

Canada Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source: on-line survey of civil society organizations

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The Public Health Agency of Canada led the preparation of the 2014 submission of the GARPR Report. Responses to Part B of the National Commitments and Policy Instrument (NCPI) were collected through a consultative process lead by an independent consulting firm. This process involved the conduction of an anonymous online survey with local, regional and national HIV/AIDS players in non-governmental organizations to collect and integrate civil society input. Of the 221 individuals invited to participate in the survey, 38 provided responses yielding a response rate of 17%. Note that answers to yes/no questions were determined by the response provided by the majority of survey respondents. In the event that responses to yes/no questions were evenly split, this was noted when permitted by the online reporting system. Survey respondents, in addition to members of the National Aboriginal Council on HIV/AIDS, Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada and the National HIV/AIDS Partners Group, were invited to review drafts of Part B of the NCPI for their approval. The data collection, analysis and review process for this report took place from January – February 2014. Note that the process for data gathering and validation for Part B of the NCPI prioritized the consultation of diverse civil society stakeholders, rather than rigorous research methods.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): word count limitation on A II, 6.1 and B III, 1.2

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Public Health Agency of Canada in consultation with other GoC departments and Agencies	various policy and program leads	A1,A2,A3,A4,A5,A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
38 community based organizations	anonymous	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: The Federal Initiative to Address HIV/AIDS in Canada (2005 - Present), Canadian HIV/AIDS Vaccine Initiative (2007-2016/17), Leading Together: Canada Takes Action on HIV/AIDS (2013)

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Strategies are ongoing and reviewed periodically.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: For the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative), the Public Health Agency of Canada leads the development and implementation of the strategy in partnership with Health Canada, the Canadian Institutes for Health Research and Correctional Service of Canada. For the Canadian HIV Vaccine Initiative (CHVI), a collaborative undertaking between the Government of Canada and the Bill & Melinda Gates Foundation (BMGF), the Minister of Health leads the initiative, in consultation with the Minister of Industry and the Minister of International Cooperation.

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

Education:

Included in Strategy: No

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Aboriginal Peoples

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Under the Federal Initiative and the CHVI, funds are earmarked for federal departments and agencies, who work with other sectors and jurisdictions on common outcomes and shared results. In Canada, different levels of government are responsible for different aspects of health; however, all levels of government collaborate to improve health for all Canadians. Under the Federal Initiative, funding programs and joint activities among organizations generally involve stakeholders from various sectors and jurisdictions.

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: No

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Discordant couples, sex workers, transgender people and elderly persons are not federal target groups, however the needs of these populations are addressed through various initiatives under the strategy. Federally funded programs and activities identify target populations on the basis of evidence and local need.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Aboriginal Peoples

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: The Federal Initiative was developed as part of an internal to government process, on the basis of active consultation with civil society stakeholders. The federal government continues to seek advice from civil society on a range of HIV/AIDS issues and has formal advisory and coordination bodies with significant civil society participation (e.g. Ministerial Advisory Council on the Federal Initiative, the National Aboriginal Council on HIV/AIDS, the National Partners Group). These bodies provide advice on current and emerging issues.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: N/A

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: N/A

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: N/A

National Development Plan: N/A

Poverty Reduction Strategy: N/A

National Social Protection Strategic Plan: N/A

Sector-wide approach: N/A

Other [write in]:

: N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): N/A

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: N/A

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: N/A

Reduction of stigma and discrimination: N/A

Treatment, care, and support (including social protection or other schemes): N/A

Women's economic empowerment (e.g. access to credit, access to land, training): N/A

Other [write in]:

: N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 5

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) **ART and Tuberculosis:** Many

f) **ART and general outpatient care:** Many

g) **ART and chronic Non-Communicable Diseases:** Many

h) **PMTCT with Antenatal Care/Maternal & Child Health:** Many

i) **Other comments on HIV integration:** : Other comments on HIV integration: In Canada, the provincial and territorial governments have primary responsibility for matters related to the administration and delivery of health care services. The Government of Canada supports the funding of provincial and territorial health care services through the Canada Health Transfer. Provinces and territories have the capacity to respond to priorities and pressures in their respective jurisdictions and help to ensure Canadians get the care they need, when they need it. In general, HIV services are fully integrated within the Canadian general health care system

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Highlights of plans and priorities are published for both Government of Canada-led initiatives concerning HIV. <http://www.phac-aspc.gc.ca/rpp/2013-2014/hi-ih-eng.php>. In 2012-2013, Federal partners committed to develop integrated approaches to community acquired infections and related health factors such as co-morbidities, mental health, aging, chronic diseases, and other determinants of health, strengthen links with provinces and territories and other stakeholders on HIV and related programs among Aboriginal and Northern populations, and strengthen intervention and implementation research including support for new research initiatives to prevent transmission.

