

The Power of One
CATIE 2009-2010
Annual Report





Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C

CATIE is Canada's source for up-to-date, unbiased information about HIV and hepatitis C. We connect people living with HIV or hepatitis C, at-risk communities, healthcare providers and community organizations with the knowledge, resources and expertise to reduce transmission and improve quality of life.

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**CATIE 2009-2010
Annual Report**

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The Power of One ... the Power of Many

Our report's theme, "the Power of One," was inspired by one of CATIE's new and innovative means of conveying statistical information about HIV epidemiology, using grains of rice to represent individuals – a display used to great effect by our educators over the past year.

The Power of One also harkens to what can be achieved when one person, one action, touches many. Like the ripples of water on our front cover, there is the multiplier effect of the efforts of One to affect change, to connect with others, to build community and, in the case of CATIE, to establish an organization that has the power to assist many.

Our ability to connect meaningfully always has been dependent on our ability to adapt to change. Throughout CATIE's history, there has been sustained effort to respond to the evolving epidemic and needs of Canadians living with and at-risk of HIV. This past year marks the full integration of our enhanced mandate as Canada's National HIV Knowledge Exchange Broker, as well as confirmation of ongoing federal funding for our HCV work.

Given that our HIV treatment exchange mandate had been broadened to include both HCV and HIV prevention, we recognized that our name, Canadian AIDS Treatment Information Exchange, no longer accurately described our work. So this past year we set out to make a change in how we present ourselves through our name and logo.

The CATIE name is well known nationally and internationally, and we determined that changing it would be potentially confusing to our many members and stakeholders. Extensive discussions with those parties, with direction from a social marketing design firm, reinforced that we needed to keep our name but develop a logo that incorporated our HCV work – hence the inclusion of yellow in the new logo and the direct reference to us as "Canada's source for HIV and hepatitis C information."

CATIE's strategies for change and renewal have always been the direct result of discussions with this country's frontline workers, healthcare providers and people living with HIV and HCV. As One body, we grow through the Power of Many, and it was through dialogue and connection that we were able, in 2009-2010, to pilot three Regional Educational Conferences.



These were so well received that we are repeating this model in 2010-11. We were also able to fully embrace our knowledge exchange capacity around HIV prevention. We launched the first issue of the *Prevention in Focus* online news bulletin, a new series of transmission fact sheets, and a comprehensive *Environmental Scan*. We developed a digital repository of prevention research and reports, and began a project on New Prevention Technologies. At this AGM, we also launch *Programming Connection*, a collection of case studies of best practices in community-based HIV prevention programming.

Among our other initiatives, we partnered with Aboriginal colleagues to conduct Aboriginal youth-focused retreats which culminated in a series of *Get the Facts* postcards and posters, CATIE's Aboriginal Advisory Committee developed a poster promoting our HIV and HCV services for Aboriginal communities and, in partnership with the Canadian AIDS Society, we held Gay Men's webinars and a deliberative dialogue to explore a reframing of gay men's health that acknowledges the broader context of their health and well-being.

We thank the federal and Ontario governments for the ongoing funding to continue our HIV and HCV work. We would also like to acknowledge the work that CATIE's board and staff have been leading, along with our growing number of amazing community partners.

2010 marks CATIE's 20th year, a milestone which has given just cause for reflection and for a renewed perspective looking forward. We encourage you to view online, or order from our Ordering Centre, the commemorative booklet we have produced where we give voice to, and honour, the many individuals who have contributed to CATIE's work over the past two decades.

Let's continue to honour the dedication and commitment of CATIE's founders and the many individuals involved with CATIE since its inception, and try to work ourselves out of a job in the next 20 years.

Laurie Edmiston,
Executive Director

Peter Coleridge
Board Chair

The CATIE 2009–2010 Board of Directors

CATIE wishes to thank Peter Coleridge, Chair, and the Board of Directors for their diligence in providing governance in support of our strategic planning and program development. Your insights and commitment to your respective regions ensure that CATIE evolves to meet our communities' needs.



CATIE BOARD, 2009-2010 (Back row, left to right): Yves Brunet, National-at-Large (Vice-Chair); Lyle Watling, National-at-Large (Secretary); Ken King, Ontario; Martino Larue, Quebec; Laura M. Bisaillon, Quebec (Chair, Board Development & Membership Committee); Harlon Davey, Ontario; Ken Bristow, Western Region; Daryle Roberts, Pacific Region. (Front row): Trevor Stratton, Aboriginal-at-Large (Chair, Aboriginal Advisory Committee); Noel Carney, Atlantic Region; Lydia Thompson, Western Region; Don Short, Atlantic Region; Bill Downer, National-at-Large (Treasurer); Peter Coleridge, National-at-Large (Chair). Not in picture: David Swan, Pacific Region (Chair, Strategic Planning & Policy Committee)

Terry Pigeon, Lifetime Honorary Member



In 2009-2010, Terry Pigeon, Past Chair of CATIE's Board of Directors, received the Outstanding Volunteer Award for 2009 and was distinguished as a Lifetime Honorary Member of our organization.

With this honour, our Board recognizes the outstanding contributions made by individuals to CATIE through the years. "Terry has been a great friend to CATIE," says Executive Director Laurie Edmiston, "Beyond his serving on our Board, including holding the position of Chair, he has been a vibrant and engaged community volunteer who has helped to keep CATIE in touch with key issues and initiatives in Quebec."

Having begun his involvement in the HIV/AIDS movement in Quebec, Terry assumed many positions

at AIDS Community Care Montreal, including a stint as Interim Executive Director and five years as President. He is currently President of the Fondation québécoise du sida, a public foundation set up to help deliver non-government core mission funding to AIDS service organizations in Quebec. His numerous involvements include Volunteer Coordinator for CAS's Skills Building Symposium in both 2005 and 2010, and Co-Chair of the Leading Together Champion Committee. He also represents CATIE on CTAC's Council.

In accepting this award, Terry joins the distinguished company of Lifetime Honorary Members Patrick Cupido, Linda Gardner, Bob Gardner, William Naumovich and Brian Robinson.

Two Decades

Twenty years ago, the Canadian AIDS Treatment Information Exchange (CATIE) was incorporated with the visionary mandate to share information about the treatment of HIV/AIDS among those who had a stake in making HIV a chronic, manageable illness. By 1990, CATIE had evolved from its origins as the TIE (Treatment Information Exchange) Committee of the activist organization AIDS ACTION NOW! to a staff of two and a cadre of volunteers in Toronto's Little Italy. This dedicated group, unable to accept institutional inaction on AIDS, worked in the midst of unrelenting illness, fear, death and grief to realize a community vision of a centralized location where PHAs and those who supported them could pool the emerging scraps of information about possible therapies – most “anecdotal” and outside the realm of “proof of efficacy” – that might slow the seemingly inexorable progression to death.

