

Ontario AIDS Network

State of the Sector Report 2016

Introduction

This report has been prepared by the Ontario AIDS Network (OAN) to help Ontario politicians and public policy experts understand the current state of the HIV/AIDS epidemic as well as the challenges and opportunities facing the community-based response to HIV.

The State of the Community-based Response

The Ontario AIDS Network is the leading voice of Ontario's community-based response to HIV. Over its 20-year history, the OAN has grown to include 31 member agencies and 10 affiliates. Our membership represents the geographic and demographic breadth of Ontario. We also work with marginalized communities that many other health agencies do not.

Community-based agencies have made great progress in slowing the spread of HIV and providing crucial supports to HIV positive people.

Our efforts, along with scientific advancements, have begun to slow the pace of new HIV infections. Advancements in HIV treatments, combined with our efforts to link HIV positive people to care and support, have increased lifespans and quality of health.

It is now possible to envision a future where the impact of HIV on our communities is dramatically reduced.

But this progress is fragile, and will require a strong community-based response to continue.

Our member agencies provide excellent return on investment, in part because we supplement our staff work with many volunteers. An analysis by the Ontario HIV Treatment Network (OHTN) concluded that volunteers contributed over \$4.5 million in value to community-based HIV agencies in 2015.

A recent study published by the OHTN on the economic impact of community-based HIV prevention programs in Ontario demonstrated that from 1987 to 2011 community-based programs helped to avert 16,672 HIV infections, saving Ontario's health care system approximately \$6.5 billion. The researchers also concluded that for every dollar invested in these programs, there was a \$5 cost saving.

But our resources are not keeping pace with current needs. For example:

- Funding from municipal and provincial sources is largely flat-lined, while our costs for rent, utilities, supplies and salaries continue to increase.
- Salaries in our agencies are well below those of other health and social service sectors; this makes recruitment and retention of staff challenging.
- The federal funder, Public Health Agency of Canada, is reorganizing its funding structure to blend HIV, Hep C and other blood-borne infections. While the outcome of this restructuring is still unclear, many of our agencies fear the result will be diluted resources for HIV programming.

Current HIV Epidemiology in Ontario

The following section is excerpted from the 2015 View from the Frontlines report, an annual compilation of data assembled by the OHTN.

- The number of new HIV diagnoses has been declining over the past decade.
- The number of new diagnoses in 2014 (837) was slightly higher than in 2013, due to a small increase in the number of diagnoses among females who use injection drugs particularly in Northern, Eastern and Central West regions. This increase may reflect year-to-year variation or be due to other factors such as increased testing.
- The percent of new HIV diagnoses by risk factor/population in 2013 and 2014 for the province is consistent with longer-term trends, i.e., increasing in men who have sex with men (MSM) and MSM who inject drugs, stable in people who inject drugs, and decreasing in HIV-endemic and heterosexual population.
- The peak age of HIV diagnosis for both males and females was 30-34 years, with a shift towards both sexes being diagnosed at older ages. Among males, this shift appears to be related to the aging of males born in the 1960s, who have experienced a higher burden of HIV diagnoses over the past 20 years.
- Over the past 10 years there has been an increase in diagnoses among younger men who have sex with men.
- In 2014, 656 (79%) diagnoses were in males and 174 (21%) in females.

- Women diagnosed with HIV were most commonly Black from an HIV-endemic country (51%). The number of new HIV diagnoses among females has generally decreased over the past decade.
- Men diagnosed with HIV were most commonly White (56%), men who have sex with men (73%). The number of new HIV diagnoses among males has generally decreased over the past decade.
- The most common ethnicities differed by sex/gender. For males it was White (56%), Black (15%) and Latin American (10%). For females it was Black (51%), White (32%) and Indigenous, South Asian and Latin American (all 4%).

The burden of the HIV epidemic continues to be shouldered disproportionately by marginalized populations. The following section is based on data from the 2016 View from the Frontlines report.

