

Annual Report 2010-2011





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www.ctac.ca



BOARD OF DIRECTORS (MARCH 31ST 2011)

CHAIR Louise Binder
 VICE-CHAIR Ron Rosenes
 TREASURER Ron Rosenes
 SECRETARY Colleen Price
 Richard Baker
 Bruno Lemay
 Alex McClelland
 Doris Peltier
 Mark Randall
 Mike Sangster

Primary Sources of Revenue

Public Health Agency of Canada (PHAC)

Abbott Laboratories
 Bristol-Myers Squibb
 Eli Lilly
 Gilead Sciences
 Merck Frosst Canada Ltd.
 Pfizer Canada
 Sanofi-Aventis
 Schering Canada
 Theratechnologies
 Tibotec, a division of Janssen-Ortho Inc.
 ViiV Healthcare Shire Canada

COUNCIL (MARCH 31ST 2011)

Brent Lewandoski Alberta
 Charles Osborne British Columbia
 John Baker Newfoundland & Labrador
 Mike Sangster Nova Scotia
 José Sousa Québec
 Thomas Hilton Prince Edward Island
 Ron Rosenes AIDS Action Now! (AAN!)
 Ken Buchanan British Columbia
 Persons with AIDS Society (BCPWA)
 Mark Lapierre Canadian AIDS Society (CAS)
 Patrick Cupido Canadian AIDS Treatment Information Exchange (CATIE)
 Curtis Brandell
 Canadian Hemophilia Society
 Richard Elliott
 Canadian HIV/AIDS Legal Network
 Ken Monteith Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida)
 Louise Binder Toronto People with AIDS Foundation (TPWAF)
 Karen Dennis Representative of current and former substance users
 Angel Parks
 National women's representative

STAFF (MARCH 31ST 2011)

Béatrice Cardin Communications and Organizational Development Manager
 Shala Defileh Manager of Finance
 Mary Gilbert Chair's Assistant
 Rafal Podsiadly Administrative Assistant
 Jacqueline Stein Project Manager
 Leah Stephenson Senior Policy Analyst and Project Consultant

A Message from the Chair



Louise Brasher

Looking back over the past year, and the years since CTAC was founded in 1996, I am proud of what we have accomplished. CTAC has grown, learned, and taken on many challenges.

From engaging decision-makers to ensure that liver transplants are available to HIV-positive and co-infected individuals to organizing the 1st Canadian HIV/HBV/HCV Co-infection Research Summit, the past year has been one of major accomplishments.

This does not mean the work is done. There are always systemic inequities in access to treatment, care and support to tackle. The lack of a universal drug plan in Canada is a prime example. CTAC continues to work diligently on this issue among others. We will continue to champion the modernization of the *Food and Drugs Act* so that Health Canada can better assess the benefits, harms, and uncertainties of pharmaceutical products and deal with safety and effectiveness once pharmaceuticals reach the market. CTAC is also focused on looking at treatment access issues in the areas of aging and living long-term with HIV.

We need systemic national, provincial, and territorial processes for access – not just for HIV and AIDS, but for all care, and affecting everyone. We need to ensure that people can access the care they need, no matter what province or territory they live in or what their income level. We need to ensure people aren't falling through the cracks because of disagreements about who is paying for what and who can push charges onto someone else.

Because CTAC understands the Canadian healthcare system, it is well positioned to advise about which policies are sound and which aren't. This is what CTAC will do. As the organization moves forward and I move into the next stage of my life and career, I will continue to support the talented staff and volunteers of CTAC and their ongoing work in these areas.

I'm glad to know that the next generation of HIV activists are capable, dedicated, and ready to take up the challenge.

