



From left to right: Dr Yu Wang, Director-General, Chinese Centre for Disease Control and Prevention; Guy Saint-Jacques, Canadian Ambassador to China; Dr. Zunyou Wu, Director of the National Centre for AIDS/STD Control and Prevention / Chinese Center for Disease Control and Prevention; Christy Clark, Premier of B.C.; Dr. Julio Montaner, Director of BC Centre for Excellence in HIV/AIDS; and Ben Stewart, B.C. Representative in Asia, at MOU signing in Beijing, China.

Memorandum of understanding cements relationship between China and B.C.

Partnership affirms province's commitment to showcase BC-CfE's world-leading expertise in HIV/AIDS, says Premier Christy Clark

China and British Columbia are partnering to advance the global fight against HIV/AIDS. A memorandum of understanding (MOU) was signed by delegates from the BC Centre for Excellence in HIV/AIDS (BC-CfE) and the National Centre for AIDS/STD Control and Prevention / Chinese Centre for Disease Control and Prevention (NCAIDS/China CDC). The MOU cements the relationship between China and the BC-CfE, which first began in 2011 when China announced its implementation of the BC-CfE-pioneered Treatment as Prevention strategy.

The MOU was signed on November 26 in a ceremony in Beijing, China, and witnessed by B.C. Premier Christy Clark as part of the provincial government's jobs and trade mission in Asia.

"This partnership affirms our government's commitment to showcase and share the world-leading expertise of the BC Centre for Excellence in HIV/AIDS," said Premier Clark. "We're pleased British Columbia's innovation and research is being recognized internationally, especially here in China. This exchange will allow us to mutually promote and collaborate on health priorities affecting China, British Columbia, and the global community in relation to HIV/AIDS."

The MOU formalizes a collaboration on the implementation of Treatment as Prevention in China and the development of new research and HIV programs both in B.C. and in China, where the Joint United Nations Programme on HIV/AIDS

(UNAIDS) estimates there are more than 780,000 people living with HIV/AIDS and approximately 26,000 people are newly diagnosed each year.

The organizations will work jointly to improve the health of British Columbians and Chinese citizens and to enhance capacity to deliver HIV/AIDS education and training to health professionals. The partnership aims to protect and improve the health of people by eliminating HIV/AIDS through science, policy, partnership, and evidence-based public health action.

China was the first country to adopt the BC-CfE's Treatment as Prevention model as their national HIV/AIDS policy. The strategy involves widespread HIV testing and immediate offer of highly active antiretroviral therapy (HAART) to people living with HIV. Treatment has been shown to virtually eliminate progression of the disease to AIDS and premature death, and simultaneously stop transmission of HIV. Since implementing Treatment as Prevention in 2011, China has surpassed their HIV detection and treatment goals.

"Following the lead of British Columbia and China, the momentum is building to implement Treatment as Prevention to save lives, prevent infections, and, in the long term, save money," said Dr. Julio Montaner, director of the BC-CfE. "I look forward to working with China to ensure Treatment as Prevention is implemented globally based on the best available scientific evidence. The global

adoption of Treatment as Prevention holds the promise of ending HIV and AIDS in our lifetime."

In 2012, the United States identified it as a key strategy to achieve an AIDS-free generation, and in July 2013, the World Health Organization fully incorporated Treatment as Prevention in their new Global HIV Treatment Guidelines. More recently, Brazil and France both recently announced plans to adopt Treatment as Prevention as their national policies.

The MOU will also establish a three-year HIV Treatment as Prevention Fellowship program that will allow top Chinese scientists to come to Vancouver to work with researchers and clinicians at the BC-CfE. The Fellowship program will be offered for up to six Chinese scientists over three years. Funding for the Fellowship is supported by Genome BC, Rennie Marketing Systems and St. Paul's Hospital Foundation.

"British Columbia has been an international leader in developing a model of the Test and Treat strategy, also referred to as Treatment as Prevention, to combat HIV/AIDS," said Dr. Zunyou Wu, Director of the China CDC. "This agreement deepens the working relationship between China and B.C."

"We believe this agreement will provide an opportunity for our researchers to work with and share expertise to best help both B.C. and China meet our goal of bringing HIV and AIDS under control."



