A FRAMEWORK FOR ACTION TOWARDS THE ELIMINATION OF SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS AS A PUBLIC HEALTH THREAT IN CANADA BY 2030

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INTRODUCTION

It has been over 30 years since HIV/AIDS was recognized globally and since the contamination of Canada's blood supply was determined to pose a serious public health threat. Since that time, governments at all levels, Indigenous organizations, people with living[1] experience, activists, civil society organizations, health professionals and researchers have come together to raise awareness, reduce stigma, change the behaviours and social environments that contribute to transmission and acquisition and improve the quality of life of those infected and affected by HIV, hepatitis C, and other sexually transmitted and blood-borne infections (STBBI). As a result of these efforts, enormous advances have been made: research has given us a better understanding of disease transmission and risk factors; and new tools have been developed to prevent, diagnose and treat STBBI.

We are at a critical juncture in the response to HIV, hepatitis C and other sexually transmitted and blood-borne infections in Canada. While a great deal has been achieved both in Canada and internationally over the past few decades, rates of certain STBBI continue to rise in Canada and global momentum to eliminate newly acquired STBBI is building. Calls on countries to act on the elimination of STBBI as a public health threat by 2030 have been launched by the United Nations through its *Sustainable Development Goals*, and by the World Health Organization (WHO) through its global health sector strategies to address HIV, viral hepatitis and sexually-transmitted infection (STIs).

In order to eliminate new cases of infection in Canada, to improve the quality of life of those living with these infections, and to contribute to global progress, we will refocus our approach to prevention, harness new technologies and leverage opportunities to better integrate prevention and care efforts. In light of new evidence and scientific advancements, as well as new tools to prevent, diagnose and treat infection, we have an opportunity to coordinate our efforts across sectors to work towards eliminating new cases of STBBI in Canada.

The complexity of STBBI and the factors which contribute to increase an individual's vulnerability to these infections means that a coordinated response is needed across organizations, sectors and governments. The purpose of *A Framework for Action Towards the Elimination of Sexually Transmitted and Blood-borne Infections as a Public Health Threat in Canada by 2030* (*Framework for Action*) is to set out an overarching approach for Canada. The *Framework for Action* describes the foundation for collaboration and outlines opportunities for action with the expectation that there will be realistic and achievable outcomes. It reflects the lessons learned over the past few decades and incorporates scientific advances.

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[1] The term "living experience" is used throughout this document, rather than the more commonly-used term "lived experience" in recognition of the fact that individuals who have experienced STBBI, chronic or otherwise, are still active, contributing, and "living" members of society.

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The success of the *Framework for Action* is dependent upon the commitment of all partners and stakeholders to fulfil their respective roles, including governments, civil society, academia and research sectors, health and front-line providers. Once the *Framework for Action* is implemented, each actor has an opportunity to determine when, where and how they can best contribute to the actions, given their local context. By working towards shared goals and aligning our efforts across sectors in a collaborative and coordinated way, we can works towards eliminating these infections in Canada.

HOW THE FRAMEWORK FOR ACTION WAS DEVELOPED

Under the leadership of the Public Health Agency of Canada, consultations were held in 2016 and 2017 to solicit concrete actions for the Framework that will help make progress toward the elimination of STBBI as a public health threat in Canada. Clinicians and other health professionals; national and community-based organizations; representatives of First Nations, Inuit and Métis organizations; researchers; and governments at all levels participated in an online survey, face-to-face meetings, and contributed to the development of this document. Special attention was paid to engaging people with living experience in the identification of the concrete actions: Indigenous Peoples; people living with HIV, hepatitis C or other related conditions; gay, bisexual and other men who have sex with men; people who use drugs; transgender persons; people with experience in the prison environment; people from countries where HIV or hepatitis C are endemic; people engaged in the sale, trade or purchase of sex; women and youth among these populations.

STATE OF STBBI IN CANADA

STBBI, including HIV, hepatitis B and C, chlamydia, gonorrhea, syphilis and others, continue to be public health concerns in Canada even though they are largely preventable, treatable, and in some cases, curable. These infections result in significant physical, emotional, social, and economic costs to the individual and society.

