



Canadian Treatment Action Council

Canadian Treatment Action Council Annual Report 2001-2002

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Chair's Report

Louise Binder

The past year has been a busy and exciting one for CTAC. New treatment access issues have come to the forefront and work continues on many of the not-so-new treatment issues. First let me update you on some of the not-so-new issues.

Drug review, post-approval prices and drug pricing

The longest standing issue for CTAC has been the drug review and post-approval process. CTAC continues to promote public policy issues related to an improved review system. To ensure a complete review of prescription drugs, CTAC believes that an essential component of this process must include a Post Approval Surveillance System. CTAC has developed a protocol for a pilot study to determine successful methods of data collection in a post approval environment. This year an Advisory Committee was formed to implement the project. Funding has been secured and research is expected to start in the 2002/03 fiscal year.

CTAC has also been working for some time on the issue of drug pricing. Last year CTAC completed and began distribution of its drug pricing paper entitled, *Making Treatments Accessible: A Policy Paper on Determining Appropriate Pricing for Brand-name Pharmaceutical Treatments for HIV/AIDS in Canada*. Drug pricing is a national issue with provincial effects, and as some provincial formularies refuse to pay, is a barrier to accessing treatment. CTAC continues to monitor drug prices in Canada and continues to inform public policy on this issue.

Access-to-Treatment issues

Our health care system in Canada is administered by the provinces/ territories and while many access-to-treatment issues are national in scope, they require uniquely provincial/territorial solutions. CTAC, through its provincial/territorial representatives, continues to work towards the development of, or collaboration with, existing provincial/territorial Networks. CTAC currently has an affiliation with provincial networks in British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick and Newfoundland & Labrador. CTAC will

continue to nurture the relationships that have been developed and will also continue to work to ensure the development of, or affiliation with, networks in all provinces/territories.

Partnerships

CTAC has a long history of collaborations and partnerships with local, provincial and national HIV/AIDS organizations; other disease groups/organizations; governments, industry and interested individuals. The Board will continue to work with other stakeholders, as appropriate, to ensure that treatment access issues for people living with HIV/AIDS are addressed in the most efficient and effective manner.

Women's issues

The Women's Issues policy development Committee addressed a number of issues in the past year including: Development of a women's representative selection process, a letter writing campaign to the Minister of Health regarding the disbanding of the Women's Reference Group on HIV/AIDS and expedited drug access for pregnant women. CTAC was represented at numerous women's conferences/events including: Prairie Women's Centre for Excellence; Women's Health Matters; Healthy Women – Healthy World; North American Treatment Action Forum (NATAF) and New Brunswick's first HIV+ women's retreat.

New name and membership structure

At the 2001 AGM CTAC adopted a new name and membership structure. The name change, which saw the word Advocacy changed to Action, has been officially approved by Industry Canada. The new membership structure allows eligible organizations and individuals to participate in CTAC. As the organization's membership grows, CTAC will be exploring ways to

improve membership participation. A number of suggestions have already been made and are being considered by the Board.

Communication

In the 2001/2002 fiscal year CTAC made significant strides in enhancing its communication tools with the launch of its web site and development of a brochure. Publication of CTAC's quarterly newsletter will continue as will the publication of CTAC's annual report. In 2001/2002 CTAC also began work on an internal evaluation process. A consultant was engaged and work is currently underway on a macro evaluation.

New issues

As mentioned earlier, some new issues have also been identified. Two of these new issues, which have been incorporated into CTAC's work plan, are Hepatitis C Co-infection and Health Care Reform.

Hepatitis C Co-infection

Presentations on Hepatitis C Co-infection at the 2001 AGM highlighted some discreet access issues. Discussions with both industry and government resulted in improved access to treatment. CTAC continues to monitor Hepatitis C Co-infection and access to treatment issues.

Health Care Reform

A new committee on Health Care Reform was developed to articulate CTAC's position and has wide participation from CTAC members as well as other organizations. This issue is one of great interest and importance, not only to CTAC, but to all Canadians. A number of submissions were made to the Commission on the Future of Health Care in Canada by CTAC members across Canada. Of these, two were accepted as individual presentations and one was accepted as an organizational presentation.

