

MESSAGE FROM THE MINISTER

On December 1, 1997, I made public our commitment for a new approach to the HIV/AIDS issue in Canada. At that time I said that the reality of the disease required a new approach which would recognize the changing face of the epidemic and address emerging issues.

Specifically, I announced an approach that put more emphasis on prevention programs to promote safe practices among groups which are vulnerable because of social and economic marginalization such as Aboriginal peoples, women, intravenous drug users, young gay men and prison inmates.

This document, *The Canadian Strategy on HIV/AIDS: Moving Forward Together*, highlights the details of the new approach that is desperately needed to meet the challenges of HIV/AIDS into the 21st century.

This Canadian Strategy is the direct result of extensive and unprecedented consultations which took place in the fall of 1997 in communities all across the country. It builds on the advice and guidance we heard from those Canadians who know HIV/AIDS best.

The Strategy was developed in collaboration with the provinces and territories, the research community, community-based organizations, at-risk groups, Aboriginal communities, health care professionals, persons living with HIV/AIDS, and the private sector.

Canada is a caring society. This is a national quality of which Canadians can all be proud. It is also an attribute that is reflected in the measures which are the basis of the new Strategy.

I offer my most sincere thanks to those who made the new Strategy richer and more relevant by their contributions. I believe that together we are wiser and stronger. Together, we can move forward to a time when HIV/AIDS no longer is an issue in Canada.

A handwritten signature in black ink that reads "Allan Rock". The signature is written in a cursive, flowing style.

The Honourable Allan Rock
Minister of Health

INTRODUCTION

Increasingly, Canadians know someone who is infected with HIV or has AIDS. There are over 40,000 Canadians living with HIV/AIDS. These are our brothers, our sisters and our children.

Allan Rock, Federal Minister of Health, December 1, 1997

HIV/AIDS remains a significant international and national issue. Despite advances in some areas, it is not going away.

The bulk of the HIV and AIDS burden lies ahead, not behind. More new cases of AIDS will be diagnosed in the last five years of this century than were diagnosed during the first fifteen years of the epidemic.

The human immunodeficiency virus (HIV) which leads to AIDS is mutating, evading therapies and making it more difficult to stop the epidemic.

The financial burden that will result from increased infections is matched only by the enormous human cost.

The challenges which lie ahead are too great and too complex for a single government or a single agency. The ability to build on partnerships already in place is essential if our country is to make further progress.

It is for these reasons that the Government of Canada has approved annual funding of \$42.2 million to continue HIV/AIDS efforts. Previous HIV/AIDS initiatives were time-limited. This new funding will ensure the sustainability of our efforts well into the 21st Century.

The new Strategy will focus on those most at risk of infection by targeting high-risk behaviours in hard-to-reach populations. It will also consider the social, economic, legal, ethical and human rights issues involved in fighting HIV/AIDS within these populations. People living with HIV/AIDS will have a central role in providing expertise and leadership on these issues. HIV/AIDS research will be better integrated nationally and internationally. Our surveillance capacity will be expanded.

An unprecedented national consultation process that involved provinces and territories, organizations and individuals showed us the direction and the role of each of the players. It identified available resources, effective strategies, and efficient models for the task ahead. These consultations helped chart a new course for Canada's continuing response to HIV/AIDS. We have listened and have learned what is needed to move forward.

THE NATIONAL AIDS STRATEGY — A BRIEF HISTORY

The first Canadian case of AIDS was identified in 1982. Since then, over 50,000 Canadians have been infected with HIV. Today, those infected with HIV may remain without symptoms for a period exceeding 10 years before AIDS develops. No vaccine exists to prevent HIV infection. There is still no cure.

In 1990, Phase I of the National AIDS Strategy was launched. This Strategy committed \$112 million over three years to support a variety of research, surveillance and community development activities. Significant progress was made in education, prevention, care and treatment. It supported grassroots groups and other non-governmental organizations in their fight against HIV/AIDS, and it laid the groundwork for future partnerships with provincial and federal departments and agencies.

