

2014 Global AIDS Response Progress Reporting Country Report

– CANADA –

Government of Canada

Report to the Executive Director, UNAIDS

January 2012-December 2013

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I. Status at a glance

(a) Inclusiveness of stakeholders in the report writing process

The Public Health Agency of Canada (the Agency) led the preparation of the 2014 country report, and Part A of Annex 2 - the National Commitments and Policy Instrument (NCPI), in consultation with other government departments participating in the federal response to HIV/AIDS. Civil society stakeholders input comprises Part B of the NCPI.

(b) The status of HIV/AIDS in Canada

The estimated number of Canadians living with HIV (including AIDS) at the end of 2011 was 71,300 (58,600-84,000). Since HIV reporting began in Canada in 1985, a cumulative total of 76,275 positive HIV tests have been reported to the Agency. In 2012 alone, 2,062 HIV cases were reported, which represents a 7.8% decrease from the 2011 reports (2,237 cases) and is the lowest number of annual HIV cases since reporting began.¹ Certain populations continue to be more affected by HIV, including men who have sex with men, people who use injection drugs, people from HIV-endemic countries and Aboriginal Peoples.

(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, health and public health professionals and those living with or at risk of HIV/AIDS. These two initiatives support research and prevention, and facilitate access to diagnosis and treatment, particularly among vulnerable populations.

(d) GARPR Core Indicators for Canada – 2012-2013

Target 1

Reduce sexual transmission of HIV by 50 percent by 2015

Indicators for the general public

¹ Public Health Agency of Canada. HIV and AIDS in Canada: Surveillance Report to December 31, 2012. Surveillance and Epidemiology Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2013.

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	49.7% of young Canadian men and women between 16-24 were able to correctly identify how HIV is transmitted ²
1.2	Percentage of young women and men aged 15-24 who had sexual intercourse before the age of 15	2.4% 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	3.8 % of Canadians over the age of 15 years 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	68.1% 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. ⁵
1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	46.7% of Canadians over the age of 15 years report having ever been tested for HIV 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	Canada does not collect this information at the
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² 2012 HIV/AIDS Attitudinal Tracking Survey, October 2012. Retrieved February 24, 2014 from http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2012/072-11/report.pdf

³ Canadian Community Health Survey 2011

⁴ Ibid 3

⁵ Ibid 3

⁶ 2012 HIV/AIDS Attitudinal Tracking Survey, October 2012 S http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2012/072-11/report.pdf accessed Feb 24, 2014

⁷ Unpublished data from the Public Health Agency of Canada, 2014.

	HIV prevention programmes	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 ⁹
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
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

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 ¹⁰ Ibid ⁸ ¹¹ IBID 8

⁹ Ibid. ⁸ ¹⁰ Ibid ⁸ ¹¹ IBID 8

¹⁰ Ibid ⁸ ¹¹ IBID 8

¹¹ IBID 8

Target 2

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

2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Canada does not collect this information
2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	36.3% 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	94.3% 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	79.6% 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	10.9% of people who inject drugs are living with HIV ¹⁵

Target 3

Eliminate new HIV infections among children 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	The proportion of HIV-positive mothers receiving antiretroviral therapy was 94.2% in 2012 ¹⁶ .
3.1a	Percentage of women living with HIV receiving antiretroviral medicines for	Canada does not collect this information

¹² Unpublished data from I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs, Phase 3 (2010-2012). Public Health Agency of Canada, Surveillance and Epidemiology Division, Centre for Communicable Diseases and Infection Control. March 2013.

¹³ Ibid. 12

¹⁴ Ibid. 12

¹⁵ Ibid. 13

¹⁶ Public Health Agency of Canada. *HIV and AIDS in Canada: Surveillance Report to December 31, 2012*.

	themselves or their infants during breastfeeding	
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	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months Mother-to-child transmission of HIV (modelled)	In 2012, 225 infants were perinatally exposed to HIV in Canada. Of these none were confirmed to be HIV-infected. ¹⁷

Target 4

Reach 15 million people living with HIV on antiretroviral treatment by 2015

4.1	Percentage of adults and children currently receiving antiretroviral therapy	Canada does not collect 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 collect 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 collect this information at the national level.
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Target 6

Close the global AIDS resource gap by 2015 and reach annual global investment of US\$22-24 billion in low- and middle- income countries

6.1	Domestic and International AIDS spending by categories and finance sources.	Canada does not collect this information.
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¹⁷ Public Health Agency of Canada. HIV and AIDS in Canada: Surveillance Report to December 31, 2012.