Emerging Issues

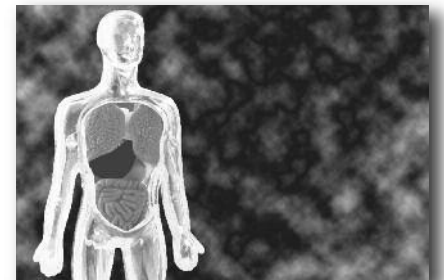
HIV and Hepatitis Co-infection

Ron Rosenes, CTAC Vice-Chair, brought back news from the latest CROI scientific conference about promising Hepatitis C treatments. The data show much higher rates of success clearing the Hepatitis C virus when these new treatments are combined with the current standard treatments.

Co-infected individuals have lower chances of clearing the HCV virus than those individuals who are infected with HCV alone, so it is important to note there was marked improvement in success rates for co-infected individuals.

As companies work to develop new HCV antivirals, CTAC will continue monitoring and reporting on treatment improvements. When warranted, CTAC will submit patient input to reimbursement

bodies for promising treatments. CTAC will closely follow developments related to equitable access to the new and improved treatments as they become available. Monitoring access will include looking at the effects of geography and the rights of vulnerable populations such as people who use drugs.



Emerging Issues

Direct-to-Consumer Advertising

CTAC firmly believes that health information is for the public good and should not be profit-driven. While CTAC supports educational programs, it is opposed to direct-to-consumer advertising for medications used to treat HIV and AIDS or related conditions. CTAC and partners expressed concern about increased direct-to-consumer advertising over the years, with last year being the most challenging to date.



CTAC worked to increase dialogue and understanding among stakeholders. In November 2010, CTAC brought together representatives from the pharmaceutical industry and community organizations. All parties agreed that people living with HIV should have access to information to make informed choices. Participants agreed to continue discussions and to develop a working group. This smaller group will look at how community and pharmaceutical companies can work together and at what aspects of pharmaceutical advertising concern community organizations. CTAC is also communicating with several bodies with regulatory responsibility for pharmaceutical advertising in Canada.

Emerging Issues

Aging and Living Long Term with HIV

CTAC continued to promote research, treatment advancements, and support for people aging and living long term with HIV and has commissioned a paper on the issue.

After the first forum on HIV and aging was held in the US, CTAC became a founding member of the Coalition on HIV and Aging Research Policy and Advocacy (CHARPA). Ron Rosenes, the CTAC Representative, shared information from CHARPA with the CTAC Aging and Living Long Term Working Group.

At the International AIDS Conference CTAC staff and volunteers participated in a session on Aging and Living Long Term with HIV/AIDS.

CTAC also participated in a teleconference with national partners, Canadian AIDS Society (CAS), Canadian AIDS Treatment Information Exchange (CATIE), and Canadian Working Group on HIV and Rehabilitation (CWGHR), to coordinate work in this area. The partners have

established three working groups: a research group, a clinical practice group, and a programs and services group. Ron Rosenes chairs the research group on behalf of CTAC. This group will consider how to optimize relationships with national partners and funders, including The Canadian Institutes of Health Research (CIHR), Canadian HIV Trials Network (CTN) and Ontario HIV Treatment Network (OHTN).

In March 2011, Ron became co-investigator on OHTN's aging scoping review titled *Positive Aging: Evidence Informing the Intersection of HIV, Aging and Health*. The results of this scoping review, due in Fall 2011, will form the basis for planning our next steps.



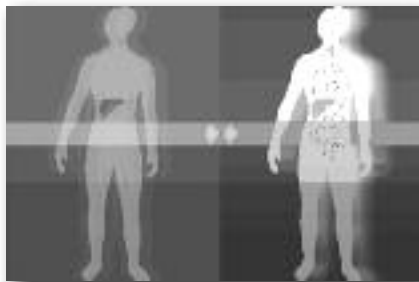
Removing Barriers to Treatment

Solid Organ Transplantation

CTAC has been working with the University Health Network (UHN), Toronto General Hospital, physicians and a range of community members to insist that the hospital make solid organ transplants available to people with HIV. This led to the UHN agreeing to do these surgeries and submitting a proposal to the Ministry of Health and Long-Term Care for funding. In March 2010, the provincial government's Ontario Health Technology Advisory Committee (OHTAC) recommended solid organ transplant surgery be available to HIV-positive people.

