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forecast

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

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Canada's offer to the Global Fund to Fight HIV/AIDS falls short of international peers

Dr. Julio Montaner urges federal government to match key donors and deliver on the promise of an HIV- and AIDS-free generation in our lifetime.

Following World AIDS Day on December 1, the Global Fund to Fight AIDS, Tuberculosis and Malaria convened leaders from around the world in Washington, D.C. to make funding pledges to end HIV and AIDS. What follows is Dr. Julio Montaner's address of Canada's pledge, which fell short of other nations.

In December, the government of Canada announced $650 million in new funding over three years for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

This is the good news. The dollars contributed to the Global Fund go directly towards helping people living with HIV in developing nations access life-saving treatment. In 2013, UNAIDS reported the scale-up of treatment has enabled nearly 10 million people to gain access to these life-saving medicines. These successes have been in large part due to the efforts of the Global Fund.

Evidence has proven treatment can eliminate progression of HIV infection to AIDS and premature death, and dramatically decrease HIV transmission. The made-in-Canada Treatment as Prevention strategy, pioneered by the BC Centre for Excellence in HIV/AIDS, calls for widespread HIV testing and immediate provision of these HIV medicines. It's a strategy that's been proven to work, here in B.C. (the only province to formally implement this strategy), and around the world, where it has been adopted as the national strategy in China, US, France, Brazil and others.

In July 2013, the World Health Organization (WHO) incorporated Treatment as Prevention as the new cornerstone of the global HIV guidelines. This has expanded the eligibility for HIV treatment from 15 million to over 25 million people in low- and middle-income countries. While this imposes a tall order in the short term, it has the potential of radically changing the course of the epidemic. Recent analyses demonstrate the full implementation of the 2013 WHO guidelines could avert over three million AIDS deaths and four million new HIV infections by the year 2025.

The Global Fund has set a target of $15 billion in funding. We cannot afford to miss this target.

Given these circumstances, Canada's newly announced contributions are not nearly enough, especially when compared to our international peers. This newest pledge is equal to approximately $6 per Canadian per year, far less than the nearly $8 per UK citizen and $10 per Nordic citizen.

This is all part of an ongoing trend by our federal government to marginalize people living with HIV and AIDS. Ottawa will rightly pride itself about its investments in research aimed to develop a cure or possibly a vaccine for HIV. However, what good would it do to support research if we are not going to implement the results? Insite and HIV Treatment as Prevention are just two examples of Canadian successes that are simply not palatable to the federal government.

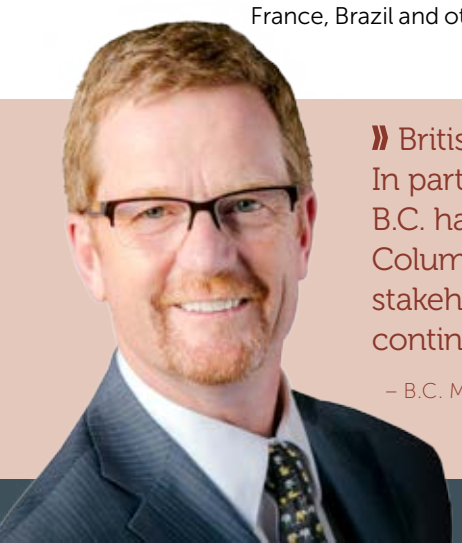
In Canada, lack of a renewed National AIDS Strategy has led to a rising number of new HIV infections, particularly in Saskatchewan, Manitoba, Newfoundland, and Ottawa. The federal government is failing to address the rapid rise in HIV cases among First Nations communities, an area of their direct responsibility. And now globally, Canada has failed to match the contributions of key donors in the fight against HIV/AIDS.

Every year, 3,300 men and women in Canada are diagnosed with HIV. An estimated 71,300 Canadians are now living with HIV, a number that could double within the next 15 years if the current rate of new infections continues and treatment is not expanded across Canada.

The federal government has a unique opportunity to turn around the HIV epidemic at all levels of Canadian society, if it implements Treatment as Prevention as a national strategy. We estimate Canada can realize a decrease in new HIV infections by at least 90 per cent in just five years if we fully implement this strategy.

