



Dr. Julio Montaner, Director of the BC-CfE,
and Dr. Javier Diaz, Minister of Health, Panama

Support base grows for advancing Treatment as Prevention as the global strategy

Vatican, Panama and formalized UNAIDS agreement fuel further momentum to saving lives, preventing infections and saving money

Several recent international endorsements and agreements underline the growing universal acceptance of the made-in-BC Treatment as Prevention strategy.

Support from the Vatican, formalization of an agreement with the Joint United Nations Programme on HIV/AIDS (UNAIDS), and a Memorandum of Understanding (MOU) signed by Panama highlight the growing support base for the strategy pioneered by BC Centre for Excellence in HIV/AIDS (BC-CfE).

At the opening of a Caritas Internationalis and UNAIDS co-organized consultation at the Vatican in Rome last month, Archbishop Zygmunt Zimowski favoured expanding access to HIV treatment worldwide. Speaking to an audience of international HIV/AIDS researchers and policymakers, the archbishop called for the implementation of Treatment 2015, the framework developed by UNAIDS to expand access to life-saving HIV treatment to 15 million people living with the disease.

"In all cases, (we must) place at the centre of all our health care interventions with the people (living with HIV), their dignity, their needs and rights," said Zimowski, who also serves as president of the Vatican's Pontifical Council for Health Pastoral Care. He later repeated the appeal made by Pope Francis on World AIDS Day 2013, hoping that "every patient, without exception, has access to the care he needs."

Churches and other faith-based organizations are the largest single group providing health care services for people living with HIV— contributing an estimated 50% of facility-based and community care in some countries.

Dr. Julio Montaner, director of the BC-CfE, presented at the consultation and applauded the Archbishop and the Vatican for speaking in support of expanding treatment.

Treatment as Prevention, a strategy pioneered by the BC-CfE, has been incorporated in the UNAIDS Treatment 2015 framework as well the new Global HIV Treatment Guidelines from the World Health Organization (WHO). The WHO guidelines call for widespread HIV testing and immediate offer of highly active antiretroviral therapy (HAART) to people living with HIV.

"The momentum continues to build to implement the Treatment as Prevention strategy to save lives, prevent infections, and, in the long-term, save money," said Dr. Montaner.

The Vatican meeting followed an announcement that the BC-CfE and Geneva-based UNAIDS had formalized their partnership to support efforts to bring HIV treatment to all eligible people. Under the new partnership, the BC-CfE will support scientific modelling and activities to highlight the need for immediate investments in life-saving HIV treatment programs.

"Julio Montaner and his colleagues at the BC Centre for Excellence in HIV/AIDS are globally recognized for their

work on HIV treatment and we are happy to continue this long partnership," said UNAIDS executive director Michel Sidibé.

That global recognition was further emphasized when Panama announced in February it had become the latest country to adopt the Treatment as Prevention strategy. Panama and the BC-CfE signed a MOU establishing a collaboration to develop new research and HIV programs, and create an HIV fellowship program that will allow Panamanian HIV scientists to come to Vancouver to work with BC-CfE researchers and clinicians. The BC-CfE will provide science and support in the development and evaluation of Panama's Treatment as Prevention program.

"British Columbia has been an international leader in developing a strategy proven to combat HIV and AIDS," said Dr. Javier Diaz, Panama Minister of Health. "This partnership will assist us in promoting and collaborating on health priorities affecting the citizens of Panama and the global community in relation to HIV and AIDS."

Panama joins China, France, Brazil and Spain in adopting the strategy as their national HIV/AIDS policy. The strategy has also been implemented by cities in the United States, including San Francisco, New York, and Washington, D.C.

» HIV and AIDS is a global problem, and we're committed to exchanging science, research, and expertise to benefit people living with HIV."

— Dr. Rolando Barrios, assistant director of the BC-CfE



Study findings demonstrate effectiveness of treatment expansion in province.

» The expansion of HIV treatment in British Columbia has led to a sustained and profound decrease in morbidity, mortality and HIV transmission, according to a new study from researchers at the BC-CfE.

The findings indicate the province's Treatment as Prevention strategy should be applied in other settings, and to other diseases, around the world. The strategy, pioneered by the BC-CfE, involves widespread HIV testing and immediate provision of highly active antiretroviral therapy (HAART) to people living with HIV.

The study found that from 1996 to 2012 the estimated HIV prevalence in B.C. increased from 7,900 to 11,972 cases (a 52% increase) and the number of individuals actively receiving HAART increased from 837 to 6,772 (a 709% increase). Overall, total HAART coverage increased from 11% of infected individuals to 57% during this period.

As a result of expanded treatment coverage under the Treatment as Prevention approach, B.C. has experienced:

- 80% decrease in new cases of AIDS (from 6.9 to 1.4 per 100,000 population)
- 80% decrease in HIV-related death (from 6.5 to 1.3 per 100,000 population)

- 66% decrease in new HIV diagnoses (from 702 to 238 per year)

In addition, the findings suggest that for each increase of 100 individuals treated with HAART, the estimated HIV incidence (i.e. new cases) decreased 1.2%. Furthermore, for every 1% increase in the number of individuals receiving HAART with suppressed viral load, the estimated HIV incidence decreased by another 1%.

