CANADIAN POSITIVE PEOPLE NETWORK
RÉSEAU CANADIEN DES PERSONNES SÉROPOSITIVES

“ESTABLISHING PRIORITIES”

~ a report and a planning tool ~

Contents

Executive summary

The CPPN’s Leadership Team (the Board of Directors together with the Executive Director) launched a comprehensive, electronic consultation initiative in August 2017. While this was not the first time that CPPN members, allies, and key community-based stakeholders had occasion to provide advice and guidance related to the CPPN’s early development and growth, it was the first opportunity for people to help shape the CPPN’s five-year plans relevant to the funding proposal that was in development for submission to the Public Health Agency of Canada (under the Community Action Fund) at the time.

The “Establishing Priorities” consultation tool (survey) was sent to 131 active CPPN members, 188 Canadian non-government organizations, and 110 ‘stakeholder’ organizations, in both official languages. An open invitation to participate on Twitter resulted in more than 4,000 impressions, and bilingual posts to Facebook reached nearly 1,700 individuals. The tool was extensive, including 136 questions which focused on:

- Individual demographic information;
- Organizational profiles;
- Lived and living experience with HIV, hepatitis B and C, and other sexually transmitted and blood borne infections (STBBIs);
- The CPPN’s mission, vision, ‘critical pathways and activity ‘pillars’, together with its overarching goals and objectives; and
- The CPPN’s form and function.

Based only on the direct invitations to participate, the over-all response rate was nearly 44%; 174 surveys were returned.

Honest, and often frank, feedback highlighted very valuable lessons for the CPPN in terms of the survey tool’s general complexity and its language-level. Some suggested that the survey was very comprehensive, but in some cases so comprehensive that it inadvertently isolated and/or marginalized some respondents. This, of course, was not intended and the CPPN’s Leadership Team does and will take this very valuable lesson to heart in all its future efforts to effectively engage with its members, allies, and community-based stakeholders.

Aside from the survey’s complex structure and its specific language, it is important to highlight other limitations in terms of this consultation’s reach. Most notably, respondents were not asked to self-identify with specific “priority populations”. While demographic questions focused on gender-identity, sexuality, age, and ethno-cultural heritage, respondents were not asked to self-identify as current or former drug-users, for example. So, the data do not point specifically to groups of people that the CPPN will need to reach out to more directly, but we do, with a fair degree of confidence, suggest that the CPPN needs to ramp-up its outreach efforts going forward to ensure that everyone who wants to be ‘heard’ is heard as the CPPN’s plans and priorities take shape from here.

Limitations notwithstanding, more than one-third of respondents are current members of the CPPN, and nearly 80% of all respondents participated as individuals (22% provided feedback as representatives of an organization or group).

Perhaps not surprisingly, more than half of survey respondents live in Ontario. More than half of all respondents self-identified as men. The mean age of all respondents is 49 years (the age-range for all respondents is 24 – 74 years old).

With diagnoses as recent as within the last year and as long ago as 1983, nearly 75% of all respondents are living with HIV. More than 12% of all respondents reported living/lived experience with hepatitis C, 75% of whom indicated that they successfully completed a full course of treatment and are, effectively, 'cured'. More than 87% of all respondents indicated that they are HIV/hepatitis C co-infected; the mean number of years since diagnosis is 18, with the most-recent diagnosis in the last six years.

While described in far-greater detail within the body of this report, it is fair to summarize that:

- Neither the CPPN's original mission statement nor the proposed (revised) statement presented in the consultation tool resonated for most respondents. In fact, more than 50% of all respondents indicated that significant effort should be invested to avoid "inflated semantics" or suggesting that the CPPN is assuming a role or responsibility for more than it should or is reasonable. In short, more than half of all respondents suggested that the CPPN should re-draft its mission statement based on the feedback provided throughout this consultative exercise.

- To a slightly higher degree, perhaps, the same is true as it relates to the CPPN's longer-term vision. Of all respondents who provided advice, 54% agreed that the vision statement should be re-visited/re-written to be more concise, clearer, and more reasonable in terms of the CPPN's long-term role and potential impact in Canada's response to HIV and HIV co-infections.

- Asked for feedback on four specific goals focused on continual engagement, innovation and growth (paying specific attention to evidence-informed, practical activities and interventions), the CPPN as a relevant and responsible "change agent", and mobilizing with key collaborators and stakeholders, more than 60% of all respondents agreed that the proposed goals are realistic. However, several respondents cautioned that the goals, as presented, may be considered "lofty" and/or overly optimistic; that notable effort must concentrate on simplified language and on what it truly realistic and "possible".

- Similarly, asked for feedback on three overarching objectives focused on the CPPN's national credibility and its representative role, its community engagement, and its role in building individual and organizational capacity, confidence, and credible 'authority', more than 70% of all respondents agreed that the objectives are realistic; but, the CPPN was advised to be very clear with respect to its independent role, aware of others' works to ensure that efforts are not duplicated unnecessarily, and it must remain flexible and responsive to local-level needs with a "clear understanding" of current issues and priorities.

- Generally, respondents agreed that the CPPN needs to re-visit its proposed "critical pathways" (highlighted below) to ensure a much more realistic (and, perhaps, less-ambitious) approach going forward. These seven (7) critical pathways were considered:
    - Honouring all persons living with HIV and HIV co-infections
    - Healthy dynamics, synergistic relationships, and collaborative engagement
    - Commitment to diversity, inclusion, and equity
    - Flexibility and vigilance with respect to advocacy activities and the CPPN's role as an advocate
    - The CPPN as an informed and credible catalyst for change (i.e. as "Change Agents")
    - Collaboration and community-based partnerships and GIPA/MEPA/MIWA
    - Avoiding "political pitfalls" and/or political subservience
    - (Big "P" and little "p" politics)

- The CPPN's proposed/planned activities were presented under three "pillars" or specific areas of focus: 1) capacity building and skills-training; 2) knowledge development and exchange/dialogue and deliberation; and, 3) public policy/awareness and sensitivity (social marketing). Overwhelmingly, respondents agree that these are important and appropriate areas of focus for the CPPN going forward. More specifically, most respondents indicated that the CPPN's efforts should focus on:

  Capacity development and skills-training activities
    - Annual gatherings, workshops, and networking opportunities for people living with HIV and HIV co-infections
    - Building and sustaining effective partnerships
    - Determinants of health (beyond the disease-specific paradigm)
    - Health and social justice issues
    - Peer-based approaches to social marketing and social media
    - U=U and criminalization

  KTE activities
    - Aging and concurrent health conditions
    - Community collaboration (and partnerships)
    - Community-based social marketing
    - Evidence-informed programming and community-based services
    - GIPA/MEPA/MIWA: taking stock; identifying gaps and priorities
    - "Interconnected" (ongoing engagement)
    - Prevention in the next decade, including U=U, PrEP and TasP

  Public policy activities (and social marketing)
    - Care and support for ALL of us
    - Disclosure and criminal law
    - Domestic commitments to global goals and targets
    - Ending stigma and discrimination
    - Evidence-informed decision-making
    - GIPA/MEPA/MIWA
    - Harm reduction
    - Persons with disabilities
    - Social determinants of health
    - We ARE experts in our own lives; systemic barriers getting in the way of that reality

- Finally, respondents were asked to reflect on the CPPN's 'form and function' – more specifically its name and its 'brand'. By-and-large, most respondents agreed that it may, indeed, be time for the CPPN to revisit its name and its acronym to ensure that it is more evidently inclusive of all its (current and prospective) members (e.g., not apparently focused exclusively on HIV-positive people). And, while some respondents advised caution with respect to the potential pitfalls associated with over-emphasis on name recognition and/or 'corporate identity', more than 55% of all respondents agreed that the CPPN should take steps to develop a single brand (i.e. logo) that is employed consistently (and, preferably, with a single acronym that 'works' in both of Canada's official languages).

