



ASSHH

Association for the Social Sciences
and Humanities in HIV

Association for the Social Sciences and Humanities in HIV

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Canadian Caveats to Treatment as Prevention

San Patten

CIHR Social Research Centre in HIV Prevention



TREATMENT AS PREVENTION: MAXIMIZING THE INDIVIDUAL AND SOCIETAL IMPACT OF HAART

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STOP HIV/AIDS Pilot Project

Five Goals:

1. Ensure timely access to high-quality and safe HIV/AIDS care and treatment
2. Reduce the number of new HIV infections
3. Reduce the impact of HIV/AIDS through effective screening and early detection
4. Improve the patient experience in every step of the HIV/AIDS journey
5. Improve the efficiency and cost-effectiveness of HIV/AIDS service delivery

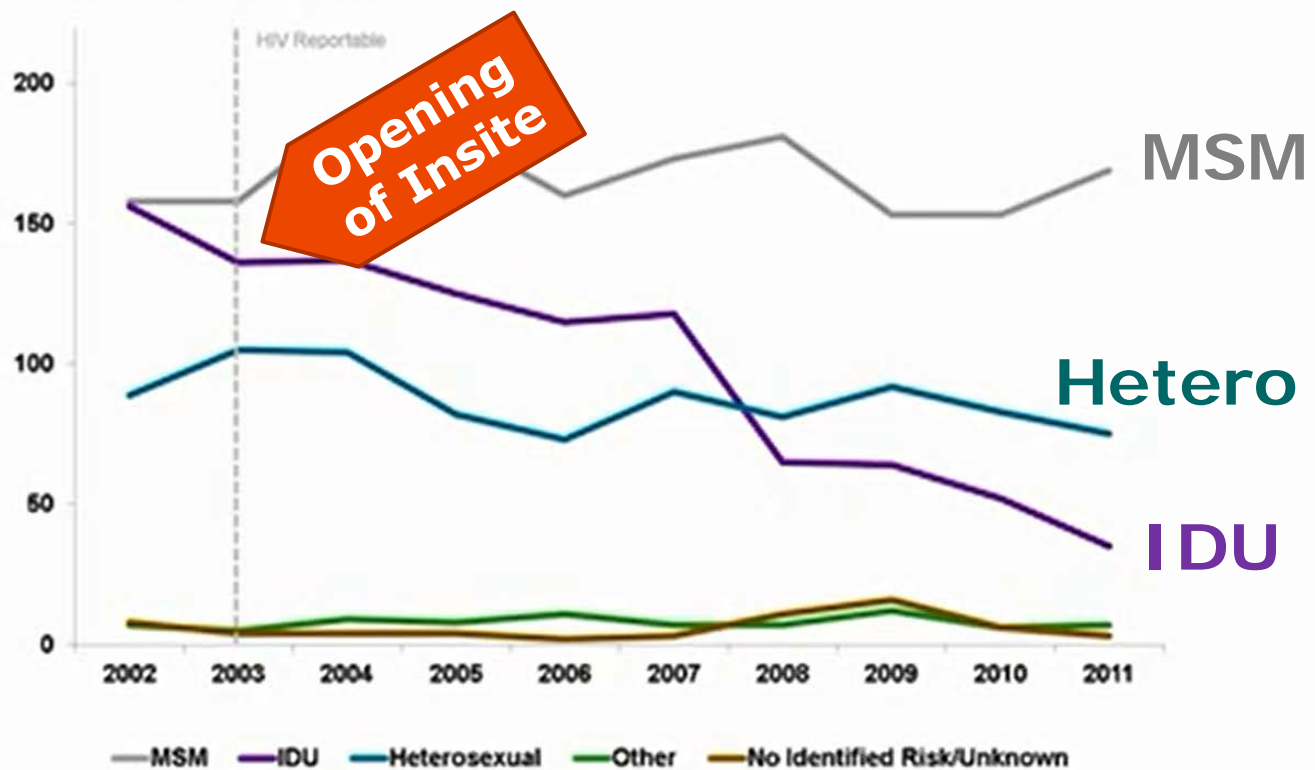
Not a One-Size-Fits-All Approach



Attribution?

New HIV diagnoses: Exposure Group, BC, 2002-2011

Number of New HIV Diagnoses



“Yeah, but...”

- Alternative explanations for the lowered incidence rates among IDUs (i.e., harm reduction and housing programs)
- Why isn't TasP working for gay men and other MSM?
- Same effects are not seen for the predominantly Aboriginal populations affected by HIV in Prince George
- Vancouver already very well resourced

What about Gay Men and MSM?

<http://checkhimout.ca/hottest/>

HIV: IT'S HOTTEST AT THE START

HiM | HEALTH
INITIATIVE
FOR MEN

During the first couple of months after infection, HIV is a powerhouse in the sack. In this early "acute" stage of HIV, it is much easier to pass on the virus. If you fuck without condoms and aren't completely sure of your partner's HIV status, [get tested](#). Now you can get an accurate HIV test 10 days after risky sex.

To learn more about the different HIV tests available, [click here](#).

To use the HIV risk calculator [click here](#).

The best way to avoid HIV infection is to use condoms when fucking or getting fucked by someone whose HIV status you don't know. For a list of locations that provide free condoms, [click here](#).

[Things You Should Know About Acute HIV & HIV Testing](#)



Community Engagement (and Perception) is Everything

- Top-down approach spearheaded by the BC Centre for Excellence in HIV/AIDS and the Ministry of Health
- Lack of adherence to the GIPA and MIPA principles
- Lack of engagement of MSM
- Perceived lack of primacy on PHA health and informed consent; perceived burden on PHAs

“Good” and “Bad” PHAs

- construction of PHAs who are "unsuppressed" similar to label of noncompliant or non-adherent - treatment failure as a moral judgment
- PHAs who are marked as threats to public health, and now an increasingly criminalized issue

“Nobody living with HIV wants to be some conduit for prevention, responsible for prevention for everyone else in the whole wide world, regardless of our own treatment needs and decisions, taking meds we may not need at that particular time.”

The Treatment Cascade

- Testing: re-invigorated attention to and debate around testing protocols and technologies
- Late diagnoses and treatment adherence difficulties among some populations

Addressing the SDOH

- “Re-medicalization of HIV”: HIV and related issues and practices may be defined purely in terms of health/illness and addressed only through medical means
- Perceived lack of attention to the social determinants of health which limits PHAs’ ability to achieve suppressed viral load

Ethical Considerations

HIV Testing:

- informed consent and pre-test counseling should not be framed as barriers to testing
- Value of home testing, versus concerns

Initiation of Treatment for PHAs:

- informed consent and respect of autonomy
- Lifelong adherence burden, side effects, toxicities

Lessons Learned

- Community engagement – early transparency, all affected groups, supported, sustained, adherence to GIPA/MIPA, capacity building
- Communication strategy with community (PHA) input
- Expand goals for a more holistic approach to treatment and care, and to include the SDOH
- Treatment as Prevention models are not one-size-fits-all – must be contextually designed, taking into account local leaks in the Treatment Cascade

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 - Wayne Robert (ED of Health Initiative for Men)
 - Evin Jones (ED of the Pacific AIDS Network)