

2017-2018 ANNUAL REPORT

Alberta Community Council on HIV



2017-2018
**ANNUAL
REPORT**

Alberta Community
Council on HIV



Visit us at acch.ca

CONTENTS

1 Introduction

2 Message from Chair

3 ACCH Team

5 Positive Voices Caucus Report

7 Alberta Bulk Harm Reduction Supplies Purchasing & Distribution Program

9 ACCH Community Based Naloxone Project

11 STBBI OSAP Report

15 Financials

What is the ACCH?

The Alberta Community Council on HIV is a non-profit, provincial member driven network of regionally based organizations. ACCH and its members have a collective responsibility to HIV and related issues and its outcomes at the provincial and local level. Through a social justice lens ACCH supports community-based responses to HIV, Sexually Transmitted and Blood Borne Infections, Sexual Health via advocacy, harm reduction, education, skills building training and health promotion.

Mission

ACCH provides provincial leadership through its collective voice to bring about social change with respect to the human and social impacts of HIV and related issues.

Vision

Our collective action will improve systems pertaining to HIV and related issues and enhance the lives of Albertans.

Role

- The Alberta Community Council on HIV supports community-based responses and provides provincial leadership through collective action and a unified voice. The ACCH provides capacity building opportunities, policy research, advocacy and coordination. ACCH takes the lead in the following areas in HIV and related issues:
- Undertaking initiatives that are provincial in scope and benefit from the collective voice
- Providing leadership in identifying issues, policy input and research at provincial and federal levels
- Identifying systemic barriers and developing initiatives to address them
- Building relationships with provincial and federal leaders to elevate awareness and influence policy and resource allocation
- Identifying ways at the provincial level in which people at risk and those living with HIV and related issues can achieve greater involvement, or more meaningful involvement, in decisions affecting their lives
- Identifying ways at the provincial and federal level for the expansion of harm reduction services; including education, overdose prevention, reduction of the stigmas, safe consumption sites and access to quality healthcare.
- Providing services that can benefit from provincial economies of scale.
- Provides stewardship of funds for member organizations.

Board Chair Message

This year the ACCH Board started with seven members and dropped to six members, after our long-time member, Shelley Williams, Past Chair, stepped down due to other work commitments. This was a sad moment for the board as Shelley holds so much knowledge and insight into ACCH and the work we do in Alberta. The good news was that Shelley committed to supporting our Executive Director and Board when required.

On behalf of ACCH Board of Directors would like to thank our funders who are partners in supporting the services of our organization in meeting the needs of our membership, which include Alberta Health and the Public Health Agency of Canada. We are very fortunate to have a team of people who are dedicated to the mission, vision, and values of the ACCH.

Our year was spent reviewing and revising the 2013 ACCH Bylaws, as part of best practice, regular review is necessary to ensure compliance with the Alberta Societies Act, as well as ensure our bylaws make sense in an ever-changing environment. The draft bylaws will be presented to the members at the 27th Annual General Meeting on October 3rd, 2018.

The 2017-2018 fiscal year was a transition year for ACCH, especially in the way the Alberta Community HIV Fund (ACHF) was administered and the relationship we have with the project funders. The funding landscape has shifted considerably since the ACHF started. With this shift the ACCH developed several new project administration policies and procedures that guide the work of support and monitoring as required by Alberta Health and the Public Health Agency of Canada. Overall, we have seen the ACHF stabilize within ACCH, with enhanced clarity and relationships.

The board has also been happy to see an increase of knowledge sharing and feedback loops become established. The ACCH developed a representation procedure to ensure the pathway for communications and representation of the collective voice was clear for our Executive Director and her team. There has been change and growth in the ACCH team, narrowing down into supportive roles for members, whether you are a project holder or not. In this fiscal year we have seen the creation of three new strategic positions that further the work and development of ACCH as a strong provincial leader. We welcomed a Strategy Coordinator, Surveillance and Evaluation Coordinator, and a Research and Policy Coordinator. All of us have had the pleasure of interacting with these new team members.

As we move forward into 2018-2019 the ACCH Board would like to take the time to acknowledge the ACCH member organizations and the Positive Voices Caucus for the amazing work you do, and the time you take to provide input and support to the ACCH. The ACCH exists at the will of its members, and we hope that 2018-2019 we can continue to grow into your expectations.

