles that had already been used by someone else. Substitute indicator 21B: 74.4% of injecting drug users reported <u>not</u> using needles that had already been used by someone else ¹⁹ .
22	Percentage of young women and men aged 15–24 who are HIV infected	Canada does not have an estimate of the percentage of young men and women aged 15-24 who are HIV infected. However, the estimate of the percentage of persons aged 15-49 who are HIV infected is 0.34% ²⁰ .

¹⁵ HIV/AIDS Attitudinal Tracking Survey 2006, Final Report. EKOS Research Associates, 2006

¹⁶ Canadian Community Health Survey 3.1 (2005)

¹⁷ Unpublished data from M-Track: *Enhanced Surveillance of Risk Behaviours among Gay, Bisexual, and Other Men who Have Sex with Men, Phase 1 (2005-2007)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

¹⁸ Unpublished data from I-Track: *Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 2 (2006-2008)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

¹⁹ Unpublished data from I-Track: *Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 2 (2006-2008)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

²⁰ Unpublished data from the Public Health Agency of Canada, 2009.

	UNGASS: Impact	Detailed Comments and References
23	Percentage of most-at-risk populations who are HIV infected	12.7% of IDU were HIV infected ²¹ . 14.7% of men who have sex with men were HIV infected ²² . In federal correctional facilities, the overall prevalence of HIV infection amongst all inmates on December 31, 2006 was estimated to be 1.64% ²³ .
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Canada does not collect this data.
25	Percentage of infants born to HIV-infected mothers who are infected	Out of 238 perinatally HIV-exposed infants born in 2008 with mothers of confirmed HIV status, 4 (1.7%) infants confirmed to be infected with HIV ²⁴ .

II Overview of HIV and AIDS in Canada

Overview

At the end of 2008, 22,300 Canadians were reported to have died of AIDS and an estimated 65,000 (54,000 - 76,000) were living with HIV infection (including AIDS). Of these 65,000, an estimated 16,900 (12,800 - 21,000) were unaware of their HIV infection. Approximately 2,300 to 4,300 new infections were estimated to have occurred in 2008.

At the end of 2008, gay men and other men who have sex with men continue to be the population most affected by HIV and AIDS, accounting for an estimated 48% of all HIV infections. An estimated 31% of people were infected by heterosexual sex. People who use injection drugs followed at 17%. Aboriginal peoples (composed of First Nations, Inuit and Métis), who make up only 3.8% of the overall population, represent a disproportionately high number of HIV infections, with an estimated 12.5% of new infections in 2008 and 8% of all prevalent infections at the end of 2008. Women accounted for an estimated 26 % of new HIV infections in 2008, where heterosexual contact and injection drug use were identified as the two main

²¹ Unpublished data from *I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 2 (2006-2008)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

²² Unpublished data from *M-Track: Enhanced Surveillance of Risk Behaviours among Gay, Bisexual and Other Men Who Have Sex with Men, Phase 1 (2005-2007)*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. November 2009.

²³ Correctional Service Canada. Internal data.

²⁴ Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2008*. Table 10.

exposure categories. Disproportionate rates of infection have also been noted among people living in Canada who were born in a country where HIV is endemic. This group makes up approximately 2.2% of the Canadian population, however, in 2008 accounted for an estimated 16% of new infections (via heterosexual contact) and 14% of prevalent infections at the end of 2008²⁵.

The burden of HIV and AIDS cases in Canada has been concentrated in four provinces – Ontario, Quebec, British Columbia and Alberta – which, up to 2008, accounted for 94% of all HIV positive test reports since 1985²⁶.

III National response to HIV and AIDS

The Canadian response

Canada is a federation, with responsibilities for health shared across federal, provincial and territorial governments. Provinces and territories deliver health care and hospital services for the majority of the population, while the Government of Canada is responsible for ensuring the availability of health services for First Nations people living on reserve, the Inuit in northern Canada, federal prisoners and the armed forces. In partnership with provincial and territorial governments, the Government of Canada develops health policy, funds the health system, develops and enforces health regulations, and promotes disease prevention, health promotion and healthy living. These shared jurisdictional responsibilities necessitate coordination across different levels of government to ensure the most consistent, effective and comprehensive response to HIV and AIDS within Canada.

Leading Together: Canada Takes Action on HIV/AIDS (2005-2010) is a national blueprint for the Canadian response and was developed through a large scale consultative process involving: community groups, people living with, and/or at risk of HIV and AIDS, health care providers, researchers, and governments across Canada. It calls for consolidated action on all fronts and lays out specific actions and targets to achieve its bold vision, namely that "the end of the epidemic is in sight". A renewal process for this document began in 2009.

The federal response

The Government of Canada is responding to HIV and AIDS both domestically and internationally. Partnerships across the federal government facilitate the exchange of information, and aim to increase alignment, coordination and integration of a government-wide approach to address HIV and AIDS.

²⁵ *Estimates of HIV prevalence and incidence in Canada, 2008*. Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division. December 2009.

<http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/estimat08-eng.php>

²⁶ Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2008*. Table 6B.

The domestic response

The Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), launched in 2005, identifies the following goals:

- Prevent the acquisition and transmission of new infections;
- Slow the progression of the disease and improve quality of life;
- 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.

The *Federal Initiative* is a partnership of four federal departments and agencies: the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and Correctional Service of Canada. Partnership and engagement with players across governments, civil society, the health care system, the research community, and with those living with/at risk of HIV, are key to the federal response.