Target 7*Eliminating gender inequalities*

7.1	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 2010, there were over 102,500 victims of intimate partner violence, including spousal and dating violence. This translates into a rate of 363 per 100,000 population aged 15 years and older. ¹⁸
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Target 8*Eliminating stigma and discrimination*

8.1	Discriminatory attitudes toward people living with HIV	In 2012, 66% of Canadians held low levels of discrimination toward people with HIV/AIDS and were supportive of the rights of people living with HIV/AIDS. This proportion has increased from 58% in 2006. ¹⁹
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Target 9*Eliminate Travel Restrictions*

9.1	<i>Travel restriction data is collected directly by Human Rights and Law Division by UNAIDS HQ, no reporting needed</i>	
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Target 10*Strengthening HIV Integration*

10.1	Current school attendance among orphans and non-orphans aged 10-14	All children under 16 are legally required to be in school in Canada.
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¹⁸ Family Violence in Canada: A Statistical Profile. Statistics Canada. Retrieved February 28, 2014 from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf>

¹⁹ 2012 HIV/AIDS Attitudinal Tracking Survey. Retrieved February 28, 2014 from: http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2012/072-11/index.html

10.2	Proportion of the poorest households that receive economics support in the last three months.	Canada does not track this information at the national level.
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II. Overview of HIV/AIDS in Canada

During 2012-2013, the Canadian government continued its commitment to action on HIV and AIDS. Canada is categorized as having a concentrated/low-prevalence epidemic.

The Public Health Agency of Canada (the Agency) estimates that there were 71,300 persons living with HIV infection (including AIDS) in Canada at the end of 2011.

An estimated 2,250 to 4,100 new HIV infections occurred in 2011 and data indicates that HIV incidence in Canada is relatively stable. Gay, bisexual and other men who have sex with men (MSM) continued to account for the greatest proportion (47%) of new infections in 2011, which was slightly higher than the proportion they comprised in 2008 (44%). The proportion of new infections attributed to injection drug use was lower in 2011 (14%) than in 2008 (17%). The proportion of new infections attributed to heterosexual contact in 2011 (37%) was comparable to the corresponding figure in 2008 (36%).²⁰

Since HIV reporting began in Canada in 1985, a cumulative total of 76,275 positive HIV test reports have been reported to the Agency. In 2012 alone, 2,062 HIV cases were reported up to December 31st, which represents a 7.8% decrease from the 2011 reports (2,237 cases) and is the lowest number of annual HIV cases since reporting began in 1985.²¹

In 2012, 23.1% of all cases were females. Over the past decade, the proportion of female cases has remained generally stable at approximately one-quarter. Overall, the age distribution of positive HIV case reports for females differs from that for males, with females generally diagnosed at a younger age than males.²²

In 2012, 50.3% of all positive HIV test reports for adults (people aged 15 years and older) with known exposure category were attributed to the "men who have sex with men" exposure category; for adult males alone, the MSM exposure category accounted for 65.1% of positive HIV test reports.²³

²⁰ Public Health Agency of Canada. Summary: Estimates of HIV Prevalence and Incidence in Canada 2011. Centre for Communicable Disease and Infection Control, Public Health Agency of Canada, 2012.

²¹ Public Health Agency of Canada. HIV and AIDS in Canada: Surveillance Report to December 31, 2012. Surveillance and Epidemiology Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2013.

²² Ibid.

²³ Ibid.

The second most reported exposure category among adults in 2012 was heterosexual contact, at 32.6% of case reports; 13.2% were attributed to heterosexual contact among people born in a country where HIV is endemic (Het-Endemic), 9.9% were attributed to heterosexual contact with a person at risk (Het-Risk), and 9.6% were attributed to having heterosexual contact with someone with no identified risk (NIR-Het).²⁴

The third most frequently reported exposure category among adults in 2012 was injection drug use (IDU), accounting for 14.0% of positive HIV test reports.

