

OHTN Quarterly Report: Q2 October 1 – December 31, 2018



STRATEGIC DIRECTION ONE: Gather and Analyze Data on the HIV Epidemic and HIV Programs and Services

Supporting the Information Needs of Local Planners

Timely, relevant HIV surveillance information is critical for public health units (PHUs) to monitor their local HIV epidemic, and evaluate and plan health promotion and prevention programs.

OHESI has previously reported on HIV cascade indicators for regions of Ontario (both the seven Ontario health regions and 14 local health integration networks), but a [new report](#) issued in October 2018 was the first designed to address the specific needs of Ontario's 36 local public health units. The report provides detailed local data on testing and diagnosis indicators

(number/rate of tests and diagnoses, test positivity rate) and HIV care cascade indicators (number/percent of individuals living with diagnosed HIV who are in care, on antiretroviral treatment, and virally suppressed). The report is intended to help public health staff as well as AIDS service organizations and other community-based organizations better understand the needs and challenges in their catchment areas and how their programs can impact provincial indicators. It also illustrates the uneven distribution of HIV risk across Ontario and the need to focus prevention activities in specific urban areas.

Short-term outcomes:

- More relevant local data for planning and program evaluation in Ontario's 36 public health units

This analysis will help guide Ontario's HIV response as per goal 5.2a of the OACHA strategy for HIV/AIDS in Ontario.

Understanding Trends in Linkage to Care in Ontario

An [analysis of OHTN Cohort Study data](#) is providing new insights on the gaps in linkage to care after an HIV diagnosis. A review of data from 1999-2013 revealed that 53% of people diagnosed during this period and now enrolled in the cohort, were diagnosed late, with fewer than 350 CD4+ cells at the time of diagnosis. Eleven per cent had an additional delay in entering care after the diagnosis. Strikingly, there was no significant reduction in the proportion of people diagnosed late or entering into care late over this entire 14-year analysis period, suggesting an urgent need to focus on the issue of late diagnosis. Late diagnosis and presentation was particularly evident in specific at-risk populations, including people who use drugs and members of African, Caribbean and Black and Indigenous communities. In the majority of cases (87%), late engagement in care happened because a person was diagnosed late. This analysis suggests that efforts to reduce late presentation should focus on facilitating earlier diagnosis. These findings are a rationale for more innovative testing programs.

Short-term outcomes:

- Evidence that demonstrates that Ontario needs to focus more resources on HIV testing, particular for priority populations

This research addresses Ontario's goal to "track and strengthen epidemiological data to guide the HIV response."

Follow-up from Previous Reporting

- Work towards integrating our OCHART/OCASE data systems continues, and we are promoting the synergy between the systems. OCASE users are now using their OCASE monthly reports to monitor data integrity and improve OCHART reporting. We are seeing smoother OCHART reporting by OCASE agencies. The new system will increase agency capacity for this monitoring.
- A factsheet on [HIV Testing and Diagnosis in Ontario](#) was produced for World AIDS Day



STRATEGIC DIRECTION TWO: Conduct Targeted High-Impact HIV Research

The Endgame Funding Research Program Launched

The OHTN Endgame Funding Program launched on October 15, 2018 – OHTN’s first multi-award call in four years. The Endgame program aims to build stronger links between the needs and priorities of our network and funded research initiatives enhancing the impact of funded projects. Applications were solicited for:

- **The HIV Endgame Leader Awards** - awards for investigators at different career stages– chair awards, mid-career and senior salary awards, junior Investigator awards, student leadership awards and community fellow awards
- **Game Changer Awards** – investigator-driven awards that build on the innovation and engagement of our HIV research community
- **Community-based Research (CBR) and Evaluation Awards** – to help community organizations develop and modify effective HIV programs, services and policy or generate data to make the case for additional CBR relevant to Ontario’s needs
- **Emerging Issues Awards** – to support research in areas where the OHTN, in consultation with our stakeholders, have defined clear gaps in knowledge.