ACCH BOARD CHAIR,
Stacey Bourque

ACCH Board

Chair

Stacey Bourque, ARCHES

Past Chair

Shelley Williams, HIV Edmonton

Vice-Chair

Leslie Hill, HIV Community Link

Treasurer/Secretary

Lori Phillips, HIV West Yellowhead

Director

Floyd Visser, The SHARP Foundation

Director

Melissa Byers, HIV North Society

Director

Stacey Carmichael, Turning Point

Caucus Chairs

POSITIVE VOICES CAUCUS

Chair

Paul Gabrielson

Current ACCH Staff

Executive Director

Celeste Hayward

Project and Finance Coordinator

Tammy Pfeiffer

Research and Policy Coordinator

Gabriel Asselin

Strategy Coordinator

Morenike Olaosebikan

Surveillance and Evaluation Coordinator

Bryan Slugget

Positive Voices Coordinator

Brook Biggin

Past ACCH Staff

Communications Coordinator

Don Stannard

Alberta Community HIV Fund Steward

Kim McLeod

ACCH Members

AAWEAR
www.aawear.org

Alpha House
www.alphahousecalgary.com

ARCHES
www.lethbridgearches.com

The Centre for Sexuality
www.calgarysexualhealth.ca

HIV Community Link
www.hivcl.org

HIV Edmonton
www.hivedmonton.com

HIV North Society
www.hivnorth.org

HIV West Yellowhead
www.hivwestyellowhead.com

Kimamow Atoskanow Foundation
www.treeofcreation.ca

Living Positive Through Positive
Living Society of Alberta
www.living-positive.net

Safeworks
www.albertahealthservices.ca

Sagitawa Friendship Society
<http://anfca.com/friendship-centres/peace-river/>

Shining Mountains Living Community
www.shiningmountainslcs.ca

Streetworks
www.streetworks.ca

The SHARP Foundation
www.thesharpfoundation.com

Turning Point
www.turningpoint-ca.org

ACCH Partners

Alberta Health and Wellness
www.health.alberta.ca

Alberta Health Services
www.albertahealthservices.ca

Canadian AIDS Society (CAS)
www.cdnaids.ca

Canadian HIV/AIDS Legal Network
www.aidslaw.ca

CATIE
www.catie.ca

Canadian Treatment Action Council (CTAC)
www.ctac.ca

Health Canada
www.canada.ca/en/health-canada.html

Interagency Coalition on AIDS and Development
www.icad-cisd.com

Northern Alberta HIV Clinic
www.albertahealthservices.ca

Public Health Agency of Canada
www.canada.ca/en/public-health.html

Southern Alberta HIV Clinic
www.albertahealthservices.ca

The Canadian Aboriginal AIDS Network (CAAN)
www.caan.ca

Alberta Native Friendship Centre Society (ANFCA)
www.anfca.com

POSITIVE VOICES CAUCUS REPORT

At the beginning of the 2017/18 fiscal year, the Positive Voices Caucus identified three areas of focus: Establishing and fostering an online presence; Establishing a Positive Speaker's Bureau; and engaging in strategic, meaningful, and sustained advocacy. Some highlights from each area follow.

Website and Social Media

In the previous fiscal year, the PVC worked with a web designer to create the foundation for a Positive Voices Caucus website. Over this past fiscal year, the PVC completed the development and review of content and officially launched the website. The website includes several different sections intended to provide people living with HIV with access to education, services, and opportunities to connect with other people living with HIV. Since its launch, the website is visited daily and has logged approximately 350 unique users.

Alongside the website, the PVC also launched a Facebook page as another way to connect people living with HIV across the province. The Facebook page provides an opportunity to share content created by other organizations and publishers, as well as blog posts created by the PVC and information about its programming. The PVC Facebook page has accumulated 50 followers since its launch and has demonstrated consistent growth.

Positive Speaker's Bureau

In the previous fiscal year, the PVC – with input from people living with HIV from across the province – prioritized the establishment of a Positive Speaker's Bureau. To follow through on this commitment, the PVC submitted a grant proposal to fund a program pilot. We are pleased to share that the proposal was successful. Since the proposal's success, the PVC has completed the development of the pilot program and was successful in recruiting thirteen Positive Speakers from across the province who completed a training weekend at the end of the fiscal. We look forward on reporting back on the delivery and success of the program next year.

