

The Leading Together Toolkit

Putting Canada's Action Plan on
HIV/AIDS into Action



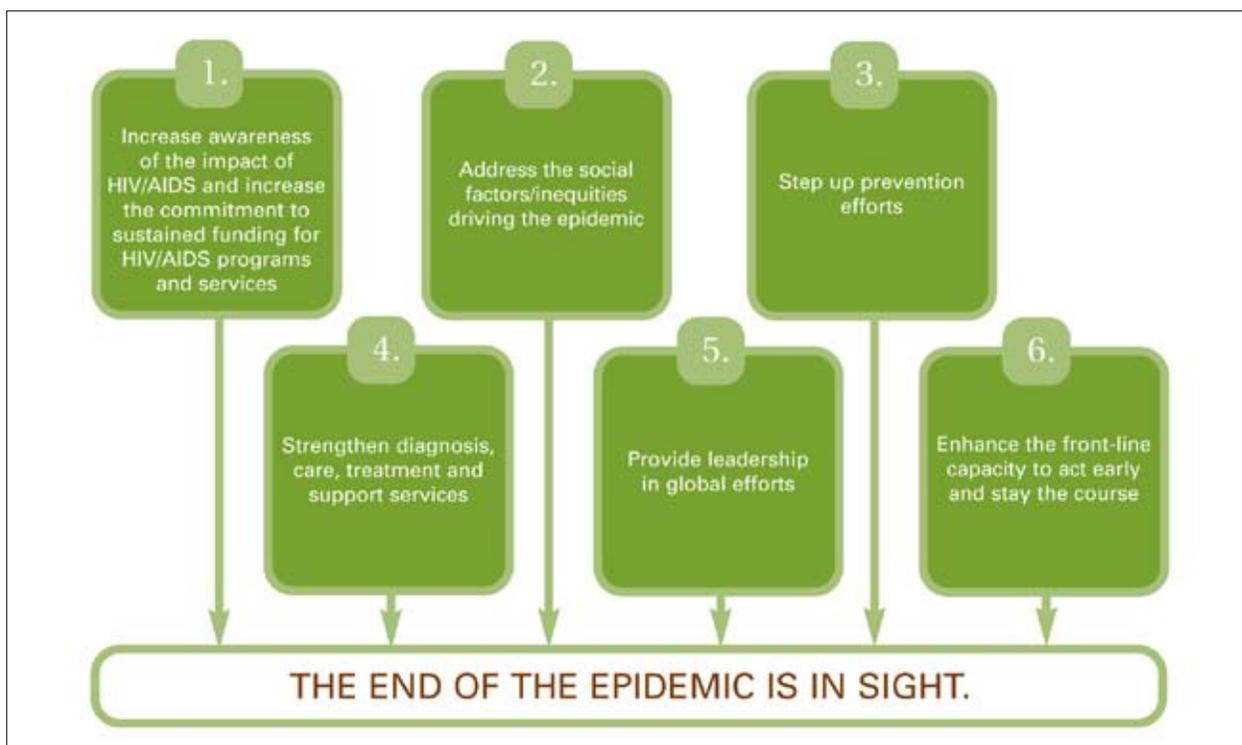
leadingtogether:

Canada Takes Action on HIV/AIDS (2005-2010)

About Leading Together

Leading Together: Canada's Takes Action on HIV/AIDS (2005 – 2010) sets out an ambitious coordinated nation-wide approach to tackling HIV and the underlying health and social issues that contribute to new infections and devastate the lives of people who are infected.

It asks governments, organizations and individuals to focus on six key strategies to get ahead of the HIV epidemic.



Leading Together also identifies nine critical success factors to shape and guide our work:

1. Commitment to respect human rights
2. Leadership and innovation
3. Meaningful participation of people living with HIV and communities at risk
4. Early intervention (i.e., services that prevent HIV or detect it early)

5. Research/evidence
6. A sustained response (i.e., comprehensive, long-term programs)
7. Culture, gender and age appropriate programs and services
8. A commitment to monitoring, evaluation and quality improvement
9. Shared responsibility (i.e., working with other systems and services to address social and economic factors fueling the epidemic)

Leading Together is based on the knowledge and experience of people and organizations across Canada. It actively promotes strategies and actions that are making a difference.

As Canada's Action Plan on HIV/AIDS says, "We know what has to be done. Now is the time to act."

About the Toolkit

How can we keep *Leading Together* from being more than a document that sits on our shelves? How do we make it live in our work? How can we lead together to achieve our ambitious targets?

This toolkit will help. Each section describes how governments, organizations and programs across Canada are using the strategies to implement our strategies and achieve the desired outcomes. The toolkit also provides ideas and resources to help implement our made-in-Canada plan.

Other Ideas?

Help us build the toolkit. Tell us other ways you are using *Leading Together* in your work or how your programs and services contribute to achieving our common goals. Send your stories and tools to: aidsida@phac-aspc.gc.ca.

Acknowledgements

The Leading Together Toolkit is being developed by the Leading Together Champion Committee. Members include:

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1 Increase Awareness and Commitment to Sustained Funding

Desired Outcomes



- The Canadian public will be aware of the impact of HIV, support the need for HIV programs and services, and stop stigmatizing people with HIV.
- Political leaders in Canada will support a comprehensive approach to stopping the epidemic including providing sustained funding, and will speak out in public about HIV.

AIDS Organizations Recruit Lieutenant Governor to Speak Out about HIV

On World AIDS Day, four AIDS service organizations (ASOs) -- SIDA/AIDS Moncton, AIDS Committee of New Brunswick, AIDS Saint John and Healing our Nations in Nova Scotia – cohost the annual Leaders Breakfast with the Lieutenant Governor of New Brunswick.

The Lieutenant Governor hosts and pays for the event, and personally invites community and government leaders to attend. His leadership has had a significant impact on attendance. It has helped raise the profile of HIV/AIDS in local and provincial government as well as the credibility of ASOs in the region with the government. Local political leaders are now much more knowledgeable about HIV.

For more information, please contact:

AIDS Saint John

Saint John, NB

(506) 652-2437

www.aidssaintjohn.com/

Community and Government Work Together to Develop Provincial Strategy

During the consultation process for *Leading Together*, the Nova Scotia Advisory Commission on HIV and AIDS (an arms-length agency of the provincial government) coordinated a joint community and government consultation to develop the Nova Scotia Strategy on HIV/AIDS. Through their contacts federally and in other regions, the Commission kept up with the progress of *Leading Together*, and developed a provincial strategy that was consistent with the guiding principles and actions of *Leading Together*.

Both the Provincial Strategy and *Leading Together* focus on developing partnerships to address systemic, long term-issues, and acknowledge that addressing HIV takes time and resources. Nova Scotia now approaches the issues facing people with HIV – such as poverty, stigma, mental health, lack of employment, discrimination, housing, sexual health for youth—from a population health/social determinants of health perspective, and partners with other groups to develop long-term rather than band-aid solutions.