"The devil," as is often said, "is in the detail." The detail follows.

The context

In August 2017, while actively engaged in collaboration with the Public Health Agency of Canada (PHAC) to secure a five-year Contribution Agreement under the auspices of the Community Action Fund (CAF), the Canadian Positive People Network (CPPN) launched a comprehensive (electronic) consultation process to facilitate its “establishing priorities” initiative. Personalized invitations to participate reached 429 individuals, in both official languages:

  - 131 active CPPN members;
  - 188 Canadian non-government organizations (NGOs); and
  - 110 national “stakeholder” organizations.

- An open invitation to participate, in both official languages, resulted in more than 4,000 impressions on Twitter @CPPN_RCPS.

- Bilingual invitations to participate posted to Facebook (https://www.facebook.com/CPPN.RCPS) resulted in nearly 2,000 impressions, with 1,690 individuals reached.

The consultation employed SurveyMonkey at https://www.surveymonkey.com/r/EstablishingPriorities (in English), and at https://fr.surveymonkey.com/r/EtablirDesPriorites (in French). The survey asked 136 questions, with focus on:

- Individual (general) demographic information;
- Organizational profiles;
- Specific sero-status (and lived experience) ‘disclosures’ (HIV, hepatitis B, hepatitis C, other sexually transmitted and blood borne infections);
- The CPPN’s mission, vision, “critical pathways”, goals, and “SMART” objectives;
- Planned activities under three (3) functional “pillars” over five years (to March 31, 2022):
  - Capacity development (and skills-training);
  - Knowledge development and exchange; and
  - Public policy.
- The CPPN’s form and function (i.e. its name and its ‘branding’).

In retrospect and based on feedback, the consultation tool (survey) was too comprehensive and written at a ‘language-level’ that, inadvertently, isolated and/or marginalized some respondents. While the overall response-rate was impressive (at nearly 44% (**n=174**)), careful attention to each question, and analysis of the responses provided, highlights valuable lessons in terms of how the CPPN must adapt and evolve in its approach to engagement with its members, allies, and community-based stakeholders.

Findings and observations

The survey's first question attempted to hone in on respondents' familiarity with the CPPN and its role in Canada. Of **all** who answered this question, nearly 59% are familiar, 27% are not, and 15% of respondents are not sure.

Asked to describe their role and/or interest in the domestic response to HIV and HIV co-infections:

- 64% of respondents identified as persons living with and/or affected by HIV;
- 47% of respondents identified as paid employees of a community-based organization or group;
- 31% of respondents identified as volunteers at community-based organizations or groups;
- 19% of respondents identified as allies of the CPPN;
- 19% of respondents identified as service-providers;
- 14% of respondents identified as care-providers;
- 13% of respondents identified "other" roles and/or interests, including researchers, employees of research institutes, advocates and activities, educators, communications specialists, long-term survivors, and persons with disabilities or experience working with people who live with disabilities;
- 11% of respondents identified as persons living with and/or affected by viral hepatitis; and
- 4.5% of respondents identified as policy-makers and/or corporate stakeholders.

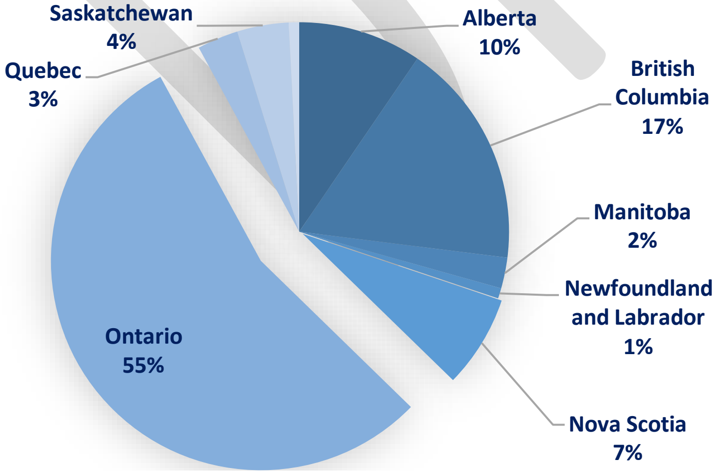
We asked, "Are you a current member of the CPPN?" Of all respondents who answered the question, 33% are members while two-thirds are not.

Of all respondents, 22% participated in this survey as representatives of an organization or group; 78% participated as individuals.

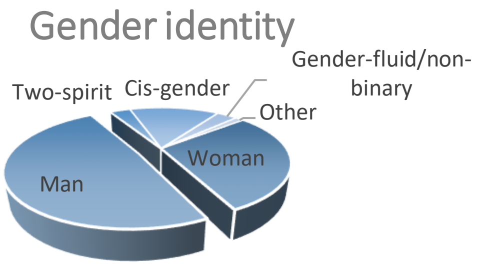
Respondents' profile

Individuals

Most individual respondents who participated in the survey live in Ontario (55%), 77% of whom report that their primary place of residence is in a City or urban centre.



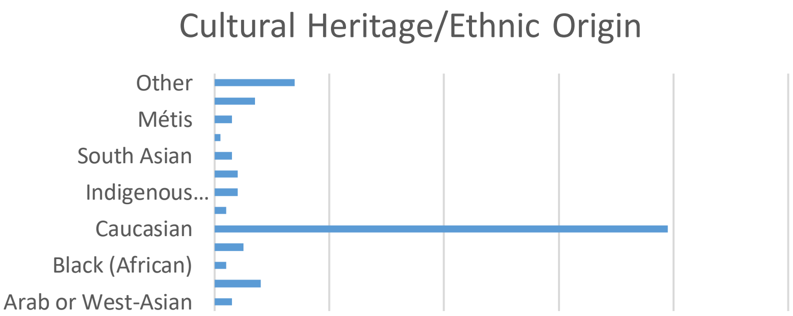
City/urban centre	76.61%
Small town	14.52%
Rural/remote/isolated area	5.65%
On-reserve	0.81%
Remote northern community ("North of 60")	1.61%
Other	1.61%



The mean age of all respondents is 49 years. The youngest respondent is 24 years old; the eldest is 74 years old. Fifty-seven percent (57%) of respondents indicate that they identify as men; nearly 34% self-identify as women; and, 17% identify as cis-gender. Asked to share their sexual identity, just under 50% of respondents identify as homosexuals; nearly 31% identify as heterosexual.

Individuals: self-identified sexuality	All	n=131	75.29%
	Heterosexual	40	30.53
	Homosexual	65	49.62
	Bisexual	8	6.11
	Asexual	1	0.76
	Two-spirit	3	2.29
	Other	16	12.21

Nearly 21% of respondents were born outside of Canada and the mean number of years since arrival here is 21. Sixty percent (60%) of respondents self-identify as Caucasian.



Sero-status

Nearly 75% of all respondent's report that they are HIV-positive; the mean number of years since diagnosis is 19, with the earliest diagnosis 35 years ago and the latest just in the last year. Slightly more than 2% of those who responded indicated that they are unaware of their status.

More than 4% of respondents report having lived/living experience with hepatitis B and more than 5% indicated lived/living experience with other sexually transmitted and blood borne infections.

More than 12% of those who responded report having lived/living experience with hepatitis C. The mean number of years since diagnosis is 17, with the earliest diagnosis 38 years ago and the latest diagnosis five years ago. Of those who indicated a positive diagnosis for hepatitis C, 75% report having completed a full course of treatment – ALL of whom report that their treatment was successful (their hepatitis C virus cleared).