Advocacy

Over the past fiscal, the PVC engaged in a range of activities intended to better understand the needs of Alberta people living with HIV and then advocate on their behalf. Some highlights include:

- Five PVC members attended the Canadian AID Society forum for people living with HIV. Members connected with activists from across the country to discuss collective responses to issues facing people living with HIV.
- One Positive Voices Caucus member, Robert Bardston sat on the Steering Committee of the STBBI OSAP to represent the voice of people living with HIV and those belonging to ACB Communities.
- The PVC formally endorsed U=U, becoming a community partner. This was coupled with a three-part blog series which included an interview with Bob Leahy, an early leader in the U=U movement.
- The PVC launched its provincial needs assessment of people living with HIV.
- The PVC endorsed the Canadian Coalition to Reform HIV Criminalization's Community Consensus Statement on the overcriminalization of HIV nondisclosure. The PVC also led the development of a letter to the provincial Minister of Justice, signed by multiple stakeholders, endorsing the recommendations made in the consensus statement. The letter received a positive response. The PVC and partners are continuing to engage with the Ministry and look forward to sharing changes to the province's approach to HIV nondisclosure cases soon.



Remembering Robert Bardston

Recently, the PVC lost one of its founding members, Robert Bardston. Robert was a talented musician, dear friend, and a fierce advocate for people living with HIV and people who belong to African, Caribbean, and Black communities. We will dearly miss him and will continue to herald his impact and carry forth his legacy.

ALBERTA BULK HARM REDUCTION SUPPLIES PURCHASING & DISTRIBUTION PROGRAM

The ACCH started the Harm Reduction supplies purchasing and distribution program in April 2012. The purpose of the program is to facilitate access to Harm Reduction supplies across the Province to prevent the spread of STBBIs and promote healthier practices.

This program is provided free of charge to Harm Reduction programs in Alberta. Since 2012 the program has expanded to ensure clients in rural communities and urban centres have access to harm reduction supplies. We supply injection and drug using supplies to approved Harm Reduction programs, and safer sex supplies to all of our member groups. This past year has also seen a significant expansion in the supplies that are offered, including Adhesive & Dressing, Wipes, Zip Lock, Gauze, Mask Face Respirator, and Test Strips.

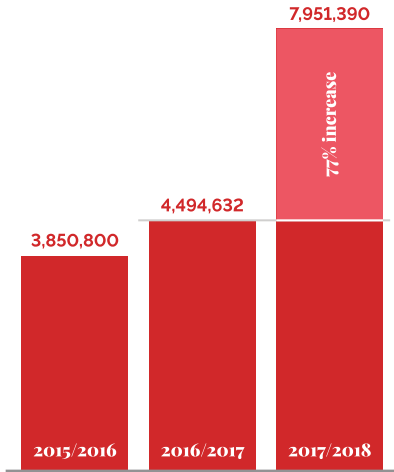
In addition to supply distribution, the program has also served as a crucial point of contact to build relationships with clients. Each encounter is a potential opportunity to engage clients in a conversation about harm reduction and offer other services, such as naloxone kits, addiction referral, wound treatment, and STBBI testing.

UNITS	2015-2016 TOTALS	2016-2017 TOTALS	2017-2018 TOTALS
Needles and Syringes	3,850,800	4,494,623	7,951,390
Sharps Containers	12,765	17,635	35,381
Sterile Water	1,177,000	1,167,000	1,964,000
Cookers	439,000	573,000	1,062,000
Alcohol Swabs	2,564,200	2,707,600	3,874,800
Filters	732,500	1,050,000	1,740,000
Lip Balm	1,400	1,450	8,283
Condoms	3,481,648	651,743	1,118,376
Lubricants	194,216	268,464	322,088
Tourniquets	77,000	93,250	207,690
Gloves	300	9,220	29,730
Absorbic Acid Sachets	95,000	110,000	259,000

