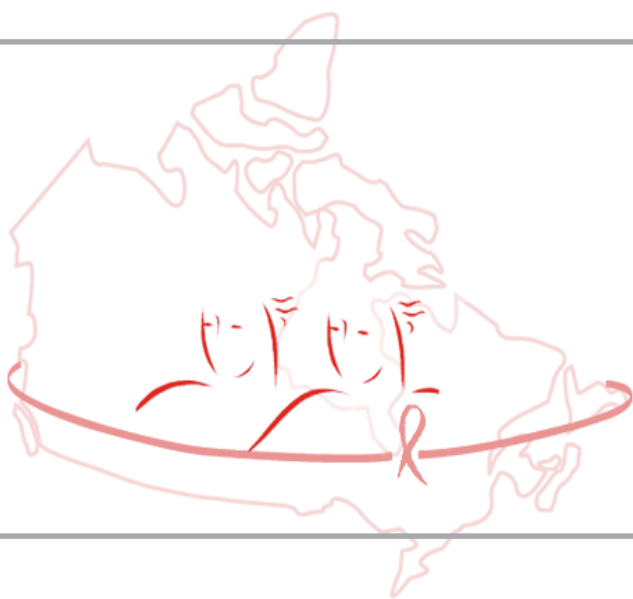
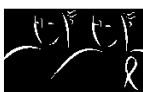


Canadian AIDS Society
Annual Report
2001 - 2002



Canadian AIDS
Society



Société canadienne
du sida



The Canadian AIDS Society (CAS) is a coalition of 115 community-based AIDS organizations across Canada. Our member organizations are directed by people living with HIV/AIDS (PLWHIV/AIDS) and people from communities affected by HIV/AIDS.

Our mandate is:

- to speak as a national voice and act as a forum for a community-based response to HIV infection, as well as to advocate for persons so affected; and
- to act as a resource for our member organizations and coordinate community-based participation in a national strategy on HIV and AIDS.

CANADIAN AIDS SOCIETY

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Charitable Business No. 120863311RR0001

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A Message from the Chair, Board of Directors

"Nothing would be done at all if we waited until we could do it so well that no one could find fault with it."

- John Henry Newman

This has been a year of challenges and change. Funding cuts, saying good-bye to Sharon Baxter and welcoming Paul Lapierre as our new Executive Director; the birth of the Canadian Coalition of Organizations Responding to AIDS (CCORA), staff changes and the ongoing struggle to find and keep our focus and move forward in the work.

The Board was challenged as well. The clear direction from the membership is, and has been to press the federal government to double the Strategy: an effort on good days and the most frustrating task on bad ones. With a federal government that has ceased to pay much, if any attention to HIV/AIDS issues, either domestically or abroad; a Prime Minister that won't wade into the quagmire of South African politics to challenge that government to provide care and treatment to those living with HIV; a Canadian health care system that is chaotic and overburdened and where HIV is only another annoying illness to treat, like so many broken legs - all these things are not the easiest to overcome in our struggle to ensure more funding for the Strategy.

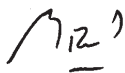
And yet we stumble and struggle on. The Board has made doubling the Strategy its main focus. As a founding member and the current secretariat for CCORA, CAS has contributed much time and energy to the coalition, because we realize that it is only through a coalition with a broad spectrum of HIV/AIDS stakeholders that we will be able to make our case to the government. Many times we've said it and many more times we will say it again - CAS is not all things: we are only able to do what we can, and it is only with the cooperation and participation of our national partners, and all our member agencies - working together - will we make any difference.

Now we must all figure out what working together means. It isn't rocket science, but it's a surprisingly difficult and imperfect dance. Different agendas, different perspectives, different focuses for different groups, all screaming for a piece of a pie that is getting smaller and smaller makes working together like untangling Christmas lights - complex, confusing and sometimes angering. But if we cannot learn how to work together, if we cannot find our common language and common goals we will be divided

and conquered. The very thing we fear will happen - we will become ever more fractured and the governments (federal and provincial) will have the fuel they need to burn down our house - just to prove it was made of ashes.