- Gay and bisexual and other men who have sex with men (MSM) accounted for 51.1 per cent.
- Injection drug users (IDU) accounted for 6.3 per cent.
- People from countries with high rates of HIV infection accounted for 21 per cent.
- Aboriginal people are disproportionately overrepresented. Federal statistics indicate that Aboriginal people are 3.6 times more likely to be HIV positive than the general populations.
- African, Caribbean and Black people are disproportionately overrepresented. Federal statistics indicate that Canadians from African and Caribbean countries where HIV prevalence is high are 9.2 times more likely to be HIV positive than the general population.
- Prisoners are disproportionately overrepresented. Federal statistics indicate that 1.72 per cent of prisoners are HIV positive, compared to roughly .2 per cent in the general population.
- Transgender people, especially transgender women, are disproportionately overrepresented. Although Canadian data is limited, a 2015 World Health Organization report summarized global data to conclude that transgender women are 49 times higher than the general population to be HIV positive.

To summarize: The good news is new infection rates have been gradually dropping and our member agencies are proud of the role they've played in that.

The bad news is infection rates are not dropping fast enough, and not for every population. Gay men and other men who have sex with men, Indigenous people, Black women and transgender women are among the populations who continue to be overrepresented in HIV infections relative to their population size.

Each of these infections was entirely preventable. Each HIV infection is estimated to cost between \$253,000 and \$402,000 (figures in USD).

It should also be noted that while *incidence* (new infections) rates may be stable or dropping, *prevalence* (total accumulated) rates continue to increase, in part because effective treatments are allowing HIV positive people to live longer. That means our member agencies face increasing demand for services such as counselling, referrals to housing, referrals to employment or income supports, and food banks.

Changes in HIV/AIDS Landscape and Public Policy Considerations

There have been significant shifts in the HIV landscape in recent years.

Treatment as Prevention

The scientific evidence is now conclusive. When HIV positive people are on effective treatment their viral load is reduced to an undetected level and they can no longer infect other people. Their virus, in effect, is untransmittable. This raises public policy issues particularly around the need to:

- Continue to support HIV testing (with informed consent) to initiate conversations about accessing treatment. This is not only for the health of the individual but also for public health in general.
- Invest in community-based agencies to allow them to provide counselling, referrals, connections to care, access to food and housing, etc. so people with HIV can maintain their health and adhere to medications.
- Expand access to appropriate housing, food programs and income supports to ensure people with HIV can maintain their health and adhere to treatment and medications.
- Update the Ministry of Attorney General's approach to prosecuting people with HIV for non-disclosure of HIV status. People are still being prosecuted, and sometimes incarcerated, even when their risk of transmitting HIV is zero.

Anti-retroviral Treatments

The range of anti-retroviral treatments continues to expand and improve, with stronger efficacy, easier adherence (some now just one pill a day) and fewer side effects. This raises public policy issues that include the need for:

- Community-based public education to ensure people with HIV are aware of the potentials of new medications.
- Speedy addition to the Ontario Provincial Drug Formulary of any new medications once they are approved by Health Canada.

Effectiveness of Pre and Post Exposure Prophylaxis

The scientific evidence is increasingly conclusive that Pre-Exposure Prophylaxis (PreP) – currently a once-a-day dose of anti-retroviral Truvada – is highly effective in preventing HIV infection for people who are not HIV positive but may be at high risk. PreP has now been approved by Health Canada, and prescribing guidelines recently issued.

The evidence of the effectiveness of Post-Exposure Prophylaxis (PEP) – treatments taken shortly after exposure to HIV – is also increasingly solid.

The effectiveness of these two medications raises public policy issues that include the need for:

- Equitable funding and access to PreP -- although this may appear expensive, the cost savings of preventing HIV infections are substantial.
- PEP to be widely and rapidly accessible through hospitals and clinics to those who fear they have been exposed to HIV.
- Community-based education to inform high risk people of the option of accessing PEP and the potential for PreP as a preventative tool.

Summary of Barriers to Progress

As suggested above there are a number of public policy issues that impede progress towards reducing the impact of HIV.

- There continues to be barriers to accessing treatment, care, support, and to PEP and PreP. This is especially true for marginalized communities, for example people who inject drugs and people from HIV-endemic countries.