What challenges remain in this area: Federal partners have committed to strengthening joint planning and priority setting; enhancing knowledge exchange and application; implementing promising practices; strengthening activities to address barriers to prevention, treatment, diagnosis and support; and enhancing the collection and use of information.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The Minister of Health identifies annual Government commitments, results and resources against both the Federal Initiative to Address HIV/AIDS and the Canadian HIV Vaccine Initiative. The Minister delivers World AIDS Day and Aboriginal AIDS Awareness Week keynote speeches and announcements. For example, on December 1, 2013, the Minister of Health discussed how Canadians have to work together on “Getting to Zero,” to make a difference in the lives of people living with HIV and AIDS. The Minister committed government funding of \$10 million for two new research projects, and challenged Canadians to close the gap for Aboriginal Peoples, who are among the most vulnerable of the groups to contract HIV in Canada. The Minister actively participates in international and national sectoral events, for example, AIDS 2012 in Washington D.C, and the Canadian AIDS Society’s Gala in 2013. The Minister and senior government officials meet regularly with stakeholders.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed:

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr. Brian Conway, Co-Chair for MAC-FI; Mr. Ken Clement, Ms. Denise Lambert and Ms. Geri Bailey, Co-Chairs for NACHA

Have a defined membership?: Yes

IF YES, how many members?: 16 for each committee

Include civil society representatives?: Yes

IF YES, how many?: 12 for MAC-FI, 16 for NACHA

Include people living with HIV?: Yes

IF YES, how many?: N/A

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: The CHVI Advisory Board was established and makes recommendations to responsible Ministers regarding projects to be funded. It oversees the implementation of the agreement between the Government of Canada and the Bill and Melinda Gates Foundation. Federal HIV community funding programs continue to enable and encourage community organizations to partner with non-governmental groups, other levels of government, and private sector groups as appropriate, to support HIV prevention and other related activities. A CIHR HIV/AIDS Research Advisory Committee, made up of researchers, community representatives (including people living with HIV), PHAC and the Ministerial Advisory Council, provides leadership and advice regarding implementation of a strategic national research agenda. In addition, a Steering Committee comprised equally of community members (half from Aboriginal communities) and researchers guides the CIHR HIV Community-Based Research Program.

What challenges remain in this area:: In 2012 and 2013, government officials increased the engagement of civil society in both program development (e.g. Community Action Fund on HIV and Hepatitis C) and in monitoring and evaluation activities. In an additional effort to increase engagement, Web-based technology was increasingly utilised to extend the reach of such efforts. Canada is a geographically large country and challenges remain ensuring civil society participation from all parts of Canada, particularly from rural, remote and isolated regions.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 68

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: The response exceeds the character limitation. The complete full response was submitted in the Word document.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: Canada is a federation, and responsibilities for prevention, care, treatment and support are shared across different levels of government. Each jurisdiction determines their priorities.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 10

Since 2011, what have been key achievements in this area:: The Honorable Rosa Ambrose, Minister of Health discussed the shared commitment with a domestic audience to help "Get To Zero" on World AIDS Day 2013. The Honorable Leona Aglukkaq, Minister of Health (2011-2013), worked with the Canadian Aboriginal AIDS Network and the International Indigenous working group on HIV and AIDS and other groups to help elevate the issue of AIDS in Indigenous populations on the world stage at the International AIDS Conference in Washington, D.C. in 2012. In 2012 and 2013, senior officials engaged civil society in discussion of a more holistic, integrated approach to community funding for HIV, hepatitis C and related communicable diseases (such as sexually transmitted infections and tuberculosis co-infection) which share common transmission routes, behaviours, affected populations and determinants of health.