Our movement was never perfect. From kitchen tables to large offices, we have grown and learned. Many other causes have gained through the work of the AIDS movement. And yet in our learning and growing, we have lost the kitchen table. We have become increasingly professional - forsaking the curiosity and naïveté of the past that brought us here toward a glossy future. Sometimes we may start to look more like those that fund us than like the communities from which we were born: more and more "professional" and less relying on faith and instinct. In losing that identity we risk losing the core of "working together" that made so strong in the first place. We fear our imperfection because we are told that our very human-ness isn't good enough in a bureaucratic world that values only what it can tally, count or evaluate through inputs and outcomes.

But we are not a series of inputs and outcomes. Whether we are large, wealthy groups or small, impoverished groups, individual consumers or providers, gloriously human and wonderfully imperfect. And I think that we all must honor that first imperfect and imaginative place and never be afraid, no matter how silly we may think we look to the "funder", to try new things - simple things and great things. And we must do it together once again, return to the kitchen table, because we are right and because we are not perfect.

A handwritten signature in black ink, appearing to read 'M. Yoder' with a stylized flourish above the 'Y'.

Michael Yoder
Chair, Board of Directors

Board of Directors

Throughout 2001-2002, the Board of Directors carefully monitored the implementation of the Canadian Strategy on HIV/AIDS and actively worked on a strategy to gain appropriate federal response to HIV/AIDS. Other work included advocacy on behalf of the community through various events and projects undertaken by CAS.

2001 - 2002 Board of Directors

Michael Yoder, Chair
Pacific Regional PLWHIV/AIDS Director

Trevor Gray, Vice Chair
Ontario Regional PLWHIV/AIDS Director

Jay Koornstra, Treasurer
Ontario Regional Director

Gail Flintoft, Secretary
Director at Large

Charles Dawson
Atlantic Regional Director

Albert McNutt
Atlantic Regional PLWHIV/AIDS Director

Marc Lapierre
Quebec Regional PLWHIV/AIDS Director

Daniella Boulay
Quebec Regional Director

Gerry McConnery
Prairie Regional PLWHIV/AIDS Director

Phil Rauch
Prairie Regional Director

Malsah
Pacific Regional Director

Joan Lesmond
Director at Large

A Message from the Executive Director

This past year was marked by both challenges and opportunities for the Canadian AIDS Society. I am constantly amazed by the great work the CAS membership accomplishes, given the lack of resources available to them. In 2001, the community-based AIDS movement was challenged by the need to do more with resources that are stagnant; from the national organizations to local community-based organizations, we have felt the effects of insufficient funds. To meet this challenge, CAS focussed its advocacy on pushing the federal government to increasing funding for the Strategy, both on behalf of our members and as a partner in the Canadian Coalition of Organizations Responding to AIDS (CCORA). We have also taken the opportunity to look for new and innovative sources of funding for the important work that we do.

Like many of our members, CAS has faced the challenge of restructuring our work. For CAS, it has meant ensuring our work best reflects the priorities of the membership and focusses the vision of the organization to respond to these priorities. CAS has taken this opportunity to develop a new integrated work plan model which provides the tools to do exactly this.

CAS moved forward in our efforts for a revitalized Canadian Strategy on HIV/AIDS. CAS developed resources for members to implement their local campaigns. Resources included mechanisms for meetings with local Members of Parliament, key points to highlight, a petition and sample letters for each of the federal parties. We are beginning to see results from these initiatives and CAS will continue to pursue opportunities for getting our message to the federal government. Together and only together will we achieve our goal!

CAS prepared a detailed brief to the Romanow Commission on Health Care Reform in Canada. It was presented to the Commission and copies were distributed to members and partners. CAS is anxiously awaiting the report to be distributed in the Fall of 2002. CAS expects the report to address HIV/AIDS, which will provide a platform when pre-budget consultations begin later this year.

While 2001 was a challenging but a successful year for CAS, we successfully continue to respond to issues on behalf of the membership in areas such as: microbicides, women, gay men's issues, youth and harm reduction and prisons.