Under the *Federal Initiative*, the Government of Canada monitors HIV and AIDS through its national surveillance system; funds research; develops policies, guidelines and programs; and supports community organizations and national non-governmental organizations in the response to HIV and AIDS in communities across the country.

The *Federal Initiative* has adopted a population-specific approach in the design and delivery of policies and programs which affect the lives of people from the following key populations: people living with HIV/AIDS, gay men and other men who have sex with men, people who use injection drugs, Aboriginal peoples, people in prisons, women, people from countries where HIV is endemic, and youth at risk.

The Canadian HIV Vaccine Initiative

The Canadian HIV Vaccine Initiative (CHVI), Canada's contribution to the Global HIV Vaccine Enterprise, is a five-year collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation. It represents a significant contribution to global efforts to develop a safe, effective, affordable, and globally accessible HIV vaccine. Participating federal departments and agencies are the Public Health Agency of Canada, the Canadian International Development Agency, Industry Canada, Health Canada, and the Canadian Institutes of Health Research.

The CHVI builds on the Government of Canada's commitment to a comprehensive, long-term approach to address HIV and AIDS, globally and domestically, including the development of new HIV prevention technologies. The CHVI is an inclusive, global collaboration involving developed and developing countries, researchers,

non-governmental organizations, the private sector and governments, with the needs of developing countries at its core.

The global response

The Canadian International Development Agency (CIDA) is the lead federal Agency in Canada's global response to HIV and AIDS. The Government of Canada has recently announced five new thematic priorities to guide its international development assistance programming. CIDA will lead on three of these priorities: increasing food security, stimulating sustainable economic growth, and securing a future for children and youth. HIV and AIDS prevention and treatment to protect mothers and children will be a priority element of CIDA's Children and Youth Strategy.

During the XVII International AIDS Conference in 2008, the Government of Canada announced \$45 million in new HIV/AIDS funding towards programs responding to HIV/AIDS in Africa. This funding included support to civil society organizations, governments, regional organizations and the United Nations system to build capacity to implement programming and ensure harmonization of efforts to reduce HIV incidence. In support of the World Health Organization's (WHO) activities to assist countries in the scale-up towards universal access to HIV prevention, treatment, care and support, CIDA provided \$15 million to the WHO HIV/AIDS Department for the prevention of mother-to-child transmission of the virus in environments with high HIV prevalence. CIDA will continue to identify opportunities for increased investments in results-driven initiatives responding to HIV and AIDS.

In 2009, CIDA committed \$20 million over two years to the Program for Appropriate Technology in Health to implement an initiative focused on "Enhancing HIV Prevention Programs through Evidence Based Practices". The initiative focuses on averting HIV infections among populations at high risk. The program supports the implementation of HIV prevention approaches that demonstrate cost effectiveness, as well as ensure strong research and evaluation components to assess the impact of these approaches.

CIDA has committed \$60 million to the CHVI. As part of this initiative, in 2008, CIDA provided \$6 million over six years in funding to the Global Health Research Initiative to implement the second phase of its "HIV/AIDS Prevention Trials Capacity Building Grants Program". The program aims to strengthen the capacity of researchers and research institutions in conducting high quality clinical trials and in building site capacity to conduct HIV vaccine clinical trials in low and middle-income countries.

CIDA also supports several multilateral, bilateral and regional programs in Africa, Asia and the Caribbean. The Government of Canada, through CIDA, will continue to support key global partners such as UNAIDS by providing core funding of \$5.4 million in 2008 and 2009. In the 2008 Federal Budget, the Government of Canada

also committed \$450 million over three years (2008-2010) to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Of this amount, approximately 61% goes towards HIV and AIDS. This is the largest commitment Canada has ever made to an international health organization and brings Canada's total commitment to the Global Fund to \$978.4 million since its inception in 2002.

CIDA has also provided \$600,000 (in 2008) of core funding support to the International Council of AIDS Service Organizations (ICASO) to build and sustain community engagement in policy dialogue, networking and capacity development within the HIV and AIDS community sector. A major focus of ICASO's initiatives has been the engagement of community groups around prevention and human rights issues and policies.

In 2008, CIDA also provided \$500,000 in core funding support to the International HIV/AIDS Alliance (IHAA) to strengthen the contribution and role of civil society organizations in reducing the spread of HIV and mitigating the impact of AIDS. IHAA training and technical support contributes to building NGO capacities to access and manage Global Fund allocations, to provide effective programming to marginalized groups, and to strengthen their role in national AIDS responses.

Provincial and territorial responses

Provinces and territories in Canada are primarily responsible for the provision of health care. Treatment is available across Canada, and programs are in place to ensure that low income does not prevent people from accessing antiretrovirals. The majority of provinces and territories have adopted some form of a strategy to address HIV and AIDS. For example, in Quebec, Alberta, Saskatchewan and the Northwest Territories, an integrated approach to HIV/AIDS, hepatitis C and sexually transmitted infections has been adopted. In other situations, provinces and territories have developed specific HIV/AIDS initiatives, such as in British Columbia, Manitoba, Ontario, Nova Scotia, Newfoundland and Labrador, Nunavut and the Yukon. Most provinces and territories promote principles related to population health and the respect for human rights as a means to reduce vulnerability to HIV and to address the disease in the long term.