What challenges remain in this area:: Identifying effective integrated approaches among federal programs in the response to HIV, Hepatitis C and related communicable diseases.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Visible minority groups

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Section 15 of the Canadian Charter of Rights and Freedoms (Charter) applies to any government action, including legislation, regulations, policies and programs. It gives people equal protection and equal benefit of the law without being discriminated against based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. Section 15 of the Charter has also been recognized to protect against discrimination based on such grounds as sexual orientation, marital status and citizenship. The Canadian Human Rights Act (CHRA) and provincial and territorial human rights legislation prohibit discrimination based on characteristics such as race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and convictions from which a pardon has been granted. Human rights legislation prohibits discriminatory practices such as the denial of goods and services, as well as discrimination with respect to employment. It applies to both government and private entities. Canadian courts and human rights tribunals generally recognize HIV/AIDS as a disability. The Canadian Human Rights Tribunal Policy on HIV/AIDS states that a person with HIV/AIDS may seek protection under the CHRA.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Every province and territory in Canada has a public legal education organization that can inform Canadians about their rights. All legislation and government policies and practices must accord with the Charter and the principles of administrative law. The Charter is part of the Constitution Act, 1982, and any law that is considered inconsistent with section 15 of the Charter may be struck down or modified by the courts. Human rights commissions have been created at the federal level and in each province and territory. They are mandated to mediate and investigate complaints of discrimination under the prohibited grounds in their respective legislation. Commissions also work to prevent discrimination by undertaking human rights education and promotional activities.

Briefly comment on the degree to which they are currently implemented:: Every province and territory in Canada has a public legal education organization that can inform Canadians about their rights. All legislation and government policies and practices must accord with the Charter and the principles of administrative law. The Charter is part of the Constitution Act, 1982, and any law that is considered inconsistent with section 15 of the Charter may be struck down or modified by the courts. Human rights commissions have been created at the federal level and in each province and territory. They are mandated to mediate and investigate complaints of discrimination under the prohibited grounds in their respective legislation. Commissions also work to prevent discrimination by undertaking human rights education and promotional activities.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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 to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: An important outcome for the domestic response to HIV/AIDS is to increase information and awareness of the nature of HIV/AIDS and ways to address the disease. This is achieved through federally funded community programming; knowledge exchange funding to CATIE, CAHR and others; the publication of population specific status reports and related knowledge products; the engagement of community service providers through webinars and other innovative outreach mechanisms; enhanced behavioral surveillance, intervention and other research and knowledge translation for vulnerable populations; and the delivery of information and awareness programs in federal prisons. Several other jurisdictions have also developed targeted prevention approaches. On the research front, CIHR has launched several targeted research funding opportunities that address the needs of specific populations. Some examples include: - Funding opportunities which address the needs of Canada's Aboriginal communities (including a capacity building workshop for community-based research held in Saskatoon in 2013; and - A Boys' and Men's Health team grant which attracted several external funding partners.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers:

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]: Aboriginal, People in Canada who originate from HIV-Endemic countries, at-risk Women, People with HIV/AIDS, Youth at Risk

: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 9

Since 2011, what have been key achievements in this area?: In 2012–13, federal partners strengthened their response to HIV/AIDS and other infectious diseases with collaborations on intervention research, and the increased use of performance, evaluation and survey information to guide targeted prevention efforts. For example, in this period, uptake of voluntary HIV testing for people in federal prisons increased, along with rates of participation in awareness programs. A holistic and integrated approach to community HIV and hepatitis C funding was developed; public health resources addressing HIV screening, testing and transmission risk were produced and shared to inform the development of policy, practice, and programs. Federal partners also supported the Canadian International AIDS Network and International Indigenous Working Group on HIV/AIDS activities, and increased the visibility of Aboriginal HIV and AIDS issues at the international level.

What challenges remain in this area?: Federal partners have identified that an increased focus on knowledge translation and implementation research about effective prevent interventions will help support the scale-up of promising practices, and further strengthen targeted prevention activities.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Each jurisdiction determines need on the basis of epidemiological and other research.

IF YES, what are these specific needs? : There is an increasing need for evaluated, efficient and effective interventions that focus on shared risks and influential health factors, rather than a single infectious disease.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 9

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: All elements are addressed. The primary responsibility for direct delivery of health care and treatment for most Canadians is under provincial and territorial jurisdiction. The federal government is responsible for providing care and treatment for First Nations people living on reserves, the Inuit south of the sixtieth degree parallel, federal prisoners and the armed forces. Jurisdictions take different approaches to HIV/AIDS care and support, and all have policies or strategies to address this issue. The voluntary sector is key in delivering psychosocial, home and community-based care and support.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Funding is provided to community-based organizations to improve access to HIV/AIDS prevention, diagnosis, care, treatment and support for the populations most affected by HIV/AIDS in Canada. An assessment of federally funded projects indicates that participants received help in locating and retaining suitable housing, and other services, and scale-up will focus on strengthening

