



*Province-wide solutions.
Better health.*

**Collaborating for Action:
Provincial Health Services Authority
HIV/AIDS Strategic Framework**

October 31, 2006

WHAT IS THE CURRENT CONTEXT OF HIV/AIDS IN BRITISH COLUMBIA?

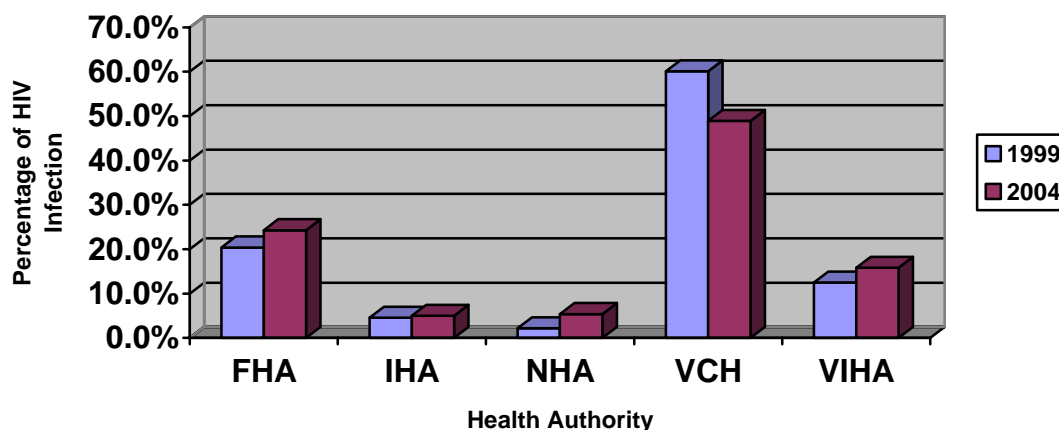
HIV/AIDS remains a persistent epidemic in British Columbia. While persons testing newly positive for HIV in B.C. declined from a peak of 30.5 per 100,000 in 1987 to 10.4 per 100,000 in 1999, the annual HIV rate has stalled at around 10 per 100,000 since then. It is currently estimated that there are between 8,000-13,000 people living with HIV in the province. Health Canada estimates that approximately one third of those infected are unaware of their HIV status.

Additional significant trends in HIV/AIDS include the following:

- Consistently higher rate for males although the difference is decreasing, women now make up about one-quarter of new infections (25.2% in 2004)
- Highest rates in Vancouver Coastal Health (VCH), especially Vancouver itself
- Men who have sex with men (MSM) as the dominant risk factor 1985-1994
- Intravenous drug users (IDU) as the dominant risk factor 1995-1999
- MSM and IDU as co-dominant risk factors 2000-2005
- 77% increase in MSM cases from 1999 (105) to 2004 (186); 176 cases in 2005
- Over-representation of Aboriginals especially females (31% of cases in 2005)
- Steadily increasing HIV rate in the Northern Health Authority (2.3 in 2000 to 9.1 in 2005) predominantly attributed to Aboriginal IDUs of both genders
- Steady annual increase in HIV testing with over 160,000 HIV tests in 2005
- Rate of transmission of HIV from mother to infant in 1998 was 25% for HIV+ women not receiving any HIV care and 5% for women receiving some HIV therapy, with new treatment guidelines this rate has been reduced to less than 1% in B.C.
- As of March 2006, approximately 3,533 persons in British Columbia received antiretroviral therapy or other anti-HIV medications at no cost from provincial HIV Drug Treatment Program, managed by the British Columbia Centre for Excellence in HIV/AIDS. Another 1,683 persons were enrolled in the Centre's Drug Treatment Program as of March 2006 who were not on drug treatment for a variety of reasons, including supervised treatment interruption, side effects, toxicities, drug resistance and/or treatment failure. The total cost of providing drug treatment in fiscal 2005/06 was approximately \$58.7 million.

Over the last five years there has been an emerging trend in which the regional health authorities outside of Vancouver Coastal Health (VCH) are bearing an increasing percentage of the total of people testing newly positive in the province. For instance, in 1999 VCH carried 60.1% of the people testing newly positive for HIV infection in the province, whereas in 2005 they carried 48.9% of new positives (Figure 1). During this same time the percentage of provincial new positives in the Fraser Health Authority (FHA) increased from 20.4% to 24.3%. These changes signal a need for a strong coordinated provincial response to HIV/AIDS that supports regional health authorities and considers prevention, treatment, care, and support.

Figure 1: Percentage of people testing newly positive in BC by Health Authority



The Ministry of Health (MOH) forewarns, if left unaddressed, HIV/AIDS will result in considerable downstream personal and social costs, but would also place enormous additional burden on B.C.'s health-care system. The Ministry calculates that each new HIV infection will cost the B.C. healthcare system somewhere between \$180,000 and \$225,000 in direct costs per person per lifetime. When indirect expenses related to sickness and years of life lost are taken in to account, the real cost of the epidemic rises to \$1 million per lifetime for every person living with HIV/AIDS¹. It is important to consider that HIV reduces the life expectancy of those infected and thus the human dimension becomes more profound.

WHAT HAVE WE BEEN DOING TO ADDRESS HIV/AIDS IN THE PROVINCE?

The Ministry of Health (MOH) defines its responsibility as a stewardship role in the province. They explain this role as follows:

As stewards of the system, the ministry provides leadership and support to our health system partners, including health authorities, physicians and other care providers. The ministry sets the overall strategic direction for the health system, provides the appropriate legislative and regulatory frameworks to allow it to function smoothly, and plans for the future supply and use of health professionals, technology and facilities. The ministry also monitors the health of the population and plans for and coordinates responses to major public health risks and emergencies. Lastly, the ministry also evaluates health system performance, and takes corrective action where necessary to ensure the population's health needs are being met².

¹ *Priorities for Action in Managing the Epidemics – HIV/AIDS in BC: 2003-2007*. B.C. Ministry of Health Planning. B.C. Ministry of Health Services. September 2003.

² September Budget Update. B.C. Ministry of Health. 2005/06 – 2007/08 SERVICE PLAN UPDATE SEPTEMBER 2005. http://www.bcbudget.gov.bc.ca/2005_Sept_Update/sp/hlth/hlth.pdf. pg. 6.