In Canada, the number of newly diagnosed HIV and hepatitis C infections has remained relatively stable at the national level over the past few years, although there are variations at the regional level. For hepatitis C, as of 2011, an estimated 221,000 to 246,000 people had chronic HCV infection, with an estimate of 44% unaware of their status. An estimated 65,040 people were living with HIV in Canada as of the end of 2014, of whom an estimated 20% were unaware of their status. Men who have sex with men (MSM) represent approximately 2.5% of the population, and yet account for about 50% of those living with HIV infection and also 50% of new infections in Canada. Efforts to address these infections have benefited from advances in prevention, biomedical research, and treatment therapies. The latest HIV therapies have led to better individual and population health outcomes, the near elimination of the progression of HIV infection, and the prevention of onward disease transmission. Today, the life

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expectancy of people living with HIV infection is approaching that of the general population. Great strides have also been made in the treatment of hepatitis C, with the advent of new therapies that can cure more than 90% of hepatitis C infections with a shorter course of treatment and fewer side effects than previous treatments.

On the other hand, newly diagnosed cases of chlamydia, gonorrhea and syphilis have been increasing consistently since the mid-1990s, despite numerous public health interventions designed to prevent, diagnose, and treat these infections. Between 2005 and 2014, there has been a 49% increase in the reported rate of chlamydia, a 61% increase in the reported rate of gonorrhea and a 95% increase in the reported rate of syphilis. There are a range of factors that may explain the increase in incidence and detection of sexually transmitted infections. Examples include:

- The asymptomatic nature of infection resulting in few people being aware of their infection;
- Low perception of risk or misperception of risk;
- Lack of consistent and sex-positive education among school-age children & youth;
- Antimicrobial resistance that contributes to treatment failure;
- The implementation of more sensitive diagnostic tests;
- Re-infections;
- Safer sex fatigue (e.g. not using condoms); and,
- More targeted and effective public health disease tracing efforts (partner care).

STBBI do not affect all people equally. While certain behaviours (e.g., sharing of drug equipment, condomless sex) can result in the transmission and acquisition of STBBI, STBBI tend to be concentrated in certain geographic locations and among specific populations due to a variety of biological, interpersonal, social, cultural, economic and structural factors. For example, STBBI do not affect people equally across the lifespan. While chlamydia and gonorrhea are typically concentrated among youth under the age of 30 years, an increasing number of cases are being reported amongst middle-aged and older adults due to changing patterns in marital status and sexual norms among this age group.

Vulnerability to and resilience against STBBI are also both directly and indirectly impacted by various determinants of health including: education; income; employment; gender and gender norms; culture; unstable housing or homelessness; access to health services; and social environments. Certain groups who have experienced systemic exclusion, marginalization and discrimination based on race may be more vulnerable to STBBI. Canada's colonial history and treatment of Indigenous Peoples is another determinant of vulnerability. Any approach to addressing STBBI in Canada must reflect and address these contextual factors in order to be successful and to build the resilience of individuals who may be exposed to STBBI.

AN APPROACH TO ADDRESS STBBI IN CANADA

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In order to make progress towards eliminating STBBI, collective and individual efforts must be focused on the most effective interventions, tailored to those who engage in risk behaviours, and prioritized in the communities where STBBI are most concentrated. Given the common transmission routes of STBBI and the shared risk factors and behaviours for transmission of STBBI, an integrated approach to the prevention and control of all STBBI is often most effective. At the same time, it is recognized that approaches specific to bacterial STI, viral hepatitis and HIV are still appropriate to respond to specific circumstances or communities.

Vision

A Canada where sexually transmitted and blood borne infections are no longer public health threats.

Goals

Under this Framework for Action, a set of three interconnected goals will be pursued:

1. The reduction in the number of newly diagnosed cases of STBBI in Canada;
2. Increased access to testing, treatment and care; and
3. The reduction in the health inequities, stigma and discrimination that create vulnerabilities to STBBI.

Guiding principles

The following principles will inform how we will collectively address STBBI in Canada in order to reach the above-stated goals:

Meaningful engagement of people living with and affected by STBBI

People with living experience and affected communities are engaged in the development and implementation of policies and programs that affect them.

Moving Towards Reconciliation

Policies and programs to address STBBI among Indigenous Peoples, are developed by and with First Nations, Inuit and Métis, and rooted in an understanding and recognition of the impacts of colonization, residential schools and racism.

Person-centred approach

The conditions that create vulnerability to infection for individuals are recognized. Multidisciplinary and holistic approaches to prevention and care are adopted to extend care beyond the physical STBBI infection to include aspects of the whole individual and his/her wellness needs.

Integrated approach

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Interventions and programs are designed to address the complexity and interrelated nature of STBBI risk factors and transmission routes while allowing for disease-specific approaches where they make sense.

