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Declaration of Commitment on HIV/AIDS

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– CANADA –

Annex 2 - Part A
National Composite Policy Index

Information provided by the Government of Canada

Annex 2 - Part A
National Composite Policy Index Questionnaire

I Strategic Plan

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes **Period covered:** 2005- 2010

Leading Together, Canada Takes Action on HIV/AIDS (2005-2010) is a national blueprint for action for Canada's response to HIV/AIDS which was developed by a broad range of broad range of stakeholders - including AIDS service organizations, clinicians and other health care professionals, researchers, national HIV/AIDS organizations and governments at all levels. It is broken down into detailed actions covering six strategies:

- increase awareness of the impact of HIV/AIDS and increase the commitment to sustained funding of HIV/AIDS programs and services
- address the social factors/inequities driving the epidemic
- step up prevention efforts
- strengthen diagnosis, care, treatment and support services
- provide leadership in global efforts
- enhance the front-line capacity to act early and stay the course

The *Federal Initiative to Address HIV/AIDS in Canada* is a partnership between four federal departments and agencies: the Public Health Agency of Canada, Health Canada, Canadian Institutes of Health Research, and Correctional Service Canada. The *Federal Initiative* has the following goals:

- Prevent the acquisition and transmission of new infections;
- Slow the progress of the disease and improve quality of life;
- Reduce the social and economic impact of HIV/AIDS;
- Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the diseases.

Many provinces and territories have multisectoral strategies and/or action frameworks.

1.1 How long has the country had a multisectoral strategy/action framework?

Leading Together, the national blueprint for action has been in effect for 3 years. The federal government has had an HIV/AIDS strategy for 17 years – the first federal strategy – the National AIDS Strategy was launched in 1990.

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Leading Together, Canada's national blueprint does not have a budget. All partners in the Canadian response are asked to align their efforts with the overall goals and actions outlined in the document. The *Federal Initiative* and most provincial and territorial strategies have detailed accompanying budgets.

Sectors included	Strategy/Action framework	Earmarked budget
Health	Yes	Yes, at both federal and provincial/territorial levels
Education	Yes (*Leading Together*) No (*Federal Initiative*)	No
Labour	No	No
Transportation	No	No
Military/Police	No	No
Women	Yes (both *Leading Together* and *Federal Initiative*)	No
Young people	Yes (both *Leading Together* and *Federal Initiative*)	No

***IF NO earmarked budget*, how is the money allocated?**
Money is allocated by different jurisdictions according to their individual needs and strategic plans.

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?
Both *Leading Together* and the *Federal Initiative* address the following target populations, settings and cross-cutting issues.

Target Populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Specific vulnerable sub- populations	Yes
d. Orphans and other vulnerable children	No (N/A)
Settings	
e. Workplace	No
f. Schools	Yes
g. Prisons	Yes
Cross-cutting issues	
h. HIV, AIDS and poverty	Yes
i. Human rights protection	Yes
j. PLHIV involvement	Yes
k. Addressing stigma and discrimination	Yes
l. Gender empowerment and/or gender equality	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?
Yes. The target populations were identified through national surveillance and through feedback from organizations working at the community level.

IF YES, when was this needs assessment /analysis conducted? Surveillance reports are published on a semi-annual basis.

1.5 What are the target populations in the country?
Gay men and men who have sex with men, people who use injection drugs, Aboriginal peoples, people from countries where HIV is endemic, people in correctional facilities, women, youth at risk, people living with HIV/AIDS.

1.6 Does the multisectoral strategy/action framework include an operational plan?
Leading Together: No. *Federal Initiative*: Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

	Leading Together	**Federal Initiative**
a. Formal programme goals?	Yes	Yes
b. Clear targets and/or milestones?	Yes	Yes
c. Detailed budget of costs per programmatic area?	No	Yes
d. Indications of funding sources?	No	Yes
e. Monitoring and Evaluation framework?	No	Yes

1.8 Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy/action framework?
For *Leading Together*: Active involvement

***IF active involvement*, briefly explain how this was done:**
A small steering committee representing community members was set up to develop the document that became *Leading Together*. The draft document was shared widely, and face to face meetings were held across the country with civil society, clinicians and other health care professionals, researchers, and officials from various levels of governments. Special emphasis was placed on consulting people living with or at risk of HIV/AIDS, including gay men, people who use injection drugs, Aboriginal people, youth, women, people from countries where HIV is endemic and prisoners. A parallel on-line survey was also used to solicit feedback on the document.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?
Not applicable.