In 2012, as in previous years, Ontario accounted for the highest number of cases (843) followed by Quebec (450), Alberta (239), British Columbia (238) and Saskatchewan (184). Both Ontario and British Columbia noted a decrease in their annual number of cases from 2011 to 2012 – a 10.8% decrease in Ontario and a 17.4% decrease in British Columbia.²⁵

III. National response to HIV and AIDS

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 specific populations including First Nations people living on reserve and Inuit communities south of the 60th degree parallel and federal prisoners.

In partnership with provincial and territorial governments, the Government of Canada develops health policy; funds the health system and health research; develops and enforces health regulations; and promotes and protects the health of Canadians through leadership, partnership innovation and action in public health. These shared jurisdictional responsibilities require coordination across different levels of government to ensure that the response to HIV/AIDS is sustained, consistent, evidence-based, and effective.

In Canada, multiple sectors engage in the response to HIV and AIDS. “Leading Together: Canada Takes Action on HIV/AIDS” serves as a pan-Canadian, multi-sectoral blueprint for action on HIV and AIDS. It focuses on the underlying health and social issues that put people at risk of HIV and related health issues, and challenges Canadians involved in HIV to work together to develop a more effective, coordinated response that will prevent the further spread of HIV and save lives.²⁶

²⁴ Ibid.

²⁵ Ibid.

²⁶ *Leading Together: Canada Takes Action on HIV/AIDS*. Retrieved from <http://www.leadingtogether.ca/> on Feb 24, 2014.

Federal Commitments and Program Results

The Government of Canada is committed to action on HIV and AIDS through the *Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative)* and the *Canadian HIV Vaccine Initiative (CHVI)*.

The *Federal Initiative* is a partnership of four federal departments and agencies: the Agency, Health Canada, the Canadian Institutes of Health Research, and Correctional Service of Canada. Under the *Federal Initiative*, the Government of Canada monitors HIV and AIDS through its laboratory and national surveillance system; funds research; develops policies, guidance and programs; and supports a community response to HIV and AIDS in communities across the country.

In 2012–2013, *Federal Initiative* partners strengthened their response to HIV and AIDS and other related infectious diseases with collaborations on intervention research, and with performance, evaluation and survey information. As a result, programs to prevent and control HIV and AIDS, other sexually transmitted and blood borne infections (STBBI), and tuberculosis (TB) among key priority populations were strengthened, and the Agency undertook the development of a holistic and integrated HIV/AIDS and Hepatitis C Community Action Fund. Further, the Canadian Guidelines on Sexually Transmitted Infections were updated in 2013 to include the management and treatment of gonococcal infections.²⁷ At the same time, Canada's HIV and AIDS research capacity continued to grow, with evaluations of research programs showing that co-ordination among the national research community and with research stakeholders increased.²⁸

The *CHVI*, a collaborative undertaking between the Government of Canada and the Bill & Melinda Gates Foundation, contributes to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. Participating federal departments and agencies are the Agency; Industry Canada; the Department of Foreign Affairs, Trade and Development Canada; and the Canadian Institutes of Health Research.

In 2012-2013, *CHVI* partners strengthened global efforts in HIV vaccine research by supporting global researchers, networks, and events to increase research capacity and collaboration; identify research gaps; and strengthen regulatory capacity of vaccine products and clinical trials. Partners undertook activities supporting technologies to prevent, treat and diagnose HIV, and the development of tools and training materials for low and middle income countries

²⁷ Public Health Agency of Canada. Canadian Guidelines on Sexually Transmitted Infections. Retrieved March 4, 2014 from <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-lcdcits/section-5-6-eng.php>

²⁸ Public Health Agency Departmental Performance Report 2012-2013. Retrieved from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php on Feb 24, 2014.

community-based interventions for Prevention of Mother to Child Transmission (PMTCT) including access and availability to treatment.²⁹

Canada continues to contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria: a \$650 million commitment (2014–2016) was announced in December 2013, bringing Canada's total commitment to the Global Fund to over \$2.1B since its inception in 2002. This most recent pledge is helping to safeguard the substantial achievements already made through Global Fund grants and is expanding prevention, care, and treatment programs for those most vulnerable to these three diseases.³⁰

