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Chair's Report

Louise Binder

The fiscal year ended March 31, 2003 was a phenomenal year for CTAC as the organization continued to advance the agenda on ongoing treatment access issues and respond effectively to new and emerging issues. It was also a year in which CTAC, as an organization, continued to evolve and grow to meet the changing environment and the needs of its membership. This report will highlight some of the successes and challenges of the past year. CTAC was founded primarily because of the need for public policy work related to access to HIV/AIDS treatments. Access-to-treatment issues continue to dominate CTAC's agenda and work plan.

This report will address three main areas of work – Access to Treatment Issues, Organizational Administration and Partnerships, Collaborations and Other Activities. It will highlight some of the ongoing work as well as some of the key new issues and initiatives in each of these areas.

Access to Treatment Issues

CTAC devotes considerable energy to addressing treatment access issues, many of which are regulatory in nature. Examples include: the drug review process, post approval surveillance, drug pricing and formulary access. Many of these issues are not specific to HIV/AIDS and affect many other disability, disease and consumer groups.

CTAC continued to work on the drug review and approval process with groups representing other illnesses such as anemia and hemophilia as well as multi-disability groups including the Best Medicines Coalition. CTAC was also represented at a meeting with Assistant Deputy Minister of Health regarding drug review issues and attended Therapeutic Products Directorate/public policy forum consumer group consultations regarding reform of the drug review process.

CTAC's research project exploring various methods to gather information from consumers in a Post Approval Surveillance System (PASS) moved into the data collection phase in the 2002/2003 fiscal year under the supervision of Dr. Mark Tyndall, contract investigator from the BC Centre for Excellence. Analysis of the data and recommendations for next steps are expected in late 2003 or early 2004.

In the past year CTAC has addressed a number of formulary issues. CTAC participated in consultations related to the Common Drug Review (CDR) process. The CDR process is intended to streamline the review process for access to drugs through provincial/territorial formularies and is conducted under the umbrella of the Canadian Coordinating Offices for Health Technology Assessment (CCOHTA).

CTAC partnered with other disability organizations and sent recommendations to CCOHTA regarding areas to enhance its policies and procedures to achieve this goal.

The drug pricing issue continues to pose a barrier to treatment access. CTAC held meetings with individual pharmaceutical companies about the pricing of their specific new drugs as these situations arose. CTAC has also met with representatives of the Patented Medicine Prices Review Board (PMPRB) regarding prices of new drugs.

The Health Care Reform issue was also quite prominent on CTAC's agenda during the past year. Numerous CTAC members from across Canada applied to present to the Royal Commission on the future of Health Care in Canada (Romanow Commission) and three members were accepted to make oral presentations. In addition to these presentations CTAC also undertook other initiatives to raise public awareness including letters to Premiers and federal Ministers, a postcard campaign, an on-line petition and media conferences. At its AGM in the Fall 2002, CTAC held a public forum on the health care reform issue. CTAC was also represented at the Canadian Health Coalition and numerous provincial health coalitions.

Additional events will be held in the 2003/2004 fiscal year in the Prairie and Atlantic regions as well as Quebec. CTAC continues to participate in discussions with other stakeholder groups on a variety of issues including an initiative to develop a multi-stakeholder Hepatitis C co-infection consensus-building meeting on treatment and research advocacy issues.

Access to diagnostic tests, needed to make sound treatment decisions, varies across the country. In the past year CTAC began to gather information from provincial representatives on access to genotypic and phenotypic resistance tests as well as therapeutic drug monitoring (TDM) in the respective provinces. CTAC was also represented at a workshop hosted by Health Canada on drug resistance surveillance.

CTAC's structure provides for a national women's representative to the Council. The national representative works closely with CTAC's Women's Issues Policy Development Committee. In the past year a selection process was implemented for determining future representatives. Some of the issues addressed include: letters to MB, AB and NL about

CTAC's concerns with the opt-out HIV testing process in those provinces and a letter to Canadian Medical Association (CMA) recommending it review its policy. The CMA agreed to review its policy and CTAC will continue to monitor developments in this area.

An International Women's Day working group was established which issued a media release on International Women's Day highlighting the alarming increase in women becoming infected with HIV. CTAC was represented at a variety of conferences and events including: National Institute of Health Conference on Fertility, Hormones and HIV; International Institute on Gender and HIV/AIDS, International AIDS Conference in Barcelona and North American Treatment Action Forum (NATAF).

CTAC continues to advocate for microbicides research and development by participating on external committees including MAG-Net and the Canadian AIDS Society's working group on legal and ethical issues of microbicides. Emerging issues include access to assisted reproductive therapies and anal HPV screening. This work is ongoing.

Some additional areas where CTAC plays a monitoring role include: access to complementary/alternative therapies (CAM) including access to medicinal marijuana, and direct-to-consumer advertising (DTCA).

CTAC's mandate of informing public policy on treatment access issues requires work at both the federal and provincial/territorial levels. Through its Provincial/Territorial Development Program, CTAC has linked with existing networks and has developed networks where none previously existed to identify and address treatment access issues. CTAC continues to work toward the development/maintenance of these networks.

Because health care is administered at the provincial/territorial levels, treatment access issues at these levels can vary widely across the country. One common issue, which is becoming increasingly prominent, is the issue of formulary access. Some jurisdictions have refused to provide reimbursement or have provided only limited reimbursement for some of the newer HIV/AIDS treatments, mainly because of the cost of these treatments. CTAC, through its provincial representatives, continues to monitor formulary access across Canada.

