



Dr. Julio Montaner, Director, BC-CfE

## Getting to Zero: A Call for World AIDS Day

Ending AIDS as a pandemic is very possible and can be done using our made-in-Canada Treatment as Prevention (TasP)<sup>®</sup> strategy, a disease elimination strategy pioneered by the BC Centre for Excellence in HIV/AIDS (BC-CfE). UNAIDS has embraced the ambitious goal of ending AIDS by 2030, and this has now been formally endorsed within the United Nation's Sustainable Development Goals agenda. On World AIDS Day, UNAIDS will be calling for the world to achieve "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths."

Over the last decade in B.C., with the implementation of TasP<sup>®</sup> and the unwavering support of the provincial government, the number of AIDS-related deaths has dropped by over 80 per cent and the number of new HIV cases has dropped by over 65 per cent. This stands in contrast to the rest of Canada, where HIV and AIDS remain far from controlled.

Moreover, investing in a TasP<sup>®</sup> strategy and its related "90-90-90" target will drive better individual outcomes, better public health outcomes, and promote health care sustainability. According to research from the BC-CfE, over the next 25 years the implementation of TasP<sup>®</sup> in BC will save over \$65 million. Similarly, implementing the strategy in South Africa would save up to 5.5 million lives and US\$28.7 billion within forty years. And the return on the investment becomes very attractive, very quickly, as UNAIDS predicts a 15-fold return on the investment over five years.

Expanding HIV treatment broadly, including hard-to-reach and often-stigmatized populations such as people who inject drugs, creates a more efficient, less-siloed approach to health care. It also helps to reduce discrimination. A concerted approach to meeting the needs of these hard-to-reach populations has proven markedly effective in reducing the impact of HIV and AIDS in B.C. With the use of aggressive harm reduction strategies — including the expansion of needle exchange, opioid substitution therapy, observed therapy programs, peer navigators, medicalized heroin, and supervised injection sites to support the expansion of HIV testing and HAART access in this community - the province has seen a nearly 90 per cent decrease in AIDS morbidity and mortality, and HIV incidence among people who inject drugs.

Further, the fundamentals behind TasP<sup>®</sup> as part of a disease elimination strategy can be applied to other infectious diseases, including hepatitis C virus (HCV). Globally, approximately 200 million people (about 3 per cent of the world population) are currently infected with HCV, including about 240,000 in Canada. We need to urgently deploy a widespread HCV testing campaign across Canada and facilitate access to lifesaving therapy. As the HIV TasP<sup>®</sup> strategy demonstrates, the approach of saving money by restricting access to HCV testing and treatment is draconian, short-sighted and counterproductive.

With the recent return of a federal Liberal government that supports science and evidence-based policymaking, Canada has a unique opportunity to reclaim the leadership role it relinquished almost a decade ago. Central to this would be to implement TasP<sup>®</sup> and adopt the UN 90-90-90 target as a national HIV/AIDS strategy.

Next, the new federal government is expected to endorse and champion the UNAIDS campaign to have this made-in-B.C. strategy adopted throughout Canada and globally. This represents a unique opportunity for our country to take much-deserved credit for a major global health care contribution.

However, this is not just about testing or making treatment available to those in need. For almost a decade, Canada has dealt inappropriately with the most at-risk populations. It is time for the laws of this land to be revised in order to work in synergy with, rather than against, public health efforts. We trust this is high on the agenda of the newly installed Trudeau government.

This World AIDS Day, we welcome a new era of evidence-based decision-making at the federal level. This will serve to deliver on the promise of ending AIDS within our generation. We have the means, and we have the road map, we just need the political will. The time is now: Canada is back in the business of defeating AIDS domestically, and providing global leadership to end AIDS by 2030.



» I hope to turn a statistic to a face and help the people who are not HIV positive to see the value of getting tested, getting educated and not judging others because I was there once myself.

— Denise Becker Wozniak, HIV advocate  
Read Denise's story at [bit.ly/DeniseHIVStory](http://bit.ly/DeniseHIVStory)



## Q&A with Elder Roberta Price



Elder Roberta Price

» Elder Roberta Price from the Snuneymuxw and Cowichan First Nations has worked tirelessly over the past three decades to educate and raise awareness about issues affecting First Nations people in a positive, informative, and productive manner. She does this by working as a First Nations educator, sharing her traditional knowledge in schools, within the community, and with First Nations people.

