# 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 2010-December 2011

# Table of Contents

# 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 2012 submission of the UNGASS Report (Main report, and Part A of Annex 2 - the National Composite Policy Index), in consultation with other government departments participating in the federal response to HIV/AIDS, and provincial/territorial partners.

## (b) The status of HIV/AIDS in Canada

The estimated number of Canadians living with HIV (including AIDS) at the end of 2008 was 65,000 (54,000-76,000). The estimated number of Canadians who have died of AIDS as of December 31, 2008 was 22,300[1]. Vulnerable populations include 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

The Government of Canada is committed to a long-term comprehensive approach to addressing HIV/AIDS domestically and globally. Canada's response to HIV/AIDS, the *Federal Initiative Address HIV/AIDS in Canada (Federal Initiative)* and the *Canadian HIV Vaccine Initiative (CHVI)*, involve all levels of government, civil society, the research community, the public health sector, clinicians and those living with or at risk of HIV/AIDS. 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 and gender equality and focuses on population-specific approaches, tailored to the needs and realities of vulnerable populations most at risk in Canada.

## (d) UNGASS National Level Core Indicators – 2010-2011

### Target 1

*Reduce sexual transmission of HIV by 50 percent by 2015*

Indicators for the general public

[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.

| | | |
|---|---|---|
| 1.1 | Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission | 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%).<br><br>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 64[2]. |
| 1.2 | Percentage of young women and men aged 15-24 who had sexual intercourse before the age of 15 | 9.9% of respondents aged 15-24 reported that they have had sexual intercourse before the age of 15[3] |
| 1.3 | Percentage of adults aged 15-49 who had sexual intercourse with more than one partner in the past 12 months | 13.4% 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[4] |
| 1.4 | Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse | 62% of women and men aged 15-49 indicating having more than one partner in the last 12 months reported the use of a condom during their last sexual intercourse.<br><br>Among respondents aged 15-49**,** 80% indicated that they had sex in the past 12 months. Among those who were sexually active in the past 12 months, 23.1% indicated that they used a condom the last time they had intercourse (27.5% of males, 19.2% of females)[5] |

[2] *HIV/AIDS Attitudinal Tracking Survey 2006, Final Report*. EKOS Research Associates, 2006
[3] Canadian Community Health Survey 2009-2010
[4] IBID 3
[5] IBID 3

| | | |
|---|---|---|
| 1.5 | Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and 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)[6] |
| 1.6 | Percentage of young people aged 15-24 who are living with HIV | Canada does not have a current 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 were HIV infected in 2008 was 0.34%[7]. |

Indicators for sex workers

| | | |
|---|---|---|
| 1.7 | Percentage of sex-workers reached with HIV prevention programmes | Canada does not collect this information at the national level. |
| 1.8 | Percentage of sex-workers reporting the use of a condom with their most recent client | |
| 1.9 | Percentage of sex-workers who have received an HIV test in the past 12 months and know their results | |
| 1.10 | Percentage of sex-workers who are living with HIV | |

Indicators for men who have sex with men

| | | |
|---|---|---|
| 1.11 | Percentage of men who have sex with men reached with HIV prevention programmes | Substitute indicators: 81.4%[8] of MSM have ever been tested for HIV; 5.0% of MSM have never been tested for HIV because they didn't know where to get tested |
| 1.12 | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner | 61.4% of men reported the use of a condom the last time they had anal sex with a male partner.[9] |

[6] *HIV/AIDS Attitudinal Tracking Survey 2006, Final Report*. EKOS Research Associates, 2006
[7] Unpublished data from the Public Health Agency of Canada, 2009.
[8] Unpublished data from M-Track: Enhanced Surveillance of HIV, other sexually transmitted and blood-borne infections, and associated risk behaviours among gay, bisexual and other men who have sex with men in Canada, Phase 1 (2005-2007). Public Health Agency of Canada, Centre for Communicable Diseases and Infection Control. December 2011.
[9] IBID 8

| | | |
|---|---|---|
| 1.13 | Percentage of men who have sex with men who have received an HIV test in the past 12 months and know their results | 34.9% of MSM have received an HIV test and know their results[10] |
| 1.14 | Percentage of men who have sex with men who are living with HIV | 14.9 % of MSM are living with HIV[11] |

**Target 2**

*Reduce the transmission of HIV among people who inject drugs by 50 per cent by 2015*

Indicators

| | | |
|---|---|---|
| 2.1 | Number of syringes distributed per person who injects drugs per year by needle and syringe programmes | Canada does not collect this data. |
| 2.2 | Percentage of people who inject drugs who report the use of a condom at last sexual intercourse | 29.7% of people who inject drugs reported the use of a condom at last sexual intercourse[12] |
| 2.3 | Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected | 96.8% of people who inject drugs reported using sterile injecting equipment the last time they injected[13] |
| 2.4 | Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results | 85.5% of people who inject drugs received an HIV test in the past 12 months and know their results[14] |
| 2.5 | Percentage of people who inject drugs who are living with HIV | 5.8% of people who inject drugs are living with HIV[15] |

[10] IBID 8
[11] IBID 8
[12] Unpublished data from I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 3 (2010-2011). Public Health Agency of Canada, Surveillance and Epidemiology Division, Centre for Communicable Diseases and Infection Control. December 2011.
[13] IBID 12
[14] IBID 12
[15] IBID 13

