

Annual Report
2008-2009



**Canadian
Treatment
Action
Council**

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For an electronic version of this
report or for more information
on CTAC's current work,
please visit our website at:

www.ctac.ca



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To see the full colour version and more of Joe's work, please visit www.islandart.com
"Methadone" by Daniel Amyot. "Lipodystrophy" by Fabrice Arfi © 2009.
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COUNCIL (MARCH 31ST 2009)

BOARD OF DIRECTORS (MARCH 31ST 2009)

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communautaires québécois de lutte contre
le sida (COCQ-sida)

Louise Binder Toronto People
with AIDS Foundation (TPWAF)
Angel Parks
National Women's Representative
Sandy Lambert
Aboriginal Representative
Karen Dennis Representative of current
and former substance users
Greg Simmons
Representative of prisoners/ex-prisoners

STAFF (MARCH 31ST 2009)

Rakiba Amin Administrative Assistant
Béatrice Cardin Coordinator, Communica-
tions and Organizational Development
Ross Chapman Manager of Finance
Sarah Benn Project Coordinator
Ruth Pritchard Senior Policy Analyst
Leah Stephenson
Executive Committee Advisor

Primary Sources of Revenue

Public Health Agency of Canada
(PHAC)

Abbott Laboratories
Bristol-Myers Squibb
Gilead Sciences
Glaxo-SmithKline in partnership
with Shire BioChem
Merck Frosst Canada Ltd.
Pfizer Canada
Sanofi-Aventis
Schering Canada
Tibotec, a division
of Janssen-Ortho Inc.



Chair's Report

Louise Brindley

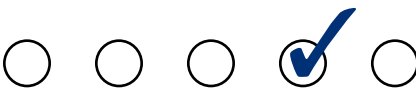


In 2008 – 2009, CTAC has been very active with continuing long term projects and embarking on exciting new directions. Our work to remove regulatory barriers to accessing treatment and therapies has continued to produce encouraging results.



CTAC's Changing Vision

CTAC was formed in 1997 to ensure and improve access to the most effective therapies for HIV as they become available. Since the introduction of highly active antiretroviral therapy (HAART), HIV infection has increasingly become a chronic, manageable disease. Although access to the newest therapies is still important, the need for accessible treatments to manage long-term health, oral health, secondary infections, and toxicities that occur as side effects of some HAART regimens, is an increasingly pressing issue.



In January, CTAC surveyed its membership. The results of this survey were an important step to prepare CTAC's work plan.



Working to Remove Barriers to Treatment

The Progressive Licensing Framework Pilot Project

CTAC implemented Health Canada's Progressive Licensing Framework pilot project. This "life-cycle approach" to drug regulation establishes the mechanisms to gather continued feedback about the long term effects of approved pharmaceutical drugs, as well as expediting the approval of experimental drugs.

CTAC remains a strong voice insisting that Bill C-51, the federal initiative to develop a standardized protocol for approving natural

health products, has its language modified to protect patient privacy and to ensure there is no erosion of the regulations surrounding Direct to Consumer Advertising.

CTAC recommended that Health Canada develop more concrete guidelines for consumer risk management. To assist in developing this process, CTAC drafted a questionnaire to measure consumer risk tolerance, and convened a focus group.





Compassionate and Expanded Access

CTAC has commissioned a paper on “Compassionate and Expanded Access Programs for Treatments in Development.” The executive summary of this paper was published in our Winter 2009 newsletter. CTAC strongly believes in providing compassionate and expanded access to experimental drugs in clinical trials. These programs provide access for people who are not necessarily meeting the criteria for a clinical trial but who are in need of an experimental drug to create a viable regimen.

Fair Drug Pricing and Generic Drug Availability

CTAC has been updating the white paper on “Generic Drug Pricing.” CTAC council members were engaged in developing methods of using this paper as a tool for policy change in their constituencies. In January, CTAC responded to the Competition Bureau’s document on generic drugs and is gathering input in order to respond to policy developments.

Common Drug Review

This year, CTAC approved a position paper about the Common Drug Review, the national process that determines whether or not newly developed drugs will be made available in Canada. The paper has been modified to incorporate recommendations made by the Standing Committee on Health on December 12, 2007. CTAC continues to be active to make sure drugs are equally accessible on all of Canada’s Drug Formularies.