In terms of HIV/AIDS the MOH has used its role as stewards to develop the strategic document *Priorities for Action in Managing the Epidemics: HIV/AIDS in BC: 2003-2007*. *Priorities for Action* lays out four goals, and corresponding strategies, to strive towards when addressing HIV/AIDS in the province. These goals are:

Prevention

To reduce the incidence of HIV infection by 50% over the next five years

Care, Treatment and Support

To increase the proportion of HIV+ individuals who are linked to appropriate care, treatment and support services by 25% over the next five years

Capacity

To enhance the province's capacity for monitoring the HIV epidemic over the next five years

Coordination and Cooperation

To create and sustain broad-based support for the approach outlined in the *Priorities for Action*

The responsibility for the delivery of services in the province rests with the six health authorities. Five of them are regional health authorities and the sixth is the Provincial Health Services Authority (PHSA).

The regional health authorities are responsible for identifying population health needs, planning appropriate programs and services, ensuring programs and services are properly funded and managed, and meeting performance objectives.

The regional health authorities have all developed HIV/AIDS service plans as a response to the *Priorities for Action*. These plans illustrate the differences in approaches and levels of capacity between the health authorities when it comes to HIV/AIDS.

A number of health authorities – Fraser Health Authority (FHA), Vancouver Island Health Authority (VIHA), Interior Health Authority (IHA), and Northern Health Authority (NHA) -- have adopted a blood borne pathogens approach rather than focusing solely on HIV/AIDS. These differences in approach will need to be considered when health authorities collaborate on issues and projects.

In terms of capacity, because the HIV/AIDS epidemic in B.C. has historically been centered in Vancouver, Vancouver Coastal Health Authority (VCHA) bore the greatest burden of infection and as a result has gained more experience and expertise on issues related to HIV/AIDS in an urban environment than the other health authorities. It is important to recognize the resources within VCHA and to find ways to work in partnership.

The PHSA's mandate is to support effective and high-quality delivery of selected province-wide health care programs and services. While the PHSA achieves this in a similar way to the regional health authorities by directly providing services or indirectly contracting services the PHSA also plays an additional role of supporting the regional health authorities in their service delivery. This leadership role, in support of the MOH, works to develop the most effective

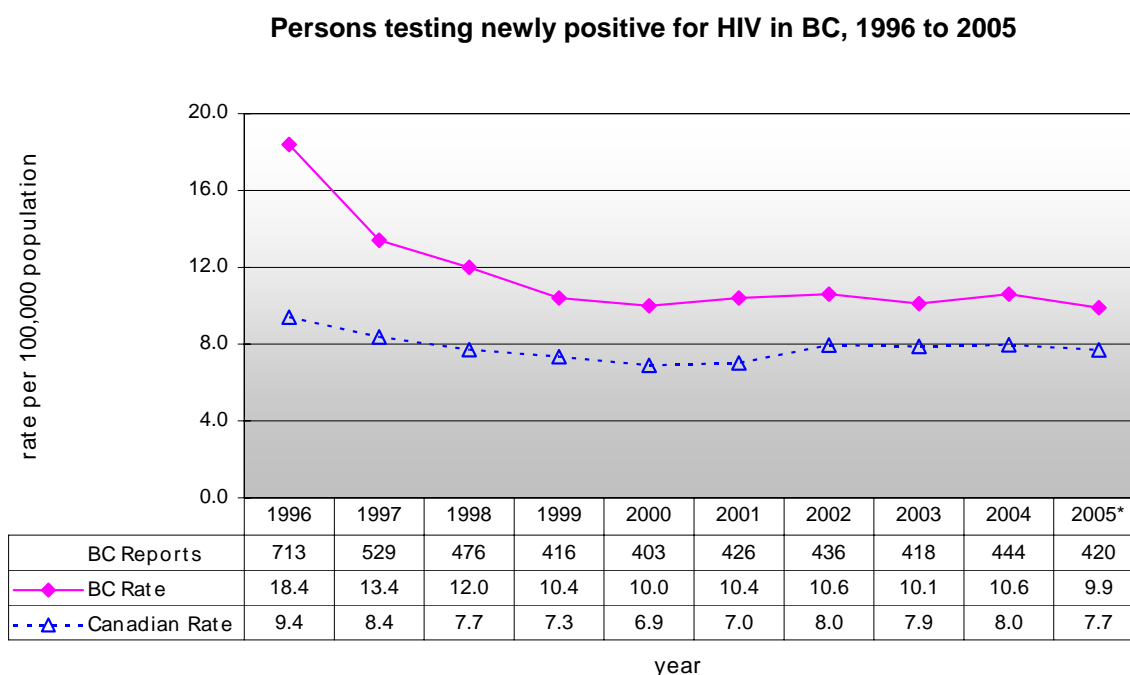
service delivery practices for specific programs and services and the accompanying change management³.

Up to this point the PHSA has addressed HIV/AIDS by providing services as follows: directly through the BCCDC's STI/HIV Prevention and Control and the Oak Tree Clinic; through partial funding for the British Columbia Centre for Excellence in HIV/AIDS' administration costs; and through contracts with community agencies. However, the PHSA needs to enhance the effectiveness of its support to the regional health authorities in their HIV/AIDS and blood borne pathogens work. This document presents a framework on how the PHSA can implement this expanded role.

HOW WELL ARE WE DOING?

Since *Priorities for Action* was developed, progress has been limited in reducing incidence by 50%, a goal laid out by the *Priorities for Action*. Looking at the data of persons newly testing positive for HIV over the last ten years there was a significant drop in new positive tests from 1996-99 (figure 2). This period coincides with the introduction of Highly Active Anti-Retroviral Therapy (HAART). A higher viral load is one of the major determinants of HIV transmission. It has been shown that when HIV-positive individuals access HAART there is a reduction in the rate of transmission⁴. This probably accounts for the decline in newly diagnosed HIV during this period. However, since 1999 the number of persons testing newly positive has remained steady and not decreased significantly in line with the goal laid out by the MOH.