Cultural relevance

Interventions and approaches that reflect and respect the cultural realities of the individual are standard practice.

Health equity

All people, regardless of sex, gender, race, income, sexuality, geographic location, or culture have equitable access to quality STBBI-related information and services provided by qualified health professionals and front-line providers. Special attention is given to the gap between Indigenous Peoples' level of health and well-being and that of the general population.

Evidence-based policy and programs

Approaches to address STBBI are consistently developed with and guided by the most recent epidemiology, surveillance, research and other evidence.

ENABLING ENVIRONMENT

Enabling environments provide the legal, social, cultural and structural foundation for successful STBBI policies, programs and actions. They create the conditions necessary to increase the uptake, equitable coverage, and quality of health services, and to overcome barriers such as poverty, homelessness, violence, social exclusion, marginalization, criminalization, discrimination, stigma, and inequity, which can have negative consequences for the health outcomes and psychological well-being of people living with or at risk of STBBI.

In Canada, specific populations are particularly vulnerable to the acquisition of STBBI. In many cases, individuals within these vulnerable populations experience overlapping epidemics, also known as "syndemics", driven by the impact of determinants of health along with stigma and discrimination. For example, certain First Nations, Inuit and Métis communities in Canada are disproportionately affected by STBBI and often face unique challenges in the prevention of infections. Social exclusion, history of colonialism, residential schools, forced migration, the reserve system and other policies have had a profound effect on the overall health of Indigenous Peoples. Public policies and reach of programs in many sectors, including housing, taxation, immigration, employment, and income, can have a direct impact on all people living with or vulnerable to STBBI. The criminal law can both reflect and reinforce the stigmatization and marginalization of certain individuals, including people involved in sex trade, people living with HIV, and people who use drugs. Legislation can prevent and create circumstances where individuals are vulnerable to violence, exploitation or exposure to STBBI.

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Creating enabling environments can reduce health inequities and improve the health status of people living with or affected by STBBI.

Enabling environment opportunities for action:

1. Collect and use data related to epidemiology, behaviour, attitudes, and experiences related to stigma, discrimination and barriers to services, to inform evidence-based policies and programs to reduce these.

2. Implement evidence-based initiatives to eliminate homophobia, transphobia, racism and the stigma and discrimination associated with STBBI.

3. Review and revise laws and policies that may contribute to stigma and discrimination against individuals and their risk behaviours, and inhibit the implementation of effective programs and services;

4. Support the application of laws and policies that allow for the fair and equitable treatment of people affected by STBBI.

5. Expand programs that facilitate access to basic needs including safe, affordable housing, income, education, employment, and support services for people living with and affected by STBBI and their related episodic disabilities.

Expected Outcomes:

- Individuals experience less stigma and discrimination; their confidentiality and privacy are respected.
- Supportive policies and laws are in place that promote health and reduce or eliminate health inequities that exacerbate STBBI.
- Individuals experience improved access to a full range of services across the continuum of care, free of stigma and discrimination.
- Individuals are empowered to adopt healthier behaviours that lower their risk for STBBI.

CORE COMPONENTS

The Framework for Action is composed of four components that span the continuum of care: prevention, testing, initiation of care and treatment, and ongoing care and support. While each component has specific objectives, opportunities for action, and outcomes, they are also interconnected. It is important that these links be made as actions are implemented in order to effectively achieve our goals.

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Component 1: Prevention

Programs and policies that are aimed at increasing knowledge, changing attitudes and behaviours, and supporting the uptake of existing and emerging prevention technologies, will be required to reduce the number of new infections in Canada. Over the past several decades, the prevention toolbox has expanded dramatically as a result of scientific discoveries, universal vaccination programs including hepatitis B and HPV, biomedical and technological advancements, and an increased knowledge of effective interventions. Comprehensive sexual health education, consistent and correct use of condoms, consistent use of sterile drug equipment, consistent use of anti-retroviral therapy by people living with HIV to maintain undetectable viral loads, and the use of antiretrovirals such as pre-exposure prophylaxis (PrEP) for those not infected with HIV represent a suite of evidence-based prevention interventions that, when appropriately scaled up, can successfully prevent new cases of STBBI in Canada. Culturally-appropriate interventions and those that capitalize on new digital technologies are likewise critical to reducing new infections. New digital technologies, including online testing and care platforms, social networking sites and hook-up apps, represent an opportunity for the dissemination and scalability of prevention messaging that is not possible with traditional in-person interventions.