In July 2010, OHTAC released a document strengthening its recommendations. Throughout last year, CTAC held three working group meetings to follow the progress of the UHN proposal and the OHTAC Recommendations.

On December 1, 2010, the Ontario Ministry of Health and Long-Term Care announced that the Ministry was working to implement a model for donation and transplant services that will improve access and quality for patients with HIV. The first transplant has since taken place and the CTAC working group continues efforts to promote the development of a full National Network of Excellence for Solid Organ Transplantation for People Living with HIV.



Removing Barriers to Treatment

Universal Drug Coverage

Over the past decade a number of commissions and taskforces have examined the need for universal drug coverage in Canada and looked at the barriers to implementing it. CTAC believes strongly that universal coverage is not only needed, but also feasible to achieve in a cost-effective manner. Based on patient input, extensive stakeholder feedback, a revised national and international environmental scan and econometric modelling, CTAC developed a proposed model for universal drug coverage.

Input was provided by brand-name and generic pharmaceutical associations, the health and life insurance industry, hospitals and healthcare organizations, hospice and palliative care associations, national associations for physicians, nurses, dentists and pharmacists, an employer benefits consulting group, and political health critics. CTAC also consulted with organizational members of the Best Medicines Coalition (BMC).

The final proposal includes an environmental scan that looks at the medications available in Canadian provinces and territories as well as in five comparable countries in the Organisation for Economic Co-operation and Development (OECD). The model shows that implementation of the plan would result in equal access to pharmaceutical products for all residents of Canada and it would also create growth in the Canadian economy.



Removing Barriers to Treatment

Universal Drug Coverage (cont'd)

CTAC continues working for universal drug coverage while putting forward this model for discussion. The goal is to ensure people will not do without life-saving and life-enhancing treatments, no matter where they live in Canada or what their financial situation is.

Access to Complementary and Alternative Medicine

Ron Rosenes was re-appointed as the CTAC representative to the Program Advisory Committee (PAC) of the Natural Health Products Directorate (NHPD) of Health Canada. The PAC advises Health Canada regarding the regulation of natural health products. Ron continued his work with the PAC as co-chair of the Standards of Evidence Working Group. The working group is revising a guidance document related to applications for new products.

Access to Treatments for Lipoatrophy

CTAC worked with Dr. Mona Loutfy and Dr. Trevor Hart on a national survey to determine the level of need for lipoatrophy treatments. Lipoatrophy is a localized loss of fat tissue in the face, legs, and arms, sometimes associated with HIV medications. A number of adverse events have been associated with the facial fillers most commonly used to correct lipoatrophy. For this reason the survey is being revised to help determine if respondents have had problems with existing treatments for lipoatrophy.



Removing Barriers to Treatment

Access to Dental Care

Although evidence clearly shows that good oral health is important for overall health, the cost of dental care is not covered through most public health plans. CTAC continued to seek publicly funded dental care coverage. CTAC Board member, Mike Sangster, facilitated a consultation about access to dental care at the Alberta Positive Voices Conference in Jasper, Alberta in March, 2011, with the assistance of Louise Binder. Mike continues to offer presentations and facilitate consultations about access to dental care for people living with HIV.



Progressive Licensing Framework

CTAC has been involved with the Therapeutic Products Directorate of Health Canada and its Canadian drug approval process for more than a decade. Work to modernize Canada's *Food and Drugs Act* continues. The federal government continues to update the review process. The current system of drug regulation focuses on specific points in time; for example, when drugs are approved or withdrawn from the market. Proposed changes will create a more nuanced system with early review of drugs and the ability to set surveillance requirements for a drug before it is released. These surveillance requirements will make more specific safety information, efficacy information, and side-effect information by population available. CTAC is one group that represented consumers and patients in a series of consultations held by Health Canada to obtain input on the regulatory changes.

