

# HIV/AIDS: STOP HIV/AIDS Pilot Project

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## A Bit of History

- BC-CfE opened in 1992, largest research, treatment and education facility in Canada
- BC-CfE pioneered HAART, 1996 Vancouver conference, gold standard of care for HIV

- A Provincial Mandate:
  - To improve and prolong lives of people infected by HIV
  - To procure and distribute HIV drugs guided by Therapeutic Guidelines
  - To monitor outcomes to guide development of new programs
  - To share knowledge with health care professionals
- Provincial focus, National relevance, International impact

- Inter-Professional Team of Experts
- High impact research
  - Clinical, Laboratory, Epidemiological and Behavioral Sciences
- Immediate knowledge translation
  - Bench to bedside to policy and back
    - Translate research into programs, policy and practice
    - Continuous monitoring of outcomes and immediate feed back
- Surveillance and Forecasting
- Impact Analysis and Cost-Effectiveness

- In Canada & around the world,  
BC-CfE conducts research :
  - Clinical
  - Laboratory
  - Epidemiology
  - Behavioural

- The BC-CfE attracts peer-reviewed research funding including:
  - Michael Smith Foundation for Health Research, (MSFHR)
  - Canadian Institutes of Health Research (CIHR)

- National Institute for Drug Abuse (NIDA) at the National Institutes of Health (NIH) in the USA
- Donors and pharmaceutical industry
- Ministry of Health Services

# Core Programs and Initiatives

- **Research Laboratory**
- **Epidemiology and Population Health**
- **The Drug Treatment Program (DTP)**
- **Clinical Research**

- **Education and Training**
- **Addiction and Urban Health**
- **Gender & Sexual Health**
- **International Centre for Science in Drug Policy**
- **International Initiatives**

# STOP HIV/AIDS

Seek and Treat for Optimal  
Prevention of HIV/AIDS

**STOP HIV/AIDS PILOT  
PROJECT**

# Who is involved

- BC Centre for Excellence in HIV/AIDS
- Vancouver Coastal Health
- Northern Health Authority
- Provincial Health Services Authority
- Providence Health Care
- BC Ministries of Health

# Funding:

- New Targeted Funding from Ministry of Health Services
  - \$ 48 Million
  - 4 years
  - Allocated to participant Health Authorities, PHC and BC-CfE

## STOP HIV/AIDS Funding

<b>Health Authority/Program</b>	<b>2009/2010 Operating Costs \$M</b>	<b>2010/2011 Operating Costs \$M</b>	<b>2011/2012 Operating Costs \$M</b>	<b>2012/2013 Operating Costs \$M</b>
<b>Vancouver Coastal Health Authority</b>	<b>680,000</b>	<b>2,000,000</b>	<b>7,000,000</b>	<b>7,000,000</b>
<b>Northern Health Authority</b>	<b>200,000</b>	<b>720,000</b>	<b>2,500,000</b>	<b>2,500,000</b>
<b>Provincial Health Services Authority</b>	<b>180,000</b>	<b>360,000</b>	<b>1,640,000</b>	<b>1,640,000</b>
<b>Providence Health Care (IDC Clinic and Laboratory)</b>	<b>330,000</b>	<b>420,000</b>	<b>2,600,000</b>	<b>2,600,000</b>
<b>BC Centre for Excellence</b>	<b>270,000</b>	<b>1,400,000</b>	<b>2,760,000</b>	<b>2,760,000</b>
<b>Pharmaceutical Costs (Provincial HIV Drug Treatment Program)</b>	<b>N/A</b>	<b>2,000,000</b>	<b>3,400,000</b>	<b>3,400,000</b>
<b>Grand Total</b>	<b>1,660,000</b>	<b>6,900,000</b>	<b>19,900,000</b>	<b>19,900,000</b>

# Leadership Committee

- BC Centre for Excellence in HIV/AIDS
- Vancouver Coastal Health
- Northern Health Authority
- Provincial Health Services Authority
- Providence Health Care
- BC Ministries of Health
- Community Representation (Aboriginal and non Aboriginal)

# Target Population

- Hard-to-reach, multi-barrier HIV positive population living in Vancouver's Inner City and Prince George

# STOP HIV/AIDS: GOALS OF THE PILOT PROJECT

- Improve the effectiveness of HIV screening and early detection;
- Ensure timely access to and retention in high-quality and safe HIV/AIDS care
- Improve the patient experience in every step of the HIV/AIDS continuum; and
- Demonstrate system- and cost-optimization

# Key strategies:

1. We must transform how we screen for HIV;
2. We must streamline HIV/AIDS diagnosis and linkage to care;
3. We must continue to develop site-specific programs to consistently deliver high-quality services across the participating pilot sites;
4. We must continue to address the determinants of health that are negatively influencing the health of people living with HIV/AIDS; and
5. We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice

# Work Plans

- Each Health Authority will develop their own work plan
- BC-CFE will monitor and evaluate the pilot project
- Accountability of Leadership Cmtt is through a high-level Steering Committee (MoHS/MoHL&S, MHO,HA's, BC-CfE, Aboriginal)

# BC-CFE Data

- Approximately 12,300 people are living with HIV in BC
- An estimated 3600 are unaware of their HIV status

Yet, ...

