

The AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health funds and oversees community-based HIV and hepatitis C services as well as the distribution of naloxone and harm reduction supplies to populations at risk of HIV, hepatitis C, and opioid overdose.

**\$44.94M** invested in **84** front-line organizations that deliver programs along the HIV care cascade, including programs that deliver HIV support services. These organizations aim to:



Reduce new HIV transmissions by providing education, support, and linking people to other prevention services



Increase the number of people on treatment by providing support services that help them stay in care and manage other health and social issues



Minimize the burden of HIV on the health care system

## THE GOOD NEWS

HIV is a chronic manageable illness. HIV treatments can suppress the virus to the point where it is no longer detectable and people with HIV can lead long healthy lives. Being on treatment and virally suppressed also means they can't pass HIV to their sexual partners<sup>1</sup>.

## THE CHALLENGE

To achieve these health outcomes – better health and no HIV transmission - people living with HIV have to stay on treatment for the rest of their lives<sup>2</sup> until there is a cure. Staying in care year after year isn't easy for anyone, but it is harder when people face other systemic barriers and challenges in their lives, such as poverty, unstable housing, immigration or settlement issues, mental health issues (e.g. depression, anxiety), substance use and other co-morbidities.

This OCHART fact sheet focuses on the support services provided by Ontario's AIDS service organizations and other community-based HIV programs and how they help people with or at risk of HIV manage those challenges.

## THE 84 FUNDED ORGANIZATIONS INCLUDE:

- **5** programs that deliver community-based HIV clinical care and supports to people living with and at-risk for HIV:
  - saw **2,268** clients
  - **1,779** (78%) were people living with HIV
  - **532** (23%) were new clients
  - services provided include blood work, primary care, health promotion, HIV specialty care and treatment information
- **36** harm reduction programs that deliver supports to people who use drugs
  - provided **455,428** service sessions
  - focused on brief counselling (45%), harm reduction teaching (30%), and practical support (25%)
  - had **242,600** interactions with over **60,000** people who use drugs



## WHO USES SUPPORT SERVICES?

In 2018-19, ministry-funded community-based HIV programs reported delivering support services to:

**16,638** clients

↑ • Up **7%** from 2017-18

• Of those, **3,384** (20%) were new clients

**3** out of **5** clients (10,185; 61%) were living with HIV

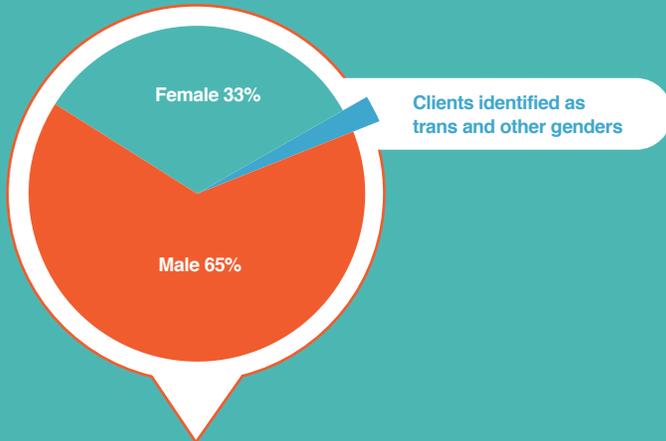


**3** in **10** (4,795; 29%) were at risk of HIV

Client group	Existing	New	Total
Affected	1,263	395	1,658
At-risk	3,497	1,298	4,795
Living with HIV	8,494	1,691	10,185
<b>Total</b>	<b>13,254</b>	<b>3,384</b>	<b>16,638</b>

## AMONG CLIENTS LIVING WITH HIV:

Percent of clients living with HIV by gender



Among the **1,691** new clients living with HIV,

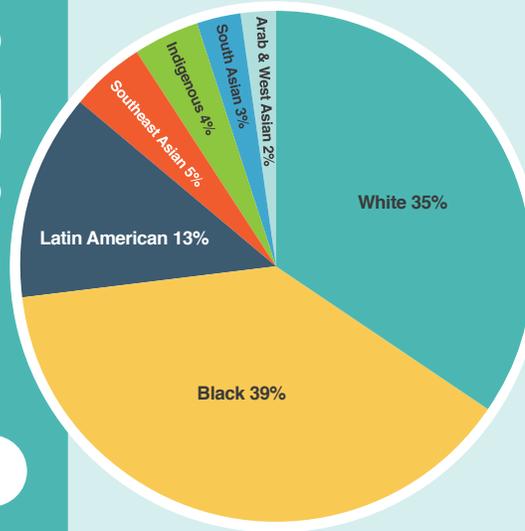
- **1124** (66%) were male
- **533** (32%) were female
- **30** (2%) were trans and other genders

In terms of age, clients living with HIV were:



There was a marked increase in the number of clients under age 26 and a drop in the number of clients over age 65

In terms of ethnicity, clients living with HIV were:



Community-based HIV programs focus their services on populations most affected by HIV. In 2018-19, of new clients living with HIV:

- **49%** were gay, bisexual and other men who have sex with men
- **36%** were members of African, Caribbean and Black communities

### More Black women living with HIV receiving support

In 2018-19,

- The number of Black women living with HIV receiving support services increased **21%** from the previous year.
- Among women living with HIV who accessed support services Black women made up **61%** (1,769 out of 2,892)

### More at-risk clients who use drugs received support services

In 2018-19, there was a **23%** increase in at-risk clients who use drugs accessing support services compared to 2017-18.