Phase II which committed \$211 million over five years was launched in March 1993. It responded to the growing complexity of HIV/AIDS in Canada and the need for an extended commitment of time, funds and energy.

Phase II emphasized the building of partnerships — with other federal departments, provincial and territorial governments, non-governmental organizations, the private sector, professional groups and major stakeholders. Our knowledge base broadened significantly. Progress was made in educating Canadians — in schools, in the workplace, in the community. National surveillance systems were put in place. Guidelines for training health care professionals about HIV/AIDS were developed. Innovative models of individual and family care and support were introduced. More effective drugs and therapies were found and made available.

By the end of Phase II in March 1998, Canadians could look back on the substantial progress that had been achieved. Thanks to better treatment, there were 33% fewer AIDS cases in 1996 than in 1995, and 36% fewer deaths related to HIV. From their first appearance to the end of the 1980s, HIV infections were primarily concentrated in two population groups: gay men and people infected through the blood supply. Education and prevention efforts have greatly reduced the risk to many gay men, while improvements to the blood system have meant that Canadians have blood and blood products as safe as those used in any developed country. Progress has been made, but it is not enough.

A NEW STRATEGY FOR A CHANGING REALITY

Every day, approximately 11 Canadians become infected with HIV. There have been disturbing increases among those who are often socially and economically vulnerable. Injection drug users, women living in poverty, Aboriginal peoples, young gay men and prison inmates are increasingly threatened by the disease.

Another troubling finding is that we have obviously not reached young Canadians. The median age of infection has dropped from 32 years in 1982-1983 to 23 years in 1986-1990. Fear, stigma and discrimination continue to work against prevention and treatment efforts. HIV/AIDS is not yet medically manageable or curable. We have to rethink our approach.

When we look beyond our borders, we find even more reasons to strengthen and expand our Strategy. It is estimated that there are 22 million people with HIV/AIDS worldwide. Six million have died. The disease respects no boundaries and discriminates against no one. We could not and cannot afford to be complacent. We and our partners have to engage in new HIV/AIDS efforts.

Our vision is to move towards a nationally shared Strategy with improved collaboration among all levels of governments, among communities, non-governmental organizations, professional groups, institutions and with the private sector.

The following policy directions will guide the implementation of the new Strategy:

- **enhanced sustainability and integration** — new approaches and mechanisms will be put in place to consolidate and coordinate sustained national action in the long term;
- **increased focus on those most at risk** — innovative strategies will be devised to target high-risk behaviours in hard-to-reach populations that are often socially and economically marginalized; and,
- **increased public accountability** — increased evidence-based decision making and ongoing performance review and monitoring will ensure that the new Strategy continues to be relevant and responsive to the changing realities of HIV/AIDS.

These policy directions are based on the goals of the Strategy which were developed in collaboration with stakeholders. **The goals of the Strategy are to:**

- prevent the spread of HIV infection in Canada;
- find a cure;
- find and provide effective vaccines, drugs and therapies;
- ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers;
- minimize the adverse impact of HIV/AIDS on individuals and communities; and
- minimize the impact of social and economic factors that increase individual and collective risk for HIV.

One of the important innovations of the Strategy is the creation of a Ministerial Council on HIV/AIDS which will bring together expertise that

encompasses all aspects of HIV/AIDS in Canada, including a strong voice of people living with HIV/AIDS. This Council will provide ongoing advice to the Minister of Health in four crucial areas: keeping the Strategy flexible and responsive to the changing nature of the epidemic; promoting alliances and joint efforts; reaching and responding to the needs of groups at risk; and assisting in the development of long-term plans for future action on HIV/AIDS. The Minister will meet with the Council at least once a year, and will report on the progress of the Canadian Strategy on HIV/AIDS each December 1st: World AIDS Day.