National Formulary and Catastrophic Drug Coverage

CTAC organized in-person consultations in Toronto, Ottawa, Calgary, Montreal, and Halifax with people living with HIV/AIDS as well as Cross Disability groups to gain feedback on the draft position paper to formulate a Catastrophic Drug Plan for Canada. The draft position paper is available on CTAC's website with further feedback collected online.

Prescribing Abilities of Health Care Providers

CTAC is closely following the proposed expansion of prescribing abilities for health care providers. In January, CTAC urged that the move towards allowing pharmacists to prescribe drugs be carefully monitored from an HIV/AIDS perspective to prevent unwanted pharmaco-kinetic reactions and unintentional disclosure of HIV status. CTAC continued to work with the Best Medicines Coalition as it develops policy recommendations regarding this issue.



Media Events

CTAC held many successful media events to highlight issues throughout the 2008-2009 year. In Ottawa last May, CTAC, with many other organizations, called for the federal government to establish a Center of Excellence for Solid Organ Transplant that would provide this procedure to people living with HIV in need.

In August, at the XVII International AIDS Conference in Mexico, CTAC held two press conferences. "Canada's Seven Deadly Sins" called attention to the failure of the government to live up to commitments made in the Federal HIV/AIDS Initiative, especially harm reduction, access to prevention and treatment for Canada's First Nations people, as well as the provision of affordable generic drugs to developing

countries. The other press conference held was on the availability of Solid Organ Transplantation in Canada as a treatment for people living with HIV or HIV/HCV facing end-stage organ disease.

On September 16th, CTAC issued a press release urging all parties to make a commitment to establish a Catastrophic Drug Plan, and publicly welcomed the commitment made by the Minister of Health to invest in a new Drug Safety and Effectiveness Network that will create a more active surveillance system for the health and wellness of all Canadians.

On November 18th, CTAC, in partnership with many other organizations, held a press conference on “Canada’s Role in Ending the Conflict-Driven Rape in Eastern Democratic Republic of Congo,” which highlighted the human rights violations, pain and suffering endured by the people of the Eastern Democratic Republic of Congo. CTAC Chair Louise Binder spoke at the event to call attention to the increased risk of HIV infection

that results from systematic sexual violence. The organizations collectively issued a letter to Prime Minister Stephen Harper asking for Canada to intervene in accordance with UN Security Council resolutions.

On World AIDS Day (December 1st), CTAC held a press conference urging the federal government to maintain current levels of HIV funding and highlighting CTAC’s policy work towards a Catastrophic Drug Program and a Center of Excellence for Solid Organ Transplants.

CTAC continued to publish a quarterly newsletter providing up to date information about emerging drugs and other access to treatment issues. This newsletter is available on our website as well as in print.



Community Workshops and Skills Building

On May 23, CTAC with the AIDS Committee of Newfoundland and Labrador hosted "Access Denied: Are People with HIV/AIDS in Newfoundland and Labrador Getting What They Need," a panel discussion and skills building workshop.

CTAC hosted a Skills Building Day in Toronto on October 18th titled "Good Medicine for Canada." The morning session described CTAC's white paper, "Towards Equity: A Position Paper on Catastrophic Drug Coverage in Canada." Afternoon sessions discussed the need for access to solid organ transplant for HIV and HIV/HCV infected people, and the Life Cycle Management approach to drug review.

In partnership with the Ontario HIV Treatment Network, CTAC delivered a series of Basic Science Workshops: on September 24th, "Adaptive Immune Responses against HIV"; on February 3rd, "The Battle Within: The Role of Host Proteins in Supporting and Inhibiting HIV-1 Growth"; and on February 13th, a "Basic Science Workshop," which translated and demystified the latest research.



International Issues

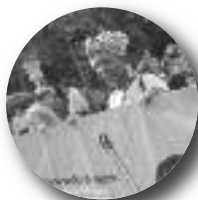
The XVII Conference on HIV/AIDS

The XVII Conference on HIV/AIDS CTAC was a strong voice for women living with HIV/AIDS at this year's conference. In addition to participating in the Women's March, CTAC, in partnership with Oxfam and the Blueprint for Action on Women and Girls and HIV and AIDS, unveiled the 2008 report card which highlighted Canada's inadequate policy response to the growing number of women and girls who are infected with HIV/AIDS.



International Involvement

CTAC renewed its commitment to HIV/AIDS support and prevention initiatives in Rwanda in 2008, and prepared a Report on Community Mobilization and Leadership Initiatives in Kigali, based on workshops that CTAC had facilitated the previous year.



