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The Federal Initiative to Address HIV/AIDS in Canada

Strengthening Federal Action
in the Canadian Response
to HIV/AIDS



Canada

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Message from the Ministers

More than two decades after its onset, the HIV/AIDS pandemic remains an enormous challenge in Canada and around the world. The human toll in terms of premature death and the untold anguish and suffering of people affected by the disease and those who care for them is immeasurable.

Canada's response to HIV/AIDS has slowed the progression of the epidemic within our own borders. This is the result of the tireless efforts of people living with HIV/AIDS, community workers, volunteers, health care workers and researchers at the forefront of the response. At the same time, governments at all levels, non-governmental organizations and the private sector have contributed to advances in prevention, care, treatment and support.

As a result of these combined efforts, Canada has made important strides in moving beyond the medical aspects of the epidemic to the point where we can begin to address the social and economic challenges and inequities that leave people vulnerable to HIV/AIDS.

This is a critical time in our collective response. Building on recommendations from the Standing Committee on Health (House of Commons), lessons learned from past federal HIV/AIDS strategies, and stakeholder and provincial/territorial consultations, the Government of Canada announced in May 2004 that ongoing federal HIV/AIDS funding would increase from \$42.2 million to \$84.4 million by 2008-2009.

The Federal Initiative to Address HIV/AIDS in Canada builds on previous government initiatives both at home and abroad. It will contribute to a comprehensive and integrated Canadian response – one that acknowledges that addressing the pandemic and its root causes is the only way to bring it to an end.

Over the past year, those involved in the Canadian response have been working together to define the optimum response to HIV/AIDS in Canada. The report, *Leading Together: An HIV/AIDS Action Plan for All Canada*, will be available shortly and will set out an integrated and coherent way forward.

One thing is certain: the engagement of many different sectors is needed to get ahead of the pandemic. The engagement of people living with and vulnerable to HIV/AIDS is essential. In partnership with the full spectrum of HIV/AIDS stakeholders, the Government of Canada will continue to focus its efforts on the fight against this preventable disease that has already taken far too great a toll, one that must continue here and around the world.



Ujjal Dosanjh
Minister of Health



Dr. Carolyn Bennett
Minister of State (Public Health)

Message from the Chief Public Health Officer

With the creation of the Public Health Agency of Canada on September 24, 2004, Canada is setting out on a new era of public health response built on increased coordination and cooperation. The lessons learned through our work with HIV/AIDS and other diseases will strengthen our efforts to help all Canadians live healthier lives.

Working in collaboration with Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada, the Agency will serve as the focal point for federal expertise in HIV/AIDS. We look forward to a period of heightened activity, enhanced partnerships and increased investments over the next five years as we progress with implementing the Federal Initiative to Address HIV/AIDS in Canada.

As part of this renewed framework, those participating in the Federal Initiative must continue to build on population-based and health determinants approaches to HIV/AIDS so that the root causes of the epidemic can be addressed and overcome. Other federal departments and agencies are already engaged in this effort, but greater alignment of policy and programs is needed to improve linkages and health outcomes. Central to our success is the leadership and engagement of people living with and vulnerable to HIV/AIDS.

The Public Health Agency of Canada will also work with the provinces and territories, the community-based HIV/AIDS movement and other sectors to develop and implement collaborative integrated strategies for HIV/AIDS and other related diseases. We will share our knowledge and expertise with the world and will apply international lessons and approaches in Canada. Through its participation in the development of *Leading Together: An HIV/AIDS Action Plan for All Canada*, the Agency will contribute to a more effective, coordinated and strategic Canadian response to HIV/AIDS.

Our goal is to make Canadians the healthiest people in the world. The Federal Initiative will play an important role in helping us reach that objective.



Dr. David Butler-Jones
Chief Public Health Officer

The Canadian Response to HIV/AIDS

Since the early days of the HIV/AIDS epidemic when fear was widespread and little was known about the disease, Canada's response to HIV/AIDS has grown in both scope and complexity. Today, governments, non-governmental and community organizations, researchers, health professionals and people living with and vulnerable to HIV/AIDS are engaged in addressing the disease and the conditions that sustain the epidemic.