- Stigma continues to be a barrier to people living with or at high risk of HIV. The aggressive prosecution of people living with HIV for non-disclosure of their status, regardless of scientific evidence, contributes to stigma. Ontario and Canada are now world leaders in criminalization of people with HIV.
- Many people living with HIV are now also facing complications of aging. Community-based services for support, rehabilitation, and referrals to supportive housing are needed.
- More public education and awareness, especially for young people is essential in the fight to reduce new infections and reduce stigma towards people with HIV. We are pleased to see the introduction of a new sexual education curriculum, and hopeful that it will be implemented quickly and thoroughly.
- As evidence builds to support harm reduction as the most effective strategy to reduce HIV and Hep C infections, it is clear that supervised injection sites are central to this approach. We are encouraged to see movement in several Ontario cities to establish such sites. They will save lives and keep communities safer. We also look forward to further movement at the federal and provincial levels on decriminalization of marijuana.
- We continue to seek support for the Greater and Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA) within our movement and within public policy bodies to reduce barriers such as those faced by people with a pre-existing condition attempting to obtain health insurance.

The New Ontario HIV/AIDS Strategy to 2025

Our member agencies were pleased to be involved in discussions leading to a new provincial HIV/AIDS strategy. Although not yet publicly released the five goals of the strategy are listed in the 2015 View from the Frontlines report from the OHTN.

- Improve the health and well-being of populations most affected by HIV
- Promote sexual health and prevent new HIV, STI and Hep C infections
- Diagnose HIV infections early and engage people with timely care
- Improve health, longevity and quality of life for people living with HIV
- Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services.

The OAN and its member agencies support these goals and look forward to working collaboratively to achieve them.

Conclusion and Key Considerations for the Ontario Government

The Ontario AIDS Network and its member agencies hope the information in this report is helpful to those who influence provincial public policy relevant to HIV/AIDS. We urge consideration of the following key issues that need immediate attention.

- 1) Release of the new Ontario HIV/AIDS Strategy to 2025. Our members are eager to adapt their work to align with the new strategy, but they need access to the document in order to do so.
- 2) Access to HIV testing. We encourage the government to continue to support HIV testing (with consent) so that individuals can consider treatment options to maintain their health and reduce HIV transmissions.
- 3) Harm reduction strategies. We urge the government to expand the number of supervised injection sites and continue other harm reduction strategies. The evidence is clear that these strategies prevent HIV and Hep C. They save lives and make communities safer.
- 4) Resources for community-based AIDS organizations. Community-based organizations must have the resources to match the current needs of the epidemic and to support the implementation of Ontario's HIV/AIDS Strategy to 2025.
- 5) Prevention tools. The scientific evidence is now conclusive that Pre-exposure Prophylaxis (PreP) and Post-exposure Prophylaxis (PEP) can prevent HIV transmission. We urge the government to expand access to these vital prevention tools.
- 6) HIV non-disclosure. There is an urgent need to move from the current method of prosecuting people for non-disclosure of HIV status to an evidence-based approach. This would reduce stigma, enhance human rights, and encourage HIV testing.
- 7) Affordable housing. One of the key challenges for many people living with HIV is finding decent, affordable and (for some) supportive housing. Expanding access to this vital resource to help people maintain their health should be a priority for the government.
- 8) Public education and awareness. It is important the government continue to support community-based and other public education and awareness activities to ensure people

with HIV are aware of new medications and also to educate young people so as to reduce new infections and reduce stigma.

Major Information Sources for this Report

- **Ontario HIV Treatment Network.** *View from the Frontlines 2016 (most recent epidemiological statistics from Ontario) and other research reports (cost savings of prevention, cost effectiveness of ASOs, value added by volunteer labour, etc.).*
- **Public Health Agency of Canada.** *(Federal epidemiologic statistics, plus population-specific reports on incidence and prevalence relative to population size).*
- **CATIE.** *(Scientific evidence on effectiveness of Treatment as Prevention, PEP, and PreP).*