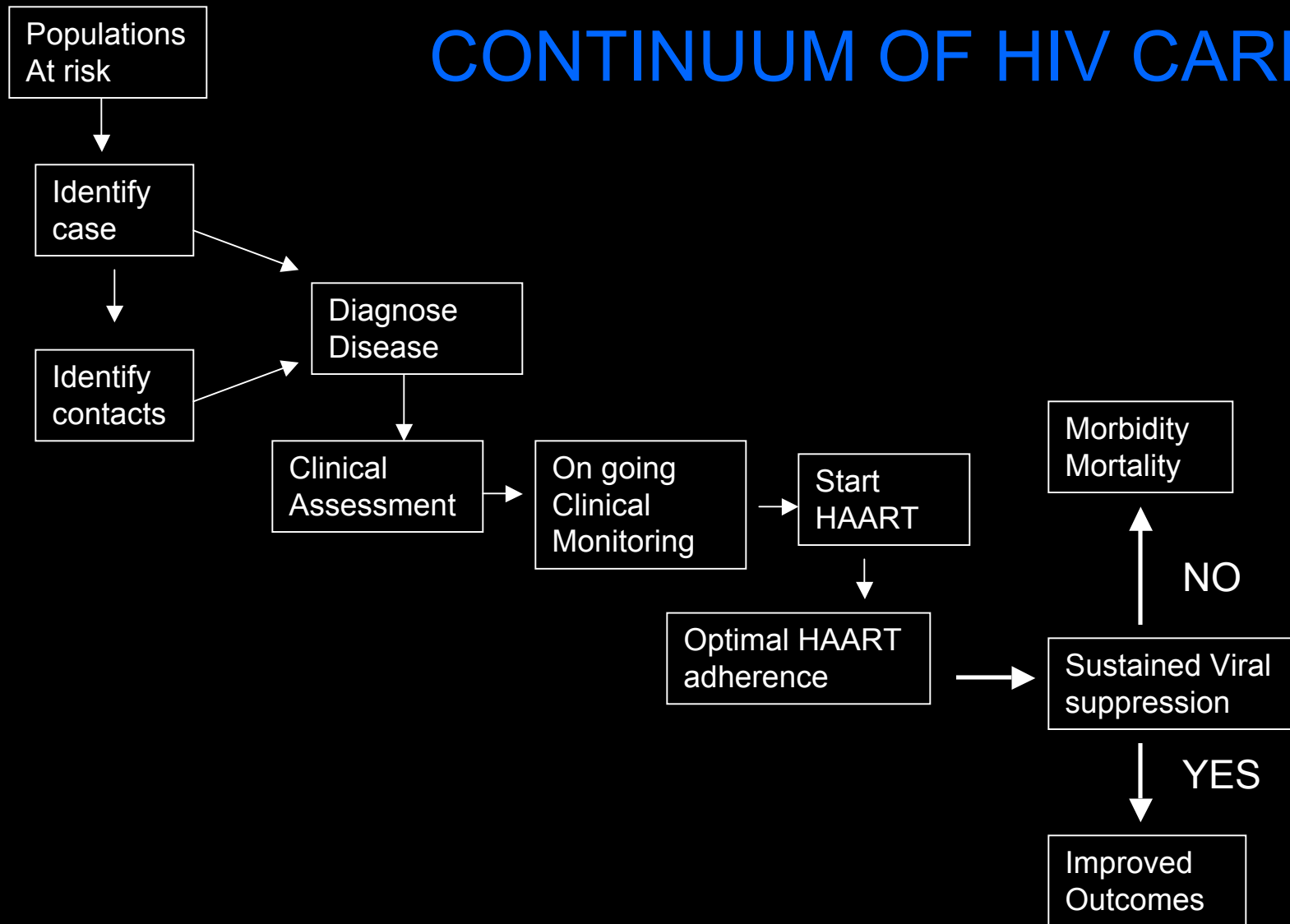
# HIV Diagnosis

- Persons who are aware of their HIV status are less likely to transmit HIV
- Technological advances in HIV diagnostics (rapid testing) make testing more feasible in a variety of settings
- There is a potential benefit of routine HIV screening including improved health outcomes and disease prevention