Canada can point to a number of important successes during the past two decades. Research advances have given us a better understanding of HIV/AIDS transmission, disease progression and treatment options. Mother-to-child transmission of HIV has been nearly eliminated in Canada. New HIV infections among the general population have been minimized, and the blood system has been made as safe as possible from contamination by HIV and other infectious diseases. Steps have also been taken to increase public awareness of HIV/AIDS and tackle stigma and discrimination around the disease. Globally, Canada has responded to the HIV/AIDS pandemic with strong strategic leadership, a generous financial commitment and a comprehensive, coordinated approach to HIV/AIDS programming.

At the same time, Canada's HIV/AIDS response still faces challenges. Although the emergence of highly active antiretroviral treatments in the late 1990s has prolonged and improved the quality of life of many HIV-infected Canadians, difficulties in accessing treatment, treatment failures, toxic side effects and drug resistance have become more and more common, presenting barriers to getting ahead of the epidemic. HIV/AIDS is still a fatal disease. There are no vaccines to prevent new infections. There is no cure. In 2003 alone, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 3 million people died due to AIDS, while 5 million were newly infected with HIV.

Moreover, gains in HIV prevention made in the late 1990s have not been sustained and the epidemic prevails. Although gay men remain the group most affected by HIV/AIDS in Canada, the epidemic has also gained a foothold in other vulnerable populations, including Aboriginal people, inmates, injection drug users, at-risk youth and women, and people from countries where HIV is endemic. At the end of 2002, an estimated 56 000 people in Canada were living with HIV infection – 12 per cent more than at the end of 1999. About 30 per cent of these individuals were unaware of their infection. This "hidden" aspect of the epidemic means that about 17 000 infected individuals are not able to access treatment, support or prevention services.

The evidence is clear. We must strengthen federal action in the Canadian response to HIV/AIDS to achieve better public health outcomes for Canadians. As our understanding of the causes and impacts of the epidemic improves, Canada's response to HIV/AIDS must continue to evolve.

From Community Mobilization to National Engagement

HIV/AIDS first appeared in Canada in the early 1980s among the gay male population and people infected through the blood supply. In response to this new threat, the gay community mobilized into small, volunteer-based organizations, and the safety of the blood supply was improved. AIDS Vancouver and the AIDS Committee of Toronto were incorporated as the first community-based AIDS organizations in Canada. As the threat of HIV/AIDS grew, governments at all levels, the health care system, non-governmental organizations, researchers and other sectors of society became involved.

By 1990, the federal government recognized the need for a more formal, interconnected approach to HIV/AIDS and launched the National AIDS Strategy. Initially established for a three-year period, in 1993 the National AIDS Strategy was renewed for five years, with an increase in annual funding from \$37.3 million to \$42.2 million.

By 1997, this funding had helped to further broaden and deepen the Canadian response. Nevertheless, there was widespread recognition that the programs in place were insufficient and that the epidemic would continue to be an important health and social problem for the foreseeable future. It had become evident that the spread of HIV and its impact on individuals were influenced by social, economic and political factors as well as biological conditions.

Following a period of extensive stakeholder consultations, the Canadian Strategy on HIV/AIDS (CSHA) was launched in 1998.

The CSHA set out to create an ongoing, nationally shared approach to HIV/AIDS, with increased collaboration across all sectors of society. It brought legal, ethical and human rights issues to the fore while continuing to support the work of local and national non-governmental organizations, HIV/AIDS researchers and epidemiologists. Communities became more involved in the research process, and increased attention was given to the epidemic among prison inmates, members of Aboriginal communities and in developing countries.

Toward A Pan-Canadian Response

The CSHA provided a unique framework through which diverse partners—governments, communities, non-governmental organizations, professional groups, researchers, institutions and the private sector—worked together on innovative approaches to the prevention, care and treatment of HIV/AIDS. It espoused the concept of pan-Canadianism, which recognizes that no organization and no government acting alone can ever successfully overcome the epidemic. The work of many participants from many different sectors is needed to ensure an effective response to HIV/AIDS.

Through the CSHA, it was acknowledged that:

- HIV/AIDS must be addressed not only from a biological point of view but also from social, economic and human rights perspectives, taking into account the root causes, determinants of health and other dimensions of the epidemic
- people living with HIV/AIDS and those vulnerable to HIV infection should be both at the centre of and key contributors to the response
- increased public accountability was needed to ensure that the response was adaptable to the changing epidemic

The important lessons learned from past strategies are affirmed by the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS 2001. The Declaration of Commitment, endorsed by Canada, calls for reinforced regional, national and international responses to HIV/AIDS and, specifically, for national strategic plans.

