

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.

THE IMPACT OF THE COVID-19 PANDEMIC




This factsheet draws on Ontario Community HIV and AIDS Reporting Tool (OCHART) data from both 2019-20 and 2020-21. In March 2020, public health safety measures were put into place in response to COVID-19, which affected service delivery, and many of these measures remained in place for much of 2020 and 2021. It is important to note that the 2019-20 numbers are from prior to the implementation of many COVID-19 pandemic related safety measures, and 2020-21 numbers were reported within the context of the COVID-19 pandemic, thus preventing comparison.

In 2019-20 and 2020-21, the AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health invested approximately

\$46.3M

annually in HIV services, including:

THESE ORGANIZATIONS AIM TO:

-  Reduce new HIV transmissions by providing education, support, and linking people to testing and other prevention services.
-  Increase the number of people in care and 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.

- 84** HIV-focused services
- 36** harm reduction outreach services
- 11** provincial HIV sector support services
- 8** anonymous HIV testing sites
- 5** community-based HIV clinical services
- 4** province-wide HIV client services

Staff and volunteers living with HIV:

Year	Staff	Volunteers
2019-20	293	868
2020-21	213	554

Actively promotes the greater and more meaningful involvement of people living with HIV. In accordance with COVID-19 public health guidelines volunteers continued to provide service where possible.

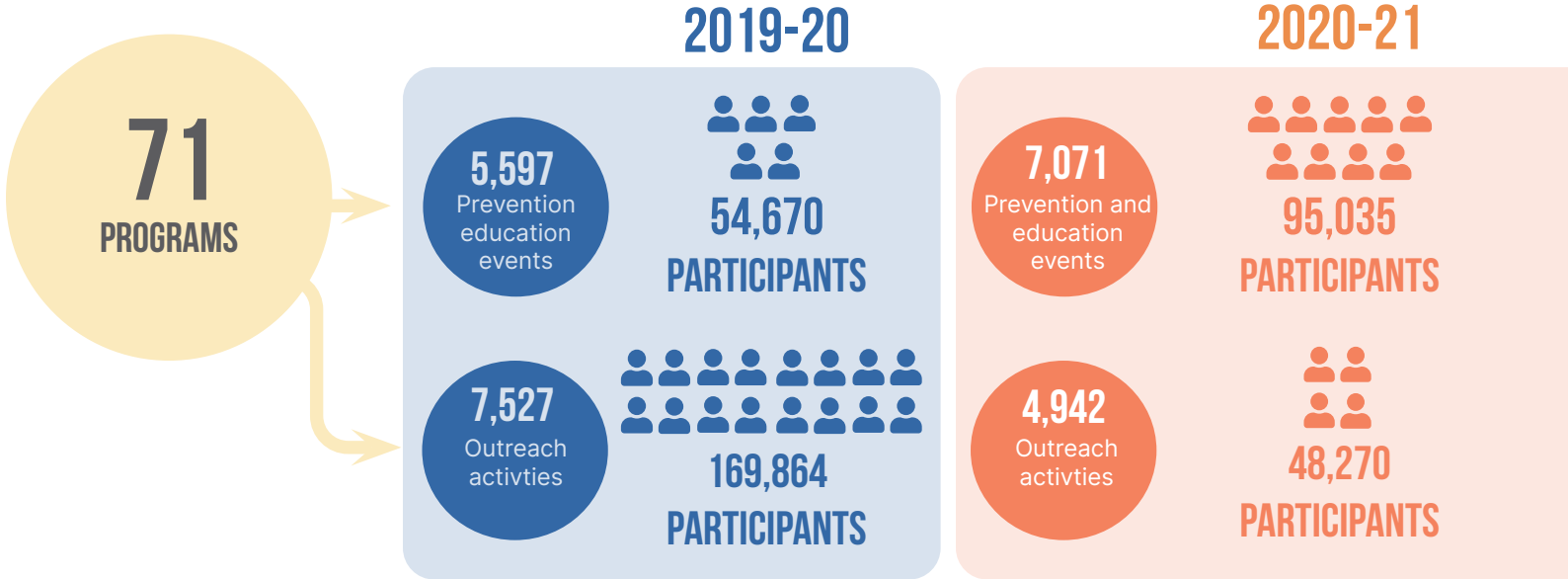
THEY PROVIDE SERVICES TO THE POPULATIONS AT HIGHEST RISK:

-  Gay, bisexual and other men who have sex with men
-  People who use drugs
-  African, Caribbean and Black communities
-  Indigenous Peoples
-  Women±

± Cis and trans women including women who are members of the other populations at highest risk, and other women who face systemic and social inequities, are more likely to be exposed to HIV through a sexual or drug partner.