The Canadian government's leadership in the fight against HIV/AIDS is long overdue. I urge the Harper government to fully embrace the made-in-Canada HIV Treatment as Prevention strategy nationally and match our peers' contributions to the Global Fund.

We have an opportunity to deliver on the promise of an HIV- and AIDS-free generation in our lifetime. The only piece missing now is the political will to make it happen.



» British Columbia is proud to be a world leader in the global fight against this disease. In partnership with Dr. Julio Montaner and the BC Centre for Excellence in HIV/AIDS, B.C. has pioneered the Treatment as Prevention strategy to stop HIV/AIDS. British Columbia has worked hard in response to the HIV/AIDS crisis with support from stakeholders including regional health authorities and community partners. We will continue to move towards our goal of eliminating new cases of HIV/AIDS."

– B.C. Minister of Health Terry Lake, in a message delivered on World AIDS Day 2013

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Incarceration facilitates HIV transmission

There is a need for improved prison-based treatment and provision of harm reduction services to prevent HIV transmission among inmates, demonstrates new study from BC-CfE researchers.

The study, published in *BioMedical Central Infectious Diseases (BMCID)*, found incarceration in B.C. corrections facilities was a strong predictor of inadequate treatment for HIV/AIDS. Additionally, people living with HIV were more likely to share syringes when they were incarcerated.

"The findings demonstrate incarceration facilitates HIV transmission by compromising access to effective treatment for HIV infection and facilitating high-risk behaviour," said Dr. M-J Milloy, principal investigator at the BC-CfE and lead author of the study. "There is a critical need to promote the health of prisoners and their home communities by improving HIV treatment and implementing harm reduction programs, such as needle exchanges, within correctional facilities."

Between May 1996 and March 2012, BC-CfE researchers analyzed the incarceration and HIV clinical histories of 657 people who use injection drugs and were HIV-positive. Researchers found study participants spent approximately 15% of that time in jail. Participants were interviewed throughout the study period. At the time of their interviews, individuals had a detectable amount of HIV in their bloodstream 83% of the time during incarceration, possibly because they were not taking their medication as prescribed, meaning they could transmit the infection to others. In comparison, participants had unsuppressed viral loads for only 62% of non-incarcerated time. The study found those with unsuppressed viral loads were nearly twice as likely to share used needles if they had been incarcerated.

Dr. M-J Milloy

"There is absolutely no reason why incarcerated individuals should not receive the same level of medical care as those in the public," said Terry Howard, Director of Community Based Research at Positive Living BC and former Prison Outreach Program Coordinator. "Given the individual and community harms associated with needle sharing and untreated HIV, it's imperative that access to treatment and safe injection practices be improved within correctional facilities."

Higher proportion of young HIV-positive Canadians starting treatment later

A new study demonstrates the need to improve the timing of initiation of highly active antiretroviral therapy (HAART) among young Canadians.

Research from the BC-CfE and Canadian Observational Cohort (CANOC) collaboration has found a high proportion of late initiation of HAART among young HIV-positive men and women accessing care in a universal health care setting.

CANOC is Canada's largest cohort of HIV-positive individuals from B.C., Ontario, and Quebec.

Researchers examined factors associated with late HIV treatment initiation among 18- to 29-year-olds who began HAART after 2000. Of the 1,026 individuals studied, a total of 412 (40%) were identified as late initiators, meaning they began treatment after the disease had already advanced. Among the factors associated with late initiation were female gender, age 25-29 years at initiation, initiating treatment in earlier calendar years, and having higher baseline viral load.

"Further efforts are clearly needed to improve earlier HIV testing and subsequent linkage to appropriate care, in order to maximize the benefits of modern treatments at the personal and public health levels," write the authors. They further recommend that primary care providers incorporate HIV testing into their routine discussions with patients to reduce the prevalence of late treatment initiation.

Research has shown that early initiation of HAART results in better health outcomes, significantly reducing HIV-related morbidity, mortality, and transmission. Treatment guidelines across North America have converged in their recommendation that HAART be offered to all people living with HIV, irrespective of their CD4 count, with the exception of those who maintain very low or undetectable levels of viral load without treatment.

