

# CATIE Strategic Plan

2016–2019

## CATIE envisions a future free of HIV and hepatitis C

Exciting new scientific developments and strong support from our stakeholders have inspired CATIE to embrace a new, bold vision—that of a future free of HIV and hepatitis C. Research clearly indicates that early HIV treatment holds significant benefits for individuals' health and dramatically reduces transmissions, that pre-exposure prophylaxis (PrEP) is an effective prevention tool, and that the new hepatitis C treatments are briefer in duration, much easier to tolerate and are largely successful in achieving a cure. This gives us confidence that a future free of HIV and hepatitis C is achievable.

Knowledge is power but it must be backed up by action to achieve meaningful impact on the HIV and hepatitis C epidemics. We are inspired by some international leadership efforts to direct action to move towards a future free of HIV and hepatitis C.

- The 90-90-90 global treatment targets from UNAIDS which aim for 90 per cent of people living with HIV knowing their status, 90 per cent of diagnosed people being on antiretroviral therapy, and 90 per cent of people on therapy achieving viral suppression by 2020.<sup>1</sup>
  - The Vancouver Consensus which calls for access to antiretroviral therapy upon diagnosis for all people living with HIV, as well as access to PrEP to protect those at high risk of acquiring HIV.<sup>2</sup> The internationally endorsed statement includes support from people living with and affected by HIV as embodied by The Canadian Declaration by Persons living with HIV.<sup>3</sup>
  - Recognition of the need for universal access to hepatitis C treatment at the 2nd International HIV/Viral Hepatitis Co-Infection Meeting.<sup>4</sup>
  - The recently released update of the National HIV/AIDS Strategy for the United States<sup>5</sup>. In addition to their inspirational national framework (with targets!) for responding to HIV, our southern neighbours have exercised leadership in responding to evidence through treatment guidelines that reflect the demonstrated benefit of immediate commencement of HIV treatment regardless of CD4 count (with individual consent)<sup>6</sup>; the approval<sup>7</sup> and recommendation<sup>8</sup> of the antiretroviral drug Truvada for pre-exposure prophylaxis (PrEP); and the approval of a rapid HIV test kit for home-based testing.<sup>9</sup>
  - Similar developments in France to adopt a “combined prevention” policy which includes provision of antiretrovirals for all people living with HIV<sup>10</sup>, and the move to incorporate a universal treatment recommendation into the *British HIV Association guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy*.<sup>11</sup>
  - The Australian response to HIV which is currently guided by their seventh national HIV strategy.<sup>12</sup>
- Additionally, the Pharmaceutical Benefits Advisory Committee in Australia has recommended that the new hepatitis C treatments be available for all people living with hepatitis C in Australia.<sup>13</sup>

We are also inspired by a number of national efforts.

- *The Canadian consensus statement on HIV and its transmission in the context of criminal law* which promotes an evidence-informed application of the law to HIV transmission.<sup>14</sup>
- *The Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV and Other Harms*<sup>15</sup> which provides guidance on evidence-based harm-reduction programming.
- Action Hepatitis Canada (AHC), a national coalition of organizations which works to engage government, policy-makers and civil society in the response to hepatitis B and C in Canada.<sup>16</sup>
- The Canadian Positive People Network, a new independent network developed for and by people living with HIV and HIV co-infections in Canada.<sup>17</sup>
- Health Initiative for Men's open letter asking Gilead Sciences to submit an application to Health Canada for use of Truvada as pre-exposure prophylaxis.<sup>18</sup>

## The need to reach vulnerable communities

There is a growing body of evidence that a successful response to HIV and hepatitis C must include a focus on reaching positive individuals for testing, treatment and sustained engagement in care. Unfortunately in Canada, we continue to have an estimated one in four people living with HIV undiagnosed and an estimated 44 per cent of people living with chronic hepatitis C undiagnosed. And we continue to lose people in need of care at each step in the engagement cascade, from diagnosis to enrolment in care, to successful treatment, to ongoing retention in care.

We also continue to have access problems that exacerbate health inequities, most notably to Point-of-Care Testing (POCT), to pre- and post-exposure prophylaxis (PrEP and PEP) and to hepatitis C treatment which is generally only available to those wealthy enough to pay out of pocket or for those with advanced disease progression.

Other policy and resource issues that continue to drive the epidemic and restrict efforts to support vulnerable communities include inadequate access to harm-reduction services, insufficient spots in addiction services, inadequate sexual health education, regressive prison 'reforms,' and lack of access to culturally competent health information and services.

And stigma continues to be a barrier in all aspects of prevention, testing, care, treatment and support efforts.

## Global call for a more integrated, effective response

We are in a time of strong global consensus that the knowledge and biomedical tools now exist to end HIV and hepatitis C. This confidence is based on the recent, rapid acceleration of research findings in prevention, testing and treatment, our increased understanding of the continuum of care, and our

accumulated experience in addressing HIV and hepatitis C at the front line.