CATIE's 20th anniversary is a bittersweet occasion. So many of the people who created and provided CATIE's services, and so many more who looked to these services as a lifeline, are no longer with us. Our twentieth gives us pause to remember the contributions of all who aligned themselves with this fundamentally community-based venture to conquer HIV through treatment.

HIV has dealt a crushing blow to global health and to the health of Canadians. CATIE's role in the HIV epidemic through the years has, nonetheless, demonstrated the foresight and the inestimable force that can be brought to bear against adversity once deemed unstoppable. Certainly this is reason to celebrate.



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CATIE's evolving logo, reflecting an expanded mandate that now includes hepatitis C and HIV prevention.

CATIE Staff, 2009-2010

Laurie Edmiston, Executive Director

Jacqueline Holder, Executive Assistant

Ed Jackson, Director, Program Development

Melisa Dickie, Manager, Health Publications
Christine Johnston, Coordinator, Community Prevention Programs
Stéphanie Lemyre, Resources Coordinator
Jeff Reinhart, Coordinator, Hepatitis C Program

Darien Taylor, Director, Program Delivery

Michael Bailey, Educator/ Coordinator, Capacity Building
Mara Brotman, Educator
Melissa Egan, Educator
Tricia Smith, Educator
Tsitsi Watt, Educator
Sughandhi Wickremarachchi, Educator

Tim Rogers, Director, Knowledge Exchange

Laurel Challacombe, Manager, Research & Evaluation
Sean Hosein, Science & Medicine Editor

Zak Knowles, Manager, Web Content

Debbie Koenig, Writer/Editor

David McLay, Managing Editor

Lauren Plews, Information Specialist

James Wilton, Coordinator, Biomedical Science of HIV Prevention Project

Jim Pollock, Director, Communications and Social Marketing

Véronique Destrubé, Specialist, Communications and Social Marketing
Anamaria Tivadar, Coordinator, Communications and Social Marketing
Joseph van Veen, Coordinator, Events and Event Marketing

Barry Plant, Director, Operations and Resources

Marites Credo, Bookkeeper
Flora Lee, Manager, Finance & Administration
Shamim ShambeMiradam, Program Assistant

Dave McKay, Director, Information Technology

Heather Ann Kaldeway, Web Producer
Dapeng Qi, Database & System Administrator

The Power of Knowledge

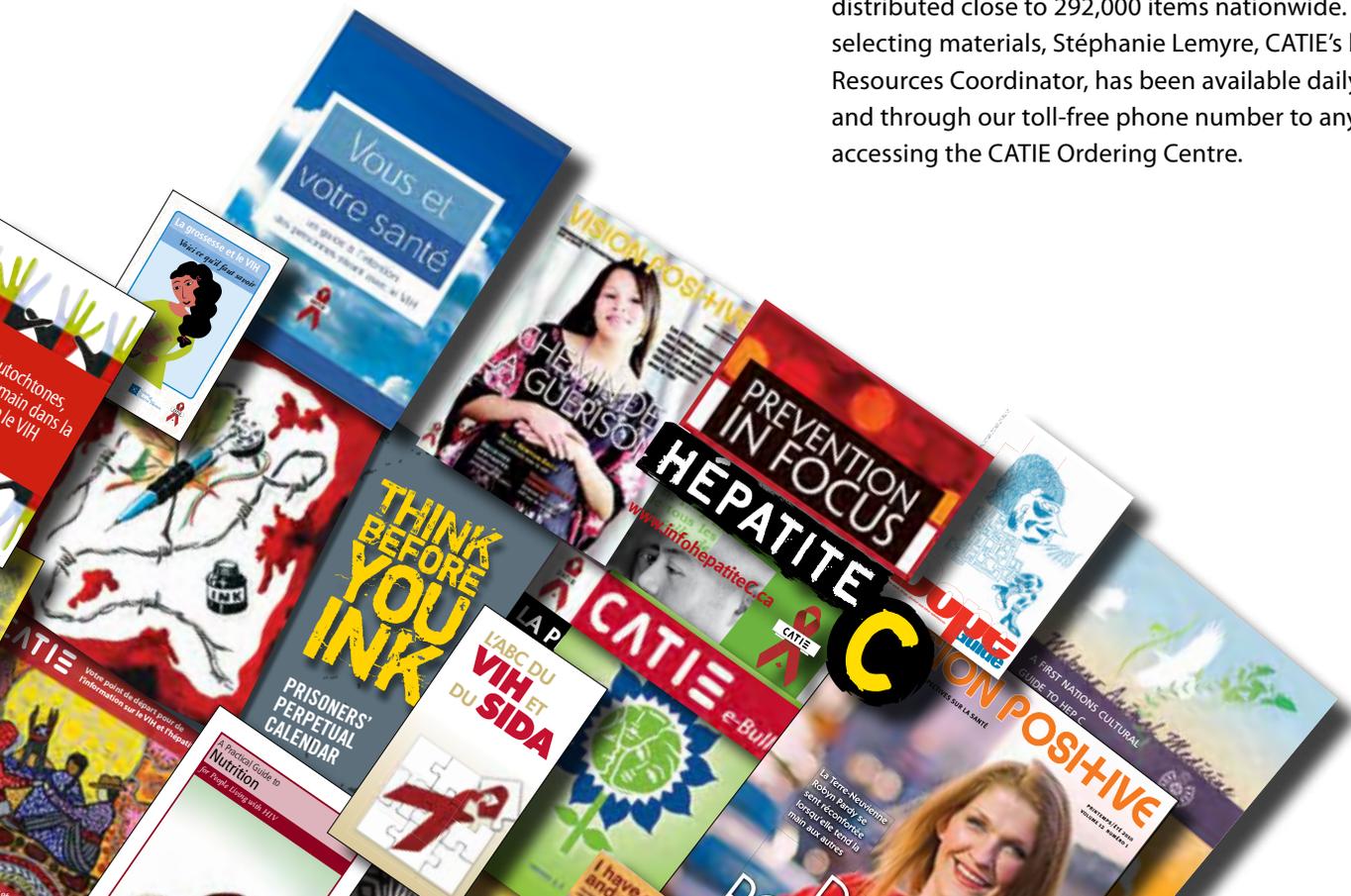
Knowledge in action is one of the most effective tools to fight HIV and HCV. For 20 years, CATIE has been collecting, synthesizing and disseminating knowledge to support the health of people living with HIV, and to support and educate at-risk communities, AIDS service organizations and healthcare providers.