I would like to acknowledge the work of the past Executive Director, Sharon Baxter and thank the Chair, Michael Yoder, the Board of Directors, current and former staff members and the CAS partners for their continued support and collaboration in all areas of our united fight against HIV/AIDS.



Paul Lapierre
Executive Director

Acknowledgements

The Canadian AIDS Society would like to thank its supporters and volunteers, whose generosity ensures the success of our programs and projects. We gratefully acknowledge all contributions received during the past fiscal year, and thank those who made our work possible.

The following is a list of major donors from the government, corporations, foundations and individuals who donated directly or in-kind between April 1, 2001 and March 31, 2002.

Government

Health Canada



Canadian La Stratégie
Strategy on canadienne
HIV/AIDS sur le VIH/sida

Canadian International Development Agency (CIDA)

Government of Alberta

Alberta Council on HIV/AIDS

Government of Ontario

Ministry of Health and Long-Term Care -
Ontario AIDS Bureau

Human Resources Development Canada

Corporations and Foundations

Donations over \$ 50,000



Bristol-Myers Squibb



Levi Strauss Foundation

Donations \$ 10,000 to \$ 49,999

Abbott Laboratories, Limited

Agouron Pharmaceuticals Canada Inc.

ALDO

Boehringer Ingelheim (Canada) Ltd.

Canadian Life and Health Insurance Association Inc.

DuPont Pharma Inc.

GlaxoSmithKline in partnership with Shire BioChem

Hoffman-La Roche Ltd.

RBC Foundation

Donations \$ 5,000 to \$ 9,999

Canada's Research-Based Pharmaceutical Companies

Metapharm Inc.

Pfizer Canada Inc.

Shaw Communications Inc.

Schwarzkopf Ltd and participating salons across Canada

Donations \$1,000 to \$4,999

A & W Food Services of Canada Inc.

CIBC

CLG Foundation

Merck Frosst Canada & Co.

Petro-Canada

Public donations via the United Way

Visible Genetics

Donations \$500 to \$999

AVID H2O

Eden

Hemosol Inc.

Ingersoll-Rand Canada Inc.

Les Ciseaux Inc.

Reitmans Inc.

In-Kind Donations

ALDO

AVID H2O

Carter-Homer Inc.

Crowne Plaza Montreal Centre

D.E. Systems Ltd.

Famous Players

Hard Rock Café Montreal

Laser Quest Montreal

Tourisme Montréal

Individuals/Bequests

Thank you to the many generous, thoughtful individuals who donated throughout the year. A special word of thanks to the volunteers who donated their time and skills.

Thank You!

Achievements

Our commitment to people living with HIV/AIDS and to the community-based AIDS movement is reflected in the following highlights of our work over the past year.

AIDS Walk Canada 2001

AIDS Walk Canada 2001 was a great success, with more than 50,000 participants raising \$2 million. There were 120 Walk sites in 2001, the most ever, and Walks were held in every province and territory across the country. One significant success story for 2001 was the 40 Inuit communities in Labrador, Nunavik (Northern Quebec), Nunavut and the Northwest Territories that participated to raise awareness about HIV/AIDS.

The 3rd Canadian HIV/AIDS Skills Building Symposium

The 3rd Canadian HIV/AIDS Skills Building Symposium was held in Montréal, Québec, in July 2001. The Symposium brought together over 800 participants to learn new skills, share their knowledge, network on a national and international level, analyse and evaluate best practice models and share perspectives on current and critical issues in HIV/AIDS work. Seven learning streams featured critical issues in the area of: prevention; therapies: complementary, allopathic & alternative; care/counselling/support; organizational and community development; policy, legal and ethical issues; community-based research; and, international perspectives. New to the 3rd Symposium was the community-based research stream and the Youth Institute.

Canadian Strategy on HIV/AIDS (CSHA)

Monitoring the CSHA has been a primary focus for the CAS and will continue to guide the public policy work of the Society. In addition to the activities undertaken to promote doubling the CSHA, CAS ensures that this directive is incorporated into all programs and projects of the organization. Under the leadership of the Board of Directors, CAS developed a strategy entitled the “2001 Health Strategy”. This strategy provided direction to put HIV/AIDS back on the federal and provincial agendas. During the past year CAS has spent much energy on advocacy activities such as meeting with the Prime Minister’s Office, the formation of the Canadian Coalition of Organizations Responding to AIDS (CCORA), media and government relations, a petition to double the Strategy as well as several events promoting HIV/AIDS awareness in Canada such as the People Living with HIV/AIDS (PLWHIV/AIDS) Forum and AGM, The 3rd HIV/AIDS Skills Building Symposium, World AIDS Day and AIDS Walk Canada.