Meeting the Needs of Specific Populations

Youth

Building on a youth environmental scan completed the previous year, CTAC Board Member Bruno Lemay, with the assistance of Project Manager Jacqueline Stein, worked with the Youth Advisory Network to develop a comprehensive *Youth Tools for Action* presentation. CTAC met with national partners CATIE, Canadian AIDS Society (CAS), Interagency Coalition on AIDS and Development (ICAD) and Canadian Aboriginal AIDS Network (CAAN) to discuss organizational collaboration on youth initiatives. CTAC began planning the delivery of the *Youth Tools for Action* presentation at partner events.



Aboriginal Peoples

In 2010/2011 the CTAC Aboriginal Working Group secured funding to move from teleconferences to in-person meetings, allowing the group to honour the Aboriginal talking circle approach in its work. Doris Peltier, a positive Aboriginal woman working at the national level, joined the CTAC Board and coordinated the working group, with input from Sandy Lambert, former Board Member and Aboriginal Council Member, and support from Leah Stephenson, Senior Policy Analyst and Project Manager. Doris facilitated CTAC's *Tools for Action: Addressing Treatment Access for Aboriginal Peoples in Canada* at the Alberta Positive Voices Conference. Using the participants' feedback as a starting point, a sub-committee revised the workshop to make it more culturally relevant, up-to-date, informative and consultative. The working group is now actively developing its work plan.

Meeting the Needs of Specific Populations

Prisoners

In April 2010 the Correctional Service of Canada (CSC) released a report that revealed high prevalence of HIV and Hepatitis C in federal prisons, widespread sharing of needles and syringes, and procedures that make it difficult for prisoners to consistently follow their treatment regimens. CTAC and partners issued a joint media release to increase awareness of the situation and to call for needed changes, including the implementation of comprehensive harm reduction measures. CTAC worked with Canadian HIV/AIDS Legal Network and Prisoners' HIV/AIDS Support Action Network (PASAN) on this issue.



Gay Men

Brian Finch, Gay Men's Council Representative, provided to CTAC the new IAS-USA Treatment Guidelines that were released during the International AIDS Conference in Vienna (July 2010). Ron Rosenes continued to monitor the International Treatment Preparedness Coalition (ITPC)/MSM Global Forum and MSM listserv and shared developments with the Board and Council. He met with members of ITPC in March in St. Petersburg Russia to discuss issues related to doing joint clinical research between Russia and Canada. CTAC has a designated seat for the above specific populations on Council and is actively recruiting for these seats. The volunteer who takes on the role will bring relevant issues to the attention of the Board and help with carry-through on identified issues. Interested individuals in this volunteer role can contact ctac@ctac.ca.

Meeting the Needs of Specific Populations

Women

For many HIV positive women, in Canada and around the world, poverty is an underlying cause of poor health outcomes. CTAC is working with the OHTN, Dr. Lynne Leonard and Wangari Tharao of Women's Health in Women's Hands on a microfinance working group. The group is developing exploratory research about the effect of microfinance on the social determinants of health for low-income HIV-positive women in Ontario. The research will be a pilot project that can be expanded and adapted, if successful. The team continues working to design the research and secure funding.

CTAC staff, Jennifer King and Raff Podsiadly, conducted a literature review that highlighted the need for regular gynaecological care and cervical cancer screening for HIV-positive women. Although the prevalence of the HPV virus and the incidence of invasive cervical cancer

are higher among HIV-positive women, significant numbers of HIV-positive women in the United States and Italy do not receive an annual Pap test. CTAC brought together partners to develop a framework for a campaign to encourage HIV-positive women in Canada to get regular gynaecological care and cervical cancer screening. Participants requested further research into the frequency of use and accessibility of gynaecological care for HIV-positive women in Canada. Moving forward, that information will help CTAC and partners generate commitment, define targets and refine messaging for the campaign.



