



**Strengthening the Future  
of the  
HIV/AIDS Movement  
in Canada**

**Canadian AIDS Society  
Strategic Plan: 2016-2021**

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## Introduction

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The Canadian AIDS Society (CAS) is, at its core, a grassroots membership-based organization. It was created for, and largely by, AIDS Service Organizations (ASOs) across Canada to be a national voice for the movement and to support the work of its members in providing the best possible HIV/AIDS prevention, diagnosis, treatment, and care to *everyone*, without stigma or fear of discrimination.

Over the past 30 years CAS has played a critical role in building and strengthening the sector – advocating for federal funding, leading national awareness campaigns, supporting capacity building efforts, and spawning new national-level organizations to meet the evolving needs of ASOs across the country.

Today the HIV movement is at a crossroads. Living with HIV is no longer what it was.

The populations most at risk of contracting HIV and co-infectious Sexually-Transmitted and Blood-Borne Infections (STBBIs) are shifting. For example, women and aboriginal communities are profoundly affected in ways that they were not in the past. And the issues faced by the people living with HIV are changing. As people live longer, they face greater risks of co-morbidities, aging challenges and adjusting to new prognoses.

Consequently, the services provided by ASOs continue to evolve. An increasing number of ASO services focus on these very issues: aging with HIV, stigma, and co-infections. As ASOs explore these services areas, many are finding themselves well positioned to do this important work because they can build on the service infrastructure put in place through the HIV/AIDS movement.

New challenges are emerging – in particular surrounding STBBI awareness in Canada. 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 the gay community and MSM as having the highest rate of HIV transmission ... but now extends well beyond to profoundly affect women, aboriginal and aging communities, people who use drugs, among many others.

It's time for new approaches ... new strategies ... and new collaborations. And fundamentally, our vision for the movement is that this should include the recognition that ASOs across the country are an integral component of the health care and social delivery system and, as such, are key to achieving successful health outcomes among the key populations that they serve.

Yet any strategy for the future must be strongly grounded in the strength of our past. The HIV/AIDS movement in Canada has been tremendously successful over the past 30 years. As a movement we have built a strong and capable health services infrastructure in our ASOs; we maintain a strong voice nationally and Canadians are increasingly aware of HIV/AIDS and co-infectious STBBIs.

These efforts have made an essential contribution to the outcomes we are seeing for people living with HIV and co-infectious STBBIs, as well as those at risk of contracting these diseases. We can be proud of the fact that today, people are living longer, healthier and more hopeful lives because of our work.

## The Changing Landscape for HIV and co-infectious STBBIs

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In order to properly serve its members, there are a number of important ways in which the HIV/AIDS sector has changed, and is changing in 2016, that CAS must respond to.

At the federal level, the Public Health Agency of Canada (PHAC) has proposed moving to a holistic approach for delivery of HIV, Hepatitis C (HCV) and other co-infectious STBBI information and services because of the shared common modes of transmission, common risk behaviours and common social and structural risk factors. PHAC is giving clear indications through its funding priorities that ASOs should explore innovative collaborations with links to chronic diseases, mental health, aging, and other determinants of health and re-align its focus to serve priority populations.

As indicated in PHAC's most recent overview of revised funding and solicitation process for the **HIV and Hepatitis C Community Action Fund**, government funding is aligning with a population-based approach to health policy. New models now allocate funds based on the ability of an organization to serve the complex needs of a *population*, rather than treat people with a *particular disease*. While CAS and member ASOs have long included a population-based perspective and approach when dealing with both policy issues and service delivery, this new funding model now makes it essential for CAS and our member ASOs to adapt to, and adopt, a population health approach to our work.

Similar approaches are being contemplated on a global level, where UNAIDS has begun to promote "integration" of HIV responses into wider health and development efforts as a way to "... strengthen the impact of the AIDS response, leverage HIV-related gains to generate broader health and development advances and enhance the long-term sustainability of the AIDS response."