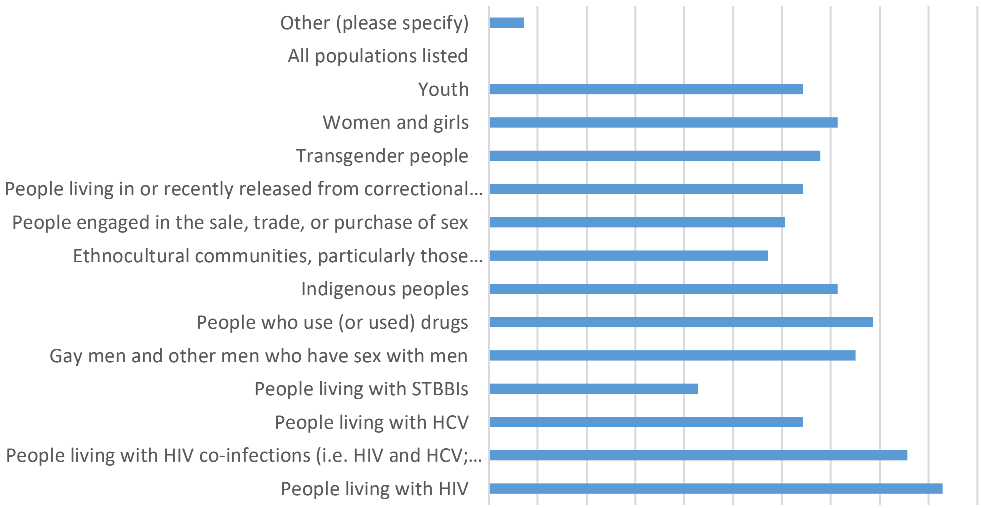
Of those who responded, more than 87% indicate that they are HIV/hepatitis C co-infected: the mean number of years since diagnosis is 18, with the earliest diagnosis 34 years ago and the earliest in the last six years.

Organizations and/or groups

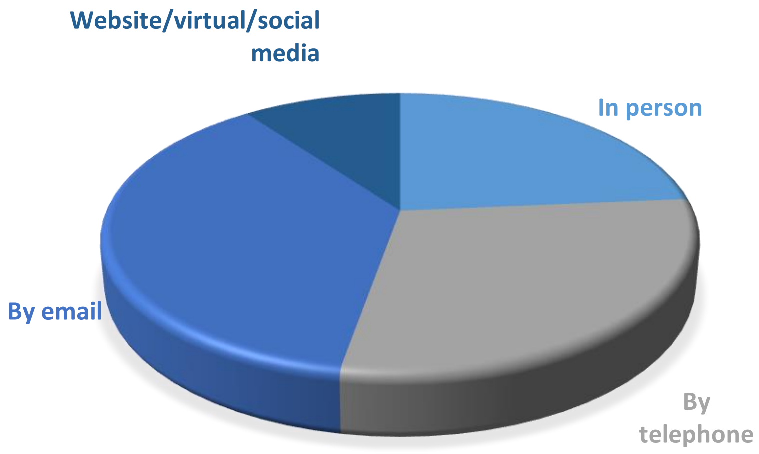
Asked if respondents' participation was on behalf of an organization or group, 22% of all who responded indicated that they are authorized representatives who, indeed, responded on behalf of their organization or group, 45% of whom represent organizations that function under the auspices of a provincial mandate.

Nearly half (48%) of respondents represented organizations located in Ontario. The primary source of funding for 52% of the organizations is from public agencies at the provincial level.

Asked, "Which of the following "priority populations" does your organization serve", 93% of respondents who answered this question, indicated that their organization's primary focus was on people living with HIV. People living with HIV co-infections (HIV and hepatitis C or HIV and other STBBIs) is where 86% of respondents' organizations focus their service work.



Asked to estimate the number of people, monthly, who access organizations' programs and/or services by various means, respondents who answered the question indicated that:



For one organization, more than 1,000 people access its programs/services monthly, in person.

Most organizations (44%) serve less than 100 people per month, by email.

For 35% of organizations represented by those who responded to this question, between 101 and 200 people are served by telephone monthly.

Of all respondents who answered questions related to their organizations' human resources complement:

- Less than five (5) people work as PAID employees 65% of the time on a part-time basis and 37% of the time as full-time representatives. There are less than five (5) volunteers engaged by 27% of the organizations represented by folks who responded to this question.

Five (5) organizations employ more than twenty (20) full-time PAID representatives; eight (8) organizations engage more than twenty (20) volunteers at any given time.

Asked to share information about the sero-status of organizations' **paid** representatives, of those who responded on behalf of their organization, it is reported that:

People living with/affected by:	None	< 25%	26-50%	51-75%	> 75%	100%
HIV	25.00%	58.33%	8.33%	0.00%	4.17%	4.17%
HCV	57.89%	26.32%	5.26%	10.53%		
STBBIs	50.00%	25.00%	12.50%	6.25%	6.25%	
Co-infections (e.g., HIV and HCV)	66.67%	27.78%	5.56%			

Asked to share information about the sero-status of organizations' **volunteer** representatives, of those who responded on behalf of their organization, it is reported that:

People living with/affected by:	None	< 25%	26-50%	51-75%	> 75%	100%
HIV	20.83%	12.50%	29.17%	25.00%	8.33%	4.17%
HCV	35.00%	35.00%	15.00%	5.00%	10.00%	
STBBIs	35.29%	41.18%	17.65%		5.88%	
Co-infections (e.g., HIV and HCV)	35.29%	47.06%	11.76%	5.88%		

Critical pathways

In February 2017, CPPN members were invited to provide insight in preparation for a national stakeholders' meeting convened by the Public Health Agency of Canada. While focus, at that time, was not necessarily on the CPPN's long-term priorities, preliminary feedback did suggest several **critical pathways** as "starting points" for the CPPN's future consultations and priority-setting activities – all intended to bring about shared understanding of and commitment to the CPPN and its ongoing relevance in Canada's response to HIV and HIV co-infections.

Critical pathway # 1: the CPPN will…

… honour all persons living with HIV and HIV co-infections (i.e. hepatitis C and/or STBBIs) and their lived/living experience in all that the CPPN undertakes and represents.

Seven (7) **critical pathways** emerged and, in our August 2017 consultation, we asked respondents to indicate if each resonates and whether respondents are confident that the CPPN can effectively respond to (deliver on) each, over time.

More than 59% of those who responded indicate that Critical Pathway # 1 very much resonates. Nearly 37% of respondents are confident that the CPPN can effectively deliver on the commitment that this pathway represents, while more than 58% are less-sure and just less than 5% are not at all confident.

While marginally, respondents' HIV status does appear to affect whether Critical Pathway # 1 resonates and if they are confident that the CPPN can effectively deliver, over time. While this Pathway very much resonates for more than 54% of respondents who reported that they are living with HIV, it very much resonates for nearly 67% of respondents who are HIV-negative. Notably, slightly less than 5% of HIV-positive respondents indicate that Critical Pathway # 1 does not resonate at all. In terms of confidence that the CPPN can effectively deliver on this Pathway, over time, HIV-negative respondents are more confident than respondents who are living with HIV. Again, notably, more than 7% of HIV-positive respondents are not at all confident that the CPPN can effectively delivery on Critical Pathway # 1, over time.

Critical Pathway # 1 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	54.76%	17.86%	13.10%	9.52%	4.76%
HIV-	66.67%	25.00%	4.17%	4.17%	0.00%

Critical Pathway # 1 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	31.33%	26.51%	27.71%	7.23%	7.23%
HIV-	47.83%	43.48%	4.35%	4.35%	0.00%

Many respondents wondered what the CPPN means by "**honour**". One respondent commented that, *"It is a tall order to honour ALL persons living with HIV, HCV and STBBIs – there are many different perspectives, and impossible to make every feel equally validated.* ***I would want to know more about how you use the term "honour" – what does this mean?****"*

With caution specifically focused on tokenism, another respondent specifically noted, *"Most groups say this but don't really do it. Partly because we are very diversified and like all other communities, we also have our own stereotypes. When you try to do all, it almost becomes like a token representation. Besides, you will have restrictions on what you can do with your funding. Unfortunately, groups follow the money and not community needs. Sorry, but many of the people in most ASOs today are not volunteers but professional consultants who make a living at it. Many of these people are not representative of the overall HIV+ population."*

Critical pathway # 2: the CPPN will…

… develop, nurture, and sustain open and healthy dynamic and synergistic relationships, and collaborative engagement opportunities with people living with HIV and HIV co-infections, and with partners and allies, representatives from the wider community of people living with HIV and HIV co-infections, and relevant community-based stakeholders.

