

The background features a warm orange-to-yellow gradient. Several hands of different skin tones are visible, appearing to hold or support a large, white, rectangular sign that is slightly tilted. The sign contains the main text of the report.

**BRIDGING  
THE GAP**

**ANNUAL  
REPORT  
2017**

**2018**



# WHAT'S INSIDE

3 Message from the Chair and Executive Director

4 **INCREASING KNOWLEDGE**

8 **BUILDING CAPACITY**

12 **STRENGTHENING PROGRAMS**

16 Partnerships

18 Our Year in Numbers

19 Financials

19 Our Supporters

20 CATIE Board of Directors

20 CATIE Staff



Canada's source for  
HIV and hepatitis C  
information

## **CATIE strengthens Canada's response to HIV and hepatitis C by bridging research and practice.**

We connect healthcare and community-based service providers with the latest science, and promote good practices for prevention and treatment programs.

As Canada's official knowledge broker for HIV and hepatitis C, you can count on us for up-to-date, accurate and unbiased information.



[www.catie.ca](http://www.catie.ca)



1-800-263-1638



[info@catie.ca](mailto:info@catie.ca)

### **CATIE Annual Report 2017/18**

Written and edited by CATIE staff

Designed by GravityInc.ca

Catalogue No. ATI-90194

### **Find Us**

555 Richmond Street West

Suite 505, Box 1104

Toronto, Ontario M5V 3B1

Canada

### **Charitable Registration Number**

132258740 RR0001



CATIEinfo

# BRIDGING THE GAPS IN CANADA'S RESPONSE TO HIV AND HEPATITIS C

**E**liminating Canada's HIV and hepatitis C epidemics is no longer wishful thinking. It is now a realistic possibility to achieve this in just over a decade.

Within the past few years we have seen incredible advances in biomedical HIV prevention, from pre-exposure prophylaxis (PrEP) to the scientific consensus that a person with HIV who takes treatment and maintains an undetectable viral load does not transmit the virus to their sexual partners.

The progress in hepatitis C has been even more dramatic, with new direct-acting antiviral medications curing the infection in a matter of weeks, with few side effects.

If these tools are effectively employed in combination with action on the social determinants of health, epidemiologists tell us that eliminating these global epidemics can be achieved in just over a decade. Our federal government agrees, and has signed on to global targets to eliminate HIV and hepatitis C as public health threats by 2030.

But there is a significant gap between our aspirations and our current reality. While we have committed to diagnosing 90% of Canadians who have hepatitis C by 2030, we have only reached a paltry 56%. We have also committed to ensuring 90% of Canadians living with HIV are accessing treatment within the next two years, but we are behind at 81%. Our slow progress on testing and treatment is keeping us behind similar countries with similar epidemics, such as the United Kingdom and Australia.

Reaching these goals requires concerted effort and leadership from all stakeholders, and the past year



has seen progress on this front. The Public Health Agency of Canada is mapping out an integrated strategy to address sexually transmitted and bloodborne infections, while the Canadian Foundation for AIDS Research and the Canadian Network on Hepatitis C are each leading the development of strategies to address HIV and hepatitis C, respectively. CATIE is an active participant in all three of these initiatives, and is reinforcing the importance of engaging service providers and people living with HIV and hepatitis C.

On the front lines of the epidemic, CATIE bridges the gap between research and practice. We give frontline service providers access to the latest developments in biomedical science and the best practices for programs. Without knowledge exchange, the groundbreaking scientific developments in HIV and hepatitis C will not reach the communities that stand to benefit the most.

By bridging these gaps, we can end Canada's HIV and hepatitis C epidemics by 2030. Let's work together to make it happen.

In solidarity,

**Laurie Edmiston**  
Executive Director

**John McCullagh**  
Chair, Board of Directors

# INCREASING KNOWLEDGE



“ Throughout my work, it is important to have a trusted source of reliable, science-based evidence, balanced with community sensibilities specific to the Canadian context. This is why I access CATIE resources pretty much on a daily basis.

**San Patten**  
*Research and Evaluation Consultant*  
HALIFAX, NOVA SCOTIA

I have found that the Indigenous community draws upon CATIE resources quite often – they know that CATIE has the information. They're useful to our community and they're used broadly. There's a great need for them.

**Doris Peltier, Advocate**  
WIKWEMIKONG FIRST NATION,  
ONTARIO AND MONTREAL, QUEBEC

## HERE'S WHAT THEY SAID

We asked our readers to vote for their choice of the most important HIV or hepatitis C story of 2017.

### 10 B.C. publishes first Canadian estimates of hepatitis C diagnosis, treatment and cure rates

In 2017, British Columbia researchers published provincial estimates of the cascade of care, offering the first insights into how well we are doing at diagnosing, treating and curing hepatitis C in Canada.

### 9 Rapid test for hepatitis C approved in Canada

In January 2017, Health Canada approved the first rapid point-of-care test to screen people for hepatitis C.

### 8 Harm reduction workers take the lead in Canada's overdose crisis

From organizing a national day of action to setting up unsanctioned overdose prevention sites, harm reduction workers have led the way while governments have been slow to act.

### 7 Canada not among the 82 countries with viral hepatitis elimination plans

At the World Hepatitis Summit in Brazil this year, we learned that 82 countries have viral hepatitis elimination plans in place, and one-third of these are financed.

### 5 First guidelines for Canadian healthcare providers prescribing medication for HIV prevention

An expert panel published the first Canadian guidelines for clinicians to prescribe antiretrovirals to prevent HIV before exposure (PrEP) and after exposure (PEP).

### 4 First drug to cure all strains of hepatitis C added to public drug plans in Canada

Pan-genotypic hepatitis C treatments were added to federal and provincial drug plans earlier in 2017, offering the first public coverage in Canada of treatments that can cure all six strains of the virus.

### 6 Two more provinces move towards universal hepatitis C treatment

Negotiations with Canada's provincial and territorial governments this year brought down the price of new and effective hepatitis C drugs.

### 3 Canada trailing global progress towards HIV testing and treatment targets

Canada is doing well at achieving viral suppression among people who are already on treatment, but falling behind similar countries with similar epidemics in testing and linkage to treatment.

### 2 Canada approves generic PrEP, making the HIV prevention drug more accessible

With the generic version offering a dramatically reduced price, Ontario became the second province after Quebec to add a formulation of PrEP to its public drug plan.

### 1 Canada's public health leaders support 'Undetectable = Untransmittable'

CATIE joined dozens of Canadian organizations signing on to the U=U consensus statement earlier in 2017, acknowledging the scientific evidence that a person does not transmit HIV to their sexual partners if they maintain an undetectable viral load with treatment ("undetectable equals untransmittable"). At the CATIE Forum in November 2017, Canada's chief public health officer Dr. Theresa Tam agreed, saying that there is "effectively no chance of transmitting HIV to a sexual partner if you have achieved sustained viral suppression". This was followed by a World AIDS Day joint statement of support from Dr. Tam and the chief medical officers of health of all provinces and territories across Canada.

# INCREASING KNOWLEDGE



“ A large number of Canadians immigrated from countries where the prevalence of hepatitis C virus is very high. In the absence of a pre- or post-arrival screening program, there is a substantial delay in the diagnosis of hepatitis C. CATIE has been at the forefront of addressing this by increasing patient and provider knowledge. CATIE’s ethnocultural program has contributed more to raising awareness of hepatitis C among immigrants than any other organization in Canada.

**Naveed Janjua**, *Epidemiologist*  
VANCOUVER, BRITISH COLUMBIA

# HEPATITIS C AMONG IMMIGRANTS AND NEWCOMERS

*Delivering information to communities and service providers.*

**H**epatitis C has a higher prevalence among immigrants and newcomers to Canada than among the Canadian-born population. This requires tailored messaging that is relevant to communities with a different set of risk factors.

To address this unique public health challenge, the Ontario Ministry of Health and Long-Term Care has provided support to CATIE over the past seven years to develop and deliver culturally appropriate and accessible education and outreach to four priority immigrant populations in Ontario – Indian (Punjabi-speaking), Pakistani (Urdu-speaking), Filipino (Tagalog-speaking) and Chinese communities.

## What's New in 2017/18

- The recently published client brochure *Hepatitis C Information for Immigrants and Newcomers* offers hepatitis C information in Punjabi, Urdu, Tagalog and Chinese, including up-to-date information about new and highly effective treatments.
- CATIE hosted dialogues with the editors of South Asian community media (in collaboration with the Committee of Progressive Pakistani Canadians) and Chinese community media (in collaboration with the Chinese Canadian National Council, Toronto Chapter), with participation from television, radio and newspaper outlets.
- Settlement workers from across Toronto gathered for a panel on newcomer health issues and hepatitis C, hosted by CATIE and the Toronto South Local Immigration Partnership, Access Alliance Community Health Centre and Toronto Public Health.
- eduCATIE's Hepatitis C Basics blended learning course was customized for frontline service providers working with immigrants and newcomers, with the support of Punjabi Community Health Services.
- This year the program expanded to Ottawa, with new partnerships formed at Jewish Family Services and the Ottawa office of Punjabi Community Health Services.
- The program was profiled at leading Canadian hepatitis C conferences, including the Canadian Network on Hepatitis C (CanHepC) Symposium, the Canadian Liver Meeting and the CATIE Forum.



### 10,000 IMMIGRANTS AND NEWCOMERS

reached through outreach and workshops



### 89% OF WORKSHOP PARTICIPANTS

reported an increase in knowledge



### 61,165 HEPATITIS C BROCHURES DISTRIBUTED

in seven languages



### 250,000 PEOPLE REACHED

with hepatitis C awareness messages



### 50 NEWCOMERS TRAINED

and employed as community facilitators

# BUILDING CAPACITY



“ CATIE is a valuable and trusted resource that HIV/AIDS Resources and Community Health (ARCH) accesses when providing accurate information to our participants and other stakeholders. This past year, CATIE acknowledged ARCH’s existing HIV testing resources as a strong framework to work from and invited us to collaborate on a project to expand this resource to a national audience. It was a pleasure to work with the team at CATIE as they were intentional in this partnership throughout the process.

**Tom Hammond**, *Executive Director*  
GUELPH, ONTARIO





# BUILDING CAPACITY



“ As a nurse educator working in an urban health program, I rely on educational resources from CATIE, including its online education program. I find having CATIE as part of my education toolkit is helpful for providing supplemental education that nurses can access when it comes to caring for individuals living with HIV and hepatitis C.

*Elyse Magee, Nurse Educator*  
VANCOUVER, BRITISH COLUMBIA

# DELIVERING EDUCATION TO THE FRONT LINES

*HIV and hepatitis C workshops, training and courses.*

**O**ver the past year, CATIE delivered 59 workshops from coast to coast – most of them in partnership with existing regional events. The pace of new research in HIV and hepatitis C has reinforced a need for continuing education among frontline service providers.

Expanded access to new hepatitis C medications over the past year has increased the demand for workshops on the new reality of treatment and cure. New developments in HIV prevention and treatment have led service providers to request trainings on pre-exposure prophylaxis (PrEP) and sexual transmission in the era of ‘Undetectable = Untransmittable’ (U=U).



## **eduCATIE**

In December 2017, CATIE launched open online courses through eduCATIE.ca to expand access to new HIV and hepatitis C science. Courses are self-directed and are designed for service providers who prefer to learn on their own time and at their own pace. eduCATIE.ca has launched two public courses: ‘Hepatitis C Basics’ and ‘Preventing the Sexual Transmission of HIV’.

CATIE also offers customized courses through eduCATIE+ for organizations to build the HIV and hepatitis C knowledge of staff, volunteers and community members. These blended learning courses combine online education with live instructor training, supported by knowledgeable CATIE educators from start to finish. In 2017, eduCATIE+ launched a new six-week course on ‘Preventing the Sexual Transmission of HIV’.

# STRENGTHENING PROGRAMS



“ The CATIE Forum was one of the best conferences I have had the pleasure of attending. It was highly informative. It was also great to be able to network with other organizations attending the conference. The Western Aboriginal Harm Reduction Society had the pleasure of being on the agenda, talking about indigenizing harm reduction.

”

**Shelda Kastor**, *Harm Reduction Worker*

OCHAPOWACE NATION, SASKATCHEWAN | VANCOUVER, BRITISH COLUMBIA

# CATIE FORUM 2017

*Bringing together 400 participants from research to practice.*

**C**ATIE hosted its national, bilingual forum November 23 and 24, 2017. Our theme of *Transforming our practice: New knowledge, new strategies* was in response to a pressing need for dialogue and learning regarding the frontline implications of new knowledge and approaches in HIV and hepatitis C prevention, testing, treatment, care and support.

This event brought together 400 people on the front lines of the Canadian response to HIV and hepatitis C, including people living with HIV, people with lived experience of hepatitis C, community workers, healthcare providers, public health practitioners, researchers, program planners and policy-makers. The CATIE Forum was an opportunity to learn more about advances in HIV and HCV prevention and treatment science and programming knowledge, discuss the implications of this frontline work, share promising practices, and strategize about building and maintaining effective programs.



*"We have room to do more. Especially now that we are in the phase of elimination of these epidemics. Attaining epidemic control will not be achieved through a one-size-fits-all approach."*

Dr. Theresa Tam, Canada's Chief Public Health Officer

“



*"The main thing is to convey messages that don't induce fear. We want to convey messages that inspire confidence. That if someone is on treatment, and they're undetectable, and they continue to take their medicine every day as prescribed, they're not going to transmit HIV [sexually]."*

Bruce Richman, Prevention Access Campaign



*"The biggest barrier to acceptance of point-of-care testing is integration of point-of-care testing within the lab systems. And lab systems need to embrace them as that extra tool that expands their functionality and gets the patients that they've always wanted."*

Dr. Nitika Pant Pai, McGill University Health Centre



*"We hope and suspect that as others start to learn of this technique and some of the advantages associated with dried blood spot testing versus the standard way of testing, that it will start to become part of the routine way of testing blood."*

Dr. John Kim, Public Health Agency of Canada



*"Because PrEP can be so straightforward and it is such a safe and effective intervention, it is something that we really think can be done, and should be done, by primary care providers. So we need to do more to get information into the hands of those providers."*

Dr. Darrell Tan, St. Michael's Hospital

”

# STRENGTHENING PROGRAMS



“

CATIE allows community-based, sexual health service providers like me to share our health promotion strategies, STBBI testing best practices and research findings with folks from across this country. This organization continues to bring the country’s brightest and best innovators in HIV and hepatitis C treatment, prevention and care together, through various platforms, to discuss new ways to prevent the spread of HIV and hepatitis C in at-risk populations like newcomers, women and African, Caribbean and Black communities. I have published the work of my organization in CATIE’s *Prevention in Focus*, and shared how social and cultural factors continue to put marginalized communities at risk of being overrepresented in these HIV and hepatitis C statistics.

”

**Racquel Bremmer** (left), *Community Health Manager*  
TORONTO, ONTARIO

# PEER HEALTH NAVIGATION GUIDELINES

Sharing good practices with service providers across Canada.

**P**eer health navigation is a person-centred approach that helps to guide people living with HIV through the healthcare system. This model is unique in that it employs people living with HIV to connect, refer, educate and accompany their peers as they seek treatment and care.

The approach has been gaining traction in Canada, as evidence continues to mount on the importance of promptly linking people with HIV to treatment and care, and sustaining their engagement in the healthcare system.

To encourage community-based agencies to develop their own programs based on this model, CATIE convened a 13-member Canadian expert working group to develop a set of guidelines informed by research and practice. With the input of researchers, clinicians, community service providers and peer navigators themselves, the guidelines offer a review

of the evidence, practice recommendations, and vignettes of how peer health navigation can be applied in the real world.

Over the past year, CATIE has promoted the uptake of the guidelines with a knowledge-sharing session at the CATIE Forum 2017, an interactive webinar, and an online portal with supplementary documents and templates. The portal offers manuals, checklists, and sample documents for service providers to implement their program on the ground.



[www.catie.ca/en/peernavigation-guidelines](http://www.catie.ca/en/peernavigation-guidelines)



*The Peer Health Navigation Guidelines have started conversations on a provincial level in Saskatchewan. Using the guidelines, a tool was developed to identify strengths and gaps within nine of our peer-to-peer programs. Discussions and actions are ongoing as we move towards improving our peer health navigation programs in Saskatchewan.*



Jamie Crossman, Peer Program Coordinator,  
Saskatchewan Health Authority

## PROGRAMMING CONNECTION

Case studies and evidence briefs highlighted by CATIE in 2017/18

### British Columbia

- 1 Health promotion case management
- 2 HERS women's support group
- 3 Specialized support team

### Prairies

- 4 H.E.R. Pregnancy Program
- 5 Busting HIV myths

### Ontario

- 6 June's HIV+ Eatery
- 7 Rays of Resistance
- 8 The Game

### Quebec

- 9 Ready for Action

### Atlantic

- 10 Sex over 50

+ 9 international programs





# PARTNERSHIPS

## BRIDGING THE GAPS: INDIGENOUS PEOPLES

*Growing partnerships across nations.*

### **Canadian Aboriginal AIDS Network**

CATIE collaborated with the Canadian Aboriginal AIDS Network to produce an educational video about HIV treatment, with and for Indigenous people. Weaving together Indigenous knowledge of culture and wellness and Western knowledge of HIV testing and treatment, *Strong Medicine* encourages people to get tested and to start, resume or stay on HIV treatment for their own health and wellness. The video has been screened at several Indigenous health conferences and a screening package is available at [www.catie.ca/strongmedicine](http://www.catie.ca/strongmedicine).

### **Native Women's Shelter of Montreal**

Twenty-five frontline service providers working with Indigenous people in the Montreal area participated in an eduCATIE+ course about preventing the sexual transmission of HIV. CATIE collaborated with the Native Women's Shelter at Montreal's Native Friendship Centre to host the face-to-face component of the blended learning course, which included a public panel on the barriers facing HIV and hepatitis C services for Indigenous people – especially women – in Montreal.

### **British Columbia First Nations Health Authority**

For a third year, CATIE participated on the planning committee for the First Nations Health Authority's educator forum. Together with the Pacific AIDS Network, Vancouver Coastal Health, YouthCO and the British Columbia Centre for Disease Control, CATIE delivered workshops at the forum on hepatitis C and pre-exposure prophylaxis (PrEP), with a focus on their relevance for Indigenous people.

### **Regional First Nations conferences**

CATIE has delivered HIV and hepatitis C workshops at several regional Indigenous health conferences, including the Association of Iroquois and Allied Indians Health Conference (Ontario), a peer training for Anishinabek Nation (Ontario), and the Know Your Status conference organized by the Saskatoon Tribal Council (Saskatchewan).



# BRIDGING THE GAPS: HEPATITIS C

*Growing partnerships across Canada and beyond.*

## **Canadian Network on Hepatitis C (CanHepC)**

CATIE partnered with CanHepC on their 2018 symposium, planning and curating sessions and co-hosting a Learning Institute with 20 community-based service providers at the conference. We also co-hosted a webinar after the symposium to share its key research and messages with a broader audience. CanHepC likewise offered support for the CATIE Forum in 2017, covering the costs of two keynote speakers to attend and deliver presentations focused on hepatitis C.

## **Canadian Liver Meeting**

CATIE participated in the coordination and moderation of the first public health and epidemiology stream of the conference, a collaboration with the Canadian Association for the Study of the Liver and CanHepC.

## **International Network on Hepatitis in Substance Users (INHSU)**

At the 25th Harm Reduction International conference in Montreal in 2017, CATIE collaborated with INHSU, CanHepC and international partners to host a hepatitis C satellite symposium, highlighting international models of community health programs that have integrated care for drug use and hepatitis C for people who use drugs. CATIE also participated in the adaptation of INHSU's CME-accredited curriculum on hepatitis C in drug and alcohol settings for its delivery in eight Canadian cities.

## **Action Hepatitis Canada**

CATIE continues to offer secretariat support for this pan-Canadian coalition of more than 60 frontline community organizations committed to the elimination of hepatitis C in Canada.

## **Hepatitis C Education Canada**

CATIE has continued to collaborate with this project of the British Columbia Centre for Disease Control to coordinate national publication and knowledge exchange efforts to strengthen both organizations' collective impact for priority populations affected by hepatitis C.



# OUR YEAR IN NUMBERS

## CATIE's resources and services in 2017/18



**4,374 PEOPLE**

reached through 133 educational sessions



**755 QUESTIONS**

about HIV or hepatitis C answered through CATIE's inquiry service



**336 NEW**

information resources produced or co-produced by CATIE



**421,774 EMAIL CONTACTS**

who received information from CATIE



**539,134 RESOURCES**

distributed through the CATIE Ordering Centre



**18,477 VIEWS**

of CATIE video content



**2,976**

Individual and organizational members of CATIE



**47 NEW PUBLICATIONS**

added to the CATIE Ordering Centre collection



**91%**

Proportion of frontline service providers who reported using information from CATIE to educate or inform clients, health professionals, colleagues or members of the public



**10,386 FOLLOWERS**

of CATIE's Twitter account



**5,400,000 PAGES**

viewed on the CATIE website during 2.9 million visits



**77%**

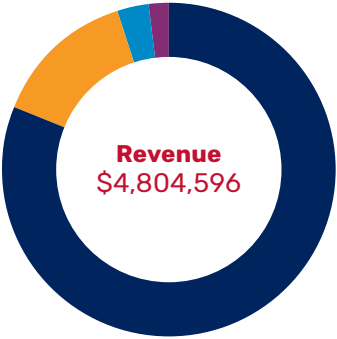
Proportion of frontline service providers who had used CATIE's programs, services, tools or resources to change work practices and programming



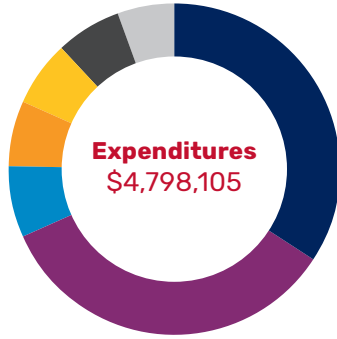
**12,810 FOLLOWERS**

of CATIE's Facebook page

# FINANCIALS



<b>81%</b> Federal grants.....	\$3,903,424
<b>14%</b> Provincial grants.....	\$673,137
<b>3%</b> Donations and other revenue.....	\$148,285
<b>2%</b> Industry sponsorships.....	\$79,750
<b>Total</b> .....	<b>\$4,804,596</b>



<b>34%</b> Publication printing and distribution.....	\$1,646,578
<b>34%</b> Workshops, training and blended learning.....	\$1,637,640
<b>7%</b> Administration.....	\$338,996
<b>7%</b> Communications and membership.....	\$305,289
<b>6%</b> Website and online services.....	\$303,330
<b>6%</b> Governance.....	\$302,834
<b>6%</b> Research and library.....	\$263,438
<b>Total</b> .....	<b>\$4,798,105</b>

# OUR SUPPORTERS

CATIE acknowledges the ongoing funding provided by the Public Health Agency of Canada, as well as:

- Ontario Ministry of Health and Long-Term Care, AIDS and Hepatitis C Programs
- Canadian Institutes of Health Research (CIHR)
- Ontario HIV Treatment Network (OHTN)
- Employment and Social Development Canada (ESDC)
- Canadian Network on Hepatitis C (CanHepC)
- Canadian Association for HIV Research (CAHR)
- Canadian Society for International Health (CSIH)

CATIE would also like to thank the following industry partners whose support is helping to strengthen Canada’s response to HIV and hepatitis C.

**Gold donors (\$20,000 to \$49,999)**



**In-kind contributors**



CATIE welcomes new partnerships from organizations and companies that are committed to our mission and values. To learn more about sponsorship opportunities, please contact Sean Neeb, Director of Operations and Resources, at [sneeb@catie.ca](mailto:sneeb@catie.ca).

## CATIE BOARD OF DIRECTORS



From left to right: Joanne Lindsay, Gerard Yetman, Arthur "Dave" Miller, Peetanacoot Nenakawekapo, Doris Peltier, John McCullagh, Alexandra de Kiewit, Lesley Gallagher, Hugo Bissonnet, Susanne Nicolay, Darren Lauscher, Lynne Leonard

Not pictured: Patrick Cupido, Hermione Jefferis, Marcie Summers

## CATIE STAFF



### **Back row, from left:**

Matthew Watson, Dapeng Qi, Michael Stringer, Joseph van Veen, Krysha Littlewood, Michael Bailey, Zak Knowles, Lara Barker, Andrew Brett

### **Middle row:**

Alexandra Martin-Roche, Audrey Pitou, Maria Escudero, Erica Lee, Yukun Zhao, Fozia Tanveer, Alexandra Murphy, David McLay

### **Front row:**

Flora Lee, Sean Hosein, Laurie Edmiston, Shamim ShambeMiradam, Mary Choy

### **Not pictured:**

Camille Arkell, Laurel Challacombe, Dieynaba Dème, Melisa Dickie, Thomas Egdorf, Amanda Giacomazzo, Jennifer Grochocinski, Jacqueline Holder, Christine Johnston, Debbie Koenig, Rivka Kushner, Sean Neeb, Tim Rogers

*We also extend our thanks to Scott Anderson, Melissa Egan, Suzanne Fish and Liam Michaud, who have moved on to new opportunities over the past year.*