

ONTARIO NEARING UN AIDS 90-90-90 TARGETS FOR HIV CARE

According to a recent study following over 5,000 people living with HIV, Ontario is successfully engaging people with HIV in care and providing sustained, effective treatment. The study, **Engagement in HIV Care Among Persons Enrolled in a Clinical Care Cohort in Ontario, Canada, 2001-2011**, was published in the *Journal of Acquired Immune Deficiency Syndromes* and authored by Ann Burchell, Sandra Gardner, Sean Rourke and other members of the OHTN Cohort Study Team.

KEY FINDINGS OF THIS STUDY

- Most study participants living with HIV are engaged in care.
- Over three-quarters of people living with HIV are being treated with antiretroviral drugs; almost all have greatly reduced amounts of HIV in their bodies as a result.
- Over the past few years, Ontario has made steady progress towards achieving international targets.
- More effort is required to reach groups of people with HIV who are less likely to be in care, including young people, people who use substances and heterosexual men.



Here are some questions and answers to help you respond to any inquiries about this study:

HOW HAS HIV CARE CHANGED IN THE PAST 20 YEARS?

Because of advances in treatment, HIV has gone from being a fatal, untreatable illness to a chronic manageable condition. We now know that early and ongoing treatment with antiretrovirals can control or suppress the virus – which significantly improves the health of people with HIV and reduces the risk of transmitting the virus to others.

Because of the benefits of treatment, HIV care is now focused on what is known as the “care cascade”: diagnosing people early, engaging and retaining them in care, helping them adhere to lifelong treatment and achieve a suppressed viral load.

The United Nations Programme on HIV/AIDS (UNAIDS) has set ambitious “90-90-90 goals” that, by 2020:

- 90% of people living with HIV will know their HIV status
- 90% of people living with HIV will be receiving sustained antiviral treatment
- 90% of people on treatment will have their HIV viral load suppressed.

HOW DOES THIS STUDY CONTRIBUTE TO IMPROVEMENTS IN HIV CARE?

The purpose of this research was to determine how well HIV clinics in Ontario are doing at engaging people in HIV care. It asks:

- are people living with HIV seeing healthcare providers regularly?
- are they receiving effective antiretroviral medication to control the HIV virus?
- is the treatment they are receiving controlling the virus in their body and suppressing their viral load?

These study results provide a baseline. They describe treatment outcomes for people being seen at specialized HIV clinics and whose lives are stable enough for them to participate in an ongoing study.

Next steps in this research will be to examine the challenges confronting people who face more barriers to engaged care. This study begins to identify groups of people who may be at risk of “falling out of care.”

WHAT DID THE STUDY FIND?

These study participants are doing very well. Their outcomes are already nearing the 90-90-90 goals. Of 5,380 people with HIV studied from 2001-2011, 87% received tests to measure the level of HIV in their blood – a sign that they are engaged in ongoing care.

While the proportion of people with HIV receiving care was stable from 2001-2011, use of HIV treatments rose by 10%, and the number of people with a suppressed viral load increased by 26%.

ONTARIO NEARING 90-90-90 GOALS

	2001	2011
In care	87% (average across all years)	
Taking antiretroviral therapies	67%	77%
Suppressed viral load	50%	76%



WHAT IS A SUPPRESSED VIRAL LOAD?

In this study a suppressed viral load was defined as <200 copies of virus per milliliter of blood; however many people actually had an undetectable viral load – that is, they had less virus in their blood than the tests could detect.

WHO TOOK PART IN THIS STUDY?

This study looked at the experiences and test results of people living with HIV who agreed to be part of the **OHTN Cohort Study (OCS)** and who were receiving care from one of 10 Ontario HIV specialty clinics from 2001-2011. About 43% of people who attend these clinics participate. The study includes men and women of different ages, sexual orientations and ethnicities.

People who are able to participate in an ongoing study may also be more likely to be actively engaged in their own care. They may have fewer health and life challenges.

WERE SOME PEOPLE WITH HIV LESS LIKELY TO BE IN CARE OR TAKING ANTIRETROVIRAL DRUGS?

Yes. The study highlights three main groups:

- 1. Younger adults** (under 35) were less likely to be in care and to be taking antiretroviral drugs. This trend has also been observed in other places.
- 2. People with a history of injection drug use** were also less likely to be in care and on treatment. It is not clear whether this difference is due to ongoing drug use or other complicating factors such as poverty or mental health concerns.
- 3. Heterosexual men** were less likely to attend HIV care regularly. Previous work done in Ontario suggests that these men may feel that HIV care and services are designed for women and gay men, and may be uncomfortable accessing care.

Knowing that certain groups are less likely to be in care is a sign that we need to develop better

interventions and systems to engage *all* people in Ontario living with HIV.

DO FACTORS SUCH AS RACE OR IMMIGRATION STATUS AFFECT PEOPLE'S ABILITY TO ENGAGE IN CARE?

The study found only minor differences between different ethnocultural communities. For example, African, Caribbean and Black participants were slightly less likely to be taking antiretroviral drugs, although they were as engaged in care as other participants. Immigration status was not a barrier to care.

DOES STUDYING PEOPLE IN THE OCS GIVE A GOOD SENSE OF THE EXPERIENCE OF ALL PEOPLE WITH HIV IN ONTARIO?

No. Studying people in the OCS gives us a good snapshot of HIV care in Ontario. However, their experience is likely the “best case scenario.” Further research will need to look beyond this group to fully investigate barriers to care in Ontario. It will also need to look at other risk factors such as mental health and addiction issues, co-morbidities and the past experience of trauma.

HOW DOES ONTARIO'S SUCCESS COMPARE TO OTHER JURISDICTIONS?

Because of the strong focus on the cascade of care and the 90-90-90 targets, other jurisdictions have also seen increases in the number of people with HIV on treatment and with a suppressed viral load. However, many of them still have large gaps in care, particularly for certain populations.

📖 Engagement in HIV Care among Persons Enrolled in a Clinical Care Cohort in Ontario, Canada, 2001-2011
http://journals.lww.com/jaids/Fulltext/2015/09010/Implementation_and_Operational_Research_.17.aspx

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