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?
Not applicable.

2. Has the country integrated HIV and AIDS into its general development plans such as: a) National Development Plans, b) Common Country Assessments/ United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, d) Sector Wide Approach?
Not applicable.

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?
Yes. While there have been no recent Canadian evaluations of the socio-economic impact of HIV and AIDS, provincial and national studies released in 1998, 2001 and 2003 indicate that the economic costs associated with HIV and AIDS are considerable, continue to rise, and have serious economic consequences for the Canadian health system.

According to a 2003 study in the province of Alberta, the direct cost of HIV medical care per patient per month increased from about $655 in 1995 to $1,036 in 2001, primarily due to HAART. In 1995, antiretroviral drugs accounted for 30%, or $198, of the cost per patient per month; while in 2001, they accounted for 69% or $775. According to the study, the health care system is spending more on drugs for HIV; while, at the same time, and because of these drugs, it is spending less on in-patient, out-patient, and home care.[1]

In Canada, lifetime care and treatment costs were estimated in 1998 to total about $160,000 per person with HIV, while the indirect costs associated with lost productivity and premature death may be as high as $600,000 per person.[2] In addition, treatment costs varied depending on where people lived and where they were treated. For example, people who lived in rural or remote areas who travelled to receive care often had significantly higher costs.

According to a 2001 analysis, HIV/AIDS cost Canadians more than $2 billion in 1999 in direct and indirect costs. Of this total, health care costs accounted for about $560 million; prevention, research, and supports to people living with HIV/AIDS accounted for about $40 million; and lost economic production due to premature death and disability accounted for nearly $1.5 billion. [3]

3.1 *IF YES*, to what extent has it informed resource allocation decisions?
There is a widespread recognition that it is far cheaper to prevent new infections than to treat existing ones. All levels of government support prevention efforts, from social marketing to the distribution of condoms and clean needles. Provinces and territories all offer HIV screening for pregnant women and treatment for those women who are pregnant in order to try to stop the vertical transmission of the virus. There is a growing emphasis on prevention, including new initiatives aimed at prevention for positives, and reaching the undiagnosed. Canada has made significant contributions to the development of new prevention technologies, through the $139 million Canadian HIV Vaccine Initiative and through contributions to the International AIDS Vaccine Initiative, the African AIDS Vaccine Programme and the International Partnership for Microbicides.

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

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[1] Krentz HB, Auld MC, Gill MJ. *The changing direct costs of medical care for patients with HIV/AIDS, 1995--2001*. Canadian Medical Association Journal. 2003 July 22; Vol. 169, No 2: 106--110.

[2] Albert, Terry and Gregory Williams, *The Economic Burden of HIV/AIDS in Canada*. Canadian Policy Research Network, 1998.

[3] GPI Atlantic. *The Cost of HIV/AIDS in Canada*. June 2001.

The Treasury Board of Canada policy on HIV/AIDS applies to both National Defence and the Royal Canadian Mounted Police. This policy outlines a number of requirements and guidelines with respect to the rights and benefits of employees living with HIV, the availability of voluntary testing and pre and post-test counselling, education and information, and precautions for employees with a potential risk of exposure.

National Defence has an occupational health policy to enable people living with HIV/AIDS to work according to their health and ability. It is also intended to safeguard the confidentiality of the military member's personal health information. In addition, all Canadian Forces personnel scheduled for operational duty must complete pre-deployment training that includes a preventive medicine component. Sexually-transmitted diseases, including HIV/AIDS, are discussed in this briefing.

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?
Behavioural change communication Yes
Condom provision Yes
HIV testing and counselling* Yes
STI services Yes
Treatment Yes
Care and support Yes
Others: *[write in]* No

What is the approach taken to HIV testing and counselling
The approach is voluntary testing with pre-and post-test counselling, mirroring the civilian approach to such testing and counselling.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?
Canada's publicly funded health care system is best described as an interlocking set of ten provincial and three territorial health insurance plans. The system provides universal coverage for medically necessary health care services provided on the basis of need, rather than the ability to pay. Under the Canada Health Act, all necessary drug therapy administered within a Canadian hospital setting is insured and publicly funded. Outside of the hospital setting, provincial and territorial governments are responsible for the administration of their own publicly-funded prescription drug benefit programs. Most Canadians have access to insurance coverage for prescription medicines through public and/or private insurance plans. The federal, provincial and territorial governments offer varying levels of coverage, with different eligibility requirements, premiums and deductibles. The publicly-funded drug programs generally provide insurance coverage for those most in need, based on age, income, and medical condition.