Figure 2: Persons testing newly positive for HIV in B.C., 1996 to 2005



*2005 Canadian rate is preliminary (Public Health Agency of Canada, May 2006).

³ 2003/04 Health Authority Performance Agreement Report.

http://www.health.gov.bc.ca/socsec/pdf/ha_report0405.pdf

⁴ Fang, Chi-Tai et. al. "Decreased HIV Transmission after a Policy of Providing Free Access to Highly Active Antiretroviral Therapy in Taiwan". *J Infect Dis* 2004. 190. pp. 879-85.

The PHSA has facilitated numerous consultations while working to create an HIV/AIDS Strategic Framework that have identified new services needed, recognized gaps, and acted as a barometer of how well stakeholders feel we are achieving the provincial goals. The consensus from these consultations is that current programs and services are not fully addressing client needs and that changes need to be made.

The strategic consultations hosted by the PHSA sought community and stakeholder input, focused on vulnerable population groups, and formed recommendations. These strategies included:

- PHSA'S HIV Service Plan for Women And Children, December 2003
This consultation identified five transitional strategies: to support capacity development among existing care providers, to work with regional health authorities and stakeholders to build new responses to care for women and children, to enhance capacity for monitoring and assessing progress against the epidemic, and to further the contribution of research, evaluation and best practices into health planning administration and service delivery.

ACTION: From the recommendations from this meeting the PHSA has supported an operational review at the Oak Tree Clinic and has provided increased resources for women and children living with HIV including securing ongoing funding for the outreach workers.

- Strategic Planning Forum on HIV/AIDS, March 31, 2004
This meeting affirmed the need for provincial leadership in the field of HIV/AIDS and the importance of coordinating an inter-sectoral approach to the epidemic. Participants identified the following as major concerns: improving the reach of HIV/AIDS programs, improving program efficiency and effectiveness among service and support providers, and building a “common understanding” of the strategy of and Best Practices to achieve this.

ACTION: As a first step, in March 2005 the PHSA hired a Manager, HIV/AIDS Program to develop an HIV/AIDS Strategy for the Health Authority and to help coordinate a provincial response.

- Renewing Our Response, Provincial Aboriginal HIV/AIDS Forum, March 17-18, 2005
This meeting brought together both Aboriginal and non-Aboriginal stakeholders to discuss how best to manage the HIV/AIDS epidemic in the Aboriginal community. This meeting stressed the importance of community level response but understood the importance of partnerships. The participants made the following recommendations: Increase coordination between funding agencies and work to address jurisdictional barriers that hinder HIV/AIDS services; increase funding and supports for Aboriginal program development and service delivery; create culturally appropriate HIV/AIDS strategies and policies for Aboriginal people and evaluate past strategies; build capacity and collaboration between stakeholders; support innovative resource development; and empower APHAs to develop peer support, education, and training, and self advocacy skills.

ACTION: The PHSA continues to work with Aboriginal communities and in the spring of 2006 provided a Community Readiness Training workshop as a professional

development opportunity for individuals working on HIV/AIDS provincially or in the communities.

- HIV/AIDS Roundtable, November 9, 2005
This high-level meeting brought to the table key decision-makers from each Health Authority, the MOH, and the Centre for Excellence in HIV/AIDS and BC Centre for Disease Control. At this meeting provincial and regional roles were discussed. A model that would allow for strong leadership at the provincial level was proposed. This model would focus on three key issues: creating opportunities for collaboration and joint decision making, creating a forum for action (e.g. policy development and dissemination of best practices), and developing an atmosphere of accountability.

ACTION: The BCCDC developed a plan to support regional health authorities to develop individualized primary prevention plans based on evidence and best practices.

During the 05/06 fiscal year the PHSA continued to gather information on the current environment for HIV/AIDS service providers and sought input on what the PHSA's role should be in HIV/AIDS service provision across the province.

As part of this consultation the PHSA surveyed community based organizations to better understand the challenges they are facing, the best practices that they are using in their work, and to solicit their opinions on the role PHSA should take in HIV service delivery in the province. The online survey was open from September 7 - October 15, 2005. We received 69 qualified respondents from community based service providers from all regions of the province. Results for this survey showed:

- There was a lot of agreement on what are the current trends in the field of HIV/AIDS that are most greatly impacting organizations' work. These include: increasing infection rates in marginalized populations and in particular in Aboriginal populations, lack of resources, increasing diversity and complexity of people living with HIV/AIDS, apathy, increasing clients' needs, and co-infection with hepatitis C;
- The vast majority of respondents stated that compared to five years ago their organization's workload has increased but that there is now less funding available to them;
- Over 60% of respondents stated that there is not enough communication between people working on HIV/AIDS in the province; and
- The vast majority of respondents agree that the PHSA should have a continued and expanded role in HIV/AIDS work in the province.

In January 2006 the Manager, HIV/AIDS Program gathered a committee together to give direction to our planning process. This committee included representatives from the: PHSA, regional health authorities, federal funders, service agencies, and community organizations. The committee evaluated data collected, examined the role of the PHSA, and identified key provincial initiatives that are important in supporting provincial HIV/AIDS work. A number of these provincial initiatives will become part of the scope of the PHSA's work.

A key point taken from this process was that while it is important to plan and identify future work it is imperative for action to take place now. People are still becoming infected with HIV and without improved services at all levels we will not be able to adequately manage this epidemic. It is essential to develop and implement concrete actions for reaching selected goals.

WHAT NEEDS TO BE DONE?

As the recommendations from the consultations illustrates there are a number of gaps that have caused a less than ideal response to the HIV/AIDS epidemic in B.C. These gaps include:

- insufficient coordination when it comes to provincial HIV/AIDS planning and program implementation;
- evidence-based practice and best practices have not been fully integrated into HIV/AIDS programming;
- lack of communication between all stakeholders working on HIV/AIDS in the province; and
- limited dedicated resources to support the goals laid out in the *Priorities for Action*.

All of these concerns could be addressed through the presence of a stronger provincial focus in HIV/AIDS. In B.C. the PHSA is the best positioned organization to take on this work. If we are to adequately address the needs of HIV-positive people, support the work of the regional health authorities, and meet the goals laid out by the Ministry of Health it is imperative for the PHSA to expand its current role. Below the PHSA has outlined how it will work to address the identified needs through its HIV/AIDS Program.