B.C. has taken a unique approach to addressing the HIV epidemic. The provincial government provides fully supported access to HAART under Pharmacare, which has resulted in a significant increase in HAART coverage.

The 2013 World Health Organization (WHO) Antiretroviral Therapy Guidelines are expected to expand HAART eligibility to a least 80% of those infected with HIV worldwide, presenting an opportunity for the global implementation of Treatment as Prevention.

The study, "Expansion of HAART coverage is associated with sustained decreases in HIV/AIDS morbidity, mortality and HIV transmission – The 'HIV Treatment as Prevention' experience in a Canadian setting," was published in PLOS One.

On-site supervised injection services improve access to health care



Supervised injection service integrated into the Dr. Peter Centre (DPC) Residence can improve health care access and outcomes among people living with HIV, according to a new study from the BC-CfE

Investigators interviewed 13 DPC residents between November 2010 and August 2011 to assess the impact of the supervised injection service on access to, and engagement in, care. They found the integration of harm reduction approaches, including the supervised injection service, into the DPC Residence led to improved access to palliative and supportive care services and increased adherence to HIV treatment, leading to gains in individual health and life expectancy.

Residents also reported these harm reduction approaches reduced drug-related harms, such as injection-related infections and overdose.

"Drug users encounter significant barriers to accessing in-patient health care services," said Dr. Will Small, senior author of the study and researcher at the BC-CfE. "These findings demonstrate harm reduction approaches can not only reduce drug-related harms, but also improve access and adherence to life-saving treatment and care. We should explore introducing harm reduction approaches within other similar settings."

The results were published in the *Journal of the International AIDS Society*.

LECTURES & EVENTS

We Are Unique! Caring for Canadian Women Living with HIV

HIV/AIDS Webinar Learning Series
Wednesday, April 9
8-9 a.m.

The HIV/AIDS Webinar Learning Series is a partnership between the BC-CfE and Positive Living BC. This webinar will focus on understanding how Canadian women living with HIV differ from men, and the importance of holistic, family-centred care for positive women. Register online at www4.gotomeeting.com/register/489179335

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

E-mail
info@cfenet.ubc.ca

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health through PharmaCare and the Provincial Health Services Authority.



Dr. Nosyk named to B.C.'s first HIV/AIDS research chair in health economics

» Dr. Bohdan Nosyk has been named the first St. Paul's Hospital Canadian Foundation for AIDS Research (CANFAR) Chair in HIV/AIDS Research.

The \$3-million research chair is the first in British Columbia to focus on conducting health economics research to find ways for HIV and AIDS programs to provide treatment to patients in a more cost-effective and efficient manner.

"The research this Chair will enable me to perform will be of tremendous benefit in helping us understand where we need to target our funding and focus our efforts in the fight against HIV and AIDS in this province," said Dr. Nosyk, who is a research scientist at the BC-CfE. "I am honoured and excited to lead research focused on patient well-being and preventing further transmission of HIV."

Health economics is a relatively new research area that uses methods such as statistical and mathematical modeling to evaluate ways that health care programs can operate more effectively. Fewer than a hundred researchers in Canada are trained in health economics, with only a handful specializing in HIV and AIDS.

In his new role, Dr. Nosyk will help develop approaches to maximize the beneficial effects of available interventions to fully contain the spread of HIV and AIDS, while increasing the cost-effectiveness of treatment.

Simon Fraser University (SFU) and St. Paul's Hospital Foundation each contributed \$1.5 million to create the



Dr. Bohdan Nosyk

Chair. St. Paul's Hospital Foundation's contribution includes proceeds from its 2013 Brilliant! Fundraiser and donors, including the Canadian Foundation for AIDS Research (CANFAR).

"This partnership exemplifies SFU's vision of being an engaged research university," said SFU President Andrew Petter. "We are grateful to St. Paul's Hospital Foundation and the BC Centre for Excellence in HIV/AIDS for helping us create this vital new chair whose work will advance knowledge and benefit society."

Women receive lower quality of care: study

» Women living with HIV receive poorer quality of care than men, according to a new study led by researchers at the BC-CfE.

Researchers measured gender differences in quality of care during the first year after initiating highly active antiretroviral therapy (HAART). They found that among the 3,642 participants (20% women) who initiated HAART in British Columbia between January 1, 2000 and September 31, 2010, the quality of care received by women was lower than that received by men.

Quality of care was measured using the Programmatic Compliance Score (PCS), a highly predictive metric of mortality among HIV-positive individuals who have started treatment for the first time.

Overall, women were 58% more likely than men to receive poorer quality of care. The quality of care was especially

lower among women with a history of injection drug use, of Aboriginal ancestry, from Vancouver Island, and who initiated HAART in earlier years.

Study authors recommended gender-focused strategies for women living with HIV to address these inequities, pointing to the Oak Tree Clinic in Vancouver as a model for women-centred care. The researchers found that women who had ever accessed care at the Oak Tree Clinic during their first year on HAART scored higher on the PCS metric. Further evaluation of women-centred care models is currently being conducted as part of the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS).

The study, "Gender inequities in quality of care among HIV-positive individuals initiating antiretroviral treatment in British Columbia, Canada (2000-2010)," was published in PLOS ONE.