



Queensland HIV Treatment as Prevention[®] Roadshow a Success

The BC Centre for Excellence in HIV/AIDS (BC-CfE) was thrilled to have been invited to take part in a two-week Queensland, Australia, HIV Treatment as Prevention (TasP[®]) Roadshow, organized by the HIV Foundation Queensland (HIVFQ).

Since signing a memorandum of understanding with the BC-CfE and formally adopting the TasP[®] strategy in 2014, Queensland has worked diligently to improve education and engagement with health professionals and the community for timely access to highly active antiretroviral treatment (HAART).

The TasP[®] Roadshow traveled to eight different locations across Queensland between July 25 and August 4, 2016, in a series of accredited meetings with a broad range of health professionals and Hospital and Health Services (HHS) executive teams and community representatives. This platform provided a unique opportunity for the HIVFQ and the BC-CfE to provide updates on state, national and international policy, program and clinical developments in the rapidly evolving landscape of HIV TasP[®]. Key discussion points included increased testing, early engagement and sustainment in care, treatment, postexposure prophylaxis (PEP), preexposure prophylaxis (PrEP), and development of communication strategies.

Key BC-CfE speakers included Dr. Rolando Barrios, Assistant Director; Irene Day, Director of Operations; Glen Bradford, Peer Navigation and Prison Outreach Programs, Positive Living British Columbia; Prof. James Ward, South Australia Health and Medical Research Institute; Dr. Andrew Redmond, Infectious Disease Physician, Royal Brisbane and Women's Hospital; and Simon Doyle Adams, Queensland PrEP Demonstration Project Coordinator, Cairns Sexual Health Clinic.

Dr. Darren Russell, Chairperson of the HIV Foundation Queensland, and Dr. Barrios discussed the TasP[®] Roadshow:

What was the aim of the HIV TasP[®] roadshow?

Dr. Barrios: The main aim was to share the B.C. experience in implementing, monitoring and evaluating TasP[®]. The HIVFQ was concerned that, despite improved access to antiretroviral therapy, the estimated local cascade of care indicated only about 73% of people with diagnosed HIV were receiving sustained antiretroviral therapy. The HIVFQ was aware of the work being done at the BC-CfE to address this gap and the strong scientific evidence supporting the importance of offering immediate antiretroviral treatment to improve survival and decrease transmission.

Dr. Russell: The aim of the meetings was to increase support and facilitate the progression of TasP[®] in Queensland: early diagnosis and treatment, PrEP, and PEP, through the strengthening of regional and state-wide networks.

How has the collaboration with the BC-CfE been beneficial?

Dr. Barrios: The collaboration started with a group of Queensland clinicians, front-line community workers, and policy makers visiting the BC-CfE. The roadshow was in response to the request from the HIVFQ to share the B.C. experience. The HIV foundation was most impressed with our ability to monitor (almost in real time) the epidemic by being able to generate and release quarterly a series of indicators included in the monitoring reports.

(Interview continued on reverse)

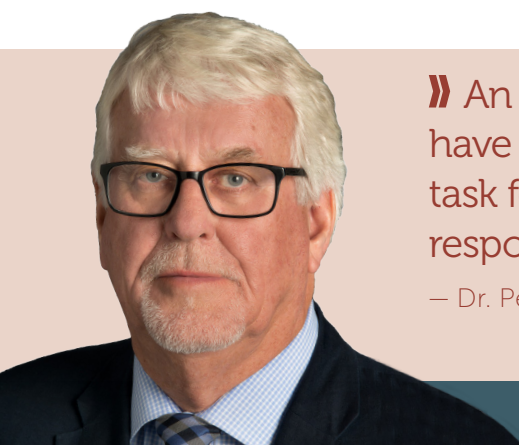
HIV TasP[®] ROADSHOW OBJECTIVES:

- Raise awareness of HIV TasP[®] strategies (early treatment, PrEP, and PEP) and the links with the UN 90-90-90 Targets, thereby reducing the number of new infections.
- Promote "test and early treatment" strategies to improve health outcomes of persons living with HIV (PLHIV) and improve their engagement and sustainment in care.
- Work closely with Aboriginal and Torres Strait Islander communities to increase HIV testing, treatment and sustainment in care.
- Raise awareness of the role of peer navigation models to support early treatment and ongoing adherence for newly diagnosed PLHIV and those re-engaging in care.
- Raise awareness of the Queensland Positive People (QPP) Life+ Program and peer navigation program.
- Increase knowledge of QPrEPd (expansion of the current Queensland PrEP Demonstration Project).
- Promotion of TasP[®] strategies, with a focus on PrEP, within Aboriginal and Torres Strait Islander communities.
- Increase awareness of ASHM Queensland (Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine) workforce development program activities.
- Increase political and HHS support for the TasP[®] strategies.

» An effective collaboration with the federal government could really have major impact on reducing overdose deaths. As well, this joint task force integrates the strategies already underway and amplifies our response to this urgent crisis.

— Dr. Perry Kendall, Provincial Health Officer

Read more at <http://bit.ly/JointTaskForce>



Q&A Continued

They also were impressed with the way B.C. is implementing HIV testing and the approach to normalize testing. Our approaches to quality care and our experience on how to engage and re-engage clients lost to follow up were also positively received.

There are areas where Queensland is succeeding that B.C. could potentially learn from. An example is the roll out of PrEP and the support of the local government to increase access to this intervention. PrEP is an additional intervention that will lead to further declines in HIV transmission in the community.

Dr. Russell: The partnership with the BC-CfE, as pioneers and world leaders of TasP®, is incredibly valuable. It enables Queensland to be internationally recognized as a leader in TasP® and demonstrates our commitment to the virtual elimination of HIV in Australia.

HIV infection in Aboriginal and Torres Strait Islander communities was a focus of the workshops. What key learnings came out of the workshops that can help with HIV efforts in these communities?



Dr. Darren Russell

Dr. Russell: Aboriginal and Torres Strait Islander people are named as a priority population in Australia's Seventh National HIV Strategy and Queensland HIV Strategy and Action Plan for a number of reasons. The potential exists for an acceleration of the HIV epidemic among Indigenous communities, given:

- High prevalence of sexually transmissible infections (increasing the likelihood of HIV transmission) in many remote communities;
- Higher rates of injecting drug use and sharing of injecting and other equipment;
- Limited access to culturally appropriate services, including primary health care services in many communities;
- The over-representation of Aboriginal and Torres Strait Islander men and women in prisons and juvenile detention facilities;
- The geographical, cultural and social circumstances of many communities, including high mobility, lower health literacy, and issues such as shame and underlying poor health status; and
- The close proximity of Papua New Guinea to the Torres Strait Islands, and the mobility and interaction of Papua New Guinea nationals and Torres Strait Islanders. Papua New Guinea has the highest recorded rates of HIV prevalence in the Pacific region.

While HIV amongst Aboriginal and Torres Strait Islander people has been relatively contained to date with similar rates as non-Indigenous people, Prof. James Ward highlighted a number of differences and emerging trends. Aside from the other social, economic, cultural and political issues that Aboriginal and Torres Strait Islander people experience that impact on their health status, there are distinct issues affecting recent increases in HIV diagnoses in Queensland: low rates of sexual health screening, high rates of sexually transmitted infections (STIs) when tested, low rates of follow up HIV and syphilis testing after an STI diagnosis, and higher rates of injecting drug use. Prof. Ward reported while Aboriginal and Torres Strait Islander people represent 3% of the Australian population, they represent 14% of people using needle and syringe programs.

Increased engagement with Aboriginal Medical Services across Queensland is crucial due to the potential for HIV to escalate rapidly in the Aboriginal and Torres Strait Islander populations – as has been the experience in other Indigenous populations globally. The roadshow was aimed at educating health professionals and raising community awareness – a job made more urgent due to an increase of STIs and HIV diagnoses among Aboriginal and Torres Strait Islander people in Queensland since 2012 and particularly over the past 12 months.

What feedback or recommendations have you received since the HIV TasP® Roadshow ended?