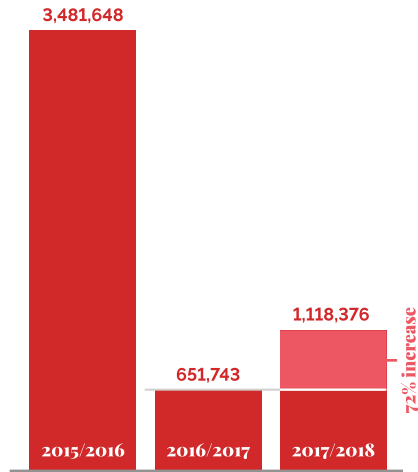
Compared to last year (April 2016 to March 2017), Harm Reduction sites significantly increased their distribution of supplies this year (April 2017 to March 2018), including:

- Needles and Syringes increased by 77%
- Condoms increased by 72%
- Cookers increased by 85%
- Sharp Containers increased by 101%
- Sterile Water increased by 68%

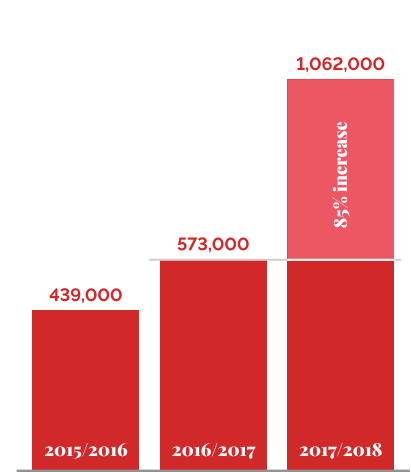
Needles and Syringes



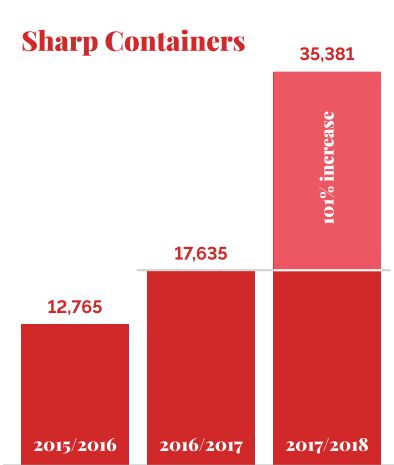
Condoms



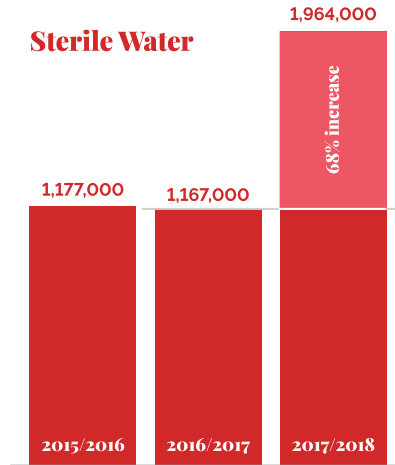
Cookers



Sharp Containers



Sterile Water



ACCHN NALOXONE PROGRAM

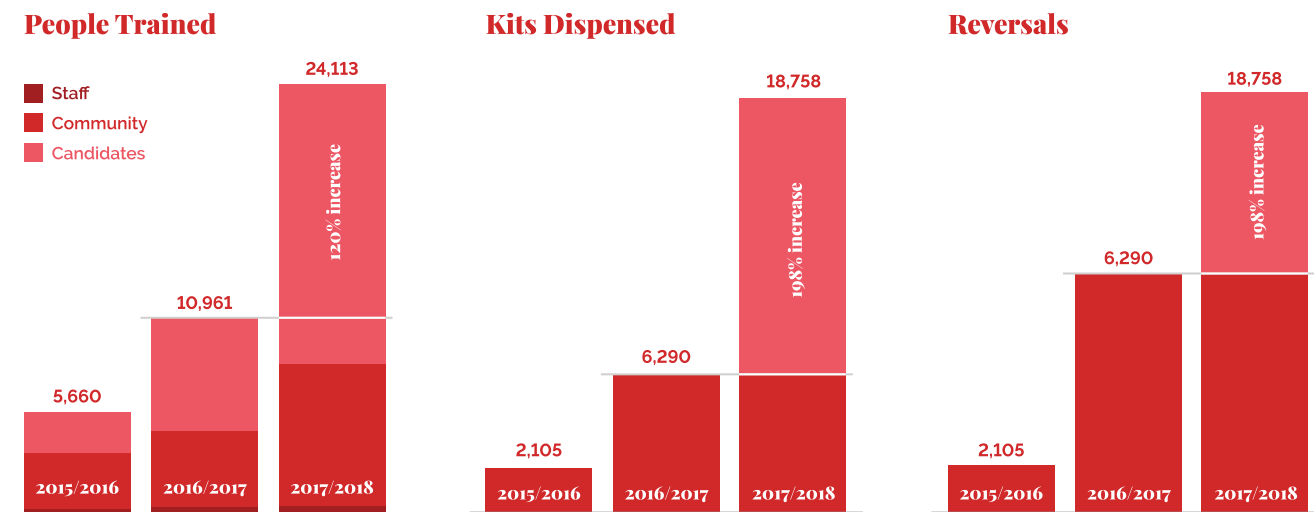
ACCH members involved in the Naloxone program (now called ACCHN by the Province) have had a very successful year. The program continues to save lives and promote healthy communities through a grassroots approach that engages with individuals, organizations and communities in need of support.