Over the past few years, various organizations have partnered to raise awareness of emerging HIV issues within the varied population groups. This diversity of groups includes the Aboriginal population and an African Nova Scotia population dating back to the early days when the province was settled by Europeans.

The Strategy is committed to drawing attention to the HIV needs at home while local media, faith groups and others are focused on the global epidemic. To help people in Nova Scotia make the connection between international HIV issues and those at home, the Commission has developed links with local non-governmental organizations which have programs in Africa and is combining efforts to address HIV internationally and at home. During AIDS Awareness Week in 2007, international and local groups in Nova Scotia partnered to host HIV education related events.

For more information, please contact:

Larry Baxter, Chair

Nova Scotia Advisory Commission on AIDS

Halifax, NS

(902) 424-5730

Federal Government Uses *Leading Together* to Raise Awareness

All new projects developed by the Public Health Agency of Canada HIV/AIDS Program are guided by *Leading Together*. Planners go to the document for the context and evidence for the project, and have to be able to show how it “fits” with the Canadian plan and will help achieve national targets and goals.

To date it’s been used to:

- help staff understand the context for their work
- support work on testing and improving access to testing
- lead to a number of projects related to the determinants of health
- help prepare situation reports on different populations
- provide the background and context for a national prevention forum
- guide the development of a social marketing campaign to address stigma and discrimination
- shape requests for proposals for projects designed to meet targets and goals.

In fact, to receive federal funding organizations must be able to demonstrate how their programs and services contribute to Canada’s HIV/AIDS Plan, and they are asked to monitor and measure the impact of their initiatives on our desired outcomes.

The Public Health Agency of Canada also references *Leading Together* in all its products related to HIV/AIDS in order to reinforce to politicians and decision makers that Canada has a comprehensive, evidence-based HIV/AIDS strategy that requires sustained, long-term funding and support.



2 Address the Social Inequities Driving the Epidemic

Desired Outcomes



- The dignity and worth of each person is recognized.
- Individuals and communities at risk have access to the education, income security, housing, social support and employment opportunities they need to maintain their health.
- Communities work together to give people living with HIV and at risk access to comprehensive services.
- All jurisdictions have in place supportive policies and laws that promote health and reduce inequities.

Partnership with Police Leads to Effective Outreach

The AIDS Network (Hamilton) has been working with the police to provide outreach services to men meeting and having sex in the local parks. The police asked the ASO for help to deal with community concerns about safety while, at the same time, addressing the needs of the men using the parks. After some discussion with the police, the ASO became convinced that the police were committed to appropriate outreach, and they agreed to work together to support the men to go somewhere safer. ASO staff trained front-line police officers on lesbian, gay, bisexual and transgender issues and about HIV, and then went with police to the parks at night. Through this initiative, they were able to approach the men in a non-threatening way and persuade many to go to the bathhouses. The ASO was also able to achieve its goals of providing HIV prevention and education in a safe, sex-positive way, and the police have a better understanding of the issues facing gay men.

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Because of the strong working relationship developed with police, the ASO was able to call on their help when faced with people dealing drugs at their drop-in program, which was having a negative effect on the agency and the clients – many of whom were trying to stop using. The police agreed to help by dealing directly with the dealers, while not arresting or challenging any clients – even those who were still using drugs. As a result, the ASO was able to deal with the problem of dealing on their property while still maintaining a safe environment for clients.

For more information, please contact:

Betty Anne Thomas, Executive Director

The AIDS Network

Hamilton, ON

(905) 528-0854

www.aidsnetwork.ca/

2

Peer Research Assistants Play Key Role in Housing Research

Positive Spaces, Healthy Places (PSHP), the first longitudinal community-based research initiative in Canada to systematically examine housing stability and health outcomes among 605 people living with HIV, is funded by Canadian Institutes of Health Research (CIHR) and the Ontario HIV Treatment Network (OHTN). PSHP recruited and trained peer research assistants to conduct baseline, six month and one-year interviews with about 600 people living with HIV in Ontario. Recruitment to the study was completed well ahead of the deadline, participants reported that they felt more comfortable being interviewed by peers, and retention to the study has been extremely high. The research team believes this is largely due to the important role played by peer research assistants, who are also now involved in presentations at conferences, think tanks on housing issues, and the Canada-wide effort to develop national principles for action on housing and HIV and advocate for supportive housing services.

For more information, please contact:

Positive Spaces, Healthy Places

600 – 1300 Yonge Street

Toronto, ON

(416) 642-6486

www.ohtn.on.ca

www.healthyhousing.ca

2

Putting GIPA into Action on Housing

The AIDS Committee of Newfoundland and Labrador (ACNL) is one of 20 Atlantic organizations involved in the St. John's Committee on Homelessness. With the help of the committee, the ACNL applied to the Government of Canada's National Homelessness Initiative and other federal and local organizations for funding to open the Tommy Sexton Centre, a housing centre for people living with HIV or AIDS and other people at risk in the region. The Tommy Sexton Centre, an emergency shelter and housing and support facility and the site of the ACHL, offers HIV prevention, wellness and harm reduction services as well as housing for at least six people living with HIV or AIDS at any one time.

The project management team, which includes people living with HIV from both board and staff at the ACNL, uses a 'housing first' philosophy. The Centre provides supportive housing. A housing coordinator helps people who are homeless or unstably housed find stable and permanent housing as quickly as possible, and provides support in dealing with physical and mental health issues. Once people are stably housed, they are better able to address other issues and behaviours that put them at risk.

The building was designed by PHAs for PHAs. In fact, because of input from clients, board and staff, ACNL rejected the first building design. The building is the only housing facility that has been designed with accessible counters, light switches and washrooms, and one apartment has a ramped shower and is completely wheelchair accessible.

While the centre is open to anyone, the vast majority of residents have come from communities where HIV prevention is critical, such as youth, sex workers, and injection drug users. The ACNL is committed to utilizing the facility as not only a home for people living with HIV, but also as an HIV prevention tool. The Centre is a wonderful example of a partnership between government and community that is applying the GIPA Principle in a meaningful way to address housing issues.

¹Tommy Sexton was a well-known actor/comedian in the Atlantic Region who died of AIDS in 1993. His family was very involved with the ACNL. The ACNL named the Centre for Tommy Sexton to honour him and to acknowledge his family.

For more information, please contact:

AIDS Committee of Newfoundland and Labrador (ACNL)

St. John's, NL

(709) 579-8656

(709) 579-8348 (Tommy Sexton Centre)

www.acnl.net/

2

Making Space for Working Women: Sex Workers, Advocates and HIV Prevention

Based in Montréal, Stella is the only resource center in Canada operated by and for sex workers. Stella empowers and supports women, transgender and transsexual people who participate in sex work to live and work with dignity and respect. Their commitment to the visibility of sex workers' issues extends beyond peer counselling and referrals, evolving over the years to include human rights and workers' rights advocacy, and HIV prevention and support.