The community response

Canadian civil society has mounted a vigorous response to the challenge of HIV/AIDS since its first emergence. With resource support from government and across society, community organizations continue to play a key role in designing and delivering front-line services, identifying emerging policy issues and developing appropriate policy responses. Community organizations participate in national planning and expert panels, the development and championing of innovative approaches in prevention and support, and the delivery of programs.

The following national non-governmental HIV/AIDS organizations are key to the HIV/AIDS response in Canada:

- Canadian Aboriginal AIDS Network
- Canadian AIDS Society
- Canadian AIDS Treatment Information Exchange
- Canadian Association for HIV Research
- Canadian HIV/AIDS Legal Network
- CIHR Canadian HIV Trials Network
- Canadian Treatment Action Council
- Canadian Working Group on HIV and Rehabilitation
- Interagency Coalition on AIDS and Development
- International Council of AIDS Service Organizations

Under the *Federal Initiative*, the Government of Canada supports non-governmental organizations at the national, regional and community levels through a variety of funding programs. Many provinces and larger municipalities also fund community organizations.

Four national HIV/AIDS funds contribute to the goals of the *Federal Initiative* by supporting a strong voluntary sector response; supporting the engagement and meaningful involvement of people living with and at risk of HIV/AIDS; encouraging strategic collaboration and partnerships; enhancing capacity; gathering and exchanging information and knowledge; enabling the development of policies and programme interventions; and, enhancing a broader response to HIV and AIDS by addressing the underlying causes.

The AIDS Community Action Programme (ACAP), a regionally managed funding program under the *Federal Initiative*, supports community-based organizations across Canada. Through ACAP funding, organizations create supportive environments to reduce or eliminate social barriers that prevent people living with or at risk of HIV/AIDS from accessing health care and/or social services; carry out health promotion for people living with HIV/AIDS; carry out prevention initiatives; and strengthen community-based organizations. The ACAP-funded projects target populations most at risk and those already living with the disease, taking into account regional realities.

IV Best practices

Effective Programs: Funding community organizations to respond to HIV and AIDS

Under the *Federal Initiative*, the Public Health Agency of Canada (PHAC) provides funding to community organizations across the country to achieve the overall result of improved access to more effective HIV/AIDS prevention, diagnosis, care, treatment and support for the eight key populations most affected by HIV and AIDS in Canada. Projects funded at the national and regional level will result in increased knowledge and awareness of the nature of HIV and AIDS and ways to

address the disease; increased individual and organizational capacity to address HIV and AIDS; and enhanced engagement and collaboration on approaches to address HIV and AIDS.

In fiscal year 2008-2009, PHAC supported 35 national level projects and 139 community-level projects with actual spending totalling \$21.7 million. As an example of how the funding programs improve access, community-level projects funded through ACAP across Canada reached all eight of the key populations in 2008-2009. ACAP projects provided over 4600 community events with a total attendance of nearly 240,000 people, and delivered almost 3000 workshops, with an attendance of over 47,000 people.

Effective programs: Prevention and health promotion in prisons

With funding received under the *Federal Initiative*, the Correctional Service of Canada revised and updated peer education and health promotion programs. The "Peer Education Course" trains inmates to provide knowledge transfer and support around HIV and other bloodborne and sexually transmitted infections to other inmates. The "Choosing Health in Prisons" program was also updated and revised to consist of monthly themes focussing on a health issue, such as HIV, hepatitis C, diabetes and cancer. Modules consist of various learning tools, such as PowerPoint presentations, quizzes, crossword puzzles and word searches.

Effective programs: Developing culturally-sensitive programs among Aboriginal peoples

Health Canada's First Nations and Inuit Health Branch provides a range of culturally sensitive HIV and AIDS prevention, testing, counselling, and treatment services to on-reserve First Nations and Inuit communities south of the sixtieth degree parallel.

Programming includes a wide range of projects. One example is a project focused on the empowerment of Aboriginal women to reinstate their traditional role and start their own peer support groups on HIV and AIDS and healthy sexuality in their communities. In another project, 10 communities created their own messaging resource toolkit, which included items such as condom wrappers with safer sex messaging; "tool boxes" containing men's health information and safer sex items; a DVD on AIDS; poster contest; drug and date rape prevention packages; community newsletter; and an HIV/AIDS poster.

Effective programs: Impacts of HIV/AIDS research funding

The Canadian Institutes of Health Research (CIHR), on behalf of the *Federal Initiative* and the Canadian HIV Vaccine Initiative (CHVI), develops and supports a wide range of research, research capacity building and knowledge translation programs. A recent assessment of the impact of the CIHR HIV/AIDS Research Initiative indicates that targeted HIV/AIDS research funding has had an impact not only on the scientific output of the country but also on health outcomes for

people in Canada and around the world. From its creation in 2000 until March 2009, CIHR invested \$134 million on behalf of Federal HIV/AIDS Initiatives, and an additional \$150 million from its core budget, on HIV/AIDS research. Since 2001, there has been a dramatic growth - approximately threefold - in Canada's HIV/AIDS research capacity. Canada's contribution to the world's scientific literature on HIV/AIDS also doubled between 2001 and 2008 and its citation rate in the field is now well above the world average. The assessment also documents the considerable contributions Canadian researchers have made through strong, sustained commitments to international research partnerships, working with users of research knowledge and ensuring that new knowledge is put into practice - to reduce the transmission of HIV or improve the lives of those already infected.