HIV PREVENTION AND EDUCATION

To prevent new HIV infections, organizations provide education and outreach (including harm reduction outreach and distribution of harm reduction supplies) to people at risk, engage in community development with local service providers, as well as provide linkage to services that address the health and social issues that increase HIV risk, such as mental health issues, addiction, poverty, homelessness, and discrimination. During the COVID-19 pandemic, prevention, education, and outreach activities continued to be delivered in different ways. Although outreach activities decreased due to COVID-19 public health guidelines, prevention and education activities increased as services were provided by phone or online.



4,542,276 SAFER SEX SUPPLIES

(condoms, lube, etc.) were distributed by organizations in 2019-20 and 2020-21 combined.

MORE MEDIA

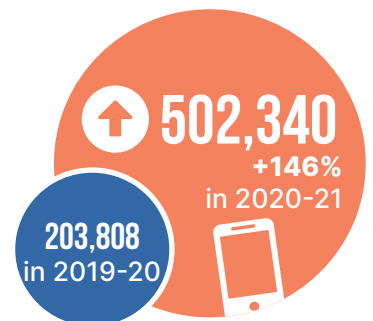
Between 2019-20 and 2020-21, there was a **substantial increase in use of social and traditional media** to reach populations living with or at risk for HIV.

GREATER ENGAGEMENT WITH LOCAL PARTNERS

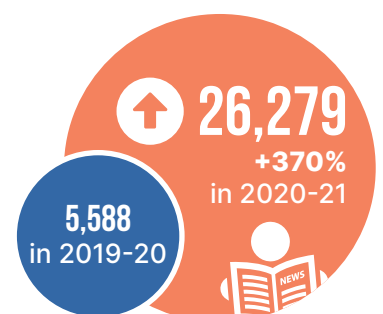
In 2019-20 and 2020-21, education activities for service providers included capacity building, consultations, and information sessions.



Social media pages and posts



Traditional media



HARM REDUCTION SERVICES DELIVERED

In response to the COVID-19 pandemic, harm reduction service providers adapted their service delivery models to promote safe interactions that adhered to public health guidelines while ensuring harm reduction services continued to reach people who use drugs.

SERVICE SESSIONS (2019-20 AND 2020-21 COMBINED)

177,042
Harm reduction teaching

234,051
Brief counselling

212,314
Practical support

7,242

Indigenous
traditional
services

CLIENT INTERACTIONS (2019-20 AND 2020-21 COMBINED)

524,933
(in total)

REACHED

Over
60,000
people
each year

In 2020-21, in response to the COVID-19 pandemic and related public health guidelines, there was an increase in services provided in parks, streets, community agencies, mobile van distribution and residences. The success of the shift of environment is demonstrated by the consistency in the number of harm reduction supplies distributed in 2019-20 and 2020-21.

TOP OUTREACH LOCATIONS

63,007

Streets/
Parks

32,711 **↑ 92%**

Mobile distribution
from a van

26,548 **↑ 50%**

Community
agencies/services

15,538

Residences

↑ 6%

IN-REACH ONSITE

377,756 client
interactions
Needle Exchange
Programs

↓ 24%

OVER 35 MILLION HARM REDUCTION SUPPLIES DISTRIBUTED ANNUALLY

2019-20

33,684,390
Safer injection
supplies

39,278,965
Total supplies
distributed

5,594,575
Safer inhalation
supplies

2020-21

30,432,417
Safer injection
supplies

38,878,152
Total supplies
distributed

8,445,735
Safer inhalation
supplies

TOP HARM REDUCTION REFERRALS

Due to access challenges during the pandemic, referrals decreased in 2020-21, but continued to be provided where possible.



HIV SUPPORT SERVICES

THE GOOD NEWS

HIV is now a chronic manageable illness. People with HIV who are on treatment can suppress the virus to the point where it's no longer detectable and can lead long healthy lives. It also means they can't pass HIV to their sexual partners.