# WHAT SERVICES DO CLIENTS USE?

Organizations delivered 202,411 service sessions in 2018-19 – up 13% from previous year; 92% (186,636) of those service sessions were delivered to people living with HIV.

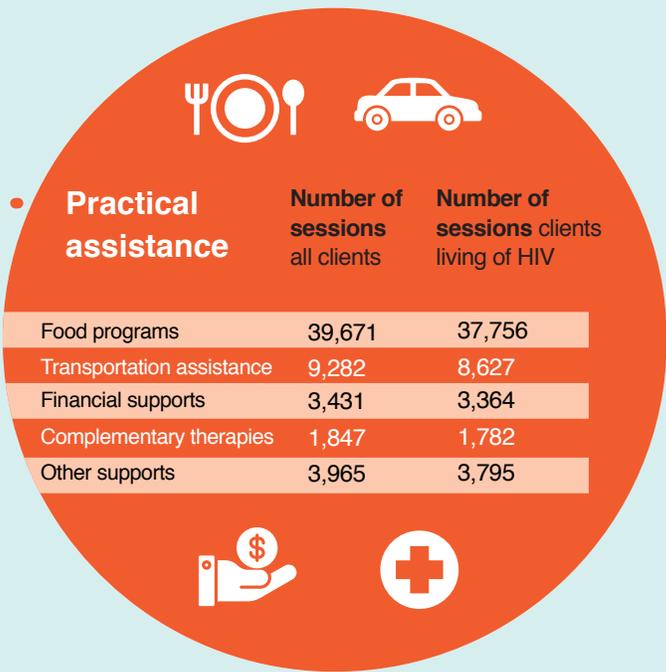


Service	Number of sessions all clients	Number of sessions clients living of HIV
<b>Practical assistance</b>	58,196	55,324
Clinical counselling and support groups	16,617	11,886
General support	47,508	43,370
Support within housing	42,824	42,245
Intake and case management	23,469	20,761
Other counselling and support services	13,797	13,050
<b>Total</b>	<b>202,411</b>	<b>186,636</b>



Almost **1 in 4** services for all clients (23%) provided general support

General support includes practical, short-term counselling (non-clinical support) related to issues such as HIV disclosure, emotional wellbeing, relationship counselling, risk reduction, health promotion, or wellness checks.



Almost **1 in every 3** service sessions for all clients (29%) provided practical assistance



**72%** of all female clients received practical support services compared to



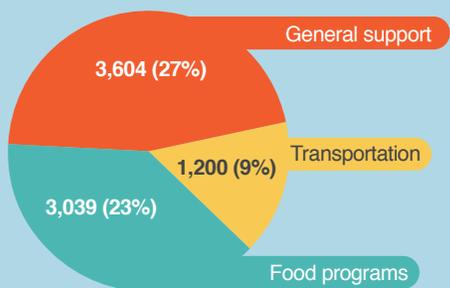
**53%** of all male clients



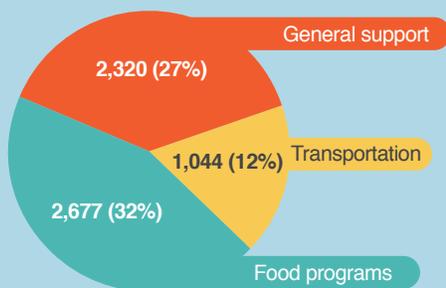
**Other counselling and support services include supports to:**

- manage medications
- HIV pre/post test counselling
- Indigenous traditional services
- financial and employment services

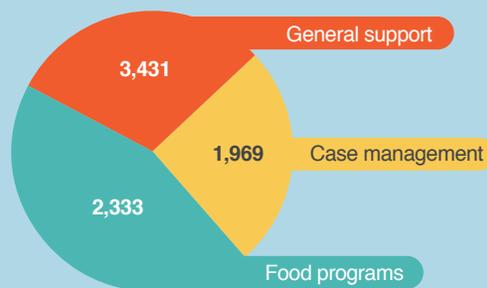
**Top 3 services accessed by all existing clients (by # of clients)**



**Top 3 services accessed by existing clients living with HIV (by # of clients)**



**Top 3 services accessed by all new clients (by # of service sessions)**



## References

<sup>1</sup>Montaner, J.S., Lima, V.D., Barrios, R., Yip, B., Wood, E., Kerr, T., ... Kendall, P. (2010). Association of highly active antiretroviral therapy coverage, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based study. *Lancet*, 376(9740): 532–399.

<sup>2</sup>Mateo-Urdiales, A., Johnson, S., Smith, R., Nachega, J. B., & Eshun-Wilson, I. (2019). Rapid initiation of antiretroviral therapy for people living with HIV. *The Cochrane database of systematic reviews*, 6(6), CD012962. doi:10.1002/14651858.CD012962.pub2.

<sup>3</sup>Ontario HIV Epidemiology and Surveillance Initiative. HIV care cascade in Ontario by sex, age and health region: Linkage to care, in care, on antiretroviral treatment and virally suppressed, 2015. February 2018.