The study was published in the December issue of the *Journal of the International Association of Providers of AIDS Care*.

New study explores initiation of HIV care

BC-CfE researchers are seeking to improve treatment and access to care for British Columbians newly diagnosed with HIV.

The new Engage Study will investigate people's decisions and attitudes toward beginning highly active antiretroviral therapy (HAART). Researchers hope to discover why those who are new to HIV treatment may delay starting treatment or drop out of care altogether.

"Providing timely treatment and care to people who are living with HIV is critical," said Sarah Kesselring, Engage Study coordinator. "We hope the results from our research will be beneficial to the community and lead to improvements in how we engage people into care."

As part of the Engage Study, researchers will examine the characteristics of people who are initiating HAART in B.C. at a time when there is expanded testing and treatment throughout the province. Earlier this year, B.C.'s Ministry of Health expanded access to HIV testing and treatment through the provincial roll-out of the STOP HIV/AIDS initiative.

The study will also determine the impact of HIV-related care – such as routine access to care, physician experience, physical and social barriers to care – and engagement with community-based organizations on HAART uptake and retention.

Researchers will recruit people over two years who have started HAART for the first time in the past six months. Participation in the study involves completion of a baseline survey and another follow-up survey six to 12 months later. The surveys will assess the treatment attitudes, behaviours, and beliefs of HIV-positive individuals who are starting treatment in B.C.

The Engage Study is funded by the Canadian Institutes of Health Research (CIHR). To participate in the study, please call 1-855-506-8615 or visit www.cfenet.ubc.ca/research/engage-study.

RESEARCH

Gendered violence limits access to harm reduction services

New research from the BC-CfE highlights how gendered violence in Vancouver's Downtown Eastside limits access to harm reduction services.

Previous BC-CfE studies had documented high levels of violence among men and women in the neighbourhood, which is home to Canada's largest street-based drug scene and only supervised injection facility, Insite.

For this study, published in the *International Journal of Drug Policy,* researchers explored how violence impacts how women and marginal men navigate the Downtown Eastside and affects access to harm reduction services like Insite. Marginal men were defined as those who occupied lesser roles within the street-based drug scene due to their age, health, or disability. The researchers interviewed twenty-three people who inject drugs (PWID) recruited through the Vancouver Area Network of Drug Users, a local drug user organization. They found the violence experienced by women and marginal men in the Downtown Eastside led them to avoid areas in the street-based drug scene where they had experienced violence or felt unsafe.

"We found that women and marginal men in the Downtown Eastside were disproportionately vulnerable to violence," says Dr. Ryan McNeil, lead author of the study. "This led our participants to take extreme measures to avoid areas they identified as dangerous, including in some cases Insite, and made it difficult for them to practice harm reduction. Our findings demonstrate the urgent need for interventions to decrease the risk of violence and improve access to life-saving harm reduction services."

The researchers call for the scaling-up of environmental supports – including targeted housing and drop-in programs – and the expansion of supervised injection services – including mobile units – to promote safety and access to harm reduction services among highly vulnerable PWID.

WHAT'S NEW

What's New in Addiction Medicine?

Thursday, January 30, 12:00 - 12:55pm
Hurlburt Auditorium, St. Paul's Hospital
Guest Speaker: Dr. John Koehn

The fourth "What's new in addiction medicine?" will feature a presentation by Dr. John Koehn, a fellow in St. Paul's Hospital Goldcorp Addiction Medicine Fellowship. This lecture is open to the public. More details available at www.cfenet.ubc.ca.

HIV Continuum of Care Collaborative

Orientation Webinar
Tuesday, January 14, 11:00am – 1:00pm

This orientation webinar will present key messages for those who missed the launch of the HIV Continuum of Care Collaborative. To register, please contact Christina Clarke at cclarke@cfenet.ubc.ca.

BC Centre for Excellence in HIV/AIDS

- Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- Develop cost-effective research and therapeutic protocols;
- Provide educational support programs to health-care professionals;
- Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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1.800.665.7677

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