Critical Pathway # 2 either very much or somewhat resonates for almost 80% of those who responded, and more than 64% of respondents are very much or somewhat confident that the CPPN can effectively respond, over time. However, 5% of respondents indicated that Critical Pathway # 2 did not really resonate, and some respondents noted that the Pathway is not written clearly.

Answers to resonance and confidence questions regarding Critical Pathway # 2 are notably different for respondents who are living with HIV than they are for those who are HIV-negative. While Critical Pathway # 2 very much or somewhat resonates for more than 90% of respondents who are NOT living with HIV, the same is true for 72% of respondents who are HIV-positive. This Pathway does not resonate at all for 6% of those who responded who are living with HIV. The margins are greater still in terms of confidence: slightly less than 58% of respondents who are living with HIV are confident that the CPPN can effectively deliver on this Pathway, over time, while more than 91% of HIV-negative respondents are very much or somewhat confident. More that 7% of HIV-positive respondents indicate that they are not at all confident.

Critical Pathway # 2 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	51.81%	20.48%	13.25%	8.43%	6.02%
HIV-	72.73%	18.18%	9.09%	0.00%	0.00%

Critical Pathway # 2 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	31.33%	26.51%	27.71%	7.23%	7.23%
HIV-	47.83%	43.48%	4.35%	4.35%	0.00%

Critical pathway # 3: the CPPN will…

… develop and defend the CPPN's commitment to diversity, inclusion and equity, and an always-evolving identity as a credible national network of, by and for people living with HIV and HIV co-infections.

More than 78% of respondents report that Critical Pathway # 3 very much or somewhat resonates for them, while it does not resonate at all for 3% of those who responded. One respondent who is not sure if this Pathway resonates commented that *"There needs to be something that states the CPPN will stay focused on HIV and HIV co-infections and not migrate/mission drift to harm reduction, drug addiction, homelessness or other hot issues of the future. Being hijacked to other causes to the detriment of PLWHIV+ has impacted numerous CBOs."* In terms of confidence, 33% of respondents are very much confident that the CPPN can effectively deliver on this Pathway, over time; more than 36% are not sure or not really confident; and, slightly less than 4% of respondents are not at all confident.

Again, it is interesting to note the difference between how people living with HIV and those who report that they are HIV-negative responded. In terms of whether Critical Pathway # 3 resonates, 70% of HIV-positive respondents indicate that it very much or somewhat does; slightly less than 96% of those who responded and are not living with HIV report the same. Of those for whom this pathway does not resonate at all (nearly 5%), all are people living with HIV. With respect to confidence that the CPPN can effectively respond to this Pathway, over time, more than 50% of respondents who are very much or somewhat confident are HIV-positive; approximately 85% of respondents who feel the same are not living with HIV.

Critical Pathway # 3 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	55.42%	14.46%	14.46%	10.84%	4.82
HIV-	82.61%	13.04%	4.35%	0.00%	0.00%

Critical Pathway # 3 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	25.61%	28.05%	25.61%	14.63%	6.10%
HIV-	57.14%	28.37%	14.29%	0.00%	0.00%

Critical pathway # 4: the CPPN will…

… remain flexible and always vigilant in assuming a meaningful presence and advocacy role in the domestic response to HIV and HIV co-infections and gaps/unmet needs of key priority and/or often marginalized populations; and, when appropriate and/or called upon, serve as effective and responsive advocates for people who, otherwise, might be un- and/or under-represented.

While some respondents expressed concern that the CPPN might be taking on a bit more than it can deliver, more than 77% of those who responded indicate that Critical Pathway # 4 very much or somewhat resonates, and nearly 58% are confident that the CPPN can effectively deliver. One respondent cautioned that, *"CPPN should always advocate for key priority, marginalized and hidden groups/populations most impacted by HIV. The wording "and, when appropriate and/or called upon" makes it appear that the network does not want to proactively engage becoming an advocate for equity, inclusion, and diversity within the national response."*

The greatest proportion of respondents for whom Critical Pathway # 4 very much or somewhat resonates and for whom confidence in the CPPN is greatest are people who are NOT living with HIV. This Pathway resonates for more than 86% of HIV-negative respondents; and, more than 78% are very much or somewhat confident that the CPPN can effectively deliver, over time. Almost 4% of respondents who are living with HIV indicate that Critical Pathway # 4 does not resonate at all, and more than 6% are not at all confident in the CPPN.

Critical Pathway # 4 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	56.10%	19.51%	13.41%	7.32%	3.66%
HIV-	68.18%	18.18%	13.64%	0.00%	0.00%

Critical Pathway # 4 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	21.95%	30.49%	25.61%	15.85%	6.10%
HIV-	47.83%	30.43%	21.74%	0.00%	0.00%

Critical pathway # 5: the CPPN will…

… remain aware of and sensitive to evolving needs and priorities to ensure readiness to serve as "change agents" at all times. That is…

The CPPN serves as an informed and credible catalyst for change and course-correction, asking hard questions if/when inquiry is appropriate, to protect and promote a response to HIV and HIV co-infections that is relevant and responsive to evolving needs and priorities, and that is timely; the CPPN will make meaningful contributions to local, regional and national interventions that are unyielding in their meaningful inclusion and engagement of people with lived/living experience to promote and protect the integrity and effectiveness of a domestic response that is always informed by 'real-time/real-space' needs and priorities of people living with, affected by, and/or at-risk of HIV and HIV co-infections.

Generally, respondents are concerned that Critical Pathway # 5 is overly complex, the language too cumbersome, and the intent somewhat ambitious. One respondent noted that, *"This work is done at the local, regional and provincial levels across the country so what would CPPN do differently that they should be considered the "experts"?"*

Of all who responded, 53% indicate that the Pathway very much resonates, while 12% are not sure it does.

Nearly 4% of respondents report that this Pathway does not resonate at all. Only 22% of respondents are confident that the CPPN can effectively deliver, over time; 31% are not sure they are confident, and slightly more than 6% are not at all confident.

Once again, the difference in perspective between people living with HIV and respondent who report that they are not living with HIV is notable. While nearly 71% of HIV-positive respondents report that Critical Pathway # 5 very much or somewhat resonates, more than 86% of respondents who are not living with HIV report the same. However, almost 78% of HIV-positive respondents are very or somewhat confident that the CPPN can effectively deliver, over time; only slightly more than 65% of HIV-negative respondents share the same confidence.

Critical Pathway # 5 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	51.22%	19.51%	12.20%	10.98%	6.10%
HIV-	68.18%	18.18%	13.64%	0.00%	0.00%

Critical Pathway # 5 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	19.51%	28.05%	29.27%	13.41%	9.76%
HIV-	26.09%	39.13%	34.78%	0.00%	0.00%

More than 83% of all who responded indicate that Critical Pathway # 6 very much or somewhat resonates; it does not at all resonate for slightly less than 5% of all respondents. Nearly 67% of all respondents are confident that the CPPN can effectively deliver on this Pathway, over time.

Critical pathway # 6: the CPPN will…

… recognize that it is one of many community-based organizations/networks contributing to the domestic response to HIV and HIV co-infections; its success is/will be grounded by its long-term commitment to ongoing and meaningful engagement with people living with HIV and co-infections, and to effective, synergistic relationships and collaboration with partners and allies and with other relevant community-based stakeholders.