The three most senior salary categories as well as the Game Changer and Emerging Issues awards required LOIs submitted late in November. In total 42 applications were received and 17 were invited to proceed to the full application stage. Applications for all awards will be adjudicated in March and funds will be released before April 1, 2019. This new funding program sets clear expectations for how researchers will work with the OHTN and its network.

Short-term outcomes:

- New funding tools for OHTN that allow us to channel research capacity and expertise in Ontario to drive improvements in HIV care and services

This program addresses Ontario’s goal to “support and conduct research into interventions to change the course of the prevention, engagement and care cascade.”

Follow-up from Previous Reporting

- A/C Track Study Launched in Ottawa in November and in Toronto in December 2018.



STRATEGIC DIRECTION THREE: Support the Use of the Best Available Data and Research Evidence

Endgame 4 Conference

In total, 429 people attended OHTN’s Endgame conference which included highly regarded plenary sessions and learning opportunities for specific care provider groups including primary care physicians, pharmacists and ASO workers (see below for more on outcomes from the ASO engagement in care workshop). In total 91% of attendees were satisfied or very satisfied with the conference. Workshops embedded within the conference offered training on the care and service needs of specific priority populations. While this conference engaged a broad spectrum of care providers, community members, students and researchers, 79% of respondents reported that they were in roles where the conference content was relevant to their practice.

Short-term outcomes:

- New momentum for models and interventions with potential to improve prevention, treatment and care in Ontario

This is consistent with Ontario’s goal to “monitor and share new developments in the field,” and “Identify evidence-based interventions... and integrating those that can be successfully adapted into practice.”

The conference shared information about international care and service models and provided tangible examples of what is possible. In-depth meetings with key presenters and working groups on local projects allowed our anti-stigma campaign group to gather information on the *Can't Pass It On* campaign in the UK, and the Ontario PrEP roll-out project to learn about the logistics of the massive roll-out of PrEP in New South Wales. Free public events associated with the conference, including community forums on the *Can't Pass It On!* anti-stigma campaign, crystal meth use and Canadian pediatric research, facilitated broad discussion on these issues and included local ASO workers, community members and other individuals from relevant sectors who were not able to attend the full conference. These community forums will continue to inform work on the Toronto to Zero initiative.

Applying Findings of the European (+ Canada) MSM Internet Survey (EMIS)

The European Men-who-have-sex-with-men (MSM) Internet Survey has 137,358 qualified participants from 49 countries including 5,473 in Canada (over ½ in Ontario). With PHAC funding, OHTN staff are part of analyzing this data with the goal of providing useful information for ASOs. While PHAC will write a national report on the data, OHTN staff will generate two shorter themed reports specific to the information needs of service providers. In Q3, OHTN began outreach to ASO partners sharing the findings of the 2017 survey and soliciting input about the focus of these reports. Among other topics, the survey provides abundant data about men's social and economic circumstances, as well as self-reported information about their HIV testing histories, use of PrEP and PEP, involvement in party-n-play scenes, and sexual health practices and condom use. Nine percent of Canadian men who completed the survey disclosed that they are HIV-positive and provided some information about their use of health care services.

Short-term outcomes:

- Detailed self-reported information about the service needs of GBMSM tailored to the needs of organizations that serve them

Participation in this work contributes to Ontario's goal to "develop cohorts, data systems and indicators that will help us understand challenges along the prevention, engagement and care cascade" and "monitor our progress in achieving our goals."

Interventions to Reduce Drug-Related Stigma

Stigma among health care providers towards people who use drugs is well-documented in the literature and can result in barriers to health care access and poor health outcomes for people living with and at risk of HIV. At the request of staff from PARN working on the *Haliburton, City of Kawartha Lakes, Northumberland Drug Strategy*, OHTN's Knowledge Synthesis Unit produced a rapid response on [Interventions to reduce stigma among health care providers working with substance users](#). Although there are limited evidence-based interventions to reduce stigma among health care providers who work with substance users, this literature review did identify some practical models. The majority of identified interventions are educational and include specialized training for health care students and for professionals who work directly with people who use drugs. This rapid response was one of four created for network partners in Q3.

