

Annual Report 2016/17

Meeting TOMORROW Today



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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.
www.catie.ca



CATIE Annual Report 2016/17

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Find Us

555 Richmond St. W.
Suite 505, Box 1104
Toronto, ON Canada
M5V 3B1

Contact Us

1-800-263-1638
Fax: 416-203-8284
info@catie.ca

Charitable Registration No.

132258740 RR0001



What we know today can make a brighter tomorrow

This past fiscal was marked by great gains and great losses.

First, the good news. We cannot overstate the importance of the final results from the PARTNER and HPTN052 studies. We have known for some time that HIV treatment has literally life-changing benefits for the individual living with HIV, and that there are remarkable prevention benefits, both for serodiscordant couples and at the broader population level.

We now have definitive results that we should be shouting from the rooftops, “Undetectable equals Untransmittable”! The game-changing potential in this scientific fact is significant and should inform our messages, programs and laws. Stigma and criminalization must be rooted out for the baseless, harmful discrimination they are, and the U=U message declares a powerful fact that can help to lessen and, ultimately, eliminate the ugly, untrue presumption that people living with HIV are ‘infectious’ and ‘risky’ sex partners.

Equally significant is the progress made on the hepatitis C front. The newer drugs are more efficacious and they are, finally, more accessible and affordable. Most jurisdictions in Canada have put these drugs on their formularies and reduced or eliminated their indications of care. Again, a huge step forward.

This good news can and should inform the actions of our frontline agencies as well as our government. On the political front, we are pleased that The Hon. Jane Philpott, Minister of Health, has signed on to both the UNAIDS 90-90-90 strategy and WHO’s Viral Hepatitis elimination strategy. For many years now, we have been calling for a renewal of Canada’s HIV strategy and for a strategy to eliminate viral hepatitis. (Canada has never had a hepatitis C strategy!) We are cautiously optimistic that an integrated strategy on sexually transmitted and blood-borne infections (STBBIs) will be forthcoming, following a Public Health Agency of Canada-led, invitational brainstorming meeting held in February, 2017. Our enthusiasm is tempered with the knowledge that the Community Action Fund (CAF) process has been terribly disappointing – perhaps not so surprisingly, given that civil servants have been trying to manage the CAF process in the absence of a Canadian strategy.

CATIE is committed to working with the newly funded players as well as with all those whose funding has continued and those who have been turned away from further federal funding. We have entered a period in the history of HIV and hepatitis C response that is both exciting for the future it can bring, and challenging for the action needed to realize it. This commands the attention of all players.

While there was much during 2016/17 to celebrate, the year also delivered sad news to us all. We lost two giants in our field. Dr. Mark Wainberg was a brilliant scientist, a fierce advocate and a generous volunteer; he wrote the foreword in CATIE’s final edition of *Managing Your Health*. The HIV and social justice field also lost Glen Brown, CATIE’s Director of Programs and Services for a few years beginning in 1996. Glen was a consummate HIV advocate, as one of the early Chairs of AIDS ACTION NOW!, among many other contributions and achievements.

In celebrating the lives and contributions of these two exceptional individuals, we must be ourselves emboldened to do the work that still lies ahead. Let us make that part of their legacy.



Laurie Edmiston
Executive Director

John McCullagh
Chair

DISSEMINATING RESEARCH INFORMATION

2016/17 brought big news.



“U=U: Undetectable equals Untransmittable” is the new rallying cry to those living with HIV and to all professionals working in their care. And hepatitis C treatment has turned a major corner, with the advent of new, more effective treatments and increasing access to these drugs.

With all these developments, the need for CATIE’s prime service of distilling news and sharing it with treatment and care providers across the country is at an all-time high.

Our reaching out to numerous communities through our many resources and educational programs is bringing the good news to the front line and their clients.

The new knowledge is empowering. It promises a better tomorrow for all – better health; safe, confident sex lives; and a country moving more toward reaching the goal of eradicating the HIV and HCV epidemics.



CATIE's news publications keep service users up-to-date on key developments

CATIE has several news publications that underscore developments on the cutting edge of prevention, treatment, care and research in HIV and hepatitis C. We regularly deliver these to subscribers through email subscription services. Articles from *CATIE News* and *TreatmentUpdate* are republished by other service providers, amplifying the reach and impact of our publications.

CATIE News

We summarize key developments in HIV and hepatitis C news, captured from biomedical journals and conferences, in short bulletins. Over the past year, 40 *CATIE News* stories were published, attracting more than 303,000 views on the CATIE website. In 2016/17, *CATIE News* had 4,264 subscribers.



Research finds that harm reduction and ART helped to reduce the spread of HIV in Vancouver

In clinical trials, the early initiation of HIV treatment (ART) stabilizes the immune system and significantly reduces the risk of developing AIDS-related infections and cancers. This benefit of ART is so profound that researchers increasingly expect that many ART users will live into their senior years.

Key to reaping the benefit of ART is achieving an undetectable level of HIV in the blood (viral load) and maintaining it through daily use of ART and regular checkups and laboratory monitoring. Clinical trials have found that ART users with undetectable viral loads do not pass on HIV to their sexual partners.

TreatmentUpdate

TreatmentUpdate is CATIE's flagship digest on innovative developments in HIV and hepatitis C research, treatment and biomedical prevention. Over the past year topics included new drugs for HIV and hepatitis C; HIV cure research; barriers to achieving the UNAIDS's 90-90-90 targets for HIV testing and treatment, particularly those related to mental health and substance use; research with women and HIV; age-related health issues in people with HIV; and cardiovascular health in people with HIV. *TreatmentUpdate* articles were viewed almost 289,000 times on the CATIE website in 2016/17 and the publication had 4,179 subscribers.



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HepCinfo Updates

In 2016/17, *HepCinfo Updates* continued to offer a snapshot of the latest hepatitis C research to its more than 3,000 subscribers. (That's 500 more subscribers than the previous year!) Available every two weeks, the digest covers the latest scientific information in prevention, harm reduction, treatment, support and epidemiology of hepatitis C in an easy-to-read e-newsletter to give service providers the information they need for today and tomorrow.



HepCinfo Update 8.7

Welcome to **CATIE's HepCinfo Update 8.7** for March 18 to March 31, 2017. Read on to learn more about new and updated scientific findings in hepatitis C prevention, care, treatment and support.

New and noteworthy

[Saskatchewan to expand access to six hepatitis C medications](#)

Saskatchewan is offering expanded access to six hepatitis C medications as of April 1, 2017. New hepatitis C drugs added to the Saskatchewan formulary are asunaprevir, daclatasvir, Eplclusa and Zepatier. In addition, coverage is expanding

PROFILE

U=U: A new understanding about preventing the sexual transmission of HIV

Have you heard the news that *Undetectable equals Untransmittable*? U=U (for short) simply means that people living with HIV who are engaged in care and take HIV treatment to maintain an undetectable viral load do not pass HIV to sexual partners. Two major studies released results in July 2016 showing that zero HIV transmissions happened between sex partners when the HIV-positive partner was on treatment, had an undetectable viral load and was engaged in care.

We know that HIV treatment has significant health impacts, allowing people living with HIV to live long and healthy lives. Now we can also confirm that

taking HIV treatment to maintain an undetectable viral load prevents the sexual transmission of HIV. It is important for both HIV-positive and HIV-negative people to know that successful HIV treatment is not only good for the health of someone living with HIV, but it also prevents HIV transmission. The U=U message can help change the way we think about safer sex and HIV status. People living with HIV can be confident in their ability to have healthy sex lives. Frontline service providers need to reinforce this message to help eradicate baseless stigma.

CATIE endorses U=U

CATIE has been celebrating this news and working to help spread the word! In early 2017, CATIE endorsed the Consensus Statement of the Prevention Access Campaign, acknowledging “Undetectable equals Untransmittable.” This revolutionary statement, pushed forward by a dedicated group of people living with HIV, prompted CATIE to reflect on our sexual HIV prevention messaging. We have developed both service provider and client resources to support frontline workers in their discussions with clients about this important HIV prevention strategy.

These include:

- A new fact sheet on *HIV treatment and an undetectable viral load to prevent HIV transmission*
- An updated *CATIE statement on the use of ART as a highly effective strategy to maintain an undetectable viral load to prevent the sexual transmission of HIV*
- A new client resource on *Undetectable viral load and HIV sexual transmission*
- An updated client print resource, *Your Guide to HIV Treatment*
- Coverage in an upcoming Blended Learning course, *Preventing the sexual transmission of HIV*
- Two posts in *The CATIE Blog*: an initial announcement of our U=U endorsement by Executive Director Laurie Edmiston and a piece entitled “Three Reasons why CATIE supports U=U for Sexual Transmission” by CATIE’s Knowledge Specialist, Biomedical Science of Prevention Camille Arkell, explaining the rationale for the endorsement and emphasizing the significance of this new knowledge

“ CATIE’s support set the [U=U] message on a global trajectory. Camille, your “3 reasons...” blog was one of the most valuable and articulate voices in our advocacy to get folks over the “negligible” hurdle. Can’t thank you enough. An incredible symphony of voices and efforts got this message out –globally, and still growing...
 – Bruce Richman
 Founder, Prevention Access Campaign ”

“ As a person living with HIV who’s experienced the discrimination and hardships that disclosure can sometimes bring, this is definitely something that makes the conversation easier to have. Although disclosure is still tough, with its own unique challenges, the understanding and acceptance of Undetectable = Untransmittable opens up the door to deeper, more meaningful conversations.
 – Eric Cashmore ”

“ This is exactly what many people living with HIV need to hear. I have been undetectable since 1996 and never knew until this past summer that I could not transmit the virus; I have been shunned, I compensated by giving up any possibility of finding someone to love, and I am not alone.
 – Denis LeBlanc ”

Community partners gathered in Toronto April 5, 2017 to meet The Prevention Access Campaign Founder Bruce Richman. **Shown (left to right, back row):** Philip Banks, Peel AIDS Committee; Adrian Betts, AIDS Committee of Durham Region; Patrick Cupido, CATIE; John McCullagh, CATIE; John Maxwell, AIDS Committee of Toronto (ACT); Bruce Richman, The Prevention Access Campaign. **Front row:** Laurie Edmiston, CATIE; Ryan Lisk, ACT; Shelina Karmali, CTAC; Darien Taylor, AIDS ACTION NOW!; Camille Arkell, CATIE; Mary Ann Torres, ICASO; Laurel Challacombe, CATIE; Bob Leahy, PositiveLite.com; Ryan Peck, HALCO.

The strong response via social media and the comments received following the announcement show that CATIE’s endorsement was heartily welcomed and garnered considerable attention. The blog posts achieved a combined social media reach of more than 12,000 people and the posts were reposted on various sites, including PositiveLite.com and TheBody.com.





CATIE resources reflect new science and strong partnership

This year's annual report theme, "Meeting tomorrow *today*," is particularly relevant to CATIE's work in 2016/17 to create and share resources and tools for clients. The past year saw dramatic advances in our understanding of HIV and hepatitis C prevention and treatment, and CATIE has worked hard to spread the good news through new and updated resources for clients. Here are a few highlights.