Critical Pathway # 6 very much or somewhat resonates evenly between respondents who are HIV-positive and those who are not (between 80 and 87%). However, HIV-positive respondents are less confident that the CPPN can effectively deliver on this Pathway, over time and 9.64% of HIV-positive respondents are not at all confident. One HIV-positive respondent commented, *“You don’t anticipate any problems? What will you do that is different? Obviously you created this group because there were unmet needs, but you have to come up with a plan that we can judge and contribute comments to. Words sound great, but we need more before we agree.”*

Another respondent who lives with HIV worries that, *“At a time when AIDS exceptionalism has ended and funds are being used to mainstream HIV, I am not sure the funds will be there to have a truly national and representative and impactful network.”*

Critical Pathway # 6 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	62.96%	17.28%	6.17%	6.17%	7.41%
HIV-	65.22%	21.74%	13.04%	0.00%	0.00%

Critical Pathway # 6 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	30.12%	28.92%	21.69%	9.64%	9.64%
HIV-	36.36%	45.45%	18.18%	0.00%	0.00%

Critical Pathway # 7 very much or somewhat resonates for almost 80% of all who responded, while nearly 12% are not sure. This Pathway does not resonate at all for just under 4% of all respondents. In terms of confidence, slightly less than 60% of all respondents are very much or somewhat confident that the CPPN can effectively deliver on this Pathway, over time. Nearly 26% of respondents, though, are not sure they are confident, and more than 5% are not at all confident. One respondent commented that they, *"would prefer to see less rhetoric and catch phrases in this statement. Keep in mind that not all people living with HIV are tuned into the buzz phrases of the day. Much of the language in this document is high-level and very much "insider" language. Be certain that the language in the final drafts is accessible to all people living with HIV, whether or not they are "connected" to the politics. Personally, I would prefer to see us rise above the politics and simply not allow the politics to deter our mission."*

Critical pathway # 7: the CPPN will…

… remain aware of and attuned to "the politics of the movement" and be suitably prepared to serve people living with HIV and HIV co-infections, and to work with partners and allies, representatives from the wider community of people living with HIV and HIV co-infections, and relevant community-based stakeholders, while avoiding the potential pitfalls that some with "political game-playing" and/or subservience (whether real or perceived) to political decision-makers.

While Critical Pathway # 7 very much or somewhat resonates for nearly 68% of all respondents who are living with HIV, more than 90% of HIV-negative respondents report the same. This Pathway does not at all resonate, however, for 10% of HIV-positive respondents. Whether HIV-positive or HIV-negative, confidence that the CPPN can effectively deliver on this Pathway is divided evenly, while nearly 30% of all respondents are not sure they are confident that the CPPN can effectively deliver on this Pathway, over time, and almost 10% of HIV-positive respondents are not at all confident.

Critical Pathway # 7 (resonance)

Resonates	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	45.00%	22.50%	13.75%	8.75%	10.00%
HIV-	71.43%	19.05%	9.52%	0.00%	0.00%

Critical Pathway # 7 (confidence)

Confidence	Very much	Somewhat	Not sure	Not really	Not at all
HIV+	20.99%	27.16%	28.40%	13.58%	9.88%
HIV-	31.82%	27.27%	27.27%	13.64%	0.00%

Additional Pathways?

Respondents were invited to share additional comments and/or suggest additional Critical Pathways for consideration. Some respondents indicated that they did not have enough information about the CPPN to contribute meaningful suggestions; others learned about the CPPN for the first time when they received the invitation to participation in this electronic consultation. Again, several respondents indicated that the 'language level' and the complexity of the consultation tool made it difficult to understand and, therefore, difficult to respond to in meaningful ways. At the same time, many respondents provided valuable insight with respect to the CPPN priority-setting processes and engagement initiatives.

One respondent shared, *"Beware accommodation of any subgroup of PLHIV at the expense of any other. This should never be allowed to happen. There are no "one size fits all" solutions but there are many issues currently in front of us that overarch the entire population of PLHIV and coinfections, such as the cessation of funding/services, and the complete lack of any strong national PLHIV presence, which is the void I'm hoping the CPPN will fill. Else what's the point?"*

Another commented, more specifically in terms of a potential Critical Pathway that is not already reflected, that, *"There is nothing in this document about **research**. Ensuring that people living with HIV are included in the development of research questions (in all scientific disciplines) and are also included in a meaningful way in the research process is a very important role. Data is more relevant and richer when people living with HIV are involved. The other point would to be to pursue representation at other decision-making tables across the country and nationally. Creating a list of specific targets to pursue would be helpful...ie different ministry advisory groups etc."*

Finally, one respondent brought very specific attention to the CPPN's need to address *"**Stigma! Our biggest struggle**. […] What is your plan to recruit new members that will be knowledgeable and interested enough to take over the advocacy as many (most) of the older ones are dying and/or no longer capable? How will we remember the important work that we did? "Lest we forget". Yes, we were warriors that were fighting for our lives and most didn't get the benefits of the research they demanded. But the recently infected have no idea how we went from no meds to about 30 in 3 decades, from over 20 toxic pills a day to one pill a day."*

The CPPN's Mission (mandate)

Original Mission Statement	Proposed (revised) Mission Statement
As a people's network, the CPPN is at the forefront of the HIV response in Canada, helping to ensure that the movement is coordinated nationally, provincially, regionally, and locally to benefit affected people and communities, and that we are connected with the global HIV response. The CPPN aims to work with AIDS service organizations, service providers, partner organizations, policy makers, and funders so that all persons and communities affected by HIV and HIV co-infections are engaged, empowered and have access to holistic supports and improved social determinants of health.	The Canadian Positive People's Network (CPPN) is a national, independent network which works with and represents people with lived/living experience to: ➢ Ensure that the domestic response to HIV and HIV co-infections is coordinated locally, regionally, and nationally; ➢ Ensure that work with local, regional, and national organizations and service-providers, and with funding agencies and policy-makers facilitates meaningful, ongoing inclusion of people living with HIV and HIV co-infections; and, ➢ Ensure that the lived/living experience, needs, and priorities of people living with HIV and HIV co-infections are effectively addressed, and that they are empowered and have access to timely and relevant *wholistic* "wrap-around" support which is grounded by focus on social determinants of health and 'real-time/real-space' needs and priorities.

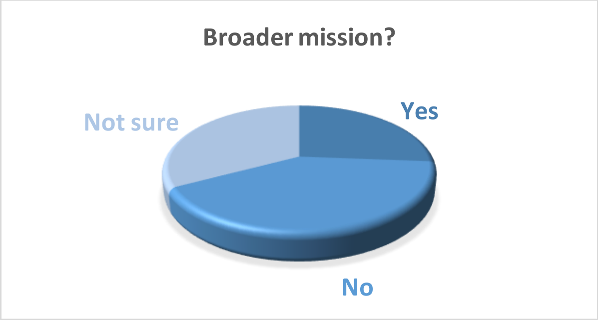
Whether reflecting on the CPPN's original mission or on its proposed (revised) mandate statement, many respondents commented that the language is too complex (one respondent shared that the mission appears to be *"inflated semantics"*). Others indicated that, whatever the final statement is, it needs to be less- 'wordy' and much more explicit in terms of its intent.