partnerships among social, community and health service providers. In some provinces and territories, specific scale-up strategies further inform comprehensive approaches to HIV/AIDS, e.g. British Columbia's "Treatment as Prevention" approach was scaled up with the publication of the strategic guidance to health authorities called "From Hope to Health" and builds on the successes of the STOP HIV pilot.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: The primary responsibility for direct delivery of economic and social assistance services for most Canadians is under provincial and territorial jurisdiction. The federal government is responsible for providing economic support for First Nations people living on reserves and federal prisoners. Jurisdictions take different approaches to HIV/AIDS care and support, but most have a policy or strategy to address this issue. Civil society also plays a significant role in the provision of social support.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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

IF YES, for which commodities?: Antiretroviral therapy medications, condoms, and substitution medications are available in all jurisdictions.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: The HIV Screening and Testing Guide was published in 2013 and recommends that the offer of testing be considered as part of periodic, routine medical care, based on current evidence about the benefits of normalized HIV testing.

What challenges remain in this area?: Up to a quarter of all HIV positive people in Canada are unaware of their status, and are not accessing treatment and support services. As the population of people living with HIV grows older, additional challenges are emerging relating to co-morbidities.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 9

Since 2011, what have been key achievements in this area?: Although the HIV-related needs of orphans are not an issue in Canada, social services in various jurisdictions address the needs of vulnerable children.

What challenges remain in this area?: N/A

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: Federal partners will enhance the collection and use of information to monitor and evaluate the outcomes of interventions, and increase the alignment of monitoring and evaluation strategies as programs continue to evolve in response to the emerging knowledge, priorities and intervention

research.

1.1. IF YES, years covered: Federal Initiative to Address HIV/AIDS in Canada, 2004-2009; 2008-2013 (forthcoming)

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are:: Federal partners will enhance the collection and use of information to monitor and evaluate the outcomes of interventions, and increase the alignment of monitoring and evaluation strategies as programs continue to evolve in response to the emerging knowledge, priorities and intervention research.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 10-12

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: No obstacles reported.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: The Government of Canada is increasing its use of web-based, information-sharing platforms to submit and report data and information for monitoring and evaluation. These include on-line survey and collaboration tools. Memoranda of understanding and similar instruments are also important tools to establish common parameters for data collection and reporting among different jurisdictions. Finally, webinars are being used with increasing frequency to communicate about monitoring and evaluation results with stakeholders.

What are the major challenges in this area:: The Government of Canada is increasing its use of web-based, information-sharing platforms to submit and report data and information for monitoring and evaluation. These include on-line survey and collaboration tools. Memoranda of understanding and similar instruments are also important tools to establish common parameters for data collection and reporting among different jurisdictions. Finally, webinars are being used with increasing frequency to communicate about monitoring and evaluation results with stakeholders.

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

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: An M&E database is currently, under development. At the same time, the national databases for HIV, AIDS, STI behavioural and HIV drug resistance surveillance are managed by the Public Health Agency of Canada. Databases also exist for other programmatic aspects of the HIV response, such as national research funding, community-based project results and so on, and provide important data for evaluation and monitoring activities. The Public Health Agency of Canada manages the national databases focused on federal public health programs.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Municipal, Provincial, Territorial

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: Aboriginal peoples, gay and other men who have sex with men, people living with HIV, youth at-risk, people in prison, people from countries where HIV is endemic.

Briefly explain how this information is used?: The information is used in annual performance monitoring and results reporting, and evaluation, and informs decision-making about further program development.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Provincial/territorial, regional and by community.

Briefly explain how this information is used?: This varies by jurisdiction, but generally, it informs further program development within various jurisdictions.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: M&E 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. Challenges to using the data included validation/consistency issues, readiness for roll-up, and preparation for multiple audiences.

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained?: over 30

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?: over 150

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Key stakeholders provided input to various program assessments and to pilot M&E tools and products. The Agency conducted capacity building with community based organizations in 2011-2012. Results of program assessments were shared with funding recipients in the context of project development.

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 9

Since 2011, what have been key achievements in this area?: Performance measurement data for 5 years have been rolled up and analyzed. Multi-year trends among federally funded community projects were identified and reported for the first time in 2012-2013. Performance assessments of key program areas, including outcomes of nationally funded projects were undertaken.