While we have the knowledge to effect change in Canada, there is an urgent need to understand how we can translate this knowledge into effective programming to reduce HIV and hepatitis C transmissions and improve wellness. To create a more integrated, effective response, we must seek to understand what the new research is telling us and when and how to integrate this knowledge into our work. We need to identify and develop new efficacious tools and programs, effectively link our services across the continuum of care, and utilize our national research expertise to assess the impact of existing programs and adapt those that work for new jurisdictions. Although CATIE's role in this respect has been constant in our 25 years of service to frontline service providers, we welcome the recent influx of interest in this practical focus, often under the rubric of program or implementation science.

## National leadership for achieving a future free of HIV and hepatitis C

CATIE's strategic plan for 2016-2019 outlines the national leadership role in knowledge exchange that CATIE will play in order to achieve the vision of a future free of HIV and hepatitis C.

CATIE is but one piece of the puzzle in improving health outcomes and driving down HIV and hepatitis C incidence rates in Canada. By the end of 2019 we hope to see:

- A renewed and bold national strategy for both HIV and hepatitis C;
- Improved surveillance and monitoring to capture national and regional prevention, treatment and care cascades so decision-makers and frontline service providers can direct efforts to reduce gaps in care and maximize engagement and retention in care;

- A reduction in the numbers of people living with HIV and/or hepatitis C who do not know their status, and enhanced engagement in treatment and care;
- Reduced pricing and greater access to hepatitis C treatments and more people cured.

## A wealth of information and insight from stakeholders

CATIE is indebted to hundreds of members, subscribers and service users who helped us formulate our strategic plan for the next three years. In the course of over a month, CATIE received feedback from 244 respondents to an online survey, 98 of whom were people living with HIV (40 per cent of the respondents) and 38 (16 per cent) with lived experience of hepatitis C. Concurrently, two consultants conducted 26 in-depth interviews with key stakeholders from various fields all engaged in the HIV and hepatitis C response. The insightful input generously provided by these almost 300 participants informed many hours of staff and board discussions, ultimately leading to the development of our new vision, mission, values and strategic directions.

These consultations, along with many evaluations of our resources and services, are overwhelmingly supportive of CATIE's continued mission as the national HIV and hepatitis C knowledge exchange broker across the continuum of prevention, testing, care and treatment. Highlights from the consultations also include strong support for:

- an aspirational vision for CATIE;
- CATIE to play a convening and consensus-building role at the health systems level to improve the HIV and hepatitis C response in Canada;
- CATIE's continued knowledge-brokering role in bringing about programmatic or service-level changes to advance the HIV and

- hepatitis C response in Canada;
- CATIE’s continued collaborative role with regional/local stakeholders in providing core education and training programs for frontline workers in Canada;
- CATIE’s expanded role in providing information on sexually transmitted infections, particularly in the context of HIV/STI prevention and treatment, and among key populations;
- CATIE to play a convening and movement-building role in gay men’s sexual health in Canada.

We are truly fortunate to have had so many engaged members, subscribers and service users who contributed their time and insights to help direct our strategic efforts, and with whom we are committed to work together to build that future free of HIV and hepatitis C.

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## Vision

CATIE envisions a future free of HIV and hepatitis C.

## Mission

CATIE is Canada's source for accessible, evidence-based information about HIV and hepatitis C prevention, testing, care, treatment and support. CATIE strengthens the national response to HIV and hepatitis C by fostering collaboration and capacity among people living with HIV and/or hepatitis C and other affected populations, frontline service providers and researchers to reduce transmission and improve health and well-being.

## Values

CATIE's values are rooted in its community-based origins of empowering people living with HIV through treatment information exchange and the principles of harm reduction and the right to sexual health. CATIE commits to be:

- Non-judgmental, inclusive and respectful
- Objective, current and evidence-based
- Equitable, transparent and accountable
- Person-centred, with meaningful involvement of people at risk for and with lived experience of HIV and/or hepatitis C

## Strategic Directions

1. Work in partnership to develop and facilitate uptake of current knowledge on prevention, testing, care, treatment and support:
  - a. Assess, synthesize and disseminate emerging research
  - b. Develop and disseminate evidence-based best practices, program models, guidelines and other tools
  - c. Develop and disseminate prevention and comprehensive health and treatment information tailored to specific populations impacted by HIV and/or hepatitis C
2. Foster collaborative knowledge-building among stakeholders:
  - a. Convene stakeholders to determine and share optimal approaches to promote health and wellness among those living with or at risk for HIV and/or hepatitis C
  - b. Support regional and national networks to share and build knowledge and promote community mobilization
3. Build the capacity of frontline providers to address HIV and hepatitis C within an integrated sexual-health and harm-reduction framework:
  - a. Develop and deliver core education in HIV and hepatitis C for people working in HIV and/or hepatitis C and for people working in sexual health, harm reduction and related fields
  - b. Support communities and frontline organizations to strengthen health programming for populations impacted by HIV and/or hepatitis C