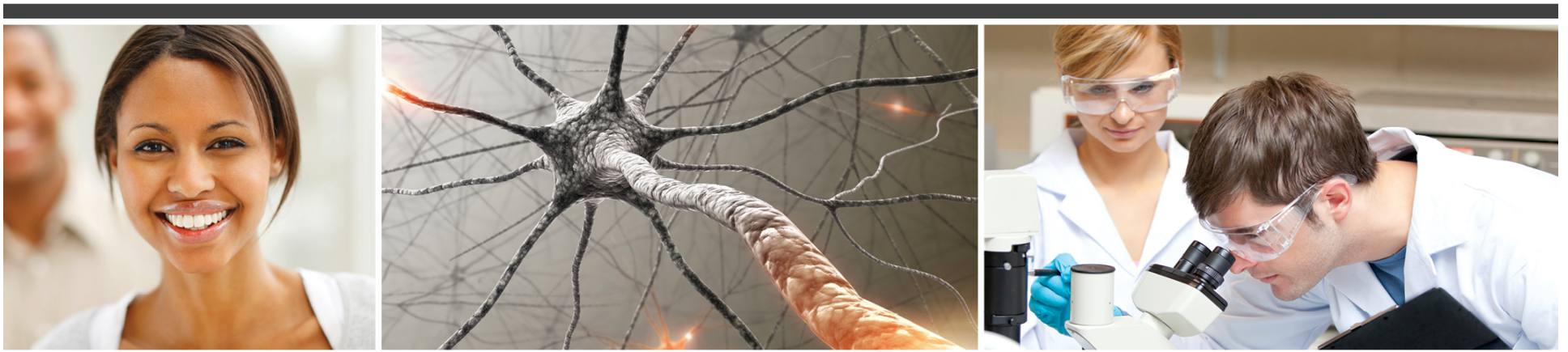


Integrated approach to the prevention and control of sexually transmitted and blood borne infections (STBBIs)

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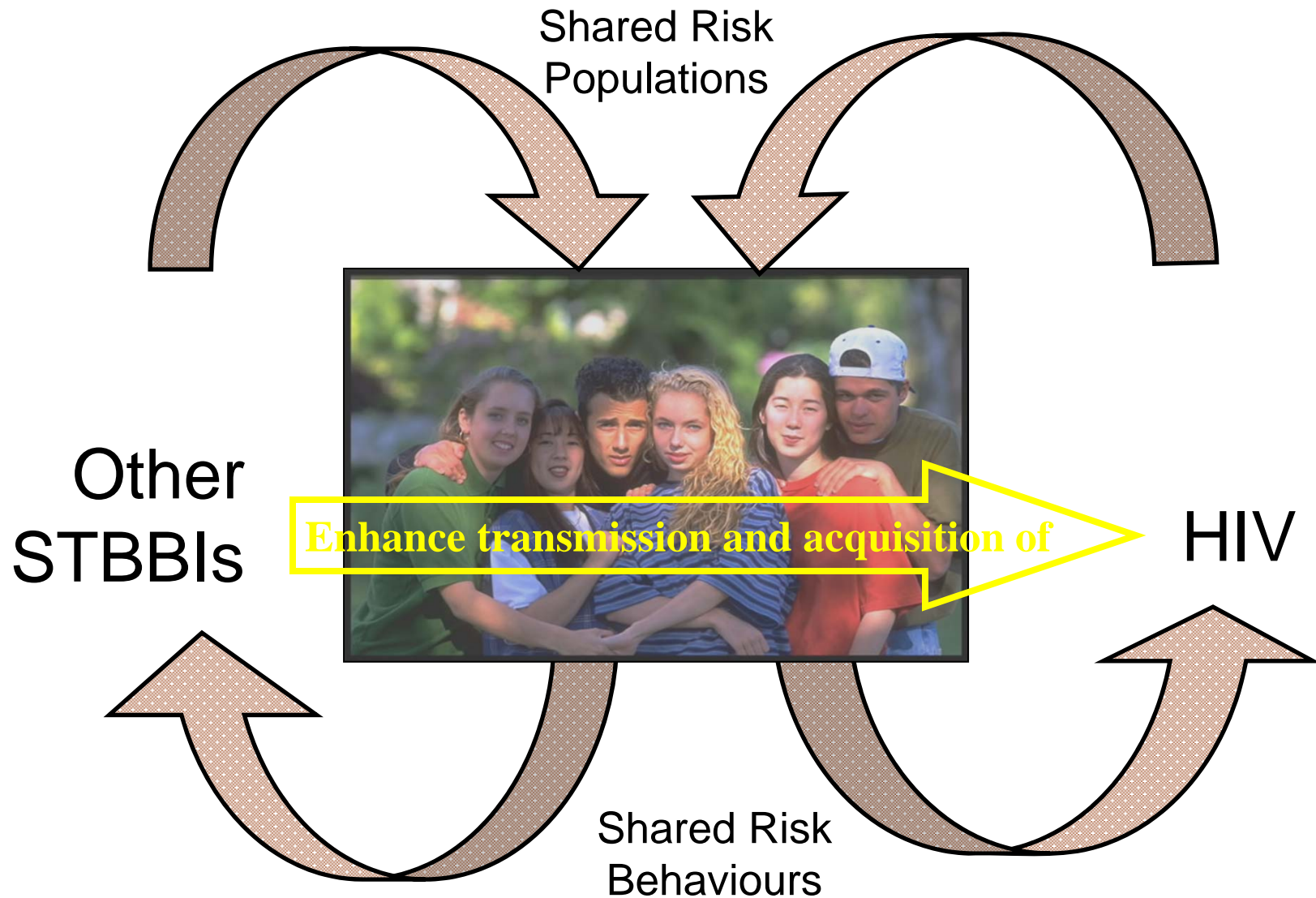
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Outline