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?
Not applicable.

5.2 Have the estimates of the size of the main target population sub-groups been updated?
Yes. The estimates of prevalence and incidence were last revised in 2006, to reflect 2005 data. These addressed the trends in the disease among women, Aboriginal persons, and

looked at exposure categories of men having sex with men, injecting drug users, heterosexuals from a country where HIV is endemic, and heterosexual/non-endemic (heterosexual contact with a person who is either HIV-infected or at risk for HIV or heterosexual as the only identified risk).

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs	Estimates only	No
x		

5.4 Is HIV and AIDS programme coverage being monitored?
Yes

(a) ***IF YES***, is coverage monitored by sex (male, female)?
Yes
(b) ***IF YES***, is coverage monitored by population sub-groups?
Yes
IF YES, which population sub-groups?
The populations vary from jurisdiction to jurisdiction, but the main groups covered are: gay men, injection drug users, Aboriginal peoples, people from countries where HIV is endemic, people in correctional facilities, women, youth at risk
(c) ***IF YES***, is coverage monitored by geographical area?
Yes

IF YES, at which levels (provincial, district, other)?
Provincial

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?
N/A

Comments on progress in strategy planning efforts made since 2005:
In the past two years, Canada has been in a position to build upon past work to better coordinate the planning and response to the epidemic.

II Political support

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?
President/Head of government Yes
Other high officials Yes
Other officials in regions and/or districts Yes

The Prime Minister of Canada held a national press conference in February 2007 with Bill Gates to announce the collaboration between the Bill & Melinda Gates Foundation and the Canadian HIV Vaccine Initiative. The federal Minister of Health spoke at the AIDS Vaccine 2007 Conference, in Seattle, Washington. The Minister reaffirmed the Government of Canada's commitment and expressed enthusiasm about its collaboration with the Bill & Melinda Gates Foundation, and indicated the collaboration is being seen internationally as a model for other countries to follow in order to contribute to the overarching goal of accelerating global efforts to discover HIV vaccines.

At the XVI International AIDS Conference, the federal Minister of Health, the federal Minister of International Cooperation and the Ontario Minister of Health made various speeches at the conference including at the opening ceremonies, satellite sessions and affiliated events.

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?
Yes. Canada has several bodies that act to coordinate and advise on the response to HIV/AIDS.

The Leading Together Championing Committee was created in 2006 to promote and champion the widespread use of *Leading Together* throughout Canada, so that the document influences and guides all sectors of Canada's response to get ahead of the epidemic and improve the lives of people at risk of and living with HIV/AIDS. Its membership includes those from nongovernmental organizations, researchers, people living with HIV/AIDS, and government.

The Federal/Provincial/Territorial Advisory Committee on AIDS, created in 1988 provides policy advice on issues and priority initiatives related to HIV/AIDS in Canada, and promotes timely, effective and efficient inter-governmental and inter-jurisdictional collaboration on issues related to HIV/AIDS in Canada. Its membership includes representatives from Canada's ten provinces and three territories, and from the federal government.

The Government of Canada Assistant Deputy Minister Committee was established in 2005. Its mandate is to provide Government of Canada interdepartmental leadership, increased coordination and cooperation, and improved coherence of policies and programs, to more effectively address HIV/AIDS and related issues. Fourteen different departments are represented at the Assistant Deputy Minister level.

The Ministerial Council on HIV/AIDS was created in 1998 to provide advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS. Its membership includes a cross-section of researchers, health care and front-line professionals involved with at-

risk groups. Traditionally one-third of members are people living with HIV/AIDS. Representatives from the Public Health Agency of Canada and the Federal/Provincial/Territorial Advisory Committee on AIDS sit as *ex officio* members.