CIHR continues to lead the development of strategic research funding programs that aim to significantly reduce the burden of HIV and AIDS. For example, since June 2008, CIHR has launched six research funding opportunities under the CHVI including: operating grants (twice); catalyst grants (three opportunities); an Emerging Team Grant program, and; travel grants that encouraged Canadian researchers to attend a CIHR/CHVI led partnership forum with low- and middle-income country researchers at the AIDS Vaccine 2008 Conference.

Supportive policy environment: International policy dialogues on HIV/AIDS and disability and HIV/AIDS and indigenous peoples

Health Canada's International Affairs Directorate, as part of a Partnership Arrangement with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and PHAC, hosted two international policy dialogues on pressing issues to share best practices and lessons learned between the domestic and international responses to HIV and AIDS.

The *International Policy Dialogue on HIV/AIDS and Disability* was held on March 11-13, 2009, in Ottawa, Canada. Approximately 50 participants from around the world took part in the dialogue, including people with disabilities, people living with HIV/AIDS, policy makers, civil society representatives and researchers. Stephen Lewis, the former United Nations Special Envoy for HIV/AIDS in Africa and co-founder of AIDS-Free World, provided the keynote address.

The dialogue strengthened and expanded the network of people working on issues related to HIV and AIDS and disability and enabled them to share resources, best practices, challenges and experiences to inform policy and programming at the local, regional and global levels. A representative from UNAIDS participated in the dialogue and was able to use feedback from the meeting to inform the UNAIDS/World Health Organization/UN Office of the High Commissioner for Human Rights Policy Brief on HIV and Disability. A contract is now in place to support global network communications related to HIV/AIDS and disability.

On October 22-23, 2009, the International Policy Dialogue on HIV/AIDS and Indigenous Peoples was held in Ottawa. Approximately 55 participants attended,

including indigenous peoples, policy makers, academics, people living with HIV/AIDS, representatives of non-governmental and multilateral organizations.

The key risk factors that render individuals and communities acutely vulnerable to HIV—poverty, gender inequality, marginalization and discrimination—are present in large numbers of indigenous populations. As a result, indigenous populations are over-represented in the HIV epidemic, both in Canada and globally. The dialogue explored the issues and available evidence related to HIV and AIDS and indigenous peoples; fostered knowledge transfer and the sharing of wise practices; and identified gaps where further education, policy development, programming and research are necessary. Participants forged new partnerships, and strengthened existing ones.

A key outcome of the meeting was a commitment by the indigenous participants to form an International Indigenous Working Group on HIV/AIDS. As well, Health Canada and PHAC will be taking key recommendations to inform the Government of Canada's engagement in the Vienna XVIII International AIDS Conference.

Supportive policy environment: Community Initiatives Fund

The CHVI has committed approximately \$4.5 million over five years to its Community Initiatives Fund to support HIV/AIDS-related community-based initiatives. The main goal of the Fund is to strengthen Canada's contribution to global HIV vaccines-related policy development and community engagement efforts. The Fund will focus on three activity areas: policy development; legal, ethical and human rights analysis; and community awareness and preparedness.

Supportive policy environment: Review of advisory and coordinating mechanisms

Canada has several coordination and advisory bodies to help guide the domestic response to HIV and AIDS. These include the Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada, the National Aboriginal Council on HIV/AIDS, the Federal/Provincial/Territorial Advisory Committee on AIDS, the Government of Canada Assistant Deputy Minister Committee, the National Partners Group and the Leading Together Championing Committee. These committees serve to coordinate approaches across governments, jurisdictions and stakeholder groups to provide advice on emerging issues to the federal Minister of Health and senior policy makers, and to champion national responses to HIV and AIDS.

In 2009, an external consultant conducted a review to examine current and emerging needs for coordination and the provision of advice in support of the *Federal Initiative*. The consultant's report confirmed the necessity of a multiplicity of coordination and advisory mechanisms, given the complex and evolving nature of HIV and AIDS and the response. However, the report also highlighted the need

for both structural and procedural changes. As such, PHAC is currently working with the advisory and coordination committees to respond to the review recommendations.

Supportive policy environment: HIV/AIDS Research Initiative Strategic Plan

The CIHR Institute of Infection and Immunity has developed a Strategic Plan to guide the CIHR HIV/AIDS Research Initiative from 2008 to 2013. Led by a multi-sectoral advisory committee, the plan was developed in consultation with national HIV/AIDS research leaders, community partners and clinicians. It defines strategic goals and objectives to position Canada's HIV/AIDS research priorities and guide investments over a five-year period.

Partnership: Canada's participation at the XVII International AIDS Conference

Canadian researchers, scientists, community organizations, and governments worked together to create a strong presence at the XVII International AIDS Conference in Mexico City, in August 2008. Canadians and Canadian organizations were the lead writers/presenters of over 70 posters, and were co-investigators or secondary authors in hundreds of others. The Government of Canada sponsored two affiliated events – a pre-conference international indigenous peoples forum and the Teresa Group's *Children and HIV/AIDS: Action Now, Action How*. Canada also sponsored a satellite for the African and Black Diaspora Global Network on HIV and AIDS; a satellite on coordinating HIV vaccine research and development efforts to contribute to the goals of the Global HIV Vaccine Enterprise, and; co-sponsored a joint satellite session with the United States Centers for Disease Control and Prevention to share experiences of high resource/low HIV prevalence country responses to HIV and co-infections.