THE NEW CANADIAN STRATEGY ON HIV/AIDS

1. FUNDING

Funding allocations were reached through extensive consultations with a group of national non-governmental organizations working in the area of HIV/AIDS. Funding priorities will be reviewed yearly to ensure that the money is going to where it is most needed. Strategy funds will support initiatives on HIV/AIDS that build on the work already being undertaken under existing Health Canada mandates.

Annual funding for the Canadian Strategy on HIV/AIDS of \$42.2 million will be distributed as follows:

Prevention	\$3.9 million
Community Development and Support to National NGOs	\$10.0 million
Care, Treatment and Support	\$4.75 million
Research	\$13.15 million
Surveillance	\$4.3 million
International Collaboration	\$0.3 million
Legal, Ethical and Human Rights	\$0.7 million
Aboriginal Communities	\$2.6 million
Consultation, Evaluation, Monitoring and Reporting	\$1.9 million
Correctional Service of Canada	\$0.6 million
Total	\$42.2 million

It should be emphasized that this money is not the only contribution from the federal government. Millions of additional dollars are also contributed annually to address HIV/AIDS issues through such agencies as the Canadian International Development Agency, the Medical Research Council and Human Resources Development Canada.

2. PROGRAM COMPONENTS

i) Prevention

Currently, prevention is the only defence against HIV.

Previous prevention efforts have been successful in reducing HIV infection among many gay men and have had some impact in other vulnerable populations. These groups — injection drug users, Aboriginal Peoples, gay youth, socially and economically vulnerable women — are now being infected at an increasing rate and are much harder to reach through traditional prevention programs.

The dollar cost of preventing a case of HIV/AIDS is only a fraction of the cost of treating and caring for someone once he or she becomes infected. This fact, together with our commitment to averting human suffering wherever possible, makes prevention one of our most important activities under the Strategy.

To prevent the spread of HIV, we will work with others to:

- support new research that examines what puts people at risk for getting HIV and widely share the knowledge gained from this research;
- provide funding for innovative prevention projects for populations which are most at risk for HIV/AIDS;
- increase the public's understanding of HIV/AIDS;
- disseminate information and knowledge about prevention activities which have been proven to work well;
- distribute scientific information regarding populations that are affected or vulnerable to infection, so that the necessary prevention initiatives can be undertaken; and
- support the education of health, social service, and education professionals on HIV/AIDS prevention issues.

Examples of major prevention initiatives to be undertaken include:

- continue to expand the prevention research agenda to address existing and emerging at-risk populations;
- updating and expanding the capabilities of the National AIDS Clearinghouse to better respond to Canadians' HIV/AIDS information needs; and
- development of a prevention database to provide worldwide access to Canadian HIV prevention activities.

ii) Community Development and Support
to National Non-Governmental Organizations

Community Development: Community Development is the cornerstone of an effective response to HIV/AIDS. Much of the work done so far to reduce the spread of HIV through prevention, care and support has been accomplished by non-profit, voluntary organizations and community groups. Federal support to date has been essential in helping to build and maintain this community-based infrastructure from coast to coast.

Under the new Strategy, funding will be provided through the AIDS Community Action Program (ACAP) to:

- increase the abilities of these organizations to better serve the needs of those most at risk of becoming infected; and
- sustain these organizations in their role as a direct link to rapidly changing local conditions across the country.

Examples of major community development initiatives to be undertaken include:

- creating and strengthening mechanisms for regional priority setting which will allow greater regional flexibility that is both accountable and transparent. This priority setting will be undertaken with community-based partners including people living with HIV/AIDS.

Support to National Non-Governmental Organizations: Strong national organizations are essential to coordinate the vast network of community groups across the country. Financial support will be directed to those national organizations with a primary mandate to address HIV/AIDS to:

- build and maintain their networks of community-based groups and organizations; and
- address emerging issues at the national level.