Unprecedented HIV news

The exciting news about the impact of effective HIV treatment on HIV prevention has been a game-changer in the HIV world. CATIE's rapid response included an online resource that answered the question "If I am HIV-positive, how can I make this work for me?" We also incorporated this latest knowledge into our new *Your Guide to HIV Treatment*. This resource is one of the first client resources to incorporate the new knowledge about the health and prevention benefits of early treatment into the broader context of the many factors people with HIV consider as they start treatment.

Getting Started: Important things to know when you have hepatitis C, created in partnership with Hepatitis Education Canada, delivers welcome news, and dispels myths, on HCV treatment.



I have changed how I describe the window period for HIV testing, and have used CATIE resources in counselling around point-of-care HIV testing.

– CATIE survey respondent



Expanded options in Hep C

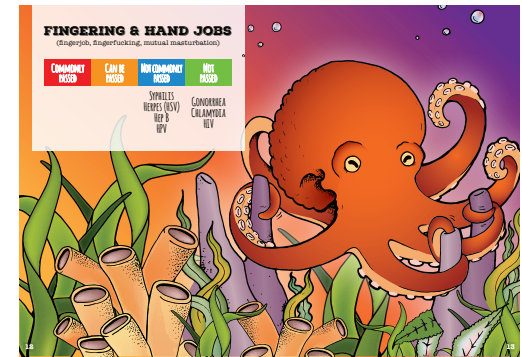
The changes in hepatitis C treatment, particularly the advent of newer and even more effective drugs and the ongoing changes that expand access in Canada, have shifted the paradigm around treatment options for people with hepatitis C. As treatments have evolved, CATIE has continued to build and offer core information on new hepatitis C treatments as access has improved. We can now talk about Hep C treatment as a possibility not just for some, but for all people living with the virus.

This perspective changes how people with hepatitis C think about their infection right from diagnosis, and this is reflected in the new resource *Getting Started: Important things to know when you have hepatitis C*. Created in partnership with Hepatitis Education Canada, it answers key questions, dispels myths, offers the latest information on treatment and healthy living, and provides reassuring suggestions about how to take care of yourself and advocate for your health.

“ I’m a hepatology nurse that loves to use your CATIE fact sheets to help family physicians understand the medications their patients will be on. Many thanks for your great website!!!

– Jeanne Menge, RN, BScN, Island Health –
Positive Health Centre Island, Nanaimo, BC

”



Safer Sex Guide takes a humorous approach to illustrating prevention issues by sex act, and condom inserts provide important information to be included in condom packs.



Integrated HIV/HCV/STI information

CATIE also created several resources that provided integrated STI prevention information. The *Safer Sex Guide* integrates information about HIV, hepatitis C and STI prevention in a novel and useful way—by sex act as opposed to by infection. And have you seen the illustrations? Humorous and inclusive. The guide has quickly become one of the most popular pieces in the CATIE collection. CATIE complemented this guide with an insert for safer sex packs to provide concise information on proper condom use, STI testing and HIV prevention strategies. We rounded out this collection of information with a series of key messages to accompany CATIE’s STI fact sheets for service providers.

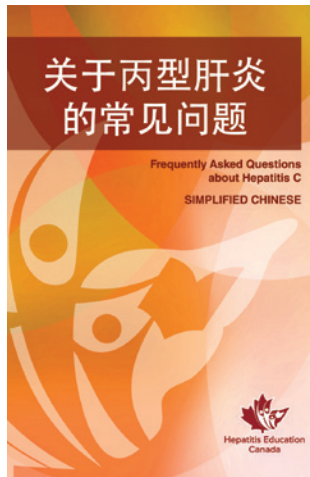
“ I turn to CATIE first when I need to confirm info about HIV or Hep C. Love your new *Safer Sex Guide*. Everyone I give it to gets a kick out of the characters.

– CATIE survey respondent

”



“ CATIE represents incalculable dollars saved in printing resources, and the quality and integrity of these resources are so credible and so much better than anything we could produce locally. CATIE is the unsung hero of our non-profit.
– CATIE survey respondent ”



Expanding resources through partnership

These resources form but one part of the collection of client resources CATIE offers to service providers across the country. Many other organizations create resources, and CATIE has the privilege of disseminating them through the CATIE website and Ordering Centre. The CATIE Ordering Centre collection contains more than 500 titles, and last year distributed over 680,000 pieces to organizations and individuals across the country.

The collection is ever-evolving to meet users' needs. An additional 20 new partner resources were added in 2016/17. They cover a broad range of topics, from booklets with basic hepatitis C information in South Asian languages (from Hepatitis Education Canada) to an HIV disclosure guide for Indigenous communities (from Canadian Aboriginal AIDS Network and Canadian HIV/AIDS Legal Network) and fact sheets on HPV-related cancers among men who have sex with men (from Sex Information and Education Council Canada). They show the many ways our partners are addressing the evolving needs of the diverse communities affected by HIV and hepatitis C.

“ Being able to refer clients to either written or online resources really assists in helping drug users understand the risks they are taking when using unsafely; helps them see the issues as HEALTH related and NOTHING to be ASHAMED of. Extremely helpful in an isolated location – Newfoundland and Labrador.
– CATIE survey respondent ”

“ Without CATIE, our staff would be struggling to obtain reliable and up-to-date resources; as a result, our clients, family members and communities would suffer.
– CATIE survey respondent ”



Canadian Consensus Statement garners interest across the country

Despite significant scientific and medical advances over the past few years, the HIV epidemic continues in Canada, with specific populations disproportionately affected by the epidemic, including gay, bisexual, two-spirited and other men who have sex with men, transgender people, people who use drugs, Indigenous peoples, people from countries with high rates of HIV infection, people from African, Caribbean and Black communities, and newcomers to Canada who face challenges related to their immigration status. Women also face added challenges because of gender inequities that are woven throughout Canadian society.

Recognizing this, in 2015 CATIE, CTAC and PositiveLite.com spearheaded the development of the Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing – a declaration of principles and practices that would:

- ▶ Promote awareness and understanding regarding the health and prevention benefits of HIV medications and other technologies, including HIV testing; and
- ▶ Create a shared understanding among people living with or affected by HIV, healthcare professionals, community-based workers, researchers and policymakers of how we can effectively respond to the HIV epidemic, and help inform policy, standards and guidelines about the development, delivery and evaluation of programs

Big input from frontline organizations

Frontline organizations across Canada and other community members were consulted over a period of a year and a half, and their valuable input iteratively informed the development of the Statement. Once completed, the Statement was launched online where individuals and agencies could post their endorsement.

The Statement was intended not as a mandated directive, but an articulation of key principles that could play their role in Canada reaching the UNAIDS's 90-90-90 goal. Those principles included:

- ▶ Safeguarding and promoting the health, wellbeing and human rights of people living with or at risk for HIV
- ▶ Respecting and implementing GIPA and MEPA principles
- ▶ Removing barriers to HIV treatment access
- ▶ Providing access to a range of HIV testing options and service delivery approaches, including the routine offer of testing
- ▶ Increasing access to PrEP and PEP as essential components of HIV prevention

Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medication and HIV testing

Help to build a comprehensive, national response

By increasing understanding and encouraging discussion regarding the gaps in the prevention, treatment and care continuum and how those gaps might be filled, the hope is that the Canadian Consensus Statement can help build the comprehensive, community-driven, holistic response needed to end the HIV epidemic in Canada.

Released in conjunction with the AIDS 2016 conference in July 2016, the Statement was widely promoted and disseminated by numerous agencies working in the HIV sector. By March 31, 2017, 308 individuals and agencies had signed on. You can read and endorse the Statement at www.hivconsensusvih.ca.

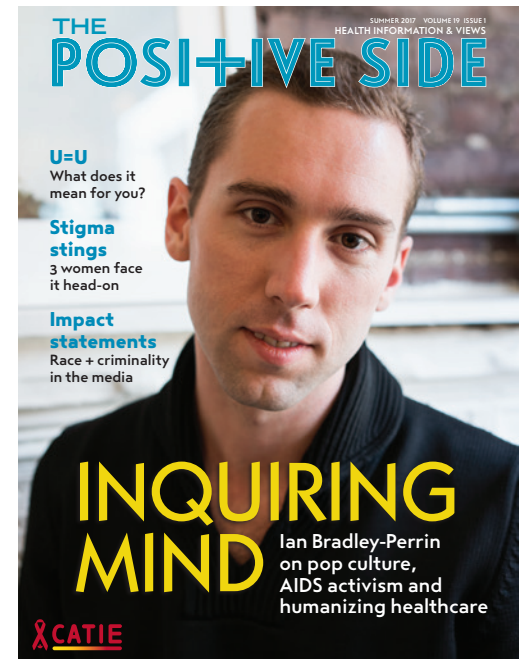
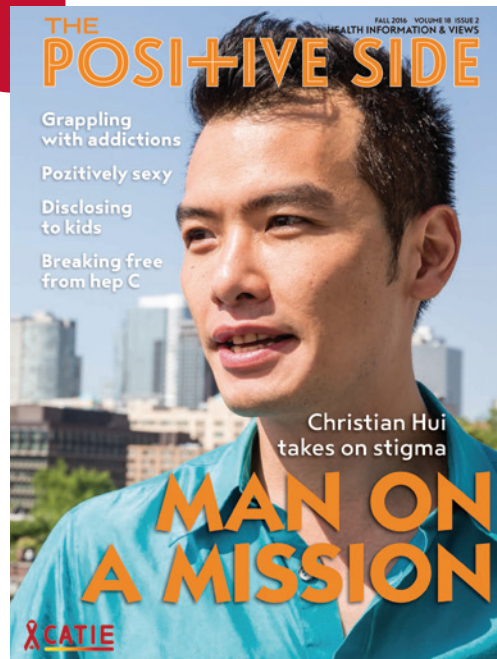


Forging connections through *The Positive Side*

The Positive Side plays a vital role in **connecting people living with HIV**

- ▶ **to one another**—from coast to coast to coast
- ▶ **to expert advice**—this past year we explored addictions, positive parenting and managing multiple health conditions
- ▶ **to practical information**—in 2016/17 we broke down the scientific evidence showing that maintaining an undetectable viral load can effectively prevent HIV transmission, and we disseminated the latest on what new Hep C treatments mean for people who are co-infected with HIV and hepatitis C
- ▶ **to the stories of inspiring individuals**—like women who have faced stigma head-on and HIV activists Christian Hui and Ian Bradley-Perrin

By forging these connections, the magazine continues to help break isolation, challenge stigma and stereotypes, and offer people with HIV the information they need to meet their tomorrow *today*.