In addition to distributing condoms and sterile injection material, Stella promotes human and workers' rights for sex workers. They advocate about the negative impact of the criminalization of the sex trade and the violence often experienced by sex workers from clients and police. They also work to lessen stigmatization by health and other service providers, which limits full access to services, through advocacy and by training health, social and justice professionals. To support current sex workers, they offer outreach services, a free biweekly medical clinic and a free legal clinic.

Stella's work has been recognized as instrumental in preventing HIV among a particularly vulnerable population, earning the organization the Canadian AIDS Action Award given by the Canadian HIV/AIDS Legal Network and Human Rights Watch in 2006.

For more information, please contact:

Stella

2065 Parthenais Street, Suite 404

Montréal, QC

Phone: (514) 285-1599 or (514) 285-8889 (Stella accepts collect calls from women in prison)

Fax: (514) 285-2465

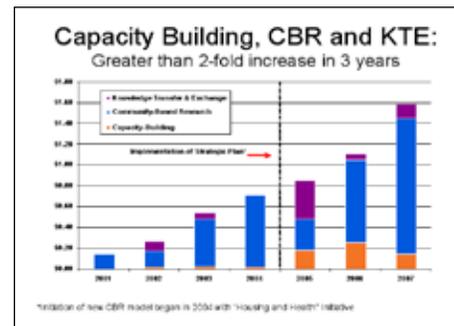
Email: stellapp@videotron.ca

2

Developing Strategic Plans that Focus on the Determinants of Health

One of the most common ways that organizations are using and contributing to *Leading Together* is to help guide their strategic plans and priorities. They go through the *Leading Together* document, pick out the activities that relate to their mandate, and incorporate those into their strategic plans. For some organizations, *Leading Together* just affirms what they are already doing. For others, it encourages them to think about their work a little differently or make strategic changes in their priorities.

For example, the Ontario HIV Treatment Network (OHTN) is a multi-stakeholder organization committed to finding innovative ways to improve quality of life for people with HIV – mainly by funding research and promoting knowledge transfer and exchange. When developing its new strategic plan in 2005, the OHTN went through both the Ontario Provincial HIV/AIDS Strategy and *Leading Together*, pulling out the strategies and recommendations that fit with its mandate.



As a result of that exercise, the OHTN has made some significant changes in its research funding programs and knowledge transfer exchange initiatives. It is investing more in community-based research and in research on the determinants of health – including housing, income, stigma, employment, mental health and addictions. The Ontario Cohort Study, housed and managed by the OHTN, is the first cohort in North America to collect extensive data on the social determinants of health of people living with HIV.

The OHTN is measuring the impact of steps it is taking to contribute to Canada's plan. The graph shows the increase in community-based research and knowledge transfer exchange related to the determinants of health. The OHTN is achieving its target of shifting investments to reflect priorities in *Leading Together*.

For more information, please contact:

Sean Rourke, Scientific and Executive Director

Ontario HIV Treatment Network (OHTN)

(416) 642-6486

www.ohtn.on.ca



3 Step Up Prevention Programs

Desired Outcomes



- Members of communities most vulnerable to HIV disease have the knowledge, skills and supportive environments to protect themselves.

Reinvigorating Gay Men's Prevention

Gay men still account for 50% of all new HIV diagnoses in Ontario and almost half of the men becoming infected are from ethnoracial communities. In an effort to step up prevention efforts for gay men, the province established the Ontario Gay Men's HIV Prevention Strategy. The strategy consists of a central planning committee – made up of diverse stakeholders from across the province – as well as several working groups that are developing programs for specific groups of gay men, such as the Gay, Bisexual, Queer (GBQ) Trans Men's Working Group and the Ethno-Racial Men Who Have Sex With Men (MSM) Working Group.

The Strategy has led to a number of innovative initiatives including:

- the BE REAL campaign – which was based on research that revealed the complex interplay between safer sexual behaviour and decision-making and underlying social factors. The campaign encourages men to examine their reasons for sexual risk taking. Ontario is now using evaluation results to plan the next phase of the campaign.
- a community-based study of the effects of discrimination on the sexual behaviour of MSM from ethnic and racial minorities. According to the findings, homophobia within ethno-racial communities and racism within the gay community (i.e., white men being perceived more desirable than men of colour) compromises an individual's ability to negotiate sexual activities. Many ethno-racial MSM are isolated and seek unplanned same-sex encounters in anonymous settings, which limits their ability to access HIV preven-

tion information or practise safer sex. MSM who are new to Canada also face systemic barriers accessing culturally-sensitive information. Ontario is now using this information to develop prevention and support programs that target ethno-racial MSM.

- the HIV Stigma campaign, a province-wide social marketing campaign to raise awareness of stigma and discrimination with the gay men's community. The campaign encourages gay men to stop assuming the HIV status of their sexual partners and to play safe.



- an anonymous, online survey and in-person interviews with gay, bisexual and queer (GBQ) trans men to understand their HIV-related issues, including: gender and sexuality; cruising, dating and relationships; negotiating safer sex; risk perceptions; HIV and other sexually transmitted infection testing; service access; and trans-specific outreach. This project was the first of its kind in Canada, and the information will be used to develop prevention programs for GBQ trans men.

The success of Ontario's Gay Men's HIV Prevention Strategy is attributed to the fact that the community has been engaged from the beginning and is working closely with researchers and policy makers to understand the problems and find solutions.

For more information, please contact:

AIDS Bureau

Ministry of Health and Long-Term Care

Toronto ON

(800) 268-6066

3

Teaching Youth to Reduce Risk

The AIDS Network Outreach and Support Society (ANKORS), which serves 30 communities in Kootenay boundary region in BC, has developed an innovative HIV prevention program for middle and high schools. By working with teachers and principals in schools, ANKORS has been able to deliver a Forum Theatre Program, which is a form of theatre that emerged from Augusto Boal's Theatre of the Oppressed framework that focuses on issues of risk and is meant to create a community dialogue about the issues raised. ANKORS has delivered this program in a variety of contexts with youth, many of whom are from at-risk communities, in schools and youth centres. The youth develop the content for a play about risk, and then act it out for their peers. The audience can stop the play at any time – particularly when they see a character in a situation who needs support – and act out an intervention, creating safety for the character. After the play, the youth discuss the actions taken. This helps them talk about their own needs and strategies for dealing with risk. The ANKORS staff person who received training in this approach to reaching youth is sharing the knowledge by facilitating large workshops with students and youth from diverse communities.