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Prevention opportunities for action:

1. Implement effective, evidence-based prevention interventions, including harm reduction policies and programs.

2. Research and develop innovative biomedical prevention interventions, such as vaccines.

3. Develop and disseminate scientifically accurate, culturally- and age-appropriate, sex positive and gender responsive sexual health information, resources and curricula, including in school and community settings.

4. Implement approaches to facilitate empowerment and behaviour change amongst individuals who engage in STBBI risk behaviours.

5. Provide health professionals and front-line providers with the knowledge and tools to provide equitable access to prevention interventions, including biomedical interventions such as HIV PrEP.

Expected Outcomes:

- Individuals have access to culturally-appropriate and stigma-free prevention programs and services.

- Individuals, especially those most at risk, are better informed about STBBI transmission risk and have the skills and abilities to prevent infection.
- Behaviours that reduce the transmission and acquisition of STBBI are frequently and consistently adopted.
- There is a reduction in newly acquired STBBI.

Component 2: Testing

Facilitating early detection of infection through the promotion of testing, particularly for those at high risk for STBBI, is the first stage in linking people to treatment, care and support. Testing through routine or periodic offer of screening is critical to reducing the risk of long-term health effects and preventing onward transmission. Scientific/technological advancements in recent years has improved early detection of infection and can increase the engagement of people in regular testing. These advances could help to overcome the challenges we have faced to date in diagnosing people early.

However, work remains to be done to break down existing barriers to accessing testing, and to addressing poor uptake and frequency of testing. New diagnostic methods such as point of care testing are now available. Some new testing methods (e.g., multiplex tests and home tests) are available in other countries, but not yet in Canada; others are available more readily in some parts of the country than in others. Broadening the range of professionals and front-line providers authorized to perform testing could increase access into communities. Individual factors may also impact access to testing. For example, individuals may experience discomfort with testing procedures, embarrassment, fear of a positive result, stigma, lack of time and lack of convenient location and/or hours of operation that keep them from seeking or undergoing testing. Concerns about potential legal prosecution of individuals who do not disclose their HIV-positive status to sexual partners may lead some to choose not to know their health status in order to avoid the risk of criminal charges. Healthcare providers may also be deterred from offering testing because of perceptions with regard to patient risk history, a heavy case load, lack of time for counselling, provider discomfort and lack of confidence, and inadequate training on and knowledge of new technologies.

Testing opportunities for action:

1. Provide health professionals and front-line providers with the knowledge and tools, including clinical guidelines, to implement person-centred, culturally relevant and integrated screening and ensure appropriate linkage to prevention and care services.

2. Research and evaluate innovative and emerging testing technologies.

3. Increase availability of and access to a variety of testing modalities in a variety of locales.

4. Routinize the offer of STBBI testing through screening and targeted testing approaches while respecting individual rights.

Expected Outcomes:

- Individuals have access to the most effective testing technologies, tailored to their context.
- Individuals are aware of their risk factors, and as appropriate, the importance of regular STBBI testing.
- Rates of testing are increased among populations disproportionately affected by STBBI.
- Health professionals and front-line providers have the skills and abilities to offer and implement testing and to deliver test results to everyone, as appropriate, regardless of sexual orientation, race/ethnicity, age, or gender.

Component 3: Initiation of Care and Treatment

Timely engagement in care and treatment of all persons diagnosed with an STBBI is critical to reducing new infections and ensuring optimal health and the well-being of those affected. Early linkage to care and initiation of treatment are associated with increased survival, improved overall health, better quality of life, a decreased risk of contracting other STBBI, and a decreased risk of onward transmission. Over the past two decades, STBBI research and treatment advances have been numerous. People are living longer with HIV as a result of highly effective anti-retroviral therapies that now require fewer pills, have fewer adverse side effects, make viral loads undetectable and, in addition, prevent onward transmission. Treatments for hepatitis C can cure the infection, are more tolerable, easier to adhere to with shorter courses of treatment and, similarly, contribute to the prevention of hepatitis C transmission. Lastly, treatments for some STBBI are evolving in the face of drug resistance and the development of new treatments.

In Canada, despite progress made, inequalities and gaps in accessing STBBI treatment options persist. Individuals living in rural and remote areas or marginalized individuals often are not reached by timely and seamless treatment and care, and STBBI drug cost coverage may deter individuals from being treated. At the individual level, concerns about confidentiality or privacy, fears of stigma and discrimination, and personal and/or cultural beliefs about health and/or treatment options can also affect or delay the early initiation of treatment.