As part of the Government of Canada's horizontal approach to addressing HIV and AIDS, a Federal Secretariat was established to coordinate coherent and effective federal government engagement in the Conference. This Secretariat is one example of interdepartmental, multi-sectoral engagement in Canada's response to AIDS.

Governmental and civil society responses to HIV and AIDS were highlighted at the Canadian Exhibition Space – the 'Canada Booth'. The booth demonstrated Canada-wide leadership, actions and response to HIV and AIDS on the domestic and global scale, delivering a strong message of hope, action, partnership, collaboration and inclusion. The booth showcased a video on the experiences of Canadian people living with HIV/AIDS, Canada's efforts and investments in the fight against HIV, as well as the importance of the Greater Involvement of People living with HIV/AIDS principle as an integral component of the response in Canada.

Political leadership: The Canadian HIV Vaccine Initiative (CHVI)

The CHVI sought partnerships and collaborative engagement with international and civil society organizations, the private sector and Canadian provincial and territorial governments in its quest to highlight and ensure sustainability in the HIV vaccine field. The CHVI met with representatives from the Global HIV Vaccine Enterprise during the AIDS 2008 Conference to discuss potential areas of collaboration; invited the International AIDS Vaccine Initiative and the International Partnership on Microbicides to an information-sharing session; and invited the AIDS Vaccines Advocacy Coalition and UNAIDS-World Health Organization HIV Vaccines Initiative to participate in a satellite session during the AIDS 2008 Conference.

Research: Building multi-disciplinary HIV/AIDS research capacity

CIHR is strongly committed to enhancing Canadian capacity to conduct health research. In 2009 the CIHR HIV/AIDS Research Initiative approved support for four innovative research teams that will undertake the building of multi-disciplinary HIV/AIDS research capacity. Two of these teams are part of the CIHR Strategic Training Initiatives in Health Research. Each of these training initiatives consists of a group of HIV/AIDS mentors/educators, accomplished in health research, who work collaboratively to offer a research training program; foster collaborative, team research across disciplines; and integrate training on the ethical conduct of research and related ethical issues, knowledge translation, and professional skills. The two additional teams are supported through the Centres for Population Health and Health Services Research Development in HIV/AIDS Program. CIHR funding will enable the Centres to enhance the national coordination of HIV/AIDS research efforts; develop strategic research programs; foster meaningful and collaborative relationships between researchers and with research users; and build further capacity in HIV/AIDS research.

Knowledge translation: Population-Specific HIV/AIDS Status Reports

In Canada, key populations are disproportionately represented amongst those living with HIV/AIDS, including gay men, people who use injection drugs, Aboriginal peoples, people in prisons, women, people from countries where HIV is endemic and youth at risk. Different approaches are required to address HIV and AIDS in these populations.

As a fundamental part of its development of population-specific approaches, PHAC is developing status reports related to each population to provide a comprehensive evidence base to inform public health responses to HIV and AIDS including policy, program and research development. Each report will present the demographic profile; ways in which the specific population is affected by HIV; factors that impact vulnerability and resilience to HIV; and an outline of current Canadian research and response initiatives. These reports are being developed under the guidance of an Expert Working Group made up of people in the specific at-risk populations, including people living with HIV/AIDS; community organizations;

epidemiologists; researchers; policy makers from all levels of governments, and; experts in legal, ethical and human rights issues.

In 2009, the *Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic – Black People of African and Caribbean Descent Living in Canada* was released. Reports on the other *Federal Initiative* key populations are under development.

Knowledge translation: Using second generation surveillance to guide policy and programs

Canada has developed enhanced surveillance systems to monitor prevalence, incidence and risk behaviour among the populations most at risk. At present, the two systems that have been developed and implemented include: I-Track which focuses on people who use injection drugs, and M-Track which focuses on men who have sex with men. In addition, work is in progress towards the development of A-Track, which will focus on the Aboriginal population, and E-track which will focus on people originating from countries where HIV is endemic. PHAC uses findings from the Track surveillance systems in the development of Population Specific HIV/AIDS Status Reports, and in setting priorities for community funding streams. The data is also used by health authorities and regions and community organizations across the country to help design and target their services and programs. For example, based on I-Track findings, service providers have enhanced their programming, increased street nurse staffing, and developed targeted communications materials for IDUs.

Capacity building: Clinical trial capacity building and networks

The CHVI has committed \$16 million to support clinical trial capacity building under the leadership of the Global Health Research Initiative (GHRI). Building on lessons learned from Phase I of the GHRI program, this Phase II program, comprising *Capacity Building Grants*, and *Synergy and Networking Grants* will support clinical trial capacity building and networks in Africa, and collaborative networks of African, Canadian and international researchers and research institutions involved in HIV/AIDS prevention trials.

V Major challenges and remedial actions

Developing discrete approaches to address HIV and AIDS for populations most vulnerable to the disease

The incidence of new infections within Canada continues to affect certain populations in disproportionate numbers. The unique nature of a sub-population's respective vulnerabilities and the shortcomings derived from using a uniform approach to address diverse prevention, diagnosis, care or treatment needs require a more tailored response to be most effective.