What challenges remain in this area?: Data gathering tools and guidance need to be continually assessed and developed to enable timely, efficient and consistent reporting for use by a variety of key stakeholders.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: Two main points of view were provided in response to this question. Some of the respondents indicated that despite efforts made by civil society to influence national HIV policies and strategies, the federal government has not been open to such dialogue (50%; n = 9). These respondents explained that the federal government has not welcomed input from civil society on new approaches for a national HIV strategy and fails to support evidence-based or innovative methods to address HIV/AIDS, such as harm reduction approaches. Other respondents reported that civil society has been effectively engaged by the federal government to provide direction to national HIV strategy and policy in a range of different ways (39%; n = 7). These respondents indicated that civil society actors have participated in committee work, submitted briefs and prepared materials to contribute toward strategic and policy responses through avenues such as the National Aboriginal Council on HIV/AIDS and committees within the Canadian Institutes of Health Research, in addition to the engagement of national partners. These respondents also reported that civil society has helped to preserve longer-term, HIV-specific funding and key aspects of the political response to HIV. Note that one respondent explained that while civil society has been regularly engaged with the federal and provincial/territorial governments, evidence of its success in strengthening political commitments is scarce. Another individual reported that interactions with leaders at the Ministry of Health and the Public Health Agency of Canada have been brief and inconsistent.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 2

Comments and examples:: The federal HIV strategy, known as the Federal Initiative to Address HIV/AIDS in Canada, was launched in 2005 and outlines activities, funding and goals for its four partner departments and agencies. When describing this federal strategy, and the stakeholder led document, “Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)”, 18% (n = 3) of respondents reported that these pieces of work involved consultative processes with civil society actors. In 2013, a renewed Leading Together strategy document was released by the Leading Together Championing Committee as an update to the 2005-2010 call to action. When reflecting on the engagement of civil society in the process for developing, reviewing and providing input into this renewal document, 47% (n = 8) of respondents indicated that the engagement was very limited. On the other hand, 24% (n = 4) of respondents reported that they have been somewhat engaged in the development of the 2013 Leading Together renewal document, noting that their engagement was limited by inconsistent updates. These respondents explained that while civil society representatives had some opportunity to provide input into the shape and content of the document, this engagement was very informal and the results were not cycled back to civil society for further feedback. Some respondents reported that Canada does not currently have a national HIV strategy in place when responding to this question (12%; n = 2).

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 3

c. The national HIV reports?: 3

Comments and examples: 42% (n = 5) of respondents explained that services provided by civil society organizations funded by the federal government are captured in reporting mechanisms established by the Public Health Agency of Canada. Similarly, 17% (n = 2) of respondents reported that civil society has also contributed to national reporting on epidemiological and statistical information. One respondent mentioned that research conducted by civil society actors has been disseminated through reports and conferences supported by the federal government. Another explained that civil society representatives are invited to support and participate in working groups for the development of national reports, including status reports. One individual commented that there is a need to include more research and epidemiological information on transgendered people and sex workers in national HIV reporting. In terms of the national HIV strategy, 17% (n = 2) of respondents explained that civil society is only partially involved. One respondent explained that civil society has had limited input into the national HIV budget.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples: 45% (n = 5) of respondents indicated that there has been minimal involvement of civil society in the monitoring and evaluation of the HIV response. On the other hand, 18% (n = 2) of respondents working within the Aboriginal movement reported that they have been involved in national evaluation consultation processes, but are unaware of how evaluation recommendations have been used following their participation. Some respondents made general comments about the lack of connection between evaluation work and national decision-making and action (18%; n = 2).

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples: 29% (n = 4) of respondents reported that the civil society sector is quite diverse at the national level, highlighting adherence to the Greater Involvement of People Living with HIV/AIDS/Meaningful Involvement of People Living with HIV/AIDS principles and willingness of national organizations to welcome representation and participation from diverse groups. One respondent explained that community organizations are able to bring their issues or concerns regarding Aboriginal matters to the national level through the National Aboriginal Council of HIV/AIDS. On the other hand, 43% (n = 6) of respondents described the lack of diversity of civil society representation at the national level, specifically noting the underrepresentation of at-risk populations such as sex workers, people who use drugs, street-involved persons, Aboriginal people, transgendered people and people in prison. Additionally, 14% (n = 2) of respondents reported that diversity within civil society sector is higher within certain provinces/territories, such as Ontario, and larger urban areas.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples: 50% (n = 6) of respondents reported that the current funding for civil society to implement HIV activities is inadequate. These respondents argued that increased funding is needed given the unmet need for HIV/AIDS education and awareness in Aboriginal communities, the inability for some civil society actors to plan and function strategically without adequate resources, and the fact that HIV incidence continues to increase within some sub-populations, such as Aboriginal people. Challenges associated with funding shifts at the Public Health Agency of Canada were also highlighted, such as the integration of funding for HIV/AIDS, sexually transmitted infections and other blood borne pathogens. Moreover, respondents noted that federal funding restrictions do not allow for organizational capacity building within civil society, which was reported to be particularly necessary during this shift to a new model of service and program integration. One respondent recommended that budgets should be more closely linked with outcomes, as this would provide a simple rationale to support increased budgets even in times when resources are constrained. Another individual explained that their agency works to form strong partnerships with related organizations to cope with funding challenges. 25% (n = 3) of respondents reported that technical support is not generally available from the federal government, noting the need for such