THE RESPONSE

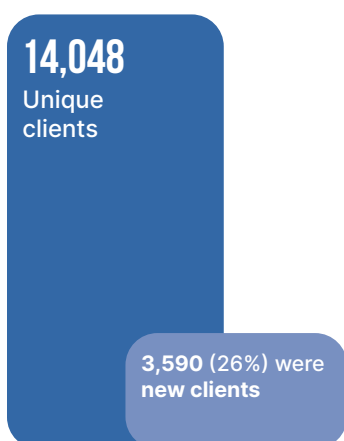
Ministry-funded organizations and community-based HIV programs provide a range of support services to help people living with HIV stay in care and on treatment, and people living with or at risk of HIV navigate systemic barriers and other challenges. While support services were not always able to be provided in person HIV support services continued to be delivered in different ways.

THE CHALLENGE

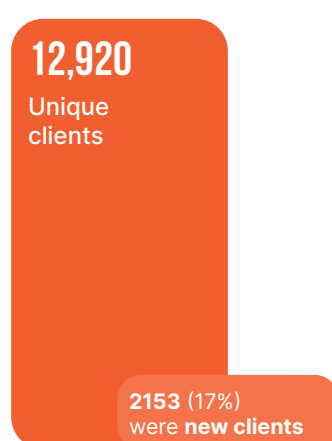
To achieve these health outcomes—better health and no HIV transmission—people living with HIV have to stay on treatment for the rest of their lives² until there is a cure. Staying in care year after year isn't easy for anyone, but it is harder when people face other systemic barriers and challenges in their lives, such as stigma and discrimination, poverty, unstable housing, immigration or settlement issues, mental health issues (e.g. depression, anxiety), substance use and other co-morbidities.

WHO USES SUPPORT SERVICES?

2019-20



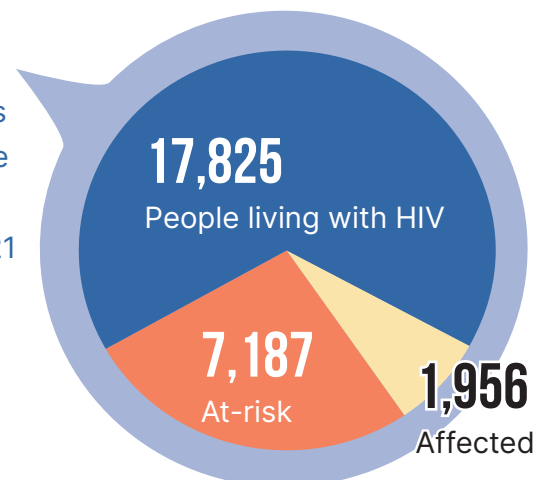
2020-21



Ministry-funded community-based HIV programs reported delivering support services to:

26,968

Total clients - not unique (2019-20 and 2020-21 combined)



PRIORITY POPULATIONS

2019-20 + 2020-21 combined clients (not unique)

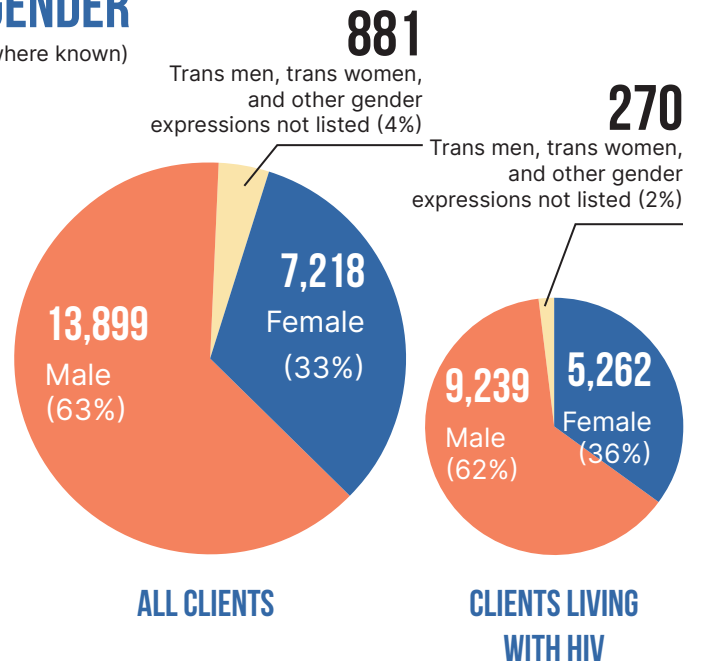
Community-based HIV programs focus their services on populations most affected by HIV. In **2019-20 and 2020-21 combined**, of the total number of clients living with HIV:

- 36%** were members of the African, Caribbean and Black communities
- 13%** were people who use drugs
- 4%** were Indigenous Peoples
- 35%** were gay, bisexual and other men who have sex with men
- 37%** identified as female or trans women

Note: Clients can identify in multiple priority populations

GENDER

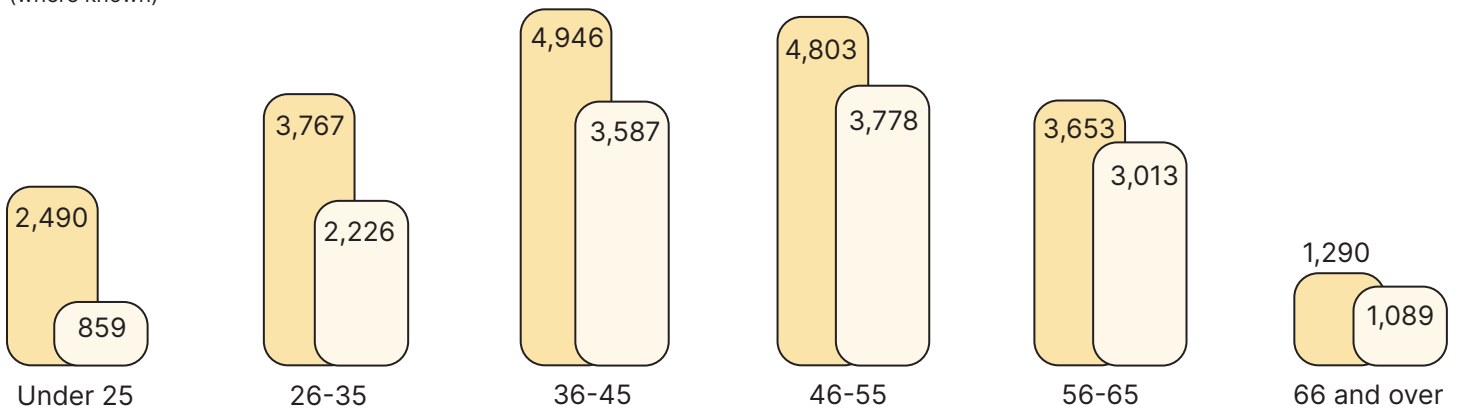
(where known)



AGE

2019-20 + 2020-21 combined clients (not unique)

(where known)