WRIP: Building strong networks of clinic and agency support

WRIP (the Waiting Room Information Program) is a free program that CATIE offers, enabling HIV and hepatitis C treatment teams across Canada to have access to the most up-to-date prevention, treatment and care information for themselves and their clients. During 2016/17, four new clinics joined the program: Centre Francophone de Toronto from Ontario, CRAN (Centre de Recherche et d'Aide pour Narcomanes) from Quebec, ANKORS East and Lu'Ma Medical Centre Society, both located in British Columbia.

As part of this service, CATIE provides brochure stands to display the print resources obtained free-of-charge from the CATIE Ordering Centre, and offers regular communication to agencies that have joined WRIP (totaling 86 at fiscal year-end) through a tailored quarterly e-bulletin. The *WRIP Bulletin* features new client and service-provider print and web-based publications relevant to treatment teams and their patients. Routine phone calls are made in order to provide WRIP participants with ordering support, if needed, and to hear their feedback on the program. CATIE endeavours to visit WRIP agencies when that is possible.

WRIP continues to play an important role in promoting the Ordering Centre and CATIE's free print and web publications, as well as establishing and maintaining relationships with treatment agencies.



CATIE shaped most of my practicum in my workplace. My resource room walls are covered in CATIE materials and CATIE info pamphlets are the go-to for our HIV/HCV poz/at-risk clients.
– CATIE survey respondent





Top News Stories of 2016/17

2016/17 was an exciting year for research, prevention and treatment in HIV, hepatitis C and sexually transmitted infections (STIs). Here, we showcase some of the big developments we covered.

Better access to Hep C meds

New drugs for the treatment of people with hepatitis C virus infection are highly effective. In some clinical trials cure rates are between 95% and 100%. However, pharmaceutical companies have been charging high prices for new hepatitis C drugs and, consequently, Canada's provinces and territories have restricted access to subsidized treatment for several years. However, that is now beginning to change. In the first quarter of 2017, the Patented Medicine Prices Review Board negotiated lower prices on HCV treatments. As of May 2017, B.C., Alberta, Saskatchewan, Ontario, Quebec, and Nova Scotia had added more medicines to their subsidized lists of HCV treatments. Hopefully, other parts of Canada will follow their example.

A boost for Hep C screening

Researchers estimate that there are between 200,000 and 300,000 Canadians living with HCV and also estimate that about 44% of these people are not aware that they are infected with HCV. Testing for HCV usually involves making an appointment at a clinic, going to the clinic to have blood drawn, and then going back for the results. For people with busy lives, this can be inconvenient. In January 2017, Health Canada approved the use and sale of a rapid HCV antibody screening test called OraQuick. The test works by checking a small drop of blood taken from a fingerprick. The results are available in 20 minutes. The test is meant to be used by healthcare professionals and is more than 98% accurate.

www.catie.ca/en/catieneews/2017-02-08/new-point-care-hepatitis-c-antibody-test-approved-canada

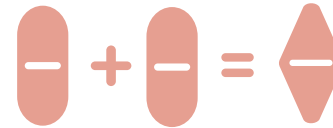


**NEW TEST RESULT
IN 20 MINUTES
MORE THAN
98% ACCURATE**

A new combination for hepatitis C treatment

In July 2016 Health Canada approved the sale and use of a new combination pill for people with hepatitis C virus called Eplclusa. This pill contains two medicines – sofosbuvir and velpatasvir – that result in high rates of cure from HCV in clinical trials.

www.catie.ca/en/catieneews/2016-07-20/hepatitis-c-treatment-eplclusa-approved-canada-key-information



“ I think the CATIE website and your services are wonderful! I work in Harm Reduction and the project I am currently coordinating is working with people who use drugs. We connect service providers who provide harm reduction services and peers together to help improve services. It is very exciting work. I just wanted to thank you for all you do.

– Sheila Martens, CIE Project Coordinator,
B.C. Centre for Disease Control



“ CATIE’s materials and knowledge exchange continue to teach me so that I can be a better support to those I work with. – CATIE survey respondent ”

U = U

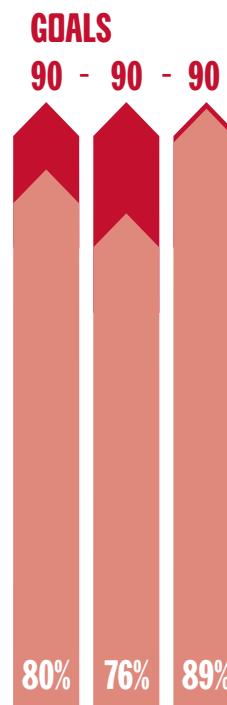
The Consensus Statement of the Prevention Access Campaign, pushed forward by a dedicated group of people living with HIV, celebrated the fact that “Undetectable equals Untransmittable” (or U=U). This revolutionary statement acknowledges that when a person taking antiretroviral treatment has an ongoing undetectable viral load and is engaged in care, they do not transmit HIV to their sexual partners. www.catie.ca/en/pif/spring-2017/three-reasons-why-catie-supports-uu-sexual-transmission

New pills and formulations for HIV

In April 2016 a new formulation of an older fixed-dose pill was approved in Canada. The new pill is called Descovy and contains two medicines – TAF (the new, safer formulation of a drug called tenofovir) and FTC (emtricitabine). Descovy is similar to an older fixed-dose combination pill called Truvada (TDF – the older form of tenofovir + FTC). www.catie.ca/en/catienews/2016-05-10/descovy-approved-canada-key-information



In March 2017 another new formulation pill called Odefsey was approved in Canada. Odefsey contains three medicines and is a complete treatment in one pill. Each Odefsey pill contains the following medicines: TAF + FTC + rilpivirine. This new pill is similar to an older all-in-one pill called Complera, except that Complera contains the older formulation of tenofovir. www.catie.ca/en/catienews/2017-03-21/odefsey-approved-hiv-canada-key-information



Canada’s progress towards global HIV testing, care and treatment goals

In 2014 the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) established measurable goals which all countries should achieve by 2020 in order to dramatically diminish the spread of HIV and improve the health of HIV-positive people by 2030. These goals have been given the shorthand term 90-90-90 and are as follows:

- ▶ 90% of people living with HIV are aware of their infection
- ▶ 90% of people diagnosed with HIV are taking ART
- ▶ 90% of people taking ART have an undetectable viral load

Canada has embraced the 90-90-90 targets set by UNAIDS and on World AIDS Day, December 1, 2016, the Public Health Agency of Canada released estimates of Canada’s progress so far towards 90-90-90:

- ▶ 80% of people with HIV know their infection status
- ▶ 76% of people diagnosed with HIV are taking ART
- ▶ 89% of people taking ART have an undetectable viral load

These figures indicate that great progress has been made in meeting the 90-90-90 goals. However, the figures also show that there is still much work to be done. www.catie.ca/en/catienews/2016-12-06/canada-s-progress-towards-global-hiv-testing-care-and-treatment-goals

DELIVERING NEWS IN NEW FORMATS

Just as the news of HIV and hepatitis C treatment, prevention and care was evolving, so was CATIE's methods of delivering it.



By identifying and preparing for the changing information platforms used by our audiences, we meet tomorrow's needs *today*. Our information formats now include our mobile-friendly website, a new Hep C app designed for both large- and small-screen use, a rich array of webinars, a completely revamped HIV/HCV411.ca website for searching HIV and hepatitis C services in designated areas across the country, and CATIE Blended Learning, a flexible, educational tool adapted to community need that can include online instruction, interactive discussion boards, virtual classrooms and in-person training.

CATIE recognizes the power of online communication to both disseminate information and create community. In the past year, we took significant strides to enhance and expand our online capabilities. These efforts have enhanced our reach and promise to do even more in the future.



CATIE online goes mobile to meet tomorrow today

CATIE has had a strong online presence (we launched our first website in 1996) and early on we saw the power of the Internet for connecting people and sharing information. CATIE works continuously across its many online platforms to meet the needs of users, but this past year has seen a special emphasis on bringing changes to CATIE's mobile Internet presence.

Mobile-friendly website

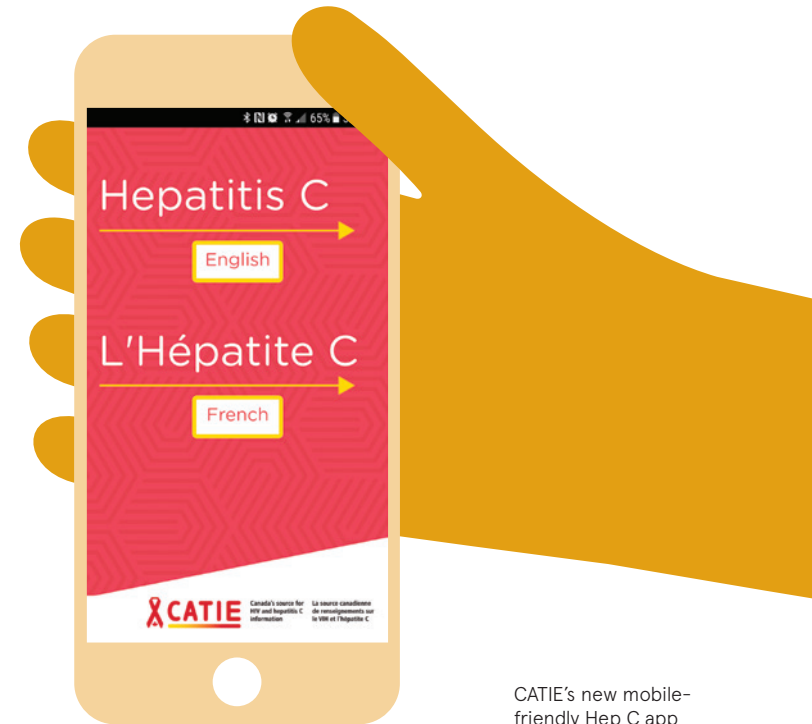
Over the past few years CATIE has seen significant growth in the number of people accessing our website through mobile devices. In fact, over half of visitors to www.catie.ca now use mobile devices to access the website. In response, we undertook several initiatives to make our online presence more mobile-friendly. Foremost, we upgraded our website in 2016 to make it more responsive to the variety of devices used by visitors. The mobile-friendly design puts our core content front and centre, while maintaining the intuitive navigation people have come to expect from the website. Similarly, CATIE made improvements to both the popular *CATIE Blog* (www.blog.catie.ca) and the national service directory www.HIV411.ca/HCV411.ca (see page 17) to make them more mobile-friendly.

New Hep C app

CATIE continued its expansion into mobile technologies with the launch of a smartphone app – a new content-driven resource on hepatitis C designed to provide key and comprehensive information on all aspects of the infection, targeted to the growing number of frontline workers who are beginning or expanding their work in hepatitis C. The mobile e-book takes information from CATIE's trusted *Hepatitis C: An In-depth Guide* on www.catie.ca and places it into the hands of service providers, wherever they may be going, to serve their clients.

Enhanced webinars

Beyond the mobile devices, CATIE also enhanced its dissemination of information by building its in-house capacity to organize and host webinars; the webinar team streamlined the process of setting up and running webinars and non-IT staff at CATIE were trained to take on the less technical aspects of the events. As a result, webinar attendees saw a noticeable increase in both the quality and the consistency of webinars offered through the year. During 2016/17, CATIE presented 12 webinars as part of our national webinar series.