In 2009-2010, organizations and individuals across Canada placed more than 5,000 orders and CATIE distributed close to 292,000 items nationwide

CATIE Ordering Centre: 121 new titles this year

In 2009-2010, CATIE expanded the scope of the Ordering Centre to become Canada's central access point for HIV and hepatitis C print resources. In its second year of operations, CATIE's Ordering Centre has continued to work closely with more than 60 leading HIV and HCV organizations to help fill identified resource gaps. Of the 121 new titles added this year, 88 originated from organizations across the country and 35 were developed in-house by CATIE, of which 10 were co-authored with other organizations. In total, the Ordering Centre offers more than 500 items, most developed by community organizations.

CATIE continues to see consistent growth in the use of the Ordering Centre. In 2009-2010, organizations and individuals across Canada placed more than 5,000 orders and CATIE distributed close to 292,000 items nationwide. To assist in selecting materials, Stéphanie Lemyre, CATIE's bilingual Resources Coordinator, has been available daily by e-mail, and through our toll-free phone number to anybody accessing the CATIE Ordering Centre.



The Power of One: Visualizing HIV Epidemiology

CATIE Educator Melissa Egan shows part of *The Power of One*, a new exhibit using grains of rice that lend graphic power to statistics illustrating the HIV epidemic in Canada. Each grain of rice represents one person. These three piles (left to right) illustrate the estimated number of Canadians who don't know they are living with HIV; the estimated number who have died of AIDS to the end of 2008 (latest figures); and the estimated number of Canadians living with HIV at the end of 2008.



CATIE has toured this unique exhibit around the country this past year, including displaying it at the Ontario HIV Treatment Network Research Conference, BCPWA's *Positive Gathering*, COCQ-SIDA's AGM and at a student exhibit at the University of New Brunswick.

CATIE expands hepatitis C program to offer services nationally

In October 2009, CATIE began to offer much-needed hepatitis C information services nationally with funding from the Public Health Agency of Canada. The national expansion builds on CATIE's hepatitis C website and comprehensive toolkit of hepatitis C resources for service providers, launched in December, 2008 in Ontario with funding from the Hepatitis C Secretariat of the Ontario Ministry of Health and Long-Term Care.

Federal funding has allowed us to document information on HCV policies, programs and service resources across Canada's provinces and territories.

We have also promoted the distribution of CATIE-produced hepatitis C print resources and the integration of hepatitis C resources, produced by community partners, into the CATIE Ordering Centre.



We aim to continue to build on this information base and expand our collaborative role with other community partners in meeting the hepatitis C information needs of Canadians.

CATIE membership on the rise

CATIE's membership saw a healthy increase during fiscal 2009-2010. As of March 31, 2010, CATIE recorded 858 individual members, more than a 12-per cent increase from the previous year, and 209 organizations, up from 44 the previous year – close to a five-fold increase.

The stellar growth is due in part to a concerted effort to promote membership through online and e-mail initiatives and at various educational conferences and workshops to all frontline organizations. By signing up annually for free membership, members enjoy the benefits of regular updates from Executive Director Laurie Edmiston on CATIE's work and the newest resources available; opportunities to apply for scholarships to attend CATIE educational events; and free subscriptions to CATIE publications through confidential mailings and e-mails; as well as opportunities to participate in the governance of the organization.

We thank all individuals and organizations for their continued support.

“CATIE Information, How Can I Help You?”

Whether it is a phone call from a voice we've come to recognize, or an e-mail from someone contacting CATIE for the first time, we receive every inquiry with impartiality, professionalism and friendliness. Over the past year we have responded to an array of inquiries about Hepatitis C, HIV transmission, prevention and treatment. All questions and concerns are treated with time-sensitivity and the information given is always up-to-date and, of course, grounded in research. The responses and comments from our voice and e-mail callers confirm that there is, indeed, power in knowledge.

CATIE recorded 858 individual members, more than a 12% increase from the previous year, and 209 organizations, close to a five-fold increase.



Mico and Tallah, CATIE's (virtual) educators, joined the team in 2009 as we expanded our online learning tools. They present two new modules – HIV: The basics and Monitoring Your Health – providing plain and simple information for people who prefer interactive and animated learning. Expect to see more of Mico and Tallah; they have plenty of HIV information they want to share.

Bringing research to the front line is crucial to reducing the transmission of HIV and HCV and improving the health of people and the quality of their lives. By connecting researchers and service providers to inform and share research, CATIE plays a vital role in advancing prevention, care, treatment and support services.

Engaging Researchers and Communities

CATIE continues to promote learning environments that best facilitate the exchange of knowledge between researchers and communities.

Our approach is to link various stakeholders in order that they can build working relationships and feel comfortable exchanging ideas, knowledge and information. In 2009-2010, CATIE hosted or partnered to provide three Learning Institutes and three Satellites at national research and skills-building conferences.

Learning Institutes address HIV and aging, HIV/HCV co-infection and more

Conducted in partnership with research and frontline organizations, CATIE's Learning Institutes enable ASOs and other community workers to learn from leading Canadian researchers in HIV and hepatitis C, and help inform researchers on how they can best align their research priorities to meet community needs.

In 2009-2010, we partnered with the BCPWA Society to conduct a Learning Institute at the Canadian Association for HIV Research (CAHR) Conference in Vancouver. Our agenda featured an address to community participants from renowned HIV physician Dr. Julio Montaner. At the Ontario HIV Treatment Network (OHTN)'s Research Conference in Toronto, we partnered with OHTN to present a Learning Institute that included a rapporteur session reflecting on conference learnings and the implications for community work. In Montreal, in partnership with COCQ-SIDA and Le Symposium sur les aspects cliniques de l'infection par le VIH, CATIE's Learning Institute responded to community-determined topics such as HIV and aging and HIV/HCV co-infection.

Satellites on women, gay men and new prevention technologies

CATIE was invited to partner with researchers, policymakers and community stakeholders in a day-long satellite session entitled *Women and HIV Prevention in Canada: The Past, the Present, and the Future, Implications for Research, Policy and Practice*, held in Vancouver at the 2009 CAHR conference. This satellite provided an opportunity for disseminating findings from key national projects on women and HIV and allowed for the identification of gaps to help inform future directions in research, policy and practice. More than 90 people from research, policy and community sectors attended the session.

In partnership with the Canadian AIDS Society (CAS), CATIE developed and facilitated a *Gay Men's Health Deliberative Dialogue* on March 4, 2010, prior to the Canadian HIV/AIDS Skills Building Symposium in Montreal. Forty-two gay men from across the country representing policymakers, researchers, and community organizations participated in the discussion. They worked together to explore different perspectives on re-framing HIV prevention among gay men in a national context of health and wellbeing – a process that encouraged the development of new priorities that more holistically address the health needs of gay men in Canada.

On the same day, CATIE also hosted a meeting on *New Prevention Technologies and Vaccine Development* in partnership with CAS and the Interagency Coalition on AIDS and Development (ICAD). More than 70 people – researchers, policymakers and community members – spoke about biomedical and clinical research; psychosocial research; international coordination and promotion; community engagement; community-based research and government policy, and implications for frontline agencies.