## Target 3

*Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths*

| | | |
|---|---|---|
| 3.1 | Percentage of HIV-positive women who receive antiretrovirals to reduce the risk of mother-to-child transmission | Substitute Indicator: Out of 235 perinatally HIV-exposed infants born in 2010, 219 (93.2%) received perinatal antiretroviral prophylaxis[16]. |
| 3.2 | Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth | Canada does not collect this information |
| 3.3 | Mother-to-child transmission of HIV modelled | In 2009, 177 infants were perinatally exposed to HIV in Canada. Of these 3 were confirmed to be HIV-infected.[17] |

## Target 4

*Have 15 million people living with HIV on antiretroviral treatment by 2015*

| | | |
|---|---|---|
| 4.1 | Percentage of eligible adults and children currently receiving antiretroviral therapy | Canada does not track this information |
| 4.2 | Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy | Canada does not track this information |

## Target 5

*Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015*

| | | |
|---|---|---|
| 5.1 | Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV | Canada does not track this information. |

[16] Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2010*.
[17] Public Health Agency of Canada. *HIV and AIDS in Canada. Surveillance Report to December 31, 2009.*

**Target 6**

*Reach a significant level of annual global expenditure (US$22-24 billion) in low- and middle-income countries*

N/A

**Target 7**

*Critical enablers and synergies with development sectors*

| | | |
|---|---|---|
| 7.1 | National Composite Policy Index (NCPI) | |
| 7.2 | Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months | In 2009, among women who were married or living in a common-law relationship, or who had contact with an ex-partner in the previous five years, 1.9% (178,000 out of 9,411,000) reported spousal violence within the past 12 months[18] |
| 7.3 | Current school attendance among orphans and non-orphans aged 10-14 | All children under 16 are legally required to be in school in Canada |
| 7.4 | Proportion of poorest households who received external economic support in the past 3 months | Canada does not track this kind of information |

# II. Overview of HIV/AIDS in Canada

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/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

[18] *Family Violence in Canada: A Statistical Profile.* Statistics Canada. Available at: http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf

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 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 2008[19].

The burden of HIV/AIDS cases in Canada has been concentrated in four provinces – Ontario, Quebec, British Columbia and Alberta – which, up to 2009, accounted for 93% of all HIV positive test reports since 1985[20].

## III. National response to HIV/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, 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/AIDS within Canada.

One of the key ways that federal, provincial and territorial governments share responsibility for public health is by collaborating to address public health issues and challenges. They do this through the Pan-Canadian Public Health Network (PHN). The PHN is made up of federal, provincial and territorial public health leaders and select public health partners (e.g., the Canadian Public Health Association) and meets regularly to share knowledge, expertise and best practices on public health, and develop and implement efficient and collaborative approaches.

---

[19] *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

[20] Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2009.* Table 6B.

## *The federal response (Federal Initiative and CHVI)*

The Government of Canada is committed to a comprehensive, long-term approach to HIV and AIDS that is evidence-based, built on a foundation of respect for and promotion of human rights, gender equality, anti-discrimination and anti-stigmatization.

*The domestic response*

The *Federal Initiative,* launched in 2005, identifies the following goals:

- Prevent the acquisition and transmission of new infections;
- Improve the quality of life for those at risk and living with HIV/AIDS;
- Contribute to the strategic outcomes of partner departments; and
- 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 fundamental to the federal response.

Under the *Federal Initiative*, the Government of Canada monitors HIV/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/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.

To support the engagement of community and governments in the national response, *Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)* was developed collaboratively by a range of Canadian HIV/AIDS stakeholders. The document describes a variety of strategies that can be taken by community groups, people living with, and/or at risk of HIV/AIDS, health care providers, researchers, and government jurisdictions across Canada to address the realities of the Canadian situation. Recently, a consultative process was undertaken to revise this product, with opportunities for action that reflect current and emerging challenges for the Canadian response.

*The Canadian HIV Vaccine Initiative*

The Canadian HIV Vaccine Initiative (CHVI), Canada's contribution to the Global HIV Vaccine Enterprise, is a collaborative initiative between the Government of Canada and the Bill & Melinda Gates Foundation. Established in 2007, the CHVI 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 Government of Canada and the Bill & Melinda Gates Foundation renewed their collaboration in July 2010.

A key component of the renewed collaboration is the CHVI Research and Development Alliance. The Alliance is a Canadian network of researchers from the public and private sectors, as well as the international community, which aims to develop innovative solutions to the challenges facing HIV vaccine development. An Advisory Board will provide governance and oversight to the Alliance, and recommendations to the Government of Canada and the Bill & Melinda Gates Foundation on projects to be funded.

The CHVI builds on the Government of Canada's commitment to a comprehensive, long-term approach to address HIV/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 development assistance response to HIV/AIDS. In addition to focusing on prevention and treatment, CIDA's global HIV/AIDS efforts are focusing on strengthening health systems and improving maternal, newborn and child health.

CIDA supports UNAIDS' efforts to achieve universal access to prevention, treatment, care and support[21], and provides core funding to the organization, including $5.4 million in the 2010-2011 fiscal year. Through CIDA, Canada also plays a leading international role in supporting the WHO's HIV/AIDS related programs. For example, from 2008 to 2010 CIDA's $30 million contribution to the WHO's Universal Access Plan supported WHO's efforts toward universal access to HIV prevention, treatment and care, with a particular emphasis on the prevention of mother to child transmission of HIV.