CATIE's new mobile-friendly Hep C app

“ I’m a physician working with high-risk populations and find your website very helpful in terms of providing detailed, practical information for patients at an appropriate reading level.
– CATIE survey respondent ”

PROFILE →

Blended Learning finds new audiences



Responding to the need for people receiving their information in various ways, including online, CATIE has developed the CATIE Blended Learning program. It is a hybrid approach to education that combines two or more learning approaches and settings to deliver training. At CATIE, our courses include a combination of interactive e-learning units, videos, webinars, self-directed readings, face-to-face workshops, and online discussion boards where participants interact to exchange ideas and resources on a weekly basis.

2016/17 was another busy year for the CATIE Blended Learning program! We ran 11 courses and engaged 228 participants in British Columbia, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador.

The program continued to bring us to new places and provided opportunities to work with new partners. Together with the Labrador Friendship Centre and the AIDS Committee of Newfoundland and Labrador, we delivered Hep C Basics to service providers in

that region, many of whom were nurses working in remote health stations in fly-in communities along the coast of Labrador.

In partnership with AIDS New Brunswick/SIDA Nouveau Brunswick, CATIE also offered its first French-language Hep C Basics Blended Learning course in 2016/17. The training was offered to service providers working in the province's North, many of whom were public health nurses. This was CATIE's first time working in French in New Brunswick and we made important inroads in identifying the needs of French-speaking frontline service providers in the sector.

We've been able to leverage the face-to-face module of our Blended Learning courses to provide participants with additional training opportunities. Setting aside an extra day to present another workshop means we can provide more educational opportunities in the same visit.

Looking forward, 2017/18 will bring many exciting things for CATIE Blended Learning. We are exploring ways of delivering our courses in an interactive online-only setting in order to accommodate organizations and audiences who are unable to commit to full-day, face-to-face trainings. We're also launching two new courses: "Preventing the Sexual Transmission of HIV" and "HIV Basics."

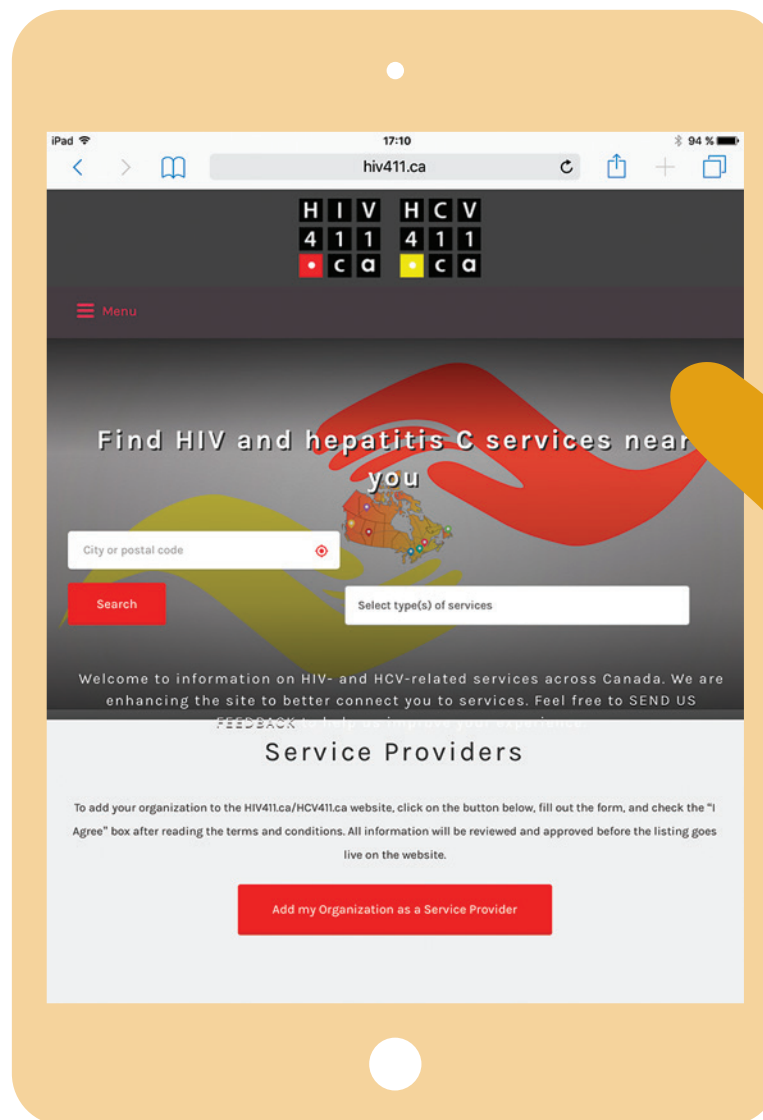


CATIE's mapping website, HIV411 / HCV411.ca, gets a makeover!

In this past year, CATIE was involved in the revamping of the mapping website HIV411/HCV411.ca, the tool that enables people to find where there are HIV and Hep C services in a geographic area they specify. Originally hosted by OHTN and then managed by CATIE since 2014, the site required an updating as people are increasingly using different devices to access online information. CATIE updated the site in 2016/17, creating a mobile-friendly version that enables people to access service information while on the go, no matter if they are using a computer, tablet or mobile phone.

The site was also altered to link out to complementary mapping resources offered by other agencies, such as COCQ-SIDA, CTAC, PAN, Portail VIH/sida du Québec, Positive Living Society of B.C., and SmartSex Resource. The finished result is a sleek website that allows people to easily search for essential services located in their desired area.

CATIE gratefully acknowledges the support from the Toronto HIV/AIDS Network's Information Access Working Group and AbbVie.





The CATIE Blog gets people talking

The CATIE Blog continues to provide community members with an opportunity to share their unique thoughts and cutting-edge research with a large national audience working in the HIV and Hep C fields. This year, the blog percolated with thought-provoking topics, allowing people to discover new prevention strategies and novel programming and hear different voices from around the country. Here are excerpts from some of the blog articles that made waves:



Three reasons why CATIE supports U=U for sexual transmission

"The research on treatment as prevention has been slowly accumulating for many years. As an evidence-based organization, CATIE now recognizes that the evidence on undetectable viral load has reached a point where we are compelled to take our messaging a step further. We can comfortably say that when a person taking antiretroviral treatment has an ongoing undetectable viral load and is engaged in care, they do not transmit HIV to their sexual partners."

– Camille Arkell, Knowledge Specialist, Biomedical Science of Prevention, CATIE



HPV Vaccine: Who needs it?

HPV is readily passed between partners and the other half of the world (men!) get HPV as much as women do. So let us get the facts straight about HPV in men and women and what to do about it."

– Dr. Irving Salit, Professor of Medicine, University of Toronto



Women + PrEP: 5 Important Facts

"The emergence of PrEP has highlighted important gender inequalities in HIV transmission and HIV prevention. However, most discussions about PrEP focus on men. Despite representing fewer new HIV infections than men, women also need innovative HIV prevention methods."

– Molly Bannerman, Director, Women and HIV/AIDS Initiative of Ontario



How intimate partner violence affects women living with HIV

"In addition to grappling with their health and safety, women living with HIV and intimate partner violence confront a complex web of laws that may affect their decision to stay in a relationship. These laws are further complicated for women if they are mothers, disabled, racialized, Indigenous, new to Canada or not Canadian citizens."

– Sandra Ka Hon Chu, Director of Research and Advocacy, Canadian HIV/AIDS Legal Network



The Face of Our Story

“It wasn’t long before our tiles began to take shape. We were creating something substantial and enduring, taking pieces of ourselves that had been hidden and sharing them with the world. There was no competition, just a desire to be a strong voice where once there had been none. The exhibition would be a statement of our collective worth.”
– Signe Dewar and Tom Barnard,
two people living with Hep C, Toronto



Lessons learned from the HCV Symposium: Part 1: Blinders off, and who cleans up after the fight?

“For those conducting and reporting this research, please remember that all people are human beings, not “subjects,” and without them you’d have nothing. If we have insight and empathy, we can save lives.”
– Leona Quewezance, All Nations Hope
– Stephanie Massey, Prisoners with HIV/AIDS Support Action Network (PASAN)



Six ways to make harm reduction work in Canada’s prisons

“For too long, correctional authorities have rejected international evidence in support of PNSPs [prison-based needle and syringe programs]. This new study demonstrates how these health services could work in our federal prisons. Access to PNSPs saves lives, and it is also a human right. There is no reason to further delay PNSP implementation.”
– Emily van der Meulen, Associate Professor, Department of Criminology, Ryerson University
– Sandra Ka Hon Chu, Director of Research and Advocacy, Canadian HIV/AIDS Legal Network





CATIE leaves its digital footprint

2016/17 compared to previous year



↑ 30%

3,918,454

catie.ca visits



↑ 6%

11,356

Facebook likes



↑ 19%

8,733

Twitter followers



↑ 40%

22,466

The CATIE Blog (blog.catie.ca) visits



↑ 64%

58,372

yourlanguage.HepCinfo.ca visits



↑ 46%

7,973

YouTube CATIEinfo views

In 2016/17, Canadians continued to access their HIV and Hep C information online with an overall increase in web traffic to the following sites: www.catie.ca, www.HIV411.ca/HCV411.ca and www.yourlanguage.HepCinfo.ca. Most impressively, the www.catie.ca website was just shy of four million views!

There was also a significant increase in page views for CATIE's social platforms. YouTube and *The CATIE Blog*, in particular, left a remarkable digital imprint, nearly doubling in popularity. YouTube delivers visually stimulating videos and *The CATIE Blog* provides analysis and intriguing commentary on critical topics.

CATIE continued to reach out to people through its Facebook and Twitter accounts, allowing Canadians to get real-time updates on resources, webinars, awareness campaigns, research and other HIV/Hep C news.



What they're tweeting



ARCH @ARCH Guelph – Mar 23
If you just found out you are HIV positive is a great resource for those who are newly diagnosed



SHORE Centre @SHORECentreWR – 16 Oct 2016
Thanks @CATIEinfo for sharing these brave stories!

CATIE @CATIEinfo
4 people living with HIV tell us about positive parenting.



CPPN.RCPS @CPPN_RCPS – 14 Oct 2016
@CPPN_RCPS congratulates @CATIEinfo on its Deliberative Dialogue on creating Ethical Guidelines on #HIV Tx Prevention & Care, & 2016 AGM



HIV Community Link @HIVCommLink – Mar 23
Such a great tool from @CATIEinfo that locates HIV and Hep C services in Canada. Check it out: //hiv411.ca/



HIV Edmonton @HIVEdmonton – 5 Oct 2016
Our team is committed to continued education! Great webinar by @CATIEinfo – helping us prep for #PrEP



Bruce House @MoreThanAHouse – Mar 8
Thanks @CATIEinfo for supporting #EnvisionForum & being an incredible resource for communities and service providers #HIVcan #HepC



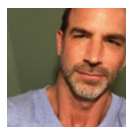
Mohamed Abdel-Hakeem @M_S_Hakeem – Mar 2
Amazing interaction between @canhepc & @CATIEinfo exchanging expertise on scientific research & frontline community info.