The National Aboriginal Council on HIV/AIDS was established in 2001 to act as an advisory mechanism providing policy advice to Health Canada and the Public Health Agency of Canada and other relevant stakeholders about HIV/AIDS and related issues among all Aboriginal (Inuit, Métis and First Nations) peoples in Canada. It is divided into four cauci, representing Inuit, Métis, First Nations and Community (representing Aboriginal HIV/AIDS organizations and community-based Aboriginal organizations involved in HIV/AIDS). Representatives from the Public Health Agency of Canada and from Health Canada's First Nations and Inuit Health Branch sit as *ex officio* members.

2.3 *IF YES*, does it:

	Leading Together Championing Committee	**FPT Advisory Committee on AIDS**	**Ministerial Council on HIV/AIDS**	**Assistant Deputy Minister on HIV/AIDS**	**National Aboriginal Council on HIV/AIDS**
have terms of reference?	Y	Y	Y	Y	Y
have active Government leadership and participation?	Y	Y	Y	Y	Y
have a defined membership?	Y	Y	Y	Y	Y
include civil society representatives?	Y	N	Y	N	Y
IF YES*, what percentage? *[write in]	70%		30%		100%
include people living with HIV?	Y	N	Y	N	Y
include the private sector?	N	N	30%	N	N
have an action plan?	Y	Y	Y	Y	Y
have a functional Secretariat?	Y	Y	Y	Y	Y
meet at least quarterly?	Y	Y	Y	N	Y
review actions on policy decisions regularly?	Y	Y	Y	Y	Y
actively promote policy decisions?	Y	Y	Y	Y	Y
provide opportunity for civil society to influence decision-making?	Y	Y	Y	N	Y
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	N/A	N/A	N/A	N/A	N/A

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Consultation and coordination between governments, people living with HIV/AIDS, civil society and the private sector are fundamental to the Canadian response to HIV/AIDS in both developing and implementing strategies and programmes.

Under the *Federal Initiative*, several groups serve as mechanisms to consult and coordinate on specific issues.

The Consultative Group on Global HIV/AIDS Issues is a forum for NGOs to advise federal departments and agencies on the global epidemic and for all parties to discuss issues of collaboration and policy coherence to ensure a more effective Canadian response.

Individual status reports are being prepared on each of the key populations under the *Federal Initiative*. These reports will comprise comprehensive factual information to depict the current picture of each population. A working group made up of members of the affected population, researchers, experts in the field, community organizations and government guide the development of each report.

The National Partners Group, made up of national non-governmental organizations meets bi-annually with the management team of the HIV/AIDS Policy, Coordination and Programs Division of the Public Health Agency of Canada to share information, discuss emerging issues and engage in policy discussion.

A National HIV/AIDS Social Marketing Action Committee comprised of people living with HIV/AIDS, representatives from community-based and national AIDS Service Organizations and provincial/territorial governments has been guiding the development of a national social marketing campaign.

A CIHR HIV/AIDS Research Advisory Committee, made up of researchers, community representatives (including people living with HIV/AIDS), health research institutes, PHAC and the Ministerial Council, provides leadership and advice regarding research priorities and strategic HIV/AIDS research programs.

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?
In 2006-07, over half of the federal HIV/AIDS budget was spent on activities implemented by community and research organizations.

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services	Yes
Technical guidance/materials	Yes
Drugs/supplies procurement and distribution	No, this is a provincial/territorial role

Coordination with other implementing	Yes
Capacity-building	Yes

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?
HIV and AIDS have been confirmed to constitute disability by Canadian courts and human rights tribunals. Every jurisdiction in Canada has human rights legislation which protects the rights of people with a disability.

While the *Federal Initiative to Address HIV/AIDS in Canada* (FI) does not include a "National AIDS Control Policy" for review of legislation or practices, the FI is a rights-based approach. All related legislation, policy, and practices must be in harmony with the *Canadian Charter of Rights and Freedoms*, the *Canadian Human Rights Act*, provincial and territorial human rights legislation, as well as the principles of administrative law.

III Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?
Yes. The *Federal Initiative to Address HIV/AIDS* will support national public awareness campaigns to raise awareness in the general population and to address stigma and discrimination.

1.1 *IF YES*, what key messages are explicitly promoted?

The focus of messages varies across Canada, and by the agency promoting the message.