Women's Issues

Women and HIV Research

In an article of the Spring 2008 newsletter, CTAC informed its membership about a new trial administered through the Canadian HIV Trials Network. This trial specifically investigates pharmacokinetic reactions and side effects of antiretroviral drugs in women.

Emerging Issues



Dental Coverage

This year, CTAC commissioned a position paper highlighting the need to provide adequate dental care for people living with HIV and AIDS. People with compromised immune systems face an increased risk for severe bacterial infections that can greatly deteriorate oral health. Those who are unable to work or who are not covered by third-party employer dental insurance can face catastrophic costs in the event of oral infections.

The paper argues for the advancement of dental access for all Canadians and suggests both national and provincial policy options. Key points were conveyed in a newsletter article in Winter 2009.

HIV/HCV Co-Infection

CTAC is active in the field of HIV/HCV Co-Infection policy research. CTAC member Colleen Price presented an abstract with Dr. Curtis Cooper on co-infection and solid organ transplants at the Ontario HIV Treatment Network Research Conference, November 13–14, 2008, and assisted the OHTN, the Aids Bureau and the HIV/AIDS secretariat in the preparation of an HIV/HCV documentary. The CTAC HIV/HCV Co-infection work group has prepared a Tools for Action workshop.

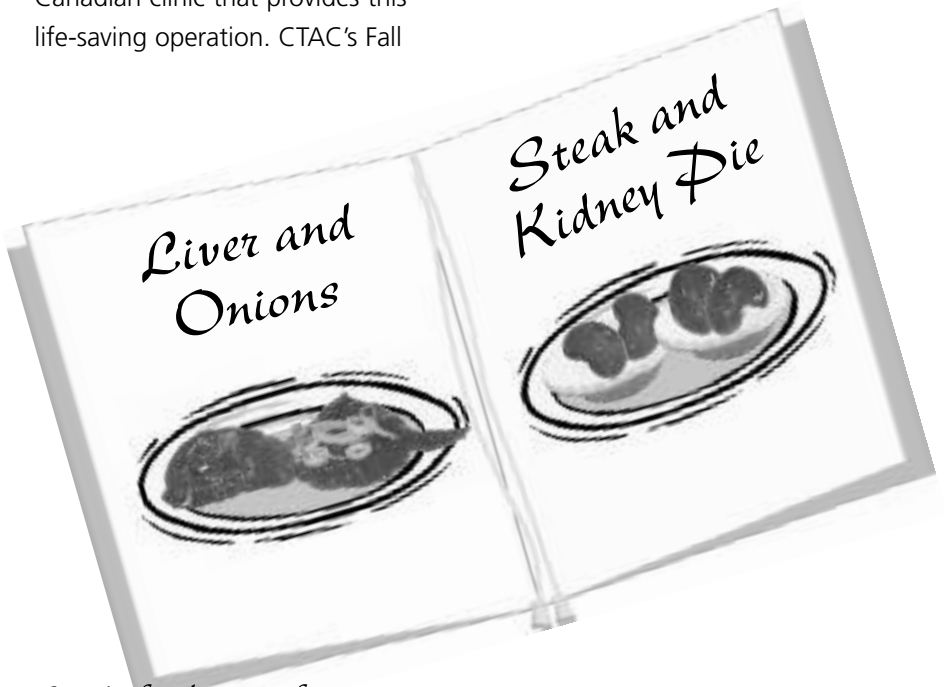




Solid Organ Transplant

CTAC is leading strong efforts to make solid organ transplantation a reality for people living with HIV/AIDS in Canada. Although organ transplantation has been clinically proven to be a successful therapy for end-stage organ disease in the context of HIV infection, and despite the international standard of providing transplants for people living with HIV or co-infected with Hepatitis C, there is presently no Canadian clinic that provides this life-saving operation. CTAC's Fall

2008 newsletter featured recent clinical evidence and emphasized the need for the procedure. CTAC has commissioned a position paper highlighting the need for a Center of Excellence to provide solid organ transplants to the HIV community.



Can't find your favourite organ on the menu?



Lipodystrophy

CTAC continues to be active in advocating for access to treatments for lipodystrophy.

Some HAART therapies result in lipid abnormalities which can lead to unwanted body shape changes including lipoatrophy—facial wasting. Although there are effective treatments for this condition, none is insured through provincial and national formularies and patients can face catastrophically high costs. CTAC is developing a questionnaire that will evaluate the need for access to treatments to correct facial wasting across the country. CTAC member Ron Rosenes has been working with treatment activists in Europe and USA to gather knowledge on strategies for treatment in other countries, as well as on the safety and efficacy of new and existing treatments.