Street Health Centre @StreetHealthYGK – Feb 27
Excellent presentation on “Harm Reduction: how to have difficult conversations” by Suzanne Fish & Barb Panter from @CATIEinfo



Prevention Access @PreventionAC – Jan 15
What an incredible moment for **Canadians** w/HIV and for ending HIV stigma! Thank you @CATIEinfo & @PositiveLiteCom #UequalsU



Bruce Richman @BR999 – Jan 14
Thank you @CATIEinfo for this honest & clear acknowledgement of the most important news in the last 20 years of the epidemic! #UequalsU



ACCM @ACCMTL – Jan 14
“This is an absolute **game-changer** and those who live with HIV can proudly share this information.” @CATIEinfo gives full support to U=U



The Youth Project 🌈 @YouthProject_NS – 6 Dec 2016
We spent a great 2 days with @CATIEinfo and Atlantic leaders/voices/service providers in HIV/AIDS health! Go check out their great stuff!



CATIE in the news

The general media – largely newspapers across the country and some broadcast venues – seek out information from CATIE, interviewing content experts such as Science and Medicine Editor Sean Hosein, and publish commentaries and op-ed pieces written by Executive Director Laurie Edmiston. World AIDS Day and World Hepatitis Day provide good opportunities to disseminate information about new developments in HIV and HCV care, treatment and prevention.

In 2016/17, CATIE was featured in, or contributed to, articles and commentaries in 24 general media outlets, including *100 Mile Free Press*, *Canadian Asian News*, *CBC News online*, *Charlottetown Guardian*, *Kamloops This Week*, *Lethbridge Herald*, *The News* (New Glasgow, Nova Scotia), *Sudbury Star*, *St. John's The Telegram*, *Toronto Star*, *Waterloo Chronicle/ Kitchener Post*, *Whitehorse Star*, *Williams Lake Tribune* and *Windsor Star*. CATIE was also referred to as a source of HIV and HCV information in print and online editions of a health supplement appearing June 20, 2016 in *Maclean's* magazine.

From a frontline service perspective, we were also featured 31 times in PositiveLite.com and 28 times in TheBody.com.



I heard you [Sean Hosein] on CBC Radio this morning; excellent commentary!

– Dr. Tyler J. O’Neill, B.Sc., D.V.M., M.Sc., Ph.D.cand.,
Division of Epidemiology, Dalla Lana School of Public
Health, University of Toronto



Terrific interview. You [Sean Hosein] spoke very clearly and I think your message is spot on. Nicely done!

– Isaac Bogoch, MD, Head of the
Toronto General Hospital’s HIV
Prevention Clinic





Bringing the Canadian HIV movement to the world at AIDS 2016

In 2016, the Interagency Coalition on AIDS and Development (ICAD) was tasked by the Public Health Agency of Canada with developing and executing the Canada Pavilion at the 2016 International AIDS Conference (AIDS 2016) in Durban, South Africa. ICAD formed a partnership with CATIE to assist in the project, and what transpired was an extremely successful and enriching venture.

AIDS 2016 was an important opportunity to demonstrate Canada's commitment to the global effort to end HIV as a public health threat by 2030, including its solidarity with developing countries. To this end, the Canada Pavilion, called *Canada: Meeting the Challenge*, was developed by ICAD and CATIE to provide a central platform to profile and share Canadian best practices and achievements and a meeting place for delegates to meet, share their experiences and learn from each other.

To showcase Canada's response, ICAD and CATIE developed an electronic collection of Canadian resources, an on-site program of informal events; social media engagement of Canadian activities at AIDS 2016, including at the Pavilion; and an open and inviting space to facilitate in-person networking. To demonstrate a Canadian-led best practice, audio

recordings of interviews with staff and peers from Insite, a Canadian supervised injection facility, were also showcased at the pavilion. A 25-minute video demonstrating Canadian excellence and challenges in addressing HIV was shown continuously in the Pavilion, as well. The video and online recordings can be found on www.catie.ca

Visitors to the Canada Pavilion overwhelmingly found it to be an opportunity to network with Canadian and non-Canadian AIDS 2016 delegates, and to learn more about the Canadian response to HIV, including our research excellence, programs and resources.

Important for CATIE and ICAD, this project strengthened our long-standing history of partnership. The joint ICAD/CATIE project team met weekly for four months leading up to the event and worked closely together onsite in Durban. Our partnership truly reflected our joint values and commitment to knowledge exchange related to the Canadian HIV response.

“ It has been an absolute pleasure to work together [with CATIE] on the Canada Pavilion. Our teams have worked extremely well together both online during the development of the Pavilion, and in person while in Durban. I honestly haven't seen [before] such a degree of collaboration, complementarity and true partnership between two organizations. The experience has been tremendous. – Robin Montgomery, Executive Director, Interagency Coalition on AIDS and Development (ICAD) ”



Visitors to the Canada Pavilion at AIDS 2016 (left to right): Lara Barker, CATIE; Jacqueline Sas, CTN; Dr. Siddika Mithani, PHAC; Robin Montgomery, ICAD; Dr. Tim Rogers, CATIE; The Hon. Dr. Jane Philpott, Minister of Health; Dr. Paul Sandstrom, National HIV and Retrovirology Laboratories, PHAC; Erin Henry, FNIHB, Health Canada; Dr. Lisa Smylie, PHAC; Kate Jackson, CSC.

Building Community Knowledge

Through the many connections CATIE is making, and the partnerships we value with other agencies, we are tapped into diverse communities that are vibrant, dedicated, and passionate about our shared goals.



This past year we continued to deepen our engagement with key populations – Indigenous communities, newcomers and gay men – and dialogue with various healthcare professionals and community-based workers.

Discussions involved U=U, PrEP, treatment as prevention, the value and importance of peer approaches in HIV and Hep C work, the uptake of HIV and hepatitis C testing and linkage to appropriate services, as well as specific issues pertaining to each community. We conducted workshops and trainings in partnership with local organizations, and collaborated with the CanHepC Network to co-host a Learning Institute, engaging frontline agencies working with priority populations across Canada.

In 2016/17 we also saw promising growth in the CATIE Blended Learning program, mobile online platforms and *The CATIE Blog* – other means of creating vibrant communities of knowledge.



CATIE's educational outreach offers on-the-ground and online opportunities

HIV and Hep C education, based on CATIE core knowledge and key messages, helps prepare the frontline response as Canada strives to meet UNAIDS's 90/90/90 goals. Our educational offerings include in-person workshops and, increasingly, a Blended Learning approach that includes eLearning modules, discussion boards, webinars and in-person trainings. Participants in our 2016/17 educational activities included community workers, as well as more public health, community and correction nurses. To increase access to CATIE's educational workshops and trainings in future, we are focusing on developing a Blended Learning approach that uses virtual classroom technology.

In response to a growing need for information about PrEP, CATIE's Regional Health Education Coordinators (RHECs) last year conducted several workshops/'community dialogues' (in Quebec, Ontario and British Columbia) to engage different priority populations (specifically, sex workers and Indigenous communities) on PrEP and potential implications in their communities. One such meeting was with the staff at Stella, an organization supporting the rights, and serving the needs, of Montreal-area sex workers.

In response to the devastating toll that the overdose crisis has been wreaking in communities across the country, CATIE has invited local organizations and health authorities to offer naloxone and overdose prevention trainings during our various Hep C- and HIV-related events, in response to an overwhelming demand on the part of frontline workers and service providers.

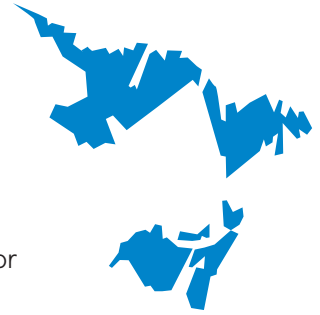
Here, we report on some of our educational outreach activities across Canada during 2016/17:



Atlantic

It has been an innovative, busy year for HIV and Hep C education in Atlantic Canada. The CATIE Blended Learning course on Hep C Basics continued to introduce us to new audiences. Our hepatitis C information sessions were conducted in Newfoundland and Labrador in partnership with the HIV/AIDS Project of the Labrador Friendship Centre and the AIDS Committee of Newfoundland and Labrador; Nova Scotia in partnership with Hepatitis Outreach Society of Nova Scotia and the AIDS Coalition of Nova Scotia; and New Brunswick in partnership with AIDS New Brunswick. The New Brunswick course was offered in French with the face-to-face component held in Bathurst.

In an effort to reach people who are not able to travel to larger urban centres for educational opportunities, CATIE's Atlantic Educator delivered an HIV/Hep C coinfection workshop in five Nova Scotia communities. This was a partnership with Sexual Health Nova Scotia. Next fiscal year, this model of education delivery will be replicated in Newfoundland with four stops scheduled.





Quebec

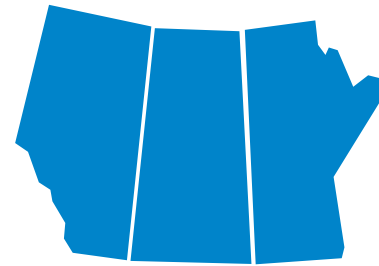
It has been a year of responding to emerging needs in Quebec. The recognition of the value and importance of peer approaches in HIV and Hep C work, and the number of peer-worker positions, have grown in recent years. CATIE continues to strive to meet the hepatitis C- and HIV-related training needs of these new frontline workers; nearly all of our Learning Institutes and Blended Learning courses include peer workers. This means we have been able not only to reach new audiences, but contribute to greater interdisciplinary dialogue between different kinds of practitioners at our events. In the quickly changing hepatitis C treatment landscape, CRAN (Centre de recherche et aide aux narcomanes - the main methadone and opiate substitution therapy clinic in Montreal) will start offering Hep C treatments to their patients in 2017. To respond to this new service area, CATIE conducted a hepatitis C training for the staff.



Ontario

CATIE did a lot of HIV and hepatitis C educational work in Northern Ontario this past year, starting with an educational event in partnership with Oahas in Timmins. Workshops and trainings in partnership with local organizations in Thunder Bay and Fort Frances brought in participants from surrounding regions.

A CATIE Blended Learning course on Hepatitis C Basics was held in partnership with the AIDS Committee of York Region. Participants included frontline, community health and shelter workers as well as public health. This model of community development and capacity building was a great success that will be repeated in other Ontario communities.