Message	
Be sexually abstinent	Y
Delay sexual debut	Y
Be faithful	Y
Reduce the number of sexual partners	
Use condoms consistently	Y
Engage in safe(r) sex	Y
Avoid commercial sex	
Abstain from injecting drugs	Y
Use clean needles and syringes	Y
Fight against violence against women	Y
Greater acceptance and involvement of people living with HIV	Y
Greater involvement of men in reproductive health programmes	
Other: Fight stigma and discrimination	Y

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?
No.

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?
Yes. Education is under provincial jurisdiction, and curricula vary across the country. Reproductive and sexual health education, including HIV, is covered in each province or territory, however, it does vary in the timing of its delivery - either early or late in secondary school, depending on the province or territory.

2.1 Is HIV education part of the curriculum in
primary schools? Yes, in some jurisdictions
secondary schools? Yes, in most jurisdictions
teacher training? Yes, in most jurisdictions

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?
Yes.

2.3 Does the country have an HIV education strategy for out-of-school young people?
No, although some organizations targeted at street-involved youth are active in HIV prevention education.

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for vulnerable sub-populations?
Yes. The *Federal Initiative* calls for a federal government-led social marketing campaign to reduce the amount of HIV/AIDS-related stigma and discrimination that is experienced by people living with HIV/AIDS so as to create a healthier social environment in which people living with and at risk of HIV will be more likely to access information, prevention, diagnosis, care and treatment services. The *Federal Initiative* also calls for national community-led social marketing campaigns to reduce stigma and discrimination and/or risk-taking behaviours. These campaigns are led by and for the populations identified in the *Initiative* as being most at risk of HIV/AIDS. Several provinces have also developed targeted prevention approaches. Programming delivered by community-based organizations works with populations at risk of HIV to provide a wide range of prevention services.

3.1 *IF YES*, which sub-populations and what elements of HIV prevention do the policy/strategy address?
Services vary across the country, depending on the specific population at risk. Services are delivered by a range of providers, including community organizations, government organizations and health services.

	IDU	MSM	Sex workers	Aboriginal	Prison inmates	Endemic	Women at risk	PHAs	Youth at risk
Targeted information on risk reduction and HIV education	x	x	x	x	x	x	x	x	x
Stigma & discrimination reduction		x		x				x	
Condom promotion	x	x	x	x	x	x	x	x	x
HIV testing & counselling	x	x	x	x	x	x	x	x	x
Reproductive health, including STI prevention & treatment	x	x	x	x	x	x	x	x	x
Vulnerability reduction (e.g. income generation)	x	N/A	x	N/A	N/A	N/A	N/A	x	x
Drug substitution therapy	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Needle & syringe exchange	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Comments on progress made in policy efforts in support of HIV prevention since 2005:
Since 2005, focused policy efforts for vulnerable populations have been further developed at the federal level and in the provinces most affected by HIV/AIDS. The federal government is playing a leadership role in coordinating efforts on prevention across a wide range of sectors.

4. Has the country identified the districts (or equivalent geographical/ de-centralized level) in need of HIV prevention programmes?
Each jurisdiction determines where best to focus their prevention programmes. Provinces and territories conduct their own epidemiological and surveillance studies and know where to focus their efforts. People living in rural and remote areas, including First Nations reserves, are less likely to be able to access HIV education and prevention services.

***IF YES*, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?**

HIV prevention programmes	The activity is available in		
	***all* districts* in need**	***most* districts* in need**	***some* districts* in need**
Blood safety	x		
Universal precautions in health care settings	x		
Prevention of mother-to-child transmission of HIV	x		
IEC on risk reduction		x	
IEC on stigma and discrimination reduction			x
Condom promotion	x		
HIV testing & counselling		x	
Harm reduction for injecting drug users		x	
Risk reduction for men who have sex with men		x	
Risk reduction for sex workers			x
Programmes for other vulnerable subpopulations			x
Reproductive health services including STI prevention & treatment	x		
School-based AIDS education for young people	x		
Programmes for out-of-school young people		x	
HIV prevention in the workplace			x

*For Canada, 'districts' has been interpreted to mean provinces and territories.

Comments on progress made in the implementation of HIV prevention since 2005:
Since 2005 there has been increased funding to programmatic responses, and increased sharing of information on best practices. The voluntary sector has been key to the successful implementation of these programmes.

IV Treatment, care and support

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).
The responsibility for the direct delivery of care and treatment is under provincial and territorial jurisdiction. Different jurisdictions take different approaches to HIV and AIDS care and support, but most have a policy or strategy to address this issue. The voluntary sector is key in delivering psychosocial care and home and community-based care.