PHSA HIV/AIDS PROGRAM

Considering the PHSA's two mandates of service delivery and supporting the work of the regional health authorities and through the extensive consultation process the PHSA has determined that its current HIV/AIDS role -- primarily HIV/AIDS service delivery -- needs to be expanded to include a number of new key provincial initiatives. Thus, the PHSA's HIV/AIDS Program will be expanded to include four major roles (figure 3):

- HIV/AIDS Service Delivery – provided through PHSA agencies, provincial partnerships, and through contracted services.
- Fostering Evidence-Based Practice – provide the tools and capacity for the province to respond to the epidemic using evidence and best practices in order to ensure the most effective and efficient approach.
- Provincial Planning and Coordinated Action – with a focus on action, develop policy, address jurisdictional issues, and provide space for all those working on HIV/AIDS in the province to work together to plan as a unified team.
- Improved Provincial Communication – improve communication between all stakeholders working on HIV/AIDS in the province. This will support the work of the other roles of the HIV/AIDS Program.

These four roles are interconnected with findings from one role informing and impacting the activities of the others. We also acknowledge the vast array of skills and knowledge provided by our community contractors and partners. This expertise will be drawn upon as an important knowledge source for all of the services within the PHSA.

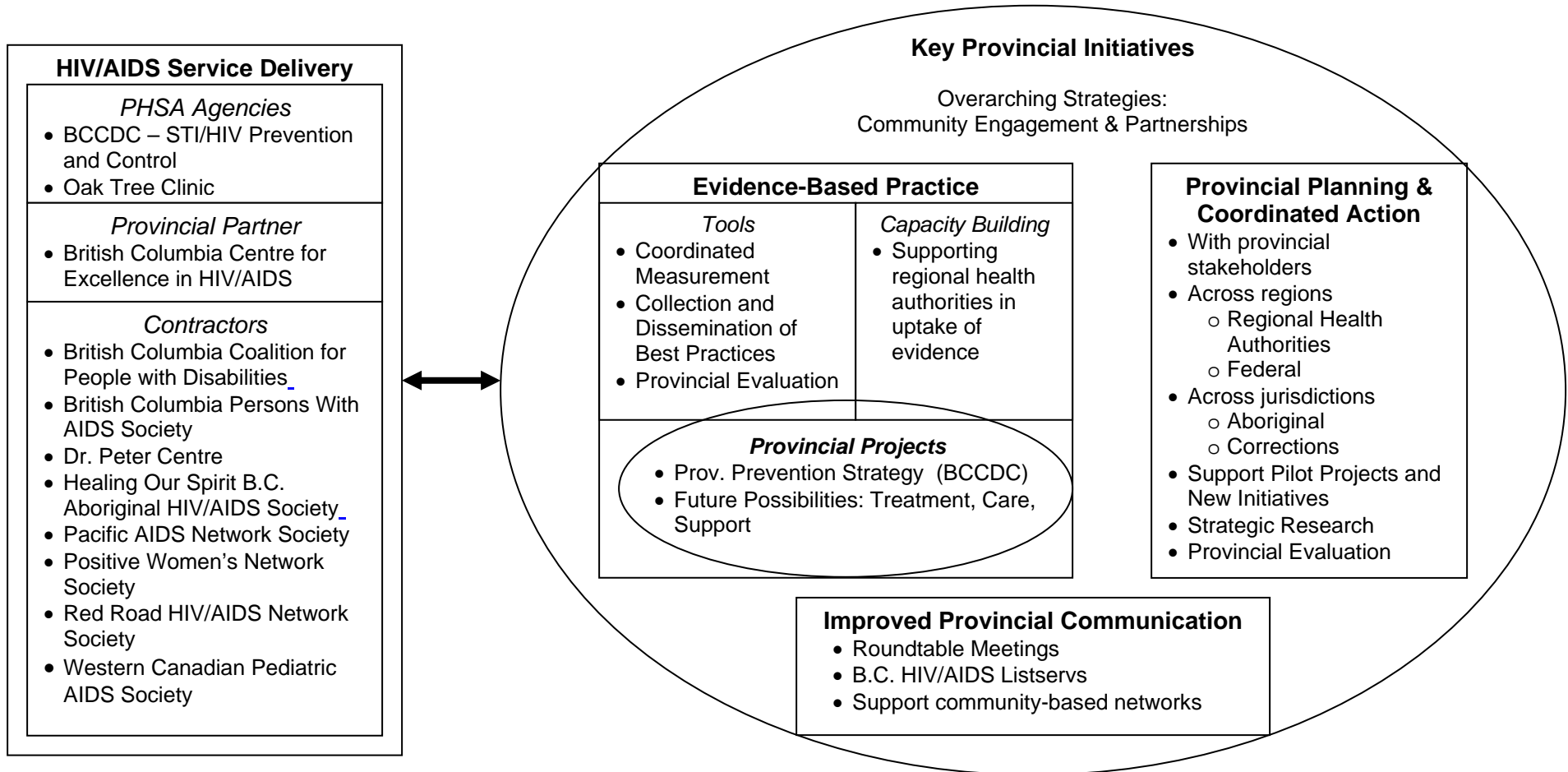
All of the PHSA's work within its HIV/AIDS Program will consider community engagement and working within partnerships as overarching strategies.

It is important to engage the communities we serve in our work, to bring the voices of patients, clients, residents, and stakeholders into our planning, implementing, and delivery of services

and the development of policy. Because of the PHSA's role we understand that we must consider different communities in our work. Communities the PHSA would benefit from engaging include: regional health authorities; service providers and community based organizations doing HIV/AIDS work; and people infected, affected, or at risk of HIV/AIDS. We understand community's desire to be involved in health care. We believe that when the community is involved in programs and policies they will be more effective and efficient. Through community engagement we hope to foster a greater feeling of ownership and responsibility for HIV/AIDS services in the province.