Prairies

In 2016/17, work in the Prairies was varied and exciting. We visited The Pas, Manitoba for a Skills Building conference with The 595 Prevention Team and their Northern partners, and presented an in-depth workshop on Communicating HIV Risk. We also had the opportunity, in partnership with Nine Circles Community Health Centre, to bring frontline staff from around Manitoba together for the CATIE Blended Learning course on Hepatitis C. World AIDS Day found us in Prince Albert, Saskatchewan, training staff from long-term care facilities in the area. We also had the opportunity to do some HIV Basics work with more than 200 local high school students. We also hosted a one-day training event for peer workers in Regina, bringing individuals from around the province together for capacity building and networking.



Pacific

The CATIE Blended Learning course on Hep C Basics was delivered at six sites across British Columbia this past year. This was made possible through CATIE's partnerships with Positive Living North in Prince George, Three Corners Health Services Society in Williams Lake, ASK Wellness in Kamloops, ANKORS in Cranbrook, Lookout Society in New Westminster and the Quesnel Native Friendship Centre.

The face-to-face trainings held at each site provided an opportunity for networking and knowledge building on the topics of Hep C testing, treatment, care and support in the local context. An additional educational day for peers with a focus on women's health was also offered at three of these sites in partnership with the Positive Women's Network. CATIE also partnered once again with the First Nations Health Authority, Pacific AIDS Network, and other BC organizations on the second annual educators' forum entitled "Promoting Effective STBBI, HIV, Hepatitis C and Harm Reduction Education with Indigenous Peoples of BC" on February 7-8, 2017 in Chase, BC.



Planning committee members of the second annual Educators' Forum: "Promoting Effective STBBI, HIV, Hepatitis C and Harm Reduction Education with Indigenous Peoples of BC," held on February 7-8, 2017 in Chase, BC. **Top row (left to right):** Olivia Reynolds, YouthCO; Sarah Levine, VCH; Erin Pickard, FNHA; Lara Barker, CATIE; Elizabeth Holliday, VCH; Jessica Chenery, Chee Mamuk; Janine Stevenson, FNHA; Amanda Porter, Chee Mamuk. **Bottom row:** Andrea Medley, FNHA; Andrea Derban, FNHA; Len Pierre, FNHA; Stacy Leblanc, PAN

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A focus on hepatitis C knowledge

CATIE-CanHepC Network Partnership: CATIE Learning Institute and webinar series

For the fifth consecutive year, CATIE hosted the CATIE Learning Institute at the 6th Canadian Symposium on Hepatitis C on March 2-4, 2017, organized by the CanHepC Network. The CATIE Learning Institute is a unique capacity-building and knowledge-exchange opportunity for community stakeholders working in hepatitis C prevention, treatment and care across Canada. CATIE formally collaborated with the CanHepC Network to co-host the Learning Institute, engaging frontline agencies working with priority populations across Canada. The theme of the conference was “Delivering a cure for hepatitis C infection: What are the remaining gaps?” and included presentations on addressing barriers to integrating evidence-based approaches, Indigenous models of hepatitis C care in rural and remote communities, and early lessons from Australia’s model of universal access to direct-acting antiviral therapies. Participants brought community perspectives to the conference and had the opportunity to connect with each other, share regional approaches, and discuss critical hepatitis C research and its implications for frontline work.

Building on our partnership with CanHepC, CATIE partnered on two webinars: “Delivering a Cure for hepatitis C infection: What are the remaining gaps? An overview of the latest in research and implications for frontline efforts,” and “Strategies to address reimbursement restrictions for Hep C treatment: Lessons from Australia” (in partnership with The Kirby Institute).

Building hepatitis C capacity in frontline harm reduction programming

CATIE collaborated with the Saskatchewan HIV/HCV Nursing Education Organization to develop a one-day peer-training event for peer workers engaged in hepatitis C across Saskatchewan. The aim of the peer training was to unite peers from across the province to do capacity building in hepatitis C and provide a space for peers to share experiences, strategies and programming approaches. Almost 40 peer workers from across the province attended the event.

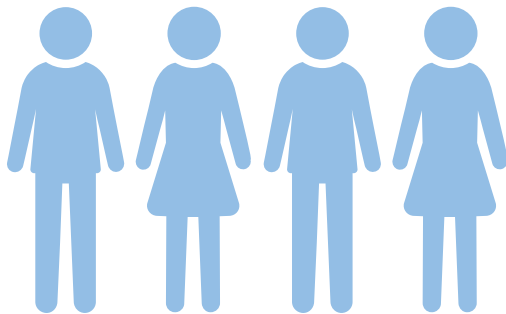
CATIE collaborated with South Riverdale Community Health Centre to plan and deliver this past year’s Ontario Hepatitis C Teams Training with 16 multidisciplinary hepatitis C teams. CATIE staff hosted an educational workshop on hepatitis C and harm reduction, and facilitated a discussion for the teams to network and learn from each other’s programming approaches across the province.



New practice guidelines to inform HIV peer health navigation programs

In 2016/17, the *Practice Guidelines in Peer Health Navigation for People Living with HIV* Working Group continued to meet to develop guidelines for community-based organizations that want to develop new or strengthen existing peer health navigation programs. The 15-member expert Working Group includes people living with HIV, frontline service providers, clinicians, program planners and researchers.

In this year, the working group completed the guidelines, which include more than 100 research- and practice-based recommendations across 11 core areas of practice; 11 evidence reviews, which synthesize and analyze the best possible evidence from peer-reviewed and grey literature, supplemented with the practice-based experience of experts in the field; and over 30 vignettes of the practice-based expertise of the Working Group.



The purpose of the guidelines is to improve the quality and consistency of peer health navigation programs in Canada; improve the effectiveness of peer health navigation programs to positively impact the health and wellness of people living with HIV; and build on existing models and materials, many of which were developed and informed by people living with HIV.

The *Practice Guidelines in Peer Health Navigation for People Living with HIV* provide recommendations on:

- ▶ assessing peer and agency readiness
- ▶ defining navigator roles and responsibilities
- ▶ considering and addressing ethical and policy concerns
- ▶ recruiting, selecting, compensating, training, and supervising navigators
- ▶ integrating navigators into the host agency, and with community and healthcare partners
- ▶ evaluating the peer health navigation program

To increase awareness of the forthcoming guidelines (they are scheduled to be published Fall 2017), CATIE presented the guideline development process at the CAHR Conference in Winnipeg in May 2016 and sent out promotional material in advance to program planners and program funders across the country. Our promotion of the guidelines will continue in 2017/18 with presentations scheduled at CAHR, CANAC and CPHA conferences. When published, the guidelines can be found on www.catie.ca, along with other tools and resources to support peer health navigation programming.

“As a long-term poz man (20 years), I found some of the newer info pertaining to HIV very helpful in terms of having an undetectable viral load.”
– CATIE survey respondent

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Expanding CATIE's work with Indigenous communities

CATIE is increasing our work with Indigenous communities across Canada, facilitating and ensuring true partnerships that respect Indigenous health and wellness, and create culturally safe environments. Here are some highlights of our work with Indigenous communities during 2016/17.

British Columbia

CATIE collaborated with the BC First Nations Health Authority, Pacific AIDS Network and other BC organizations on the second annual Educators' Forum entitled "Expanding our Reach: STBBI/HIV/Hep C Protection and Prevention for Indigenous People in BC" which took place in February 2017 in Chase, BC. This was an excellent opportunity to connect with service providers working with Indigenous communities across the province and deliver a presentation on PrEP to forum participants.

Prairies

This year, CATIE had the opportunity to work with First Nations communities in the Prairies. In 2016, we visited Flin Flon, Manitoba to speak to stakeholders and members of The 595 Prevention Team, which included frontline staff from Opaskwayak Cree Nation and the Keewatin Tribal Council. We also facilitated a meeting of peer workers in Regina, Saskatchewan featuring presentations on HIV, hepatitis C and harm reduction. Participants came from various communities around the province, primarily from Indigenous peer-based programs.

In March 2017, we co-hosted an education day with the Saskatchewan Indigenous Strategy on HIV and AIDS (SISHA). CATIE and SISHA invited the Saskatchewan Ministry of Health HIV Coordinators and other ASO staff to attend this training. The Saskatchewan HIV/AIDS Research Endeavour (SHARE) presented findings from the Saskatoon Community Needs Assessment and CATIE presented workshops on U=U ("Undetectable equals Untransmittable"), HIV stigma, and PrEP with additional input on the provincial context from a local nurse.

Ontario

In partnership with Ontario Aboriginal HIV/AIDS Strategy, NEON Lights, a two-day conference in Timmins, presented on HIV and hepatitis C topics. There were 60 participants from Northeastern Ontario working both on- and off-reserve. On July 11-14, 2016 CATIE was in Fort Frances in Northwestern Ontario where we facilitated a two-day training for nurses and allied workers from 10 surrounding reserves. There were also speakers from Elevate NWO as they provide Hep C support for people in the Rainy River region, and from the needle exchange staff in Fort Frances. It was a very successful training that will hopefully lead to further work in that under-resourced area.

Quebec

In partnership with the Native Women's Shelter of Montreal, we co-hosted an event to highlight the Aboriginal AIDS Awareness Week event at the Native Friendship Centre of Montreal on December 5, 2016. The theme of this day was HIV testing and the program included a morning of CATIE workshops on new developments in HIV (including PrEP and undetectable viral load). This was followed by an interactive workshop for service providers focused on accompanying someone through a new HIV-positive diagnosis, presented by CLSC-Métro. The afternoon was open to both service providers and those accessing services, featuring a presentation on a new HIV/HCV prevalence study among Aboriginal people in Montreal led by Dr. Cécile Tremblay and a panel of Aboriginal people living with HIV. Topics covered included diagnosis, disclosure, stigma and issues facing HIV-positive Indigenous Montrealers today.

Atlantic

CATIE attended the annual Atlantic First Nations Nurses Conference in September 2016 in Halifax, which was dedicated to on-reserve health services in the Atlantic region. CATIE presented a Hep C treatment update to the nurses working in First Nations communities across the Atlantic provinces.

Williams Lake course reflects Indigenous knowledge and leadership

In April 2016, CATIE offered the Hep C Basics course to Indigenous health workers in the BC Interior. This was a collaboration with local partner Three Corners Health Services Society in Williams Lake, Dr. Alexandra King, Physician/Researcher, Lu'ma Medical Centre, Cariboo Memorial Hospital, and CATIE Board Member Denise Thomas. The face-to-face meeting for the course was designed to reflect local Indigenous knowledge and leadership. Among the local speakers were Chief Roger Williams of Xeni Gwet'in First Nation, peers with lived experience of Hep C, and elders with knowledge of local Indigenous healing practices. The meeting included discussion about Hep C services in the area, treatment access for on-reserve communities, and culturally safe health services provision.



Programming Connection: research- and practice-informed programming

Programming Connection (PC) is CATIE's toolkit of promising approaches to frontline programs in HIV and hepatitis C prevention, testing, treatment, care and support. The online toolkit supports the development, implementation and strengthening of program approaches in Canada.

This year, CATIE published case studies highlighting successful innovative programs proven in the field that can serve as inspiration for agencies developing HIV and hepatitis C programs. These case studies included a mail-based harm reduction program, an HIV prevention clinic and a social network approach to HIV investigation and partner notification.