During the 2001 PLWHIV/AIDS Forum and AGM, a workshop was held to determine the role of the community-based AIDS movement, which led to the creation of a Strategy Task Force made up of interested individuals from various regions, diverse backgrounds and approaches.

Communications

Throughout the year, CAS focused on “doubling the strategy” as directed by the membership. News releases and a protest march at the AGM in Montreal highlighted the urgency of the need for increased funding for the CSHA. This theme continued throughout the year as the CAS message for media to mark events such as AIDS Walk Canada and World AIDS Day.

To mark World AIDS Day, CAS coordinated a media conference on Parliament Hill. Representatives from all national partner organizations participated. The message of the conference was that the Canadian government’s response to HIV/AIDS must be increased both domestically and internationally, with particular reference to both the UN Global Fund and the Canadian Strategy on HIV/AIDS.

Federal Budget

Following World AIDS Day, the HIV/AIDS community were confronted with a federal budget which contained no new funding for HIV/AIDS and very little new funding for health care in general. CAS distributed media releases in reaction to this announcement articulating its primary advocacy message, that funding for the strategy must be increased.

20th Anniversary of HIV/AIDS in North America

In June 2001, CAS participated in a demonstration in Toronto to mark the 20th anniversary of HIV/AIDS in North America. At the demonstration, names of Canadians lost to HIV/AIDS were read.

Court Interventions

Latimer

CAS was granted intervener status in the Latimer appeal to the Supreme Court of Canada in February 2000. The Latimer case allowed CAS to add its voice to the public debate on assisted suicide and to present its position on assisting in a suicide to the Supreme Court. CAS took no position on the charges brought against Mr. Latimer nor on the sentence he received. CAS has been following this case pending Mr. Latimer’s application to the Supreme Court for a rehearing of his appeal. CAS considered a position of intervener status for a rehearing. CAS received

notice in May 2002 that a rehearing of the case was denied by the court.

Brockie

CAS participated as a member of “The Equality Coalition” presenting arguments in the case of Brockie and Imaging Excellence. The case involved a printer who refused service to the Canadian Lesbian and Gay Archives claiming that he found homosexuality “detestable”. The case was heard by the Ontario Human Rights Commission, which ruled that Brockie must provide services and pay damages in the amount of \$5,000.00.

Marc Hall

CAS worked as a member of a coalition of groups in support of the Hall case, the courageous teen from Ontario who was denied access to his senior school prom by the Catholic School Board. Mr. Hall and the coalition requested an injunction to require the board to permit Mr. Hall to take his same sex partner to the prom. The injunction was granted by the courts on May 10, 2002.

Canada Pension Plan Survivor Benefits Class Action Lawsuit

There are two class action lawsuits (in BC and Ontario) which allege that under current CPP legislation the Federal Government is discriminating against same sex couples by denying surviving partners a survivor pension under CPP unless their partners died on or after January 1, 1998. CAS continues work on the class action lawsuit as a member of a supportive coalition.

International

International Action Plan

CAS actively participated in the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in the Spring 2001. CAS was accredited as an observer and attended the meetings. CAS encouraged the Prime Minister to head the Canadian delegation. The membership received information packages on UNGASS, along with a draft declaration, requesting comments and feedback on the declaration. As a follow-up, CAS sent out a copy of the Declaration to the membership. CAS is now developing a Canadian Declaration to be used as an advocacy tool. The Canadian delegation at UNGASS included significant and exemplary community involvement, and the membership was provided with opportunities to input into the process.