21

http://www.unaids.org/en/aboutunaids/universalaccesstohivtreatmentpreventioncareandsupport/

A key element of the Government of Canada's global response is Canada's commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which totals just over $1.5 billion in support since 2002. This includes Canada's most recent pledge of $540 million for the 2011-2013 replenishment period. This is an increase of 20 percent over the previous commitment, and is the largest commitment ever made by Canada to an international health institution. Of this amount, approximately 62% goes towards HIV/AIDS programming. The Global Fund supported programs save an estimated 100,000 lives every month, and has provided AIDS treatment to more than 3.3 million people to date.

As announced at the XVIII International AIDS Conference, under the recently renewed CHVI, CIDA is aiming to enhance the access, quality and uptake of prevention of mother to child transmission (PMTCT) services by identifying innovative and effective implementation strategies and programming solutions to help overcome barriers in low and middle income countries, with an additional investment of $30M under the renewed CHVI.

Canada supports partner countries in delivering integrated and comprehensive health services for women and children at the local level, which includes HIV testing and counselling, and PMTCT services. This is part of Canada's $2.85 billion in new and ongoing funding over the next five years under the Muskoka Initiative for Maternal, Newborn and Child Health.

### *Provincial and territorial responses*

Provinces and territories in Canada are primarily responsible for the provision of health care; treatment is available across the country, including evidence-based prevention programs e.g. needle exchange, methadone substitution therapy and condom distribution. Programs are also in place to ensure that low income is not a barrier to accessing necessary prevention and treatment services.

The majority of provinces and territories have adopted some form of a strategy to address HIV/AIDS. Some provinces have developed specific HIV/AIDS strategies and/or promote specific HIV/AIDS initiatives. All jurisdictions in Canada support integrated responses to HIV/AIDS; ensuring that HIV/AIDS is not addressed in isolation and other health/social concerns or closely related communicable diseases are addressed e.g. hepatitis C or bacterial sexually transmitted infections. There is an increasing emphasis among all provinces and territories to implement population health interventions, which respect human rights, as a means to build resilience and reduce vulnerability to HIV in order 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, community organizations continue to play a key role in designing and delivering front-line services, identifying emerging programmatic gaps and informing appropriate policy responses.

Community organizations participate in national and regional planning and expert panels; the development and championing of innovative approaches in prevention and support; and the delivery and evaluation of programs.

Under the *Federal Initiative* and the *CHVI*, 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.

Through the Federal Initiative community funding, the Government of Canada has contributed $22.7 million domestically each year for the period January 2010 to December 2011 for HIV prevention, public awareness, coordination of the Canadian response and increased access to care, treatment and support interventions.

The CHVI has provided approximately $1.2 million through its domestic Community Initiative's Fund to create community capacity and awareness on issues related to research and development of HIV vaccines and new prevention technologies.

## IV. Best practices

### Effective Programs: Funding community organizations to respond to HIV/AIDS

In fiscal year 2010-2011, under the AIDS Community Action Program (ACAP), project reports from five of the seven regions, representing 85 percent of ACAP funding reported that 43,264 members of the target populations were reached through a variety of interventions intended to increase knowledge about HIV transmission and risk. Of those reached 45% reported that their knowledge about transmission and risk had increased as a result of the intervention and about 20 percent of the target population identified their intention to adopt behaviours that would reduce risk.

Under the National HIV Knowledge Exchange Fund, project reports indicate the capacity of community-based organizations to develop and deliver programs and services increased.

CHVI-funded projects have developed educational resources and delivered training workshops to increase knowledge, and address concerns and challenges in HIV prevention technologies.

### Effective programs: Prevention and health promotion in prisons

With funding received under the *Federal Initiative to Address HIV/AIDS in Canada*, the Correctional Service of Canada (CSC) continued to offer the Peer Education Course (PEC) and Aboriginal Peer Education Course (APEC); the Reception Awareness Program (RAP); Choosing Health in Prisons (CHIPs); and the Special Initiatives Program; to inmates in federal penitentiaries. PEC and APEC train inmates to provide knowledge transfer and support to other inmates around HIV and other blood borne

and sexually transmitted infections (BBSTIs). RAP, which is offered to all inmates at admission to CSC, provides information on BBSTIs, harm reduction measures, and health services available in CSC institutions.

CHIPs is a monthly newsletter showcasing a different health theme each month. In recognition of World AIDS Day each year, the theme for the December issue of CHIPs is HIV/AIDS. The Special Initiatives Program provides inmates with funding to undertake projects/activities related to BBSTI prevention for other inmates.

**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/AIDS prevention, testing, counseling, and treatment services to on-reserve First Nations as well as providing HIV/AIDS services to some Inuit communities south of the sixtieth degree parallel, designed to supplement those provided by provincial governments.

A wide range of activities have been supported including a project focused on building research capacity among Aboriginal community-based researchers from across Canada. Supported by Health Canada, the Canadian Institutes of Health Research (CIHR) and other stakeholders, the aim of this project was to generate new knowledge regarding targeted and culturally appropriate programs and policies.