Raising Awareness Through Media Events

Saskatchewan HIV Strategy

On May 6, 2010, the Saskatchewan government announced an HIV Strategy after pressure by CTAC and its Saskatchewan partners. Initially, the province shared only the executive summary of the Strategy with no information about funding. However, at the Canadian Conference on HIV/AIDS Research (CAHR Conference) in Saskatoon, Saskatchewan's Health Minister, Don McMorris, announced \$2.5 million in funding to begin work on the Strategy.

In this announcement, he recognized the importance of working with First Nations and Métis and health and community-based partners. The Minister outlined four areas of focus: surveillance, clinical management, prevention and harm reduction, and community engagement and action.

CTAC and partners issued a media release to recognize the important commitments made in this second provincial announcement and to raise awareness of related issues such as increased infection rates in Saskatchewan, the need for science-based prevention programs including harm reduction, and the fact that Aboriginal people and women are disproportionately affected in the epidemic. These issues are urgent since Saskatchewan has a higher rate of new infections compared to other provinces – more than double the average among Canadian provinces and territories.

CTAC worked with AIDS Saskatoon, Dr. Stephen Helliar, a family physician at the Saskatoon Community Clinic, and community members living with HIV to issue the media release on May 14th 2010.

Raising Awareness Through Media Events

Generic Drugs

In April 2010, the Honourable Deb Matthews, Ontario Minister of Health and Long-Term Care, announced reforms to reduce generic drug prices. While some pharmacists opposed the reforms, CTAC announced its support of the reforms in an April 8 media release. Canadian generic drug prices were the highest among resource-rich countries. Money saved through lower generic drug prices can be redistributed to help ensure all people who need medications can obtain reimbursement for them. CTAC has encouraged other provinces and the federal government to follow Ontario's example.



Food and Drugs Act Amendments

Health Canada conducted a series of public consultations about its prescription drug and medical devices modernization plan. CTAC Chair Louise Binder participated in a three-day consultation with Health Canada and followed this with an announcement of support for the direction Health Canada is taking. CTAC was particularly supportive of Health Canada's recognition of the need for enhanced post approval surveillance of marketed drugs, since this is the only way to ensure that the safety and efficacy found in trials continue with long-term use and in populations not involved in the trials.



Raising Awareness Through Media Events

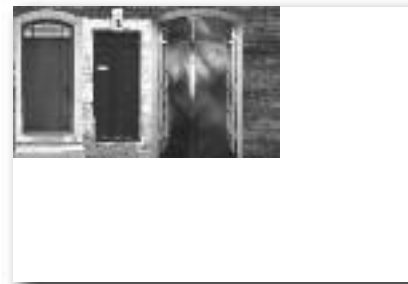
Poverty, Discrimination and HIV in Canada

CTAC, Canadian HIV/AIDS Legal Network and Canadian Aboriginal AIDS Network (CAAN) held a press conference at the International AIDS Conference in Vienna. The press conference raised awareness about specific populations within Canada that are disproportionately affected by HIV/AIDS and have less access to treatment.

In Canada, the infection rate is proportionately higher among Aboriginal persons and individuals from HIV-endemic countries than

among the general population. Stigma and discrimination make it difficult for new Canadians and Aboriginal peoples in Canada to link to appropriate care. In federal prisons, the HIV prevalence rate approaches that of many countries in sub-Saharan Africa. Despite the fact that antiretroviral treatments are available in Canada, marginalization, human rights violations and poverty prevent people from being diagnosed until they have serious AIDS-related illnesses.

CTAC and partners called for funding in Canada's HIV strategy to remove barriers at the root of the problem. CTAC strongly urged the adoption of public policy to ensure people have equal access to educational programs, prevention technologies and science-based drug policies, affordable housing, and adequate healthcare – regardless of where people live or their financial status.