Internationally, Canada's global HIV/AIDS efforts, through Foreign Affairs, Trade and Development Canada, is focused on prevention, treatment, and strengthening countries' health systems' response to HIV/AIDS. In addition, through the Muskoka Initiative for Maternal, Newborn and Child Health, Canada is supporting the delivery of integrated and comprehensive health services for women and children at the local level, which includes HIV testing and counselling, and the prevention of mother to child transmission of HIV services. Foreign Affairs, Trade and Development Canada is working closely with its bilateral, multilateral and civil society partners to deliver on these commitments. Some examples of this work include our support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Legal Empowerment of Women's Initiative and the Advancing Community Level Action for MCH/PMTCT.

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. In December 2013, Canada announced a \$650 million commitment (2014–2016) to the Global Fund, bringing Canada's total commitment to over \$2.1 billion since its inception in 2002. This most recent pledge is helping to safeguard the substantial achievements already made through Global Fund grants and is expanding prevention, care, and treatment programs for those most vulnerable to these three diseases.

Canada's support for the Legal Empowerment of Women's Initiative (LEWI) has integrated HIV/AIDS with legal rights and gender equality. This initiative focused on facilitating action to secure women's rights in sub-Saharan Africa to property and inheritance in the context of HIV by placing catalytic resources into the hands of committed civil society groups working at the community and grassroots level. This initiative has resulted in more than 16,200 women living with or affected by HIV/AIDS having increased their legal literacy and rights awareness. This led to approximately 1,270 property and inheritance related cases being reported to, or handled by, community paralegals or community dispute resolution mechanisms.

Through the Advancing Community Level Action for MCH/PMTCT (ACCLAIM) implemented by

²⁹ Ibid.

³⁰ Department of Foreign Affairs and Trade, the Global Fund to Fight AIDS, Tuberculosis and Malaria. <http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/NAD-321111133-KTS>

the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF), Canada is supporting a combination of community-based interventions that integrate MCH and HIV services that address entrance, adherence and retention to PMTCT services.

Canada contributes technical assistance and advice through international working groups and global knowledge translation and exchange forums such as the Inter-Agency Task Team on the PMTCT hosted by UNICEF. At the International AIDS Conference 2012 (Washington), federal partners engaged stakeholders in advancing priorities and responses to communicable diseases and broader public health. Support for the Canadian International AIDS Network and the International Indigenous Working Group on HIV/AIDS increased the visibility of Aboriginal HIV and AIDS issues at the international level through participation in the Indigenous Pre-Conference of the International AIDS Conference 2012 Washington, as well as in the conference itself. Federal partners also collaborated with U.S. and international NGOs to organize and fund the AIDS 2012 Satellite Session: Addressing Mental Disorders: The Missing Link to Effective HIV Prevention, Care, Treatment and Support.³¹

Changing Approaches to Prevention, Care, Treatment, Support and Impact Alleviation

The new HIV/AIDS and Hepatitis C Community Action Fund will use a holistic approach that integrates multiple health factors related to the response to HIV, AIDS and hepatitis C. Sexually transmitted and blood-borne infections, including HIV and hepatitis C, share common transmission routes, common risk behaviours and common social and risk factors (i.e. poverty, stigma and discrimination, violence, untreated mental illness, and addictions). These factors affect the risk of acquiring communicable diseases, the ability to seek access and adhere to treatment, and the health of people living with HIV/AIDS and people infected with hepatitis C. The integrated and streamlined funding program will be launched in 2017-2018 following a transition period that emphasizes partnerships and community planning. Community programming will continue to be guided by the evidence for effective interventions. CIHR launched a major funding opportunity entitled "[Team Grant: HIV Cure Research](#)" in 2013. This significant initiative (\$10M), launched in partnership with the Canadian Foundation for AIDS Research (CANFAR) and the International AIDS Society (IAS), is aligned with the international scientific strategy – Towards an HIV Cure. The two funded teams will contribute to the global search for a safe and effective cure for HIV: Dr. Eric Cohen at the Institut de recherches cliniques de Montréal is leading the Canadian HIV Cure Enterprise: a collaboration of leading Canadian HIV researchers aimed at finding new approaches to curing HIV infection; and Dr. Hugo Soudeyns at the Centre hospitalier universitaire Sainte-Justine is leading a project focused on curing babies and children who acquire HIV from their mothers during pregnancy.