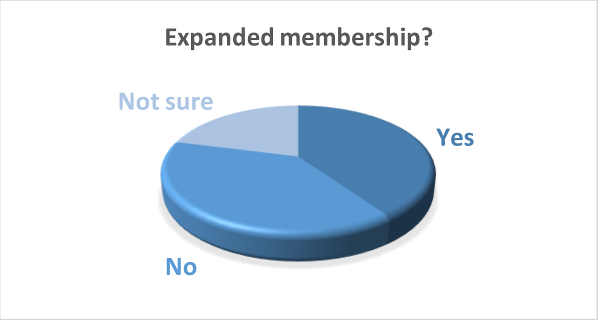
Many respondents shared concern (and caution) that the CPPN is attempting to assume responsibility for far-more than it should or that is appropriate. One respondent specifically commented that, *"It's unclear what your organization's role is. Under what authority can CPPN ensure the domestic response to HIV and HIV co-infections is coordinated locally, regionally, and nationally?"* Another expressed concern that the *"CPPN is proposing to coordinate the work of other organizations"* – clearly NOT the role of a network which exists with, by, and for people living with HIV and HIV co-infections.

Respondents were asked if, in their opinion, the original mission appropriately/sufficiently reflects the CPPN's current and long-term role in Canada's response to HIV and HIV co-infection. Notwithstanding the concerns shared, more than 48% of all who responded think that it does, while nearly 15% are not sure. At the same time, more than 50% of respondents agree that the CPPN's mission should be revisited/revised, and more than 61% of all who responded indicate that the proposed mission (as written) *"is appropriate and makes sense."*

If/when the CPPN's mission statement is re-written, one respondent suggested that it should have *"more of a human rights focus [to] ensure that social justice occurs through protection of the full range of human rights for all people impacted by HIV and related stigmas."* Another respondent noted that the CPPN and its mission should *"specifically focus on universal access to testing and treatment."*

Finally, respondents were asked if the CPPN should consider adopting a broader mission which more explicitly highlights a focus on HIV, HCV, and related STBBIs, whether individuals are mono- OR co-infected AND if CPPN membership should be open to people who are HCV mono-infected. While nearly 41% of respondents do not agree that the CPPN's mission should be explicitly broader, almost 41% agree that membership should be open to HCV mono-infected individuals.





Over-arching goals

Four over-arching goals for the CPPN emerged following earlier conversations and preliminary feedback from members, partners and allies, and other relevant community-based stakeholders, including:

- Current and prospective CPPN members;
- People living with HIV and HIV co-infections who are not members of the CPPN who may otherwise be un-/under-represented;
- Partner organizations and allies;
- Representatives of the wider community of people living with HIV and HIV co-infections; and,
- Other relevant community-based stakeholders.

The four goals (included below), taken together, are realistic for more than 61% of those who responded, on average. Still, respondents shared concerns that the goals appear "lofty" and overly optimistic; one respondent commented that the goals represent *"too many eggs in one basket."* Many respondents commented that the language is too general or vague and highly technical or academic, while others suggested that it was not specific enough. One respondent noted that the goals read as little-more than rhetorical *"posturing"*, and another suggested that the goals' language *"sends a negative message by sending out a top-down attitude."*

Here is what respondents shared with respect to each goal:

Goal # 1
The CPPN will serve with, for, and on behalf of people living with HIV and HIV co-infections from across Canada, in continual engagement with CPPN collaborators/stakeholders in the domestic response to HIV and HIV co-infections (e.g., hepatitis C and/or related sexually transmitted and blood borne infections).

Is Goal # 1 realistic?		
Yes	**No**	**Not sure**
69.44%	13.89%	14.81%

What makes sense about Goal # 1? What should change?	✓ Continued engagement is important… I would change nothing. ✓ Including STBBIs is a must. ✓ **Don't need a new organization; stop the insanity!** ✓ Continued education – especially in the North. ✓ Add tuberculosis? ✓ Advocacy! ✓ Don't assume that the CPPN exists "for/on behalf of" everyone who lives with HIV and HIV co-infections. ✓ Partnership agreements with all national organizations? ✓ Perhaps "strive for" instead of "will" is more realistic.
What is missing from Goal # 1?	● Putting community voice above that of "stakeholders". ● How will the CPPN ensure meaningful engagement with/from Quebec? ● Global engagement. ● Specific focus in rural communities. ● Specific commitment to diversity and inclusion of marginalized and/or difficult-to-reach populations.

<u>Goal # 2</u>

The CPPN will develop and promote its innovative and inclusive role in supporting the growth and effective evolution of Canada's domestic response to HIV and HIV co-infections, maintaining an acute awareness of the ever-shifting 'landscape' and remaining vigilant to ensure its presence in Canada and in its evidence-informed, practical activities and interventions are relevant and meaningful to/for CPPN collaborators/stakeholders.

Is Goal # 2 realistic?		
Yes	**No**	**Not sure**
63.11%	13.59%	20.39%

What makes sense about Goal # 2? What should change?	✓ Must always include an evidence-based response that truly represents the needs and priorities of people living with HIV and HIV co-infections. ✓ Readiness to adapt to changing needs and shifting community-level/personal realities. ✓ It is important to keep up, always vigilant, but not overly optimistic. ✓ It is good to be innovative… but what does innovation mean to the CPPN? How is the CPPN innovative? Need more clarity. ✓ Ongoing commitment to equity, inclusion, and meaningful engagement… don't let funding change that.
What is missing from Goal # 2?	● How will the CPPN achieve this? ● How will the CPPN ensure that it is "acutely" aware? ● Innovation? "Show us how you will create relevance and meaningfulness; give us some real-life examples."

Goal # 3

The CPPN will undertake its activities as a relevant and responsive "change agent", grounded by recognition of and respect for its 'place of privilege' as a national, independent network of, by and for people living with HIV and HIV co-infections in Canada. That is, the CPPN will serve as an informed and credible catalyst for change and course-correction, asking hard questions if/when inquiry is appropriate, to protect and promote a response to HIV and HIV co-infections that is relevant and responsive to evolving needs and priorities, and that is timely; the CPPN will make meaningful contributions to local, regional, and national interventions that are unyielding in their meaningful inclusion and engagement of people with lived/living experience to promote and protect the integrity and effectiveness of a domestic response that is always informed by 'real-time/real-space' needs and priorities of people living with, affected by, and/or at-risk of HIV and HIV co-infections.

Is Goal # 3 realistic?		
Yes	**No**	**Not sure**
52.43%	21.36%	23.30%

What makes sense about Goal # 3? What should change?	✓ Perhaps this is two goals: one about change; one about engagement? ✓ Great passion… but "passion can only take you so far and it would be unfortunate if this all became a recipe for failure." ✓ Not sure how the CPPN can truly have an impact locally; "spreading too thin?" ✓ Intent of the goal is good, but it is too cumbersome as written.
What is missing from Goal # 3?	• Making meaningful contributions… what does this actually mean? • "Real time and real space is good, but sometimes it is nice to dream, or be able to… hope for a future." • The CPPN needs to consider other organizations and their respective roles. • Less adversarial language.

Goal # 4

The CPPN will contribute to Canada's domestic response to HIV and HIV co-infections by serving to mobilize CPPN collaborators/stakeholders in meaningful, multi-disciplinary, multi-sectoral, multi-jurisdictional ways that are motivated and grounded by people with lived/living experience, and with a conscious, empathetic sensitivity to and awareness of the needs, priorities, and the myriad syndemic health concerns that affect their well-being and quality of life in 'real-time/real-space.'

Is Goal # 4 realistic?		
Yes	**No**	**Not sure**
59.41%	13.86%	23.76%

What makes sense about Goal # 4? What should change?	✓ "Enough, please, with the "syndemics" and the rest of this highly jargonized rubbish. The CPPN can certainly advocate, but it is not in a position to do anything about anyone's social determinants of health." ✓ CPPN should establish linkages with organizations and movements outside of the HIV sector and address the epidemic through cross-sectoral collaborations more often. ✓ Keep it simple; focus on what the CPPN aspires to. ✓ Needs more clarity in terms of stakeholders and respective roles. ✓ Mobilize? Or, more realistically, encourage meaningful mobilization? ✓ Plain language, please! ✓ "Lived experience" … don't erase HIV! ✓ An organization established by people living with HIV for people living with HIV "does not automatically mean it will garner respect and credibility in the sector."