Raising Awareness Through Media Events



Supporting Changes to Canada's Access to Medicines Regime

In March 2011, CTAC issued a media release in support of Bill C-393 and amendments to *Canada's Access to Medicines Regime* (CAMR). The amendments were designed to reduce red tape and make it easier for Canadian companies to provide low-cost, high-quality HIV and AIDS treatments in countries with limited resources. The Bill was passed by Parliament, but the 41st federal election was called and the Bill died on the Order Paper before it was passed in the Senate.

International Women's Day

CTAC issued a media release on International Women's Day (March 8) to support the call to action in the 2010 United Nations Report "No Action: No Progress" and draw attention to the fact that women are disproportionately affected by HIV, especially Aboriginal women. CTAC called for action to address the pervasive impact of poverty and violence on women's health and HIV and AIDS in Canada. Specifically, CTAC urged Canadian leaders to provide adequate social assistance to women and girls living in poverty.



1st Canadian HIV/HBV/HCV Co-infection Research Summit

CTAC and partners held the 1st Canadian HIV/HBV/HCV Co-infection Research Summit from October 30th to 31st, 2010. The Summit brought together stakeholders to identify gaps in existing research and develop a framework and next steps for co-infection research in Canada.

Ninety-two delegates attended the event, including individuals living with co-infection, clinicians, researchers, frontline workers and pharmaceutical companies. They reviewed the latest research in each of five tracks, developed preliminary questions for new research, and made suggestions for the conduct of the research.

The five research tracks were Clinical and Epidemiology Research, Clinical Service Delivery, Socio-Behavioural Research, Support Service Delivery, and Social Policy Development.

CTAC led the initiative in partnership with OHTN, Canadian Hemophilia Society (CHS), CAAN, CATIE, CIHR, Gilead Sciences, Merck, MAC AIDS Fund, Ontario AIDS Bureau, Public Health Agency of Canada, and researchers and community-based organizations. The Co-Chairs of the Summit were Dr. Marina Klein, Randy Jackson and Colleen Price, CTAC Secretary and Chair of the CTAC Hepatitis and HIV Co-infection Working Group.

Based on input at the Summit, Meredith Kratzmann (CIHR-REACH) assisted CTAC by preparing a final report titled, *Roadmap of HIV Co-Infection Research*. The report and selected presentations are available on the CTAC website at www.ctac.ca.

International Issues

Blueprint for Action on Women and Girls and HIV/AIDS

Since the Coalition for a Blueprint for Action on Women and Girls and HIV/AIDS was created in 2005, members have developed documents and tools to promote better prevention, care, services and support. These documents include a Manifesto that outlines key issues and demands to address them, and report cards that assess how well

countries are addressing the needs of women and girls in their response to HIV and AIDS. Last year, Louise Binder and Leah Stephenson, as members of the Blueprint National Steering Committee, helped lead consultations and incorporate the results into a 2010 version of the Manifesto. The revised Manifesto was disseminated at the International AIDS Conference. CTAC also worked on the 2010 report card outlining Canada's performance in dealing with the HIV and AIDS pandemic and participated in a joint press conference at the 2010 International AIDS Conference with Norway. CTAC facilitated a workshop on the Canadian and Norwegian report cards in the Women's Networking Zone at the International AIDS Conference. More information is available at www.womensblueprint.org.



International Issues

Activities at AIDS 2010 in Vienna

CTAC chair Louise Binder spoke at workshops about *Tools for Assessment, Accountability and Advocacy, Women's Leadership, and Building the Capacity of Positive Women through Networks*. Ron Rosenes spoke at the North American Regional Session about

Current Issues and Future Directions for Canada. CTAC staff, Leah Stephenson, facilitated *Tools for Assessment, Accountability and Advocacy*. CTAC authors contributed eight abstracts in the form of posters at the conference.