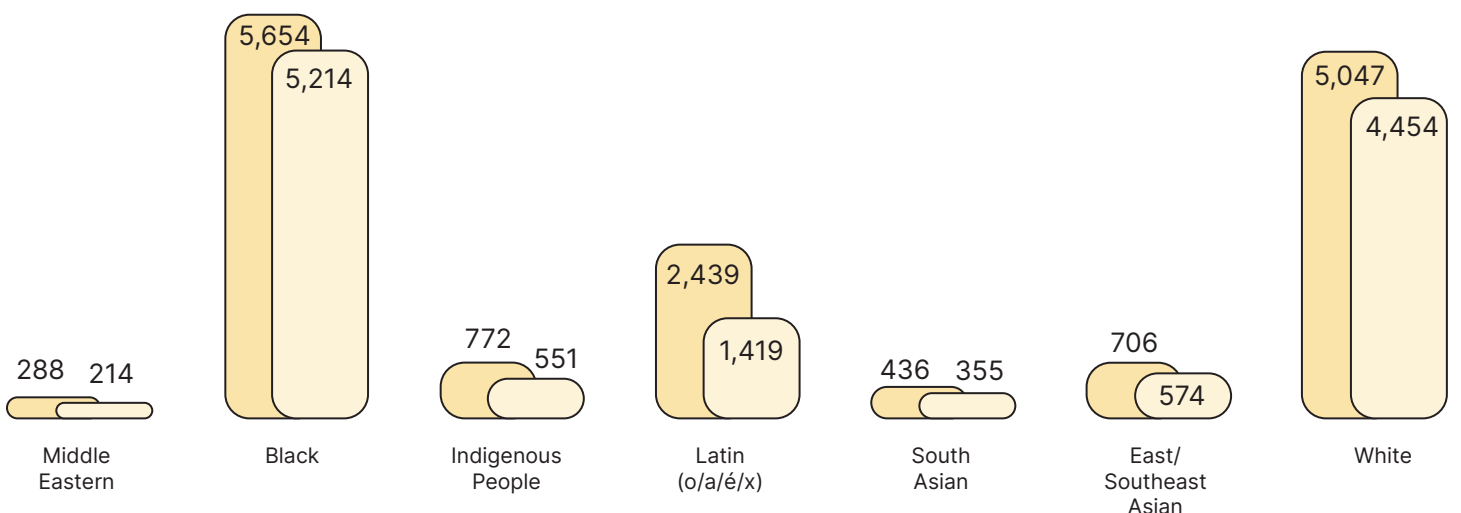


ETHNICITY

2019-20 + 2020-21 combined clients (not unique)

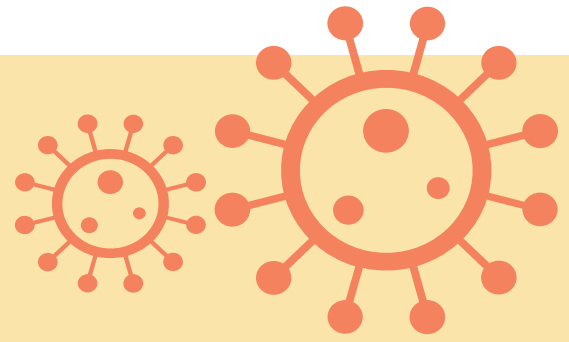
(where known)

[Ethnicity categories adapted from the Ontario Data Standards for Identification and Monitoring of Systemic Racism⁴](#)



HOW DID COVID-19 IMPACT SERVICE DELIVERY?

The COVID-19 pandemic and related public health safety measures have impacted access to all health and social services. Throughout the COVID-19 pandemic, community-based HIV service providers continued to provide services in accordance with local public health guidelines. Working within this context, in 2020-21 community-based HIV services providers increased the number of general support and food programs provided to all clients, compared to 2019-20.