HIV and Aging

CTAC is aware of the increasing demand for sound policy regarding the needs of people living long-term with HIV and has convened a working group to explore issues related to aging with HIV. CTAC has commissioned an environmental scan to examine the gaps in research and interventions to address the challenges associated with being on continuous therapy.



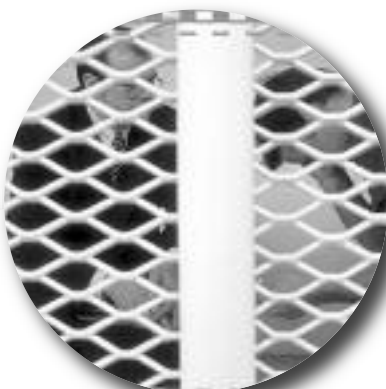
Population Specific Issues

Youth

In October, CTAC partnered with Positive Youth Outreach and the Canadian Treatment Information Exchange to host a National Youth Forum. Presentations covered a wide range of material to inform positive youth about treatment and access to treatment. Each session concluded with an in-depth question and answer period and enthusiastic participation ensured that the day was a success.

Prisoners/Ex-Prisoners

CTAC has been very active working to remove barriers to access to all required medical care for prisoners and ex-prisoners living with HIV and in November formed a working group with PASAN, the Legal Network and local AIDS service organizations from across Canada. Prisoners/Ex-Prisoners representative Greg Simmons attended the Canadian Prison-Academic-Community Health and Education conference in British Columbia, December 4-5 2008, and presented a workshop on "Enhancing Collaborations Between CSC, NGO, AGO and Public Health."





Aboriginal Issues

CTAC continues to work to advocate for improved access to treatment and care for Aboriginal peoples living with HIV/AIDS. In Spring 2008, CTAC published recommendations from an aboriginal workshop held the previous year, a report on the Federal Aboriginal Formulary, and a discussion of barriers faced by Aboriginal peoples to treatment for HIV/AIDS.



Substance users

CTAC continued to recognize the importance of harm reduction programs in preventing the spread of HIV/AIDS and devoted the entire Summer 2008 Newsletter issue to the subject of harm reduction. CTAC continues to look for new opportunities and partnerships to expand its work in the field.





Organizational Update

In 2008-2009, the following new Board/Council members were selected: Richard Baker, Secretary for Brian Finch, who remained on the Board; Jose Sousa for Jean-Pierre Bélisle in Québec and Stephen Hurst for Christal Capostinsky from Canadian AIDS Society (CAS). Marco Gomes, National Youth Representative, and Jeanne Nzyeimana, Representative of Black Canadian, African and Caribbean communities, resigned from Council.

CTAC welcomed new staff member Rakiba Amin as Administrative Assistant.

In March 2009, CTAC had a total of 394 full and associate members.

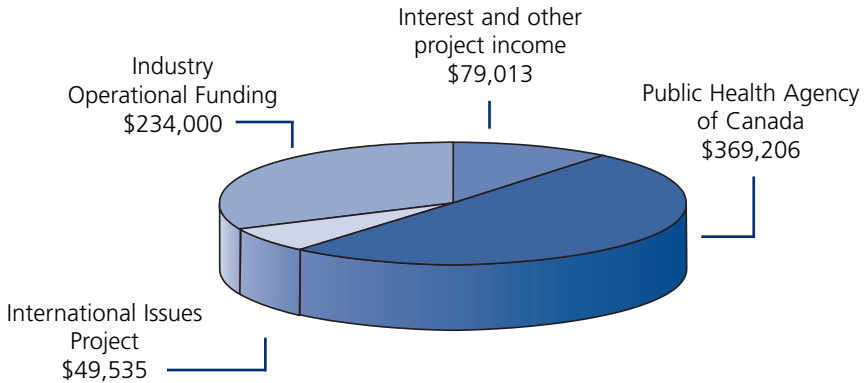


Financial Statements

The following is a summary of selected financial information from CTAC's audited financial statements for the year ending March 31, 2009. Full statements are available upon request, through the CTAC office.

	2009	2008
Revenue	\$ 731,754	\$ 727,311
Expenses	752,276	762,674
Excess (deficiency) of revenue over expenses	(20,522)	(35,363)
Fund balances, beginning of year	\$ 281,370	\$ 316,733
Fund balances, end of year	\$ 260,848	\$ 281,370

Revenue



Expenses