The Public Health Agency of Canada through the Federal Initiative has provided approximately $2.0 million per year under the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund, to support projects that aim to reduce HIV incidence and facilitate access to testing, counselling, diagnosis, care, treatment, and social support for all Aboriginal People Living with HIV/AIDS (APHAs) and those at risk.

**Effective programs: Prevention and health promotion in schools**

The federal government has published and periodically updates the *Canadian Guidelines for Sexual Health Education*. The Guidelines provide a detailed framework that outlines principles for the development of comprehensive evidence-based sexual health education. The Guidelines provide information to inform the efforts of professionals working in the area of sexual health education and promotion, including curriculum and program planners, policy makers, educators (in and out of school settings) and health care professionals.

In support of the *Canadian Guidelines for Sexual Health Education*, and to provide more detailed information, resources, and evidence on sexual health education for specific populations, the federal government has published "*Questions and Answers: Sexual Orientation in Schools*" and "*Questions and Answers: Gender Identity in Schools*". The Questions and Answers resources address commonly asked questions

regarding sexual orientation and gender identity within school settings with the goal of supporting educators, curriculum and program planners, school administrators, policy makers and health professionals in the creation of supportive environments for sexual minority and gender variant youth.

### Supportive policy environment: International policy dialogues on *Reinvigorating HIV Prevention,* and *HIV/AIDS and Mental Health*

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 over the past two years on pressing issues to share best practices and lessons learned between the domestic and international partners in their responses to HIV/AIDS.

The *International Policy Dialogue on Reinvigorating HIV Prevention* was held on February 28 to March 2, 2011, in Ottawa, Canada. Approximately 65 participants from key high-resource low-prevalence countries including Australia, Canada, New Zealand, the United States, the United Kingdom, and Germany participated in the Dialogue. Participants represented government, research institutions, civil society, and community and international organizations, working in the areas of HIV education/awareness, service provision, policy and programme development, and research.

This policy dialogue facilitated exchange between representatives from countries experiencing similar challenges in HIV prevention to determine why HIV rates are not declining and to identify successful models of HIV prevention. This dialogue informed domestic and global policies, programs and interventions on HIV/AIDS prevention, focusing on the unique characteristics of high-resource low-prevalence settings with concentrated epidemics.

Participants identified a number of key strategic actions including next steps and potential roles for organizations and/or individuals to move policy and programming forward. One example of these strategic actions was the development and implementation of a network aimed at sharing research information, policy and programmatic approaches to respond to HIV/STI prevention challenges for men who have sex with men in high-resource low-prevalence settings.

The 7th International Policy Dialogue, focussed on HIV and mental health, took place January 30 to February 1, 2012 in Ottawa, Canada. Over 50 participants attended including policy makers, academics, people living with HIV/AIDS, and representatives of non-governmental and multilateral organizations.

In the last decade, there has been an increased interest in examining mental illness, mental health, and the association with both the experience of living with HIV/AIDS, and the course and management of the disease. While the link between mental health and HIV/AIDS has been established in academic literature, there has been a lag in the translation of research into policy and programmes for people at-risk of HIV infection

and those living with HIV/AIDS. The formulation and implementation of effective policies, strategies and/or programmes to integrate HIV and mental health services are needed.

It is anticipated that this Policy Dialogue will inform practices for diagnosing and addressing mental health among people living with HIV/AIDS while also addressing the impact of mental illness on HIV prevention. The identification of these best practices will help provide a better understanding of future work on education, policy development, programming and research and will strengthen partnerships for further policy discussions across sectors, including civil society groups, the donor community and governments.

The dialogue will also inform the Government of Canada's goals of promoting knowledge transfer, capacity building, technical exchange and collaboration across domestic and international responses to HIV, and ultimately to global policy development and achievement of the Millennium Development Goals.

**Supportive policy environment: Review of advisory and coordinating mechanisms**

Canada has several coordination and advisory bodies to help inform the domestic response to HIV/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, and the CHVI Advisory Board. CIHR also established the Canadian HIV AIDS Research Advisory Committee (CHARAC).

These committees serve to inform a comprehensive and coordinated approach across governments, sectors and stakeholder groups, and to provide advice on emerging issues to the federal Minister of Health and senior policy makers.

**Research: A Comprehensive Approach and Investment in Research**

The Canadian Institutes of Health Research (CIHR) currently develops and supports a wide range of research funding programs on behalf of the *Federal Initiative* and *CHVI* through the CIHR HIV/AIDS Research Initiative, which in turn is led by CIHR's Institute of Infection and Immunity.
CIHR has taken a very comprehensive approach to supporting HIV research and its application. Its strategic goals and activities span the spectrum of:

- increasing research capacity to ensure Canada has a strong cadre of HIV researchers across a range of disciplines;

- funding excellent research projects to add to the body of knowledge on HIV and effective responses to the epidemic; and

- encouraging and facilitating the translation and application of knowledge into enhanced programs and services that will reduce the transmission of HIV infections and improve the health and well-being of those infected. CIHR's unique approach is that of 'integrated knowledge translation'. This approach engages HIV community stakeholders throughout the process of generating and applying new knowledge, resulting in more relevant, more applicable evidence.