For more information, please contact:

Cheryl Dowden, Executive Director

ANKORS (AIDS Network Outreach and Support Society)

Nelson, BC

(250) 505-5506

www.ankors.bc.ca/

3

Changing How Providers Think About Women who Use Substances

AIDS Programs South Saskatchewan works extensively with women who use substances based on a harm reduction model. The ASO became aware of more babies being born with addictions in Regina, and organized focus groups with about 150 women to explore their issues. The ASO learned that women weren't accessing addictions or other health services because they were afraid that physicians would report them and have their children taken into care.

Drawing on work done by Canadian researchers (i.e., Susan Boyd at UBC and Diane Riley at the University of Toronto), the ASO learned more about the entrenched stigma faced by substance users – particularly women users who are also pregnant or mothers. Through a long process of discussions, meetings and other outreach – including talks given by the women – obstetricians and family physicians learned about the concerns and lives of these women, began to appreciate their point of view, and were able to offer the women and their babies comprehensive care. They also realized how their own attitudes and prejudices affected the women coming in for care. The physicians and women are now teaching medical students that “if you want to make a difference for the babies, you must make a difference with the women”, and that women who use substances should be treated with the same dignity and respect that they treat all other patients.

For more information, please contact:

AIDS Programs South Saskatchewan

Regina, SK

(306) 924-8420

www.apss.sasktelwebhosting.com/

3

Helping Youth and Parents Talk About Sex

SIDA/AIDS Moncton has developed an extremely successful program with and for ‘at-risk’ youth that raises awareness of HIV and AIDS, sex work, drug use and LGBT issues in their province. The ASO talked to youth who were involved in sex work, drug use or other high risk activities about what they wanted and needed in terms of safer sex and HIV prevention education for themselves and their peers. The result was the Ask, Listen and Plan Youth Project: the youth worked with the local cable television network to develop “Generation Sex”, a TV show produced by youth for youth that openly talks about sex and other issues that youth face. The show first aired during the winter of 2006, and has been taken up by other communities in Atlantic Canada, BC and Ontario, including a university group, as a teaching and learning tool. The six-part series features youth who have experienced issues such as sex work, Hepatitis C and pregnancy. It also helped the youth develop the skills to produce a television series. The youth also played key roles in the production a CBC radio series “It Won’t Happen to Me” which has won national and regional media awards.

Through this process, SIDA/AIDS Moncton also learned that the youth in their region found it difficult to discuss sexual health issues with their parents – even though many wanted to receive accurate information about sex from their parents. From research in this field, the ASO learned that, when parents communicate well with their children about sex and sexual health, youth are more likely to postpone sexual activity, and are more likely to adopt safer sex practices once they do become sexually active. SIDA/AIDS Moncton consulted with parents about the possibility of developing a “talking about sex with your kids” tool kit for parents. By leveraging the assets in the community, and under the guidance of the youth, a parents’ committee was able to develop a “Sex 101 for Parents” manual, which has been used nationally by different organizations and has had a positive impact on parents’ ability to talk with their children about safer sex and other sexual health issues.

For more information, please contact:

Debby Warren, Executive Director

SIDA/AIDS Moncton

Moncton, NB

(506) 859-9616

www.sida-aidsmoncton.com/home.htm



4 Strengthen Diagnosis, Care, Treatment and Support Services

Desired Outcomes

4.

Strengthen diagnosis,
care, treatment and
support services

All people in Canada with HIV have access to appropriate health services and treatment information, and live longer in better health.

Using Rapid HIV Testing to Reach High Risk Pregnant Women

In 1998, Alberta Health and Wellness implemented an opt-out policy for routine prenatal HIV screening to ensure that the majority of pregnant women in the province have access to HIV testing as part of their prenatal care. Under this policy, HIV testing is done routinely for all pregnant women seeking prenatal care unless they specifically choose not to be tested. Between 2002 and 2008, more than 95% of pregnant women who accessed care opted to take an HIV test. Of those, 0.05% (149) tested positive for HIV antibodies.

A follow-up study revealed that the women who opted out of the routine HIV screening were 3.3 times more likely to test positive for HIV than women who chose to take the test. To encourage more high risk women to be tested, the province implemented a pilot program in five hospitals across the province to screen previously untested pregnant women and to re-screen women at high risk for HIV near term or delivery using a rapid HIV test.

To select the pilot sites, the Alberta Provincial Health Office in collaboration with Provincial Public Health Laboratory and stakeholders used provincial data on HIV rates, delivery sites for known HIV positive pregnant women and geographic locations where women are believed to be at high risk for HIV.

Of the 833 rapid HIV tests conducted during the first 16 months of the pilot, 11 were reactive and four were “invalid”. All reactive results were confirmed

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positive by laboratory testing, and all four “invalid” results subsequently tested negative – indicating that the rapid HIV antibody test produces results that are consistent with standard laboratory HIV testing. The program evaluation will be completed at the end of the pilot phase in March 2009.

For more information, please contact:

Bonita Lee, MD FRCP(c)

Associate Professor, Department of Pediatrics

University of Alberta

Medical Virologist, Provincial Public Health Laboratory (Alberta)

4

Making HIV Testing More Accessible to Vulnerable Populations

As *Leading Together* points out, HIV testing is both a treatment and a prevention strategy. Testing helps people with HIV know their status and get the care they need, and effective pre- and post-test counselling helps reduce HIV transmission. In Ontario, more than 400,000 HIV tests are ordered every year – through physician offices, primary care clinics, hospitals and the province’s network of anonymous HIV test sites.

Despite the high rates of testing, Ontario estimates there are about 8,000 people in the province who have HIV infection but do not know it. Over the past few years, Ontario has taken several steps to make HIV testing more accessible, particularly for pregnant women and populations at high risk of acquiring HIV.

For example, in 1998, only 34% of pregnant women in Ontario received voluntary prenatal HIV testing as part of their prenatal care. Ten years later – after distributing a counselling checklist and information about prenatal HIV testing to all physicians, preparing reports for medical officers of health comparing rates of prenatal testing in different parts of the province, and sending memos from the lab to physicians who did not order an HIV test along with other prenatal tests and launching a multimedia campaign on the importance of HIV testing – 93% of pregnant women are receiving voluntary HIV testing. This rate exceeds the 80% target recommended by the United Nations General Assembly on HIV/AIDS.

In 2007, Ontario increased the number of anonymous test sites to 50. Anonymous HIV testing is now available in virtually all parts of the province. In the same year, Ontario introduced a point-of-care (POC) testing (using the Health Canada approved INSTI POC assay) in the 50 sites – including public health clinics and community health centres – that offer anonymous testing. People coming in for testing can now choose between routine testing (which can take up to two weeks) and POC testing where they receive negative results right away (reactive POC tests have to be sent for routine testing).