CTAC Posters at the AIDS 2010 Conference	Presenting Author
"Access to Liver Transplant Surgery for Canadians Living with HIV/AIDS: Building a Business Case for Access"	Louise Binder
"Women with HIV/HCV Co-infection in Canada: A Review of Research Evidence Related to Treatment, Care and Support Needs"	Colleen Price
"Towards the 1st Canadian HIV and HBV/HCV Co-Infection Research Summit: The Canadian Treatment Action Council (CTAC)"	Colleen Price
"Access to Liver Transplant Surgery for Canadians Living with HIV/AIDS: A Multidisciplinary Solid Organ Transplant (SOT) Advocacy Working Group"	Ruth Pritchard

International Issues

CTAC Posters at the AIDS 2010 Conference	Presenting Author
"Reflecting the Changing Needs of Women and Girls Related to HIV/AIDS: The Revision Process for the Blueprint for Action on Women and Girls and HIV/AIDS"	Leah Stephenson
"Exploring PLWHAs' Medication Decisions: Benefit-Harm Trade-Offs and the Modulating Effect of Uncertainties"	Louise Binder
"Challenging Stigma and Discrimination within the Canadian Medical System Against PLWHAs in Need of Liver Transplantation"	Ron Rosenes
"Environmental Scan of Access to Treatment Issues Faced by Young People living with HIV/AIDS"	CD-ROM

Canadian HIV Vaccines Initiative

The Canadian HIV Vaccine Initiative (CHVI) is a project of the Canadian federal government and the Bill & Melinda Gates Foundation. Louise Binder attended a preparatory meeting with national HIV/AIDS partners and a CHVI consultation in September, at which the CHVI Directorate presented its plan to stakeholders. CTAC appreciates the opportunity to be informed of CHVI plans and encourages

further opportunity for meaningful feedback about how the Initiative is structured and dollars are spent.



Organizational Update

Transition, Knowledge Transfer and Succession Planning

CTAC, founded by a small group of passionate HIV activists in 1996, has benefitted from strong volunteer leadership since its inception. The governance model is based on a working Board of people living with HIV, with the Chair and Vice-Chair each devoting significant time per week to CTAC as volunteers.

As CTAC has been preparing for transition in key roles including Chair and Vice-Chair, the organization struck a Knowledge Transfer Exchange and Succession Planning Committee to examine the organization's structure, to incorporate lessons learned during 15 years of experience and growth, and to record and pass on the knowledge of outgoing volunteers.

The committee discussed organizational models with paid positions to support the Board and with reduced workload for the volunteer executive. The committee continues discussions to determine the best model and it has developed a plan

to capture organizational history and knowledge and to transfer specific portfolios held by the outgoing volunteer leadership. This specific plan was part of a larger framework for ongoing mentoring and knowledge exchange.

New Hires

CTAC welcomed new staff member, Jacqueline Stein, as Project Manager. Jennifer King joined the team as Administrative Assistant and was later replaced by Rafal Podsiadly. Leah Stephenson, former Executive Advisor, was promoted to Senior Policy Analyst and Project Manager.

Organizational Update

Changes to the Constitution of the Board and Representatives

In 2010-2011, six Board and Council Members were elected and selected.

Charles Osborne replaced Sam Friedman as B.C. representative.

Thomas Hilton became P.E.I. Representative.

Patrick Cupido returned on Council as the CATIE Representative, taking over from Terry Pigeon.

Doris Peltier, Michael Sangster and Alex McClelland were elected to the Board for the first time at the 2010 AGM.

Membership Numbers

On March 31, 2011, CTAC had a total of 397 full and associate members, increased from 293 members in March 2010.

Building on Strength, Together

CTAC thanks the public and private funders, partner organizations, researchers, volunteers, and community members that made the work described in this report possible. We will continue raising awareness of the difficult treatment access issues that must be addressed and we will work to deepen understanding and partnerships across sectors and among all stakeholders.

Walking together, we find the surest path to success. We invite you to join the effort. Please visit www.ctac.ca to find a list of advocacy presentations we can provide and information about CTAC membership, volunteer roles and staff positions. Or contact ctac@ctac.ca for more information.