Prior to the 3rd Canadian HIV/AIDS Skills Building Symposium, the CAS, The Interagency Coalition on AIDS and Development (ICAD), the Canadian International

Development Agency (CIDA) and Health Canada, International Affairs Directorate joined together to co-sponsor a satellite symposium on international HIV/AIDS issues titled *HIV/AIDS: What Canadians Can Do Internationally*. The goal of the satellite was to provide community-based AIDS organizations with a unique opportunity to review progress in this area; to highlight key activities, and, to share resources and knowledge on Canada's contribution to the international fight against HIV/AIDS. Sixty-three people participated, including nearly half from developing countries. The satellite included a key note address from Peter Busse of South Africa, a report-back from UNGASS and small group discussions on twinning, advocacy and research.

International Belarus Project

CAS was the successful recipient of an HIV/AIDS small grant from the Canadian International Development Agency (CIDA), as a follow-up to its first project last year. The new project with the Christian Children's Fund (CCF) in Belarus ensured sustainability for the CAS-CCF partnership, as well as for the newly formed Belorussian AIDS Network (BAN). This new national coalition of NGOs doing AIDS work in Belarus was formed during the first phase of the CAS-CCF partnership and is being supported by CCF. The next phase of our partnership will strengthen the network (BAN) and CCF's capacity to support it. CAS and CCF/BAN hope to exchange strategies which will be mutually beneficial in our work as national coalitions of community-based AIDS organizations. This project runs to June 2003.

Income Security

AIDS in the Workplace: Development and Implementation Phase II

CAS contacted potential strategic partners (i.e. Human Resources Professional Association of Canada, the Canadian Chamber of Commerce, Job Accommodation Network) and negotiated a partnership to educate employers about effective HIV/AIDS workplace policies. CAS also prepared web-based information for employers. This allowed for improved workplace policies that have a direct impact on persons living with HIV/AIDS; meaning that the needs of persons living with HIV/AIDS are accommodated when they are integrated or reintegrated into the work force.

Care

Building Community-Based Research Capacity Among Community-Based AIDS Service Organizations

Since its first appearance in Canada, HIV has impacted the health and social service system. Recent advances in the treatment of HIV/AIDS and the changing epidemiological profile have ensured that the AIDS epidemic will continue to present new challenges. The critical need for knowledge and understanding of the impact of these circumstances on community-based care provided the impetus for this three-year study. CAS, with the support of the University of Toronto HIV Social Behaviour & Epidemiological Studies Unit, joined to conduct this national multi-site research project to examine the capacity of the community to provide services to people living with HIV/AIDS. The central purpose of this research was to understand how community-based care differs for HIV/AIDS populations currently in need, with a focus on examining how each population can best be served. The project final report will be available for distribution in 2002.

Legal & Human Rights

Prisons

CAS continued to facilitate the support of a national network of people who work in prisons on HIV/AIDS issues called the Prisons Networking Group to share information and to support each others work. Membership in the network has expanded greatly over the last year, the group has quarterly teleconferences and regular communication via e-mail.

The Prisons Networking Group also oversees the IMPACT (Initiative Monitoring Prisoners' AIDS Care and Treatment) project. An initial pilot phase was implemented and the next phase is being prepared by the group which will include the collection of incident reports from across Canada.

CAS facilitated an advocacy group called the Prisons Stakeholders Group. This group is comprised of CAS, the Legal Network, the BC Persons with AIDS Society (BCPWA), the HIV/AIDS Legal Clinic of Ontario (HALCO), and the Prisoners with HIV/AIDS Support Action Network (PASAN). The purpose of the group is to look at and develop strategies to ensure the implementation of the recommendations of the ECAP report in Canadian prisons.

CAS developed, with community partners, a community advisory committee with Correctional Services of Canada. The committee has met with CSC officials twice in the past year, and regular meetings are scheduled. The

committee provides input and advocates for the implementation of harm reduction measures in prison and for ensuring prisoners living with HIV receive the treatment, care and support they require to maintain their health. The heads of infectious disease at both national and regional levels also sit on the committee.