1.1 *IF YES*, does it give sufficient attention to barriers for women, children and most-at-risk populations?
Yes, however, it is estimated that 27% of people in Canada who are HIV positive are unaware of their infection, and this presents an obvious barrier in accessing treatment in a timely manner. In order to increase the number of Canadians aware of their sero-status, the Public Health Agency of Canada has undertaken collaborative work with other levels of government, primary care providers, experts and community to develop a policy framework on HIV testing and counselling. The framework will inform HIV testing and counselling decision-making, based on the best available evidence, evolving and emerging issues and take into account diverse approaches and points of view, as well as specific considerations for particular populations most affected by HIV/AIDS.

2. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV and AIDS treatment, care and support services?
Each jurisdiction determines where best to focus their HIV and AIDS treatment, care and support programmes. Provinces and territories conduct their own epidemiological and surveillance studies and know where to focus their efforts. People living in rural and remote areas, including First Nations reserves, are less likely to be able to access HIV treatment, care and support services.

***IF YES*, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?**

HIV treatment, care and support services	The service is available in		
	***all* districts* in need**	***most* districts* in need**	***some* districts* in need**
Antiretroviral therapy	x		
Nutritional care	x		
Paediatric AIDS treatment	x		
Sexually transmitted infection management	x		
Psychosocial support for people living with HIV and their families		x	
Home-based care		x	
Palliative care and treatment of common HIV-related infections	x		
HIV testing and counselling for TB patients	x		
TB screening for HIV-infected people	x		
TB preventive therapy for HIV-infected people	x		

HIV treatment, care and support services	**The service is available in**		
	***all* districts* in need**	***most* districts* in need**	***some* districts* in need**
TB infection control in HIV treatment and care facilities	x		
Cotrimoxazole prophylaxis in HIV infected people	x		
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	x		
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A	N/A	N/A
HIV care and support in the workplace (including alternative working arrangements)			x

*For Canada, 'districts' has been interpreted to mean provinces and territories.

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?
Not applicable.

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?
Yes

4.1 *IF YES*, for which commodities?:
Anti-retrovirals, medicines for HIV-related conditions, condoms and substitution drugs are available in every jurisdiction, but there are challenges for some to access these commodities.

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?
Not applicable

V Monitoring and evaluation

Different levels of government have their own monitoring and evaluation plans. There is no single national plan. *Leading Together* lays out concrete actions, targets and desired outcomes, and describes the shared responsibility for the response to HIV. It does not have a monitoring and evaluation plan with specific tasks, responsible organizations, and budgets identified.

The federal government does have a Monitoring and Evaluation Plan, which will inform the rest of this section.

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?
Yes (for the federal investment only) **Years covered**: 2005- ongoing
In progress Yes

1.1. *IF YES*, was the M&E plan endorsed by key partners in M&E?
Yes. The M&E plan was endorsed by all four federal government departments participating in the *Federal Initiative*.

1.2. *IF YES*, was the M&E plan developed in consultation with civil society, including people living with HIV?
Yes. The federal investment M&E plan was developed as part of an internal-to-government process. Civil society was involved in the consultation that established funding priorities.

1.3. *IF YES*, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?
Yes, but only those organizations funded through the federal investment.

2. Does the Monitoring and Evaluation plan (for the federal investment) include?

a data collection and analysis strategy	Yes
behavioural surveillance	Yes
HIV surveillance	Yes
a well-defined standardized set of indicators to monitor performance for the federal investment	under development (validation)
a well-defined standardized set of quantitative indicators to monitor the epidemic	Yes
guidelines on tools for data collection	under development
a strategy for assessing quality and accuracy of data	under development
a data dissemination and use strategy	Yes. evaluation and reporting commitments

3. Is there a budget for the M&E plan? Yes. **Years covered**: 2005-ongoing for the federal investment.

3.1 *IF YES*, has funding been secured? Yes

4. Is there a functional M&E Unit or Department? Yes (federal investment)

4.1 *IF YES*, is the M&E Unit/Department based:
in the NAC (or equivalent)? No
in the Ministry of Health? Yes (Public Health Agency of Canada)
elsewhere?