As discussed in Part IV- Best Practices, PHAC is developing Population-Specific HIV/AIDS Status Reports in collaboration with representatives from the eight populations most at risk in Canada. The information generated aims to support work of governments and frontline organizations to more positively affect the health and well-being of individuals living with/at risk of HIV/AIDS infection.

The Status Reports will inform the development of the Specific Populations HIV/AIDS Initiatives Fund, which provides funding to community organizations to: support relevant national policy, program and social marketing projects to prevent HIV infection; increase access to appropriate diagnosis, care, treatment, and support, and; increase healthy behaviours amongst populations most affected by HIV and AIDS and most vulnerable to HIV infection.

Reaching the undiagnosed

As of 2008, an estimated 65,000 Canadians are currently living with HIV, and an estimated 26% of them are unaware that they are infected. While the majority of these individuals are part of the key groups referenced above, they are either not being reached by existing prevention programs or they are choosing not to be tested. Second generation surveillance that looks at trends in disease prevalence and risk behaviours amongst key population groups – gay men, people who use injection drugs, youth at risk and people from countries where HIV is endemic – will allow for more effective targeting and monitoring of interventions within each distinct population, and, in turn, will facilitate more appropriate planning of future activities to best meet their needs.

PHAC is working in collaboration with provinces and territories as well as various experts and community groups, to develop renewed *Guidelines for HIV Testing and Counselling* that will aim to increase the number of HIV positive Canadians who are aware of their HIV status. These guidelines will be based on: the best evidence related to HIV epidemiology; medical, public health, legal, ethical and human rights considerations, and; major points of view, jurisdictional considerations and approaches.

Renewing HIV prevention

Prevention remains a challenge in Canada – 2008 estimates suggest that the number of new infections (2,300 to 4,300) is the same or has slightly risen since 2005 (2,200 to 4,200). The overall number of new HIV infections remains unacceptably high, underscoring the ongoing challenges in confronting this disease and the need to improve access to effective HIV prevention programmes.

In response to stakeholders' call for a renewed approach to HIV prevention articulated at the National HIV Prevention Forum in April 2007, PHAC completed an on-line public consultation in September 2009. The consultation reached out to close to 200 participants and solicited feedback on a range of issues including

essential elements, qualities and principles of HIV prevention. The results will inform the development of a renewed prevention framework for Canada.

Addressing the determinants of health

Canada continues to address the determinants of health—the social, economic, political and environmental factors that influence health. In June 2009, the Senate of Canada released *A Healthy, Productive Canada: A Determinant of Health Approach*. In response to the World Health Organization's report *Closing the Gap in a Generation*, the report laid out the case for federal government action on the determinants of health, outlining key recommendations for the Government of Canada to implement this approach.

In September 2009, the first *Interdepartmental Policy Forum on the Determinants of Health and HIV/AIDS* was held. This event was designed to lay the foundation for building an all-of-government approach to promote health and well-being for all Canadians.

The forum was promoted by the Government of Canada Assistant Deputy Minister Committee on HIV/AIDS, gathering representatives across 14 federal government departments and agencies from health and non-health sectors. Keynote addresses were delivered by the Chair of the Senate Subcommittee on Population Health, Canada's Chief Public Health Officer, and a lead professor from the University of Ottawa Institute of Population Health.

The forum helped forge linkages and a shared understanding of synergies across federal mandates, target populations and priorities. Participants identified common barriers to horizontal collaboration and strategies to overcome them. The keen involvement of the 14 departments and agencies in this event built emerging consensus and commitment towards an all-of-government approach to improve socio-economic conditions that promote health and well-being for all Canadians.

Horizontal partnerships between PHAC and other federal government departments actively seek to reduce vulnerability to HIV and AIDS. One example is the *Horizontal Pilot Project for Aboriginal Homeless People Living with HIV/AIDS* launched in May 2008 involving PHAC, Human Resources and Social Development Canada and the Nine Circles Community Health Centre in Winnipeg, Manitoba. The project goal aimed to improve the health outcomes for Aboriginal persons living with HIV/AIDS and prevent them from falling into homelessness.

Strengthening the national response

Under Canada's federal system, each level of government has a role in the national response to HIV and AIDS. The impact of HIV and AIDS varies depending on geographic location, both in size and populations they affect, requiring a tailored response to meet the unique needs of each jurisdiction. Differing priorities,

approaches and implementation structures within jurisdictions also impact the ability to set and track national goals and progress.

To help address the challenges associated with working across jurisdictions and ramping up the resources necessary to meet the complexities of HIV and AIDS, several mechanisms have been put in place to promote intergovernmental collaboration and coordination at different levels. Established in 1988, the Federal/Provincial/Territorial Advisory Committee on AIDS (F/P/T AIDS) function is to provide public health policy and program advice and to promote intergovernmental collaboration in the area of HIV and AIDS. This committee is composed of government officials whose work focuses on HIV/AIDS and/or other sexually transmitted and bloodborne infections. In 2005, the Pan-Canadian Public Health Network was established, composed of senior public health officials from provinces, territories and the federal government. This Network builds on existing strengths in public health, and aims to strengthen public health infrastructure and capacity at the local, provincial, territorial and federal government levels. F/P/T AIDS has reported to the Network since 2006.