Examples of major initiatives involving support to national organizations include:

- providing support for the shift towards a pan-Canadian strategy through collaboration with national stakeholders to assist them in addressing national priorities.

iii) Care, Treatment and Support

The need for care, treatment and support for Canadians living with HIV/AIDS is growing. More people are being infected, and are living longer with the virus. The increasing complexity of the epidemic is making it harder to care for individuals and support their caregivers. More and more, these individuals exist outside the mainstream of our society, socially, economically and culturally. They have a more difficult time getting the services they need to cope with HIV or AIDS. As a nation we are proud of our health care system's universality and wish to sustain it. The care, treatment and support of those of us affected by HIV/AIDS embodies our commitment to that ideal.

A new approach has been fashioned through consultations with those working in the field of HIV/AIDS. Work under this component will:

- support the best treatment possible for people living with HIV/AIDS by their professional and non-professional caregivers; and
- identify and eliminate potential barriers that prevent us from giving the best care and support to people living with HIV/AIDS.

To achieve these goals, a National HIV/AIDS Treatment Information Network will be available to Canadians and stakeholders around the world. A response plan will be developed to counter barriers to treatment and gaps in care. The knowledge gained from these activities will help cultivate the skills and strategies necessary to provide care, treatment and support for those infected, their families, friends and caregivers. It is also essential that the quality and accuracy of HIV laboratory testing be maintained.

A person's ability to cope with the life and death struggle with HIV/AIDS is directly related to his or her psychological health and support system. Under the new Strategy, ways to promote the wellness of persons with HIV/AIDS throughout their life and ways to improve the quality of their life will be developed through the creation of more supportive environments. Professionals and non-professionals will have access to more effective training, based on nationally shared information and resources. Poverty, inadequate housing, poor nutrition and financial need will be addressed through a framework for HIV/AIDS and mental health.

Examples of major care, treatment and support initiatives to be undertaken include:

- continued funding and support for the National HIV/AIDS Treatment Information Network;
- continued support for psychosocial initiatives to improve care, support and quality of life of those who are infected and affected by HIV/AIDS;
- continued support on issues related to families and children affected by HIV/AIDS;
- establishment of a National Working Group on Rehabilitation which will bring together government, consumers, professionals and the private sector to address issues related to disability, rehabilitation care and work;
- maintenance and updating of national resources on care, treatment and support in order to better respond to emerging HIV/AIDS issues.

iv) HIV/AIDS Research

HIV/AIDS research continues to be crucial; much still needs to be learned about this complex disease and the best ways to respond to it. The quest to extend life spans and reduce mortality is showing signs of success and will continue. We will develop a better understanding of how the social, economic, medical and scientific aspects of HIV/AIDS relate to each other. We will also increase our knowledge and our capacity to perform productive research to create effective drug treatments and to assess our effectiveness in delivering treatment.

The Research Program will build upon the strong base that was established in previous years and will:

- support scientific excellence in HIV/AIDS research;

- make HIV/AIDS research a permanent part of established academic and other research institutions;
- increase the involvement of communities in deciding research priorities;
- ensure that research dollars are spent effectively and that the results of research are well-used in the fight against HIV/AIDS;
- maintain a strong epidemiological research base;
- increase research in Aboriginal communities;
- improve coordination of HIV/AIDS research funding; and
- provide support for the Canadian HIV Clinical Trials Network.

Specific funding under the Strategy will be dedicated for community-based research initiatives and Aboriginal research as well as social and applied research. We will also support research on how HIV/AIDS relates to the Canadian health system and the development of health policy. Peer review will continue to be an essential element of all research funding.

Research funds will continue to be spent in the biomedical and clinical fields and will be administered jointly by the National Health Research and Development Program of Health Canada and the Medical Research Council of Canada.

Epidemiological research will also be supported. Under the new Strategy, we will: investigate outbreaks and clusters of HIV infection; generate knowledge of HIV epidemiology by supporting various studies; assess the extent of HIV/tuberculosis co-infection in Canada; track occupational and other rare exposures and develop methods to reduce them; and gather and transmit epidemiological information to partners, the media and the public. The Ministerial Council on HIV/AIDS will also receive the latest epidemiological information in order to provide the best possible advice.

