



Annual Report to Members

Canadian AIDS Society

May 2016

Dear Members of CAS:

It's no secret that 2015 was a tumultuous period for the Canadian AIDS Society – in fact, the word crisis is not too strong a term to describe this past year ... from the intensity of the 2015 Annual Meeting through to the confusion and turmoil in the autumn that culminated in a change of management at CAS.

There have also been significant costs associated with this turmoil: both monetary and emotional costs as CAS strived to manage the crisis. As suggests the legendary Chinese curse, these have certainly been “interesting times” for CAS.

Yet we believe that such times are also opportunities to create positive change. And for us at CAS, we fully intend to show all of our members – including those we lost over the past year and are working hard to regain – that we are truly listening and that we are willing and able to change how we focus our strategies and activities with a view to offering significant added-value to CAS member organizations.

This Annual Meeting is a watershed moment for CAS, for CAS member organizations ... and for the HIV movement as a whole. It can mark nothing less than an opportunity to refocus and re-energize our movement. But that implies that we will have to, collectively, create new directions and forge new relationships over the next few years.

From what several member organizations have been telling us, there have been various facets of discontent for some time; so it makes sense that things cannot be fixed overnight. However, the longest journey begins with a single step ... and we believe the CAS strategic plan has offered us a perfect place to start.

Let's Start with a New Plan ... and a New Vision

CAS wanted to ensure that the Strategic Plan for 2016-2021 would truly reflect the interests and needs of our member organizations. CAS purposely avoided suggesting vague clichés referring to the importance of “member engagement” and “better communications” ... preferring instead to focus on more tangible strategies and activities on which both CAS and ASO member organizations can nourish our movement to ensure that our future will be as vibrant and as relevant as our past.

As a first step towards this end, CAS created a steering committee composed of five Executive Directors of ASOs and five people living with HIV to assist the Policy Committee of the Board of Directors with both the content and next steps of a new strategic plan.

CAS consulted with the community throughout the process to ensure that the strategic plan offers a vision that honours the roots of the HIV/AIDS movement, PLWHIV and its front-line workers while creating opportunities for all of us by adapting to changing times, needs and circumstances.

The strategic plan is a succinct and easily readable narrative that attempts to capture the essence of where we, as a movement, may want to go and reflects the general directions as to how CAS and the membership can move forward. In particular, CAS aims to provide an inspiring vision for the existing network of ASOs across the country as an integral component of the health care and social services delivery system in Canada.

The changes proposed in the five-year strategic plan are designed to significantly strengthen the HIV movement in Canada ... and help us integrate into the broader network of the health care and social services delivery system over that period. As you will note from the “opportunities” section of this report to members, the strategic plan also intends to dovetail nicely with the specific projects CAS has put forward for funding through the Public Health Agency of Canada covering the years 2017-2022.

Let’s Also Change Some Processes Immediately

Some changes, particularly those involving extensive consultation, require much time and planning, while others can be initiated much more rapidly.

In the last year CAS has have moved forward with some fundamental changes regarding new vacancies on the CAS Board of Directors. As part of this new process, CAS sends out a call for nominations from the regional caucus affected by the vacancy – so that it is our membership that brings forth Regional Board Representatives. The most recent nominations to the Board, Gerry Croteau (Ontario) and Jean-Baptiste Henry (Quebec) have been involved in this new highly transparent appointment process -- which seems to have been well-received by member organizations. It’s a remarkably simple, yet very effective, way to involve members more directly in the national HIV movement.

Another change this year will involve inviting motioners and seconders of resolutions to work with the membership committee and policy committee of the Board in bringing solutions to resolutions from our Forum and Annual Meeting.

CAS will also be initiating regional and national teleconferences or meetings with each region, involving both members and non-members, with a view to enabling us to clearly grasp issues and solutions from our membership base as to how to enhance the membership experience within CAS. The objective here is threefold: to enhance the involvement and experience of existing members; to reach out and interact with potential new members of CAS; and to offer a potential for greater on-going involvement of PLWHIV.

Let’s Review Some Operational Highlights from 2015-2016

Of course, even as we navigate through these times of change, CAS must nevertheless honour its commitments. During the past year, CAS has organized and delivered a myriad of projects and activities including:

- **The 2015 PLWHIV Forum and Annual Meeting:** bringing together PLWHIV and leaders in the movement to help guide future directions.
- **The 2015 Youth Forum:** first ever Youth Forum to enable young PLWHIV delegates to have their voices heard on issues of importance to them.