Short-term outcomes:

- Options for community-based planners to consider implementing approaches to minimizing the risks and harms associated with substance use in their communities

This supports Ontario's goal to "Challenge stigma, and other social norms that contribute to HIV transmission and poorer health outcomes for people living with and at risk of HIV."

Follow-up from Previous Reporting

- An HIV Resources Ontario core curriculum guide is now in development building on the proposal brought forward in Q2. It will be presented to OAN leadership in March 2019.



STRATEGIC DIRECTION FOUR: Help Create the Backbone for Collective Impact in the HIV Sector

Clinical Initiatives

HIV Testing Modernization

Ontario’s HIV testing resources were last updated in 2008 as part of the *Say Yes to Knowing* Campaign. There is a critical need to develop new information resources that support stronger linkage to care and enhanced outreach to priority populations and promote prevention tools such as PrEP and PEP as well as effective counselling interventions. These resources also need to reflect advances in testing technology, U=U messaging and the fact that Ontario’s point-of-care testing sites are now well-established, with quality outcomes that generally exceed those published by the manufacturer. In particular, guidelines and resources are needed that establish testing as part of a continuum of high-quality services that promote health care provider testing and enable the option of routine, express testing services for those at highest risk. In Q3, OHTN began working closely with the ministry to create these tools, including updated training and resources for point-of-care testers, new testing guidelines for Ontario, and updated requirement and procedure manuals for point-of-care and anonymous testing sites. The OHTN will also maintain a web presence for Ontario’s testing program that facilitates access to these tools.

Short-term outcome:

- Updated evidence-based guidelines and tools that facilitate HIV testing innovation in the province

This supports Ontario’s goal to “actively promote testing and counselling to populations most at risk.”

Toronto Linkage to Care Pilot

The Toronto Linkage to Care initiative is now up and running with its coordinator in place. The coordinator is promoting this centralized linkage service to immigration clinics in Toronto, to build referral networks and rapid health care access for newcomers diagnosed with HIV. The Linkage to Care coordinator is also working with staff at Toronto Public Health and the Hassle Free Clinic to provide coordinated support to newly diagnosed clients with complex care needs. She will also support a new clinic for uninsured patients in Toronto’s east end, led by Regent Park CHC and Toronto PWA, and assist in the piloting of a point-of-care HIV testing program at that site.

Short-term outcome:

- Immediate resources and support for vulnerable newcomers in Toronto just diagnosed with HIV

This program addresses Ontario’s goal to “work with... appropriate Ontario stakeholders... who assess newcomers as part of the immigration process to... connect people who test HIV-positive to care and support services.”

Follow-up from Previous Reporting

- Community Health Centres and ASOs applying as Consumption and Treatment Services (the new Ontario program for supervised injection sites) are now receiving support throughout the application process through the Alliance for Healthier Communities. The OHTN continues to attend weekly teleconferences and offer administrative support to organizations struggling with changing application demands.

ASO and Community Initiatives

Linkage to Care Training and Support

Building on the Engagement in Care Workshop for ASO workers held at the Endgame conference, the OHTN's ASO and Community Initiatives (ACI) team has begun intensive work to build ASO worker competencies related to engagement in care. In total, 34 ASO workers attended the conference workshop on evidence-based interventions in engagement in care. The ACI team interviewed each of these individuals to determine their knowledge needs and to recommend sessions at the conference to meet those needs. Now that these workers have returned to their home ASOs, the team has conducted more extensive interviews with each participant about the progress each of their agencies is making in developing linkage to care initiatives and where their organization could focus to develop better linkage supports. The team then works with the participant to establish an individualized plan for their own activities and for supporting rapid learning about linkage to care at their agency.

Short-term outcome:

- Support for Ontario ASO workers in building competencies around engagement in care and strategies to enhanced services

This program addresses Ontario's goal to "engage people who test HIV-positive in timely and supportive care."

Follow-up from Previous Reporting

- A core curriculum guide is now being developed for HIV Resources Ontario and will be presented to the OAN leadership in Q4.
- Work on an evaluation of Ontario's 16 HCV Teams and additional positions (3) is now underway including a summary of HCV epidemiology and surveillance trends in Ontario, analysis of OCHART data trends, and key informant interviews with HCV teams and workers. A working group is in place.