Examples of major research initiatives to be undertaken include:

- increased community-initiated research which will include community members as active collaborators, rather than as research subjects;
- continued support for a Field Epidemiology Training Program which improves the national capacity to investigate outbreaks of HIV infection and other urgent HIV-related health problems;
- establishment of an Aboriginal Research Program to better understand HIV transmission and risk factors within Aboriginal communities and to increase the capacity for Aboriginal peoples to undertake HIV/AIDS research; and
- continued funding for the Clinical Trials Network, an organization which supports research on promising HIV/AIDS treatments.

v) Surveillance

Since 1983, AIDS surveillance has been the principal mechanism for monitoring the AIDS epidemic. Early, accurate and ongoing reporting has proven to be critical to prevent and contain outbreaks of HIV. Yet problems of stigma, ostracism and fear persist, making people afraid to report their HIV status. Precise numbers are therefore difficult to establish. Improvements in surveillance will range from better communication and more usable surveillance systems through greater community participation, to more specific analyses of trends and projections.

Examples of major surveillance initiatives to be undertaken include:

- enhancement of the AIDS Case Reporting and Surveillance System;
- further development and improvement of existing HIV Surveillance Systems across Canada through collaboration with provinces and territories;
- implementation of a strategy to integrate HIV/AIDS electronic databases across Canada on a province-by-province basis; and
- establishment of community advisory mechanisms and processes to address HIV/AIDS surveillance issues.

vi) International Collaboration

HIV remains a truly worldwide issue that respects no boundaries and discriminates against no one. Ethically, politically and economically, it is vital to participate in the development of the global knowledge base and to help others by sharing Canada's experience and expertise.

As part of the new Strategy, we will continue to contribute to the global fight against HIV/AIDS by:

- strengthening our information sharing, including expertise and research, with other countries and international organizations;
- participating in international fora related to HIV/AIDS;
- increasing Canadian influence on the global response to HIV/AIDS; and
- coordinating the Government of Canada's international activities related to HIV/AIDS.

Examples of major international collaboration initiatives to be undertaken include:

- establishment of a steering committee comprised of Canadian NGOs and others with an interest in international HIV/AIDS issues to improve the strategic management of Canada's international HIV/AIDS collaboration efforts;
- development of policy and program initiatives for the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the Pan-American Health Organization; and
- coordination and facilitation of Canadian participation at International HIV/AIDS Conferences.

vii) Legal, Ethical and Human Rights Issues

Fear, stigma and discrimination still surround HIV/AIDS creating barriers to effective prevention, care, treatment and support.

Under the new Strategy, funding will continue to target and address such issues as:

- human rights protection for people living with HIV/AIDS, affected communities and marginalized groups;
- protection from HIV/AIDS-related discrimination in the workplace, in schools and in small communities;
- testing and confidentiality;
- access to care, treatment and support for injection drug users;
- laws and policies regulating sex trade workers; and
- travel and immigration restrictions.

Examples of major legal, ethical and human rights initiatives to be undertaken include:

- establishment of a policy framework and action plan to address legal, ethical and human rights issues which will be developed in collaboration with the Ministerial Council on HIV/AIDS and stakeholders.

viii) Aboriginal Communities

Since 1984, the number of AIDS cases among Aboriginal Canadians has risen steadily, particularly among women and those under 30. As with all populations threatened by the spectre of HIV/AIDS, the key to prevention and treatment is knowledge.

Under the new Strategy, dedicated funding will be in place to develop partnerships with Aboriginal communities to address the unique needs of Aboriginal peoples living on-reserve or in urban settings. Aboriginal peoples must have the information, skills and means to prevent HIV/AIDS and care for and treat the infected and affected within their communities. This will be an ongoing priority of the new Strategy.