Leading Together – An Action Plan by Canadians, for Canadians

Stakeholders and governments have come to the conclusion that a more strategic approach is needed, one that embraces social justice principles and envisions unprecedented engagement, increased collaboration and enhanced planning across society.

To this end, *Leading Together: An HIV/AIDS Action Plan for All Canada*, is being developed by a broad cross-section of organizations and individuals involved in the Canadian response¹. Developed with the support of the Public Health Agency of Canada, it will set out a plan for strengthening and expanding HIV/AIDS policy, programming and research in Canada so that “By 2010, the end of the epidemic is in sight.”

Leading Together points to a new beginning for Canada’s HIV/AIDS response. No single organization or sector can claim ownership of *Leading Together* – it is a call to action for all Canadians and all sectors of society to become aligned in the HIV/AIDS response.

Federal leadership is a cornerstone of the way forward. In addition to providing continued support for the implementation of *Leading Together*, the Government of Canada has developed a renewed approach to dealing with the epidemic – the Federal Initiative to Address HIV/AIDS in Canada.

¹ *Leading Together* is expected to be finalized in early 2005.

The Federal Initiative to Address HIV/AIDS in Canada

The launch of the Federal Initiative to Address HIV/AIDS in Canada signals a renewed and strengthened federal role in the Canadian response to HIV/AIDS. The Federal Initiative – a partnership of the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada – will work toward a Canada free from HIV and AIDS and the underlying conditions that make Canadians vulnerable to the epidemic.

To achieve this, federal action will focus on providing leadership to enhance strategic relationships, better align the efforts of key players (with clear roles and responsibilities) and improve ongoing evaluation and ensure that people living with and vulnerable to HIV/AIDS are partners in shaping policies and practices affecting their lives. By maximizing the use of its own resources and collaborating with others, the federal government will make a larger and more effective contribution to addressing the complex social, human rights, biological and community barriers that continue to fuel the epidemic.

The Federal Initiative embraces elements of both the social justice and determinants of health approaches. It builds on the lessons learned from past strategies² and moves toward the development of a fully integrated Government of Canada approach to HIV/AIDS.

The Federal Initiative also responds to a study by the Standing Committee on Health in 2003 that recommended a strengthened federal role, including more effective interventions and improved HIV/AIDS prevention and treatment initiatives for at-risk populations that fall under federal jurisdiction.³

Shifts in the Federal Response

The CSHA was successful in many ways, and these successes will be built upon in the new Federal Initiative:

- a strong community-based and non-governmental response
- a solid research foundation with greater community involvement
- use of evidence to inform programs and policies
- intergovernmental collaboration on policy and program development
- a multi-sectoral, partnership approach to planning
- a human rights approach to addressing HIV/AIDS
- the direct involvement of people living with and vulnerable to HIV/AIDS

² *Getting Ahead of the Epidemic: The Federal Government Role in the Canadian Strategy on HIV/AIDS 1998-2008*. July 2003, incorporates past evaluations, current epidemiological evidence and front-line consultations.

³ *Strengthening the Canadian Strategy on HIV/AIDS*. June 2003.

- increased public accountability
- greater Canadian leadership in responding to the global epidemic

These achievements, together with recommendations from program reviews, evaluations and other consultative exercises, have signalled the need for the federal government to:

- develop discrete approaches to addressing the epidemic for people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, prison inmates, youth and women at risk for HIV infection, and people from countries where HIV is endemic
- increase government collaboration at all levels – federal, provincial, territorial and municipal
- support the use of social marketing initiatives to increase public awareness of HIV/AIDS and encourage those who may be part of the hidden epidemic to access HIV/AIDS programs
- encourage greater integration of HIV/AIDS prevention, care and treatment interventions with those of other diseases, as appropriate
- more broadly engage federal departments and agencies in the response, such as Citizenship and Immigration Canada, and those that have mandates related to housing, disability, social justice, employment and other determinants of health
- increase its engagement in the global response to the epidemic
- improve the communication of outcomes achieved from federal investments in HIV/AIDS

Goals

As part of their commitment to improve the health of Canadians and contribute to the implementation of *Leading Together*, the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada will work with other key federal government departments and agencies, provincial and territorial governments, non-governmental organizations and other stakeholders, toward the following goals:

Goal #1: Prevent the acquisition and transmission of new infections.