Because POC tests are not governed by the same quality standards that apply to licensed medical laboratories, the Ontario Ministry of Health and Long-Term Care developed a “laboratory equivalent” quality assurance program for

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its network of POC testing sites. The program includes training, continuing education, competency assessment, kit lot validation, routine quality controls, parallel testing, inventory control, environmental monitoring, kit performance monitoring, documentation and procedures for handling unexpected outcomes. In addition, all HIV POC sites undergo the same provincial external quality assessment as HIV laboratories. Investing in quality assurance for HIV POC testing increases public confidence and ensures the highest possible quality of HIV testing.

In the first year of POC testing, 91 Ontarians tested positive. An analysis revealed that people with early HIV infection are accessing POC testing, which means that POC testing is helping to diagnose people earlier so they can access treatment and take steps to prevent HIV transmission.

All of Ontario's HIV testing policies and programs are developed collaboratively with people living with HIV, sites doing HIV testing, the provincial public health laboratory, public health experts and other stakeholders.

For more information, please contact:

Aids Bureau,

Ministry of Health and Long-Term Care

Toronto, ON

(800) 268-6066

4

Research Leads to New Approaches to Care in Rural Canada

Many people with HIV/AIDS (PHAs) living in rural areas face significant challenges accessing treatment information and health care. For example, many PHAs in the Kootenay region of BC have no access to public transportation and have to travel a significant distance to either Kelowna or Vancouver to see a specialist. Universities and ASOs in three distinct regions of Canada – the Kootenay boundary region of BC, Southern Ontario and communities in rural Newfoundland – were involved in a Canadian Institutes of Health Research (CIHR) funded study: Rural HIV Information Networks. The study looked at how people living with HIV access information about treatment, support and care, what their information networks look like (i.e., family, service providers), and how they use them.

ASOs helped frame the study so the results would be practical and useful. They hope the findings will inform both community-based programs and the work of local family physicians. The study may help ASOs develop outreach initiatives to physicians, who are often under resourced and face challenges providing care for patients with complex health needs (i.e., HIV, HCV and addiction). The project may provide evidence that can be shared with physician and increase their capacity to serve PHAs.

ASO involvement in research, education and outreach is having a positive impact on services for people with HIV. For example, the College of the Rockies and Selkirk College provide nursing practicum programs that place nursing students in the BC ASO. As a result, nurses have participated in programs to train their peers and to provide a nursing student outreach program (Selkirk College), which is helping to compensate for lack of street nursing in the region. Student nurses also accompany people with HIV when they attend doctor's appointments, and help them understand more about their care. Many of the student nurses who participate in their program go on to work or volunteer with similar agencies in other communities.

For more information, please contact:

Cheryl Dowden, Executive Director

ANKORS (AIDS Network Outreach and Support Society)

Nelson, BC

(250) 505-5506

www.ankors.bc.ca/

4

Integrated Services for People Living with HIV or AIDS in Prison

People in Ontario prisons are more likely to have HIV and/or Hepatitis C than the general population -- yet people living with HIV or AIDS (PHAs) in prisons do not have the same access to care and support as those in the community.

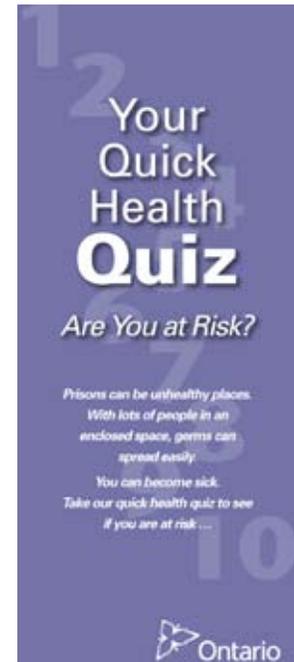
To close this gap, the Ontario Ministries of Health and Long-Term Care and Community Safety and Correctional Services are building stronger working relationships between prison nurses and community support workers. The goal is to improve the quality and consistency of HIV care, support and prevention services for prisoners.

The two ministries organized a provincial conference for about 125 prison nurses and AIDS service organization (ASO) workers to discuss issues and develop strategies to improve and integrate services. The two ministries, with advice from the community, also developed a brochure integrating information on HIV with other sexually transmitted infections and Hepatitis C, which will be given to all inmates on intake.

Since the conference, the 12 ASOs that serve PHAs in prison report better working relationships with prison health services, and more integrated services for prisoners. The two sectors will continue to support cross training, communication and collaboration. They are also exploring the potential to offer prisoners other options for HIV testing, such as anonymous testing done by community-based public health nurses.

For more information, please contact:

AIDS Bureau,
Ministry of Health and Long-Term Care
Toronto, ON
(800) 268-6066



4

AIDS Housing Project Provides Holistic Care

The mandate of the SHARP Foundation (Society Housing AIDS/HIV Restricted Persons), a Calgary-based non-profit charitable organization, is to provide holistic (medical, physical, psychosocial and spiritual) care to people with HIV or AIDS. To create healthy environments and promote health for persons with HIV/AIDS, the Foundation provides services for individuals requiring palliative, long term, transitional and independent living support. Residents play a key role in assessing their care, education and personal development needs, and developing their care plans.

The Foundation also feels that part of its role is to reach out to the general community, the health care provider community and those working in the shelter system to raise awareness about HIV and their clients' needs, and to reduce stigma. Staff are working with a Calgary coalition, Absolutely Homeless, to coordinate and improve services for people who are homeless. They also make presentations to schools and professional groups in their community about the social factors that affect people with HIV and ways to reduce bias and HIV phobias.

4

Advocacy Action Toolkits Empower PHAs

In the mid 1990s, the BCPWA (BC Persons With AIDS Society) had many members on welfare, trying to subsist on intolerably low monthly welfare. Utilizing a little-known provision for additional payments for “health care goods” in the welfare regulations, BCPWA’s advocacy department began to assist members to file for additional amounts for bottled water, “nutriceuticals”, additional proteins, and so on. These applications were routinely denied, but BCPWA appealed each denial up the welfare appeal ladder and, after careful honing of arguments and many painful losses over the course of a couple of years, began winning every appeal. Finally, in 2001 and after more than 500 successful appeals – each one a time-consuming and laborious process stretching BCPWA’s advocacy resources to the limit – the provincial government instituted a \$225/month additional health benefit for qualifying welfare recipients (including virtually anyone with HIV).

To make more effective use of their own resources, BCPWA developed an Advocacy Action Toolkit that empowered members to appeal their own cases. The agency now has over 30 Advocacy Action Toolkits, which address different issues members may face. They describe, step-by-step, how an individual can secure a benefit or solve a problem. Clients can also call the Advocacy department for assistance.

BCPWA governs itself by the GIPA (Greater Involvement of People with AIDS) Principle. Each department is governed by a standing committee. Only committee members who are HIV-positive members serving on the standing committees have a voice and can vote (other volunteers and assisting staff members have a voice but no vote).