The six research priority areas of the CIHR HIV/AIDS Research Initiative include basic science, prevention technologies and interventions, drug development, determinants of health, health services and issues of co-infections and comorbidities. This comprehensive approach, along with the Government of Canada's investments in HIV/AIDS research, has resulted in a robust research and knowledge translation cycle

Through the Federal Initiative and CHVI, the Government of Canada has invested $22 million in HIV research funding per annum. Additionally, the HIV/AIDS research community has been increasingly successful in obtaining support through CIHR's funding programs that are open to broader areas of health research. Thus the total investments in HIV/AIDS research was $42 million in 2009-10 and $45 million in 2010-11.

**Research: Addressing National Priorities**

Over the past two years, the CIHR HIV/AIDS Research Initiative has developed a new CIHR HIV Comorbidity Research Agenda in order to address the complex health and health care needs of people living with HIV/AIDS. During the consultation process to develop this research agenda, the topic resonated strongly across all stakeholder groups given its relevance and importance to those infected.

**Research: Building multi-disciplinary HIV/AIDS research capacity and infrastructure**

CIHR is helping to enhance Canadian capacity and infrastructure for health research, including HIV/AIDS research. The CIHR HIV/AIDS Research Initiative has supported capacity-building initiatives such as:

- Two CIHR Strategic Training Initiatives in Health Research that focus on aspects of HIV/AIDS.
- Two Centres for Population Health and Health Services Research Development in HIV/AIDS.
- One CIHR Canadian HIV Trials Network (CTN): a national network of clinical investigators, physicians, nurses, people living with HIV/AIDS, pharmaceutical manufacturers and others that facilitate HIV clinical trials of the highest scientific and ethical standards.

In addition, CIHR manages additional large-scale research programs to further contribute to national and international knowledge development and translation:

- The Canadian HIV Vaccine Initiative (CHVI) for which CIHR is responsible for the Advancing Basic Science component. In partnership with CIDA, CIHR announced the funding of 5 teams of Canadian and international researchers in Vaccine Discovery and Social Research. This $17M funding opportunity will provide funding for up to five years.
- The CIHR Community-based Research Program in HIV/AIDS offers people infected and affected by HIV an opportunity for meaningful involvement in HIV research.
- The team grant program of the CIHR HIV Comorbidity Research Agenda.

**Partnership: Canada's participation at the XVIII International AIDS Conference**

Canada had a strong international presence at the XVIII International AIDS Conference (AIDS 2010), in Vienna, Austria in July 2010. Guided by the theme of "Rights Here, Right Now", Canadian researchers, scientists, community organizations, and governments worked together to represent Canada's achievements and to contribute to ongoing work in the field of HIV/AIDS.

The Government of Canada delegation, led by the Minister of Health and Chief Public Health Officer along with senior officials, engaged in a number of conference satellites, sessions and other bilateral meetings to inform Canada's domestic response and to contribute to the global response. In total, the Government of Canada coordinated and supported over 30 events. The Government of Canada also sponsored and supported partners to host 11 satellite sessions focusing on: vulnerable populations including men who have sex with men; indigenous peoples; people with disabilities; the African and Black Diaspora; and developments in vaccine and prevention technologies.

As part of the Government of Canada's horizontal approach to addressing HIV/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. Another example of multi-sectoral collaboration was demonstrated through the governmental and civil society responses to HIV/AIDS highlighted at the Canadian Exhibition Space – the 'Canada Booth'. The Canada Booth demonstrated Canada-wide leadership, actions and response to HIV/AIDS on the domestic and global scale, and fostered inter-sectoral engagement and knowledge exchange. A total of 16 presentations were delivered at the Canada Booth throughout the conference.

The CHVI was the co-sponsor of a satellite session, *Turning the Page on AIDS Vaccine Research: Life After the Thai Prime-Boost Trial.* The main objective of this session was to look back at: the challenges and accomplishments in the past 25 years of HIV vaccine research; recent progress and future directions in HIV vaccine research and development, which included discussions on next steps following the RV144 Thai prime-

boost study; developing the next generation of vaccine candidates for testing; the roadmap for improving HIV vaccine research; and to look at the way forward.

At AIDS 2010, the Government of Canada and the Bill & Melinda Gates Foundation announced the renewal of their commitment of up to $139 million to implement the Canadian HIV Vaccine Initiative with funding made available until 2017.

**Knowledge translation: Population-Specific HIV/AIDS Status Reports**

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

PHAC is developing status reports related to specific populations to provide a comprehensive evidence base to inform public health responses to HIV/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. In 2010, the *Population Specific HIV/AIDS Status Report: Aboriginal Peoples* was published and widely disseminated.

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.

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

Canada has developed innovative second generation surveillance systems to monitor prevalence, incidence and risk behaviour associated with HIV and other relevant sexually transmitted and blood borne infections. These enhanced systems combine behavioural and biological surveys conducted among targeted vulnerable populations at sentinel sites across Canada. This type of surveillance facilitates the identification of emerging epidemiological trends, direction of intervention efforts on populations currently at greatest risk, and evaluation of whether current intervention goals are being met. By focussing on populations at risk, the system can provide an early warning system by collecting risk information among uninfected individuals.

