



CANADA

Fact Sheets on HIV/AIDS Care and Treatment

Updated October 2004



ADULT HIV PREVALENCE	3 X 5 ART TARGET	CURRENT ART COVERAGE (%)
0.3% (2003)		

1. Introduction

In 2003, the WHO developed a comprehensive strategy that outlines how life-long antiretroviral treatment can be provided to 3 million people living with HIV/AIDS in poor countries by the end of 2005. For the Americas, this initiative translates to a goal of providing 600 000 people living with HIV/AIDS with life-long antiretrovirals.

Within this framework, this Care and Treatment Fact Sheet was developed by the HIV/AIDS unit at PAHO/WHO in an effort to collate the most recent country-specific data on the care and treatment of people living with HIV/AIDS. It gathers information on antiretroviral coverage, lines of treatment, and average prices/year, as well as comprehensive information on laboratory diagnostic and human resources capacity, and voluntary counseling and testing. Finally, this fact sheet also includes details on the various agencies and NGOs working in the country on the fight against HIV/AIDS.

The information in these fact sheets was compiled by PAHO/WHO, in collaboration with country focal points and national authorities from the Ministries of Health and NGOs. Not unexpectedly, information on all the agreed-upon indicators was not available for each country. However, these Care and Treatment Fact Sheets do contain a wealth of information that will showcase the particular strengths in current existing programs and comparison between countries. The Fact Sheet will also be instrumental in identifying some weaknesses that can be addressed in the future, either by PAHO/WHO or by another agency/NGO.

Clearly, the fact sheets are as good as the information made available to PAHO/WHO HIV/AIDS unit. Therefore, the HIV/AIDS unit would like to encourage program managers as well as national and international experts to communicate additional information to them, in order to maintain and update the Fact Sheets as needed.

For specific information on the prevalence and incidence of HIV/AIDS, behavior, and prevention strategies, please refer to the country-specific Epidemiological Fact Sheet on HIV/AIDS and STIs, compiled and updated by UNAIDS/WHO.

Situation Analysis

Epidemic level and trend	1990	1995	2000	2002	2004	2006
Prevalence in adults (%)				0.3%	0.3	
Prevalence in children < 5 years (%)						
Prevalence in children >= 15 and < 20 years (%)						
Prevalence in pregnant women (%)	1.9/ 10,000 (1992)			3.5 /10,000		
Gender data and major risk behaviors of HIV/AIDS	1990	1995	2000	2002	2004	2006
Male : female ratio		4.1:1	3.2:1	2.9:1		
Mechanism for transmission (%)						
Sexual		64.1	70.3	72.5		
Perinatal		2.0	0.31	0.5		
IDU		29.5	26.0	24.1		
Blood products		1.8	2	.9		

National Policies*

- Is there a national policy on comprehensive ART? No_X* Yes ___ Since when? _____
- Is there a national policy on HIV testing? No_X* Yes ___ Since when? _____

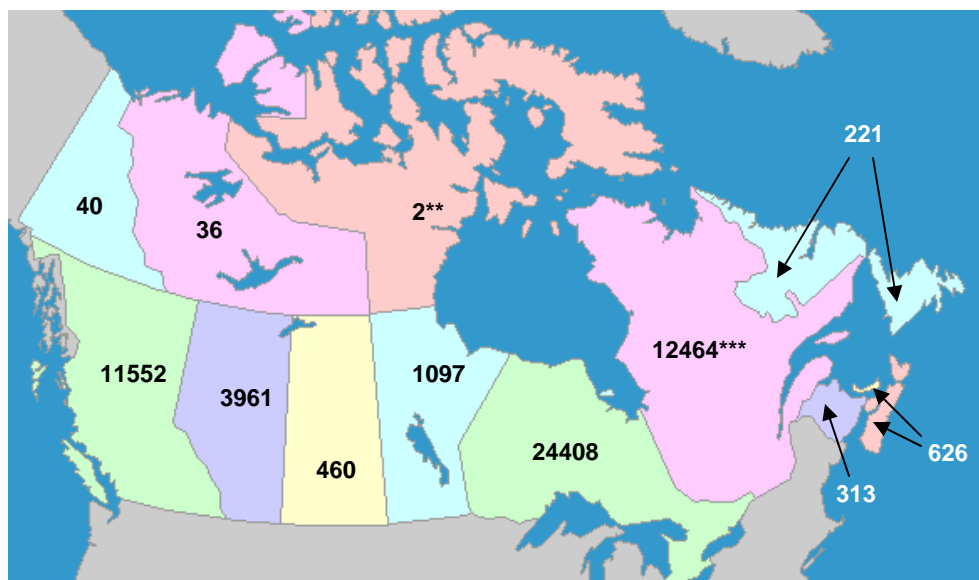
* Since provision of comprehensive ART and HIV testing fall under the provincial and territorial jurisdiction, policies on comprehensive ART and HIV testing are available at these levels and not at the national level