Naloxone Program Implementation: June 2015 to May 2018

SERVICES	2015-2016	2016-2017	2017-2018
Staff trained	161	309	359
Community members trained	3,148	4,234	7,967
Candidates trained	2,351	6,418	15,787
Hours of training	1,729.57	2,029	4,028.1
Kits dispensed	2,105	6,290	18,758
Kits used	230	1,492	3,839
Reversals	224	1,088	1,901
Condoms	3,481,648	651,743	1,118,376
Lubricants	194,216	268,464	322,088
Tourniquets	77,000	93,250	207,690
Gloves	300	9,220	29,730
Absorbic Acid Sachets	95,000	110,000	259,000

As the Chart above demonstrates, the program continues to expand its impact each year. Compared to last year (June 2016 to May 2017), program sites significantly increased their activity during June 2017 to May 2018:

- # of people trained (staff, community and candidates) increased by 120%
- # of kits distributed increased by 198%
- # of reversals increased by 75%



Looking Ahead

The program will continue funding the same initiatives as before, but with a focus on enhancing capacity for training and client support. As part of this enhanced funding, we will be:

- Working more closely with AHS to improve program efficiency, and in particular, building partnerships with the newly formed AHS Harm Reduction team
- As we transition from survey monkey to Neo360 this Fall, we will be enhancing our evaluation of the program



STBBI OSAP REPORT 2017-2018

Strategic Highlights

AHS and ACCH has been in a collaboration with over 180 organizations to develop and implement an Operational Strategy and Action Plan aimed at reducing sexually transmitted and blood borne infections (STBBI OSAP) in Alberta. In the Fall of 2017, seventy-four recommendations were developed by STBBI OSAP stakeholders. The recommendations reflect the current priorities that require an immediate focus to improve access to care and health outcomes related to HIV and other STBBIs.

Financial Highlights

Beyond In-Kind supports and funding of facilitator/ coordinator roles within the OSAP, there are no cash donations, grants or other revenue received for the work of the OSAP to share.

Operating Highlights

Representation

To give some context about who is powering the work of the OSAP: A team of 13 constitute the backbone (also known as the Atlas) of the OSAP facilitating and coordinating the various operations of the STBBI OSAP Collective Impact. Three of these Atlas members also lead working groups/ the steering committee in Chair positions within the OSAP. The Steering committee currently comprises 18 participants (4 ACCH member organizations), of these total Steering committee participants 9 organizations are currently directly represented in at least one working group as well as participating in decision making within the Steering Committee. Within the network, nine of sixteen ACCH member organizations are represented seventeen times in three of the eight OSAP working groups. ACCH member organizations are currently participating in the Indigenous, STI/HIV and PrEP & PEP Working Groups.

From the fall of 2017 till date, the OSAP working groups generated the twenty-five Net New Projects have been proposed towards the collective impact's aspirational goal:

"Enhanced health and wellness of all Albertans by preventing, eradicating the stigma, and minimizing the impacts of STBBI."

