

Prevalence and Incidence – HIV and Hepatitis C in Canada

HIV: Of the more than 65,000 persons living with HIV currently in Canada, about 9,000 are unaware of their diagnoses. Another 14,000, while aware of their status, are not accessing effective treatment.

Looking at the latest national epidemiological data available, a total of 2,402 new HIV diagnoses were reported in 2017 in Canada; an increase of 3% compared with 2016 and an increase of 17.1% since 2014.

Hepatitis C (HCV): Of the estimated 250,000 people living with HCV in Canada, over 40% are unaware of their infection.

As with HIV, the rate of HCV infections appears to be slightly increasing in Canada - In 2017, a total of 11,592 cases of HCV were reported in Canada which corresponds to a rate of 31.7 per 100,000 population. This represents an increase of 301 cases compared to 2016 when 11,291 cases were reported with a corresponding rate of 31.3 per 100,000 population.

What We Need

In Canada and globally, progress in the HIV and HCV epidemics represent some of the major medical breakthroughs of our time. Anti-retroviral treatment (ART) for HIV, while not offering a cure, has meant that positive persons can live long and healthy lives, as well as not pass on HIV to their partners. New highly effective direct-acting (DAA) treatments for HCV are now available, well tolerated, and cure more than 95% of people who are treated.

In both cases, this progress has given us the rare opportunity to eliminate HIV and HCV as public health problems in Canada. However, effective treatments are not enough. We need effective strategies and sufficient resourcing for prevention, testing, initiation of care and treatment, and ongoing care and support.

Specifically:

- We need to reaffirm and recommit to the principle of putting people with HIV and people with lived experience of HCV at the centre of our response to these epidemics at all levels, including decision-making. Canada is signatory to two international declarations affirming the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA). Future involvement must also provide opportunities for the meaningful engagement of people living with HIV (MEPA) . The same principles must also apply to those who have lived experience of HCV.
- We have made tremendous gains with respect to the UNAIDS goals of 90-90-90 for 2020 (90% of people living with HIV aware of their status, 90% of those on treatment and 90%



of the treated undetectable). The next goals on the horizon are 95-95-95 for HIV, and the elimination of HCV for 2030. This will take a concerted effort and the reaffirmation of the commitment at the federal level is important.

To meet those goals, there is overlap with provincial jurisdiction, but there are clear federal roles to be found:

- Testing: Health Canada must approve any new technology that is to be used for HIV testing in Canada. A number of Canadian companies produce innovative testing technologies that are not marketed in Canada, but only sold elsewhere in the world. Help and encouragement to bring those tools to the market in Canada is needed.
- Link to Care: While direct individual health care is a clear provincial jurisdiction, there are many aspects where there is a role for the federal government, such as programs to develop the skills of peer helpers and the development of communications technologies to help maintain contact.
- Effective treatment: Again, direct individual health care is a provincial matter, but the federal government plays an important role in drug approval and pricing, as well as coordination with the provinces and territories for access.
- We will always add to other aspects of the commitment to eliminate HIV and HCV:
 - Prevention: A shared jurisdiction that needs sustained support to reach those most likely to be exposed to infection with tools and strategies to avoid it.
 - Quality of life: People living with HIV or with lived experience of HCV are more than just medical patients. They are whole people with needs along the entire spectrum of social determinants of health, and they are also often faced with severe stigma, which is a barrier not only to their quality of life, but also to the goals of eliminating these two epidemics.
- The people the most impacted by HIV and HCV include some of the most vulnerable and hardest to reach populations in the country. Community organizations often have privileged contact with those populations and are in a good position to make significant impacts with them in the fight against these epidemics and for their quality of life. The federal government has a role in supporting that community response that needs to be protected and intensified. This is complementary to the provincial role in supporting that response, but cannot be neglected.
- Direct health services for individuals are clearly in the provincial jurisdiction, as noted above, but there is an important role for the federal government with respect to the harm reduction approach that many of those services rely on to meet their goals. The first aspect of that role is to recognize its place in our responses to health problems. More concretely, the federal government must not stand in the way of those services developed and offered in the provincial and territorial context.



What We Are Asking From You

In the context of the above and in the course of the current election campaign, we would like to invite you to sign the commitment in the attached document.

We are offering to arrange a public occasion for you to sign the document in the presence of any media you would like to invite, plus your supporters, and representatives of the HIV/AIDS organization in the region:

For Québec:

COCQ-SIDA

Contacts: Ken Monteith, Executive Director • ken.monteith@cocqsida.com

Michel Morin, Assistant Director • michel.morin@cocqsida.com

For Ontario:

Ontario AIDS Network

Contact: Shannon Ryan, Executive Director • sryan@oan.red

For Alberta:

Alberta Community Council on HIV

Contact: Celeste Hayward, Executive Director • chayward@acch.ca

For British Columbia:

Pacific AIDS Network

Contact: Evin Jones, Executive Director • evin@pacificaidsnetwork.org

For the Atlantic provinces, Manitoba, Saskatchewan and the territories:

Canadian AIDS Society

Contact: Gary Lacasse, Executive Director • gary.lacasse@cdnaids.ca



On behalf of the ___ Party of Canada, I affirm our party's commitment to ending HIV/AIDS and Hepatitis C in Canada by (among other actions):

- 1** Ensuring that people living with HIV, people with lived experience of hepatitis C and others with lived experiences are involved in significant roles in the Government of Canada's response to HIV/AIDS and STBBIs in Canada and abroad.
- 2** Reaffirming the commitment of Canada to the UNAIDS objectives for the elimination of HIV by 2030 (95-95-95) and to the elimination of HCV by 2030, while affirming the importance of prevention and the quality of life of people living with HIV.
- 3** Ensuring the sustainability of the front line community-based response to HIV, HCV and STBBIs through the stability and growth of the Community Action Fund and other such funding initiatives.
- 4** Democratizing access to testing for HIV, HCV and other STBBIs by encouraging the development and market availability of testing technologies, including point-of-care tests, dried blood spot tests and self-tests, developed in Canada.
- 5** Ensuring that the Government of Canada not create barriers to the provinces' harm reduction and overdose prevention-based public health interventions, in recognition of harm reduction as one of the four pillars of the Canadian Drugs and Substances Strategy.