A national health surveillance system is in place to collect data from provinces and territories and to develop national summaries and analyses. F/P/T AIDS is working to implement the 2005 *HIV/AIDS Surveillance and Targeted Epidemiological Studies Plan*, which emphasizes enhanced surveillance, targeted epidemiological studies, and improved knowledge transfer of HIV/AIDS epidemiological and surveillance information. A series of sentinel behavioural surveillance studies were implemented in 2006 and 2007. Future plans include maintaining current surveillance projects and expanding to other key populations.

The Leading Together Championing Committee promotes and champions the widespread use of *Leading Together: Canada Takes Action on HIV/AIDS: 2005-2010*. This pan-canadian blueprint is intended to influence and guide all sectors of Canada's response to HIV and AIDS and to improve the lives of people at risk / living with HIV/AIDS. The Championing Committee is working to renew *Leading Together*, leading a process of assessing gaps in the existing document. It is anticipated that a draft document will be developed by spring 2010.

Twenty-five years after the emergence of HIV and AIDS in Canada, significant progress has been made in strengthening collaboration across governments, researchers and community representatives. As the nature of HIV and AIDS continues to evolve and treatments prolong the lives of people living with HIV/AIDS, new strategic partnerships, engaging a broader range of players, must be developed to prevent the acquisition and transmission of new infections and to improve the health outcomes of those living with or vulnerable to HIV and AIDS.

Addressing non-disclosure of HIV status

In Canada, a person who does not disclose his or her positive HIV status to a prospective sexual partner can be charged with a criminal offence. Convictions rest on the failure to disclose and do not require that transmission of HIV has occurred.

To date, approximately 96 cases have appeared before Canadian courts, including charges of aggravated assault, attempted aggravated assault, sexual assault and murder. Stakeholders have expressed concerns about the impact of criminal justice on public health prevention efforts as well as the implications for people living with or at risk of HIV/AIDS.

PHAC and the Federal/Provincial/Territorial Advisory Committee on AIDS, support a public health approach to the management of non-disclosure of HIV status. This approach has prevention as its primary objective, and emphasizes flexibility, individual risk assessment, counselling and respect for human rights. Public health interventions incorporate a graduated approach to enhance HIV prevention and increase access to testing and counselling, treatment, contact tracing and partner notification.

The public health approach has been very successful in Canada with efforts to support people living with HIV/AIDS to disclose their HIV status to prospective partners. The majority of people living with HIV/AIDS are very careful to protect themselves and others from infection.

In January 2008, Health Canada convened a one-day policy dialogue on *Criminalization of HIV Transmission/Exposure*, on behalf of the Consultative Group on Global HIV/AIDS Issues. The dialogue allowed government and non-governmental representatives to clarify the relationship between public health and criminal law where HIV and AIDS are concerned and to gain an understanding of the underlying issues. The dialogue also led to proposed actions for the Government of Canada and Canadian civil society to advance public health responses to HIV transmission/exposure globally and domestically and provided input into the development of the UNAIDS policy brief on HIV Transmission and Criminal Law. Health Canada is supporting the production of an international resource kit for lawyers handling criminal cases related to HIV non-disclosure.

PHAC will include a policy framework for a national public health approach to the management of HIV disclosure as part of its work on the renewed HIV testing and counselling guidelines. PHAC has been invited to provide guidance for legal and public health sectors for the public health management of HIV disclosure. PHAC officials have committed to working with Justice Canada and stakeholders to explore opportunities to advance public health objectives in order to reduce the spread of HIV and support people living with HIV/AIDS.

Linkages with other infectious diseases

Many people living with or vulnerable to HIV/AIDS have complex health needs and may be susceptible to other infectious diseases such as those transmitted sexually or by injection drug use. The *Federal Initiative* addresses this possibility by linking with other health and social programs, where appropriate, to ensure an integrated approach to program implementation. These programs address barriers to services for people living with or vulnerable to multiple infections or conditions which impact their health. Canada has a significant population of individuals co-infected with HIV and hepatitis C. Separate federal programs which target hepatitis C and sexually transmitted infections operate in tandem with the *Federal Initiative* to address common risk factors and conditions.

In 2008, PHAC established a Coinfections Working Group whose mandate is to provide a forum to maximize synergies and identify opportunities for collaboration. Working group participants discuss issues related to HIV, hepatitis C, tuberculosis, sexually transmitted infections, and other bloodborne and hospital acquired infections, including common risk factors, co-infections, and the co-morbidities associated with these infections. The working group aims to: strengthen communicable disease prevention and control initiatives; enhance research, knowledge transfer, policy and program collaboration, and; pool resources and expertise to implement specific initiatives.

At the regional level, the AIDS Community Action Program (ACAP) works closely with the Hepatitis Research, Support and Prevention Program to enhance synergies within community-based funding to address co-infection issues. The key populations reached by ACAP experience multiple health issues as a result of high-risk activities related to HIV and AIDS. As such many of these projects deal with co-infection and risks related to sexually transmitted infections and hepatitis C. ACAP-funded community-based organizations work directly with key populations across the country and have responded to their multiple health needs by partnering with a variety of health and social services to enhance access to information and services related to HIV, hepatitis C, and sexually transmitted infections.