The Power of Research

TreatmentUpdate 179

Available on the World Wide Web at www.catie.ca/tu.pdf

I ANTI-HIV AGENTS

A. Raltegravir vs. efavirenz – four years later

B. Raltegravir vs. efavirenz – focus on lipodystrophy, lipids and other changes

C. Raltegravir in hepatitis co-infection

II COMPLICATIONS AND SIDE EFFECTS

A. EuroSIDA study finds a signal of kidney toxicity with tenofovir or atazanavir

I ANTI-HIV AGENTS

A. Raltegravir vs. efavirenz – 4 years later

Raltegravir, sold as Isentress, is the class of drugs called integrase inhibitors as part of combination therapy for HIV infection.

Although already approved in 4 countries and regions, clinical trials will continue to explore its effects.

In Study 004, researchers in Austral, South America and Thailand randomized, double-blind, placebo-controlled trial comparing a regimen raltegravir to one based on efavirenz in Africa). All 198 participants combination of two other anti-HIV drugs.

A Practical Guide to Nutrition for People Living with HIV

Learn 10 HIV treatment interactions. Review consider: www.catie.ca

FACTSHEET

The Epidemiology of HIV in Canada

Summary

This fact sheet provides a summary of the HIV/AIDS epidemic in Canada. It is part of a series of fact sheets providing easy-to-use epidemiological information on the state of HIV/AIDS in Canada.

100 epidemiological information is approximately based on the best available data. The latest estimates on HIV infection specific populations in Canada were published in 2009 for the year 2008 by the Public Health Agency of Canada (PHAC).

- An estimated 65,000 Canadians were living with HIV in 2008 and the number of new infections (incidence) has decreased since 2005.
- At the end of 2008, an estimated 65,000 Canadians were living with HIV, this represents an increase of 3,300 persons (14%) since 2005.
- An estimated 1,300 to 4,200 new HIV infections occurred in Canada in 2008 compared to an estimated 1,300 to 4,200 in 2005.
- Approximately one quarter of people living with HIV in Canada are unaware that they have HIV.
- At the end of 2008, an estimated 16,000 to 20% of the estimated 65,000 people living with HIV were not on antiretroviral therapy.
- HIV diagnosis and awareness have increased over time.
- Reported AIDS cases have declined since 2004.
- Reported deaths among HIV and AIDS patients have declined since 2004.

The HIV epidemic in Canada is concentrated in specific population groups.

- People who were living with HIV in 2008 include:
 - 11,300 gay men and other men who have sex with their partners. This represents 17% of all people living with HIV. The estimate includes 12,100 men whose HIV status was attributed to sex between men (12,100 men whose HIV status could either be attributed to sex between men or attributed to sex with their partners).
 - 11,200 people who use injection drugs (IDU). This represents 17% of all people living with HIV.

CATIE-News: Bite-sized HIV/AIDS news bulletins

Sexual function in HIV-positive women

Thanks to the benefit of anti-HIV therapy, women in high-income countries are living longer. Surveys in the United States have found that most women remain sexually active after a diagnosis of HIV infection. Most research on the sexual behaviour of HIV-positive women is focused on assessing the risk of HIV transmission. However, issues related to other aspects of women's sexual health—such as those listed below—in the context of HIV infection have received comparatively little attention:

- loss of sexual interest;
- difficulties with desire;
- problems achieving arousal and orgasm;
- pain during sex.

Some researchers suspect that sexual problems may be more common in some HIV-positive women than in their HIV-negative sisters. In part, this suspicion arises because certain chronic health conditions that are associated with sexual dysfunction may be more common among HIV-positive women, including the following:

- cardiovascular disease;
- diabetes;
- mental health issues;

FACTSHEET

HIV Transmission: An Overview

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV transmission is a complex process. The degree of risk for transmission of HIV to any individual depends on a variety of biological and social risk factors for both partners. This fact sheet addresses some of the biological factors that need to be considered when thinking about HIV transmission and the role of being infected with HIV.

This is one of a series of fact sheets that review the specific biological factors that make it more or less likely that HIV can be sexually transmitted.

What are the basic criteria for HIV transmission?

One partner has to be HIV-positive.

An HIV-positive person has to have enough virus in his or her body fluids (blood, semen, pre-cum, vaginal fluid, and fluid in breast milk) to infect another person.

The virus has to be able to get into the blood of an uninfected person. This can happen through uncut or partially cut skin, through mucous membranes (inside a mouth or ear hole or rectum), sharing needles, while injecting drugs, or blood transfusions. In Canada, blood transfusions are the largest transmission route. All blood components are screened for HIV. Blood transfusions may be a risk factor in countries that do not have consistent screening for HIV in blood.

HIV has to come into contact with CD4+ cells, which are the immune cells that HIV attacks. HIV can get into the blood through breaks in the skin (for example, scratches or open sores) or by passing through a mucous membrane.

What are the most common routes?

Mucous membranes are tissues that line the surfaces of body cavities, such as the mouth, nose, throat, vagina, urethra, anus and rectum.

Mucous membranes are moist and contain many small blood vessels. This makes it easier for HIV to enter the bloodstream.

Mucous membranes are lined by a thin, protective layer of living cells called the epithelium.

Mucous membranes help protect against germs, but, unlike the skin, which has a thick protective layer, they are more vulnerable.

1-800-461-0000 www.aids.ca

CATIE'S RESEARCH-DRIVEN PUBLICATIONS offer a wide range of articles concerning the latest HIV and hepatitis C findings (left to right): *TreatmentUpdate*, *CATIE News*, Practical Guides, Epidemiological Fact Sheets and – new this year – Transmission Fact Sheets. Also new: the e-magazine *Prevention in Focus* (see box).

PREVENTION IN FOCUS SPOTLIGHT ON PROGRAMMING AND RESEARCH

Winter 2010, Issue 1

Welcome to the first issue of CATIE's online resource, *Prevention in Focus*. In it we highlight research findings and offer viewpoints on how the findings might be practically integrated into front-line HIV and hepatitis C prevention services. As a subscriber you will continue to receive future issues by e-mail. We also encourage you to stay up-to-date on CATIE services and resources by exploring our [news page](#).

