

The HIV and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health (ministry), funds and oversees community-based HIV and hepatitis C (HCV) services. It also supports the distribution of naloxone and other harm reduction supplies to populations at risk of HIV, HCV, and opioid overdose.

Activity snapshot



1,718,731
safer sex supplies distributed



13,931
support service clients



37 million
harm reduction supplies distributed



5,542
anonymous HIV tests



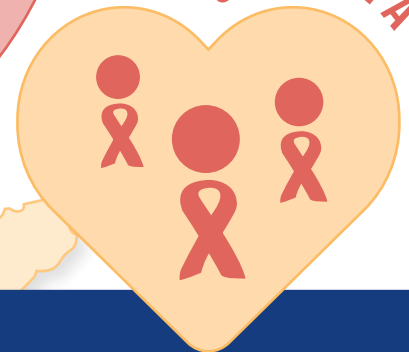
278,671
harm reduction interactions

In 2021-22, the ministry's HIV and Hepatitis C Programs invested approximately **\$48.1 million** annually in HIV services, including: ▶

- 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

About this factsheet. This factsheet draws on HIV-specific activity data reported in the Ontario Community HIV/AIDS Reporting Tool (OCHART) for 2021-22. It provides funders and community-based HIV service providers with an annual overview of their impact, including the clients served, prevention and education work, harm reduction services, support services, community-based HIV clinical services, anonymous HIV testing and provincial capacity building.

GIPA/MEPA






Average number of staff and volunteers living with HIV over the fiscal year*:

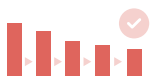
- 250 Staff**
- 483 Volunteers**

★ Represents average number (H1+H2)/2.

WHAT?

These organizations work across the HIV care cascade and 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 to help people link to and stay in care, and manage other health and social issues.
-  Minimize the burden of HIV on the health care system.



The **HIV care cascade** is a framework to understand how people are diagnosed with HIV, linked to care, engage in treatment and achieve viral suppression. (From ohesi.ca.)

WHO?

They provide services to the populations at highest risk:

-  Gay, bisexual and other men who have sex with men
-  African, Caribbean and Black communities
-  People who use drugs
-  Indigenous Peoples (First Nations, Métis and Inuit)
-  Women



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



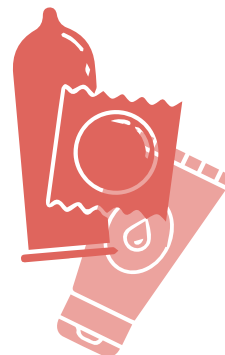
HIV PREVENTION AND EDUCATION

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 inequities that increase HIV risk, such as mental health issues, addiction, poverty, inadequate, unstable, or lack of housing, racism and discrimination.

71 programs reported delivering:

 **5,969** Prevention education events  **66,752** Participants

 **6,349** Outreach activities  **58,580** Participants



1,718,731 safer sex supplies (condoms, lube, etc.) were distributed by organizations




 HIV Prevention and Education Continues ▼

In 2021-22, education activities with service providers included capacity building workshops, consultations, and information sessions.

 **1,506**
Events


 **38,060**
Participants



NEARLY 75%
Reported use of provincial
Priority Population Networks
(ACCHO, GMSH, WHAI)
materials


Community development work with local partners remained a strong focus ensuring service coordination, strong referral pathways, and engagement of community partners.


 **6,057**
community development meetings

 **20%**
community
event planning

 **18%**
coalition/network
meetings

 **18%**
general information
sharing

 **17%**
improved
service delivery

 **12%**
new partnership/relationship
building

Programs used online and traditional media approaches to deliver their prevention messages.



444,367
social media posts and pages
(likes and followers)



24,410
traditional media
interactions




2,787,431
website views



HARM REDUCTION SERVICES DELIVERED

Harm reduction outreach programs continued to deliver services to people who use drugs at fixed satellite sites, as well as through the use of innovative street-based and mobile outreach strategies. They distribute harm reduction supplies (safer injection and safer inhalation), share best practices to reduce harms and keep people well, and provide referrals to link people to other needed health, community, and social services.

 People who use drugs engage with harm reduction workers through individual personalized interactions where they receive health teaching, support, Indigenous traditional services, and harm reduction supplies.




278,671  14%
Client interactions

More than one type of service delivered per interaction

Service Sessions



94,497  25%
Harm reduction teaching



100,070  24%
Brief counselling



186,629  67%
Practical support

2,252

Indigenous traditional services

Top Five Locations for Client Interactions



202,823 (73%)
Fixed Needle Syringe Programs (NSP) & satellite sites



26,488 (10%)
Streets/parks



22,627 (8%)
Mobile distribution from a van



12,300 (4%)
Residences



12,039 (4%)
Community agencies/ services (not fixed sites)

Top outreach locations ▶



Outreach is defined as work provided in locations where community members congregate or socialize.