Such approaches have not been completely foreign to many ASOs in their provision of front-line services. As we have strived to meet the complex and diverse needs of people living with HIV, we have seen how a population health approach is the best way to reduce health inequities among population groups.

In fact, this shift in funding represents a huge opportunity for CAS, and for ASOs, to leverage the tools and service models that have been built through the HIV/AIDS movement, in order to serve a broader population. We have the opportunity to use the power of our community-based, grassroots health care and social service delivery system to improve how HIV/AIDS and co-infectious STBBI prevention and care services are delivered in Canada.

Indeed, many ASOs in Canada are already implementing an integrated approach within their service delivery; however, there are many differing opinions around what directions policies and programs should take.

And of course, our initiatives and approaches should dovetail with the UNAIDS strategy of "treatment as prevention" known as 90-90-90 and how to integrate these into the front-line services offered by ASOs.

This Strategic Plan looks at this broader collective mission of ours through an HIV lens. It is designed to assist ASOs to take advantage of opportunities that will arise by developing innovative ways to deliver front-line services to meet the changing needs of their client groups – concentrating on their own specific at risk populations.

Of course, member engagement will be key as CAS cannot fulfil this role without the active participation of its member organizations. Together, we must nourish the HIV/AIDS movement to ensure that its future is as vibrant and as relevant as its past.

In this time of significant change, it is more important than ever for the sector to communicate, engage, and actively contribute to a collective vision. CAS hopes to play a role in convening these conversations – helping to clarify what is meant by integrated services and what these could look like at ground level.

## Vision for the Canadian AIDS Society

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CAS is a strategic leader and a unified and representative national voice serving the HIV/AIDS and co-infectious STBBI sector in Canada.

CAS works for and with AIDS Service Organizations across the country to strengthen ASOs key role as an integral component of the health care and social delivery system and supports ASOs in achieving successful health outcomes among the key populations that they serve. CAS's work is guided by its member organizations, and people living with HIV and co-infectious STBBIs, with a view to engaging members and key populations through the practical value of its projects and activities.

CAS acknowledges that we join a number of other stakeholders and service providers in Canada in doing work that supports:

- The best possible care for those living with HIV and co-infectious STBBIs;
- The overall 90-90-90 UNAIDS Strategy including the on-going importance of promoting testing as a key strategy to end the epidemic spread of HIV;
- A reduction in the transmission and acquisition of HIV/AIDS and co-infectious STBBIs through prevention; and
- Equitable access to the continuum of prevention, diagnosis, treatment, and care to *everyone*, without stigma or fear of discrimination.

CAS plays a unique role within this network of like-minded stakeholders, and service providers.

CAS provides value to its members by providing through its work in the following areas:

- Advocacy
- Awareness and Behavioural Change
- Sector Capacity Building

## Priority Areas for 2016-2021

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CAS has identified **three priority areas** in which to focus its planned efforts over the next 1-5 years.

**Priority 1: ADVOCACY:** Continue to take a leadership role advocating for sustained and increased federal funding for the HIV/AIDS and co-infectious STBBI sector in Canada.

CAS recognizes that the best interests of the sector includes appreciating the unique value that each member organization brings to the sector – acknowledging that there are significant changes afoot to the funding structure that supports many of its members. CAS recognizes both the value in, and its responsibility to undertake, a leadership role in convening these exchanges.

### Key objectives on what to achieve:

Within the next five years, CAS will:

- Ensure that the requirements for an effective community-based response to HIV and co-infectious STBBIs continue to be priority concerns for decision makers at the federal, provincial and territorial levels.
- Identify and address policy issues, including funding, relevant to our members and to persons living with and affected by HIV and persons living with and affected by co-infectious STBBIs.
- Ensure that the needs and concerns of CAS member organizations remain relevant to the evolving landscape for HIV and co-infectious STBBIs.