The Sexually Transmitted Blood-Borne Infections (STBBI) Issue Group, composed of representatives from the federal, provincial and territorial governments, is currently developing a STBBI Strategic Framework, with the mission of decreasing incidence, prevalence and burden of STBBI in Canada, increasing access to programs and services and promoting the sexual health of Canadians. The Framework will provide an umbrella under which public health partners can situate their actions as part of a coordinated effort. It will outline key strategic directions, goals, core public health actions and objectives to address STBBI and is intended to be complementary to existing provincial and territorial strategic plans, as well as federal documents such as *Leading Together: Canada Takes Action on HIV/AIDS* and *A Renewed Public Health Response to Address Hepatitis C*.

Increasing global access to medicine

Access to affordable medicines has been a focus of international HIV/AIDS action for years. As one element of a broader international strategy to promote access to medicines in the developing world, Canada developed the Canada Access to Medicines Regime (CAMR), which came into force on May 14, 2005. It implements a decision made by the General Council of the World Trade Organization (WTO) in 2003 that waived certain trade obligations thought to be a barrier to developing countries' access to lower-cost drugs. The goal of CAMR is to facilitate timely access to generic versions of patented drugs and medical devices, especially those needed by least-developed or developing countries to fight HIV/AIDS, malaria, tuberculosis and other diseases. CAMR enables Canadian generic manufacturers to apply to Canada's Commissioner of Patents for an authorization to manufacture and export lower-priced versions of patented drugs to countries unable to manufacture their own. Drugs exported under CAMR must also meet the same safety, efficacy and quality standards as those approved for sale in Canada. On September 19, 2007, Canada's Commissioner of Patents granted the first-ever authorization under the terms of the WTO waiver to a Canadian generic drug manufacturer to export an HIV/AIDS drug to Rwanda. A total of 15 million doses of Apo-Triaver, a triple-therapy ARV, were delivered to the Government of Rwanda by Apotex Inc, under a contract that was completed in September 2009.

In addition to CAMR, the Government of Canada introduced a new tax incentive in its 2007 Budget for pharmaceutical companies that donate drugs to developing countries. In January 2009, the Government of Canada announced that it would double its contribution, from \$100 million to \$200 million, to the Advance Market Commitment, a global effort to create a pneumococcal vaccine that will benefit the world's poorest nations. Canada is also chairing the World Health Organization Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, whose mandate is to prepare a global strategy and plan of action on essential health research to address conditions affecting developing countries disproportionately.

VI Monitoring and evaluation environment

Each level of the Canadian response – federal, provincial/territorial – has its own independent monitoring and evaluation procedures, often including different exposure categories and indicators to be used in performance measurement.

The Government of Canada is committed to implement specific measures to strengthen accountability and increase transparency and oversight in federal government operations. Canadian civil society and governments are promoting strengthened monitoring and evaluation initiatives to demonstrate results for Canadians.

The *Federal Initiative* includes a Results-Based Management and Accountability Framework (RMAF), a common monitoring and evaluation plan for the federal investment in HIV and AIDS. The inter-departmental performance management strategy comprises a common data collection plan, evaluation plan, and regular reporting commitments. This framework provides opportunities for shared priority setting, as well as a record of progress towards reaching the federal targets. The RMAF has been recently updated, and indicator validation work is underway. An Evaluation Framework for the *Federal Initiative* is also under development.

The *Federal Initiative* is responsible for gathering information from federal, provincial and territorial governments, local health units, university researchers, special groups and stakeholders associations in order to conduct national surveillance and research on the epidemiology and risk behaviors, and laboratory science related to HIV and AIDS and other sexually transmitted diseases.

Surveillance programs provide a roll-up of provincial and territorial HIV and AIDS surveillance data to the national level, and an overview of HIV epidemiology among various risk groups. These reports serve to monitor the state of HIV and AIDS; help guide and evaluate HIV prevention, and assist with ongoing risk assessment and management. National level HIV and AIDS monitoring and evaluation are possible as a result of all provinces and territories participating in and setting directions for HIV and AIDS surveillance.

Implementation evaluation of the Federal Initiative

In 2009, an Implementation Evaluation of the *Federal Initiative* was conducted, with the objectives of assessing: the relevance of federal involvement in HIV/AIDS issues in Canada; the implementation of planned activities and key outputs; the extent to which performance measurement systems were implemented; and progress towards planned outcomes.

The Evaluation found that the *Federal Initiative* is in an advanced state of implementation and that key outputs are aligned with outcomes. Evaluation recommendations included: finalizing and implementing the performance management framework and information management system, and: strengthening horizontal management. Participating departments in the *Federal Initiative* are working to adopt these recommendations.

Evaluation of the Canadian Institutes of Health Research HIV/AIDS Community-based Research Program

An integral part of the national HIV/AIDS research funding programs offered by CIHR is the HIV/AIDS Community-based Research (CBR) Program. Through the HIV/AIDS CBR Program, CIHR supports research that engages communities in all stages of the research process and aims to enable Canadians to effectively address HIV and AIDS through research partnerships.

In 2008, CIHR undertook an independent evaluation of the HIV/AIDS CBR Program to ensure that it was meeting the needs of stakeholders and to provide objective information regarding future program components and directions. Overall, the evaluation concluded that the HIV/AIDS CBR Program is helping communities and academia address HIV and AIDS and is building research capacity at the community level and in academic circles. The evaluation contained several recommendations to consider moving forward and CIHR is implementing an action plan to address the recommendations of the evaluation.