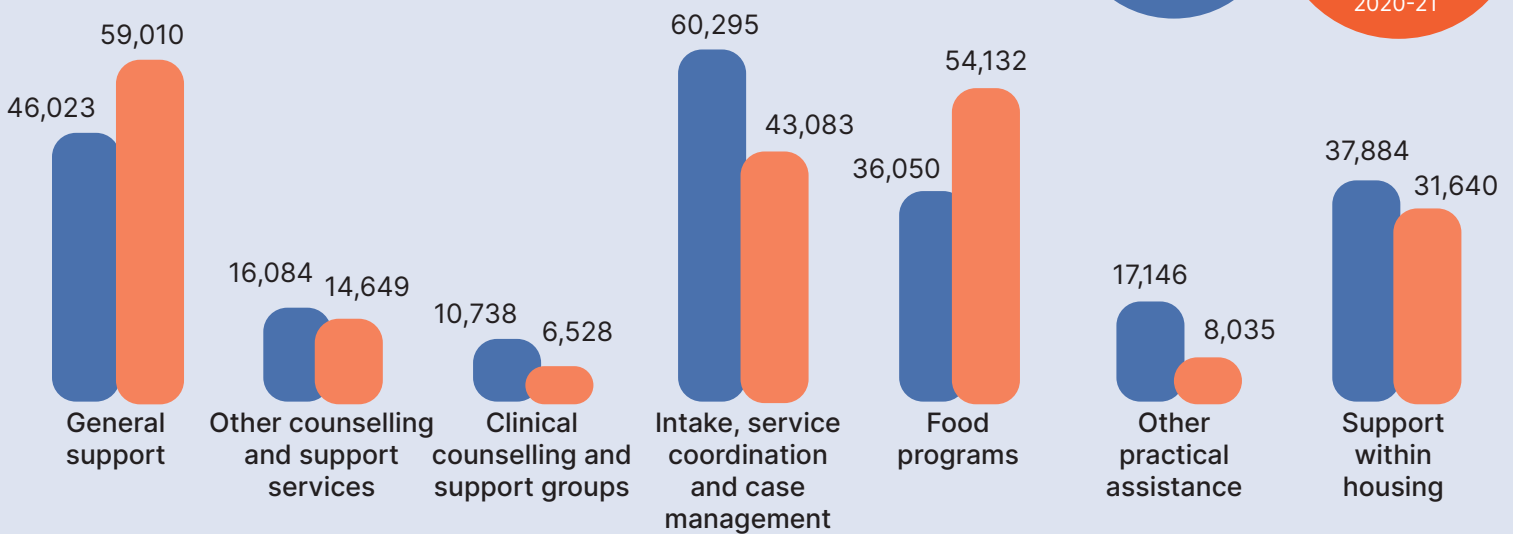
GENERAL SUPPORT
 ↑ 28%



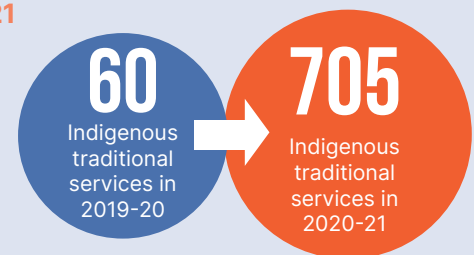
FOOD PROGRAMS
 ↑ 50%

SERVICE SESSIONS: CLIENTS LIVING WITH HIV

2019-20
 2020-21

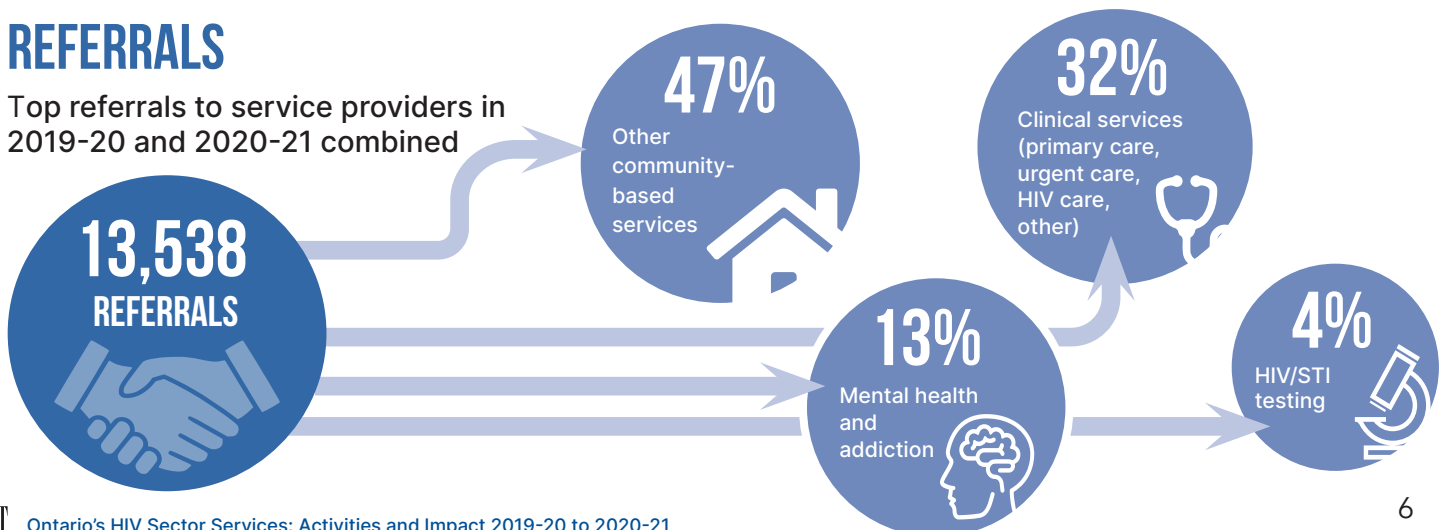


↑ 1075%



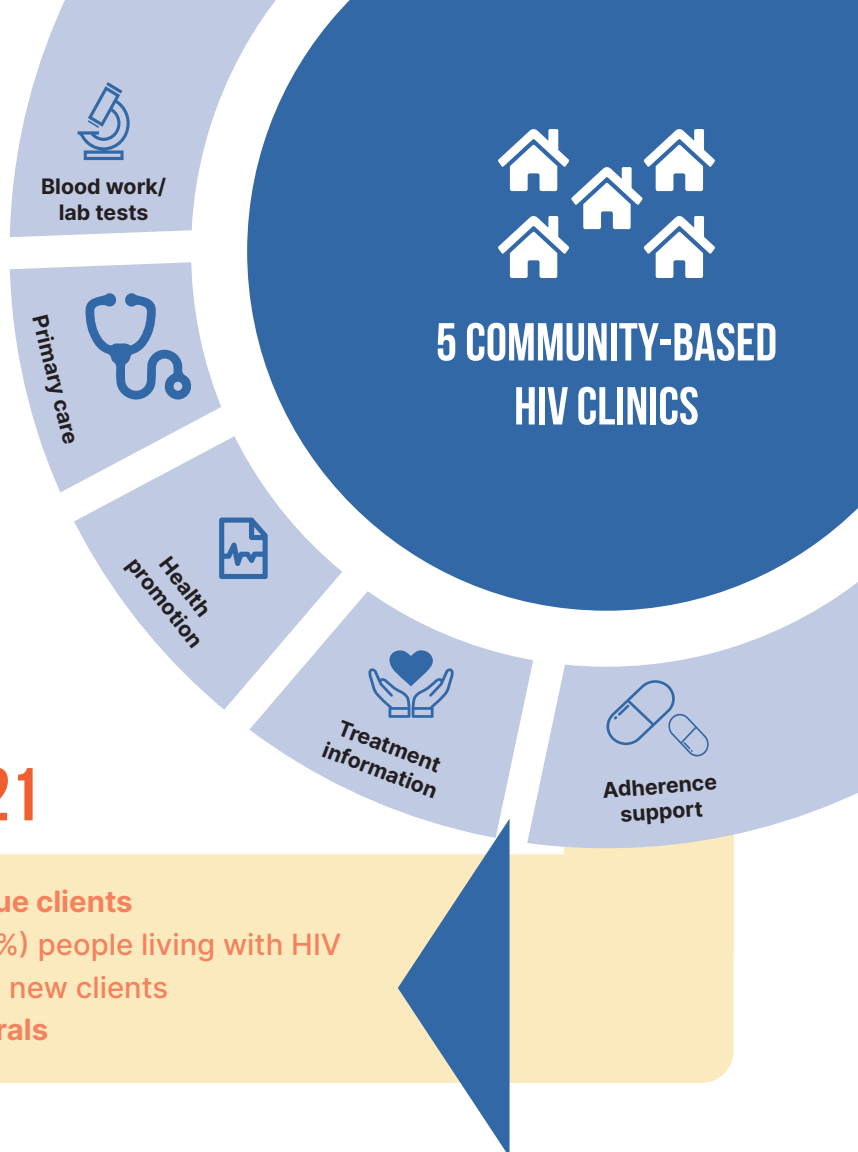
REFERRALS

Top referrals to service providers in 2019-20 and 2020-21 combined



COMMUNITY-BASED HIV CLINICS

In addition to the hospital-based HIV clinics and primary care providers funded by the larger health care system, the AIDS and Hepatitis C Programs funds five community-based HIV clinics that serve people who face barriers using traditional