### Key Strategies on how to achieve this:

Within the next five years, CAS will:

- Work with elected officials and senior public servants to ensure that policy issues are addressed at the decision-making level.
- Lead discussions with key funders, including the Public Health Agency of Canada, to ensure that resources to support the structural and service delivery mechanisms are in place to support the community in providing awareness, prevention and education about HIV/AIDS and co-infectious STBBIs.
- Convene national and regional meetings with members, persons living with HIV, and persons living with and affected by co-infectious STBBIs to discuss the impact of structural changes.

**Priority 2: AWARENESS AND BEHAVIOURAL CHANGE:** Provide a leadership role as a key organization to help raise awareness of HIV and co-infectious STBBI issues, both nationally and through the existing network of ASOs among specific populations within Canada, with a view to effecting behavioural change within key at-risk populations.

**Key objectives on what to achieve:**

Within the next five years, CAS will:

- Produce effective HIV and co-infectious STBBI related awareness and behavioural change campaigns in line with priority issues and populations.
- Develop awareness and social marketing initiatives with the input and full collaboration of member organizations.

**Key strategies on how to achieve this:**

Within the next five years, CAS will:

- Continue to offer, and to develop new, fundraising opportunities and targeted awareness and behavioural change campaigns. (i.e. Scotiabank AIDS Walk; World AIDS Day Campaign)
- Provide easily accessible on-line information and user-friendly social media training tools for ASOs to leverage the power of new media.

**Priority 3: SECTOR CAPACITY BUILDING:** CAS will engage and collaborate with its membership base to develop a united approach for ASOs to be increasingly recognized as an integral component of the health care and social delivery system in Canada. Throughout this process, CAS will be guided by the needs of its member organizations with a particular view to identifying and developing opportunities for growth and progress in the integration of services for HIV and co-infectious STBBIs.

**Key objectives on what to achieve:**

Within the next five years, CAS will:

- Leverage the existing national ASO network and the service models that have been built through the HIV/AIDS movement to assist ASOs in taking advantage of opportunities to develop innovative ways to deliver front-line services to meet the changing needs of specific at risk populations.
- Maximize opportunities for CAS member organizations to access up to date key information, facts and data pertaining to key innovations in front-line service delivery.
- Create new opportunities and means for CAS member organizations to reach and engage specific populations through the use of new technologies.
- Enhance opportunities for People living with HIV as well as people with lived experience of co-infectious STBBIs to become more meaningfully involved in their communities.

Key Strategies on how to achieve this:

Within the next five years, CAS will:

- Convene national and regional meetings with members to articulate a collective vision for integration of services and identifying best practices among ASOs.
- Create online portals on the CAS website for CBOs to access interactive timely information, tips and tools pertaining to best practices in service delivery to targeted populations.
- Assist ASOs through online training opportunities leverage the use of social media to reach and engage targeted populations.
- Retooling, enhancing and roll-out of the Greater Involvement of People Living with AIDS (GIPA) toolkit.

## Looking Forward

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At this point in the evolution of the HIV/AIDS movement, the fundamental question is:

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?

CAS heard from members that it needs to re-invest in *how* it delivers services. Specifically, we heard that CAS needs to improve how it engages with members – and how it facilitates meaningful input from people living with HIV and co-infectious STBBIs.

In the next five years, CAS will be making improvements in these areas so that:

- CAS is able to consistently and effectively engage in two-way dialogue with members to guide and inform all of CAS's work.
- CAS is better able to facilitate meaningful input from people living with HIV/AIDS and associated co-infections, and use it to guide our work – and the work of our members.

Times of change can also be times of opportunities.

CAS has reviewed and adapted this strategic narrative document based on feedback from CAS members and people living with HIV who sit on the CAS Board. It has also been reviewed and refined by a separate steering committee made up of regionally representative members focused on ensuring this document reflects the needs of the sector. Finally it was shared widely through social media and the CAS web site allowing for broad input from members, non-members and People living with HIV.



# CAS: What we do and how we do it

## WHAT we do

Advocacy

Awareness

Sector  
Capacity  
Building

## HOW we do this

Member Engagement and  
Collaboration

Guided by PLWHIV and co-  
infectious STBBIs