At present, surveillance systems developed and implemented include *E-Sys* which focuses on street-involved youth, 15-24 years; *I-Track* which concentrates on persons who inject drugs; *M-Track* which looks at gay, bisexual and other men who have sex with men and *A-Track* launched in December 2011 to determine the feasibility of conducting enhanced surveillance amongst Aboriginal populations. Work is continuing on *E-Track* to expand the information and knowledge-base available to public health professionals and Canadians regarding behaviour that affects the transmission of HIV

among people where HIV is endemic. The surveys will focus on people in selected Canadian cities who originate from HIV endemic countries in Sub-Saharan Africa and the Caribbean.

Findings from these surveillance systems are used in the development of population specific HIV/AIDS status reports, HIV/AIDS and HCV epidemiological updates, national surveillance and specific sentinel site reports and in a selection of knowledge products including scientific and conference publications.

In 2010, the *HIV/AIDS in Canada: Surveillance Report to December 31, 2009* and *HIV/AIDS Epi Updates (July 2010 edition*[22]*)* were released. Additionally, *Epi Updates on Hepatitis C virus (HCV)* in youth aged 15 to 24 years[23] and among Aboriginal peoples[24] were made available in 2011.

**Capacity building: Clinical trial capacity building and networks**

The CHVI has provided over $20 million toward capacity-building activities for HIV prevention trials and initiatives to improve regulatory capacity in low-to-middle income countries. This includes: the establishment of seven Canada-Africa research teams; the development and delivery of regulatory training sessions through vaccine and clinical trial forums; and enhanced support for the participation of emerging national regulatory authorities.

**Capacity building: Strengthening Health Systems in Low and Middle Income Countries**

CIDA supported the effort to reduce the prevalence of STI and HIV/AIDS in the department of Artibonite, Haiti, by improving health system structures and training staff to provide quality services to the general population and groups most at risk. Today, 99 percent of the 24 health establishments in Bas-Artibonite offer community services to over a million residents and have at their disposal the entire range of drugs to combat sexually transmitted infections. This has resulted in a significant refocusing of the skill sets of health workers and their provision of preventive and curative services for these diseases.

**Balancing Canada's Immigration Needs with Public Health in Canada**

Citizenship and Immigration Canada (CIC) has the mandate to control the entry of foreign nationals to Canada, and is governed by the *Immigration and Refugee Protection Act* (*IRPA*). Under the *IRPA*, a foreign national is inadmissible on health grounds if their health condition is likely to be a danger to public health, a danger to public safety or might reasonably be expected to cause excessive demand on health or

[22] http://www.phac-aspc.gc.ca/aids-sida/publication/ungass09/pra-eng.php
[23] http://www.phac-aspc.gc.ca/sti-its-surv-epi/hepcyouth-jeunes-eng.php
[24] http://www.phac-aspc.gc.ca/sti-its-surv-epi/hepcaboriginal-autochtones-eng.php

social services. Foreign nationals applying for permanent residency and certain foreign nationals applying for temporary residency are requested to submit to an immigration medical examination (IME) which includes HIV testing for individuals of 15 years of age or over or at any age if there are known risk factors for HIV.

In implementing this requirement, CIC strives to strike a balance between the facilitation of entry of foreign nationals and the protection of the health and safety of Canadians. HIV positive foreign nationals applying to CIC for permanent or temporary residency (such as migrant workers) are not automatically excluded from migration. Those applicants would be assessed as any other applicants identified with a serious medical condition that may lead to inadmissibility on health grounds. The mere presence of HIV is not considered a danger to public health or danger to public safety.

Citizenship and Immigration Canada (CIC) requires counseling for HIV-positive applicants, informing them of safer sex practices and appropriate health care. HIV-positive applicants coming to Canada also receive an information hand-out on HIV/AIDS explaining how they can contact a health clinic specializing in HIV following their entry into Canada. CIC also facilitates linkage of HIV-positive applicants diagnosed overseas who entered Canada with provincial/territorial public health authorities.

## V. Major challenges and remedial actions

### *Developing discrete approaches to address HIV/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 challenges of using a uniform approach to address diverse prevention, diagnosis, care or treatment needs require a more tailored response to be most effective.

The Population-Specific HIV/AIDS Status Reports, developed in collaboration with representatives from the eight key populations in Canada, will aim to inform specific programmatic responses and funding priorities.

### *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.

In an effort to expand the offer for HIV testing within the primary care setting, the federal government will be publishing new Guidelines for HIV Testing in 2012. The guidelines recommend that primary care physicians extend the offer of voluntary HIV testing as a part of routine health care using an approach that simplifies the testing process, and reflects the operational challenges facing health care providers. The goal of the guidelines is to further increase access to HIV testing, thereby decreasing the number of people unaware of their HIV status and ensuring that antiretroviral therapies are made available to those testing HIV positive, as appropriate.

### *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 close to 200 participants and solicited feedback on a range of issues including essential elements, qualities and principles of HIV prevention.

The results of this consultation have informed the development, in collaboration with an expert working group, of a pan-Canadian policy framework to articulate a comprehensive vision for the prevention of HIV and related co-infections (other sexually transmitted and blood borne infections, as well as tuberculosis). The framework is currently being finalized.

The Public Health Agency of Canada (PHAC) provides leadership and direction for coordination of national HIV/AIDS surveillance systems as well as national enhanced HIV surveillance surveys among most key populations. The data from these surveillance activities is used to guide HIV prevention and control programs. Regular and ongoing collaboration with provincial and territorial jurisdictions allows for increased data quality and standardization.