- Treatment as prevention: We've all heard about it but what does it really mean?**
A new idea came to the forefront in 2006 at the International AIDS Conference held in Toronto. *Treating people living with HIV may reduce the sexual transmission of HIV on a population level.* So what does all of this really mean? [Read more...](#)
- Views from the front lines**
We spoke to three knowledgeable and outspoken HIV community members to get a better sense of what's at stake in the debate over treatment as prevention. For the thoughts and opinions of Dr. Julio Montaner, Suzy Coulter and Larry Baxter, [Read more...](#)
- A rapid approach to community-based HIV testing**
Across Canada, community-based organizations and health service providers are increasingly looking to rapid point-of-care (POC) HIV testing as a critical tool in the effort to increase HIV testing rates in their communities. [Read more...](#)
- Reaching out in cyberspace**

CATIE launches national prevention e-magazine

In 2009-2010, CATIE launched *Prevention in Focus: spotlight on programming and research* – a national HIV and HCV prevention electronic magazine for researchers, policy makers and community workers. Available on our website and by e-mail subscription, the e-magazine highlights prevention research in order to stimulate thought, reflection, action and integration of knowledge into prevention programming. The inaugural issue contained articles on treatment as prevention, rapid HIV testing, and how the Internet can be used for outreach.

Informing research agendas

As the national knowledge exchange broker, CATIE works to ensure that the priorities, issues, trends and concerns of stakeholders help to inform and guide research agendas and policy directions. We achieve this through our roles on two national Canadian Institutes

Health Research (CIHR) HIV research centres, collaborative research projects and advisory committees of regional, national and international organizations.

Research activity, 2009-2010

CATIE staff members were involved in 15 research advisory committees. A selection of a few key committees include:

- Canadian Institutes of Health Research (CIHR): Canadian HIV/AIDS Research Advisory Committee (CHARAC)
- Canadian Association of HIV Research (CAHR): CAHR Council; Conference Planning Committee
- Canadian Foundation for AIDS Research (CANFAR): Scientific Committee
- Canadian Observational Cohort Collaboration (CANOC): Community Advisory Committee; Scientific Steering Committee
- European AIDS Community Advisory Board
- Ontario Advisory Committee on HIV/AIDS (OACHA)
- University of Toronto HIV Research Ethics Board

CATIE was also involved in 16 collaborative research projects, and CATIE co-authored an award-winning article on the integration of treatment and prevention. ["Conceptualizing the integration of HIV treatment and prevention: findings from a process evaluation of a community-based national capacity building intervention," *International Journal of Public Health*, Vol. 54, No. 3 (2009)]. We were also invited to present our work through 11 posters and six oral sessions at regional, national and international research conferences.

Breaking research

From H1N1, to the sexual transmission of hepatitis C, to new prevention technologies, CATIE in 2009-2010 was at the forefront of communicating important research findings to Canadians. Through our research bulletins, *TreatmentUpdate* and *CATIE News*, we also covered emerging HIV treatment issues such as changing treatment guidelines, cardiovascular disease and the role of chronic inflammation in HIV disease progression.

Much of what CATIE has accomplished through the years reflects the power of partnerships. The successes we have seen in the exchange of information and the promotion of prevention and positive health attest to the meaningful relationships we have established with infected and affected communities, organizations both large and small, service providers, healthcare professionals, researchers, government and policy-makers.

Strengthening community networks

After four years of the Capacity Building project, CATIE educators have continued to strengthen local, regional and national networks of HIV service providers by delivering workshops and playing a leading role in network building while promoting CATIE's programs and services across Canada.

In the 2009-2010 fiscal year, 12 new organizations across Canada joined CATIE's Capacity Building project and received a series of workshops tailored to population-specific approaches and designed to meet defined community needs on HIV treatment information, the biology of HIV transmission, and Body Mapping practices that allow participants to express their experience of HIV through artwork.

CATIE launches Regional Educational Conferences

Working with wonderful co-hosts and regional planning committees, CATIE embarked on its first round of Regional Educational Conferences (RECs) in October, 2009. Drawing on local knowledge and expertise, the RECs offered delegates a chance to share successes, challenges and laughs within their region.

CATIE was fortunate to work with local partner agencies to co-host:

- Atlantic Education Conference, in partnership with Northern AIDS Connection Society, October 7 & 8, 2009 (Truro, NS);
- Western Education Conference, in partnership with AIDS Calgary, October 15 & 16, 2009 (Calgary, AB);
- Pacific Education Conference, in partnership with Pacific AIDS Network, October 28 & 29, 2009 (Richmond, BC).

After the Western and Atlantic conferences, CATIE supported the meetings of two new HIV networks in Canada: the Regional Atlantic AIDS Network (RAAN) and the Manitoba Saskatchewan Network (ManSask).

Hepatitis C Workshops: Information through partnerships

Building on the success of the workshop model developed in Ontario in 2008, CATIE delivered a comprehensive two-day Capacity-Building Hepatitis C Workshop to over 100 participants in partnership with AIDS Thunder Bay to meet the HCV information needs of Northern Ontario.

CATIE has also participated in the development and activities of hepatitis C networks, including the Toronto Hepatitis C Network, the Canadian Coalition of Organizations Responding to Hepatitis B and C, and the World Hepatitis Day Canada Steering Committee.

Body mapping and stories of resilience in Aboriginal communities

Aboriginal people in Canada are disproportionately impacted by HIV disease. In 2009-2010, CATIE embarked on a number of new initiatives in Aboriginal communities throughout Canada.

- We took our successful body-mapping workshop – an exercise where people draw personal ‘body maps’ of themselves, adding symbols, words and pictures that speak of their history with HIV – to Aboriginal PHAs in Duncan, BC.
- Aboriginal youth advocate Krista Shore beamed from the cover of the winter issue of *The Positive Side*, our magazine for people living with HIV, which featured stories of resilience from Aboriginal people in the Prairie region.
- The Aboriginal Advisory Committee to CATIE’s Board created a vibrant poster to promote CATIE’s programs and services to their communities.
- Under the stewardship of Aboriginal youth leader Jessica Yee, Reawaken the Spirit HIV capacity-building workshops were held in three Aboriginal communities: Happy Valley-Goose Bay, Labrador, in partnership with Healing Our Nations and the Labrador Friendship Centre; Regina, in partnership with All Nations Hope; and Kamloops, BC, in partnership with Healing Our Spirit.



These partnerships, as well as a significant new partnership with The National Aboriginal HIV/AIDS Youth Council of the Canadian Aboriginal AIDS Network set the stage for CATIE’s *Get the Facts* HIV information campaign, consisting of three posters and postcards, created by and for Aboriginal youth.



POZ-itive partners

Gay men are still at the forefront of the fight against HIV, and CATIE is proud to stand with them. The past year saw CATIE partner with the Gay Men's Sexual Health Alliance, HIV & AIDS Legal Clinic of Ontario (HALCO) and Toronto People with AIDS Foundation to nationalize three new resources targeting HIV-positive gay men. The publications address key issues of poz prevention, including sexual health and disclosing HIV status.

Thanks to these partnerships, gay men across the country now have information to help make healthier choices.

Tapping regional resources through publishing partnerships

Canada contains a richness of regional diversity, and its HIV community is no different. That regional richness offers great HIV resources and insights that often could be shared with other parts of the country.