The PHSA recognizes the power of working in partnership. Partnerships allows for greater efficiency, understanding, and achievement. The PHSA will work in partnerships wherever possible with other health authorities, community organizations, and other stakeholders including federal resource like the Public Health Agency of Canada, the First Nations Inuit Health Branch, and with the Community Based Research Capacity Building Program funded by the Canadian Institutes of Health Research (CIHR) and housed at British Columbia Persons With AIDS Society.

**Figure 3: PROVINCIAL HEALTH SERVICES AUTHORITY
HIV/AIDS PROGRAM**



HIV/AIDS SERVICE DELIVERY

HIV/AIDS service delivery has been the major role of the PHSA to date and the PHSA will continue to provide HIV/AIDS services directly through the BCCDC's STI/HIV Prevention and Control and the Oak Tree Clinic, through its provincial partner, and through its contracts.

PHSA's Agencies

Within the PHSA there are individual agencies that have specific provincial mandates related to HIV surveillance, prevention, treatment and care. These include the Oak Tree Clinic at BC Women's Hospital & Health Centre and the Division of STI/HIV Prevention and Control at the BC Centre for Disease Control.

Oak Tree Clinic

The Oak Tree Clinic is a tertiary referral outpatient facility providing specialized care in HIV/AIDS for infected women, pregnant women, partners, children and youth, and support services for affected families. It is an invaluable asset for the province in that it provides knowledge and expertise on the care and treatment of HIV-positive women and children.

Oak Tree Clinic provides the following services:

Patient Care: provides specialized adult care, obstetrics/gynecological care, and pediatric care for the women and children living with HIV/AIDS in British Columbia. It also works to improve access to care, and provision of optimal woman and child friendly care in a safe environment.

Education: educates patients and their families, other health care workers, organizations and institutions, and the public about the complex issues of HIV infection in women and children.

Research: contributes to clinically oriented research, and improving access to clinical trials and other research for women and children.

Policy Development/Advocacy: advocates for improved prevention, diagnosis, care and support.

STI/HIV Prevention and Control at the BC Centre for Disease Control

The Division of STI/HIV Prevention and Control coordinates province-wide efforts to reduce the spread of STDs and minimize their adverse health effect. It is the centre of excellence for HIV primary prevention and the provincial reporting centre for cases of STDs and AIDS.

The Division is a major provincial training site in STIs and HIV/AIDS for medical residents, interns, and public health nurses. STD/AIDS Control also operates an ambulatory clinic in BCCDC's main facility and a Prevention Street Program in the downtown eastside of Vancouver. STI/HIV Prevention and Control has an Aboriginal Program, Chee Mamuk, which provides education to Aboriginal communities and organizations in B.C.

The BCCDC Division of STI/HIV Prevention and Control provides the following services:

Clinical Services: The Sexually Transmitted Infection (STI) Clinic provides STI assessment and management services, including HIV counseling and testing, as well as training and support to medical professionals and community health nurses who provide HIV counseling and testing throughout the province. Coordination of HIV Surveillance is centered in STD Control.

Street Nurse Program (STI/HIV Outreach): The mandate of the SNP is STI/HIV prevention in the at-risk, hard to reach, and vulnerable/marginalized populations in British Columbia.

Working collaboratively with a wide range of partners, the SNP is guided by frameworks including harm reduction, health promotion and population health to develop innovative and responsive STI/HIV prevention initiatives. Flexible approaches to service delivery and education delivery arise from research, project work and the frontline experience of the outreach team. Responsiveness to changing conditions also informs new directions in research and project endeavors.

Chee Mamuk: The mandate of the Chee Mamuk is to provide culturally appropriate, on-site and community based HIV/AIDS and STI education and training to Aboriginal communities, organizations and professionals within B.C.

Education and Communication:

Certificate in STI/HIV Clinical Nursing Practice: The goal of the Certificate in STI/HIV Clinical Nursing Practice is to educate and support registered nurses working in settings which require STI/HIV knowledge, expertise, and skills.

Soul Access: the BCCDC's Division of STI/HIV Prevention and Control disseminates surveillance data on STI/HIV/AIDS to clients through secured access in a web-based format.

Research Program: The research program engages in significant research activities (design, implementation, analysis and dissemination) aimed at providing evidenced-based strategies to prevent, control or eliminate Sexually Transmitted Infections and AIDS.

Vietnam HIV/AIDS/STI Community Network Project: in 2002, the BCCDC received a commitment from the Canadian International Development Agency (CIDA) to support a network of STI clinics and outreach and education training programs in southern Vietnam.

Provincial Partner

The British Columbia Centre for Excellence in HIV/AIDS (BCCfE) a very important leader in HIV/AIDS across the province. The BCCfE provides care and treatment to those infected with HIV, educates doctors and healthcare professionals throughout the province, and promotes evidence-based social policy that helps protect people from acquiring HIV. While, the BCCfE is an agency of Providence Healthcare the PHSA provides some financial support to the BCCfE's core funding, which is the base for the Centre's work. Through its current initiatives the BCCfE is addressing parts of the key provincial initiatives laid out in this document. The BCCfE has strong links to PHSA agencies and works collaboratively on many provincial initiatives. The PHSA recognizes this important work and will continue to work closely with BCCfE on new provincial initiatives, including expanded prevention strategies.

Together the BCCDC and the BCCfE are developing new strategies for HIV prevention which seek to reduce secondary transmission from persons infected with HIV. While the BCCDC is

focusing on the identification and management of acute HIV and hepatitis C infections to reduce ongoing transmission, the BCCfE is focusing on reducing HIV viral load and infectiousness of HIV-positive individuals by increasing the proportion of persons on Highly Active Anti-Retroviral Therapy (HAART)⁵.

Contracted Organizations

The PHSA acknowledges the importance of community-based initiatives in the fight against HIV/AIDS. Thus, the PHSA provides funding to HIV/AIDS organizations who maintain a provincial mandate. Our community contractors include:

British Columbia Coalition for People with Disabilities_
British Columbia Persons With AIDS Society
Dr. Peter Centre
Healing Our Spirit B.C. Aboriginal HIV/AIDS Society_
Pacific AIDS Network Society
Positive Women's Network Society
Red Road HIV/AIDS Network Society
Western Canadian Pediatric AIDS Society

These organizations have acquired a great deal of expertise and proficiency when it comes to providing HIV prevention, care, treatment, and support at the community level. They are key partners and a significant resource for the PHSA.

