



KNOWLEDGE *in*

ACTION

2018/19 ANNUAL REPORT



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.

CATIE Annual Report 2018/19

Written and edited by CATIE staff
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THE POWER OF KNOWLEDGE

Early in our 2018/19 fiscal year, we were thrilled to hear from so many of you about the impact CATIE has had on your work. More than 1,600 people participated in our largest-ever evaluation survey for people engaged in Canada's response to HIV and hepatitis C.

We have often seen and heard positive feedback from our articles, workshops, online courses and other knowledge exchange initiatives. But it was another thing to see our impact in numbers. Ninety-eight percent of service providers who completed the survey said they had applied knowledge from CATIE in their work.

While our evaluation confirmed that CATIE's work is having an impact on the front lines of the response, we don't believe in resting on our laurels. As we near the end of our 2016-2019 Strategic Plan, the board and staff of CATIE have been devoting much of our thinking to the future of HIV and hepatitis C in Canada, what this means for the future response, and what this means for CATIE.

Several months ago, we began our strategic planning process by looking back on the goals we had set for ourselves in 2016. We were pleased to learn just how much we have achieved together in that time.



Only three years ago, we had noted that HIV pre-exposure prophylaxis (PrEP) and curative treatments for hepatitis C were out of reach for many Canadians. Today, these medications are on the formularies of private and public drug insurance plans across the country. We can give credit for these achievements to health advocates who lobbied and campaigned tirelessly, armed with research evidence from Canada and abroad.

Our 2016-2019 Strategic Plan also noted that people living with HIV were still receiving mixed messages about when they should start treatment, and to what extent HIV treatment worked as a prevention strategy. Today, we have consensus among Canadian scientists, clinicians and public health authorities that people living with HIV should be offered treatment upon diagnosis, and that "undetectable equals untransmittable" (U=U).

Still, challenges remain. And new issues are constantly emerging.

When developing our last strategic plan, we had planned for our role in harm reduction to focus on reducing HIV and hepatitis C transmission among people who use drugs. Yet over the past few years, overdoses have emerged as the most pressing life-or-death issue for this population. Many of us have been overwhelmed by the toll that the overdose crisis has taken, not just on people who use drugs, but also on the frontline workers who have struggled to meet the increased demand for their services while grieving the loss of peers, clients and loved ones.

The overdose crisis is a timely illustration of the importance of not just adapting to changing circumstances, but anticipating them. As we develop our next strategic plan over the coming months, we will be listening to our partners and stakeholders about how CATIE can continue doing what we do best – HIV and hepatitis C knowledge exchange – while also planning for our future response.

We hope to hear from stakeholders like you, and we encourage you to send us your input.

Sincerely,

Laurie Edmiston
Executive Director

John McCullagh
Chair, Board of Directors

KNOWLEDGE MOBILIZATION



“ I write case studies on innovative prevention, testing and treatment programs from across Canada. I also synthesize research evidence on HIV and hepatitis C programs and present it in easily digestible ways for busy program planners and service providers. Over the past year, we have documented important harm reduction programs and approaches for people who use drugs – such as supervised consumption services and bringing testing to community locations – as well as programs and approaches focused on linkage to care. It’s rewarding to have the opportunity to speak with frontline workers about their accomplishments and to share them with other organizations looking to learn from their successes.

AMANDA GIACOMAZZO

Knowledge Specialist, Treatment and Prevention Programming



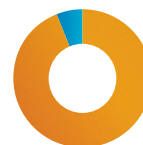
As Canada’s knowledge broker for HIV and hepatitis C, CATIE’s expertise is in turning knowledge into action. We do this by connecting research and practice: synthesizing and disseminating the latest science on prevention, testing and treatment, and encouraging the uptake of good practices for HIV and hepatitis C programs.

With the pace of scientific discovery in HIV and hepatitis C, knowledge mobilization is critical to ensuring we take advantage of all the tools at our disposal.

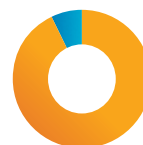
BY THE NUMBERS



1,656
EVALUATION SURVEYS
completed by people working
in HIV or hepatitis C



94%
said CATIE had increased
their knowledge of
evidence-informed programs



93%
agreed that CATIE had
influenced their programs
and practices

PREVENTION IN FOCUS

CATIE's flagship digest on HIV and hepatitis C prevention, *Prevention in Focus*, reviews and summarizes the latest research and programs relevant to Canadian service providers.

FALL 2018

Harm reduction in action: Supervised consumption services and overdose prevention sites // BY CAMILLE ARKELL

"Overdose prevention sites (OPS) differ from supervised consumption services (SCS) because the primary goal of an OPS is to help prevent and respond to drug overdoses. [...] Despite these differences, OPS may offer many of the same services provided by SCS, to address other drug-related harms for people who use drugs."

SPRING 2019

Party and play in Canada: What is its impact on gay men's health? // BY ZAK KNOWLES

"Sexual health clinics and other community settings with large numbers of gay, bisexual and other men who have sex with men (gbMSM) as clients, are ideally placed to develop programs to help men dealing with potential problems related to 'party and play' (PnP). Men are likely to feel more comfortable talking about their sexualized drug use as part of a sexual health check-up than by visiting a harm reduction service, as long as they receive non-judgmental support."

➤ [Read more at www.catie.ca/en/pif](http://www.catie.ca/en/pif)

PROGRAMMING CONNECTION

Canadian service providers are on the cutting edge of developing and implementing innovative approaches across the continuum of HIV and hepatitis C care. In *Programming Connection*, CATIE profiles effective programs from across Canada through case studies, evidence reviews, evidence briefs and program elements.

CASE STUDY

Making the Links Program – Hassle Free Clinic TORONTO, ONTARIO

This program seeks to improve the health of gbMSM by addressing internal and external barriers to wellness through short-term supportive counselling and service navigation within the community. It is a program of the Hassle Free Clinic, a community-based clinic providing medical and counselling services in all areas of sexual health in downtown Toronto.

CASE STUDY

Bringing STBBI testing to people who use drugs – Nine Circles Community Health Centre WINNIPEG, MANITOBA

Nine Circles recognized that clients who were accessing their low-threshold harm reduction supply distribution services were not accessing the other health services offered at the community health centre. In response to this identified need, a registered nurse from the health clinic was brought into the harm reduction program four days a week for one hour each day to provide testing and primary care referrals to people who use drugs.

➤ [Read more at www.catie.ca/en/pc](http://www.catie.ca/en/pc)

WHAT THEY SAID

“CATIE's knowledge translation, such as their recent article on systematic reviews of dried blood spot testing, has been helpful in demonstrating the usefulness of a simple yet innovative method to expand access to testing and diagnosis. CATIE's plain-language approach means that this knowledge can be disseminated to a wider audience of professionals, including non-clinicians. Yet clinicians and laboratorians also benefit, because it expands their knowledge base beyond the traditional methods of testing, including phlebotomy and rapid testing.”

JOHN KIM, PhD, MPH

National Microbiology Laboratory,
Public Health Agency of Canada
Winnipeg, Manitoba

KNOWLEDGE MOBILIZATION



“ I support service providers to deliver hepatitis C programs in their communities. I work online and in person to share new research and program models, and to connect service providers together to promote learning. We have seen exciting, new developments in hepatitis C research, but service providers are the ones who translate this into tangible, real-world impact for Canadians. I feel gratified when people tell me they can directly apply new knowledge or resources to improve their work.

CHRISTOPHER HOY

Knowledge Specialist, Hepatitis C Community Health Programming



With new treatments that cure most people, hepatitis C elimination has emerged as the end goal for the global response. But what does elimination mean in practice? Over the past year, CATIE has been synthesizing and mobilizing knowledge to build capacity and promote good practices for hepatitis C elimination efforts in Canada.

THINKING GLOBALLY, ACTING LOCALLY

CATIE took advantage of Toronto hosting the Global Hepatitis Summit in June 2018 to learn how countries around the world are nearing global targets to eliminate hepatitis C by 2030 (or not). Our knowledge specialists shared lessons learned with Canadian frontline service providers.



What it will take to eliminate hepatitis C in Canada

// BY RIVKA KUSHNER

“The elimination of hepatitis C as a major public health threat has been defined by the World Health Organization through targets that amount to diagnosing 90% of people living with hepatitis C, treating 80% of people with hepatitis C who are eligible for treatment, and reducing new transmissions by 90%. This has been lauded as an ambitious but achievable goal. Beyond treatment, what else can be done to eliminate hepatitis C as a public health threat in Canada by 2030?”

➤ [Read more at blog.catie.ca](https://blog.catie.ca)

In September 2018, CATIE knowledge specialists attended the annual conference of the International Network on Hepatitis in Substance Users (INHSU) to learn about innovative approaches to hepatitis C elimination, specifically among people who use drugs. These findings were summarized in a CATIE webinar, which discussed the implications of research for frontline workers.

▶ Watch: www.catie.ca/en/webinars/past

FACILITATING INDIGENOUS KNOWLEDGE MOBILIZATION

Across the country, Indigenous communities and allies are leading innovative programs to address hepatitis C and harms from substance use. In October 2018, CATIE convened a programming dialogue with 25 Indigenous knowledge holders, community leaders, people with lived experience and allies, for a dialogue on what Indigenous approaches in harm reduction and hepatitis C programming approaches look like.

Based in Indigenous principles and practices, the meeting shared examples of Indigenous wellness programs for harm reduction and hepatitis C, and discussed how Reconciliation with Indigenous peoples can inform our programs.



BUILDING CAPACITY OF HEPATITIS C TEAMS

In 2018, CATIE received a mandate from the Ontario Ministry of Health and Long-Term Care to provide a coordination and capacity-building role for Ontario's network of multidisciplinary hepatitis C teams, composed of 130 community-based workers across the province engaged in prevention, testing, treatment and care services for people living with or at risk of hepatitis C.

In this capacity, CATIE strengthens relationships between the teams and links them to the latest evidence through blended learning courses on hepatitis C, invitation-only webinars with expert speakers, and an annual provincial skills-building workshop, attended by 140 participants in 2019.

WHAT THEY SAID

“With a major effort of the Canadian Network on Hepatitis C (CanHepC) – the *Blueprint to Inform Elimination Strategies for Hepatitis C in Canada* – CATIE, under the leadership of Melisa Dickie, has been nothing short of indispensable. They led the development of the priority populations section of the *Blueprint* and have been instrumental in promoting the *Blueprint* across the country, bringing a key community voice to our hepatitis C elimination efforts.”

JORDAN FELD, MD, MPH

University Health Network, Toronto

BY THE NUMBERS

CATIE launched its newest e-mail bulletin, *Hepatitis C Updates*, in September 2018.



4 ISSUES
published in 2018/19

▶ Sign up at www.catie.ca/subscriptions



2,333 subscribers
as of 2019



13,987 links clicked for
more information

HEALTH INFORMATION RESOURCES



“ I lead a team of CATIE writers and editors who develop publications online and in print that increase the knowledge of service providers and their clients. Over the past year, there has been increasing interest in dried blood spot testing, a novel diagnostic method for both HIV and hepatitis C that does not require venipuncture and allows samples to be easily transported to a lab – making it particularly useful in remote communities. In one project this past year, I worked with testing experts across Canada to bring knowledge of this approach from the labs to the front lines of the response through fact sheets and articles.

ZAK KNOWLES

Associate Director, Online Content and Client Publications



CATIE’s collection of HIV and hepatitis C information resources is the largest of its kind in Canada. With more than 3,700 pages of information on the CATIE website and more than 320 print publications in the CATIE Ordering Centre, we are the go-to source for frontline workers seeking information for themselves or their service users.

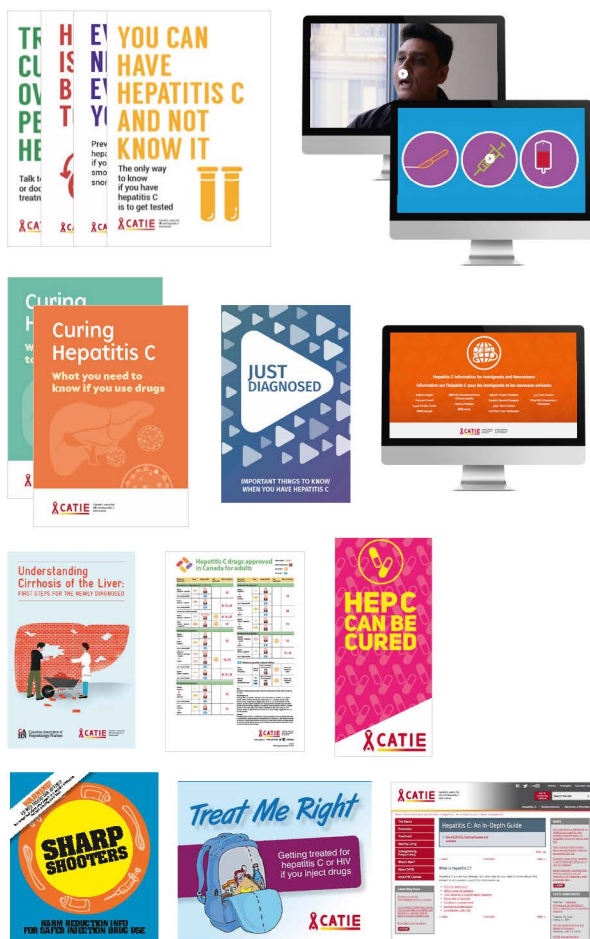
A NEW ERA IN HIV PREVENTION AND TREATMENT

In 2017, CATIE endorsed the Prevention Access Campaign’s consensus statement affirming that a person living with HIV on effective treatment doesn’t transmit the virus to their sexual partners (“undetectable equals untransmittable”, or U=U). These weren’t just empty words. CATIE committed ourselves to reviewing every page of our website and every publication over the past year to ensure the information we share reflects this new knowledge, along with pre-exposure prophylaxis (PrEP) and other developments in HIV prevention and treatment.

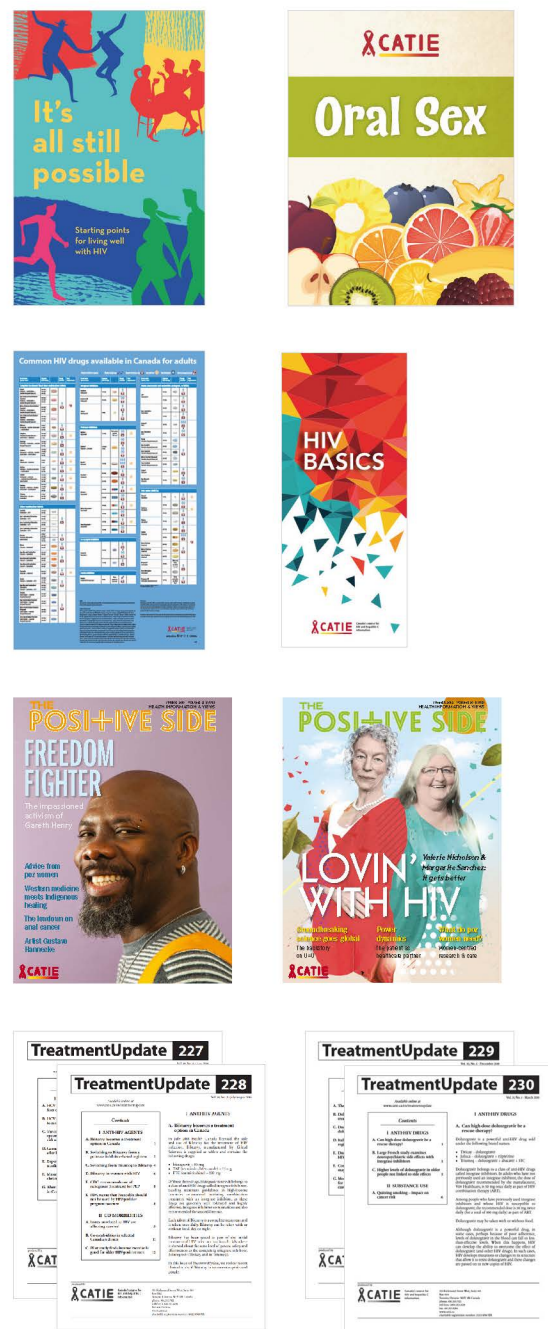


NEW SUITE OF HEPATITIS C PUBLICATIONS

Gone are the days of “living with hepatitis C”. With newer and more effective treatments, most Canadians with hepatitis C can now be cured. This is fantastic news, and it also changes the way we talk about hepatitis C. Rather than encouraging people to live well with the virus, our new and updated publications emphasize the need for prompt diagnosis, treatment and liver care after cure.



NEW PUBLICATIONS IN 2018/19



WHAT THEY SAID

“It was a privilege to be part of putting together a booklet on hepatitis C treatment for people who use drugs in collaboration with CATIE. I facilitated eight focus groups from our hepatitis C program to get feedback from other clients. It felt great to be part of something that benefits the community. And it was gratifying to see the finished booklet incorporating the feedback from myself and the other participants.”

KEITH WILLIAMS, COMMUNITY WORKER

South Riverdale Community Health Centre
Toronto, Ontario

ONLINE LEARNING DEVELOPMENT



“ I develop CATIE’s online courses, from drafting storyboards to designing graphics, animation, games and video. My job is to translate complex information about HIV and hepatitis C into an engaging, accessible and easy-to-learn curriculum for service providers who have a variety of learning styles. I like that I can combine a variety of my skill sets to create something that really speaks to service providers and helps them serve their clients better. I try to keep their needs in mind when designing courses, while ensuring they have the most up-to-date information on prevention, testing, treatment and care.

KRYSHA LITTLEWOOD
Specialist, Blended Learning



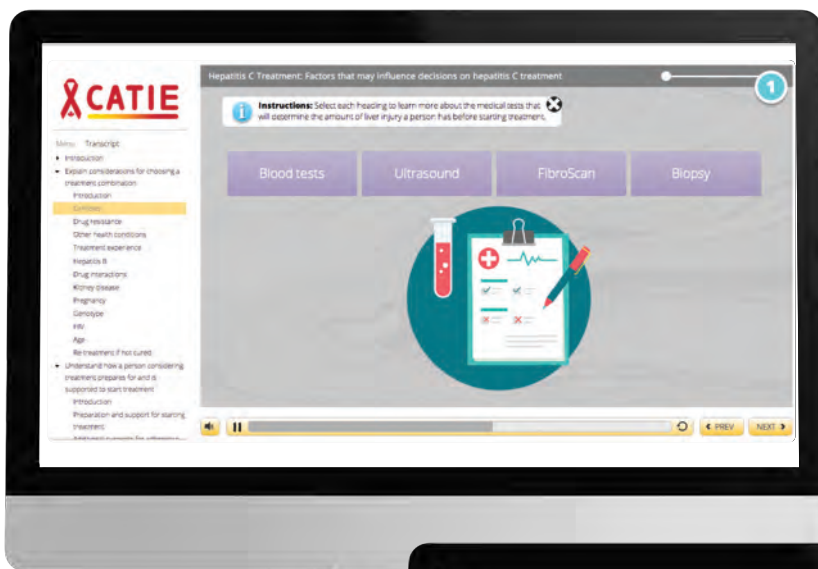
CATIE has developed a series of free online courses for service providers to build their knowledge of HIV and hepatitis C. We offer courses on Hepatitis C Basics, Preventing the Sexual Transmission of HIV, HIV Basics and – new this year – Hepatitis C Treatment. The courses are open to anyone to complete, on their own time and at their own pace, at eduCATIE.ca.

NEW COURSE: HEPATITIS C TREATMENT

Hepatitis C Treatment is a three-week course developed this year to provide in-depth knowledge on the treatment of hepatitis C for frontline service providers. The course builds the capacity of non-specialist providers to support clients who are considering or completing treatment. Through interactive learning activities and educational videos, participants gain information on the benefits of treatment and an overview of what treatment for hepatitis C typically includes.

eduCATIE.ca

HIV and hepatitis C courses for service providers



BY THE NUMBERS

In 2018/19, **2,878 individuals** registered for a self-directed online course through eduCATIE.ca



1,289
for Hepatitis C Basics



733
for HIV Basics



856
for Preventing the
Sexual Transmission
of HIV

EDUCATION & CAPACITY BUILDING



“ I am really proud of the work we have done in collaboration with COCQ-SIDA, Quebec’s coalition of HIV organizations, to deliver a blended learning course for frontline workers across the province on preventing the sexual transmission of HIV. Knowledge of highly effective HIV prevention strategies is getting out there. PrEP is becoming more available. New hepatitis C treatments are easier to access, making the cure a reality for many more people. Our goals are now clear and attainable, and I am fortunate to work with dedicated people on the front lines to help achieve these goals collectively.

MICHAEL BAILEY

Regional Health Education Coordinator, Quebec



CATIE’s team of educators is second to none, with expertise from a broad range of fields and disciplines. With deep partnerships in each region of the country, organizations frequently call on their expertise when there are gaps in knowledge or new developments in the science of HIV and hepatitis C.

NEW WORKSHOPS

Some of the most popular workshops that CATIE educators are asked to deliver focus on new HIV prevention methods: pre-exposure prophylaxis (PrEP) and HIV treatment as prevention (“undetectable equals untransmittable”, or U=U). These workshops are particularly useful as in-depth follow-up education for frontline workers who have already taken CATIE’s courses on HIV Basics or Preventing the Sexual Transmission of HIV.

CATIE’s workshop on PrEP provides learners with an overview of this highly effective HIV prevention strategy and builds the knowledge and skills service providers need to talk to and support their clients who want to know more.

CATIE’s workshop on U=U provides learners with an understanding of HIV treatment as prevention, the science behind U=U, and what different communities think of this development in HIV treatment and prevention knowledge. The workshop supports service providers to develop the knowledge they need to talk to their clients about U=U.

eduCATIE+: HIV AND HEPATITIS C COURSES FOR SERVICE PROVIDERS

Through eduCATIE+, we offer customized courses for organizations to build the HIV and hepatitis C knowledge of their frontline staff. These blended learning courses combine online education with live instructor training by knowledgeable CATIE educators from start to finish. We currently offer four foundational courses in HIV and hepatitis C prevention, testing, treatment and care, with each course comprising online modules, weekly discussion boards, and either face-to-face or online meetings to discuss and contextualize the learnings.

Partnered Courses

Most eduCATIE+ courses are offered in partnership with local and regional organizations, providing an opportunity for service providers in similar roles or those working with the same population to learn together and from each other in a closed online course. This year, we offered more than 20 courses across all regions in partnership with 17 different organizations.

Regional Virtual Courses

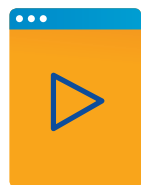
To expand our reach to frontline workers not affiliated with a participating organization, this year we launched eduCATIE+ regional virtual courses. Each blended learning course combines online education with discussion forums focused on the issues and context specific to the regions of participants.

BY THE NUMBERS

In 2018/19, CATIE...



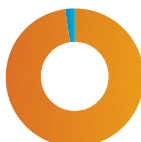
Reached
3,467
PEOPLE
through
135
EDUCATIONAL
SESSIONS



including
15 WEBINARS
with 796 attendees



97%
of eduCATIE+ participants said
the course increased their HIV
or hepatitis C knowledge



98%
of eduCATIE+ participants said
they built their capacity to
respond to HIV or hepatitis C

WHAT THEY SAID



We were very pleased with the presentations CATIE provided to our rural healthcare teams located in northeast Saskatchewan. CATIE educator Mary Choy delivered information that was very relevant to our current HIV crises in Saskatchewan, along with practical information to help our healthcare team better respond to the needs of our patients.

PAULETTE MARTIN, BSN

Saskatchewan Health Authority
Prince Albert, Saskatchewan



“ We often call immigrants and newcomers a ‘hidden’ priority population at increased risk of hepatitis C, because they are often overlooked. However, over the past year, CATIE has been able to shine a light on the burden of hepatitis C among this population, and it is now receiving greater attention at a national level. Our approach has been to work across disciplines and sectors to promote immigrant and newcomer health, and I have been lucky to work with a wide range of professionals and community members all committed to increasing awareness about hepatitis C in their communities – from settlement workers to researchers to journalists.

FOZIA TANVEER

Manager, Immigrant and Newcomer
Hepatitis C Community Health Programming



Hepatitis C and Immigrants and Newcomers

Since 2010, CATIE has been supported by the Ontario Ministry of Health and Long-Term Care to deliver an information, outreach and education program focused on immigrant and newcomer communities with a greater burden of hepatitis C in the province.

Immigrants and newcomers to Ontario and Canada are disproportionately affected by hepatitis C. Among this population, the virus is primarily transmitted prior to arrival in the country, through unsafe medical and dental practices. These unique risk factors require a tailored approach, with sensitivity to culture and language.

COMMUNITY EDUCATION

CATIE reaches more than 2,500 immigrants and newcomers annually through workshops and outreach tables on hepatitis C offered in Mandarin, Punjabi, Urdu and Tagalog. These efforts are led by community facilitators trained by CATIE educators to share information about prevention, testing and treatment to their communities in their own language.

Over the past year, CATIE organized 32 hepatitis C community education sessions for the four largest immigrant communities in Ontario – Chinese, Punjabi, Pakistani and Filipino immigrant communities. These workshops were delivered in the languages spoken by each community, and were organized in collaboration with our community partner organizations: the Chinese Canadian National Council (Toronto Chapter), Punjabi Community Health Services (Brampton and Ottawa), the Committee of Progressive Pakistani Canadians, Kababayan Multicultural Centre, Human Endeavour and Jewish Family Services (Ottawa).

BY THE NUMBERS

In 2018/19...



32 IN-LANGUAGE WORKSHOPS

with 641 participants from immigrant communities



15,222

hepatitis C publications distributed in four languages



11

immigrant languages offered on CATIE's multilingual hepatitis C website

ETHNIC MEDIA OUTREACH

Through our media outreach strategy for immigrant and newcomer communities, CATIE proactively contacts ethnic media outlets to increase awareness about the importance and relevance of hepatitis C for Canadian immigrant communities.



WHAT THEY SAID

St. Stephen's Community House has enjoyed a multi-year partnership with CATIE, as both a local settlement service provider and as the lead for the Toronto South Local Immigration Partnership. We have worked cooperatively in bringing multilingual hepatitis C education to thousands of newcomers through workshops, our joint Kensington/ Chinatown Fairs, panel presentations, and professional education sessions for frontline service workers in the community.

BILL SINCLAIR

St. Stephen's Community House
Toronto, Ontario



“My team focuses on translating new science into effective tools for people working on the front lines of the Canadian response. The landscape of HIV and hepatitis C is constantly changing, with new innovations around every corner. One of the most exciting developments I have seen in my time at CATIE has been pre-exposure prophylaxis (PrEP), but there are still many knowledge gaps that have hindered its uptake by people at risk of HIV infection and their service providers. After conducting a Canada-wide and international scan of existing PrEP resources, we worked with clinicians and community-based service providers to develop five new resources to help fill these knowledge gaps. The rapid pace of HIV research makes this kind of work challenging, but it makes it all worthwhile when I get to see these resources being distributed by clinics and HIV organizations across the country.”

LAUREL CHALLACOMBE

Director, HIV Knowledge Exchange and Evaluation



PrEP Resources and Tools

Pre-exposure prophylaxis (PrEP) is the use of a pill on an ongoing basis by an HIV-negative person to prevent HIV infection. It has been one of the most significant developments in the history of HIV prevention, yet its uptake has been limited due to a lack of awareness among people who may benefit.

To address this knowledge gap, CATIE has developed a series of resources and tools for both service providers and their clients.

1 PrEP TO PREVENT HIV: YOUR QUESTIONS ANSWERED



This client brochure is for people who are at risk for HIV. It answers commonly asked questions about PrEP and contains key messages on access, effectiveness and monitoring, including information for people who are pregnant or breastfeeding/chestfeeding and trans people.

2 PrEP Q&A

This document provides in-depth answers to questions about PrEP. It includes PrEP basics, common concerns about PrEP, drug safety and interactions, how PrEP works in the body, special considerations for specific populations, and how to access PrEP. It is primarily intended for service providers but can also be given to clients who are looking for in-depth information.



3 HOW DOES PrEP PREVENT HIV?

This short video includes basic information about PrEP and an explanation of how PrEP works to prevent HIV from replicating in the body.



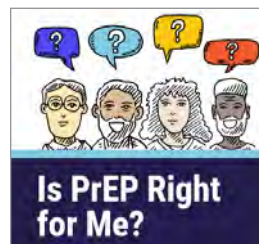
4 DID YOU KNOW THERE'S A PILL THAT CAN HELP PREVENT HIV?

This poster provides basic information about PrEP for people who may not have heard of it. It was designed to be used in medical clinics or community-based agencies to raise awareness about PrEP.



5 IS PrEP RIGHT FOR ME?

This small wallet card helps clients think about whether PrEP might be right for them. Service providers can share this tool with clients to help them to assess their risk for HIV and decide whether they should talk to a healthcare provider about PrEP.



WHAT THEY SAID

“ In an era where there is an urgent need to scale up the delivery of pre-exposure prophylaxis (PrEP) to people at increased risk for HIV, CATIE's PrEP information resources for clients and their service providers will be invaluable. These thoughtful, informative and pragmatic tools will be sure to assist patients and providers in their work.

DARRELL TAN, MD, FRCPC, PhD

St. Michael's Hospital
Toronto, Ontario

THE CATIE TEAM

CATIE Staff 2018/19



Back row (from left): Matthew Watson, Yukun Zhao, Zak Knowles, Dapeng Qi, Sean Hosein, Michael Stringer, Christopher Hoy, Jennifer Grochocinski, Alexandra Murphy, Shelley Taylor, Dan Udy, Erica Lee, Audrey Pitou, Stephanie Ofoegbu, Joseph van Veen, Catherine Poëzévara, Sean Neeb

Front row: Krysha Littlewood, Mallory Harrigan, Mehrdad Pourzaki, Fozia Tanveer, Maria Escudero, Jacqueline Holder, Rivka Kushner, Laurie Edmiston, Shamim ShambeMiradam, Flora Lee, Tim Rogers, Andrew Brett

Not pictured: Laurel Challacombe, Melisa Dickie, Andrew Maranta, Amanda Giacomazzo, Christie Johnston, Michael Bailey, Lara Barker, Mary Choy

We also extend our thanks to Alexandra Martin-Roche, David McLay, Debbie Koenig and Dieynaba Dème, who have moved on to new opportunities over the past year.



CATIE Board of Directors 2018/19



From left: Hermione Jefferis, Susanne Nicolay, John McCullagh, Georgina Toutsaint, Doris Peltier, Paulina Tshuma, Joanne Lindsay, Dr. Lynne Leonard, Darren Lauscher, Alexandra de Kiewit, Hugo Bissonnet

Not pictured: Chris Aucoin, Lesley Gallagher, Marcie Summers, Gerard Yetman

TOP 10 HIV AND HEPATITIS C STORIES OF 2018



10

Three new Canadian strategies launched to address HIV and hepatitis C

9

Drug regulators caution women living with HIV about dolutegravir

8

Survey says HIV and hepatitis C stigma is high among Canadians

7

The first dual therapy for HIV approved in Canada

6

Overdose prevention sites pop up across the country

5

Study finds that HIV can be more harmful for some people in Saskatchewan

4

Hepatitis C treatment restrictions lifted in all provinces and territories

3

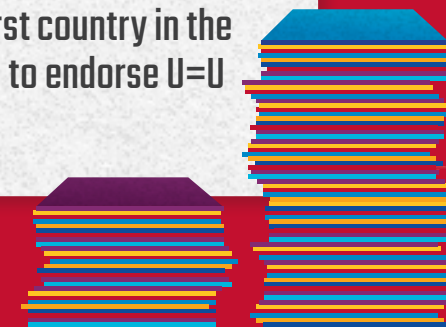
Canada meets the third 90-90-90 target, still behind on testing and treatment

2

New Canadian hepatitis C guidelines broaden testing recommendations

1

Canada becomes the first country in the world to endorse U=U



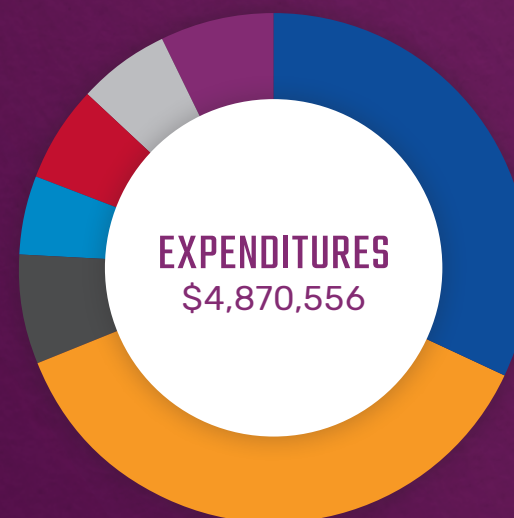
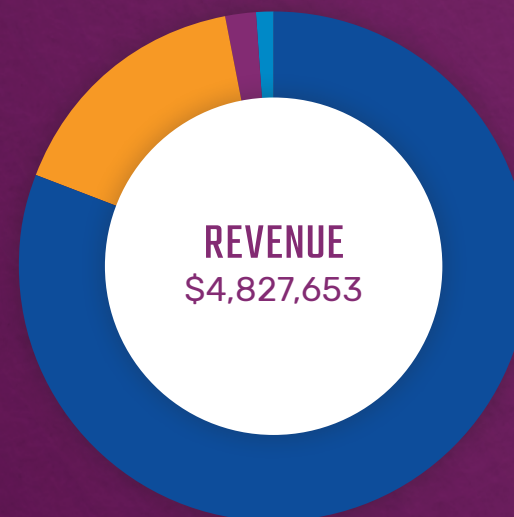
FINANCIALS

REVENUE

81%	Federal grants	\$3,900,000
16%	Provincial grants	\$774,537
2%	Industry sponsorships	\$90,348
1%	Donations and other revenues	\$62,768
Total		\$4,827,653

EXPENDITURES

37%	Publication printing and distribution	\$1,787,677
32%	Workshops, training and blended learning	\$1,561,569
7%	Website and online services	\$339,941
7%	Administration	\$326,376
6%	Communications and membership	\$302,268
6%	Governance	\$293,049
5%	Research and library	\$259,676
Total		\$4,870,556



OUR SUPPORTERS

CATIE acknowledges the ongoing funding provided by the **Public Health Agency of Canada**, as well as support from the **Ontario Ministry of Health, AIDS and Hepatitis C Programs** and the **Ontario HIV Treatment Network**.

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

DIAMOND DONORS

\$70,000 AND ABOVE



GOLD DONORS

\$20,000 TO \$49,999



IN-KIND CONTRIBUTORS