- Increased Prevention of STBBIs
- Improved early detection and diagnosis (Screening) of STBBI
- Enhanced client-centered STBBI Case and Contact Management
- Strengthened Support and Counselling Services for those living with, or affected by, Hepatitis B, C and/or HIV
- Raised Awareness and Reduced Stigma for those living with, and affected, by STBBI.

“Enhanced health and wellness of all Albertans by preventing, eradicating the stigma, and minimizing the impacts of STBBI.”

Net New Projects Proposed in the OSAP include:

STI/HIV: STBBI Health Marketing; Self Collected Testing; Promoting a gender-diversity training tool kit; Low Barrier Access to Lab Requisitions; Getting to the Point - POCT for MSM

PRIMARY CARE: Collaborative PCP & Pharmacy test & treat; The Electronic NDR form; The Alberta STBBI screening guidelines; Standardization STI/HIV & Hep B/C pathway; Primary Care STBBI champion network

PHARMACY: Test & Treat Modules; Test & Treat pilot evaluation; Stigma, TVIC & Harm Reduction training

PrEP_PEP: Preparing for PrEP: Educational materials for PrEP prescribers, patients, Communities & community-based organizations; PrEP Guidelines

STILL: Alberta STBBI Screening Guidelines; Dried Blood Spot; Getting to the Point - POCT for MSM

INDIGENOUS: Harm reduction through an indigenous lens; Outreach screening program; Indigenous cultural literacy program awareness; Surveillance data First Nation & Metis Population; Mobile Holistic Health Service for Rural Communities

HEPATITIS: HCV training PCP & Public awareness campaign; Peer supported screening of priority populations; Case finding & pathway implementation

Community Engagement Review:

ACCH championed and facilitated an evaluation of the state of community engagement within the STBBI OSAP to build on strengths within the network and to assess and improve on identified weaknesses within the collective impact work. The STBBI OSAP Stakeholder list of 170 participants and 101 unique organizations representing community and Indigenous based organizations were invited to participate. 59 stakeholders were interviewed at a response rate of 35%. 39% represented an Indigenous agency and 61% a community-based group. At least one representative from 43 organizations with an even split between Indigenous and community groups.

Key themes uncovered by the review include conversations around: The importance of the OSAP; Access to the network; integrity of the Stakeholder list; Depth of participation; Inconsistent Engagement Strategy; Transition from development to implementation of the OSAP; Relevance of the OSAP to CBO; Time constraints; Strategic Involvement; Space for community; Already Existing Projects.

Looking Ahead

Recommendations have been compiled by the ACCH team for consideration of the Steering Committee to deepen meaningful community participation in the OSAP. These recommendations are pending review for implementation in the OSAP.

The Steering Committee and the Atlas are looking into ways to endorse, prioritize and stage these projects and to consider ways in which projects that are synergistic with each other might be bundled together. We hope to build robust project team(s) across multiple working groups and to transition the work of the OSAP into STBBI innovation implementation. Through these Net New projects, we intend to achieve the following STBBI OSAP outcomes in the coming years:

- OC 1.1** Harm Reduction Services and Supplies/Condom Use Increasing
- OC 1.2** Increased Accessibility to Pre and PostExposure Prophylaxis
- OC 1.3** Student SelfEfficacy for Sexual Health Decision Making/Increased Sexual Health STBBI Knowledge
- OC 1.4** Adult SelfEfficacy for Sexual Health DecisionMaking/ Increased Sexual Health/STBBI Knowledge
- OC 2.10** STBBI Screening is provided when, where and how as required by the needs of the specific community or target population
- OC 2.7** STBBI Screening is normalized and Standardized Amongst the General Population and Most Affected Communities: General/Systemic Interventions
- OC 2.8** Normalization and Standardization of STBBI Screening amongst the General Population and Most Affected Communities: Rural settings (Indigenous/nonindigenous)
- OC 2.9** Normalization and Standardization of STBBI Screening amongst the General Population and Most Affected Communities: Urban settings
- OC 3.12** Equitable access to services and STBBI information across the province (independent of Location)
- OC 3.13** Access to STBBI Services for people living in Metis and Reserve communities
- OC 3.14** Timely and comprehensive surveillance data to inform the STBBI Service Planning and Operations of NGOs and AHS Providers
- OC 3.15** Less delays in seeking/receiving treatment for Hepatitis B/C and HIV
- OC 4.17** Community Based and Integrated Interagency Interventions to Optimize Retention in Care for those Living with HIV/Hepatitis
- OC 4.19** Culturally Sensitive and Integrated Supports for Indigenous Populations in Alberta living with HIV/Hepatitis
- OC 4.20** Social Network of Support on Release from Corrections for those living with HIV/Hepatitis
- OC 5.21** Society does not stigmatize individuals for their cultural backgrounds, behaviours that lead to STBBIs or for being diagnosed with or affected by STBBIs
- OC 5.22** LGBTQ community members work with decision makers, health service providers and mobilize their community to develop the competence to remove the discrimination and stigmatization as it relates to healthy sexuality and mental health/addictions