health services, such as people who use injection drugs, and who live in parts of the province with little access to HIV care.



2019-20

2,019 unique clients

- ▶ 1,513 (75%) people living with HIV
- ▶ 424 (18%) new clients
- 4,962 referrals**

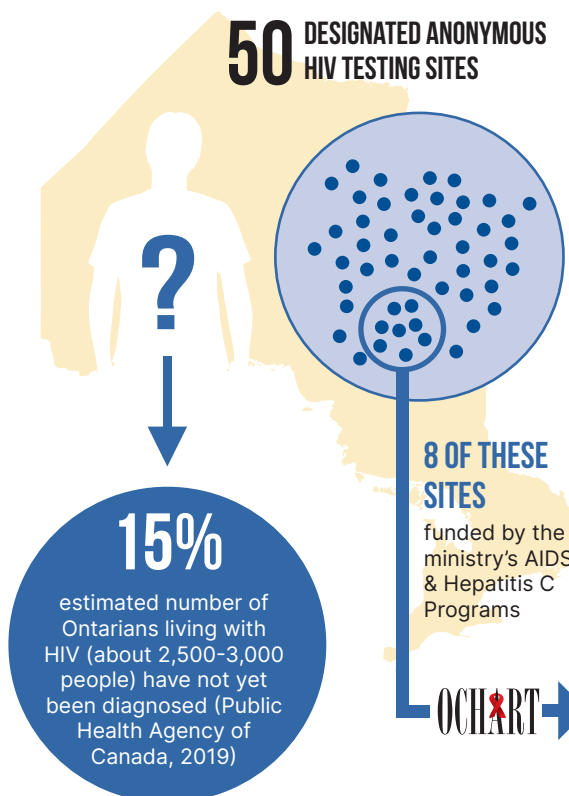
2020-21

2,074 unique clients

- ▶ 1,563 (75%) people living with HIV
- ▶ 367 (21%) new clients
- 4,152 referrals**

ANONYMOUS TESTING

Public health restrictions in response to COVID-19 led to a decrease in the total number of tests conducted in 2020-21, but the higher positivity rate demonstrates that testing reached those most at risk for HIV.