support in the areas of evidence-based practices, monitoring and evaluation, and implementation strategies.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: 51-75%

People who inject drugs: 51-75%

Sex workers: 51-75%

Transgender people: 51-75%

Palliative care :

Testing and Counselling: 51-75%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: 25-50%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 4

Since 2011, what have been key achievements in this area:• the renewal of federal HIV/AIDS funding on a 3-year agreement (20%; n = 2) • the effective management of the process towards the integration of funding and programming for HIV/AIDS, sexually transmitted infections and blood-borne pathogens (10%; n = 1) • the International Indigenous Working Group on HIV and AIDS and the National Aboriginal Council on HIV & AIDS (10%; n = 1) • the increased engagement of Aboriginal peoples through that National Aboriginal Council on HIV/AIDS (10%; n = 1) • an increase in conducting of community-based research through centres such as the Aboriginal HIV and AIDS CBE Collaborative Centre, the CIHR Centre for REACH and REACH Collaborative Centre (10%; n = 1) • improved communication with senior level leaders (10%; n = 1) • civil society's ability to provide more comprehensive programming despite low levels of federal funding (10%; n = 1) • increased attention on testing and treatment (10%; n = 1)

What challenges remain in this area: Most commonly, 37% (n = 7) of respondents discussed the lack of sufficient financial and human resources for civil society, and the need for federal funding to be ongoing, rather than project-based. One of these respondents highlighted the particular need for increased funding for Aboriginal organizations given the over-representation of Aboriginal people living with HIV in the country. The lack of communication and transparency between civil society and the federal government was also reported to be an ongoing challenge for 26% (n = 5) of respondents. Others reported that stigma and discrimination remains a significant barrier (16%; n = 3). Additionally, 11% (n = 2) of respondents argued that the ideological positioning of the federal government towards engagement with community-based organizations and evidence-based prevention techniques continues to act as a barrier. The government's aversion to what may be considered advocacy work was also described as a barrier by one individual. Finally, one respondent reported that the limited engagement of civil society in certain activities, such as national HIV budgeting also remains a challenge in this area.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened: 73% (n = 8) of respondents described the involvement of people living with HIV, key populations and/or other vulnerable sub-populations in different advisory committees that exist at the federal level, such as the National HIV/AIDS Partners Group, Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS and National Aboriginal Council on HIV/AIDS. Some explained that while people living with HIV and members of key populations are involved in such advisory committees, it is questionable whether their voices have impacted decision-making. 18% (n = 2) of respondents reported that many civil society initiatives funded by the federal government involve people living with HIV and/or members of key populations in the development and implementation of their programs. Additionally, one respondent indicated that people living with HIV and/or members of key populations have been engaged through British Columbia's Seek to Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) Program.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Aboriginal, People co-infected with HIV and HCV, New Canadians, People without citizenship status

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: The response to this question exceeds the character limit. The full response was submitted in as part Canada's submission to GARPR 2014, in a word document.

Briefly explain what mechanisms are in place to ensure that these laws are implemented: Respondents explained that human rights commissions and/or tribunals exist at the national and provincial levels (78%; n = 7), which are the only mechanisms by which to seek redress under the applicable anti-discrimination statute in the relevant jurisdiction. Other respondents mentioned that in claiming a violation by a government of the constitutionally protected right to non-discrimination, individuals and groups may seek redress via a civil proceeding in the courts (18%; n = 2), although this process can be lengthy, costly, and challenging for people living with HIV to navigate.

Briefly comment on the degree to which they are currently implemented: Respondents indicated that they are implemented well, noting geographical differences in implementation (100%; n = 5).