Since the contracts were devolved from the Ministry of Health in 2001 the PHSA has not evaluated how it distributes provincial, community-based funding. The PHSA will use the 06/07 fiscal year to look at how it funds its community contractors. One purpose of this is to provide a framework for ensuring contracted work aligns with provincial strategies and the PHSA's mandate.

EVIDENCE-BASED PRACTICE

The PHSA will take a leadership role in developing tools and capacity to promote the use of evidence-based practice relating to HIV/AIDS in the province.

Evidence based practice in health is a model for making systematic health related decisions and solve problems that includes:

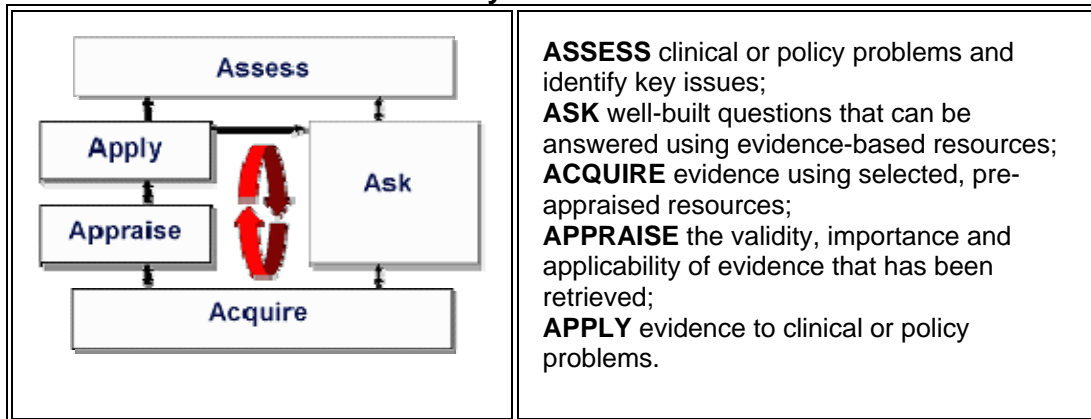
- defining a problem (e.g. what are the best treatment options for HIV-positive, pregnant women);
- formulating the appropriate and relevant questions that can be answered by gathering evidence;
- appraising the quality of the evidence;
- using available authoritative resources;
- taking professional expertise and experience into consideration;

⁵ Montaner, Julio S G and Robert Hogg, Evan Wood, Thomas Kerr, Mark Tyndall, Adrian R Levy, P Richard Harrigan. "The case for expanding access to highly active antiretroviral therapy to curb the growth of the HIV epidemic". *Lancet* 2006; 368: 531–36

- designing a problem solving strategy using all evidence gathered; and
- proceeding on a problem solving strategy.

The Center for Health Evidence's illustrates this process through their Evidence-Based Information Cycle⁶ (Figure 4).

Figure 4: Evidence-Based Information Cycle



An evidence-based approach is essential in clinical care but it is also an important tool for public health and policy development. Evidence allows practitioners to make informed decisions to advance efficiency, quality improvement, and accountability relating to HIV/AIDS.

The PHSA will work to foster the use of evidence-based practice across the province by developing and providing tools and by supporting capacity building to encourage the uptake of evidence-based practices in the regions.

Evidence-Based Tools

The PHSA will develop a number of tools that will support evidence-based practice in the province.

Coordinated Measurement: Coordination between databases and measurement of HIV/AIDS indicators for improved planning, research, and evaluation.

Action Plan:

Consolidate provincial database

Goal: To improve data sharing on HIV/AIDS in the province.

- Bring together agencies/organizations who maintain databases on HIV/AIDS in the province for a focus group session on how this might be achieved.
- Work with the PHSA's Executive Director, Population Health Surveillance and Disease Control Planning, to determine the PHSA's role in facilitating the consolidation of provincial databases.

⁶ Dr. Robert Hayward. Center for Health Evidence. <http://www.cche.net/info.asp>.

Tracking outcomes

Goal: To improve coordination and communication between different disciplines when tracking outcomes that are interconnected.

Coordinated Surveillance

Goal: To determine the expanded surveillance needs of HIV/AIDS in the province.

Collection and Dissemination of Best Practices:

Action Plan:

Goal: To facilitate the collection and dissemination of best practices within the province and to translate knowledge into action.

Provincial Evaluation: development of studies to evaluate promising evidence and/or new initiatives that could become best practices for the province

While this was identified as an important initiative the PHSA has determined that this should be initiated in partnership with the Ministry of Health. The PHSA will work with the Ministry of Health to examine the possibility of moving these initiatives forward.

Capacity Building

The identification of evidence and best practices does not ensure their use in practice. Feder et al. explain in relation to guidelines that systematic reviews of strategies for changing professional behaviour show that relatively passive methods of disseminating and implementing guidelines – by publication in professional journals or mailing to targeted healthcare professionals – rarely lead to changes in professional behaviour⁷. There is no single effective way to ensure the use of guidelines or evidence in practice. Thus organizations should use a multifaceted approach to disseminate and implement evidence.

The PHSA will work collaboratively with regional health authorities and provincial partners who identify the need for additional support in identifying and adopting evidence and best practice relating to HIV/AIDS. Capacity building will be developed on an individual basis with regional health authorities depending on their need and could take the form of a number of different activities, such as trainings, workshops, providing access to information technologies, etc.

Provincial Evidence-Based Projects

The PHSA and its agencies are working to develop an environment of evidence-based HIV/AIDS practice in the province. The BCCDC's STI/HIV Prevention and Control has taken steps to work within this model and is supporting regional health authorities to develop individualized HIV prevention programs. We hope that in the future we will be able to work on other evidence-based projects that support HIV treatment, care, and support.

Provincial Prevention Project: The PHSA, through the work of the STI/HIV Prevention and Control Division of the BCCDC, is a centre of excellence for HIV primary prevention.

⁷ Feder G, Eccles M, Grol R, Griffiths C, Grimshaw J. Using clinical guidelines. *BMJ* 1999; **318**(7185): 728–730.