- Rationale for an integrated approach to STBBIs
- Adjustment to our programs
- Examples of an integrated approach
 - » Surveillance
 - » Guidelines
 - » Research
 - » Public health measures
 - » Funding and governance
- Challenges and opportunities



Rationale for an integrated approach to STBBIs

- Common modes of transmission, affected populations, common risk behaviours and common social and structural risk factors
- Social determinants of health have an important impact on the risk of transmission and on the health of people living with HIV or hepatitis B or C
- A holistic approach allows for a more comprehensive health promotion and disease prevention efforts, which in turn could lead to reduced disease incidence and improved health outcomes.
- Integrated approaches being adopted at international, P/T and community levels

International Context

- Movement, internationally, toward an integrated approach to prevention and control of STBBIs
- Part of a global effort to reduce fragmentation of services, disjointed care, inefficiencies, and health care expenditures
- High income countries that have developed integrated national strategies to address STBBIs
 - » Australia - 3rd National Aboriginal and Torres Strait Islander BBV and STI Strategy 2010-2013
 - » US CDC introduced Program Collaboration and Service Integration (PCSI) in 2007
 - » UK – first integrated strategy in 2001; reported positive impacts:
 - Reduced STI rates;
 - Increasing screening for STBBIs, including antenatal screening
 - Reduction of stigma associated with STBBIs

Public Health Agency of Canada - STBBI Activities

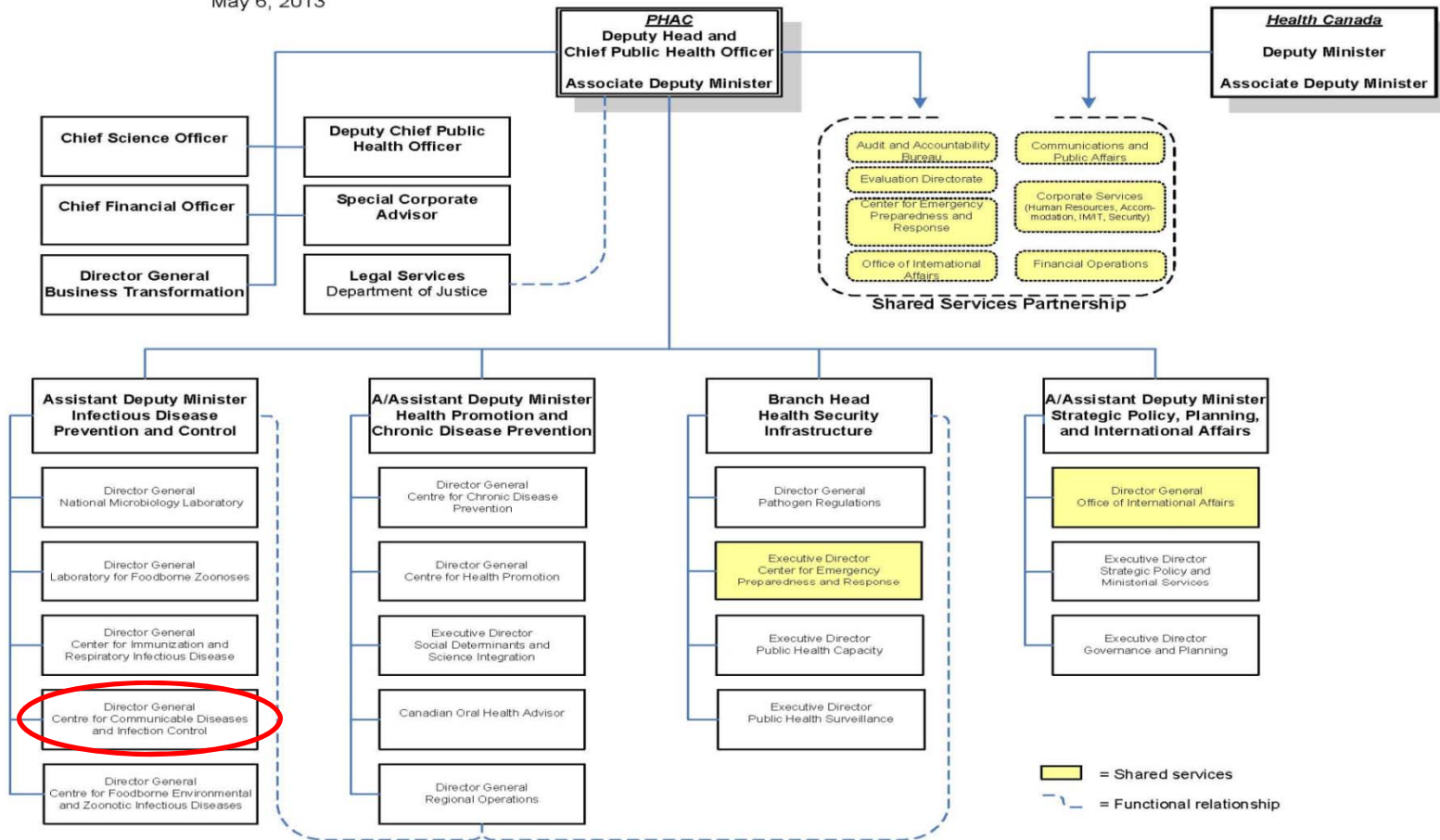
- Conducts national surveillance of STBBIs (e.g., chlamydia, gonorrhea, syphilis, HIV, hepatitis B, hepatitis C)
- Provides support for outbreak management (P/Ts have the lead)
- Provides guidance to health care professionals
- Builds community capacity through transfer payments to community-based organizations
- Provides laboratory reference services and conducts laboratory research
- Facilitates intergovernmental collaboration to address STBBIs and the determinants of health
- Serves as a central point for sharing Canada's expertise globally (e.g., WHO, PAHO, USCDC, ECDC)