Changing Approaches to Knowledge and Behaviour Change

³¹ Public Health Agency Departmental Performance Report 2012-2013. Retrieved February 24, 2014 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php.

In 2012, the Agency conducted public opinion research to assess changes in attitudes and knowledge of HIV, AIDS and Hepatitis C in the Canadian population, including among Aboriginal people, youth and foreign-born individuals. The 2012 HIV/AIDS Attitudinal Tracking Survey report was published online and results were widely shared with stakeholders via webinars and through electronic dissemination. Survey findings are being used to inform the federal response to the prevention and control of communicable diseases including HIV, AIDS and hepatitis C, including public awareness activities and resources designed to improve public knowledge and enhance the capacity of government stakeholders to prevent and control STBBIs, including HIV and hepatitis C. Findings will also inform areas for community investment as well as future policy directions and priorities moving forward.

In 2012-2013, assessments concerning the use and uptake of specific knowledge products were conducted to improve public awareness strategies for the prevention and control of communicable diseases among vulnerable populations. A five year evaluation of the Federal Initiative was conducted in 2013-2014, and when released, will provide additional detail on the extent to which knowledge and awareness of the nature of HIV and AIDS and the ways to address the disease were addressed, and what remains to be undertaken in this area.

IV. Best practices

Scale-up of effective prevention programs

In 2012-2013, the Correctional Services of Canada delivered a variety of awareness programs to federal inmates. The Reception Awareness Program, offered to all newly-admitted inmates, was attended by 2,387 offenders. In addition, 238 inmates completed the Peer Education Course which trains offenders to provide peer support and information to other offenders. A key indicator of HIV prevention in CSC, including increased knowledge and awareness, is the increased uptake of voluntary HIV testing on admission and throughout incarceration. In 2012–13, over 7,400 inmates in CSC were tested for HIV.³²

The Agency advanced disease and population-specific behavioural surveillance by piloting a behavioural surveillance survey called “A-Track” (which focussed on Aboriginal peoples). The lessons learned through this pilot will be integrated into broader behavioral surveillance studies focused on Aboriginal populations in Canada, including the North.³³

Performance data over four years (2008–12) identified that over 28,700 individuals from target audiences were reached with information products designed to educate, create awareness and

³² Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

³³ Ibid.

build capacity for First Nations and Inuit communities south of the 60th parallel. Funded communities, undertaking public education and awareness, hosted a total of 2,798 events, reaching 152,632 First Nations and Inuit individuals over the four-year period. Both the regional health survey and public opinion research show positive trends in STI and HIV testing rates over time for the surveyed populations.³⁴

An innovative project used the diabetes prevention model to bring elders and youth together to address HIV and Hepatitis C-related stigma among community leaders. When regional epidemiological surveillance showed an increase in HIV and hepatitis C rates in smaller Saskatchewan communities, Federal Initiative program partners supported the expansion of community-based activities to effectively deliver prevention services in key rural and remote communities. As a result, culturally relevant interventions were implemented to increase awareness of HIV, sexual health, and sexually transmitted and bloodborne infections among Aboriginal youth attending camps focussing on cultural rights of passage into adulthood.³⁵

Scale-up of care treatment and support programmes

In Canada, the delivery of care, treatment and support programs generally falls under provincial and territorial jurisdictions, and is specific to regional epidemiological trends and provincial and territorial communicable disease prevention and control strategies. One such strategy is British Columbia's strategic framework "From Hope to Health"³⁶, which builds on British Columbia's "STOP HIV/AIDS" pilot program. Evaluation of the effectiveness and sustainability of the approach is ongoing, as part of a comprehensive approach to HIV prevention at the community level. In northern territories, the Government of Canada has partnered with territorial governments, to increase flexibility and decrease reporting in disease prevention and related health promotion program clusters, as part of the Northern Wellness Approach.³⁷ Increased access to HIV testing and care is an important element of provincial responses and strategies to address the disease.^{38 39} The Government of Canada facilitates the sharing of promising practices in the scale-up of intervention programs, and supports related research and knowledge exchange forums.