### *Addressing the determinants of health*

Horizontal partnerships between PHAC and other federal government departments actively seek to reduce vulnerability to HIV/AIDS. Human Resources and Skills Development Canada (HRSDC) led the development of the Canadian position for the 2009 and the 2010 text negotiations to develop the International Labour Organization standard - *Recommendation 200: HIV/AIDS and the World of Work* – the first human rights standard for HIV and the labour force.

*Recommendation 200* seeks to strengthen universal access to HIV prevention, treatment, care and support and specifically focuses on health promotion and the

determinants of health to provide guidance to governments, employers and workers to develop and implement national policies on HIV/AIDS in the world of work; develop specific measures on occupational health and safety, reasonable accommodation, programmes of voluntary testing and counselling, and programmes of prevention, treatment and care; identify priorities and strategies for one common goal—securing the rights based approach to HIV/AIDS in the workplace; and serve to mitigate the impact of stigma and discrimination on people living with HIV/AIDS (PHA) in private and public sectors.

Consultations engaged provincial and territorial departments of labour; Canadian worker and employer organizations; civil society (e.g. Canadian Labour Congress, CWGHR[25], the Canadian HIV/AIDS Legal Network); and federal leads (e.g. PHAC, Health Canada, CIC[26] and DFAIT[27]). Canada adopted *Recommendation 200* on June 17, 2010.

To fulfill its obligations, the federal government completed an environmental scan and report indicating how Canada is implementing *Recommendation 200*.
The Labour Program at Human Resource and Skills Development Canada and the Public Health Agency of Canada partnered to develop a Canada best practice report in consultation with key federal departments and civil society.

The report outlines the collective roles and responsibilities of federal, provincial and territorial actors involved in law, policy and practice pertaining to HIV and the workplace. The report further captures current law, policy and practice; and good practice examples across government jurisdictions and civil society in labour, occupational health and safety, public health sector and additional related sectors as they may apply to the implementation of *Recommendation 200*. The Report shows that Canada is positively and extensively engaged in addressing the Recommendation's provisions. Many initiatives began well in advance of the adoption of the Recommendation in June 2010.

In 2009, the Government of Canada's Assistant Deputy Minister Committee (ADMC) on HIV/AIDS hosted the first Interdepartmental Policy Forum on the Determinants of Health and HIV/AIDS gathering 14 federal government departments and agencies representing health and non-health sectors. In 2010, follow-up discussions with the ADMC led to the development of options for action on some priorities that were identified in the dialogue report released in 2011. The report promoted inter-sectoral horizontal collaboration to promote health and well-being for all Canadians by collaborating to address the broader social and economic determinants of health.

Canada recognizes that an integrated approach to addressing the full continuum of HIV prevention, treatment, care and support globally goes beyond the health sector; mutually supportive and reinforcing programming across education, social, and

[25]Canadian Working Group on HIV and Rehabilitation
[26] Citizenship and Immigration Canada
[27] Foreign Affairs and International Trade Canada

economic sectors, including gender equality are supported to reduce the burden and stop the spread of HIV/AIDS. Equality between women and men is a cross-cutting theme for Canada's international development assistance, including its efforts to address HIV/AIDS.

For example, through the Legal Empowerment of Women Initiative (LEWI), CIDA aims to improve women's access to property and inheritance in the context of HIV/AIDS prevention. Under LEWI, $3 million over three years has been provided to UN Women for the Fund for Women's Property and Inheritance Rights in the Context of HIV/AIDS. To date, this funding has provided catalytic resources to NGOs or networks, at the community and grassroots levels, working at the intersection of women's property and inheritance rights and HIV/AIDS. The Fund has awarded small grants to twenty organizations in nine countries: Cameroon, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe.

### *Strengthening the national response*

Under Canada's federal system, each level of government has a role in the national response to HIV/AIDS. The impact of HIV/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 address the challenges associated with working across jurisdictions and ensure the resources necessary to meet the complexities of HIV/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) has been providing public health policy and program advice and to promote intergovernmental collaboration in the area of HIV/AIDS. This committee is composed of government officials whose work focuses on HIV/AIDS and/or other sexually transmitted and blood borne 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.

A national health surveillance system is in place to collect data from provinces and territories and to develop national summaries and analyses. On-going HIV/AIDS surveillance and epidemiology activities produce or contribute to population-based and population specific reports. Knowledge of factors that that contribute to the spread of HIV infection is advanced through augmented HIV and risk behaviour surveillance programs.

The renewed *Leading Together: Canada Takes Action on HIV/AIDS* , which has been updated with the engagement of stakeholders from the variety of Canadian perspectives, provides an opportunity for co-ordinated cross-sectoral responses to current and emerging issues related to HIV/AIDS in Canada, .

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

### *Addressing disclosure needs*

Disclosure of HIV-positive status to sexual partners and drug-equipment sharing partners is an important public health goal that ultimately helps decrease the transmission of HIV. Across Canada, public health services, community care and support programmes offer assistance to people living with HIV/AIDS to facilitate disclosure. The Government of Canada is revising the *1995 Guidelines for HIV Testing in Canada*. The revised guidelines will include public health guidance regarding the need to disclose HIV infection to sexual and drug-equipment sharing partners in order to prevent the onward transmission of the disease.