Integration Approach to STBBIs: Public Health Agency of Canada

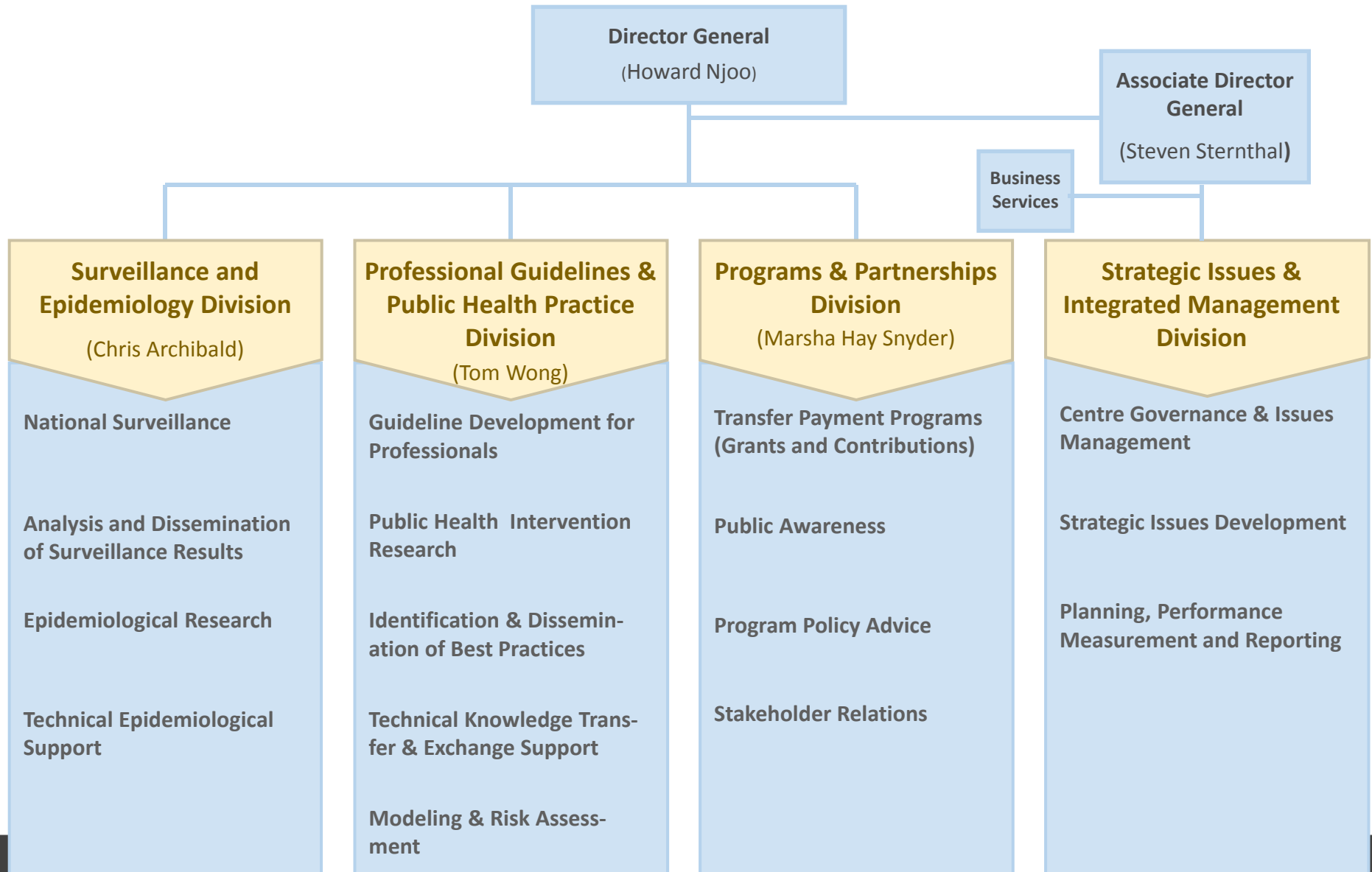
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– Organizational Chart –