³⁴ Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

³⁵ Ibid.

³⁶ British Columbia Ministry of Health. From Hope to Health. December 2012. Retrieved on March 31, 2014 from <http://www.health.gov.bc.ca/library/publications/year/2012/from-hope-to-health-aids-free.pdf>

³⁷ Factsheet: the Northern Wellness Approach. Retrieved March 4, 2014 from http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2012/2012-54bk-eng.php

³⁸ Ministry of Health and Long-Term Care. *Ontario's response to HIV/AIDS*. Retrieved on Feb 28, 2014 from http://www.health.gov.on.ca/en/public/programs/hivaids/ontario_response.aspx

³⁹ Saskatchewan's HIV Strategy 2010 – 2014. <http://www.allnationshope.ca/Documents/hiv-strategy-2010-2014.pdf>

The CIHR HIV Comorbidity Research Agenda (the result of a national consultation) led to the launch of a suite of major funding opportunities. The individuals and teams now funded are focussing their efforts on: improving the health of people living with HIV/AIDS in Canada; HIV and aging; and HIV, mental health, and neurological conditions. This research agenda continues to be supported by a wide range of partners, including four national AIDS service organizations.⁴⁰

A CIHR Canadian HIV Trials Network (CTN) initiative led by Drs. Curtis Cooper (U Ottawa), Marina Klein (McGill) and Mark Hull (BC Centre for Excellence in HIV/ AIDS) developed a Canadian consensus statement on HIV-Hepatitis C co-infection treatment. These guidelines -- published in the Canadian Journal of Infectious Disease and Medical Microbiology in December 2013 -- will become influential in terms of clinical practice, influencing Canadian health policy and ultimately saving lives.

Health Canada and the Assembly of First Nations are collaborating with partners to develop a framework to address high levels of STBBIs in First Nations on-reserve. This framework is expected to guide the delivery of Health Canada's programming for STBBIs in First Nations communities through culturally-relevant approaches and the use of evidence. While still early in development, the framework will likely focus on preventing new cases, supporting early detection and access to treatment, improving quality of life and fostering community well-being to reduce the rates of STBBIs in First Nations on-reserve.

Capacity building

Capacity building activities among community organizations include staff training, volunteer programs and activities, governance and management activities, priority population involvement, evaluation activities and partnership building.

In 2011-2013, special emphasis was placed on building the capacity of organizations to access funding and evaluate the outcomes of their activities. The Agency hosted teleconferences to share best practices among funding recipients, provided project evaluation guidance and piloted a Project Evaluation Guide with the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund. Improvements in the quality of evaluation reporting were noted when federal funding agreements under this Fund were extended in 2012-13.⁴¹

The Agency's strategic priorities include strengthened public health capacity and science leadership.⁴² The resulting guidance, frameworks and support for a range of public health

⁴⁰ Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

⁴¹ Ibid.

⁴² Public Health Agency of Canada Report on Plans and Priorities 2013-2014. Retrieved on February 28, 2014 from <http://www.phac-aspc.gc.ca/rpp/2013-2014/section-01-eng.php>

activities including public health lab systems, surveillance, and science and research to support public health decision-making, are operationalized in HIV and related communicable disease programming. In 2012-2013, the Agency supported the implementation of the HIV Drug Resistance Surveillance and Monitoring Strategy in low- and middle-income countries, with a focus on Latin America, building monitoring capacity and helping implement the overall strategy at a regional level. The HIV Screening and Testing Guide⁴³ was produced to help reduce both the number of people who are unaware of their HIV status and the barriers to testing, and to help normalize HIV testing as part of regular health care for Canadians.⁴⁴ The technical document, HIV Transmission Risk: A Summary of the Evidence, intended for use by health authorities and professional organizations, also informs the development of policies, programs, and guidelines aimed at preventing HIV transmission.⁴⁵

On the research capacity building front, CIHR has a multitude of efforts underway including:

Funding for two major training initiatives (The CIHR International Infectious Diseases and Global Health Training Program: Four Continents, One Shared Experience led by Dr. Keith Fowke of the University of Manitoba; and the Universities Without Walls: A CIHR Training Grant in HIV/AIDS Health Research, led by Dr. Sean Rourke from the St. Michael's Hospital in Toronto); The development of a Community-Based Research (CBR) video series entitled [The CBR Learning Place](#). This online practicum (developed with partners) guides viewers through the many facets of CBR through high quality interactive educational modules to support the work of research teams; ongoing funding opportunities to train the next generation of HIV researchers, including Master's, Doctoral and Fellowship funding. Additionally, there are embedded training opportunities within large grants and programs (such as CIHR Canadian HIV Trials Network and the Centres for Population Health and Health Services Research Development in HIV/AIDS).

V. Major challenges and remedial actions

Discrete approaches to addressing HIV and AIDS for populations most vulnerable to the disease / Reaching the undiagnosed

Progress has been made on addressing HIV and AIDS for populations most vulnerable to the disease. A series of population-specific status reports⁴⁶ have informed research priorities, the design of knowledge and awareness products, and outreach strategies. Community programs

⁴³ Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

⁴⁴ Ibid.

⁴⁵ Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

⁴⁶ <http://www.phac-aspc.gc.ca/aids-sida/publication/index-eng.php#ps>

continue to include a focus on specific populations most affected within a particular region. Surveys of community participants and other assessments, along with population-based surveys, are beginning link interventions to increase knowledge and awareness of HIV and AIDS with increased access to testing, and support services, including mental health and housing supports.^{47 48} Trends identifying links between interventions and outcomes for specific populations suggest that they contribute to decreased practice of higher risk behaviours and increased practice of protective behaviours among younger Canadians, and First Nations.⁴⁹

Further collaborations in intervention research and outcome assessment will enable all stakeholders to demonstrate additional impacts in this area. Joint planning, shared and measurable targets, and more systematic gathering of information against those targets, will support this work in the future.

Addressing the determinants of health/Strengthening the national response/ Renewing approaches to HIV prevention

Canada's commitment to a comprehensive response to HIV and AIDS includes a determinants of health approach in all aspects of program planning, implementation and evaluation. Addressing the prevention, control and management of HIV and AIDS requires broadening approaches to health interventions to consider what influences health both inside and outside the healthcare system. It involves identifying factors that can put Canadians at increased risk of health complications and infections. Social and economic factors, the physical environment and individual behaviour all play a role.⁵⁰ So while increasingly targeted information and communication approaches may be required to target specific communities and behaviour changes, a more integrated approach to preventing diseases with common transmission routes, common risk behaviours and common social and risk factors (i.e. poverty, stigma and discrimination, violence, untreated mental illness, and addictions) is needed.

A proposed new HIV/AIDS and Hepatitis C Community Action Fund will use a holistic approach that integrates multiple health factors related to the response to HIV/AIDS and hepatitis C, and that affect the risk of acquiring communicable diseases, the ability to seek access and adhere to treatment, and the health of people living with HIV/AIDS and people infected with hepatitis C. It will be aligned with similar strategies that are being advanced in jurisdictions that take comprehensive approaches to prevention and treatment of HIV, and other emerging and re-emerging infections.

⁴⁷ <https://www.ochart.ca/documents/2014/VFTFL-2013-ENG.pdf>

⁴⁸ Chert <http://pacificaidnetwork.org/wp-content/uploads/2012/07/Full-CHERT-2013.pdf>

⁴⁹ Public Health Agency of Canada Departmental Performance Report 2012-2013. Retrieved on Feb 24, 2013 from http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

⁵⁰ The Chief Public Health Officer's Report on the State of Public Health in Canada, 2013 Infectious Disease—The Never-ending Threat, <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2013/intro-eng.php>

VI. Monitoring and evaluation environment

Overview

Federal partners conduct monitoring and evaluation in specific activity areas, including national surveillance, research, and community-based programming, in close collaboration public health units, laboratories, health care and other professionals, researchers, and civil society organizations. Specific monitoring and evaluation priorities vary by jurisdiction and by region. Federal monitoring and evaluation comprises periodic planning and reporting against publicly identified results and outcomes.