Goal #2: Slow the progression of the disease and improve quality of life.

Goal #3: Reduce the social and economic impact of HIV/AIDS.

Goal #4: Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.

Policy Directions

Three policy directions will guide federal decision making and relationships under the Federal Initiative.

- **Partnership and Engagement.** Coherent action—locally, nationally and globally—by people, organizations and systems involved in the HIV/AIDS response is critical to reaching the goals of the Federal Initiative. To this end, federal, provincial, territorial and municipal partnerships will be enhanced while ensuring respect for jurisdictional mandates. An aligned inter- and intradepartmental approach will be put in place. It will focus on determinants of health and will have clearly defined roles and responsibilities. As well, increased engagement will be sought with the voluntary, professional and private sectors, international partners and people living with and vulnerable to HIV/AIDS. Continued strong relationships with non-governmental organizations and community partners will be paramount.
- **Integration.** Many people living with and vulnerable to HIV/AIDS have complex health needs and may be vulnerable to other infectious diseases, such as those transmitted sexually or by injection drug use. Federal HIV/AIDS programs will be linked with other health and social programs, as appropriate, to ensure an integrated approach to program implementation. Programs will address barriers to services for people living with or vulnerable to multiple infections and conditions that have an impact on their health. Those affected will play a key role in overcoming these barriers.
- **Accountability.** The federal government will foster mutual accountability among its delivery partners and will make public their achievements and challenges on an annual basis through the World AIDS Day report (published each year on December 1).

New Federal Funding for HIV/AIDS

In May 2004, the Government of Canada announced that funding for the Federal Initiative would increase from \$42.2 million in 2003-2004 to \$84.4 million annually by 2008-2009, as illustrated in Table 1.

Table 1: Planned Federal Funding for HIV/AIDS (2003-2004 to 2008-2009)

Fiscal Year	\$ Millions
2003-2004	42.2
2004-2005	47.2
2005-2006	55.2
2006-2007	63.2
2007-2008	71.2
2008-2009 and beyond	84.4

At the global level, the Canadian International Development Agency (CIDA) is a major contributor. CIDA's five-year cumulative investment in the global response to HIV/AIDS from 2000 to 2005 will be over \$500 million. Foreign Affairs Canada is also taking an increasingly active role in addressing the international dimensions of HIV/AIDS.

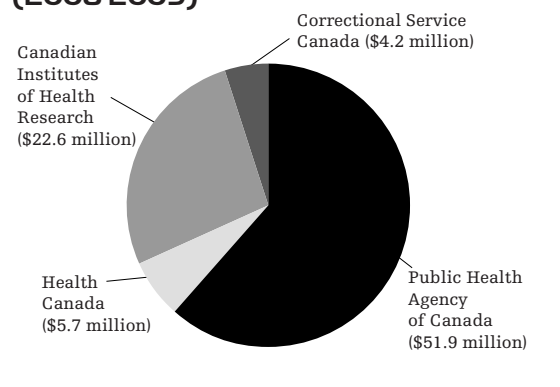
Other departments and agencies that have invested resources in HIV/AIDS include Citizenship and Immigration Canada (immigrant screening), Justice Canada (drug policy) and Social Development Canada (disability and income support).

Key Elements of the Federal Initiative

The Federal Initiative defines the following set of roles and responsibilities for funded departments and agencies.

- **Public Health Agency of Canada** – The Public Health Agency of Canada is responsible for the overall coordination of the Federal Initiative (including joint planning, monitoring and evaluation), communications, social marketing, national and regional programs, policy development, surveillance, laboratory science and global engagement focussing on technical assistance and policy advice.
- **Health Canada** – Health Canada is responsible for community-based HIV/AIDS education, prevention and related health services for First Nations on-reserve and some Inuit communities. Health Canada, in partnership with the Public Health Agency of Canada, is also responsible for coordinating global engagement activities under the Federal Initiative as well as program evaluation activities.
- **Canadian Institutes of Health Research** – As the Government of Canada’s agency for health research, the Canadian Institutes of Health Research will set priorities for and administer the Federal Initiative’s extramural research program in partnership with the Public Health Agency of Canada.
- **Correctional Service Canada** – Correctional Service Canada provides health services, including services related to the prevention, care and treatment of HIV/AIDS, to offenders sentenced to imprisonment for two years or more.