Initiatives to address the needs of Aboriginal communities will include:

- prevention through education and promotion of information;
- community development including support for Aboriginal HIV/AIDS organizations;
- better care, treatment and support for Aboriginal Canadians living on-reserve and in urban settings; and
- improved coordination of HIV programming within Aboriginal communities.

Examples of major Aboriginal initiatives to be undertaken include:

- establishment of a national Aboriginal advisory group to define and guide future actions;
- providing support for an Aboriginal-specific national HIV/AIDS education campaign;
- development of standards and guidelines for Aboriginal-specific prevention, care, treatment and support; and
- design and implementation of training programs for community-based health teams to address HIV prevention, care, treatment and support on-reserve.

ix) Consultation, Evaluation, Monitoring and Reporting

The Canadian Strategy on HIV/AIDS is an enormous undertaking and must be managed efficiently and effectively to make sure that we get the most from our investment.

Accordingly, the new Strategy will:

- initiate policy and program coordination mechanisms to maximize full Canadian participation;
- strengthen Canada's ability to address HIV/AIDS in the long term through the development of healthy public policy leading to better HIV/AIDS prevention and healthier lives for those infected; and
- increase accountability to the public by regularly monitoring, evaluating and publicizing the results of all parts of the new Strategy.

Examples of major consultation, evaluation, monitoring and reporting initiatives include:

- supporting the work of the Ministerial Council on HIV/AIDS which will produce advice to the Minister on all pan-Canadian aspects of HIV/AIDS;
- supporting the work of the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS; and
- establishing and maintaining a national HIV/AIDS business coalition to promote and enhance corporate support for HIV/AIDS issues.

x) Correctional Service of Canada

In Canada, rates of HIV infection in the prison population have been estimated to be at least ten times greater than in the population at large. Over the past several years, the number of inmates who have tested HIV positive in the Correctional Service of Canada (CSC) institutions has increased.

Evidence points to the fact that some inmates engage in high-risk behaviours such as needle sharing, tattooing and unprotected sex while incarcerated. This stresses the continued importance of maintaining skill and knowledge development for inmates about HIV transmission issues including preparation for their re-integration into the community.

The need to specifically address HIV/AIDS in the correctional environment is an important aspect of the Strategy as a vital point of intervention for hard-to-reach and marginalized populations.

Under the new Strategy, the Correctional Service of Canada will build on past work and undertake new efforts to:

- prevent the spread of HIV infection in federal penitentiaries and community corrections;

- ensure the accessibility of quality care, treatment and support for offenders living with HIV/AIDS;
- minimize the adverse impact of HIV/AIDS on staff, offenders and the community;
- develop and distribute information on HIV/AIDS in the correctional environment; and
- ensure a coordinated and sustainable national response to HIV/AIDS in the correctional environment.

To accomplish these goals, a range of initiatives will be developed and implemented which focus on: prevention and education; care, treatment and support; surveillance; and legal, ethical and human rights issues.

To be successful, CSC will explore options to promote increased linkages, develop partnerships with non-governmental organizations and develop and implement an accountability framework to measure and monitor the quality and level of service being provided.

Examples of major Correctional Service of Canada initiatives include:

- implementation of a national methadone maintenance treatment program in federal penitentiaries;
- greater efforts to promote widespread HIV testing in federal penitentiaries; and
- implementation of HIV/AIDS inmates peer education and training programs.

CONCLUSION

Progress has been made but much more needs to be done. By involving all Canadians and remaining flexible to meet the changing face of the epidemic, we can dramatically reduce and ultimately eliminate HIV/AIDS in Canada.

It's everyone's responsibility as individuals, citizens or members of an organization, to help contain and prevent the further spread of HIV/AIDS. The bulk of the work lies ahead of us. We must work together if we are to make progress.

Allan Rock, Federal Minister of Health, December 1, 1997

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to help the people of Canada
maintain and improve their health.**

Health Canada

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