In 2016/17, CATIE also formally introduced research evidence into the *PC* collection. Through evidence reviews (syntheses of the research on a specific program approach) and evidence briefs (reviews of a single study on a specific program approach), *PC* offers both practice and research evidence to support approaches to our work. This year, CATIE published eight evidence briefs to highlight scientifically proven effective programming.

This year, *PC* welcomed *Bright Ideas!*, short descriptions of Canadian programs. Originally introduced in *The CATIE Exchange* in 2014/15, *Bright Ideas!* is now also a part of the wider *PC* collection.

In the past year, there were 21,745 views of *Programming Connection* online and we attracted 2,352 email subscribers.



2,352

email subscribers

Programming Connection Case Studies in 2016/17 included:

A social network approach to HIV investigation and partner notification

Saskatoon Health Region
Saskatoon, SK

Enhanced Supportive Housing Program

Dr. Peter Centre
Vancouver, BC

HIV Prevention Clinic

Toronto General Hospital
Toronto, ON

Policy & Practice Toolkit for Ontario AIDS Service Organizations on Clients' HIV Disclosure Decisions and Process

Ontario Organizational Development Program (OODP)

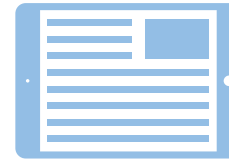
Programming Connection also added nine *Bright Ideas!* and eight evidence briefs during this fiscal year.



Prevention in Focus: profiling research findings' relevance to Canadian programs

CATIE's online publication *Prevention in Focus: Spotlight on programming and research (PiF)* digests research evidence related to HIV and hepatitis C prevention programming for frontline service providers, public health workers, program developers and researchers. Published twice a year, *PiF* has a range of articles that highlight research evidence and demonstrate how research findings can be integrated into the planning and provision of effective programs and services. In the past year, topics covered included PrEP in Canada; hepatitis C in immigrants and newcomers; HIV prevention for people who inject drugs; hepatitis C point-of-care testing; use of bleach as a harm-reduction strategy; HIV prevention, criminalization and sex work; and HIV and the female genital tract.

In the past year, there were 853,065 views of *Prevention in Focus* articles online and there were 2,369 email subscribers.



853,065

views of *Prevention in Focus* articles online



2,369

email subscribers

PROFILE

A hidden priority population: Immigrants and newcomers and hepatitis C

Building community knowledge and scaling up national knowledge exchange

Canadian immigrants are disproportionately affected by hepatitis C, and are often an overlooked priority population. Nearly one-third of all hepatitis C antibody-positive tests in Canada are among people born in a country outside of Canada. There are very few tailored frontline services for this population.

Since 2010, with support from the Ontario Ministry of Health and Long-Term Care, CATIE has worked on hepatitis C community education and awareness with the four largest immigrant communities in Ontario (Chinese, Punjabi, Pakistani and Filipino). We have developed strong partnerships with settlement agencies and ethnic media in these communities to reach out to those who are not connected to care. As part of this work, CATIE also produces culturally and linguistically tailored information resources in 13 major immigrant languages spoken in Ontario to provide easily accessible information.

CATIE's work with ethnocultural communities in Ontario on hepatitis C education continued to expand in 2016/17 with an increased focus on knowledge exchange and capacity building with frontline workers working in hepatitis C with immigrants and newcomers. CATIE organized a well-attended national webinar on "Hepatitis C's impact on Canadian immigrants and newcomers" which provided a forum for HCV experts and service providers to share their perspectives with frontline workers. CATIE also included a *Prevention in*

Focus article, "Hepatitis C in Canadian immigrants and newcomers: Why are hepatitis C rates higher in these populations?"

CATIE has also developed an in-person curriculum to build the capacity of frontline workers to work with immigrants and newcomers; it will be rolled out in Ontario as part of CATIE's hepatitis C Blended Learning program. The aim of this specialized training is to provide foundational knowledge to frontline workers on how hepatitis C affects the lives of Canadian immigrants and how to work with this population. In partnership with Punjabi Community Health Services, a core aspect of the training is providing participants with a basic orientation to doing frontline hepatitis C work with cultural competency in high-prevalence newcomer communities.



Dieynaba Dème, Coordinator of the CATIE Ordering Centre, at the World Hepatitis Day's event organized by the Bloom Clinic, Brampton, Ontario, July 28, 2016





Bright Ideas takes flight!

In 2016/17, *Programming Connection (PC)*, CATIE's online toolkit of case studies highlighting Canadian frontline program models, materials and planning resources, adopted *Bright Ideas*, a column originally part of *The CATIE Exchange (TCE)*, our e-newsletter that highlights projects run by HIV/ HCV/ STBBI organizations as well as CATIE programs.

Bright Ideas was a natural fit for *PC* as both publications profile models of frontline practice. This migration means that all the programming featured in *Bright Ideas* has a permanent home in *PC*, instead of only being available when the *TCE* comes out. People interested in learning about innovative programming can easily find these bright ideas on the *PC* web pages. Here's a summary of the exciting projects covered this past year:

- ▶ Yukon Condom Fairy by BloodTies Four Directions, Whitehorse, YK (1)
- ▶ Stoney Trail Workshop by Calgary Urban Projects, AL (2)
- ▶ The 180 Bailey Bus by Direction 180, Halifax, NS (3)
- ▶ Ask a Nurse by Health Initiative for Men, Surrey, BC
- ▶ Women's Outreach by Agincourt Community Service Association, Scarborough, ON
- ▶ SafeSpace London, ON (4)
- ▶ Know your Status by Big River First Nation, SK



1



4



2



3



5

- ▶ Warkworth’s LGBTQ2S and friends support group by Canadian Mental Health Association, Correctional Service of Canada (CSC), PARN & PFLAG, ON
- ▶ Supportive Housing Program by AIDS Committee of Newfoundland and Labrador, St. John’s, NL
- ▶ Wrap it Up! by Saskatoon Sexual Health, SK (5)
- ▶ Community Voicemail by Lu’ma Native Housing, Vancouver, BC
- ▶ Play Your Cards Right by AIDS Committee of Durham Region, Oshawa, ON (6)



6

PROFILE

Gay men’s initiatives

Engaging in gay men’s sexual health initiatives across Canada

As part of its mandate to strengthen local and regional responses to HIV and hepatitis C across Canada, CATIE organized two regional consultation meetings in gay men’s sexual health over the past year – one in the Prairies (Edmonton, June 2016) and the second in the Atlantic Region (Halifax, December 2016). These two-day meetings convened key stakeholders in gay men’s sexual health to provide an opportunity for capacity building, knowledge exchange, and partnership development, with the aim of improving local and regional responses. Each meeting included critical and collaborative discussion of relevant research (e.g., The Resonance Project and Sex Now), local or regional programming efforts, and future opportunities such as *Hooking Up: A Pan-Canadian Community Alliance on Combination HIV/STBBI Prevention Among Gay, Bi, Trans and Queer Men Who Have Sex With Men*.

Organized in partnership with HIV Edmonton, HIV Community Link (Calgary), Calgary Sexual Health Centre, OUTSaskatoon and Rainbow Resource Centre (Winnipeg), the Prairie meeting was an important follow-up to the 2012 Prairie MSM meeting. The Atlantic consultation was the first-ever region-wide meeting with a specific focus on gay men, and organized in partnership with the AIDS Coalition of Nova Scotia, AIDS New Brunswick, AIDS PEI, and AIDS Committee of Newfoundland and Labrador. These meetings highlighted a range of important local initiatives addressing gay men’s sexual health, particularly within urban areas, and also underscored a lack of resources to support coordinated responses in these regions.

CATIE continues to leverage its national engagement in gay men's sexual health initiatives across Canada to support the sharing of research and programming tools, resources, and knowledge across diverse community, research, public health, and service provider stakeholders. This includes: partnership with research projects such as *MOBILISE!*, *Engage*, *HPV-SAVE*, and *Sex Now*; programming initiatives such as *Resist Stigma* and *Totally OUrighT*; and regional networks such as the Gay Men's Sexual Health Alliance (Ontario) and the gbMSM Health Network (BC).

Supporting the Pan-Canadian Gay Men's Health Network and establishing our Community Alliance

CATIE has continued to support the development of the emerging Pan-Canadian Gay Men's Health Network (PCGMHN), which was identified as a key priority from our national consultation meeting in October 2015. While still in its infancy and with no dedicated operational funding or resources, the PCGMHN has been an important mechanism for identifying programming priorities, as well as exploring opportunities for collaboration between key gay men's health stakeholders in Canada.

The principal exploration in this regard has been the development of the *Hooking Up: Pan-Canadian Community Alliance on Combination HIV/STBBI Prevention Among Gay, Bi, Trans and Queer Men Who Have Sex With Men* project proposal to the Public Health Agency of Canada's newly launched Community Action Fund. The proposed project aims to enhance combination prevention among gay men and other MSM in Canada, including

access and uptake of relevant health and social services, and achieved through coordinated service provider and community health programming, including social marketing campaigns, community mobilization initiatives, and health system collaboration.

Working in partnership with other Alliance members, CATIE led the development of our successful Letter of Intent and eventual proposal. We are proud that our Alliance is the largest proposed to the fund, with 12 organizations across Canada. *Hooking Up* Community Alliance members include:

- ▶ two national members: CATIE and Community-Based Research Centre; and
- ▶ 10 local/regional members: Health Initiative for Men; Alberta Community Council on HIV/AIDS; OUTSaskatoon; Nine Circles Community Health Centre; AIDS Committee of Toronto; MAX (formerly Ottawa Gay Men's Wellness Initiative); RÉZO; MIELS-Québec; AIDS Coalition of Nova Scotia; and AIDS PEI.



Atlantic Regional Consultation Meeting in Gay Men's Sexual Health, Halifax, December 2016



CATIE supports Canada's frontline efforts to improve HIV and Hep C diagnosis

CATIE is committed to supporting Canada's efforts to reach our domestic and global commitments to the ambitious UNAIDS 90-90-90 HIV targets, as well as the WHO Global Health Sector Strategy on Viral Hepatitis, 2016-2021 which commits us to eliminating viral hepatitis as a public health threat by 2030 by ensuring that 90% of people with chronic HCV in Canada are diagnosed and that 80% of those are on treatment. National and provincial estimates tell us that while progress has been made, we can be doing even better at reaching the "first 90" for both HIV and hepatitis C: diagnosing people with HIV and hepatitis C and ensuring that they are linked to the right services.

Focus on testing and linkage to prevention and care

In 2016/17, CATIE enhanced its knowledge exchange activities focused on the uptake of HIV and hepatitis C testing and on linkage to appropriate services. To guide our efforts and the efforts of all Canadian stakeholders in the HIV response, CATIE partnered with CTAC and PositiveLite.com to develop and nationally promote the *Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing*, which provides fundamental shared principles to help guide individuals and organizations in building a comprehensive response to the HIV epidemic, including HIV testing and diagnosis (*for more details, see page 9*).