A national organization with expertise in publication development, CATIE continued to partner with local and regional agencies to bring the wealth of regional publications to a national audience. These partnerships are taking many forms, from ensuring the national distribution of needed resources through the CATIE Ordering Centre and CATIE's website, to adapting regional publications for a national audience. In addition, we are co-authoring new publications with groups that have expertise in an issue or community, such as the gay men's guides, *Positively Healthy*, *HIV Disclosure: a legal guide for gay men in Canada*, and *Poz Prevention*.

Working together with our partners, CATIE is producing high-quality publications and, consequently, sharing the richness of this country's many regions with all Canadians involved in HIV and hepatitis C prevention, treatment and support.

ASO411: Partner portals to regional services

ASO411 is an online information directory that provides access to up-to-date information about HIV-related programs and services offered by AIDS service organizations (ASOs) and other organizations across Canada. In 2009, CATIE continued to work with the Toronto HIV Network, the Ontario HIV Treatment Network, and Portail VIH/Sida Québec to nationalize ASO411. There are now 407 agencies published in ASO411 across Canada.

HIV continues to present major health challenges to a diverse range of communities and populations in Canada. As the national knowledge exchange broker for information on HIV and hepatitis C, we make every effort to enhance the capacity of these communities to address their needs by tailoring our programs and workshops in close consultation with individuals, organizations and networks across the country.

New discussions explore HIV prevention among gay men

In March, 2010, CATIE brought together 42 key community programmers, policy makers and researchers to discuss the status of gay men's health and HIV prevention across the country. The aim of the one-day meeting in Montreal was to explore a growing movement to re-frame HIV prevention among gay men and other men who have sex with men in a way that acknowledges the broader context of their health and well-being rather than focusing primarily on their vulnerability to HIV infection.

The meeting, entitled New Directions in Gay Men's Health and HIV Prevention, was an official satellite conference of the Canadian AIDS Society's 6th Canadian HIV/AIDS Skills Building Symposium: Leading Together 2010. The meeting was organized as a deliberative dialogue, a facilitated discussion format which encourages collective exploration of a problem. That dialogue was preceded by a series of cross-country webinars in which leading experts gave evidence-based presentations to participants on the newest developments in gay men's health research and programming.

Participants at the deliberative dialogue explored the emerging theory of syndemics, which looks at how the intersecting epidemics of substance abuse, depression, violence victimization and childhood abuse in the early lives of some gay men may help explain their continuing vulnerability to HIV. Insights from the dialogue and recommended actions for moving forward will be published in a final report, in French and English, available through the CATIE Ordering Centre.



ROUNDING A DECADE FOR *THE POSITIVE SIDE*

After nearly 10 years in print, *The Positive Side* continues its long tradition of putting a face to HIV in Canada, and as CATIE's most subscribed periodical, it is clear that readers continue to connect with its personal stories, treatment information and practical advice. *The Positive Side* proudly remains a magazine for and by people with HIV. Pictured: David McLay, Editor, *The Positive Side*, and RonniLyn Pustil, former Editor to the magazine.

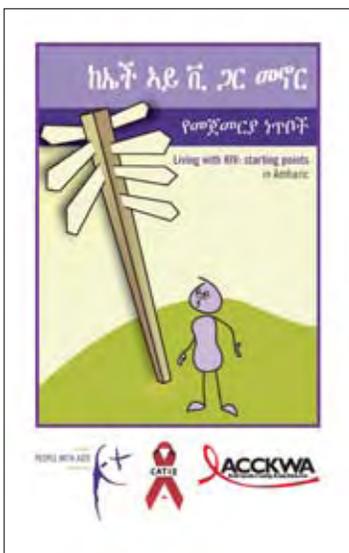
CATIE's increased youth-focused work

In the past year, CATIE has partnered with youth-serving and youth-led organizations to sustain youth-focused work in prevention and care, treatment and support with affected communities such as Aboriginal youth, LGBTQ youth, street-involved youth and HIV-positive youth.

One such program is *Prise Positive*, a video-based youth project in Quebec developed in partnership with Fréquence VIH, JASE and CATIE. The project gave positive youth a chance to develop videos using animation, narrative, documentary and video-art styles in a creative way to communicate with youth about the issues that their HIV-positive peers face.

Other programs include:

- *Living Our Lives: A PHA Youth Satellite*, a one-day session for youth living with HIV, organized by Positive Youth Outreach
- *Reawaken the Spirit*, a two-day educational workshop with Aboriginal youth, in partnership with the Labrador Friendship Centre, Healing Our Nations (Nova Scotia), Healing Our Spirit (British Columbia) and All Nations Hope (Saskatchewan)
- An expanded collection of youth-focused print resources, available in the CATIE Ordering Centre, including *Empower: Youth, Arts and Activism: An HIV/AIDS Arts Activism Manual for Youth by Youth*



CASTING A WIDER NET. In 2009-2010, CATIE continued to broaden and diversify its audience by developing more multilingual resources. For example, the popular booklet *Living with HIV: starting points*, developed in partnership with the Toronto PWA Foundation, was translated into Amharic and Swahili, in partnership with ACCKWA, for distribution in 2010-2011.

CATIE Partners, 2009-2010

We thank all our partners for their generous spirit and commitment during 2009-2010.

Hepatitis C Program

AIDS Committee Newfoundland and Labrador (ACNL)
AIDS Thunder Bay
Asian Community AIDS Services (ACAS)
British Columbia Hepatitis Services, British Columbia Centre for Disease Control
Canadian Hemophilia Society
Canadian HIV/AIDS Legal Network
Canadian Liver Foundation
Canadian Society for International Health (CSIH)
Correctional Service of Canada
Eva's Satellite, Toronto
Group Health Centre (GHC), North Bay, Ontario
Health Initiative for Men (HIM), Vancouver
Hepatitis C Council of British Columbia
John Howard Society of Durham Region
Ontario HIV and Substance Use Training Program (OHSUTP)
Peel Works Needle Exchange Program (NEP)
Prisoners' HIV/AIDS Support Action Network (PASAN)
South Riverdale Community Health Centre, Toronto (SRCHC)
Thai Society of Ontario (TSO)

Program Delivery

Aboriginal Youth Project

All Nations Hope, Saskatchewan
Canadian Aboriginal AIDS Network (CAAN)
Healing Our Nation, Nova Scotia
Healing Our Spirit, British Columbia
Labrador Friendship Centre, Newfoundland and Labrador

Atlantic Region

AIDS Coalition of Cape Breton (ACCB)
AIDS Coalition of Nova Scotia (ACNS)
AIDS Committee of Newfoundland and Labrador (ACNL)
AIDS Committee of Western Newfoundland
AIDS Moncton
AIDS New Brunswick
AIDS PEI
AIDS Saint John
Northern AIDS Connection Society (NACS)
Regional Atlantic AIDS Network (RAAN)