Multi-year program evaluations, and corresponding action plans are published by the lead reporting Agency. The *Federal Initiative* was first evaluated in 2009⁵¹, resulting in the development and implementation of a performance measurement system. Results from an outcomes- focussed evaluation for 2008-2013 will be available later in 2014. Annual plans and performance are detailed in Departmental Reports on Plans and Priorities, and Departmental Performance Reports which are tabled before Parliament.⁵²

Additional monitoring, assessments, reviews and evaluations inform strategic and operational decisions for participating agencies and departments. Behavioural and general population surveys, evaluation/research studies, HIV drug resistance surveillance, HIV surveillance, routine programme monitoring, data analysis strategies, data dissemination and use strategies, defined, standardized sets of indicators including sex and age disaggregation (where appropriate), and guidance and tools for data collection all support federal monitoring and evaluation activities.

At least 10% of program funds are earmarked and used for federal monitoring and evaluation activities. In 2014-2015, Federal partners will enhance the collection and use of information to monitor and evaluate the outcomes of interventions, and to increase the alignment of monitoring and evaluation strategies with programs that address HIV/AIDs, and related infections, and health factors.

⁵¹ Federal Initiative to Address HIV/AIDS in Canada

Implementation Evaluation Report retrieved Feb 28, 2014 from: http://www.phac-aspc.gc.ca/about_apropos/reports/2008-09/hiv-vih/index-eng.php

⁵² Public Health Agency of Canada Supplementary Information Tables: 2012–13 Departmental Performance Report. Federal Initiative to Address HI/AIDS in Canada and CHVI. Retrieved Feb 28, 2014 from: http://www.phac-aspc.gc.ca/about_apropos/dpr-rmr/2012-2013/hi-ih-eng.php

While a dedicated complement of full-time employees play important coordinating roles in national program monitoring and evaluation, these functions are integrated in other all aspects of federal program delivery. Additional monitoring and evaluation resources are acquired by federal partners to meet cyclical monitoring and evaluation requirements as required.

The Government of Canada is increasing its use of web-based, information-sharing platforms and tools to submit and report data for monitoring and evaluation. Memoranda of understanding and similar instruments are also important tools for establishing common data collection and reporting parameters among different jurisdictions. Finally, webinars are being used with increasing frequency to communicate about monitoring and evaluation results with stakeholders.

On the research front, CIHR undertook two major program evaluations – one for the CIHR Canadian HIV Trials Network and the other for the Centres of Population Health and Health Services Research Development in HIV/AIDS. The end result was the launch of refreshed funding opportunities and the ultimate funding of new initiatives that will have an enhanced focus on prevention and care and impact for those living with and at risk of HIV.

Challenges and Achievements

Challenges and opportunities arise from changes in prevention technologies and the etiologies of specific communicable diseases affect prevention and treatment. Approaches to HIV and related communicable disease interventions are becoming increasingly integrated to realize strategic and operational efficiencies in program delivery. At the same time, there will be ongoing requirements for specific monitoring and evaluation systems that address particular health promotion and disease intervention outcomes.

Monitoring and evaluation data were used to inform Government of Canada departmental performance and evaluation reporting in 2012-2013, and to develop programs and activities to increase knowledge, information, and uptake of specific products or activities including population specific reports, and the extent to which federally funded community programs addressed particular outcomes. Challenges to using the monitoring and evaluation data included validation, consistency, readiness for roll-up, and reporting, and preparation for multiple audiences.

Training in monitoring and evaluation was conducted at a variety of levels, including the federal program and at the service delivery levels. Key stakeholders provided input to various program assessments and to pilot monitoring and evaluation tools and products. For Agency-conducted capacity building with community-based organizations in 2012-2013, results of program assessments were shared with funding recipients.

Key achievements in federal monitoring and evaluation included: five years of Federal Initiatives program performance data were rolled up, analyzed and informed the *Federal*

Initiative evaluation (forthcoming). Multi-year trends among federally funded community projects were identified and reported for the first time in 2012-2013. Assessments of key program areas, including outcomes of nationally funded projects, were undertaken. Overall, monitoring and evaluation results inform renewed responses by federal partners in specific areas, including a renewed focus on the exchange and application of knowledge, and intervention research.