Through *CATIE News* and *Prevention in Focus*, CATIE translated research evidence on HIV and hepatitis C testing technologies and programs, such as the effectiveness of the newly approved point-of-care hepatitis C antibody test and its implications for service provision; evidence related to the value of immediate linkage to HIV treatment following an HIV-positive diagnosis and the implications for practice; and attitudes towards home-based HIV testing, among other topics.

CATIE expanded its extensive fact sheet series for service providers to include HIV testing technologies and the HIV testing process, engaging expert reviewers from across the country to ensure accuracy and relevance.

CATIE also increased service providers' knowledge of the lack of hepatitis C testing among immigrants in Canada through a successful national webinar, and CATIE ran 11 educational modules for 228 service providers focused on hepatitis C testing through our *Hepatitis C Basics Blended Learning* program.

CATIE's free printed material gives our outreach programs credibility and effective follow-up support after difficult conversations. When I learn something new, I automatically implement it in my education workshops and in my support services. I would be lost without CATIE.

– CATIE survey respondent



PROFILE →

Deliberative Dialogue: Seeking common understandings on HIV testing and linkage

To increase HIV diagnoses and improve engagement in prevention, treatment, care and support, we need to understand and consider the relevance of various evidence-informed testing and linkage approaches for different contexts in Canada. To this end, in October 2016, CATIE hosted the *National Deliberative Dialogue on Reaching the Undiagnosed: Scaling up effective programming approaches to HIV testing and linkage to prevention and care*, a national two-day meeting. “Deliberative dialogue” is a form of discussion aimed at finding the best course of action. The purpose is not so much to solve a problem or resolve an issue as it is to explore the most promising avenues for action. In this, our fourth deliberative dialogue, CATIE convened a select group of leaders from HIV testing practice, and policy and research, to share practice-based knowledge about effective strategies within or across regions and populations, and discuss evidence related to HIV testing and linkage



Participant discussion at the 2016 CATIE Deliberative Dialogue

programs. The goal was to produce key priority directions in HIV testing and linkage programming to improve our ability to reach the HIV undiagnosed and link them to care.

Through facilitated, structured dialogue, participants endeavored to develop common understandings and reveal acceptable pathways to action. The agenda for this meeting was framed by four key topics, each centred on approaches and mechanisms for HIV testing and linkage:

1. Reaching the undiagnosed through clinical settings
2. Reaching the undiagnosed through community-based settings and partnerships
3. Self-directed approaches
4. Linkage across the continuum of HIV prevention and care

The full meeting report and list of priority directions can be found on www.catie.ca.

“ Thank you very much for inviting me – likely the best meeting I’ve been to in awhile, and exactly the type of conversation I am trying to direct my lab’s direction towards – affecting real public health outcomes.

– Dr. John Kim, Chief - National Laboratory for HIV Reference Services, Public Health Agency of Canada, JC Wilt Infectious Disease Centre, Winnipeg, MB

”



2017 CATIE Survey: Frontline kudos emphasize our value

The CATIE evaluation survey of frontline service providers across Canada, conducted in 2016/17, revealed:

CATIE increases knowledge of HIV, hepatitis C and programming

- **96%** of service providers reported that CATIE increased their knowledge of HIV
- **97%** of service providers reported that CATIE increased their knowledge of hepatitis C
- **93%** of service providers reported that CATIE provides information that helps their organization plan and deliver programs and services

CATE provides information agencies can act on:

- **96%** of service providers reported that CATIE provides information that increases their capacity to respond to the needs of their community.
- **91%** of service providers used information from CATIE to educate or inform clients, health professionals, colleagues or members of the public.
- **77%** of service providers used information from CATIE to change work practices and/or implement/change programming.

Some examples of what people said:

“CATIE’s services are essential in doing my work. The CATIE updates keep me up-to-date on treatment and medical information. CATIE’s materials and knowledge exchange continue to teach me so that I can be a better support to those I work with.”

“... without CATIE, our non-profit’s work and the impact it’s had on our community would have been greatly diminished without CATIE’s resource centre [Ordering Centre]. CATIE represents incalculable dollars saved in printing resources and the quality and integrity of these resources are so credible and so much better than anything we could produce locally. CATIE is the unsung hero of our non-profit.”

“CATIE’s free printed material gives our outreach programs credibility and effective follow-up support after difficult conversations. When I learn something new, I automatically implement it in my education workshops and in my support services.”

“CATIE is a fundamental resource in our line of work. We use it all the time and rely on it for the most up-to-date information.”





Public and Other Funders

April 1, 2016 – March 31, 2017

The development of CATIE’s resources and programs, and the relationships and partnerships we have established and nurtured with many frontline service providers, would not have been possible without the generous support of our funders.

CATIE acknowledges the ongoing funding provided by the Public Health Agency of Canada (PHAC), as well as the generous support from:

- Canadian Institutes of Health Research (CIHR)
- Ontario Ministry of Health and Long-Term Care, AIDS and Hepatitis C Programs

Corporate Donors

April 1, 2016 – March 31, 2017

CATIE would like to pay tribute to the following corporations whose support is helping us to provide all people living with HIV and/or hepatitis C with the best possible information.

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MAC AIDS FUND

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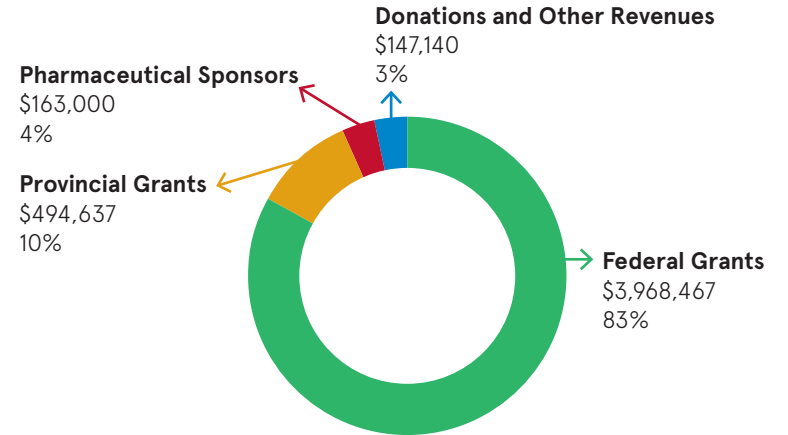
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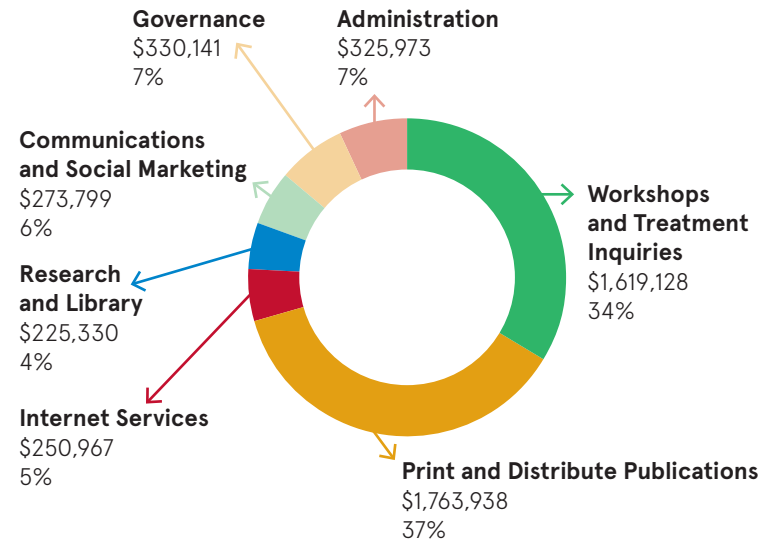
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We also extend our thanks to the many friends of CATIE who generously support our work with personal donations and gifts of time and talent.

Total Revenue \$4,773,244



Total Expenditures \$4,789,276





CATIE Partners

2-Spirited People of the First Nations
The 519, Toronto
Action Canada for Sexual Health and Rights
Action Hepatitis Canada
Action Positive VIH/sida
African and Caribbean Council on HIV/AIDS
in Ontario
Africans in Partnership Against AIDS
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AIDS Bereavement and Resiliency Program
of Ontario
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AIDS Coalition of Nova Scotia
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AIDS Committee of Ottawa
AIDS Committee of Toronto
AIDS Committee of York Region
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AIDS PEI
AIDS Saint John
AIDS Saskatoon
AIDS Vancouver
AIDS Vancouver Island
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All Nations Hope AIDS Network, Regina
Alliance for South Asian AIDS Prevention,
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drogues (AQPSUD)
Association des intervenants en dépendance
du Québec
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BC Centre for Disease Control
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Big River First Nation
Black Coalition for AIDS Prevention, Ontario
Blood Ties Four Directions Centre, Yukon
Bloom Clinic, Wellfort Community Health
Centre, Ontario
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CACTUS Montreal
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Canadian Association of Hepatology Nurses
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for Gay Men's Health, British Columbia
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CHU Sainte-Justine, Montreal
CIHR Aboriginal HIV & AIDS Collaborative Centre
CIHR Canadian HIV Trials Network
CIHR Centre for REACH in HIV/AIDS
CIHR Social Research Centre in HIV Prevention
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HIV Community Link, Calgary

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Women's College Research Institute, Toronto
Women's Health in Women's Hands, Toronto
Yonge Wellesley Medical Clinic, Toronto
YouthCO HIV & Hep C Society, Vancouver





CATIE Board of Directors, 2016/17



CATIE wishes to thank John McCullagh, Chair, and the Board of Directors for their diligence in providing governance and support for our work. The board's insights are greatly appreciated. Thanks, also, for the board members' commitment to their respective regions and to CATIE as a whole as we evolve to meet our communities' needs.

Back row (from left): Denise Thomas, Alexandra de Kiewit, Trevor Stratton, Gerard Yetman, John McCullagh, Arthur "Dave" Miller, Hermione Jefferis, Dr. Lynne Leonard, Susanne Nasewich, Patrick Cupido, Darren Lauscher.
Front row: Peetanacoot Nenakawekapo, Haoua Inoua, Hugo Bissonnet, Marcie Summers.





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Erica Lee, Information and Evaluation Specialist



Alexandra Martin-Roche, Senior French Editor
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Yukun Zhao, Chinese Community Hepatitis C Outreach Worker (joined August 2016)
Zak Knowles, Web Content Manager

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Lara Barker, Regional Health Education Coordinator (*West*)
Melissa Egan, Regional Health Education Coordinator (*Prairies*)
Thomas Egdorf, Regional Health Education Coordinator (*Atlantic*)
Jennifer Grochocinski, Manager, Program Delivery
Krysha Littlewood, Specialist, Blended Learning
Liam Michaud, Regional Health Education Coordinator (*Quebec*)
Barb Panter, Regional Health Education Coordinator (*Ontario*) (until March 2017)



CATIE by the Numbers 2016/17