The “Three Ones”

- **Is there ONE agreed HIV/AIDS national framework?** No ___ Yes X Dates? 1998
Year of last revision: 2003 Title? Getting Ahead of the Epidemic: the Federal Government Role in the Canadian Strategy on HIV/ AIDS 1998-2008 (The Five Year Review) This document defines the role of the federal government in the Canadian Strategy on HIV/ AIDS, but many provinces also have their own strategy documents.
- **Is there ONE coordinating national authority?** No ___ Yes X Since when? 1998
Name: Centre for Infectious Disease Prevention and Control (CIDPC), Public Health Agency of Canada (formerly part of Health Canada). CIDPC coordinates the federal government’s role in the Canadian Strategy on HIV/ AIDS.
- **Is there ONE agreed country level monitoring and evaluation system?** No X Yes ___ Since when? ___
This is under development for the national level.

Geographic distribution of HIV, by major political districts

Number of positive HIV test reports by province/territory between 11/1/1979 and 12/31/2003 (all ages). *



- * Positive HIV test reports from Ontario (starting in 2000), Quebec and British Columbia exclude positive serology results for cases under 2 years of age
- ** Data prior to 2000 are not available for Nunavut as it became a Canadian territory in 1999 and began reporting in 2000.
- *** For Quebec, the number of positive HIV test reports is based on the minimum number of HIV positive individuals

Source: HIV and AIDS in Canada: Surveillance Report to December 31, 2003. Health Canada.

Demographic and Socio-economic indicators

	Estimate	Date	Source
Total Population (thousands)	31,510	2003	PAHO
Life Expectancy at Birth	79.5	2003	PAHO
Under 5 mortality rate (per 1000 children)	6.4	2002	PAHO
Adult mortality rate (per 1000 adults)	Female: 58 Male: 95	2002	WHO
GNI Per Capita (US\$)	22,390	2002	World Bank
% Government Budget Spent on Health Care	16.2	2001	WHO
Per Capita Expenditure on Health (US\$)	2163	2001	WHO
% Health Care Budget spent on HIV/AIDS			

2. Antiretroviral Treatment (ART)

This section contains information about the number of people living with HIV/AIDS who require ART and the number who receive it. "People" refers to all ages and sexes. The data come from several sources, listed below, but primarily from UNAIDS or PAHO, where possible, for consistency reasons. The difference between those people requiring ART and not receiving it is the Treatment Gap, which is also the ART target for achieving universal coverage by 2005. Data on ART regimens, guidelines used, and cost of ART is also found in this section, as well as specific ARVs used and the amount required per year, the sources of which are primarily from the Ministries of Health and local NGOs of each country, unless otherwise specified.

