

Background

Following the completion of the STOP HIV/AIDS Pilot Project, the BC Ministry of Health released a document describing the province's strategic framework for the provincial roll-out of this pilot, *From Hope to Health: Towards an AIDS-Free Generation*.¹ This document provides strategic guidance for the regional health authorities on the incorporation of Treatment as Prevention (TasP) into HIV prevention practices already underway in BC. While *From Hope to Health* focuses on the health authority level, we would like to **demonstrate the contribution community-based organizations are making to the success of TasP and other complementary HIV prevention activities in the province using findings from the Community HIV/HCV and Evaluation Reporting Tool (CHERT).**

The CHERT is an online survey tool that collects annual data from community-based HIV/HCV organizations in BC about the range of programs and services they provide. In the 2011-2012 and 2012-2013 rounds of data collection, a total of 30 organizations completed the survey.

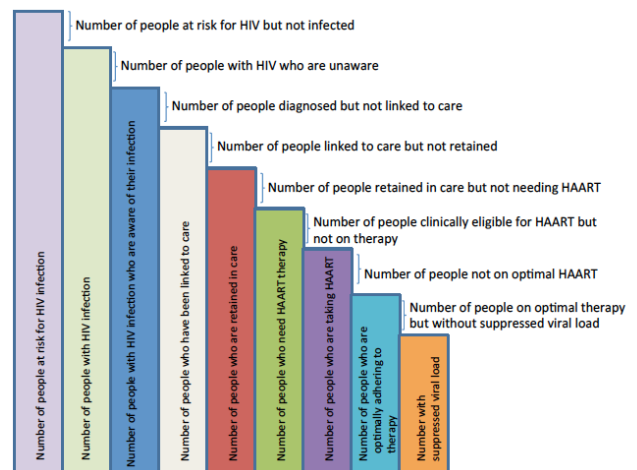
The Community-Level Contribution to TasP

To help guide the incorporation of TasP into the province's current HIV prevention response, the Ministry of Health has created the HIV cascade of prevention and care (see Figure 1). The cascade, "illustrates the steps in care and support for those at risk for and/or living with HIV, and the opportunities to reengage those who have fallen off at any point in the continuum".¹

Walking through the steps in the cascade, the role community-based organizations play in TasP is clear. First, data from the CHERT demonstrates that community-based organizations substantially contribute to HIV testing in the province, with **10 organizations reporting that they hosted or administered testing for roughly 4,892 people HIV** in 2012 - 2013. Further, most CHERT respondents also provided post-positive services, including in-house support services and

counselling (57%; $n = 17$), referrals for support and counselling (67%; $n = 20$) and referrals for clinical care and treatment services (66%; $n = 19$).

Figure 1. HIV cascade of prevention and care¹



Moving along the cascade, we can also explore how community-based organizations have contributed to **engaging and retaining people in care** following positive diagnoses. A total of **7 organizations reported providing HIV treatment services** in 2012 - 2013, treating roughly 635 people for HIV infection, and 108 for HIV/HCV co-infection.

Recognizing the importance of retaining people on treatment, a small number of community-based organizations ($n = 5$) reported providing services that promote treatment adherence in the last fiscal

year, which included services ranging from **individual counselling to free meal programs**. Additionally, men and women living with HIV were reported as being the most commonly targeted group in CHERT respondents' outreach efforts. Such outreach efforts included services that impact engagement and retention in care, such as:

- referral services
- home, hospital and clinic visits
- transportation

Complementary HIV Prevention Activities

In the continuum of HIV prevention, testing, treatment and support, there are multiple instances in which people can become disengaged or "fall off" the cascade due to a range of barriers, such as food insecurity, homelessness, mental health and addictions issues, and stigma and discrimination.² Results from the CHERT have demonstrated that **community-based organizations are key players in addressing these barriers**. For instance, most organizations responding to the CHERT reported that they delivered **in-house nutrition and food security services**, or provided **referrals for such services to a total of 4,136 clients in 2012 - 2013**.

In effort to address homelessness in the province, **some CHERT respondents also provided housing services in the last year**, such as portable housing subsidies and subsidized housing units (23%; $n = 7$). However, referring clients to such services was more common among

organizations, with a total of **4,473 referrals** made in the last year.

Similarly, over half of the CHERT respondents (59%; $n = 17$) offered **in-house mental health and substance use support services** to their clients in the last year, including services ranging from counselling to peer support. A substantial number of referrals for mental health and substance use services were also made by respondents, collectively **referring a total of 2,380 clients to such services**.

Recognizing the pervasiveness of HIV/AIDS related stigma in BC, community-based organizations focus their prevention efforts on addressing this issue. **Stigma and discrimination** were the most frequently addressed topics in respondents' educational and training workshops, and also a strong focus of their upstream prevention services.

Conclusions

This brief analysis demonstrates the **substantial contribution community-based organizations are making to the success of TasP, and the larger HIV prevention response in the province**. In moving forward with the provincial strategy to address the HIV epidemic in BC, groups are urged to collaborate and engage with community organizations given their key role in this fight.

References

1. BC Ministry of Health. (2012). From hope to health: Towards an AIDS-free generation. Retrieved from: <http://www.health.gov.bc.ca/library/publications/year/2012/from-hope-to-health-aids-free.pdf>
2. Wilton, J., & Broeckaert, L. (2013). The HIV treatment cascade - patching the leaks to improve HIV prevention. Retrieved from: <http://www.catie.ca/pif/spring-2013/hiv-treatment-cascade-patching-leaks-improve-hiv-prevention>