Healing is something Roberta is familiar with as she recalls a very painful childhood survived in foster care. Feeling isolated and separated from her culture took a toll on her. Today, she has “risen up” and is completely devoted to being an agent of positive change. The mother of four and grandmother of eight shared for the longest time, she thought she was doing the work for her children, but now realizes it’s for her grandchildren.

Roberta graciously shared some of her story with the BC-CfE, describing how HIV/AIDS has affected her family and First Nations communities.

**1) How have you been able to cope with the pain of your past experiences?** I believe my life up until I was forced into foster care at the age of six is what sustains me today. I was healthy, happy, nurtured, well loved, and well taken care of. What happened after I entered foster care is what broke my spirit and my ego. I was eventually diagnosed with post-traumatic stress disorder and depression. I credit my healing to a long-term relationship in counseling. I was blessed to be able to find a good counselor. My healing was enhanced by seeking out my culture and working with elders since the mid-1980s.

**2) How have you personally been affected by HIV/AIDS?** HIV and AIDS have affected me through the loss of close family members, namely my two younger brothers.

My brothers and sisters were also forcibly removed from our homes into foster homes and residential schools from a young age. I eventually discovered, when I found my mother in 1994, that all 12 of her children had been taken away. The policies of the federal government at that time led to a lot of distress in our Nations with the disconnection from our culture and the forcible removal of our children. Many of us were beaten savagely, having to endure both physical and emotional abuse at the hands of our caretakers. I feel this emotional distress affected my family which eventually led to my brothers’ HIV/AIDS diagnosis.

**3) How do you think things would have been different had your brothers been diagnosed with HIV today?**

I feel both would still be alive. With all the advances that have been made, it’s a completely different world today for people living with HIV. My younger brother had the best sense of humour and was immensely talented. He didn’t have to pass away from HIV wasting syndrome.

**4) Do you still see stigma against HIV in First Nations communities?** Yes, very much. There still needs to be a lot of awareness and ongoing education about HIV and AIDS. A lot of First Nations people don’t even know their own history. There is a real disconnect and this affects their whole sense of self and worth.

**5) What are ways First Nations communities can begin to heal with regard to HIV/AIDS?** I feel this can be achieved through education, awareness and support. I also believe that ceremony and culture play an important role. The pain and suffering my own family endured has led me to stand up and work towards solutions to stem the tide of these terrible events of preventable health effects against our people.

## NEWS

## Research Roundtable on Criminalization of HIV and Women in B.C.



» On October 23, 2015, the BC-CfE Gender & Sexual Health Initiative (GSHI), Canadian HIV/AIDS Legal Network, and Positive Women’s Network (PWN), on behalf of the Women, HIV and the Law Project, held a one-day Research Roundtable for a small group of leading experts — women living with HIV, academics, AIDS support organizations, clinicians, and legal and policy experts. They discussed the impact of the

criminalization of HIV on women and set research and advocacy priorities to inform policy and practice. A special thanks to the experts and planning committee collaborators: International Community of Women living with HIV/AIDS, BC Civil Liberties Association, Pacific AIDS Network, and BC Women’s Hospital/Oak Tree Clinic.

Read more at [bit.ly/WomenHIVLaw](http://bit.ly/WomenHIVLaw)

## SURVEY



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## LECTURES &amp; EVENTS

### What’s New in Addiction Medicine?

Vol. 25

Speaker: TBA

Tuesday, January 26, 2016, 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul’s Hospital

### HIV Care Rounds

#### *HCV in Women Living with HIV*

Speaker: Dr. Mary Kestler

Thursday, December 3, 2015, 8–9AM

For more information, contact us at

[Education@cfenet.ubc.ca](mailto:Education@cfenet.ubc.ca) or visit our

website at [www.education.cfenet.ubc.ca](http://www.education.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.

Physician Drug Hotline  
1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline  
1.888.511.6222

Website  
[www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)

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