ART surveillance						
	12/31 2003	Source	7/31/ 2004	Source	2005	Source
1	Estimated # of people living with HIV/AIDS	56,000				
2	Estimated # of people requiring ART **					
	** Previous estimate is done by: Applying the 20% standard to the # of PLWHA (#1 above) No ___ Yes ___					
	Or using other method of estimating? No ___ Yes ___ Specify _____					
	% female	(# females requiring ART / total people requiring ART x 100)				
	% < age 5	(# under 5 requiring ART / total people requiring ART x 100)				
3	Estimated # of people receiving ART	20,000				
	% female	(# females receiving ART / total people receiving ART x 100)				
	% < age 5	(# < 5 receiving ART / total people receiving ART x 100)				
4	Estimated Treatment Gap (2 – 3)					
5	% ART coverage (3 / 2 x 100)					
6	% of health districts that have at least one ART outlet					
	(# of health districts with at least one ART outlet / total # of health districts x 100)	>80%		Expert opinion		
	large proportion of health districts in Canada have ART outlets, however geographic distance and other conditions sometimes makes access difficult					
7	Mortality rate among ART users (# deaths of ART users / total population x 100,000)	4-9% per year among ART users (2001-2003)		BC Centre for Excellence in HIV/AIDS; CIDPC, Health Canada		
8	% hospital bed occupancy by People infected by HIV/AIDS for a given month (# hospital beds occupied by PLWHA for a given month / # hospital beds occupied for the same month x 100)	0.2% of hospital beds occupied by someone with HIV/AIDS during 2000/01.		Canadian Hospitalization Database, Canadian Institute of Health Information (CIHI)		

ART, plans and regimens

- **Are ART treatment protocols in use?** No ___ Yes X Since when? 1998
Name? Various provincial and hospital ART guidelines, based in part on the 2004 versions posted on the AIDSinfo NIH (USA) website
- **Have revisions been made to the protocols?** No ___ Yes ___ When? _____
- **Do the criteria for determining ARV needs include:**
 - CD4 count No ___ Yes X
 - Viral Load No ___ Yes X
 - Opportunistic Infections No ___ Yes X
- **Specify treatment regimens:**
 - **First line regimen for adults:** NNRTI-based: Efavirenz + lamivudine + (zidovudine or tenofovir DF or stavudine); PI-based: lopinavir/ritonavir (kaletra) + lamivudine + (zidovudine or stavudine); Triple NRTI-based: abacavir + lamivudine + zidovudine (or stavudine)
 - **Alternative regimen for adults:** NNRTI-based: efavirenz + emtricitabine + (zidovudine or tenofovir DF or stavudine); efavirenz + (lamivudine or emtricitabine) + (didanosine or abacavir); nevirapine + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); PI-based: atazanavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); fosamprenavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); fosamprenavir/ritonavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); indinavir/ritonavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); lopinavir/ritonavir (Kaletra) + emtricitabine + (zidovudine or stavudine or abacavir); lopinavir/ritonavir (Kaletra) + lamivudine + abacavir; nelfinavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir); saquinavir/ritonavir + (lamivudine or emtricitabine) + (zidovudine or stavudine or abacavir)
 - **First line regimen for new borns:** ZDV initiated soon after birth, preferably within 6-12 hours. NNRTI-based: Zidovudine + (didanosine or lamivudine) + nevirapine; stavudine + lamivudine + nevirapine; PI-based: Zidovudine + (didanosine or lamivudine) + (lopinavir/ritonavir or nelfinavir or ritonavir); stavudine + lamivudine + (lopinavir/ritonavir or nelfinavir or ritonavir)
 - **Alternative regimen for new borns:** NRTI-based: zidovudine + lamivudine + abacavir
 - **First line regimen for children:** NNRTI-based: Zidovudine + (didanosine or lamivudine) + efavirenz (with or without nelfinavir); stavudine + lamivudine + efavirenz (with or without nelfinavir); PI-based: Zidovudine + (didanosine or lamivudine) + (lopinavir/ritonavir or nelfinavir or ritonavir); stavudine + lamivudine + (lopinavir/ritonavir or nelfinavir or ritonavir)
 - **Alternative regimen for children:** NNRTI-based: Zidovudine + (didanosine or lamivudine) + nevirapine; stavudine + lamivudine + nevirapine; PI-based: : Zidovudine + (didanosine or lamivudine) + (amprenavir or indinavir); stavudine + lamivudine + (amprenavir or indinavir); NRTI-based: zidovudine + lamivudine + abacavir
 - **First line regimen for PMTCT:** Pregnant women should receive standard clinical, immunological, and virological evaluation. Recommendations for initiation and choice of ARTs dependent on risks and benefits of such therapies during pregnancy. Recommendation for C-section delivery and at a minimum the PATCG 076 zidovudine regimen should be initiated to reduce perinatal HIV transmission during delivery

What is the average cost of first line ARV regime per person / per year in US dollars?