Dr. Russell: An online evaluation survey was sent to HIV TasP® Roadshow attendees. The following future actions were recommended:

- Inform the Queensland Minister for Health of key issues raised during the TasP® Roadshow.
- Circulate the Final Report to the Minister for Health, all partner organizations, participants and other invitees who were unable to attend. Upload the Final Report to HIVFQ and partner organization websites.
- Progress HIVFQ PEP Access Project including suggestions for online training module for Emergency Department staff and investigation into out-of-hours medical services prescribing PEP starter packs.
- Increase promotion of HIVFQ research and program grants to central and north Queensland.
- Increase promotion of HIVFQ research and program grants to the Queensland Aboriginal and Torres Strait Islander sector
- Inform ASHM of all workforce development and training related issues raised during the TasP® Roadshow.
- Provide more opportunities for HIV positive people and health care providers to meet together to discuss their own health care priorities. "Nothing about us without us" is what we all must do, from policy to the frontlines.

What are the next steps with regard to TasP® initiatives in Queensland?

Dr. Russell: Currently Queensland has a number of initiatives in place to promote TasP® strategies. HIVFQ is working closely with QPP's RAPID testing program (community based and delivered by peer testers) to increase HIV testing throughout the state for hard to reach at-risk populations. RAPID are currently testing at SOPV (Sex On Premises Venues), SOPV theme parties, festivals, university settings, and are currently rolling out a variety of models across the state.

Up until now, most of the interventions were targeting Brisbane or south-east Queensland. We are now giving more attention to regional areas in Queensland. HIVFQ continues its engagement throughout the state regarding TasP® strategies through HHS (Hospital & Health Services), clinicians, researchers and other community-based organizations. The HIVFQ's HIV Research, Programs & Workshop Grants continue to fund research projects, pilot programs and workshops. TasP® is identified as a key strategic objective.



Dr. Rolando Barrios

What will it take for Queensland to reach the UNAIDS 90-90-90 Target for 2020?

Dr. Barrios: Policy, leadership, resources. Need to optimize existing and gain new resources, and balancing the importance of using evidence-based, best-practice

interventions with innovation. These paired with community engagement, increase capacity to manage and treat HIV in the community, decrease stigma and focus on improvement.

Queensland is leading the way in Australia. They have the commitment of their government, including the Minister of Health, the Honourable Cameron Dick, the TasP® strategy, and most important, they have HAART.

Dr. Julio Montaner Appointed University Killam Professor

Congratulations to Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS, recently honoured by the University of British Columbia (UBC) Board of Governors with the designation "University Killam Professor." UBC's highest honour is given to the most exceptional members of faculty who have distinguished themselves as scholars and received the highest acclaim from the academic community and the general public.

Dr. Montaner joined the Faculty at St. Paul's Hospital/ UBC as the Director of the AIDS Research Program and the Infectious Disease Clinic in 1987, and was appointed Professor of Medicine at UBC in 1997. He has authored over 750 scientific publications on HIV/AIDS. Dr. Montaner has focused his research on HIV and was the first to present highly active antiretroviral therapy (HAART) to the world. Since the mid 1990's, he pioneered the concept of HIV Treatment as Prevention®, advocating for the expansion of HAART coverage to curb the HIV/AIDS pandemic in terms of decreasing progression to AIDS and death, as well as decreasing HIV transmission. He is an inspiration and a hero to many around the world.

The strategy of increasing testing, treatment and sustainment on care has driven viral loads to undetectable levels, thereby preventing HIV transmission. It is this strategy that is the backbone of the BC-CfE's Targeted Disease Elimination.

Once again, please join us in congratulating Dr. Julio Montaner on his outstanding and well-deserved award!

LECTURES & EVENTS

What's New in Addiction Medicine?

What's New in Addiction Medicine Vol. 34

Speaker: Dr. Robert Fox

Tuesday, Oct. 25, 2016, 12–1PM

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

HIV Care Rounds

DTES Connections: Low-Barrier Care for Opioid Use Disorder

Speakers: Dr. Daniel Paré

Thursday, October 6, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

Forefront Lecture

Making the Uncountable Count: A public health approach to achieving a world without street children

Speaker: Dr. Paula Braitstein

Friday, October 14, 2016, 12–1PM

Cullen Family Theatre, Providence Level 1, St. Paul's Hospital

For more information, contact us at Education@cfenet.ubc.ca or visit our website at 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

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