Figure 1: Planned Funding by Participating Federal Departments/Agencies (2008-2009)



Areas of Federal Action

The Federal Initiative to Address HIV/AIDS in Canada identifies five areas for increased federal action and investment: program and policy interventions; knowledge development; communications and social marketing; coordination, planning, evaluation and reporting; and global engagement. Activities will be undertaken in partnership with community organizations, other federal government departments and agencies and other levels of government.

Figure 2: Planned Funding by Area of Federal Action (2008-2009)

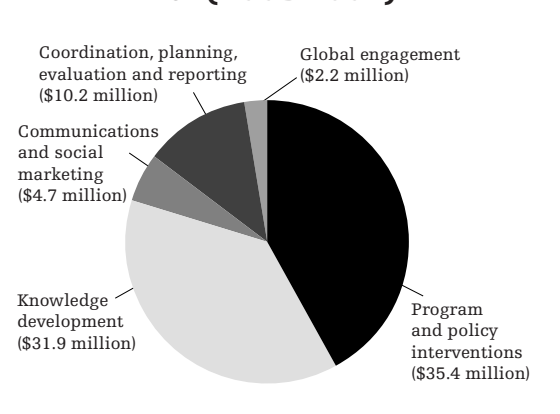


Table 2 presents a summary of the five areas of federal action and some of the key activities through 2008-2009.

Table 2: Areas of Action and Examples of Activities

Area of Action	Description	Examples of Activities To Be Introduced Between 2004-2005 and 2008-2009
Program and Policy Interventions	Enhanced national and front-line HIV/AIDS programs will be evidence-based and aligned with the regional characteristics of the epidemic and the specific needs of vulnerable populations. Programs will be established to improve front-line capacity to deliver population-specific education and prevention initiatives and to increase access to care, treatment and support. Government policies will be aligned with changes in the epidemic and will support innovative approaches to addressing the epidemic.	<ul style="list-style-type: none"> • New programs will be developed along the prevention-care continuum with and for people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, federal inmates, youth and women at risk for HIV and people coming from countries where HIV is endemic. • Collaboration with federal departments and provinces and territories will be increased to align funding programs for community-based organizations. • Prevention and harm reduction programs will be enhanced to address HIV in prisons, with an emphasis on HIV/hepatitis C-integrated programming, such as safer tattooing and pre-release planning. • Local and national programs will be strengthened to enhance the health and community sectors responses to HIV/AIDS through best practices, pilot projects and guideline development.

Table 2: Areas of Action and Examples of Activities (continued)

Area of Action	Description	Examples of Activities To Be Introduced Between 2004-2005 and 2008-2009
Knowledge Development	<p>Knowledge development will be enhanced to improve our understanding of the HIV epidemic and inform the development of policies, programs and interventions, such as new prevention technologies and therapies. The focus will be on improving population-specific surveillance; epidemiological, socio-behavioural, ethnographic and community-based research; and biomedical and clinical research, including clinical trials. New knowledge transfer opportunities will be established.</p>	<ul style="list-style-type: none"> • Training will be provided for the next generation of HIV/AIDS scientists. • Programs will be developed to enhance research on new prevention technologies, such as vaccines and microbicides. • Increased attention will be focussed on research that provides evidence for population-specific approaches. • A national research plan will be developed that includes all domains of research. • Mechanisms will be developed to transfer knowledge to inform front-line responses. • Support will be provided for research on and analysis of the legal, ethical and human rights dimensions of Canada's response to HIV/AIDS. • A sentinel surveillance program will be implemented for vulnerable populations, inclusive of co-infections and sexually transmitted infections, as appropriate. • Monitoring of strains of HIV and emerging drug resistance will be enhanced.

Table 2: Areas of Action and Examples of Activities (continued)

Area of Action	Description	Examples of Activities To Be Introduced Between 2004-2005 and 2008-2009
Communications and Social Marketing	National and front-line communications and social marketing activities will be expanded to improve Canadians' knowledge of HIV, to address community and societal attitudes, and to reduce the stigma and discrimination that fuel the epidemic. National public awareness campaigns will be developed to raise awareness in the general population and encourage people to access HIV/AIDS programs. Local social marketing campaigns will be expanded and targeted to specific populations.	<ul style="list-style-type: none">• Public awareness programs will be developed to provide accurate information on HIV and to highlight the ways in which stigma and discrimination contribute to the epidemic.• Specific campaigns will be developed and targeted to specific populations.

