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*. 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 (CBOs) are making to the success of TasP and other complementary HIV prevention activities in the province using findings from the 2013 - 2014 Community HIV/HCV and Evaluation Reporting Tool (CHERT).

The Community-Based Contribution to the Cascade of Prevention and Care

To help guide the incorporation of TasP into BC’s current HIV prevention response, the Ministry of Health has employed 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”.

Walking through the steps in the cascade, the role CBOs play in TasP is clear. First, 2013 - 2014 CHERT findings demonstrate that CBOs play a central role in providing HIV prevention education, both to the general public and vulnerable populations in BC. Organizations responding to the CHERT reported that their HIV education services address a range of topics, such as the use of male and female condoms (n = 19), risks for transmission of sexually transmitted blood borne infections (n = 20), and harm reduction techniques (n = 20). It is widely recognized that education is a key component to the success of larger HIV prevention and treatment interventions.

Figure 1. HIV cascade of prevention and care

The CHERT is an online survey that collects annual data from community-based HIV/HCV organizations in BC about the range of programs and services they provide. In the 2013 - 2014 round of data collection, a total of 32 CBOs participated.
“...We provide HIV/Hep C transmission and risk information to various groups and organizations, such as college students, new immigrants, and people who use drugs.”

Further working to prevent HIV infections among those at risk, CHERT respondents also heavily contribute to the distribution of harm reduction materials in the province. In the 2013 - 2014 fiscal year, respondents collectively distributed an estimated 423,390 condoms, 980,508 needles, and 34,353 pipes and glass tubes. A total of 8 responding organizations also indicated that they set up or supported satellite harm reduction distribution sites in at risk communities in BC.

Data from the CHERT also illustrates that CBOs substantially contribute to HIV testing in the province, with 11 organizations reporting that they hosted or administered testing for roughly 4,742 people in 2013 - 2014. Further, most CHERT respondents also provided post-positive services, including in-house support services and counselling (n = 16), referrals for support and counselling (n = 19) and referrals for clinical care and treatment services (n = 18).

Moving along the cascade, we can also explore how CBOs have contributed to engaging and retaining people in care following positive diagnoses. A total of 5 organizations reported providing HIV treatment services in 2013 - 2014, treating roughly 512 people for HIV infection, and 8 for HIV/HCV co-infection. Recognizing the importance of retaing people on treatment, a small number of community-based organizations (n = 3) 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 could contribute to engagement and retention in care, such as:

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

“...we engage people living with HIV in their health care to achieve sustainable HAART treatment adherence and viral suppression.”

While these findings show that CBOs are contributing to engaging and retaining people in care, research is needed to further explore the supporting role such organizations play in this aspect of the cascade.

Supporting People Through the Cascade

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. Results from the CHERT have demonstrated that CBOs 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 3,411 clients in 2013 - 2014. Of the 3,411 referrals made, CHERT respondents reported that 85% (n = 2,904) of them were successfully linked to nutritional and/or food security services.

“We work closely with the STOP team, often providing services for clients who are starting or restarting their HAART. By providing free, delivered, nutritious meals, we facilitate their acclimatization to the medication and increase the likelihood of long-term compliance.”

Similarly, over half of the CHERT respondents (61%; n = 19) 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 2,856 clients to such services. Of the 2,856 referrals made, 40% (n = 1,147) were successfully linked to mental health and/or substance use services.
Recognizing that housing is an important determinant of health for people living with HIV, 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, with a total of 1,904 referrals made in the last year. Of the 1,904 referrals made, 23% (n = 443) were successfully linked to housing services.

“...by supplying housing assistance and a safe, affordable, stable place to live, our clients are better able to manage their health issues and follow through with their self care.”

“We address emerging themes: aging, co-infections, addictions and mental health issues, among others. There is nothing worse than being HIV positive and living in poverty with addictions and mental health issues.”

How does your organizations contribute to the success of the cascade of prevention and care and TasP in BC?

The 2013 - 2014 CHERT asked respondents to describe how their organizations contribute to the success of the cascade of prevention and care and TasP in BC. As seen in Table 1, respondents most commonly described the role their organizations play in educating the general public and priority populations about transmission risks, effective prevention techniques, and the importance of HIV/HCV testing (n = 14). Other key contributions discussed were the provision of services that support people living with HIV to engage, re-engage and remain engaged along the cascade of care (n = 9) and linking people living with HIV to care and support (n = 8).

Table 1. Summary of responses to qualitative CHERT question, “How does your organization contribute to the success of the cascade of prevention and care and TasP in BC?” (n = 21)

<table>
<thead>
<tr>
<th>Key themes</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating the general public and priority populations about risks, effective prevention techniques, promoting testing, etc.</td>
<td>14</td>
</tr>
<tr>
<td>Providing services that support people living with HIV to engage, re-engage and remain engaged along the cascade of care (e.g. housing services, mental health and substance use services, food security, emotional support, peer support, etc.)</td>
<td>9</td>
</tr>
<tr>
<td>Linking people living with HIV to care and support</td>
<td>8</td>
</tr>
<tr>
<td>Providing treatment adherence programs and services</td>
<td>5</td>
</tr>
<tr>
<td>Re-engaging people living with HIV who are lost to care</td>
<td>4</td>
</tr>
<tr>
<td>Providing harm reduction services and education (e.g. distribution of harm reduction supplies)</td>
<td>4</td>
</tr>
<tr>
<td>Educating people living with HIV to support them across the continuum of care</td>
<td>4</td>
</tr>
<tr>
<td>Referrals to support services (e.g. housing, food security, etc.)</td>
<td>3</td>
</tr>
<tr>
<td>Educating services providers on HIV issues</td>
<td>2</td>
</tr>
<tr>
<td>Facilitate connections between community organizations and health care providers to ensure the success of care and support</td>
<td>2</td>
</tr>
<tr>
<td>Providing or hosting testing and treatment services</td>
<td>2</td>
</tr>
<tr>
<td>Evaluation of the contribution community organizations are making to the provincial HIV strategy</td>
<td>1</td>
</tr>
</tbody>
</table>
Data from the CHERT was also employed to assess the progress of CBOs towards the guiding principles outlined in *From Hope to Health*. Specifically, progress towards the guiding principles of: (i) fighting stigma and discrimination; and (ii) community involvement is explored below.

**Fighting Stigma and Discrimination**

Recognizing the pervasiveness of HIV/AIDS related stigma in BC, CBOs focus their prevention efforts on addressing this issue. Stigma and discrimination were the most frequently addressed topics in respondents’ educational workshops, and also a strong focus of their upstream prevention services. Despite CBOs’ efforts to address this issue, stigma and discrimination were also reported to be the second greatest operational challenge facing CHERT respondents. Fighting stigma and discrimination is a guiding principle of *From Hope to Health* and data from the CHERT confirm the need for comprehensive interventions to address this complex problem.

**Community Involvement**

It is widely recognized that collaborating and engaging with community members, including those with lived experience, is critical to effectively address HIV. CHERT findings show that the majority of respondents engage their target populations in the management and delivery of their services and in research and evaluation activities. When CHERT respondents were asked to describe what has been working well within their organizations, one of the most common responses was engaging clients and community members in the design, delivery and governance of their programs and services.

**Conclusion**

Findings from the 2013 - 2014 CHERT demonstrate the substantial contribution CBOs 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, organizations, governmental bodies and policy makers are urged to collaborate and engage with CBOs given their critical role in this fight.

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**References**