What is missing from Goal # 4?	• “A sense of reality!” • How will the CPPN achieve this, specifically? • Meaning… language needs to be less ‘top-down’.

Objectives

The CPPN proposed three (3) objectives in effort to meet its goals, with an ongoing, proactive commitment to engaging and working with people living with HIV and HIV co-infections, members of key priority and often marginalized populations, including (but not necessarily limited to):

- People who use or used drugs
- People with different abilities/people with disabilities
- Indigenous Peoples
- Ethnocultural communities, including immigrants, migrants and refugees, and foreign-born, non-status persons who reside in Canada
- Gay men and other men who have sex with men
- People engaged in the sale, trade or purchase of sex
- People living in or recently released from correctional facilities
- Transgender people
- Youth
- “Consumer-survivors” of mental health and wellness issues
- People who identify as women or girls

Objective # 1	**Objective # 2**	**Objective # 3**
The CPPN will build, strengthen, and sustain its national credibility and its unconditional commitment to the ongoing, meaningful and inclusive engagement of people living with HIV and HIV co-infections as a national, independent network which serves as a dependable and effective voice for and advocate of health and social justice issues, and for systemic change that reflects lived/living experiences and real-time needs and priorities of people living with, affected by, and at-risk of HIV and HIV co-infections across Canada.	The CPPN will strengthen, enhance, and sustain community engagement and its use of and meaningful presence in virtual and social media as a means to advance a meaningful and relevant public and population health agenda with, for, and on behalf of people living with HIV and HIV co-infections, effectively contributing to individual and community-based skills-training and capacity development that protects and promotes the health, well-being, and quality of life of people living with HIV and HIV co-infections, and that prevents the transmission and acquisition of infection.	The CPPN will strengthen and build individual and organizational capacity to understand, contribute to, and advocate for public policy development, reform, and implementation; to understand, interpret, and contribute effectively to the empirical and anecdotal knowledge and bodies of evidence that inform public policy; and to communicate individual and collective needs, priorities, and results with confidence and authority.

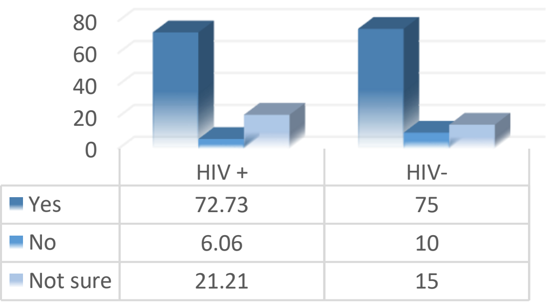
Generally, taking all three proposed objectives together, nearly 72% of respondents agree that the objectives are appropriate and make sense, while 11% of all who responded do not agree and 17% are unsure. It appears that Objective # 2 resonates most: more than 75% of respondents agree that it is appropriate and makes sense while only 13% are not sure that it does.

Asked how respondents would improve upon or clarify each Objective, comments/suggestions (positive and critical) were wide-ranging. In respondents' words:

Objective # 1	Objective # 2	Objective # 3
• Can't sustain something you don't have – national credibility! • How will this be measured? It seems very broad and unfocused. • I would like to hear more talked about methods of emotional support and support for mental health as these illnesses are very stressful to live with! I applaud your goals and your commitment to advocate, but I would like to hear a little more of a personal touch! • It's shaping up to sound like a grassroots activism organization. • Nothing is unconditional! • For me, the key word is "independent". It is important that CPPN remains an independent network, otherwise its decisions will be influenced with may ultimately not serve PHAs.	• What is meant by "public and population health agenda? • The group has failed in this to-date; nothing indicates any change given the same people involved. • "Skills-training and capacity development" is too much to expect and duplicates already available programs. We should promote the health, well-being, and quality of life by advocacy and accountability, ensuring that others (ie: CAS) do this work and do it well. • It is important to build the capacity of new people so that there can be new and more leaders. (I am so tired of seeing the same people in every board and not giving any new person opportunity). • It's a mouthful. What's the measure?	• Challenging objective that requires experienced public policy advocates. • I think the only way we can rid ourselves of stigma is to educate the public! They need to have a much clearer understanding of our situations and what we must deal with and live with! • This must be done with PLHIVs [members and others] and with equitable and meaningful engagement of members from key priority populations. CPPN does not need to work solely with PLHIVs, yet there must be mechanisms to ensure that the voices of PLHIVs and key priority population groups living with HIV drive the network's agenda and the HIV response in Canada. • What "authority" do you have to represent people beyond your existing membership?

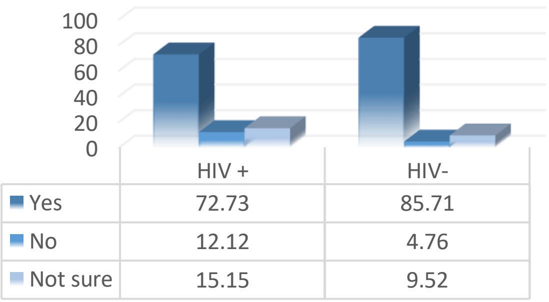
Opinion with respect to whether the CPPN's proposed objectives are appropriate and make sense is consistent between respondents who are living with HIV and those who are not. Of HIV-positive respondents, on average, nearly 72% indicate that the objectives are appropriate; nearly 82% of HIV-negative respondents agree.

Objective # 1 is appropriate/makes sense?



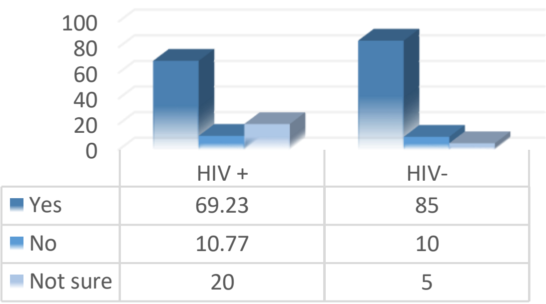
	HIV +	HIV-
Yes	72.73	75
No	6.06	10
Not sure	21.21	15

Objective # 2 is appropriate/makes sense?



	HIV +	HIV-
Yes	72.73	85.71
No	12.12	4.76
Not sure	15.15	9.52

Objective # 3 is appropriate/makes sense?



	HIV +	HIV-
Yes	69.23	85
No	10.77	10
Not sure	20	5

Activities/interventions

While very preliminary and subject to further consultation, respondents were invited to reflect on many activities/interventions that emerged as priority areas of focus for the CPPN based on conversations with and feedback from members, partners and allies, and other relevant community-based stakeholders over the past two years. Activities and interventions fall under three broad, action-oriented categories:

Capacity-building activities and interventions which focus on dialogue and deliberation, networking and skills-training, and ongoing engagement and collaboration with, by and for CPPN collaborators/stakeholders. Of all who responded, 84% agree that a range of activities from annual gatherings to peer-based approaches to social marketing and social media to specific 'campaigns (like Undetectable = Untransmittable) are **very or somewhat important**.

Knowledge development and exchange activities and interventions which focus on public discourse (campaigns and conversations), efforts marking international days of recognition and commemoration as opportunities to raise awareness and to advance a public and population health agenda that highlights gaps and the unmet needs and priorities of people living with HIV and HIV co-infections and members of key priority and often marginalized populations, and communities-of-practice. Nearly 85% of all respondents indicate that it is/will be **very or somewhat important** for the CPPN to focus on issues like aging and syndemic health concerns, evidence-informed programming and community-based services, prevention in the next decade (approaching 2030), etc.

Original Vision

The CPPN is an independent network for and by people living with HIV and HIV co-infections in Canada and exists as a people's network to represent the needs of all persons and communities affected by HIV and HIV co-infections.