» The BC-CfE has established a blueprint for the eventual elimination of HIV and AIDS. Just imagine, this all started right here in Vancouver. Wouldn't it be wonderful if this strategy could now be transferred to viral hepatitis and other sexually transmitted diseases?"

– Bob Rennie, owner of Rennie Marketing Systems and funder of the new HIV Treatment as Prevention Fellowship

» See full story above



Collaborative welcomes new participants

» The HIV Continuum of Care Collaborative (formally known as the Structural Learning Collaborative), a virtual learning initiative led by the BC-CfE in partnership with health authorities across BC aiming to improve health outcomes for British Columbians living with HIV, was launched Nov. 19 and is inviting more participants to join.

The new Continuum Collaborative brings together people living with HIV, frontline health workers, and researchers from across the province to learn, share, and act together. The purpose of the Continuum Collaborative is to close HIV gaps along the Continuum of Care, build capacity for quality improvement, and create a lasting legacy of quality improvement.

Nearly 100 participants joined the launch via videoconference from six different sites in B.C., representing each health authority. The session concentrated discussing current gaps in outcomes for people living with HIV at each step along the continuum. Participants then reflected on working together to close these gaps and improve the health of individuals and communities.

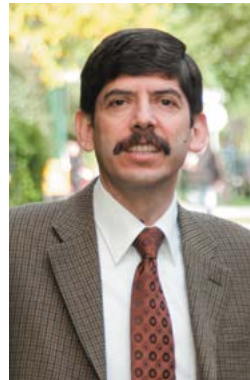
"When you look at quality improvement, you need to have focus," Dr. Rolando Barrios, Collaborative Medical Director and assistant director at the BC-CfE, told the audience gathered for the launch.

The first session will occur on Jan. 29, 2014, when participants will engage in a dialogue aimed at establishing project goals. Future sessions will occur over next 15 months, with five total virtual learning lessons occurring every four to six months at single sites in each health authority.

Participants in the Continuum Collaborative sessions can expect to learn about current outcomes for British Columbians living with HIV, quality improvement tools and methods, and ideas for closing gaps in care, service, and outcomes. They will be able plan for improvement, test new ideas to improve care and services, develop networks that will further aims, measure progress, and share what's been learned.

A bridge session for new participants is planned for January, and presentations from the launch event are available at www.stophiv aids.ca.

If you would like to get involved in the Continuum Collaborative, please contact Christina Clarke at cclarke@cfenet.ubc.ca.



Dr. Rolando Barrios

HIV/ARV UPDATE

Hepatitis C treatment advances compared to debut of HAART

» Upcoming advances in treatment could mark a breakthrough in the fight against Hepatitis C (HCV) if we can engage people into care, says Dr. John Ward, Director of the Division of Viral Hepatitis in the United States (U.S.) Centers for Disease Control and Prevention (CDC).

"We're entering a very, very exciting time for Hepatitis C," Dr. Ward said during his lecture at the latest BC-CfE HIV/ARV Update, in reference to HCV treatment advances. He compared HCV to HIV in the mid-1990s, when the introduction of highly active antiretroviral therapy (HAART) at the 1996 International AIDS Conference in Vancouver represented a major breakthrough in HIV treatment.

However, he added, "the first order of business is to identify people and get them into care."

It is estimated the total number of people living with HCV in the U.S. could be as high as 4.4 million, and HCV-related morbidity and mortality are on the rise. In fact, in 2007, more Americans died from HCV than from HIV-related illnesses, and the disparity is widening. Modeling shows that nearly 900,000 people currently living with HCV in the U.S. could die as a result of their illness.

Incidence of HCV has also been on the rise in the U.S. Between 2007 and 2011 there was a 44% increase in

incidence, with approximately 17,000 new diagnoses annually. People born between 1945 and 1965 represent a large proportion of those new HCV diagnoses.

Recent advances in HCV therapy have been shown to reduce risk of liver cancer by 70% and reduce the risk of all-cause mortality by 50%.

In order to engage people on therapy, however, they need to be tested for HCV. The U.S. CDC published new recommendations calling for widespread testing that augments risk-based strategies. Birth cohort-based strategies could identify more than 800,000 people who are currently unaware of their infection and avert at least 120,000 HCV-related deaths in the U.S. According to Dr. Ward, early results have been promising.