For more information, please contact:

Ross Harvey, Executive Director

BCPWA,

Vancouver, BC

(604) 893-2252

www.bcpwa.org

4

Wellness Retreats Help Women with HIV Connect

The Positive Women’s Network (PWN) offers a yearly Wellness Retreat for women living with HIV in BC. Women from across the province come together over 3 days to participate in workshops on treatment access, complementary therapies and similar topics, and to offer and receive peer support. These retreats are the single most effective way to break the isolation faced by many women living with HIV. They offer women a “glimmer of hope that they are not alone” and a space to make friends.

Now funded through the Public Health Agency of Canada, the program has become a national model. Because these retreats were so popular among community members, PWN developed a comprehensive retreat-planning toolkit, which has been shared with about 50 organizations across the country.

For more information, please contact:

Bronwyn Barrett

Positive Women’s Network (PWN)

(604) 692-3000

www.pwn.bc.ca/

4

Using Body Maps to Help PHAs Share Stories

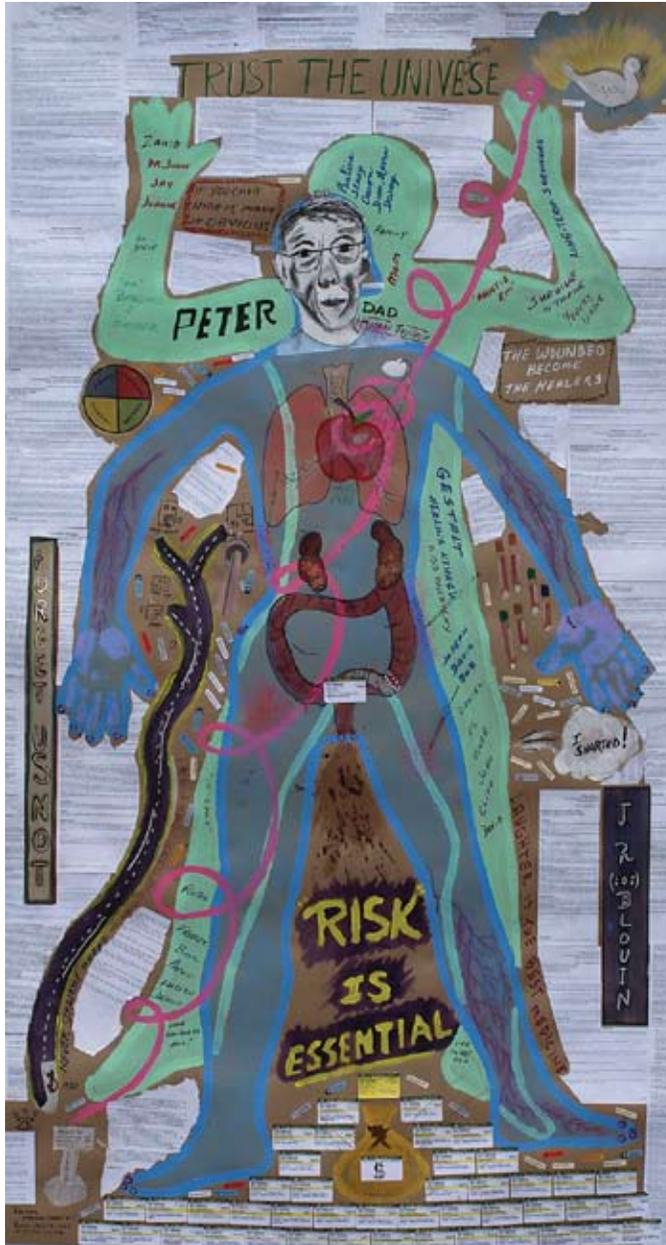
During body mapping workshops, participants trace their bodies on life-sized pieces of paper then add images, words, symbols, and pictures that relate to their health, history and life goals. Led by a trained artist, the body mapping process allows participants to record and share their personal story of living with HIV. The workshops create a compelling series of larger-than-life paintings that illustrate the impact of HIV on a personal, societal and spiritual level.

The Canadian AIDS Treatment Information Exchange (CATIE) initially developed the workshop in partnership with Regional Psychosocial Support Initiative, a community-based HIV/AIDS organization working in East and Southern Africa to help HIV-positive women in Canada and Africa share their stories. CATIE then worked with 10 AIDS service organizations across Canada to train 20 people to facilitate body mapping workshops in their area. To date, HIV Edmonton, AIDS Program South Saskatchewan and AIDS Coalition Nova Scotia have completed body mapping workshops, and more workshops are planned for the AIDS Committee of Newfoundland and Labrador and AIDS Vancouver Island.

CATIE also adapted the body mapping process to the Aboriginal/First Nations context and facilitated a workshop with Vancouver Native Health Society's Positive Outreach Program. A men's body mapping workshop was held in Toronto (a joint project with the OHTN, CATIE and York University) with a group of mostly long-term survivors of this disease. So far, 37 people have participated in CATIE body mapping workshops across Canada.

For the participants, the workshops help people living with HIV or AIDS (PHAs) reconnect with and share their life story, contribute their voice to the fight against HIV, track changes in their health, develop peer networks, become more literate about HIV treatment, and talk to their doctor and family about a variety of health-related issues.

For the public, displays of the body mapping artwork encourage prevention, testing and disclosure, and help reduce HIV stigma. For CATIE, the workshops



create a network for knowledge exchange, engage hard to reach populations in a non-verbal art based environment, and develop a new service to help PHAs in Canada.

For more information on the body mapping workshops, contact:

Tricia Smith

Educator, Canadian AIDS Treatment Information Exchange (CATIE)

555 Richmond Street West, Suite 505

Toronto ON

(416) 203-7122 ext. 230, 1-800-263-1638

Fax: (416) 203- 8284

Email: tsmith@catie.ca



5 Provide Leadership in Global Efforts

Desired Outcomes



- Canadians are aware of the seriousness of the global HIV/AIDS epidemic and support Canadian efforts to help.
- Canada fulfills its international commitments and is more effectively engaged in the global response.

Working for the Rights of Prisoners Across the Americas

During AIDS 2006, the Prisoners AIDS Support Action Network (PASAN) organized the Prisoners Networking Zone in The Global Village and was asked to become part of a pan-American partnership with a South American Coalition of NGOs, FUNDESO (Fundación par los Detenidos Sociales/Foundation for Social Detainees). The coalition is working together to address prisoners' and ex-prisoners' rights specifically related to HIV and HCV.

Three meetings have been held (in Brazil, Nicaragua, Argentina) to advance the work and build the partnership. PASAN actively brings a Canadian perspective to the coalition, leveraging our strengths and lessons while also learning from and building on the work of their Central and South American partners. The coalition has developed a record of what is happening in each country in terms of prisons, HIV and the rights of prisoners, and where gaps exist. Members have developed policy documents, and implemented new advocacy initiatives.

For more information, please contact:

Anne Marie DiCenso, Executive Director

Prisoners' HIV/AIDS Support Action Network (PASAN)

Toronto, ON

1-866-224-9978

www.pasan.org/



6 Enhance Front Line Capacity to Act Early and Stay the Course

Desired Outcomes



- All organizations and individuals serving people with HIV/AIDS and communities at risk have the skills, knowledge, resources and capacity to respond to changing and emerging needs.

Helping Shelter Workers Learn About HIV

With more women with HIV living in transitional housing and shelters, workers in those agencies need to have at least a basic understanding of HIV and its impact on women. The Positive Women's Network (PWN) developed a partnership with the BC/Yukon Society of Transition Houses (an organization that includes all BC and Yukon shelters for women) to provide HIV awareness training and support for housing and shelter workers. A front line support worker at PWN now works with education staff at the Society of Transition Houses to deliver education programs in shelters and transitional housing in BC and the Yukon. Initially, the project brought together front line ASO and shelter/housing workers for training sessions on HIV and how to work with women with HIV. However, PWN soon discovered that – because of the high turnover rates among shelter and housing workers – they actually needed very basic “HIV 101” education. The redesigned education program has been very successful.

For more information, please contact:

Positive Women's Network (PWN)

(604) 692-3000

www.pwn.bc.ca/

6

Training Organizations Working with African and Caribbean Communities

Leading Together called upon governments and organizations to act now to address the underlying factors that put Canada's African and Caribbean communities at risk. The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) responded with a proposal to develop counselling guidelines and a training program for service providers working with clients from the African and Caribbean communities. The proposal used the data to help make the case, and the Public Health Agency of Canada provided funding. The guidelines and training are based on an anti-racist, anti-oppression framework that incorporates the determinants of health and recognizes how cultural factors affect people's ability to access services.

The *Leading Together* document is part of the training – along with other key reports and studies.

For more information, please contact:

African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

Toronto, ON

(416) 977-9955

www.accho.ca/

6

Developing Research Capacity in the Determinants of Health

The CIHR Institute of Infection and Immunity (III) is using its research funding to build capacity and support the goals of *Leading Together*. The role of CIHR is to invest strategically in health research to support national goals. HIV/AIDS was one of five priorities identified by the Institute of Infection and Immunity, and its HIV/AIDS program is part of the Federal Initiative to Address HIV/AIDS in Canada, which is – in turn – part of the multi-sectoral national action plan, *Leading Together*. III's role is mainly to support activities in the first area of action: Knowledge Development by providing “national leadership by setting research priorities and creating programs that promote innovative research aimed at reducing the global burden of infectious diseases and disorders of the immune system.” It works to align research priorities with the broader national agenda and current priorities.

To help set priorities and develop research initiatives, III created the CIHR HIV/AIDS Research Advisory Committee (CHARAC): made up of individuals with in-depth knowledge of all aspects of HIV. III continues to invest in biomedical and clinical research and in the Canadian HIV Trial Network. In addition, based on *Leading Together* and advice from CHARAC, III has made health systems, services and policy research and resilience, vulnerability and determinants of health research and community-based research funding priorities, and is working with social science researchers to help develop their capacity to do excellent research in this field.

In its new strategic plan, two of III's goals are to: support world-class research in HIV/AIDS that creates important knowledge and new insights relevant to a national and global response to the HIV/AIDS epidemic; and to develop partnerships that engage stakeholders and advance Canada's response to the HIV/AIDS epidemic.

6 Helping ASOs Share Treatment Information

In its work across the country, the Canadian AIDS Treatment Information Exchange (CATIE) found that AIDS service organizations (ASOs) were not integrating HIV treatment information into their programs and services. The gap between knowledge and practice was mainly due to the pressure from the growing number of clients with complex issues who were straining ASO resources, and the challenge for support staff and volunteers of keeping up-to-date with new developments in treatment.

To close the gap, CATIE partnered with 17 ASOs across Canada to create the Capacity-building Project. All participating ASOs undergo an assessment of their organizational and community needs. CATIE then provides workshops in HIV treatment for all staff and key volunteers. They also host treatment forums for people living with HIV/AIDS and participate in HIV community network-building events.

According to an evaluation, the project leads to a significant increase in the ASOs' ability to integrate HIV treatment information into their programs and services as well as individual knowledge of HIV treatment, and the number of requests for CATIE publications and workshops in these communities.

The Capacity-building Project led CATIE to develop the Learning Institutes to help bridge the gap between the community and researchers before HIV treatment conferences. The project also helped create two regional networks: the Regional Atlantic AIDS Network and the Manitoba/Saskatchewan AIDS Network.

Project staff have expanded their scope to try to meet the needs of often difficult-to-reach populations served by partner organizations. By increasing the number of partner organizations committed to the Capacity-building Project each year and hosting more Learning Institutes, CATIE has scaled up its work with existing regional networks—creating new networks when necessary—to ensure equal access to HIV treatment information across Canada.

For more information, please contact:

Michael Bailey, Bilingual Educator and Capacity-building Coordinator
Canadian AIDS Treatment Information Exchange (CATIE)

Ph: (416) 203-7122, ext. 260, Ph: 1-800-263-1638

Fax: (416) 203-8284

Email: m Bailey@catie.ca

6

OCHART Helps Agencies Monitor Services and Identify Emerging Needs

Before 2006, 70 AIDS service organizations (ASOs) in Ontario submitted separate reports for provincial and federal levels of government funding. These reports put an unnecessary administrative burden on the ASOs and made it difficult to get a complete picture of all the HIV-related programs and services offered in the province.

In 2005, the Ontario Ministry of Health and Long-Term Care and the Public Health Agency of Canada, in consultation with 15 community-based agencies, created the Ontario Community-based HIV/AIDS Reporting Tool (OCHART), a web-based reporting tool designed to simplify the ASOs' reporting process. Once a year, data are analyzed and a comprehensive report is prepared that summarizes the prevention, care, support and outreach services provided, number and mix of clients served, trends over time and regional differences. The provincial and federal funders host a knowledge transfer exchange (KTE) day where agencies come together to have a presentation on the data and discuss its implications.

OCHART also helps ASOs become more engaged in understanding and using their data to identify changing client needs and emerging trends, as well as issues for health services research and/or advocacy. The province's next HIV strategic plan is currently being developed using OCHART data. In future, OCHART data could be linked with epidemiological and census data in order to gain a better understanding of whether services provided by ASOs are meeting needs in different parts of the province.