Prevention

Canadian Health Network (CHN)

During 2001-02, CAS, the Communities AIDS Treatment Information Exchange (CATIE) and the Canadian Public Health Association (CPHA) worked together as members of the HIV/AIDS Affiliate of the CHN. CAS' role was to house the Health and Partnership Promotion Consultant position. CAS' responsibilities included providing HIV/AIDS content expertise and developing partnerships within the HIV/AIDS community. CAS' activities throughout this year included the development of Frequently Asked Questions, responses to Health Information Requests sent by clients through the CHN website, review and selection of appropriate and reliable HIV/AIDS information on websites, ongoing research on all topics relating to HIV/AIDS. The work of the HIV/AIDS Affiliate over this period resulted in a more reliable and representative collection of HIV/AIDS resources on the CHN site. In late December, CAS received notice from the CPHA indicating that they were terminating their agreement with CAS and CATIE effective March 31, 2002. They indicated an unwillingness to re-apply for continuous funding to continue working together on this project for 2002-04. In May 2002, CAS and CATIE submitted a joint proposal to continue CHN work.

HIV/AIDS Vaccine Initiatives

CAS continued its role as the Canadian community partner of the International AIDS Vaccine Initiative (IAVI), through which CAS has provided its membership with updates on vaccine development and vaccine education opportunities. The partnership also includes advocating for vaccine research in Canada.

A CAS-initiated meeting was held in November 2001 and was intended as an opportunity for a small group of key national stakeholders to share information about current activities in HIV vaccine development, to promote communication between stakeholder groups, to identify additional stakeholders not present at the meeting and to explore ways of communicating and working together more effectively towards accelerated HIV vaccine development and delivery. A letter was sent to Health Canada by the meeting participants in early January 2002,

requesting that new money be found for the development of a Canadian vaccine strategy. There has already been movement in this direction from Health Canada.

CAS organized a workshop on vaccines at the 3rd Canadian HIV/AIDS Skills Building Symposium. CAS presented the CAS-IAVI partnership as part of a panel on vaccines at the 2001 CAHR (Canadian Association for HIV Research) Conference.

CAS received project funding from CANVAC to lead coalition-building activities with national consumer advocacy organizations in the areas of cancer, HIV and HCV that will lead to the development of a strategic plan for vaccine development and delivery capacity-building initiatives at the grassroots level. These activities will take place in the 2002-2003 fiscal year.

Harm Reduction...IDU

CAS is a member of the curriculum development committee and the planning committee for the First Canadian Harm Reduction Conference in November 2002. CAS has provided information and support as well as distributed information on the conference.

CAS prepared a position statement on drug laws and HIV/AIDS as a follow-up to its work for the Special Senate Committee on Drug Reform. This position statement examines how current Canadian drug laws impact HIV infection rates, and the care and treatment available to people living with HIV/AIDS who use drugs, as well as how this has impacted infection rates and care and treatment in prisons.

CAS developed and presented a workshop on harm reduction and prisons issues and how they contribute to HIV/Hepatitis C co-infection.

Gay Men

CAS staff distributed information about and participated in the "2001: A Health Odyssey", a national gathering which addressed health issues within the gay, lesbian, bisexual, transgender and two-spirited communities in Canada. The information and documents gathered from the event were useful in providing a framework for refocusing and planning CAS work related to gay men and HIV, particularly in the broader context of gay men's health.

CAS participated with other national stakeholders in a follow-up meeting to the National Reference Group (NRG) on gay men created by Health Canada three years ago. The NRG has completed its work, including the drafting of recommendations to Health Canada. A new group, the National Committee for HIV Prevention for

Gay Men was created to advise Health Canada on the development of its HIV prevention strategy for gay men.

Epidemiology

CAS maintained regular communication with the Centre for Infectious Disease Prevention and Control and distributed information on epidemiology to CAS membership via the monthly mailout. In response to community needs, CAS coordinated a project entitled: *Glossary of HIV/AIDS Epidemiologic and Surveillance Terms* so that epidemiological reports may be more fully utilized by the community in planning programs and projects that respond to the emerging epidemic. Frequently Asked Questions were also developed to accompany the glossary.

At the 3rd Canadian HIV/AIDS Skills Building Symposium in Montreal, CAS and Bureau of HIV/AIDS STD and TB staff facilitated an introductory workshop to encourage increased awareness and knowledge of the importance of epidemiology and surveillance data.