Treatment for individuals living with co-infections, such as HIV and hepatitis C, is increasingly complex. There can be frequent changes to recommended treatment

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approaches, which can put a burden on these individuals to undertake more frequent testing and assessment, or attend more medical appointments. Qualified and knowledgeable health human services are required to make complex treatment regimens understood, and adherence easier.

Resistant infections are becoming more frequent (e.g. gonorrhea) and present emerging challenges to providing effective STBBI treatment. Robust stewardship approaches, and the development of new drugs or other treatments, are required to preserve the effectiveness of current antibiotics and antivirals.

There are challenges to treating STBBI among patients who regularly move between locations and jurisdictions. For example, jurisdictional silos, where different levels of government or different governmental departments have responsibilities to provide care, can result in individuals falling through cracks and present challenges regarding the sharing and privacy of information. This is an issue particularly for First Nations People, many of whom move in and out of First Nations communities to access care. There is an opportunity to better address the health of the whole person through the adoption of more holistic approaches, the development of multi-disciplinary outreach programs and strengthening electronic patient-care systems.

Care and treatment opportunities for action:

1. Develop culturally-appropriate, sex positive and gender affirming information and education resources to facilitate early initiation of treatment by people diagnosed with STBBI.

2. Provide timely and affordable access to STBBI treatment.

3. Provide health professionals and front-line providers with the knowledge and tools to engage people with STBBI in care and to treat these individuals effectively.

4. Expand the application of health-systems tools, including communications technologies, to improve the quality of treatment care for people with STBBI.

Expected Outcomes:

- All people in Canada are reached by appropriate and timely STBBI treatment and care options.
- Healthcare and front-line providers have the necessary knowledge, skills, abilities, and tools to effectively treat and provide care to people diagnosed with STBBI.

Component 4: Ongoing Care and Support

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Strengthening support services and person-centred systems of care are critical to achieve optimal health outcomes for individuals living with and affected by STBBI. Consistent, ongoing, person-centred care and support can help mitigate or prevent the transmission of STBBI; reduce or prevent the incidence of infections, re-infections, or co-infections; and provide a better quality of life for people affected by STBBI.

People living with STBBI who require ongoing care and support are a highly diverse group. As a result, they would benefit from a wide range of culturally, sex and gender appropriate services that can assist them with psychological, emotional, and physical health, as well as practical needs. The lack of understanding of how to navigate the health system, not knowing what services are available, and a mistrust of care providers can create barriers to access ongoing care and support. A lack of knowledge on the part of health providers as to what types of services are available and where they can be accessed can also impact the ability to provide comprehensive care and support. The transition of individuals from one health system to another can result in gaps in services: during transition from pediatric to adult care; from care within correctional facilities to community-based care; and between different immigration stages. More seamless transitions could further support individuals to adhere to treatment, and in the case of HIV, maintain a supressed viral load.

Services required by people living with STBBI often extend beyond the traditional mandate of health professionals. Person-centred, holistic and integrated care approaches which focus on the needs of the individual have been shown to be beneficial. The incorporation of STBBI services into primary care clinics and the development of “wrap-around”, interdisciplinary care models can also contribute to more effective, comprehensive and seamless care and support.

Ongoing care and support opportunities for action:

1. Implement a person-centred approach to ongoing care and health and social
2. support for people living with and affected by STBBI.

3. Provide health professionals and front-line providers with the knowledge and tools to serve the diverse needs of patients/clients, providing culturally relevant and gender affirming care, improving continuity of care and treatment adherence.

4. Develop tools to assist people living with and affected by STBBI to access ongoing care and support, and re-engage in care if necessary.

Expected Outcomes:

- A full continuum of health and social services is in place for people affected by STBBI.
- Retention in care and support is improved for individuals with chronic STBBI infection.

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- People affected by STBBI are healthier and living longer.

CONCLUSION

This Framework for Action provides a foundation to guide each actor in the response to STBBI in implementing actions that fall within their purview. Consistent and regular monitoring and adjustment of actions over time will ensure the achievement of shared goals.

Implementing the Framework for Action will require the commitment of partners from various sectors. No one sector or government can accomplish everything that is required to eliminate STBBI in Canada. Based on this Framework, actors across Canada, in various sectors, can identify how and where they can best contribute to these collective efforts, based on local epidemiology and context. By focusing on these shared goals and aligning resources and actions across sectors with the principles within this Framework for Action, Canada can make significant progress towards eliminating STBBI by 2030.

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