To protect their health and prevent new infections, it's important to engage individuals infected with HIV but not aware of their status, and those at-risk of acquiring HIV, in testing. Most HIV testing in Ontario is conducted by primary care physicians and sexual health clinics funded by the larger health system. In addition, within Ontario, there are also 50 designated anonymous HIV testing sites (providing either rapid point-of-care or standard blood drawn anonymous HIV tests), of which the ministry's AIDS & Hepatitis C Programs funds eight testing sites that report their activities in OCHART.

In 2019-20:

- 12,598 anonymous HIV tests (26% via outreach testing)
- 118 HIV diagnoses
- 0.94% test positivity rate
- 542 referrals (HIV clinical & other social services)

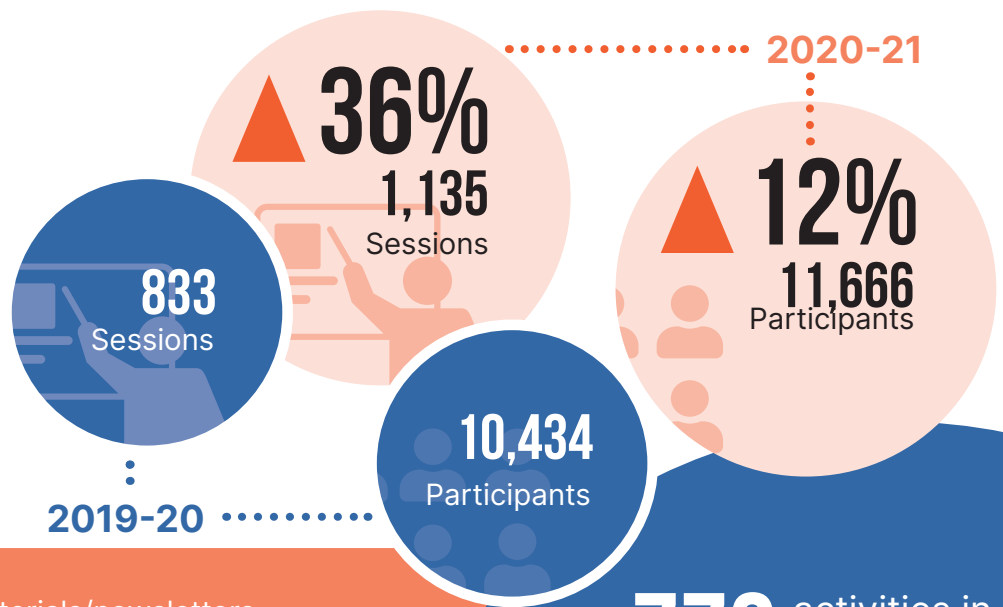
In 2020-21:


- 2,680 anonymous HIV tests (5% outreach testing)
- 31 HIV diagnoses
- 1.16% test positivity rate
- 193 referrals (HIV clinical & other social services)


BUILDING PROVINCIAL SECTOR CAPACITY

The provincial sector support services reported an increase in total capacity building sessions (presentations, training, consultations), with the biggest increase in activities focused on organizational development & skills development. This work supported organizations and staff to respond to COVID-19, maintain service delivery, and adapt their services, as needed.

Capacity building sessions increased in 2020-21




 **181** agency materials/newsletters developed in 2019-20 and 2020-21 combined, including community-specific resources related to HIV and COVID-19


 **259** KTE resources developed in 2019-20 and 2020-21 combined


773 activities in 2019-20 and

858 activities in 2020-21, including:

 presentations/information sessions

 consultations to promote best practices in evidence-informed service delivery

 improved data collection and data quality

 improved coordination and consistency of services provided across the province

REFERENCES

1. 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.
2. 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.
3. Ontario HIV Epidemiology and Surveillance Initiative. HIV care cascade in Ontario: Linkage to care, in care, on antiretroviral treatment, and virally suppressed, 2020. Toronto, Ontario, October 4, 2022.
4. <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism>