

Strategic PLAN

2020–2023



Canada's source for
HIV and hepatitis C
information

BACKGROUND

Thirty years ago, CATIE was established with the mandate to provide HIV treatment information to people living with HIV. In the subsequent years, CATIE has evolved to respond to the needs of the most affected communities.

The scope of our work has broadened to include the prevention of HIV – inextricably linked to HIV treatment – and the prevention and treatment of hepatitis C. With this strategic plan, we again respond to evolving needs with the explicit inclusion of drug user health.

The Challenge

In 2016, the first year of CATIE's previous Strategic Plan, Canada signed on to global commitments to end HIV and hepatitis C as public health threats by 2030. In preparation for this new Strategic Plan for 2020-2023, we took stock of our progress towards these goals, to acknowledge our collective accomplishments in the Canadian HIV and hepatitis C response, as well as where we are falling behind.

As of 2020, national HIV incidence rates are not declining, HIV and hepatitis C prevalence continues to be high in key affected populations, and we have not yet reached the milestones we committed to reach for the diagnosis and treatment of HIV and hepatitis C.

Yet all the tools needed to achieve these goals are at our disposal. Pre-exposure prophylaxis (PrEP), condoms and antiretroviral treatment to prevent and treat HIV. Curative treatments for hepatitis C. Harm reduction strategies. Research has shown that these interventions are highly effective, and other countries have proven that they work in practice.

The United Kingdom, Botswana, Cambodia, Eswatini and Namibia have rolled out widespread testing and treatment programs, and they have all reached their HIV elimination targets – while Canada lags behind.^{1,2} Australia, Italy, Japan, South Korea and many other countries have taken similar action to address hepatitis C, and they are now projected to eliminate the virus from their countries by 2030.³

But in Canada, there is an alarming gap between the knowledge and tools available and their implementation on the ground. It is possible to bridge this gap, as evidenced by the changing environment we have helped to foster in recent years.

¹ “UNAIDS warns that progress is slowing and time is running out to reach the 2020 HIV targets.” Joint United Nations Programme on HIV/AIDS. Geneva: UNAIDS; 2018 Jul 18.

² Kirby T, “The UK reaches UNAIDS 90-90-90 targets.” *Lancet*. 2018 Dec 8;392(10163): 2427.

³ Razavi H, Sanchez Gonzalez Y, Yuen Cm, Cornberg M, “Global timing of hepatitis C virus elimination in high-income countries.” *Liver Int*. 2020 Mar;40(3):522-529.

THE CHANGING ENVIRONMENT

Before 2016

HIV pre-exposure prophylaxis (PrEP) and curative treatments for hepatitis C were out of reach for many Canadians.

People living with HIV were receiving mixed messages about whether they should start treatment immediately or wait until their CD4 count declined.

The latest research showed that 20% of Canadians living with HIV and 44% of Canadians with chronic hepatitis C infection were undiagnosed.

Awareness was low that a person on effective HIV treatment can't transmit the virus sexually, even in communities affected by HIV.

Bridging the gap

CATIE consolidated research evidence on the potential of PrEP and direct-acting antivirals to contribute to the elimination of HIV and hepatitis C.

CATIE produced and updated publications, workshops and courses to reflect new evidence on the health benefits of prompt HIV treatment initiation.

CATIE hosted a deliberative dialogue on reaching the undiagnosed and produced information and webinars on innovative and emerging testing approaches.

CATIE launched a campaign to share the news that a person living with HIV on effective treatment "Can't Pass It On" to a partner.

2020

HIV PrEP and direct-acting antivirals for hepatitis C are now on the formularies of private and public drug plans across Canada.

Clinicians and other service providers across Canada now recommend that people living with HIV start treatment as soon as possible after diagnosis.

Testing options have expanded across Canada, particularly for hard-to-reach communities, including dried blood spot testing and HIV self-testing.

High levels of awareness, agreement and confidence in the "Can't Pass It On" message were reported in a campaign evaluation survey.

THE GAME CHANGERS

A strategic plan is intended to provide a framework for action, but it must allow room for adaptation. Nowhere has this been more evident than in CATIE's response to two major public health emergencies: the overdose crisis and the novel coronavirus disease (COVID-19) pandemic.

Four years ago, we did not anticipate that overdoses would become the leading health concern for people who use drugs. As the number of deaths grew and service providers sounded the alarm, CATIE responded by broadening our harm reduction work beyond HIV and hepatitis C prevention to encompass broader drug user health.

As COVID-19 emerged in Canada, we responded similarly by pivoting our knowledge exchange work towards the pandemic response. With so many healthcare and social service workers adapting their services or being redeployed to the front lines of the pandemic, we delivered articles, webinars and online education to help frontline workers confront the emergency.

While we cannot always predict what game changers will emerge over the course of this Strategic Plan, we can ensure that we are well equipped to respond nimbly to the needs of HIV and hepatitis C service providers and the communities they work with.

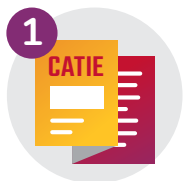
EVOLUTION OF SERVICE PROVIDER NEEDS

This Strategic Plan is informed by several consultations and assessments that CATIE conducted with service providers, people living with HIV or with lived experience of hepatitis C, and other key stakeholders and community representatives.

Consultations:

- Needs assessment for people living with HIV, 2018 (n=15)
- Needs assessment for service providers, 2018 (n=33)
- CATIE evaluation survey, 2018 (n=1,656)
- Consultations with key stakeholders and community representatives, 2019 (n=29)
- Environmental scan, 2019

The Board of Directors of CATIE deliberated on the findings from these consultations and noted several themes in the evolution of our stakeholders' needs. These themes informed the development of CATIE's new Strategic Directions for 2020 to 2023.



1 Service providers want information on new areas of knowledge, including:

- HIV pre-exposure prophylaxis (PrEP)
- HIV post-exposure prophylaxis (PEP)
- “undetectable equals untransmittable” (U=U)
- hepatitis C cure as prevention
- hepatitis C re-infection
- sexual transmission of hepatitis C
- perinatal transmission of hepatitis C

“Among our members, not everyone accepts new things. And even with certain older things, when we do trainings, some workers don’t really accept PrEP or U=U.”

SERVICE PROVIDER NEEDS ASSESSMENT, 2018



2 Testing technologies, policies and practices are evolving, and service providers need guidance to adapt

“With testing, a lot of people get the big picture, but don’t understand ins and outs... There will be a lot of challenges with certain technologies.”

KEY STAKEHOLDER CONSULTATION, 2019



3 CATIE’s expertise in HIV treatment is valued and needed among service providers

“Within organizations, there are large gaps and a certain relinquishment of the issue of treatment to doctors because people find it too complicated.”

SERVICE PROVIDER NEEDS ASSESSMENT, 2018



4 The overdose crisis presents an urgent need for harm reduction knowledge exchange and service provider tools

“The overdose crisis presents an acute need, and what’s at risk: all the good work we’ve done preventing HIV and hepatitis C – all of which may be for naught if we can’t keep people alive.”

KEY STAKEHOLDER CONSULTATION, 2019



MISSION



CATIE strengthens Canada's response to HIV and hepatitis C by bridging research and practice, connecting individuals, healthcare and community service providers with the latest science, and promoting evidence-informed policies and practices for testing, treatment, prevention and health promotion.

VISION



CATIE envisions a future free of HIV and hepatitis C.

VALUES



- 1 From our origins in the AIDS crisis, we value **the meaningful engagement of people with lived experience**
- 2 From our early leaders in the 2SLGBTQ+ health movement, we value **the right to sex-positive and affirming information and health services**
- 3 From the history of the feminist health movement, we value **choice, autonomy and the rights of individuals to make decisions about their own health**

- 4 From the wisdom of our Indigenous partners, we are committed to **Truth and Reconciliation, cultural safety and holistic approaches to healing**
- 5 From the principles of the harm reduction movement, we value **the right to equitable access to healthcare**

STRATEGIC DIRECTIONS

Working in partnership, CATIE will:

1



Increase knowledge about HIV and hepatitis C testing, prevention and treatment

2



Build the capacity of frontline service providers to apply this knowledge in their work

3



Advance evidence-informed policies and practices to improve the health and well-being of individuals and communities affected by HIV and hepatitis C

4



Apply its expertise in knowledge exchange to support sexual health and harm reduction approaches that improve overall health



Canada's source for
HIV and hepatitis C
information

www.catie.ca | info@catie.ca | 1-800-263-1638

Charitable Registration Number: 132258740 RR0001