Body Mapping and Tracing Books

CEDAR Project
Vancouver Native Health Society
Women's Health in Women's Hands

British Columbia

AIDS Vancouver
AIDS Vancouver Island (AVI)
ANKORS

British Columbia Persons With AIDS Society (BCPWA)
Living Positive Resource Centre (LPRC)
Pacific AIDS Network (PAN)
Positive Women's Network (PWN)

HIV Disclosure and the Law

AIDS Committee of Cambridge, Kitchener, Waterloo and Area
AIDS Committee of Guelph
AIDS Committee of London
AIDS Committee of Newfoundland and Labrador (ACNL)
AIDS Moncton
AIDS Network, Hamilton
AIDS New Brunswick
AIDS PEI
AIDS Saskatoon
AIDS Vancouver Island
ANKORS
L'A.R.C.H.E. de l'Estrie
Canadian HIV/AIDS Legal Network
Central Alberta AIDS Network
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Lethbridge HIV Connection (LPRC)
Living Positive Resource Centre
Sida-Amitié
Sidaction Trois-Rivières

Ontario

The AIDS Network, Hamilton
AIDS Thunder Bay
Bruce House
Ontario AIDS Network
Ontario HIV Treatment Network (OHTN)
Ottawa-Carleton Community Council on HIV/AIDS (OCCA)
Peel HIV/AIDS Network (PHAN)
Peterborough AIDS Resource Network (PARN)
Positive Youth Outreach (PYO), AIDS Committee of Toronto (ACT)
Toronto PWA Foundation

Learning Institutes

Canadian Association of HIV Research (CAHR)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Ontario HIV Treatment Network (OHTN)
Symposium sur les aspects cliniques de l'infection par le VIH

Prairies

AIDS Calgary Awareness Association
AIDS Programs South Saskatchewan (APSS), Regina
AIDS Saskatoon

All Nations Hope AIDS Network (ANHAN), Regina
Burntwood Regional Health Authority, Thompson, Manitoba
HIV Edmonton
Nine Circles Community Health Centre, Winnipeg
Play It Safer Network, Flin Flon, Manitoba
Prince Albert Sexual Health Clinic
Wood Buffalo HIV/AIDS Society, Fort McMurray

Québec

AIDS Community Care Montreal (ACCM)
L'Anonyme
L'A.R.C.H.E. de l'Estrie
Bureau Régional d'Action sida (BRAS)
Centre for AIDS Services of Montreal (CASM)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Groupe d'action pour la prévention de la transmission et l'éradication du sida (GAPVIES)
Mouvement d'information et d'entraide dans la lutte contre le sida à Québec (MIELS-Québec)

Satellite Sessions

Canadian Aboriginal AIDS Network (CAAN)
Canadian AIDS Society (CAS)
Canadian Association of HIV Research (CAHR)
Canadian Public Health Association (CPHA)
Canadian Rainbow Health Coalition
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Dalhousie University
Interagency Coalition on AIDS and Development
Ontario HIV Treatment Network (OHTN)
Positive Women's Network, BC
Sexuality, Vulnerability and Resilience, Research Project housed at McGill University

Publications

Africans in Partnership Against AIDS (APAA)
AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
AIDS Committee of Newfoundland and Labrador (ACNL)
AIDS Committee of Toronto (ACT)
AIDS Vancouver
Asian Community AIDS Services (ACAS)
Canadian HIV/AIDS Legal Network
Canadian Public Health Association (CPHA)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)

Gendering Adolescent AIDS Program (GAAP)
HIV & AIDS Legal Clinic, Ontario (HALCO)
Nine Circles Community Health Centre
Ontario Gay Men's Sexual Health Alliance (GMSH)
Prisoners' HIV/AIDS Support Action Network (PASAN)
ReachOUT, Griffin Centre, Toronto
St. Stephen's Community House, Toronto
Sex Information and Education Council of Canada (SIECCAN)
Sexuality Education Resource Centre (SERC)
Sexuality, Vulnerability, and Resilience, Research Project housed at McGill University
Stella, Montreal
Toronto People with AIDS Foundation (PWA)
TRIP Project, Queen West Community Health Centre, Toronto
University of Western Ontario (UWO)
Wabano Centre for Aboriginal Health, Ottawa

Research

BC Centre for Excellence in HIV/AIDS
Canadian Association of HIV Research (CAHR)
Canadian Foundation for AIDS Research (CANFAR)
Canadian Institutes of Health Research (CIHR)
CIHR Canadian HIV Trials Network (CTN)
CIHR Centre in HIV Prevention Social Research
CIHR Centre for Social Research
Dalhousie University
Ontario HIV Treatment Network (OHTN)
South Riverdale Community Health Centre (SRCHC), Toronto
St. Michael's Hospital, Toronto
University of Toronto (U of T)
York University

Websites

Canadian Association of Nurses in AIDS Care (CANAC)
Ontario HIV Treatment Network (OHTN)
Le Portail VIH/sida du Québec
Toronto HIV/AIDS Network

CATIE invests in its people and processes to make sure that it can quickly and effectively meet community needs. From the funding we receive, and from the energy and insights which our stakeholders and numerous partners provide so willingly, come the programs and initiatives that connect with people and improve the quality of their lives.

Corporate Donors

CATIE would like to acknowledge and thank the financial supporters who have helped us provide high-quality services for people living with, or vulnerable to, HIV and HCV, and the organizations that serve them.

Diamond Donors (\$70,000 and over)

ViiV Healthcare in partnership with Shire Canada

Platinum Donors (\$50,000 to \$69,999)

There were no platinum donors this year

Gold Donors (\$20,000 to \$49,999)

Bristol-Myers Squibb (Canada) Inc.
Gilead Sciences (Canada) Inc.

Silver Donors (\$5,000 to \$19,999)

Merck Frosst (Canada) Ltd.
Abbott Laboratories, Ltd.
Tibotec, a division of Janssen-Ortho Inc.

Gifts in Kind

Shepell.fgi
Tibotec, a division of Janssen-Ortho Inc.