FINANCIALS 2017-2018

Alberta Community Council on HIV

	Budget 2018 (Unaudited)	General 2018	ACHF 2018	General 2017	ACHF 2017	Total 2018	Total 2017
REVENUE							
Alberta Health							
General Contributions	\$ 4,118,021	\$ 378,642	\$ 3,739,379	\$ 180,908	\$ 3,184,950	\$ 4,118,021	\$ 3,365,858
Harm Reduction Supplies	1,699,921	1,699,921	-	1,299,000	-	1,699,921	1,299,000
Community Based Take Home							
Naloxone Project	981,740	599,726	-	379,115	-	599,726	379,115
Supervised Consumption							
Services	700,000	641,539	-	-	-	641,539	-
Public Health Agency of Canada							
General Contributions	1,130,000	-	1,130,000	130,919	916,268	1,130,000	1,047,187
Provincial Aboriginal Community							
Coordinator Project	-	-	-	80,160	-	-	80,160
Persons living with HIV/AIDS							
Project	-	-	-	80,000	-	-	80,000
Alberta Culture and Tourism							
Community Initiatives Program	-	-	-	15,880	-	-	15,880
Harm reductions supplies - bulk							
Purchase	-	30,122	-	5,452	-	30,122	5,452
Membership income	-	1,575	-	1,550	-	1,575	1,550
Other income	-	1,028	-	640	-	1,028	640
Interest Income	-	74	-	823	-	74	823
	\$ 8,629,682	\$ 3,352,627	\$ 4,869,379	\$ 2,174,447	\$ 4,101,218	\$ 8,222,006	\$ 6,275,665

STATEMENT OF REVENUE AND EXPENSES
Year Ended March 31, 2018

	Budget 2018 (Unaudited)	General 2018	ACHF 2018	General 2017	ACHF 2017	Total 2018	Total 2017
EXPENSES							
ACHF operational funding (Note 10)	\$ 4,869,379	\$ -	\$ 4,869,379	\$ -	\$ 4,101,218	\$ 4,869,379	\$ 4,101,218
Harm Reduction Supplies (Note 11)	1,699,921	1,730,563	-	1,304,564	-	1,730,563	1,304,564
Community Based Take Home							
Naloxone Project	981,740	603,976	-	374,865	-	603,976	374,865
Supervised Consumption Services							
Project	700,000	641,546	-	-	-	641,546	-
Wages & benefits	333,187	333,481	-	209,135	-	333,481	209,135
Equipment rentals	1,000	717	-	1,038	-	717	1,038
Evaluation	-	-	-	7,583	-	-	7,583
Office	6,726	6,712	-	8,429	-	6,712	8,429
Other (Schedule)							
Provincial Aboriginal Community							
Coordinator Project	-	-	-	81,030	-	-	81,030
Persons living with HIV/AIDS							
Project	-	-	-	79,114	-	-	79,114
Rent & utilities	12,764	13,127	-	9,081	-	13,127	9,081
Skills building							
Vehicle & travel	10,065	11,113	-	13,083	-	11,113	13,083
Amortization	-	680	-	1,278	-	680	1,278
	8,629,682	3,359,573	4,869,379	2,161,852	4,101,218	8,228,952	6,263,070
Excess (deficiency) of revenue over							
Expenses	\$ -	\$ (6,946)	\$ -	\$ 12,595	\$ -	\$ (6,946)	\$ 12,595

ACCZ