Regimen	2000	2002	2004	2006
First line regimen for adults in the public sector				
Alternative line regimen for adults in the public sector				
First line regimen for adults in the private sector				
Alternative line regimen for adults in the private sector				

Not available since costs are dependent on a number of factors including choice of first line regimen, eligibility for coverage under provincial/territorial formularies, which ARTs are covered under provincial/territorial formularies, and extent of coverage by private insurance. During 1997 (prior to PI availability), the cost of first line regimen per adult was US \$14,000 (source: Canadian Legal AIDS Network).

ART, plans and regimens, continued.

- **Is there a system in place to register adverse reactions involving the use of ARV?**

At the national level: No ___ Yes X Since when? _____ or institutional. No ___ Yes ___ Since when? _____

- **Is there a system in place to register drug resistance involving the use of ARV?**

At the national level: No X Yes ___ Since when? _____ or institutional. No ___ Yes ___ Since when? _____

There is a national surveillance system for HIV drug resistance among newly diagnosed cases of HIV infection, but there is no national system to monitor HIV drug resistance for those under treatment. Such monitoring is done on an *ad hoc* basis by some provinces.

- **Does the Government purchase Generic ARVs?**

No X Yes ___ Since when? _____ From what pharmaceutical companies? _____

- **State what % of ART delivery is covered by MOH, other ministries, NGOs, etc.**

In the absence of universal public insurance coverage of ARTs, public and/or private, full or partial coverage is required to purchase ARTs. Extent of coverage under the public system varies across Canada. The province of British Columbia provides 100% coverage of selected ARTs to its residents, however, geographic distances etc make access to treatment difficult for some individuals. In other provinces and territories, coverage under the formularies includes Aboriginal persons, federal inmates, armed services and veterans, individuals on social assistance programs, provision on compassionate grounds.

	2000	2002	2004	2006
Specify the number of NGOs offering ARV treatment in your country?	0	0	0	

ARV Selection, Prices & Amount purchased									
Antiretrovirals used				Price/unit (US\$)			Number of units purchased for the year *		
Generic name	Product name	Strength	Unit used **	2003	2004	2005	2003	2004	2005
Abacavir	Ziagen, ABC	300 mg	Tablets						
Abacavir	Ziagen, ABC	20 mg/ml	Oral Solution						
Abacavir,	Trizivir	300 mg	Tablet						
Lamivudine,		150 mg							
Zidovudine		300 mg							
Amprenavir	Agenerase, APV	50, 150 mg	Capsules						
Amprenavir	Agenerase, APV	15 mg/mL	Oral solution						
Atazanavir	Reyataz, ATV	100, 150, 200 mg	Capsules						
Delavirdine	Rescriptor, DLV	100 or 200 mg	Tablets						
Didanosine	Videx, ddl, Videx EC	25, 50, 100, 150, 200 mg	Chewable/ dispersible buffered tablets						
Didanosine	Videx, ddl, Videx EC	100, 167, 250 mg	Buffered powder for oral solution						
Didanosine	Videx, ddl, Videx EC	125, 200, 250, 400 mg	Enteric coated capsules						
Efavirenz	Sustiva, EFV	50, 100, 200 mg	Capsules						
Efavirenz	Sustiva, EFV	600 mg	Tablets						
Emtricitabine	Emtriva, FTC, Coviracil	200 mg	Hard gelatin capsules						
Enfuvirtide	Fuzeon, T-20	108 mg/ 1.1 mL of sterile water for dose of 90 mg/ 1 mL	Injection						
Hydroxyurea	Hydrea	500 mg							
Indinavir	Crixivan, IDV	200, 333, 400 mg	Capsules						
Lamivudine	Epivir, 3TC	150 and 300 mg	Tablets						
Lamivudine	Epivir, 3TC	10 mg/ml	Oral solution						
Lamivudine	Combivir	150 mg	Tablet						
Zidovudine		300 mg							
Lopinavir	Kaletra, LPV/r	133.3 mg	Capsule						
Ritonavir		33.3 mg							
Lopinavir	Kaletra, LPV/r	80 mg	Oral solution						
Ritonavir		20 mg /mL							
Nelfinavir	Viracept, NFV	250, 625 mg	Tablets						
Nelfinavir	Viracept, NFV	50 mg/g	Oral powder						
Nevirapine	Viramune, NVP	200 mg	Tablets						
Nevirapine	Viramune, NVP	50 mg/ 5mL	Oral Suspension						
Ritonavir	Norvir, TRV	100 mg	Capsules						