Government Funding

We extend our thanks to:

The Public Health Agency of Canada

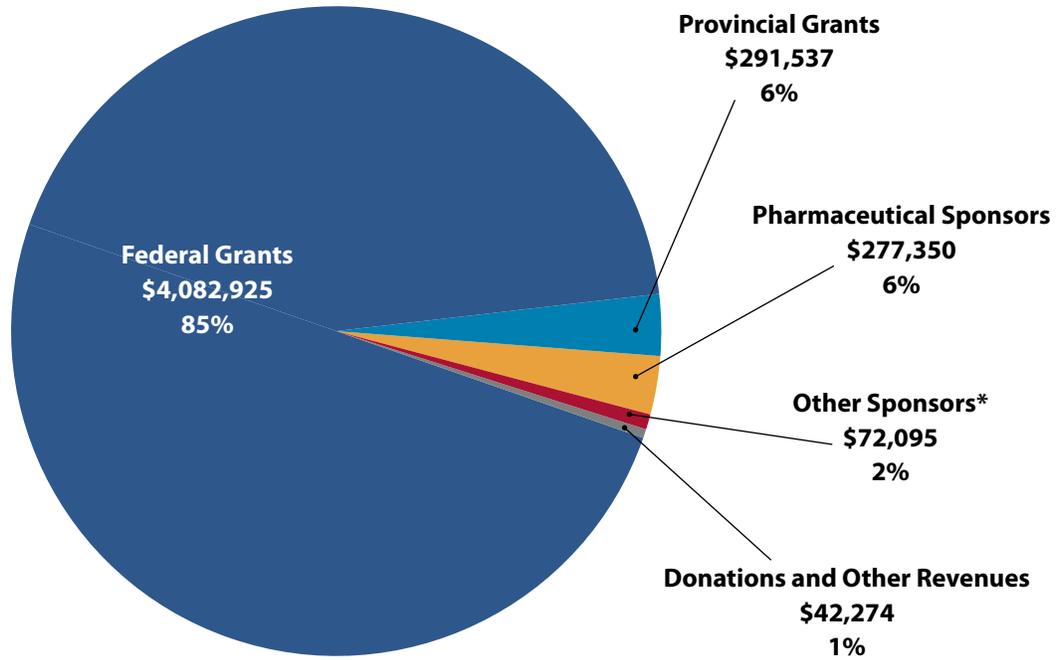
Ontario Ministry of Health and
Long-Term Care, AIDS Bureau

Ontario Ministry of Health and
Long-Term Care, Hepatitis C Secretariat

Human Resources and
Skills Development Canada (HRSDC)

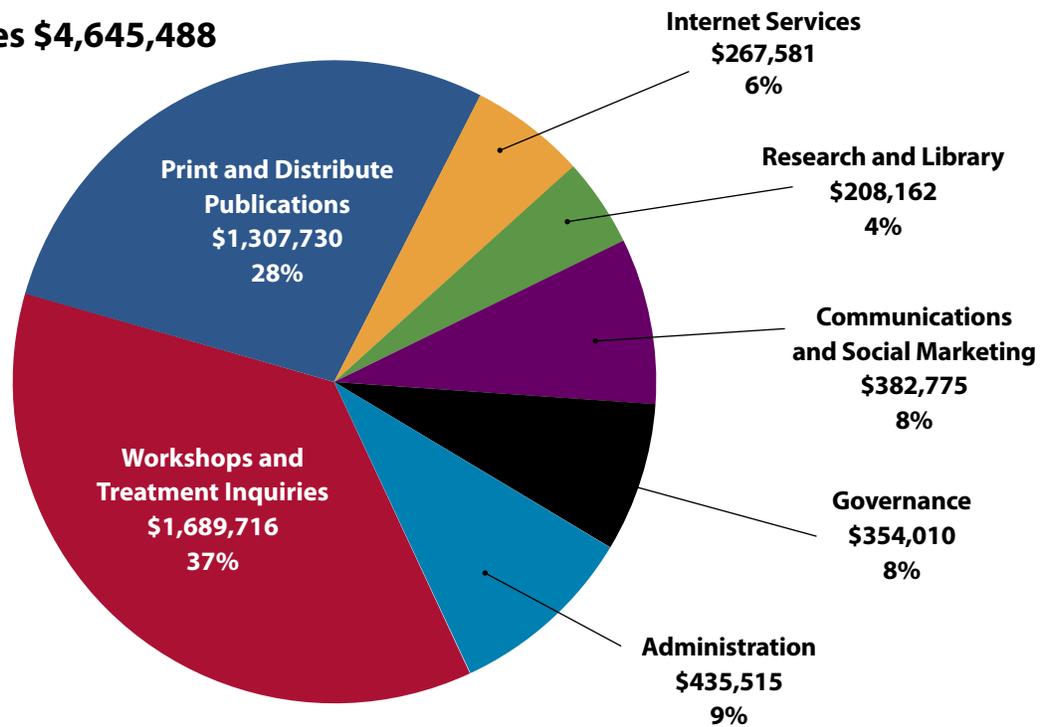
We also extend our thanks to the many friends of CATIE who generously support our work with personal donations and gifts of time and talent.

Total Revenue \$4,766,181



*Inukshuk Fund, Canadian Institutes of Health Research, Nova Scotia Advisory Commission on AIDS, Ontario AIDS Network

Total Expenditures \$4,645,488



Note: Operational costs have been allocated to programs to reflect the actual cost of service delivery.

CATIE by the numbers

CATIE en chiffres

12%

Increase in personal memberships (763 to 858)

375%

Increase in organizational memberships (44 to 209)

182

Number of educational sessions CATIE delivered across Canada

43

Number of publications CATIE produced

15

Number of multimedia modules CATIE completed

291,971

Number of materials the Ordering Centre distributed

12 %

Augmentation du nombre d'adhésions dans la catégorie Particulier (763 à 858)

375 %

Augmentation du nombre d'adhésions dans la catégorie Organisme (44 à 209)

182

Nombre de séances éducatives offertes par CATIE à travers le Canada

43

Nombre de publications publiées par CATIE

15

Nombre de modules multimédias complétés par CATIE

291 971

Nombre de ressources distribuées par le Centre de distribution de CATIE

22%

Increase in number of resources available through the Ordering Centre (415 to 534)

93%

Percentage of Learning Institute participants who agreed or strongly agreed that the session had met their expectations

88%

Percentage of Learning Institute participants who agreed or strongly agreed that they would use/ apply the knowledge gained through the workshop in their work

1.9 million

Number of visits to www.catie.ca

More than 9 million

Number of pages viewed at www.catie.ca

145,485

Number of visits to www.hepCinfo.ca

1,622

Number of contacts through CATIE's inquiry service

22%

Augmentation du nombre de ressources disponibles par le biais du Centre de distribution (415 à 534)

93 %

Pourcentage de participants aux Instituts d'apprentissage étant d'accord ou fortement d'accord pour dire que la séance avait répondu à leurs attentes

88 %

Pourcentage de participants aux Instituts d'apprentissage étant d'accord ou fortement d'accord pour dire qu'ils utiliseraient / mettraient en pratique à leur travail les connaissances acquises durant l'atelier

1,9 million

Nombre de visites à www.catie.ca

Plus de 9 millions

Nombre de pages visitées à www.catie.ca

145 485

Nombre de visites à www.infohepatiteC.ca

1 622

Nombre de demandes reçues au service d'information de CATIE