May 6, 2013



Integration Approach to STBBIs: Public Health Agency of Canada



Examples of Integrated Approaches

Integrated Approach to Surveillance

- Routine surveillance
 - » TB diagnosis is included in the AIDS reporting forms
 - » HIV testing/diagnosis is included in TB forms
- Enhanced surveillance
 - » Integrated biological and behavioural surveillance of affected populations, which incorporate a number of STBBIs, depending on the population.
 - » Track/E-SYS surveys
 - Include dried blood spot testing for HIV and other STBBI
 - Collection of self-reported information on testing and previous diagnosis of STBBI

Integrated Approaches to Professional Guidelines

Raise awareness of the importance of comprehensive HIV, HCV and other STBBI screening and prevention

HIV Screening and Testing Guide

- Shift in recommendations to integrate testing into routine care (verbal consent and simplifying pre-test counselling)
- Greater integration of HIV testing as part of testing for other STBBI, and as part of other related clinical services
- Plans for incorporating concepts from the testing guide into the HIV chapter of the Canadian STI Guidelines

Hepatitis B Quick Reference

- Routine testing for HCV and HIV among those with positive results

Public Health Measures

Patient order sets

- Will provide prompts for screening for multiple infections, based on identified risks

Development of mobile apps

- Comprehensive approach to screening and diagnosis of STBBIs

Program implementation science

- Working with OHTN on STBBI program implementation science

Integrated Approach to Research

- Partnership with BCCDC and BCCfE
- Study of change in risk behaviours for HIV transmission and changes in population-level measure of HIV-infectivity among MSM in the Greater Vancouver area.
 - » Additional research will be collected to characterize the prevalence and incidence of other STBBIs
 - » Will use a comprehensive approach and provides an opportunity to address multiple infectious diseases and related conditions that share common risk factors, behaviours and social determinants

Integrated Approach to Funding & Governance Models

Integrated Grants and Contributions funding model

- The Public Health Agency of Canada provides \$26.2 million annually to support community-based response to address HIV/AIDS and hepatitis C
 - » \$22.7 million annually under the Federal Initiative to Address HIV/AIDS in Canada
 - » \$3.5 million annually under the Hepatitis C Prevention, Support and Research Program
- The proposed new *HIV/AIDS and Hepatitis C Community Action Fund* will be an integrated and streamlined funding program made up of the former funding streams from the Federal Initiative and the Hepatitis C Prevention, Support and Research Program
 - » Full implementation by 2017
 - » The funding amount is intended to remain stable at \$26.2 million annually
 - » Broadened scope of funded projects to address HIV/AIDS, hepatitis C, related communicable diseases (including sexually transmitted infections and tuberculosis co-infection) and health factors (e.g., mental health, family violence, sexual violence, gender inequality, chronic disease, aging)

Integrated Approach to Funding & Governance Models

Integrated governance and stakeholder engagement model

- External bodies providing advice on key aspects of HIV/AIDS include:
 - » Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada (MACFI)
 - » National Aboriginal Council on HIV/AIDS (NACHA)
- Consideration is being given to broadening the mandate to include other STBBIs and related health factors

Challenges and opportunities

- Not all prevention and control activities will/should be integrated – there will be times when disease specific activities are warranted
- Robust impact evaluation needed
 - » More evidence needed on cost-effectiveness
- For our organization
 - » Streamlined, single window for our stakeholders, many of whom already use an integrated approach
 - » Provides an opportunity for cross-pollination, allowing us to build on our skills.

Questions?