ARV Selection, Prices & Amount purchased									
Antiretrovirals used				Price/unit (US\$)			Number of units purchased for the year *		
Generic name	Product name	Strength	Unit used **	2003	2004	2005	2003	2004	2005
Ritonavir	Norvir, TRV	600 mg/7.5 mL	Solution						
Saquinavir	Fortovase, SQV,	200 mg	Hard gel capsule						
Saquinavir	Invirase, SQV,	200 mg	Soft gel capsule						
Stavudine	Zerit, d4T	15, 20, 30, 40 mg	Capsules						
Stavudine	Zerit, d4T	1 mg/ml	Oral solution						
Stavudine	Zerit-XR, d4T	75 and 100 mg	Extended release capsules						
Telofovir DF	Viread, TDF	300 mg	Tablet						
Zalcitabine	Hivid, ddC	0.375 mg 0.75 mg	Tablet						
Zidovudine	Retrovir, AZT, ZDV	100 mg	Capsules						
Zidovudine	Retrovir, AZT, ZDV	300 mg	Tablets						
Zidovudine	Retrovir, AZT, ZDV	10 mg/mL	Intravenous solution						
Zidovudine	Retrovir, AZT, ZDV	10 mg/mL	Oral solution						

* "Purchased" refers to the # of units actually purchased for the people in treatment for that particular year.

** Specify unit as tablet, capsule, ampoule, bottle, etc.

3. Laboratory capacity and funding for procurement

For HIV/AIDS to be properly diagnosed and treated at the appropriate time, laboratories need to have access to the right tests at the best price. This section describes the diagnostic and follow-up tests available to the country and the number of tests required for the given year. This section also considers the coverage of laboratories throughout the country, the monitoring and surveillance systems in place, as well as the source of financing for procuring ARV and diagnostic tests.

HIV diagnostic/follow-up tests, Prices & Amount purchased							
Tests used		Price/unit (US\$)			Number of tests required for the year		
Type	Diagnostic product	2003	2004	2005	2003	2004	2005
Screening tests	ELISA						
Confirmation tests	Western Blot						
	RIPA (radio-immuno precipitation assay)						
	PCR						
Follow-up	Viral Load: (various techniques)						
	CD4/CD8 count						
	Some genetic drug resistance testing						

Laboratory services for HIV diagnostics

	2000	2002	2004	2006
% of health districts that have at least one laboratory service for HIV diagnosis (# of health districts with at least one lab service / total # of health districts x 100)	100%	100%	100%	

All districts have HIV testing services, but in some districts certain individuals may have difficulty accessing testing due to distances.

- **Is there a system for quality control of laboratory services?**

At the national level: No ___ Yes X Since when? _____ or institutional. No ___ Yes ___ Since when? _____

- **Is there a system in place for conducting external evaluations of the quality of laboratory services?**

At the national level: No ___ Yes X Since when? _____ or institutional. No ___ Yes ___ Since when? _____

Financing and procurement for ARV and diagnostic tests

- **What is the principal source of financing for ARV purchase??** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) Third party insurance, provincial budgets and out-of-pocket (varies by province)

- **What is the principal source for financing HIV diagnostic supplies?** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) Through the provincial budgets

- **Is ART procurement done primarily through a**

- centralized procurement mechanism (at national or provincial level) No X Yes ___
- or decentralized procurement mechanism (at institutional level) No ___ Yes ___ .