The epidemiological data in B.C., as laid out earlier in this report, is limited by the fact a significant number of Canadians are unaware of their HIV status. Health Canada estimates that approximately one third of HIV-infected Canadians fall into this category. Hence, these data may be subject to selection bias and not fully represent demographic and risk factor distributions of HIV infection in the general population. For this reason, HIV prevention efforts targeted at the sexually active general population are essential.

It is important to note that there has also been an overall increase in bacterial STD rates for chlamydia, syphilis and gonorrhoea. These are important cofactors for HIV transmission.

These trends in new HIV infections in B.C. support the need for enhanced and coordinated provincial HIV primary prevention efforts. This does not diminish the sustained and improved provision of care and support to infected and affected individuals including secondary and tertiary prevention efforts.

Priority questions that the Division has recently posed to guide its efforts to develop and promote best practices in this area include the following:

- Why has the rate of new HIV infection not continued to decline in the last decade?
- Are we using best practices in HIV primary prevention in B.C.?
- What are the causes of the recent increase in HIV infections in MSM?
- Why are the rates of other bacterial STDs increasing and what should be done?
- How can we increase the proportion of HIV infected individuals who know their status?
- Is it feasible and acceptable to increase the rate of HIV screening in pregnancy?

The Division will also support the Northern Health Authority to better understand and control its increasing HIV epidemic given the upward trends in new cases of HIV infection.

The STI/HIV Prevention and Control Division recognizes that efforts to reduce new infections will eventually hit a threshold with given resources, other factors remaining equal. Risk behaviours, and the vulnerabilities supporting these risk behaviours, are heterogeneous requiring a spectrum of innovative prevention efforts that are not all necessarily part of a given suite of interventions. Particular challenges are presented by those individuals that are more refractory to behaviour change and those individuals who are deeply marginalized and most vulnerable to HIV infection. Achieving behaviour change in these situations is probably unlikely without concentrated focused efforts that are not part of normal, albeit effective, prevention interventions. The STI/HIV Prevention and Control Division also recognizes that in defined dynamic vulnerable populations with already high HIV prevalence small negative changes in risk behaviour can have marked impact on new infections especially if these changes are experienced widely through the vulnerable population. This is likely the case with young MSMs.

These issues underscore the importance of not only sustaining current efforts but also renewing these in a targeted way with additional energy, innovation and resources. Fortunately, the emergence of new technologies and approaches augurs well for extending HIV primary prevention initiatives. These include nucleic acid amplification testing (NAAT) which allows recognition of HIV infection very soon after transmission and subsequent enhanced prevention efforts including partner notification; the impact of treating herpes simplex virus type 2 and HIV infection itself on reducing HIV viral loads and infectiousness; the potential of wider use of rapid HIV testing to help decrease the number of persons with HIV infection who are unaware of their status; and the extended use of health communication initiatives such as the internet.

Two critical aspects of enhanced HIV prevention programs internationally are earlier diagnosis of HIV infection and improved access to prevention services for those living with HIV within and outside traditional medical settings. Strategies for the former include promoting removal of real and perceived barriers to routine testing in traditional medical settings; encouraging the use of the HIV rapid test in certain high-prevalence non-medical settings; routine HIV testing of inmates in correctional facilities; and increased uptake by pregnant women of prenatal HIV testing. Strategies for the latter include prevention case management and piloting new approaches to partner notification, including rapid HIV testing for partners and using peers to conduct appropriate partner notification, prevention counseling, and referral.

The PHSA, through the work of the Division of STD/AIDS Control at the BCCDC, can lead provincial efforts to enhance best practices in HIV primary prevention. It can achieve this by:

- Compiling, synthesizing and translating evidence to support these best practices
- Sharing evidence for best practices in a consultative way with each of the health authorities and assisting each of the authorities to develop their HIV prevention plans
- Assisting to evaluate HIV primary prevention initiatives at a health authority level
- Helping to develop a community of practice in HIV primary prevention throughout the province
- Assessing the need and motivating for province wide resources for HIV primary prevention

One aspect of primary prevention efforts that emerged in PHSA consultations that is in need of improvement is the provision of HIV prevention messaging on a province wide basis. PHSA can coordinate a review of HIV communication initiatives in B.C. and support efforts to enhance coverage, consistency and quality of messaging across the province.

PROVINCIAL PLANNING AND COORDINATED ACTION

In order to ensure a coordinated provincial response to the epidemic the PHSA will work to facilitate provincial planning and coordinated action. It will bring together stakeholders working on HIV/AIDS across the province to examine data, identify challenges, and prioritize strategies for moving forward. While it is important that regional needs are addressed it is equally important that there is a common vision for how best to manage HIV/AIDS across the province.

As part of provincial planning and implementation the PHSA will work with marginalized groups within the province to make certain that their concerns are heard and their needs are being met.

Annual Planning Meeting

Goal: Bring representatives from the HAs, ASOs, and community together for annual goal-setting and decision-making. Some activities would include:

- Provide updates on the previous year, i.e. challenges, successes, changes in epidemic, evaluation of the province's response to HIV/AIDS;
- Identify a focus for the year ahead; and
- Develop a work plan to achieve year's goals and objectives.
- Establish a working group to develop provincial performance markers.

Health Authority Requests for Support

Goal: Respond to request by the regional HAs for support, collaboration, and coordination

Support Pilot Projects and New Initiatives

Goal: As funds become available, provide support for HIV/AIDS pilot projects and new initiatives in the province which, once tested would be transferred to regional health authorities and/or other funding bodies.

Community-Specific Task Forces

Goal: Initiate conversations between key stakeholders when programming and services are not adequate for communities/populations that are disproportionately affected by HIV/AIDS, e.g. Black community in British Columbia.

Strategic Research: Coordinated strategic approach to research and investigation across the province:

Action Plan:

Goal: To determine if there is a need for improved communication between research bodies that would facilitate the improved ability to make strategic research decisions based on community need.

- Draft a letter to researchers across the province to determine if this is a need and would be welcomed.

Future Considerations:

Provincial Research Council - Broad representation from HAs, agencies, community organizations, and community that:

- Shares and evaluates findings,
- Identifies research needs, and
- Review methodology.