CTAC hosted and participated in several media conferences, demonstrations and other activities to raise public awareness of directions being considered for changes in health care.

Treatment and treatment access

The CTAC Board continues to closely follow treatment and treatment access issues. CTAC participated in discussions with numerous pharmaceutical companies in the past year regarding medications in development and compassionate/expanded access to those medications. CTAC continues to participate in ongoing consultations with the Natural Health Products Directorate (NHPD) to determine the regulatory framework and research priorities for natural health products.

Conference participation

In addition to the issues noted above, Board and Council members participated in numerous conferences and community events including: presentations at NATAF; presentations at the Canadian HIV/AIDS Society HIV/AIDS Skills Building Symposium; Board in-person meeting and skills building in Edmonton, Board in-person meeting in Vancouver; attendance at United Nations General Assembly Special Session on HIV/AIDS and attendance at 1st International AIDS Society Conference on HIV Pathogenesis and Treatment. Attendees reported on the respective events in the CTAC newsletter and in-person reports.

Conclusion

The structural changes currently being implemented will enhance CTAC's ability to effect public policy changes, will improve access to, and participation in, the organization by the membership, and will ensure that CTAC can continue to address treatment issues that are important to people living with HIV/AIDS. We look forward to your continued support and involvement. ■

THE YEAR IN PICTURES



For more information, contact us at:

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Financial Statement

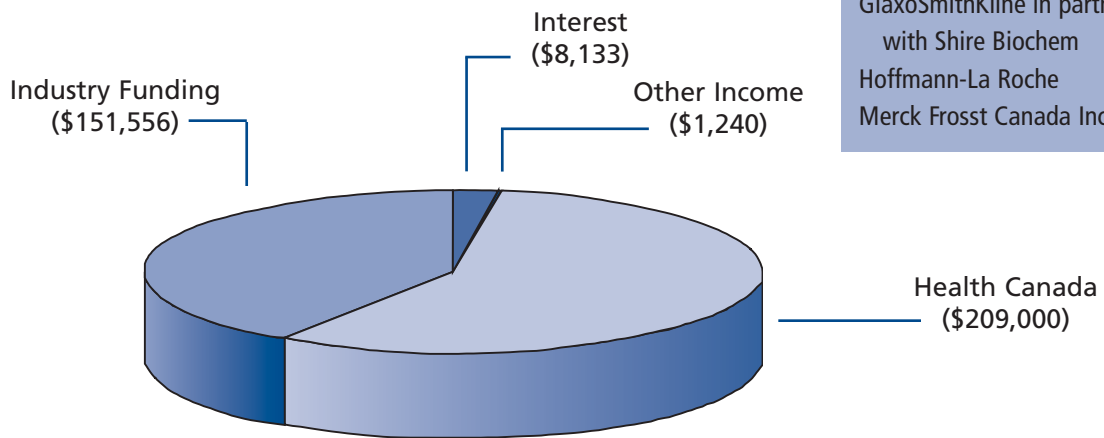
The following is a summary of selected financial information from CTAC's audited financial statements for the year ending March 31, 2002. Full statements are available upon request, through the CTAC office.

	<u>2002</u>	<u>2001</u>
Revenue	\$ 369,929	412,628
Expenses	380,555	423,976
Excess (deficiency) of revenue over expenses	(10,636)	(11,348)
Fund balances, beginning of year	164,417	175,765
Fund balances, end of year	\$ 153,791	\$ 164,417

Primary Sources of Revenue

Health Canada
 Abbott Laboratories Limited
 Bristol-Myers Squibb
 Pharmaceutical Group
 Boehringer Ingelheim Canada Inc.
 DuPont Pharma Inc.
 Gilead Sciences
 GlaxoSmithKline in partnership with Shire Biochem
 Hoffmann-La Roche
 Merck Frosst Canada Inc.

Revenue



Expenses by Program