4.2 *IF YES*, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? 7

Number of permanent staff: 6

Position	Full time/Part time	Since when?
Manager	Full time	2004
Senior Policy Analyst	Full time	2006
Policy Analyst	Full time	2005
Evaluation Analyst	Full time	2007
Quality Assurance Junior Project Officer	Part time	2007
Administrative Assistant	Part time	2004

In addition, there is a Surveillance and Risk Assessment Division which provides overall strategic direction and coordination for HIV/AIDS surveillance and epidemiological work. Their mandate is to describe the epidemiology of HIV infection in Canada and to monitor and assess the temporal geographic and demographic trends in the HIV epidemic in Canada. This division has some 20 fulltime permanent staff.

Number of temporary staff: Zero, although external consultants are contracted to do specific pieces of work.

4.3 *IF YES*, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?
Yes. Monitoring, evaluation and reporting commitments and roles are identified in the funding authority documents.

***IF YES*, does this mechanism work? What are the major challenges?**
Yes. Federal government partners submit their M&E data and reports to Public Health Agency, HIV/AIDS Policy, Programs and Coordination Division, Accountability and Evaluation Section. These are included in the annual report on the *Federal Initiative to Address HIV/AIDS in Canada*, evaluation reports, and Federal Government annual performance reports.

Challenges include the fact that each federal department has its own accountability and evaluation structure, which may include different approaches, timelines, indicators and reporting formats, resulting in multiple reporting efforts.

4.4 *IF YES*, to what degree do UN, bi-laterals, and other institutions share their M&E results?
Not applicable.

5. Is there a M&E Committee or Working Group that meets regularly to coordinate M&E activities?
Yes, meets regularly

IF YES, Date last meeting: The *Federal Initiative* co-ordinating body meets 3 times a year. The Accountability Working Group meets as needed and works by e-mail.

5.1 Does it include representation from civil society, including people living with HIV?
No, but the Ministerial Council on HIV/AIDS, whose mandate it is to provide advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS, does review and provide advice on issues related to the implementation of the *Federal Initiative*, including monitoring and evaluation. At least one-third of the members of the Council are people living with HIV.

6. Does the M&E Unit/Department manage a central national database?
Not yet – plans are being made to develop a centralized data storage system. There is a central national data base for surveillance information. There is a grants and contributions database, covering all funded projects in the Public Health Agency and Health Canada. The Canadian Institutes of Health Research also manages a database with information on all research grants and awards.

6.1 If yes, what type is it?
Lotus Notes database, shared jointly with Health Canada and the Public Health Agency. The Canadian Institutes for Health Research (CIHR) also hosts an internal database and an publicly accessible on-line database so that the public may access information regarding research projects funded by CIHR.

6.2 If yes, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?
Yes. (PHAC/HC). The CIHR database does not contain standardized information on target populations.

6.3 Is there a functional* Health Information System?
National level Yes
Sub-national level Yes
***IF YES*, at what level(s)?** Municipal and provincial/territorial

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?
Yes. The federal government publishes an annual progress report on the *Federal Initiative*. It also collects HIV/AIDS data from provincial and territorial governments and from population-specific track studies, and publishes various reports, including a semi-annual report on surveillance, epidemiology updates, and estimates of HIV prevalence and incidence. In addition, several provincial governments publish annual reports on their surveillance data.

7. To what extent is M&E data used in planning and implementation?
Monitoring and evaluation data is used extensively to help guide planning and implementation of policy and programming.

What are examples of data use?
A wide range of information is being used in the development of population specific approaches; recent surveys have informed the federal government's work on stigma and discrimination; and there is a growing emphasis on the development of various tools and approaches to knowledge exchange.

What are the main challenges to data use?
Different jurisdictions do not always use the same indicators. For surveillance data, data completeness varies by jurisdiction, and data sharing agreements must be negotiated in detail. Personnel in frontline organizations have a varying capacity to analyze and synthesize data. There is currently no centralized data storage system designed to collect information relevant to program and policy development needs, although such a system is under development.

8. In the last year, was training in M&E conducted
At national level? Yes. Training is provided as needed (logic model development, data collection).

***IF YES*, Number of individuals trained: D**ata not collected

At sub-national level? Not applicable

Comments on progress made in monitoring and evaluation efforts of the AIDS programme since 2005: In 2005 reporting requirements were met and a logic model defined. Since that time, indicators have been improved, and regular data collection initiated, and a refined program theory has been developed and applied.