For more information, please contact:

Sarah Rubenstein

OCHART Project Coordinator

Ontario HIV Treatment Network

(416) 642-6486 ext 2306

Email: srubenstein@OHTN.on.ca

Other Ways to Make Leading Together Work for You

Raise the Profile of Your Work

Being part of a larger initiative can raise the profile of your work with the public and with people and organizations who may donate time or money to your cause. Organizations can use *Leading Together* to remind people that HIV is an ongoing national issue that is getting national attention.

This strategy has been used effectively by charitable organizations across Canada to raise the profile of their work. This can be done by adding information about *Leading Together* to your publications, documents and presentations.

For example:

Our organization is part of larger Canada-wide and global efforts to stop HIV. We are one of many governments and organizations across the country that are working to:

- reduce the social inequities, stigma and discrimination that threaten people's health and well-being
- prevent the spread of HIV
- provide timely, safe and effective diagnosis, care, treatment and support for all people in Canada with HIV/AIDS
- contribute to global efforts to fight the epidemic and find a cure.

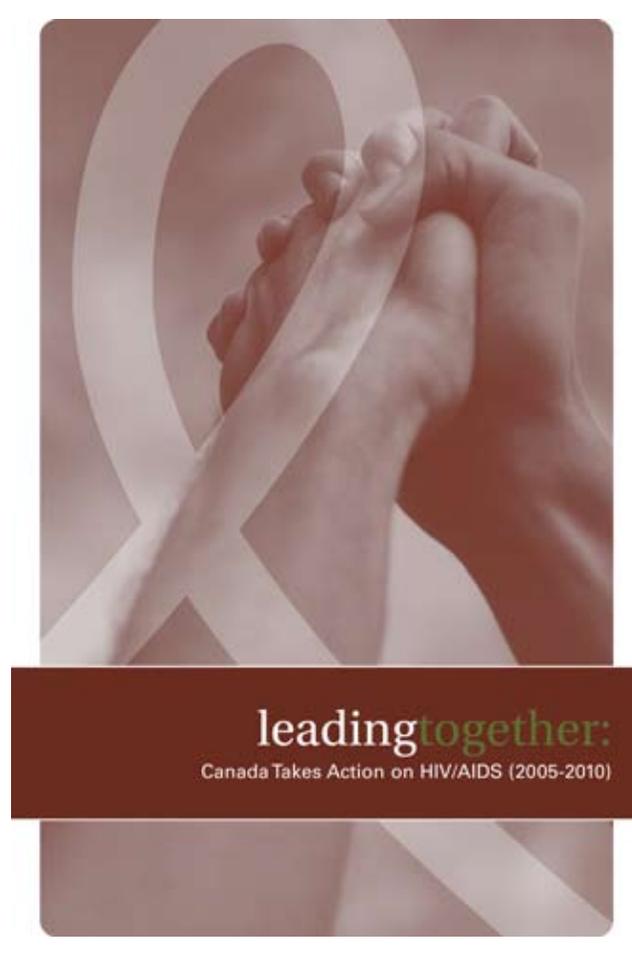
or

Our organization is part of a larger, Canada-wide effort to stop HIV. It involves:

- people living with HIV
- community-based HIV/AIDS organizations
- health care providers
- researchers
- governments
- volunteers who donate hours of work each year.

Using *Leading Together* to raise the profile of your work can also be done visually -- adding the *Leading Together* visual and a tag line to email messages and letters. The more times and places that people see *Leading Together*, the more momentum there will be behind our collective plan, the more people will be aware of our issues, and the easier it will be to maintain funding.

For example:



Proud partner in Leading Together, a Canada-wide effort to stop HIV.

Use Data to Make the Case for Action

Leading Together provided a snapshot of the epidemic in Canada – how many people are infected, how many have been diagnosed, who is most affected, and the factors that put people at risk. This information can be used to educate board members and the public. It can help organizations identify priorities and create funding proposals.

For example, in 2006, the B.C. Provincial Health Services Authority (PHSA) sponsored a forum that brought together organizations working with Aboriginal people to discuss better ways to address HIV/AIDS in Aboriginal communities.

The result was *Renewing our Response to HIV in Aboriginal Communities in BC: 24 recommendations that Aboriginal leaders are using to implement a coordinated, collaborative, comprehensive response to HIV/AIDS*. As they say in their brief release about the initiative, “The Renewing our Response Leaders Team wants you to have the facts. We invite you to join us in adding to the growing understanding of HIV in our communities and in taking action to stop it.”

The document sets out some of data used in *Leading Together* – updated to 2006 by the Public Health Agency of Canada Centre for Disease Control. It also includes data provided by the BC Centre for Disease Control.

For example, “The Public Health Agency of Canada estimates that approximately one third of people infected are unaware of their HIV status. This means that many more Aboriginal people may be infected with HIV but have either never been tested or have not tested recently so do not know they have the infection or are infectious to others. This situation is clearly unacceptable.”

Use this information in presentations to your board, in public education and in media releases.

Here are links to provincial epidemiological data (page40).

British Columbia: <http://www.bccdc.org/content.php?item=5>

Alberta: <http://www.crha-health.ab.ca/clin/sac/epidprov.htm>

Saskatchewan: <http://www.publications.gov.sk.ca/prdtermlist.cfm?t=959&tcl=1&tp=12071>

Manitoba:<http://www.gov.mb.ca/health/publichealth/cdc/surveillance/index.html#hiv>

Ontario: http://www.health.gov.on.ca/english/public/program/hivaids/general/charact_epidemic.html

<http://www.phs.utoronto.ca/ohemu/tech%20reports.html>

Quebec:

http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?aid=135

Collaborate

As *Leading Together* clearly states, “Lives are at stake, and our resources must be used wisely. We are committed to creating an environment in which we hold one another accountable for our collective ability to use our resources effectively to make a substantial, positive difference in people’s lives and achieve our goals.”

Leading Together actually promotes coordination, collaboration and integration. Are there better, more effective ways to develop knowledge, prevent HIV, deliver services and build capacity?

Across Canada, we see several examples of individuals, organizations and governments working together to develop more effective responses.

- In the BC Renewing our Response initiative, Aboriginal agencies in one province are working together to develop a comprehensive, coordinated response.
- In Ontario, community-based HIV/AIDS organizations are collaborating on the Ontario Gay Men’s Strategy, working together to develop strategies and resources that are used throughout the province.
- At the national level, PHAC brought together representatives of community-based HIV/AIDS organizations from across the country to talk about their knowledge needs and develop recommendations that have resulted in CATIE (Canadian AIDS Treatment Information Exchange) taking on a new role as a knowledge broker for prevention as well as treatment services.
- Research funding organizations from across the country are meeting to talk about their roles, how to enhance research and how to avoid unnecessary duplication.
- In Ontario, a number of community-based HIV/AIDS organizations have developed more effective partnerships and service agreements with other service providers, such as mental health services, addiction/harm reduction programs and housing programs to develop ways to meet the complex needs of people living with HIV.