Public policy activities and interventions which focus on efforts for CPPN collaborators/stakeholders to articulate and defend lived/living experience in the interpretation and development of evidence that informs public policy, and opportunities to participate in the development and/or enhancement of public policy that has or may have impact on people living with HIV and HIV co-infections. Almost 90% of all who responded agree that it is/will be **very or somewhat important** for the CPPN to undertake and/or participate in public policy activities focused on care and support for ALL of us, disclosure and criminal law, ending stigma and discrimination, GIPA/MEPA, persons with disabilities, national pharmacare, systemic barriers to "wrap-around" care and support… and more.

The CPPN's Vision

Respondents were invited to consider the CPPN's original vision and whether it appropriately and/or sufficiently reflects the CPPN's long-term role and its potential impact in Canada's response to HIV and HIV co-infections.

While more than 55% of respondents agree that the CPPN's original Vision is appropriate, 20% are not sure that it does and 54% agree that the Vision should be re-visited/re-written based on what the CPPN's long-term role and potential impact in Canada's response to HIV and HIV co-infections is or could be.

The following, **revised Vision** was proposed:

"All people living with, affected by and/or at-risk of HIV and HIV co-infections (e.g., hepatitis C and related sexually transmitted and blood borne infections) are unconditionally valued, respected, and meaningfully engaged as diverse experts whose lived/living experiences empower them as "change agents" in a domestic response that effectively addresses health and social justice issues and syndemic health concerns which affect their health and social well-being and quality of life."

More than 64% of all who responded agree with the proposed Vision, as presented; nearly 18% do not agree and 18% are unsure. Several respondents indicated that the language was complex and that the statement was "too long". One respondent cautioned that, *"The proposed working of "All people living with, affected by and/or at-risk of…" makes it unclear to whom the CPPN serves."* Others suggested that the CPPN should avoid jargon and *"be clear, succinct [and] punchy."* Finally, and perhaps most-prominently, respondents highlighted that the CPPN should refrain from 'all-inclusive' language: while it might be honourable to suggest that the network exists with, by and for **ALL** people living with HIV and HIV co-infections… *"it doesn't; it can't."*

Branding

Currently, the CPPN is known as the **Canadian Positive People Network** (in English) and le Réseau canadien des personnes séropositives (RCPS, in French). And, to-date, the CPPN has utilized multiple brand images (logos) to identify itself on official communications, on its Website, and on social media platforms. Participants in this electronic consultation were invited to consider the network's name, and its 'look and feel' with a view to streamlining both.

What's in a name?

In English, the CPPN's name, it has been suggested, appropriately reflects a representative role with, by and for people living with HIV and HIV co-infections (i.e. positive people in Canada). However, in French, the name Réseau canadien **des personnes séropositives** indicates – for many – limited and/or exclusive focus on people who are HIV-positive. Respondents were asked if the CPPN's name should change to ensure that it reflects an inclusive role for people living with HIV and HIV co-infections in both official languages and were asked to consider:

Canadian Positive People's Network (CPPN) | Réseau canadien des personnes positives (RCPP)

One Francophone respondent noted that *"personnes positives doesn't make sense in French."* Many respondents commented that a new name for the network should translate such that two acronyms are no longer necessary.

While several respondents who identify as unilingual expressed some reluctance to make 'new name' suggestions because they felt ill-equipped to understand the nuance that may exist between the network's name in English and the name in French, nearly 50% of those who responded agreed that the CPPN should consider a name-change. One respondent suggested, *"Committee of Positive Canadians | Comité Positif du Canada (CPC)"*.

Look and feel

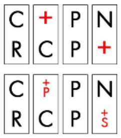
Asked whether the CPPN should adopt and employ a "single brand" (logo) to identify itself in/on internal and external communications and various social media platforms, more than 55% of those who responded agree that it should; for 13% of respondents, it does not matter. One respondent commented, *"Stop caring about branding and start advocating for people. That is better branding."*

Over the past couple of years, the CPPN has employed four (4) logos in various communications ‘products’:

1.

2.

3.



4.

Asked which of the four (4) logos appeals most notably, nearly 29% of respondents indicated a preference for logo # 3 (above); nearly 25% of respondents indicated that **none** of the ‘brands’ currently employed by the CPPN is appealing. One respondent commented that *“They are all too busy.”* Another respondent noted that consistency is important and that it would effectively help build the network’s recognition.

A few respondents indicated that none of the logos currently utilized by the CPPN indicate that the network exists for people outside of the HIV sector. One respondent specifically noted that, *“the red ribbon is synonymous with HIV – since the network is broader than HIV, I would suggest dropping the red ribbon.”* Finally, some concern was expressed with respect to the use of the maple leaf. One respondent commented that whatever logo the CPPN employs should be plain and simple and that, *“the symbolism of the maple leaf would probably offend most francophone Quebecers.”*

Asked if respondents would support the idea of a development contest to establish a consistent ‘brand’ (logo) for the CPPN, more than 56% of those who responded would, while nearly 20% would not and 24% are not sure. Finally, if the CPPN launched a logo development contest, respondents were asked to provide suggestions with respect to incentivizing the initiative. One respondent commented that a contest would be a waste of time and money; another suggested that the CPPN engage the services of a professional graphic designer. Other comments/suggestions were wide-ranging and included:

- $200 to $500 (honorarium)
- Scholarship to major domestic or international conference
- No incentive should be necessary
- Name-recognition and a ‘winner profile/promotion’ on the CPPN’s Website and other social media platforms
- “Guaranteed trip to AGM”

Conclusions and next steps

Since the launch of this critically important consultative initiative and the development of this report, the CPPN submitted its funding proposal to the Public Health Agency of Canada, under the auspices of the Community Action Fund. The proposal’s content included a “notional work plan” that the CPPN’s Leadership Team developed based on guidance and advice provided by members, allies, and key community-based stakeholders during the CPPN’s earliest days of development. However, the funding proposal’s content also relied, with some priority to, and a fair degree of confidence in preliminary feedback that was emerging as a direct result of this exercise.

One of the most-salient points that funding proposal reviewers were asked to consider was that the CPPN’s long-term plans and priorities must be established in close concert with its current (and prospective members), its allies, and with community-based stakeholder (and partners) from across the county. So, while a notional work plan was developed and submitted (with a commensurate/estimated budget), there should be no question that a concrete "Interventions Action Plan" can/will only emerge following a very carefully planned and executed consultation process. That was and is this "Establishing Priorities" initiative; officials at the Public Health Agency of Canada understood and respected its importance, its imperative, and its iterative approach. The CPPN's funding submission was **approved and its Contribution Agreement signed on <u>October 17, 2017</u>** (retroactively to April 1, 2017). The CPPN's budget to March 31, 2022 is **$901,678.**

From here, the key findings and observations highlighted in this report will be shared, validated, and expanded upon by CPPN members, allies, and key community-based stakeholders through a series of Regional Symposia and gatherings of people living with HIV and HIV co-infections from across Canada between April 1, 2018 and September 30, 2018. More specifically, these findings will be shared and deliberated during the following face-to-face gatherings of CPPN members and people living with HIV and HIV co-infections:

1. Regional Symposium for British Columbia and the Yukon Territory, Vancouver, April 21, 2018.
2. Regional Symposium for the Prairies and the Northwest Territories, Saskatoon, June 9, 2018.
3. Regional Symposium for Atlantic Canada, Halifax, June 23, 2018.
4. Regional Symposium for Ontario and Quebec, Toronto, not later than September 30, 2018.

Ultimately, the findings and observations presented in this report, together with the retrospective advice and guidance provided during the Regional Symposia will pave the way for the development of a comprehensive **"Interventions Action Plan"** that will shape the CPPN's specific activities and its greater involvement of and meaningful engagement with people living with HIV and HIV co-infections from across Canada through to March 31, 2022 (and beyond).