- **The Scotiabank AIDS Walk:** jointly organized with our national partners Positive Living BC and the AIDS Committee of Toronto, this national event was held in 39 communities across Canada.
- **Mylan Relay for Hope:** A national awareness and fundraising relay across Canada from April to October 2015.
- **Canadian AIDS Memorial Quilt:** CAS is working on digitizing the Quilt using high resolution images that are compatible with modern technologies in order to make these accessible to the Canadian public online.
- **World AIDS Day Campaign:** Since an estimated that 21% of those living with HIV in Canada are unaware of their infection, the 2015 campaign focused on the need for our target audience – sexually active gay-identified men of all ages – to be aware of the need to make getting an HIV test part of their health-maintenance routine.
- **World AIDS Day Gala:** Marking the 2015 World AIDS Day, CAS hosted its 8th Annual Gala fundraising event attracting MPs, Cabinet Ministers, corporate supporters and community members alike.
- **Capacity building webinars:** Available online on the CAS web site, involving such subjects as the medical use of cannabis and the criminalization of non-disclosure of HIV.
- **Peerology:** Developed by and for people who use drugs, this guide was presented for the first time in June 2015 at the Alberta Harm Reduction Conference.
- **GIPA Survey:** Several years ago, it was suggested at an Annual Meeting that CAS develop an inventory of how to implement the Greater Involvement of People Living with AIDS (GIPA) within ASOs. Late last year, CAS was able to secure funding to take on this project. We look forward to its imminent launch.

Let's Talk Future Opportunities

While the main focus of CAS has been and will remain on HIV, the fact is that today the HIV movement is at a crossroads. The HIV landscape has changed and we have to adapt. New challenges are emerging and we will have to adapt to a changing landscape of what it means to be living with HIV, the stigma, the co-morbidities with a view to empowering the communities most affected – which of course still includes, but now extends well beyond the gay community, to profoundly affect women, indigenous and aging communities among many others.

For example, twenty years ago persons diagnosed with HIV often lost jobs, family support, had no access to benefits. They relied on the support that the HIV network created and provided. Today, living with HIV has become a chronic but manageable condition for some but not for all. Many PLWHIV more typically stay in their jobs, maintain their family support and possibly have access to benefits. But for some PLWHIV, the picture is sadly similar to what it was twenty years ago.

And there are also other changes to the landscape that are less positive. For example, while once believed to be on the verge of eradication, syphilis and many other STIs are now back on the radar ... and proving to be increasingly resistant to medication.

The point we are making is that in 2016, it's time for new approaches ... new strategies ... and new collaborations. And this should include the recognition that ASOs across the country are an integral component of the medical and social services delivery system.

At CAS, we believe that this last point is key to our collective future. The HIV movement, and the network of ASOs that has been built across the country over the past 30 years or so, deserve to grow to their full potential and provide holistic care and services to their respective key populations.

We also believe that our immediate objective should be to embrace change ... and that CAS should be there to assist ASOs in adapting to these changes.

In essence, what we are proposing at this juncture is a two-way street of collaboration to create a new collective plan of action, designed through a HIV lens, in order to build capacity of ASO members in the work they do and strengthen the future of the HIV/AIDS movement in Canada.

To this end, we fully intend to engage members and key populations through the practical value of our projects and activities. For example, CAS has put forth an initial request for funding through PHAC's Letter of Intent process for projects that focus on building the capacity and facilitating the exchange of skills among community-based organizations and other stakeholders covering the years 2017-2022.

The projects all aim to enhance the capacity of community-based organizations to reach their targeted populations strategically and holistically, while ensuring that the participation of people with lived experience, central to the GIPA principle, remains the cornerstone of each intervention and of the movement as a whole.

Indeed, in all of its activities, projects and processes, CAS is committed to upholding the GIPA principle adopted by the United Nations in 1994. Together, we now have the opportunity to expand this principle to include people who are vulnerable to, or living with, HIV and/or HCV and/or other STBBIs ... and to strengthen our movement in the process.

We leave you with a final key question that we should all ponder and answer: Do we have the collective will to choose to evolve and grow – bringing together and building our combined forces regarding all aspects of HIV and co-infectious STBBIs?

Sincerely,



Greg Riehl
Board Chair
Canadian AIDS Society



Gary Lacasse
Executive Director
Canadian AIDS Society