Inter-jurisdictional Planning: Work on coming to an agreement on jurisdictional issues affecting marginalized populations and finding ways of working with all jurisdictions to ensure better HIV/AIDS prevention, treatment, and care for these populations

Aboriginal People

Goal: To improve and better coordinate how HIV/AIDS services are delivered to Aboriginal people living in the province, considering on- vs. off-reserve, rural vs. urban, and provincial vs. federal funding issues.

- The PHSA has identified working with the Aboriginal people in British Columbia on issues of HIV/AIDS as a priority and is uniquely situated to work on these issues. Through its work with the PHSA's Aboriginal Program and the Chee Mamuk program at the BCCDC the PHSA has built relationships with Aboriginal organizations and communities. As part of this work the PHSA hosted the Renewing Our Response Provincial Aboriginal Forum in the spring of 2005 attended by community members and key stakeholders. This forum developed a number of recommendations for how best to address HIV/AIDS for Aboriginal people and the PHSA's programs/projects should work within the recommendations:
 - Increase coordination between funding agencies and work to address jurisdictional barriers that hinder HIV/AIDS services;

- Increase funding and supports for Aboriginal program development and service delivery;
 - Create culturally appropriate HIV/AIDS strategies and policies for Aboriginal people and evaluate past strategies;
 - Build capacity and collaboration between stakeholders;
 - Support innovative resource development; and
 - Empower Aboriginal Persons with HIV/AIDS (APHAs) to develop peer support, education, and training, and self advocacy skills.
- There is also a need to work with other funding bodies that support Aboriginal communities dealing with HIV/AIDS. The PHSA will build on current relationships and establish regular meetings with funders from all jurisdictions -- FNIHB, PHAC, PHSA, Regional HAS, others -- and develop coordinated and strategic funding guidelines.

Corrections – the PHSA will seek out ways to support inter-jurisdictional planning needs for people residing within correctional institutions.

Provincial Evaluation: to provide community-supported evaluation to determine if current HIV/AIDS programs and services are adequately addressing needs in the province

While this was identified as an important initiative the PHSA has determined that this should be initiated in partnership with the Ministry of Health. The PHSA will work with the Ministry of Health to examine the possibility of moving these initiatives forward.

Liaison with Other Provincial Agencies: Find opportunities to work in collaboration with other provincial agencies to address the social determinants of health that have an impact on people infected, affected, and at risk of HIV.

Inter-ministerial Action: Working across Ministries in the province to address the social determinants of HIV/AIDS.

While this was identified as an important initiative the PHSA has determined that this should be initiated in partnership with the Ministry of Health. The PHSA will work with the Ministry of Health to examine the possibility of moving these initiatives forward.

IMPROVED PROVINCIAL COMMUNICATION

The PHSA will work to improve communication among people working on HIV/AIDS in the province. This work will include sharing information that comes from the other PHSA roles: evidence-based practice and provincial planning and implementation.

Regular Roundtable Meetings

Goal: To establish regular contact with HIV/AIDS decision-makers in the health authorities and the Ministry of Health.

- Bi-annual meetings – either face-to-face or through video/teleconference
- Establish a Community of Practice for Roundtable participants to communicate and work on issues between meetings.

B.C. HIV/AIDS Listservs

Goal: To establish a space for all people working on and living with HIV/AIDS to discuss and analyse issues pertaining to HIV/AIDS in the province.

- B.C. HIV/AIDS Information Listserv
- B.C. HIV/AIDS Discussion Listserv

Support for Community-Based Networks

Goal: To provide continued support for community-based HIV/AIDS networks – Pacific AIDS Network (PAN) and the Red Road HIV/AIDS Network Society (RRHAN) – to improve communication between organizations in the province.

- Need to map out the PHSA's role in PAN and RRHAN and how we can best support their work

HOW DO WE MOVE FORWARD?

Over the next year the PHSA will work to develop an Implementation Plan for this Strategic Framework. While work is being done on the Implementation Plan the PHSA will focus on the following priorities.

HIV/AIDS Service Delivery

1. The PHSA will review current contracts and services and evaluate how best to provide provincial, community based HIV/AIDS services.

Fostering Evidence-Based Practice

1. Evaluation is an essential element in fostering evidence-based practice. The PHSA will review our capacity to evaluate our services and interventions with respect to the *Priorities for Action* and the PHSA's mandate and goals.
2. In order to facilitate the development of effective evidence-based tools the PHSA's HIV/AIDS Program will work with the PHSA's Executive Director, Population Health Surveillance and Disease Control Planning to conduct a review of current data sources with respect to HIV/AIDS across the province. Following this review we will be able to determine the gaps for coordinated measurement and begin to find ways of improving information.
3. The PHSA will work in collaboration and support the BCCDC's Provincial Prevention Strategy that is working to create individualized primary prevention plans with the regional health authorities.

Provincial Planning and Coordinated Action

1. The PHSA will continue to support HIV/AIDS work in Aboriginal communities by work on the recommendations established at the Renewing Our Response forum.
2. The PHSA will bring together funders from all jurisdictions to discuss a more coordinated response for funding HIV/AIDS in Aboriginal communities.
3. The PHSA will work with community-specific task forces as the need arises. Currently, the PHSA is working with a task force examining HIV/AIDS in the black community.
4. In order to ascertain if there is a desire for increased coordinated strategic research across the province a letter will be drafted and distributed to researchers.
5. The PHSA will work to build relationships with provincial and federal corrections institutions to work towards finding ways to better support HIV-positive inmates.

Improved Provincial Communication

1. The PHSA will host another Roundtable Meeting with the Regional Health Authorities in the fall of 2006.
2. The HIV/AIDS Program at the PHSA will work to grow its web site and will examine options for alternate communication tools, such as listservs.

Community Engagement and Partnerships

1. The PHSA will develop a community engagement plan and will work to build partnership with stakeholders across the province.

The PHSA will endorse this new role and recommended actions in HIV/AIDS provincially. The PHSA will work in partnership with the MOH, the regional health authorities, its community partners and contractors, and other stakeholders to evaluate the usefulness and success of this new strategy.