Here in British Columbia, an estimated 80,000 people are living with HCV and 60,000 infected with hepatitis B. The Government of British Columbia has provided \$1.5 million for the BC-CfE and BC Centre for Disease Control to develop a business case proposal to expand the mandate of the BC-CfE to include viral hepatitis. The proposal will be based on the success of the BC-CfE HIV Treatment as Prevention model.

Dr. Julio Montaner recognized for innovative health research

» Dr. Julio Montaner has been awarded the Rx&D Health Research Foundation (HRF)'s prestigious Medal of Honour for outstanding contributions to health sciences and public health innovation.

The HRF Medal of Honour was presented to Dr. Montaner during a ceremony held in Montreal on Nov. 20, co-hosted with Prix Galien Canada.

"The Health Research Foundation is proud to award the Medal of Honour to Dr. Julio Montaner," said Mr. Russell Williams, President of Canada's Research-Based Pharmaceutical Companies (Rx&D). "Above and beyond his extraordinary impact on AIDS research, he has demonstrated and exemplified dedication to the advancement of knowledge in innovative health research."

Along with the medal, Dr. Montaner received a \$20,000 prize, which he donated to the Michael Smith Foundation for Health Research to support HIV/AIDS-related research.

"I am honoured receive this recognition," said Dr. Montaner. "This represents a tremendous show of support for the work my colleagues and I have carried out over the last three decades, and renews my commitment to work towards ending HIV and AIDS in my lifetime."

Dr. Montaner is the Director of the BC Centre for Excellence in HIV/AIDS. He is a former President of the International AIDS Society and holds an endowed Chair in AIDS Research at St. Paul's Hospital/University of B.C. In the mid-1990s, Dr. Montaner's innovative research led to the development of highly active antiretroviral therapy (HAART), a triple-drug therapy now the gold standard of HIV treatment, and pioneered the implementation of Treatment as Prevention.

The Rx&D Health Research Foundation is a non-profit organization whose mission is to support health research in Canadian academic health centres and to promote the value of health research in Canada. Honourable Kelvin K. Ogilvie also received the Medal of Honour.

Therapeutic Guidelines go mobile

BC-CfE has launched a user-friendly version of the Therapeutic Guidelines for the Antiretroviral Treatment of Adult HIV Infection designed for use on smartphones and other mobile devices, as well as desktop computers.

The guidelines are intended to support the management of HIV-positive individuals in British Columbia.

The Therapeutic Guidelines form the basis for HIV treatment strategies, the results of which are constantly monitored through assessment of clinical and virological outcomes for treated patients. The guidelines reflect a consensus of the BC-CfE's Therapeutic Guidelines Committee, which is made up of physicians, pharmacists, virologists, health service researchers, and economists.

With the newly launched mobile version, the guidelines can now travel with HIV care providers on their smartphones as they engage with patients. The information can be accessed in a user-friendly format on their office computers.

The updated Therapeutic Guidelines can be accessed on mobile devices and desktop browsers through the BC-CfE website (www.cfenet.ubc.ca) or by visiting www.cfenet.ubc.ca/guidelines/therapeutic.

Sex-for-crack associated with higher HIV/STI risk behaviour

There are elevated sexual- and drug-risk patterns among people who exchange sex for crack, says a BC-CfE study published in the *Harm Reduction Journal*.

While crack cocaine has been associated with elevated sexual risks and transmission of HIV and sexually transmitted infections (STIs), particularly in the context of street-based sex work, few studies have examined direct sex-for-crack exchanges.

Data were drawn from a prospective cohort of street-based sex workers who smoked crack cocaine. Of 206 sex workers, 101 (49%) reported sex-for-crack exchanges over 18 months of follow-up. Sharing a crack pipe with a client and smoking crack in a group of strangers (e.g. in an alley or crack house) were independently associated with sex-for-crack exchanges.

The physical and social environment featured prominently as a driver of sex-for-crack exchanges, highlighting the need for gender-sensitive approaches to harm reduction, STI and HIV prevention that address sex-workers' environment, individual level factors, and the interplay between them.

As well, another alternative is the implementation of safer smoking facilities, particularly within close proximity to sex workers' workspaces. These facilities may increase access to clean crack pipes, reduce the risk of pipe sharing with clients, and provide an environment for safer smoking practices. As well, they may increase exposure to health care and addiction treatment services, reduce public smoking, and move street-based sex workers who exchange sex for crack away from alleys and crack houses.

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
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