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable populations [write in]: Aboriginal people, People Co-infected with HIV and HCV, New Canadians, People without citizenship

: No

Briefly describe the content of these laws, regulations or policies: Respondents described the criminalization of people living with HIV for non-disclosure of serostatus (58%; n = 7), laws and policies inhibiting access to HIV prevention and care for prisoners (17%; n = 3), laws and policies undermining access to health care for certain migrants (8%; n = 1). In addition, one respondent explained that laws, regulations and policies described in the 2012 NCPI report should also be noted, including criminal laws on drugs impeding access to health services for people who use drugs and criminal law provisions creating risks of the health and safety of sex workers, as well as federal cuts to health care coverage for refugee claimants.

Briefly comment on how they pose barriers:: In describing how current laws, regulations and/or policies pose barriers, 89% (n = 8) respondents described the impacts associated with the criminalization of people living with HIV for non-disclosure of serostatus. These respondents explained that fear of criminalization can result in decreased testing for HIV, ultimately resulting in reduced engagement in care and increased transmission rates. One of these respondents also noted that this law allows for situations of abuse in relationships to unfold, particularly for vulnerable people. When describing barriers associated with laws and policies inhibiting access to HIV prevention and care for prisoners, one respondent explained that people in prison do not always have access to comprehensive harm reduction materials, which could result in increased transmission of both HIV and HCV.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: Respondents explained that Canada's criminal code includes prohibitions on sexual assault and other forms of assault, including domestic violence (50%; n = 2). Other respondents reported that federal and provincial/territorial programs are also in place to address and support issues surrounding violence against women (50%; n = 2).

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Respondents explained that human rights are mentioned in the Federal Initiative to Address HIV/AIDS in Canada and in the 2013 Leading Together document, noting that the Leading Together document is not currently tied to any budget and does not have any real power (75%; n = 3). One respondent explained that Canada does not currently have an active national HIV/AIDS strategy.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: Respondents explained that the provincial/territorial and federal human rights commissions or tribunals hold records on cases of discrimination experienced by people living with HIV and other key population groups (67%; n = 6). Other respondents reported that community-based and AIDS service organizations can at times also play a role in recoding, documenting and addressing cases of discrimination (33%; n = 9).

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Respondents explained that the provincial/territorial and federal human rights commissions or tribunals hold records on cases of discrimination experienced by people living with HIV and other key population groups (67%; n = 6). Other respondents reported that community-based and AIDS service organizations can at times also play a role in recoding, documenting and addressing cases of discrimination (33%; n = 9).

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Respondents explained that while such policies are in place, they do not address geographic barriers or serve all women equally (50%; n = 2). One respondent reported that two main policies exist for Aboriginal peoples - the Environments of Nurturing Safety (EONS): Aboriginal Women in Canada Five-Year Strategy on HIV/AIDS and the Aboriginal Strategy on HIV and AIDS. One respondent indicated that the Leading Together document contains information to answer this question.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: Respondents described different approaches to ensure equal access for Aboriginal peoples, including the formation of the National Aboriginal Council on HIV and AIDS, specific Aboriginal funding streams, and the provision of recommendations on how to engage Aboriginal women in policy development and prevention services in the EONS document (75%; n = 3).

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: Respondents that provided a response to this question indicated that the country has a law in place to prohibit HIV screening for general employment purposes (100%; n = 3). As described in the 2012 NCPI report, the Canadian Human Rights Commission Policy on HIV/AIDS states: "Everyone has the right to equality and to be treated with dignity and without discrimination, regardless of HIV/AIDS status". All such statutes prohibit discrimination based on real or perceived "disability" (among other grounds) in the employment context. Requiring HIV screening as a condition of employment would generally constitute illegal discrimination based on disability.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: When describing independent national institutions for the promotion and protection of human rights, respondents explained that at the national level, Canada has a human rights commission that often addresses health-related spending and effectiveness of national programs (100%; n = 2). Canada's 2012 NCPI report further identified other bodies/persons at the national level that also address health-related spending and

effectiveness of national programs, including a human rights tribunal, a privacy commission, an ombudsperson and an auditor-general. None of these mechanisms have a specific mandate to address HIV-related issues, but may address these issues when they come to their attention as part of their general mandate.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: No

Programmes in the work place: Yes

Other [write in]: National AIDS Awareness Campaigns, education and awareness campaigns by CBOs for general public, police services, and vulnerable populations