Aboriginal Issues

CAS facilitated a series of teleconferences with Aboriginal-specific member groups and the Canadian Aboriginal AIDS Network in order to determine the needs of these groups and the role of CAS. CAS staff also engaged in face-to-face information sharing sessions with CAAN staff to discuss ways of collaborating and supporting each other's work. A draft position statement on HIV/AIDS and Aboriginal communities has been developed.

AIDS Awareness Week

In 2000-2001 CAS coordinated a small AIDS Awareness Campaign to ensure some support to the membership in meeting the communication needs of their respective communities. The theme for the campaign was inspired by the UNAIDS theme, which dealt with the role of men in the epidemic. CAS produced a variety of posters, postcards and fact sheets to assist the community with their prevention initiatives.

Recently, CAS met again with representatives of the HIV/AIDS Division of Health Canada to address the need for a more comprehensive campaign in follow-up to a report that CAS presented to Health Canada in 2000. The HIV/AIDS Division at Health Canada has now formed a National Advisory Committee to begin the development of a new, well funded, multi-year approach to HIV/AIDS prevention and education in Canada. CAS sits on this Health Canada committee.

HIV Transmission Guidelines

The HIV transmission guidelines produced by CAS in 1999 have proven to be an essential tool in HIV/AIDS prevention work. They are used in several countries and have been translated into several languages. The Guidelines have been recognised as a tool which must be a living document thus requiring regular updates to meet the changes in the epidemic.

During the past fiscal year CAS completed a proposal for Health Canada to update the Guidelines to include hepatitis C and training for the use of the tool in communities across Canada. CAS is waiting to hear on funding approval from the HIV/AIDS Division, Health Canada.

Women's Issues

Microbicides

CAS staff coordinated activities and the teleconference calls of the Microbicide Advocacy Group Network (MAG-Net). MAG-Net teleconference calls meetings are held on a quarterly basis on microbicides for the membership and partners. The MAG-Net provided participants with updates on the most recent advances in microbicides research and development and participants shared resources and tools they used in their communities to educate and advocate around microbicides. CAS is a partner with the Global Campaign for Microbicides, a broad international effort to increase access to HIV and STI technologies other than the male condom.

CAS staff will attend and present at the Microbicides 2002 Conference in Antwerpen Belgium as well as participate in a poster presentation at the International AIDS Conference in Barcelona.

Canadian Perinatal Exposure to Antiretroviral Surveillance (CPEARS)

CAS staff participated in the working group for CPEARS by attending teleconferences and ensuring input from the community into this surveillance system. CAS is part of a working group which has been established to continue this work.

Report on the Summary of Recommendations from the National Conference on Women and HIV/AIDS

The Report on the Summary of the Recommendations from the National Conference on Women and HIV/AIDS was disseminated to stakeholders across Canada. The recommendations identified critical issues in the areas of prevention, care, treatment and support regarding women and HIV/AIDS. A press conference launching the

dissemination of the report took place in February in Ottawa. This event was received with much enthusiasm and was covered in newspapers across the country.

Planned Parenthood Federation of Canada

CAS staff was involved in two national projects coordinated by the Planned Parenthood Federation of Canada. CAS staff participated in a face-to-face meeting for the project entitled *Expanding Choices for Rural Women*, which focusses on designing a web-based tool kit for developing, coordinating and maintaining sexual and reproductive health programs and services, particularly for rural and isolated communities who work in the field of sexual and reproductive health.

Youth

Building the Next Generation: Youth and HIV/AIDS

This project was funded by the Levi Strauss Foundation and a National Youth Advisory e-group provided direction to the project. The project was also guided by a needs assessment survey that was distributed in April of 2000 to allow CAS to better understand the type of work being done nationally around youth and HIV. This needs assessment identified gaps and allowed CAS to have contact with other non-member agencies in communities who are working in the area of youth and HIV. It provided member agencies with the opportunity to highlight programming needs for youth and youth living with HIV/AIDS, and to discuss barriers and challenges to meeting these needs. Finally, it provided an opportunity to give input into CAS' youth project.