Policy and Systems Initiatives

Toronto to Zero (Toronto's Fast Track City Initiative)

On November 1st, representatives from the Fast Track City working group gave an inaugural public presentation of the newly named Toronto to Zero initiative. Presenters talked about the project's approach, principles and objectives. After the presentation, more than 100 community members participated in facilitated discussions focused on the central question, "What does Toronto to Zero's plan need to be a success?" A document summarizing the input received will be available shortly on the new Toronto to Zero web site.

The TtZ Champion Team approved the project's vision statement and vision document along with a call to action document, that will be used as part of seeking the mayor's endorsement. TtZ champions have made presentations to OACHA, the Toronto HIV/AIDS Network, and the Toronto HIV Mental Health Network to build awareness within the sector. Fifteen topic-specific task groups are being formed to develop a long-term action plan for the project, and co-chairs for each group have now been identified.

Short-term outcome:

- A process for coordinated action to end AIDS in Toronto

This program addresses Ontario's goal to "develop formal partnership[s]... to support integrated networks of strengths-based, stigma-free services" and "strengthen collaboration among policy makers, HIV clinics and other HIV care providers and/or AIDS service organizations to work with clients at risk of dropping out of care or experiencing adherence challenges to develop care pathways."

Expanding PrEP Access in Ontario

The OHTN, in collaboration with Darrell Tan at St. Michael's Hospital, is conducting ongoing analysis of provincial prescribing data to identify trends in PrEP use. Data on overall use of PrEP in Ontario and gaps in current public coverage are being incorporated into a briefing for MOHLTC that compares Ontario's PrEP delivery system to those in other provinces and other jurisdictions. Regional trends in PrEP use from this data will help target provider education activities.

The OHTN is currently developing content for an online resource hub to house new and existing provider and patient education resources. Advisory group members are supporting development of provider training content. The site will launch at end of fiscal year. PrEP messaging will be part of an Ontario-wide anti-HIV stigma campaign currently in development and the group is creating a detailed plan for outreach to care providers about PrEP delivery in the next fiscal year.

Short-term outcome:

- Expansion of PrEP access in Ontario targeting currently underserved individuals, and providing health care providers with tools to better serve at-risk populations.

This program addresses Ontario's goal to "actively promote the use of PrEP among people at high risk of HIV infection" and "educate primary care providers caring for people at high risk about prescribing and monitoring PrEP"

Follow-up from Previous Reporting

- OHTN is supporting the Toronto HIV Mental Health Network to develop a web-based resource to catalog available services and availability/wait times to improve access.
- The key partners for the Gay Men's Health Hub have established the services that each partner will deliver through the hub location

Hepatitis C Program Evaluation

Over the past 5 years there has been a dramatic change in Hepatitis C (HCV) treatment and care. In the past, most Ontarians infected with HCV remained infected, living with a chronic illness, which frequently resulted in serious health complications (particularly liver disease) later in life. Chronically infected individuals also had a significant role in the ongoing transmission of HCV in the province. Almost 10 years ago, Ontario put in place HCV Care Teams to promote more effective prevention for HCV, and to support individuals with chronic HCV, through the difficult and frequently unsuccessful process of treatment. New treatments now cure approximately 90% of people living with HCV after an 8 to 12 week course of treatment. Earlier this year, the Ontario government removed restrictions on access to these new treatments, so that any Ontarian with Hepatitis C can benefit. The OHTN is now working with the Ministry (AIDS and Hepatitis C Programs) to evaluate the role and structure of the teams and how they could be adapted, to reflect changes in treatment and client needs. A working group has been formed, two meetings held, and key informant interviews are currently being scheduled.

Short-term outcomes:

- An evaluation of the efficacy of Ontario's ministry-funded Hepatitis C teams in an era of new treatments, and other factors (including the opioid crisis)

This evaluation potentially addresses goal three of Ontario's Hepatitis C funding program: "To increase collaboration, coordination and evidence-based practice across the system responding to HCV."