Table 2: Areas of Action and Examples of Activities (continued)

Area of Action	Description	Examples of Activities To Be Introduced Between 2004-2005 and 2008-2009
Coordination, Planning, Evaluation and Reporting	<p>Coordination, planning, evaluation and reporting will be enhanced to optimize both the federal and pan-Canadian responses to the epidemic and the use of resources. The focus will be on supporting the implementation of <i>Leading Together</i> and the development of issue-specific plans (for example, vaccines, population-specific approaches) and an evaluation strategy for the Federal Initiative. Integral to this will be mechanisms that enhance the engagement of people living with and vulnerable to HIV/AIDS.</p>	<ul style="list-style-type: none"> • A body will be established to coordinate and align the work of departments and agencies participating in the Federal Initiative. • A multi-jurisdictional and multi-sectoral model will be developed to support the implementation of <i>Leading Together</i>. • National and regional plans consistent with <i>Leading Together</i> will be developed and implemented. • A performance measurement and evaluation strategy will be developed and implemented. Progress toward the goals of the Federal Initiative will be monitored on an ongoing basis. • An annual report will be published each year on World AIDS Day as a key component of the performance measurement strategy.

Table 2: Areas of Action and Examples of Activities (continued)

Area of Action	Description	Examples of Activities To Be Introduced Between 2004-2005 and 2008-2009
Global Engagement	<p>Global engagement activities will be strengthened to demonstrate the Government of Canada's commitment to the global response. The focus will be on increasing Canada's contribution of technical and policy support and health sector experience and knowledge, promoting learning between the domestic and international responses, and ensuring policy coherence and alignment of federal activities.⁴ Support will also be provided to international fora, including the 2006 International AIDS Conference in Toronto. Opportunities will be developed to encourage Canadian researchers to collaborate in international initiatives.</p>	<ul style="list-style-type: none"> • In collaboration with CIDA, Foreign Affairs Canada and others, technical support and policy guidance will be provided on global issues, such as gender risk factors, human rights, microbicides, vaccines and harm reduction. CIDA, Foreign Affairs Canada and Federal Initiative partners will cooperatively represent Canada in international HIV/AIDS and health fora. • Coordination of federal engagement in and support for the XVI International AIDS Conference in Toronto in 2006 will be provided. • In collaboration with global partners, technical and policy advice on, as well as training in, clinical laboratory science, surveillance, epidemiology and modelling will be provided to developing countries and countries in transition. • The federal government's global activities will be coordinated through existing coordination mechanisms and the development of a Government of Canada-wide strategic approach. • Capacity will be built among national non-governmental organizations and their members to share Canadian best practices by supporting events, publications and engagement in international networks and fora.

⁴These activities will complement Foreign Affairs Canada's foreign policy role and CIDA's role as the agency responsible for Canada's international funding for key initiatives, including country-specific programming under CIDA's HIV/AIDS Action Plan, bilateral partnerships, and multilateral initiatives, such as the World Health Organization's 3 by 5 Initiative, the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNAIDS. CIDA's HIV/AIDS Action Plan and policy statement on strengthening aid effectiveness, *Canada making a difference in the world*, as well as Foreign Affairs Canada's evolving foreign policy, all recognize the need for policy coherence and coordinated approaches for a comprehensive, multi-sectoral response to HIV/AIDS.

Conclusion

The Federal Initiative to Address HIV/AIDS in Canada is an important step toward a fully integrated federal response to HIV/AIDS. It clearly defines the federal role and the responsibilities of the principal federal departments and agencies engaged in addressing HIV/AIDS in Canada and abroad.

New, expanded and improved relationships with other levels of government and with domestic and international non-governmental stakeholders are key to the success of the Initiative. Strategic partnerships are necessary not only to maximize additional investment in HIV/AIDS research and programming, but to foster policy and program coherence and encourage complementary knowledge and expertise.

Ultimately, the people best situated to understand the reality of HIV/AIDS, with all its complexities, are those already living with the disease. The key to understanding the epidemic and how best to respond is found in their life stories – stories that can reveal truths about ourselves as individuals, how we live in society and how we can work together to foster healthier living environments for all, and particularly for people living with and vulnerable to HIV/AIDS.