The project conducted one site-specific project in Edmonton. Workshops were done in this community with youth who are not receiving HIV prevention information in conventional settings such as in schools. A spin-off of this work guided the development of a train-the-trainer manual by and for youth.

Finally, the project integrated a small youth component into "*Towards Integrative Care: National Strategic Planning and Skills Building Conference on Complementary Therapies and HIV/AIDS*". The goal of this component was to allow for HIV-positive youth to access innovative information on treatment alternatives, and to disseminate this information to their communities.

Funding for Phase V, *Youth & HIV/AIDS: Tools for Change*, began in February, 2002.

Financial Summary

Statement of Financial Position:

March 31, 2002, with comparative figures for 2001.

	2002	2001
Assets		
<hr/>		
Current Assets:		
Cash	\$ 8,511	\$ 8,794
Investments	487,915	390,802
Accounts receivable	219,168	301,928
Advances receivable	-	3,200
Prepaid expenses	21,162	23,633
	<hr/>	<hr/>
	736,756	728,357
Capital assets	5,445	20,056
	<hr/>	<hr/>
	\$ 742,201	\$ 748,413
	<hr/>	<hr/>

Liabilities and Net Assets

<hr/>		
Current liabilities:		
Accounts payable & accrued liabilities	\$ 289,728	\$ 272,639
Deferred contributions	200,529	227,777
	<hr/>	<hr/>
	490,257	500,416

Net assets:

<hr/>		
Investment in capital assets	5,445	20,056
Unappropriated	246,499	227,941
	<hr/>	<hr/>
	251,944	247,997

Commitments

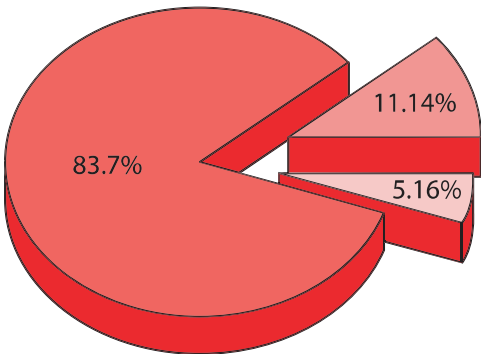
	\$ 742,201	\$ 748,413
	<hr/>	<hr/>

Statement of Operations:

Year ended March 31, 2002, with comparative figures for 2001.

	2002	2001
Revenue:		
Grants and contributions	\$ 1,898,213	\$ 1,748,666
Donations	407,845	553,074
Conference registration fees	93,687	41,132
Membership fees	43,715	38,800
Other contributions	4,193	5,706
Interest	7,165	15,744
	2,454,818	2,403,122
Expenses:		
Personnel & administrative	1,375,742	1,345,895
Travel	441,433	439,834
Materials & supplies	197,083	256,247
Amortization of capital assets	17,225	19,971
Equipment purchase & rental	98,519	88,348
Rent & utilities	175,622	168,879
Payments to local groups	104,425	37,327
Other	40,822	41,855
	2,450,871	2,398,356
Excess of revenue over expenses	\$ 3,947	\$ 4,766

Expenditures:



- Administration - 11.14%
- Programs and Services - 83.7%
- Resource Development - 5.16%

Canadian AIDS Society Staff

(as of March 31, 2002)

Paul Lapierre, *Executive Director*

Sara Iley, *Executive Assistant*

Linda Truglia, *Office Assistant*

Finance and Administration

Ben Kozak, *Manager*

Kevin Dewolfe, *Assistant*

Development

Rob McCulloch, *Manager*

National Programs

Gerard Yetman, *Manager*

Marc-André LeBlanc, *Consultant*

Liz Scanlon, *Media Relations Officer*

Jessica Daniels, *Consultant*

Lilja Jonsdottir, *Consultant*

Events

Charbel Choueiri, *Events Coordinator*

Projects

Blaize Mumford, *Research Coordinator*

Claire Checkland, *Partnership and Health Promotion*

Consultant, Canadian Health Network

Nicole Tobin, *Coordinator, Empowering Youth to Confront
HIV/AIDS*