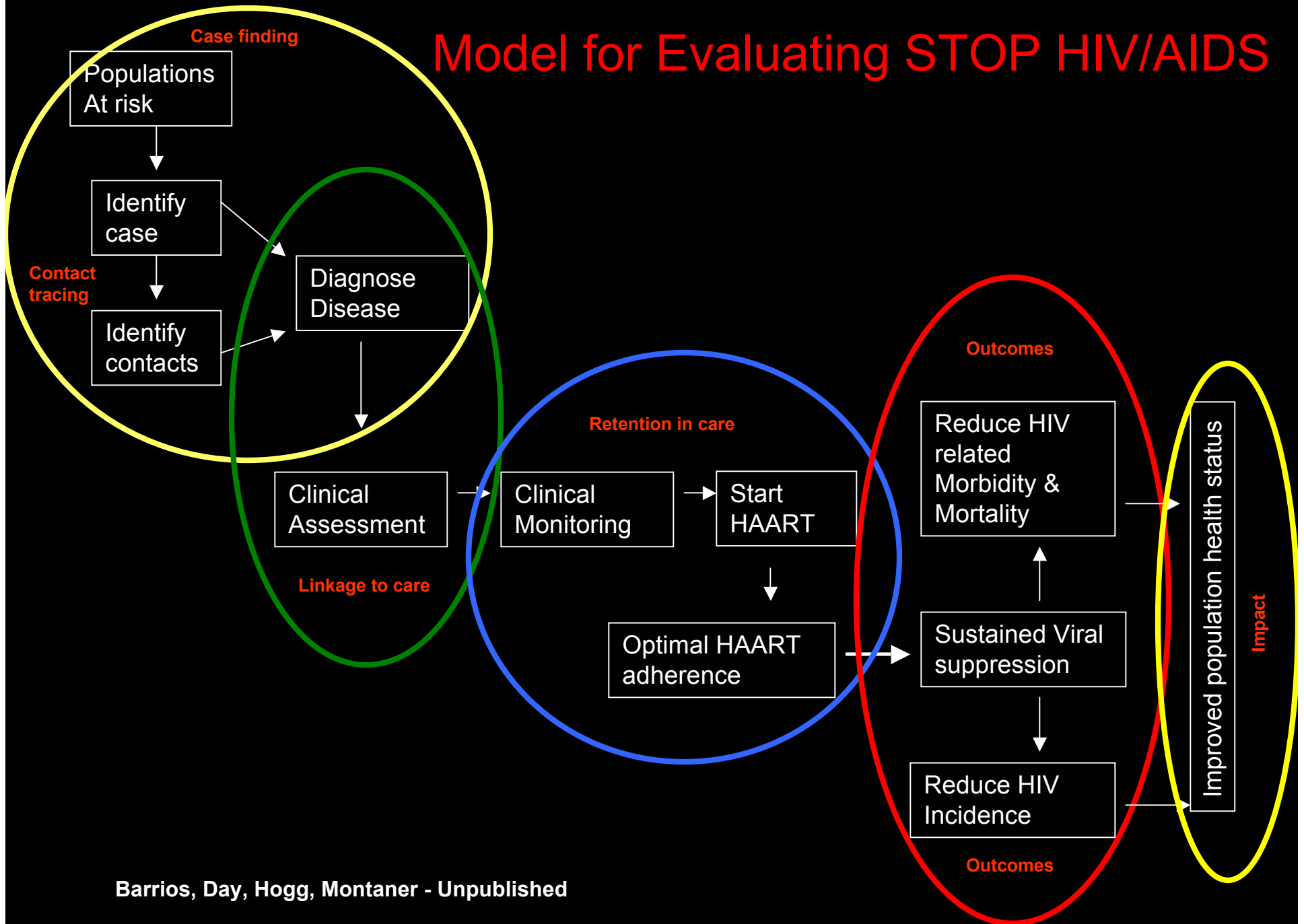
# Linkage to care:

- British Columbia
  - 40% of people dying from HIV/AIDS related causes never accessed treatment (Joy et al., 2008)
  - 16% of those who accessed treatment did so with very low CD4s (<50 cells) (Joy et al., 2008)
  - HIV positive test among **First HIV testers** in BC (2004-2007) were more likely to have an AIDS case report within 6 months of diagnosis (Gilbert et al 2009)

# CONTINUUM OF HIV CARE



# Model for Evaluating STOP HIV/AIDS



# STOP HIV/AIDS

- Seek
  - Prompt HIV Diagnosis
    - Identifying those unaware of their HIV positive status
    - Diagnose early in the course of the infection
- Treat
  - Ensure prompt linkage to care
  - Ongoing Monitoring and Prompt initiation of HAART as per clinical guidelines
  - Support to retain in care and optimize adherence
- Evaluate
  - Outcomes
  - Impact

- Questions?