### *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.

At the regional level, the AIDS Community Action Program (ACAP) has pursued an integrated approach to communicable diseases including co-infection with HIV/AIDS and other sexually transmitted infections and viral hepatitis. The key populations reached by ACAP experience multiple health issues as a result of high-risk activities. 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 AIDS Community Action Program Evaluation Summary Report 2007-09 , March 2010, concluded that the AIDS Community Action Program (ACAP) funded projects succeeded in reaching out to and engaging many of the Federal Initiative to Address HIV/AIDS in Canada's key populations. The evaluation recommended that ACAP be

repositioned within the broader context of sexually transmitted and blood borne diseases, with an integrated funding approach to address HIV/AIDS, hepatitis C, and health determinants that also affect other sexually transmitted infections. Better positioning will strengthen the reach to specific at-risk populations.[28]

### *Increasing global access to medicine*

People living with HIV have an estimated 20 to 30 times greater risk of developing active TB than people without HIV infection. Furthermore, one in four AIDS-related deaths is precipitated by TB and it is estimated that between 2011 and 2015, two million people living with HIV will die of TB if no action is taken. TB and HIV form a deadly combination but studies have demonstrated that is possible to reduce AIDS deaths worldwide considerably by preventing and treating TB.

In an effort to prevent and treat TB, the STOP TB Partnership's Global Drug Facility (GDF) works to improve the supply and distribution of TB drugs in developing countries. In addition to providing procurement services, the GDF conducts in-country monitoring missions and provides technical assistance to support national TB control programmes to strengthen their drug management systems. Canada was the founding donor of the GDF and has been the single largest donor for the provision of basic TB drugs since the GDF started in 2001. Since the inception of the GDF, CIDA has contributed roughly $142 million resulting in the shipment of more than 16 million patient treatments to over 100 countries.

Access to affordable medicines has been a focus of international HIV/AIDS action for years. 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. 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 importing countries who have declared an interest via the notification process. The Regime continues to be in place.

In addition to CAMR, the Government of Canada established a tax incentive for pharmaceutical companies that donate drugs to developing countries.

## 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.

[28] http://www.tbs-sct.gc.ca/dpr-rmr/2010-2011/inst/ahs/ahs02-eng.asp DPR

The *Federal Initiative* and the *CHVI* have monitoring and evaluation plans for the federal investment in HIV/AIDS. The inter-departmental performance management strategy comprises data collection plans, evaluation plans, and regular reporting commitments. These frameworks provide opportunities for shared priority setting, as well as a record of progress towards reaching the federal targets. 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 stakeholder associations in order to conduct national surveillance and research on the epidemiology, risk behaviours, and laboratory science related to HIV/AIDS and other sexually transmitted infections.

Surveillance programs provide a roll-up of provincial and territorial HIV/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/AIDS; help guide and evaluate HIV prevention; and assist with ongoing epidemiology and management. National level HIV/AIDS monitoring and evaluation are possible as a result of all provinces and territories participating in and setting directions for HIV/AIDS surveillance.

**Performance Measurement and Evaluation within the Canadian Institutes of Health Research**

In 2009, CIHR undertook a comprehensive evaluation of the Community-based Research Program in HIV/AIDS. The goals of this consultation were to contribute to better decision making regarding how best to deliver the program to meet the needs of stakeholders, and to provide objective information regarding future funding tools for the program's funding streams. Between 2009 and 2011, CIHR responded to the consultation results by implementing a range of changes and improvements focused mainly on streamlining the program; providing tools and skills-building for first time applicants; and promoting the program to new audiences.

The evaluation also suggested a more in-depth review of the existing suite of funding opportunities to ensure their on-going relevance and responsiveness to the needs of the HIV community. In 2010, CIHR conducted a two-staged consultation consisting of a web-based survey, and key informant interviews of its funding mechanisms. The findings will guide the decisions of the Steering Committee in the years ahead including the development of the aforementioned Collaborative Centres of HIV/AIDS Community-Based Research.

In 2010 and 2011, the CIHR HIV/AIDS Research Initiative enhanced its performance measurement strategy and ability to report on investments across research priority areas and key populations, as defined by the *Federal Initiative to Address HIV/AIDS in Canada*. The Initiative can now better analyze trends in its investments over time, which will enhance its ability to identify and address gaps in research investments.

In 2011, the CIHR Institute of Infection and Immunity (CIHR-III) and its CIHR HIV/AIDS Research Initiative participated in the second International Review of CIHR. The purpose of the International Review was to assess whether CIHR and its Institutes have effectively fulfilled their mandate; and how they can improve in this regard. CIHR and CIHR-III have thoroughly considered the recommendations of the International Review panels and will take action to respond and improve on the delivery of their mandates.

In general, CIHR, CIHR-III and the HIV Initiative were evaluated favourably. CIHR-III was recognized for achieving successful and energetic leadership at the national level, and for setting priorities and developing research programs that will reduce the global burden of infection and immune-based diseases. Assessed as part of CIHR-III, the review panel noted in particular the transformative effect the HIV Initiative has had on HIV/AIDS community-based research. The panel also acknowledged the important outcomes that have been generated across a broad range of HIV research – including biomedical, population health, health services and community-based research – which are increasing awareness of and the ability to address HIV/AIDS issues.