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 5

Since 2011, what have been key achievements in this area:• maintenance of the Charter of Rights and Freedoms (33%; n = 1) • 2013 ruling of the Supreme Court of Canada that struck down several provisions of existing criminal laws prohibiting certain activities related to prostitution (33%; n = 1) • September 2011 unanimous ruling of the Supreme Court of Canada upholding, on constitutional grounds, an exemption from the prohibition on drug possession for Insite, Vancouver’s supervised injection site (33%; n = 1)

What challenges remain in this area:• the federal government’s ideological opposition to evidence-based harm reduction approaches (17%; n = 2) • the federal government’s “tough on crime” agenda, which is leading to mandatory sentences, overcrowding of prisons and an environment in which fosters transmission (n = 1) • stigma and discrimination (8%; n = 1) • limited access to legal services for Aboriginal people living with HIV in prison (8%; n = 1) • a general lack of awareness about human rights programs that are available (8%; n = 1) • shifting priorities of the federal government (8%; n = 1) • funding cuts for programming offered by civil society (8%; n = 1)

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area?: Respondents did not identify any key achievements in efforts to implement human rights related policies, laws and regulations since 2011.

What challenges remain in this area?: • inadequate human and financial resources to address complaints (33%; n = 1) • federal government policies and practices (33%; n = 1) • other government policies work against the recognition of basic human rights for various groups, particularly those vulnerable to HIV infection (33%; n = 1)

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Respondents identified two main mechanisms through which the specific needs for HIV prevention programs have been determined - through consultation with civil society (50%; n = 6) and the review of annual health and population-specific reports, surveys on provincial/territorial programs and services funded through the federal government's AIDS Community Action Program, and surveillance data (33%; n = 4). Additionally, 17% (n = 2) of respondents reported that the needs for HIV prevention programs have been identified by civil society and through academic and community based research studies, needs assessments, and advocacy efforts.

IF YES, what are these specific needs? : One respondent reported that HIV prevention programs are not being scaled up at the federal level given that funding is stagnant. Another explained that HIV prevention programs are only being scaled up in certain provinces/territories, not nationally.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5

Since 2011, what have been key achievements in this area:: • Development and dissemination of culturally sensitive HIV preventions programs for Aboriginal people (25%; n = 1) • Improvement on issues surrounding treatment for HIV/HCV co-infection (25%; n = 1) • Continued government funding for civil society organizations to provide HIV prevention programming to effectively reach key affected populations (25%; n = 1) • Cut backs to HIV prevention programs by the federal government are lessened in comparison to the past (25%; n = 1)

What challenges remain in this area:: Respondents identified a range of remaining challenges associated with the implementation of HIV prevention programs in the country. The insufficiency of current human and financial resources dedicated to HIV prevention programs was an ongoing challenge identified by 38% (n = 3) of respondents. Similarly, another 38% (n = 3) of respondents explained that federal funding for harm reduction and advocacy programs have been cut due to the ideological positioning of the federal government on these issues. In addition, 25% (n = 2) of respondents explained that there continues to be a lack of access to prevention, treatment, care and support for the most at-risk groups in the country, as well as for those living in rural and remote areas. One responded noted the absence of a national mass media campaign to address stigma and discrimination is an ongoing barrier for HIV prevention.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: Respondents explained that since health care delivery is mandated provincially/territorially, this differs by region (100%; n = 2).

Briefly identify how HIV treatment, care and support services are being scaled-up?: As mentioned above, respondents explained that efforts to scale-up HIV treatment, care and support services are provincially/territorially led (100%; n = 2).

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area?: Respondents reported that since 2011, key achievements related to the implementation of HIV treatment, care and support programs have included improved access to general health care and medications, in addition to HIV and aging programs and services (100%; n = 2).

What challenges remain in this area?: One respondent explained that since health service delivery is a provincial/territorial responsibility, challenges surrounding HIV treatment, care and support programs vary from region to region. Another individual argued that the criminalization of HIV non-disclosure and the country’s recent changes to its immigration and refugee policy/legislation will likely have long-term impacts as a result of HIV prevention, treatment, care and support services not being accessed in a timely manner due to a range of barriers, such as fear of legal repercussion, and stigma and discrimination. Other challenges identified by respondents included limited access to treatment, care and support on-reserve and in rural and remote areas, programs for people who use injection drugs, and human and financial resources to provide HIV treatment, care and support programs.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:

Since 2011, what have been key achievements in this area: N/A

What challenges remain in this area: N/A