- **How is price solicitation for ARVs obtained?**

- Through national tender No X Yes ___
- Through international tender No X Yes ___
- From a limited number of local/international suppliers, No ___ Yes X (sometimes)
- Through negotiation with supplier? No ___ Yes X (sometimes)
- Other? Market price

- **Are HIV/AIDS medicines required to be registered by the national regulatory authority?**

No ___ Yes X Since when? _____

- **Are the HIV medicines under patent protection in the country?** No ___ Yes X Since when? _____

- **Are ARVs subject to quality control testing prior to product use?** No ___ Yes X Since when? _____

4. Voluntary Counseling and Testing, Prevention of Mother to Child Transmission programs, and joint HIV/AIDS and TB/STI programs

Although Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) programs fall partly under prevention activities, they also fall under the "Care and Treatment" component, since their testing sites provide an interface between the diagnosis and the follow-up activities. TB and STI programs are also important entry points for Care and Treatment, given the high co-morbidity of TB and HIV/AIDS as well as other STIs and HIV/AIDS. This section therefore describes the coverage of VCT, PMTCT, and TB/STI services as well as the quality and comprehensiveness of such programs.

Voluntary Counseling and Testing (VCT) in the public sector						
	12/31 2003	Source	7/31/ 2004	Source	2005	Source
% of health services (primary, secondary, or tertiary) that offer VCT services out of all health services that should provide VCT services. (# of health services (primary, secondary, or tertiary) that offer VCT services / total # health services that should provide VCT services x 100)						
						No good data at national level, but most health services that should offer VCT do offer VCT
% of health districts with at least one functioning VCT service (# of health districts with at least one functioning VCT service / total # of health districts x 100)						
# clients who used VCT services in public sector during the given year						
% female clients (# women attending VCT services in public sector / total # clients of the public VCT services x 100)						
# clients who used VCT services in NGO sector during the given year						
% female clients (# women attending VCT services in NGO sector / total # clients of the NGO VCT services x 100)						
% of persons who return for their results (# of persons who return for results / total # of tests done at VCT services x 100)						
% of persons who receive post-test counseling (# of persons who come for post-test counseling / total # of tests done at VCT services x 100)						
% of positive HIV tests at VCT services (# of tests at VCT services with positive results / total # of tests done at VCT services x 100)						0.3-0.4%

VCT framework and country strategies.

- **Is VCT part of the Primary Health care package?**
No Yes Since when? _____
- **Is VCT integrated into a global health network that includes medical, social and emotional supports?**
No Yes Since when? Mid 80s
- **Is there a system for quality management system for VCT activities?**
No Yes (Lab Component) _____ Since when? _____
- **Is there an operational strategy for identifying barriers to VCT?**
No Yes Since when? _____

Prevention of Mother to Child Transmission (PMTCT) services in the public sector

	12/31 2003	Source	7/31/ 2004	Source	2005	Source
% of health services that provide PMTCT services of those that should provide PMTCT services (# of health services that provide PMTCT services / total # of health services that should provide PMTCT services x 100)						
# of women who used PMTCT services during the given year						
% of women tested for HIV at PMTCT services (# of women tested for HIV / # of women who used PMTCT services x 100)	60-98% (2000-2002)	Provincial prenatal testing data (PQ, AB, ON, BC, NFLD)				
% of women tested who tested positive for HIV (# of women tested at PMTCT who tested positive for HIV / # of women tested for HIV who used PMTCT services x 100)						
% of babies born of HIV+ mothers with a confirmed diagnosis of HIV (# of babies born of HIV+ mothers with confirmed HIV status / # of babies born of HIV + mothers x 100)	(3/158) 1.9% (2002)	Canadian Prenatal HIV Surveillance Program				

PMTCT programs

- **Are there protocols/guidelines used for PMTCT services?** No ___ Yes X Since when? _____
- **Is there a national plan for PMTCT services?** No X Yes ___ Since when? _____

This is under provincial jurisdiction and the provinces have various plans.