Numerous initiatives in various provinces have resulted in improved formulary access to life-saving medications.

Organizational Administration

CTAC's financial management policies and procedures have helped ensure the efficient and effective operation of the organization. Resource development will continue to be a priority for CTAC's management. Additional details are in the attached financial statement.

CTAC has been vigilant in strengthening the organization's infrastructure. Part of this process included a membership drive, which resulted in over 100 new memberships in 2002/2003 for a total of 240 members to-date. For the 2002 AGM, new procedures for nominating Board members and for voting were implemented. These procedures have improved membership participation in CTAC and will continue to be refined.

In the past year CTAC continued an organizational evaluation process and a macro evaluation was completed. Program evaluations were initiated in the areas of communications and personnel resources.

CTAC continues to work toward enhancing its communication with its membership through a variety of means including the ongoing production of CTAC's newsletter and ongoing development of CTAC's website (CTAC's newsletter now available online). A Communications Strategy has been developed.

Partnerships, Collaborations and Other Activities

Throughout its history CTAC has worked with numerous other groups and organizations at the provincial/regional, national and international levels. CTAC continues to build upon these relationships and continues to seek out new collaborations and partnerships. CTAC also strives for representation at consultations hosted by governments and industry.

Some of the key partnerships, collaborations and other activities in 2002/2003 include: work with Canadian HIV Trials Network (CTN) and other NGO partners on increasing the funding for the Canadian Strategy on HIV/AIDS (CSHA), participation in regular NGO meetings and on Global

Treatment Access Group (GTAG). CTAC also presented to the Standing Committee on Health, visited and wrote to various politicians and bureaucrats, and encouraged its membership to do the same. CTAC representatives also attended conferences such as International AIDS Society Conference, Canadian Association for HIV Research (CAHR), where it was selected to present, and Conference on Retroviruses and Opportunistic Infections.

Conclusion

The past year was immensely successful for CTAC. Valuable lessons have been learned which will inform future planning. Considerable progress was made on many ongoing treatment access issues while at the same time new and emerging issues were addressed as required. CTAC continues to develop its infrastructure and will seek out new and innovative ways to enhance membership participation in the organization and ensure that CTAC is responsive and accountable to the needs of its membership. CTAC will continue to build new partnerships and strengthen existing relationships with a wide variety of partners and other stakeholders.

CTAC's incredibly dedicated and extremely accommodating staff have contributed immensely to the success of CTAC, as have its many volunteers who give of their time and talents. Despite the progress that CTAC has made, much work remains. CTAC is a strong and vibrant organization, which is well placed to meet the challenges of the future.

For more information, contact us at:

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Financial Statement

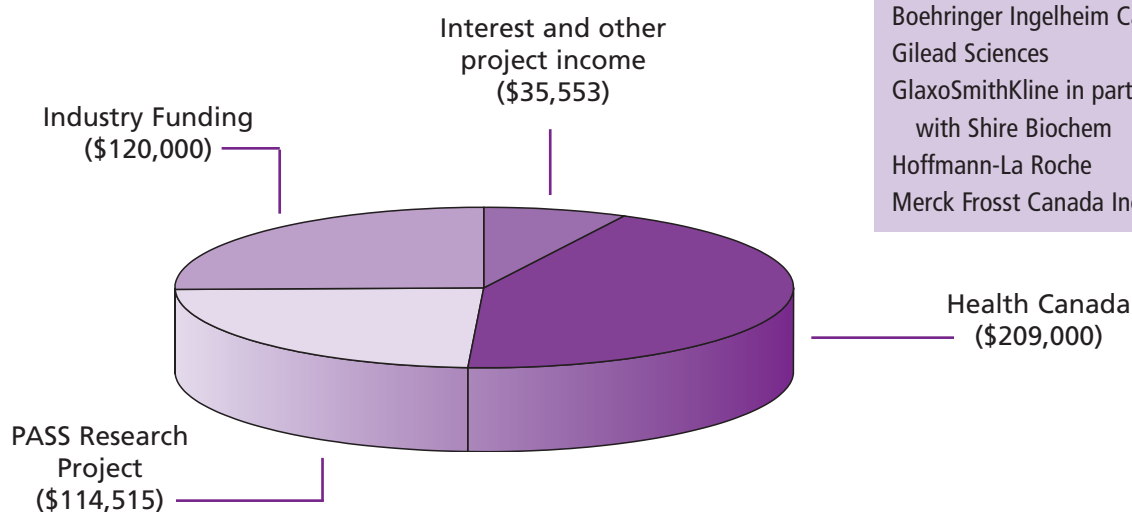
The following is a summary of selected financial information from CTAC's audited financial statements for the year ending March 31, 2003. Full statements are available upon request, through the CTAC office.

	<u>2003</u>	<u>2002</u>
Revenue	\$ 479,068	369,929
Expenses	523,221	380,555
Excess (deficiency) of revenue over expenses	(44,153)	(10,636)
Fund balances, beginning of year	153,791	164,417
Fund balances, end of year	\$ 109,638	\$ 153,791

Primary Sources of Revenue

Health Canada
 Ontario HIV Treatment Network (OHTN)
 Abbott Laboratories Limited
 Agouron Pharmaceuticals Inc.
 Bristol-Myers Squibb
 Pharmaceutical Group
 Boehringer Ingelheim Canada Inc.
 Gilead Sciences
 GlaxoSmithKline in partnership with Shire Biochem
 Hoffmann-La Roche
 Merck Frosst Canada Inc.

Revenue



Expenses by Program