Tuberculosis, Sexually Transmitted Infections, and HIV/AIDS services in the public sector

	12/31 2003	Source	7/31/ 2004	Source	2005	Source
% of health services that diagnose and treat TB and offer concurrent VCT services for HIV/AIDS (# of health services that offer TB diagnosis and treatment and concurrent VCT services / total # of health services that treat and diagnose TB x 100)	95%	Canadian Tuberculosis Committee				
% of health services that offer STI treatment services and offer concurrent VCT services for HIV/AIDS (# of health services that offer STI diagnosis and treatment services and concurrent VCT services / total # of health services that treat and diagnose STI x 100)	95%	Health Canada				

5. Trained Human Resources

The presence of sufficient trained human resources in all aspects of HIV/AIDS care and treatment is essential in the fight against HIV/AIDS. This section describes the coverage of trained health care workers, certification and accreditation mechanisms, and the existence of guidelines for supervising staff.

Human Resource capacity						
	12/31 2003	Source	7/31/ 2004	Source	2005	Source
# of Doctors who participated in ART training, during the given year						
# of Nurses who participated in ART training, during the given year						
# of other health workers who participated in ART training, during the given year						
% of health care workers trained in ART (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)						
# of Doctors who participated in VCT training, during the given year						
# of Nurses who participated in VCT training, during the given year						
# of other health workers / community members who participated in VCT training, during the given year						
% of health care workers trained in VCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)						
# of Doctors who participated in PMTCT training, during the given year						
# of Nurses who participated in PMTCT training, during the given year						
# of other health workers who participated in PMTCT training, during the given year						
% of health care workers trained in PMTCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)						

Human Resource capacity, continued

	12/31 2003	Source	7/31/ 2004	Source	2005	Source
# of laboratory workers who participated in laboratory training for HIV diagnosis testing and/or follow-up, during the given year						
# of health care workers (doctors, nurses, other health care workers) who participated in stigmatization reduction strategies training, during the given year						
% of health care workers who participated in stigma reduction strategies training (# of doctors, nurses, health care workers trained in stigma reduction training [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)						
# of health care workers (doctors, nurses, social workers, other health care workers) who participated in training for psycho-social support services, during the given year						
# of community members (PLWHA, family of PLWHA, other community members) who participated in training for offering psycho-social support services, during the given year						

Human resources

- **Is there a national accreditation process for training institutions and programs in HIV/AIDS.**
No Yes ___ Since when? _____
Education is under provincial jurisdiction in Canada and so training varies by province.
- **Is there a certification process for HIV/AIDS training providers?**
No ___ Yes ___ Since when? _____ Same as above: training varies by province.
- **Is there a certification process for HIV/AIDS training participants?**
No ___ Yes ___ Since when? _____ Same as above: training varies by province.
- **Are there national standards for evaluating the competence of health workers involved in scaling up ART?**
No ___ Yes ___ Since when? _____ Same as above: training varies by province.
- **Is there a National Plan for ART, VCT, PMTCT training?**
No Yes ___ Since when? _____

Data sources

Data presented in this Fact Sheet on Care and Treatment of People Living with HIV/AIDS comes from several sources, primarily in the country, but also globally. This section contains a list of the more relevant sources used to prepare the Fact Sheet. If applicable, it also lists websites where additional information on HIV/AIDS can be found, however, the information found on these sites could change or may be incomplete, so due consideration must be taken.

- Health Canada-Canadian Strategy on HIV/AIDS http://www.hc-sc.gc.ca/hppb/hiv_aids/index.html
- UNAIDS/WHO Epidemiological Fact Sheets for HIV and STIs: 2004 update.
- HIV and AIDS in Canada: Surveillance report to December 31, 2003. Health Canada. <http://www.phac-aspc.gc.ca/publicat/aids-sida/haic-vsac1203/index.html>
- HIV/AIDS Epi Updates April 2004: http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/index_e.html
- Centre for Infectious Disease Prevention and Control (CIDPC), Public Health Agency of Canada (formerly part of Health Canada).

Contact information

For more information on care and treatment of people living with HIV/AIDS in this country, please contact the HIV/AIDS unit at the Pan American Health Organization, at phone (202) 974-3842 or email sida@paho.org.