OVER 37 MILLION

pieces of harm reduction equipment distributed

27,445,704

Safer injection supplies

10,250,557  17%

Safer inhalation supplies

976,723  27%

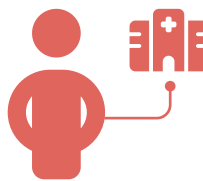
Straight stems

8,434,590
Needles

743,571  55%
Bowl pipes

3,022,903  25%
Foil

Referrals



57,609

Total referrals



25,536
other community-based service providers (e.g., housing, social services) **(44%)**



2,019
mental health service providers **(4%)**



8,591
clinical services (HIV care, primary care, urgent care, other clinical) **(15%)**



1,289
hepatitis C services (testing, care, treatment) **(2%)**



2,331
addiction services **(4%)**



1,108
HIV/STI testing **(2%)**

Top referrals ▶

 ALL INCREASES ARE VS 2020-21



HIV SUPPORT SERVICES

Types of support services include general support, wellness checks, support groups, clinical counselling, employment services, financial counselling services, HIV pre-/post-test counselling, managing HIV, settlement services, and bereavement services.

HIV programs provide a range of support services to help people living with HIV stay in care and on treatment, and connect them to other health, community, and social services. In addition, they assist people living with or at high risk of HIV navigate systemic barriers, stigma, racism/discrimination, and other inequities that negatively impact their overall health and well-being.

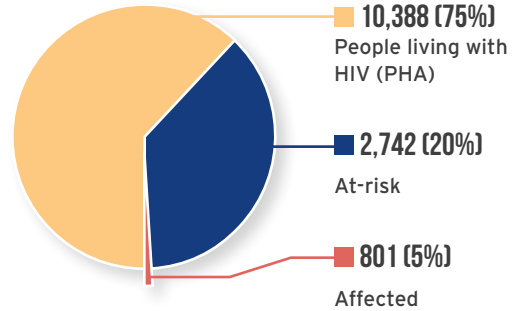
WHO USES SUPPORT SERVICES?



13,931 ↑ 18%
unique clients

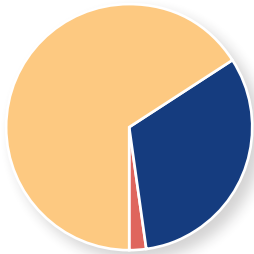


2,596 ↑ 23%
new clients



GENDER ▸ ALL CLIENTS

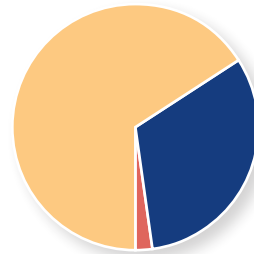
Where known
n=12,784



8,342	Male (66%)
4,094	Female (32%)
348	Trans People & Individuals who identify as non-binary and other gender expressions (2%)

GENDER ▸ CLIENTS LIVING WITH HIV

Where known
n= 9,241



6,111	Male (66%)
2,984	Female (32%)
146	Trans People & Individuals who identify as non-binary and other gender expressions (2%)

AGE ▸ ALL CLIENTS

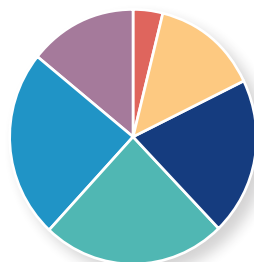
Where known
n=12,027



1,104	<25 (9%)	2,381	20%
2,043	26-35 (17%)	1,329	11%
2,556	36-45 (21%)	2,057	24%
2,614	46-55 (22%)		

AGE ▸ CLIENTS LIVING WITH HIV

Where known
n=8,646

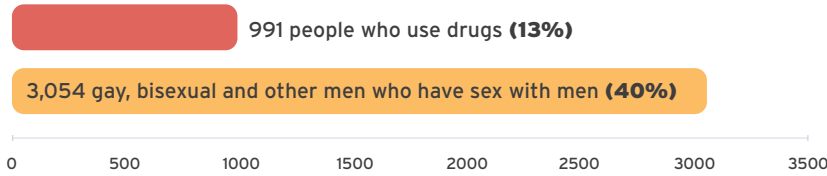


393	<25 (4%)	2,068	24%
1,189	26-35 (14%)	1,184	14%
1,755	36-45 (20%)		
2,057	46-55 (24%)		

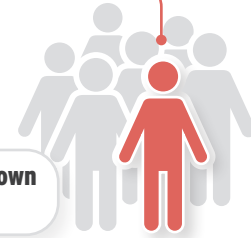


Community-based HIV programs focus their services on **populations most affected by HIV.**

In 2021-22, of the total number of clients living with HIV were:

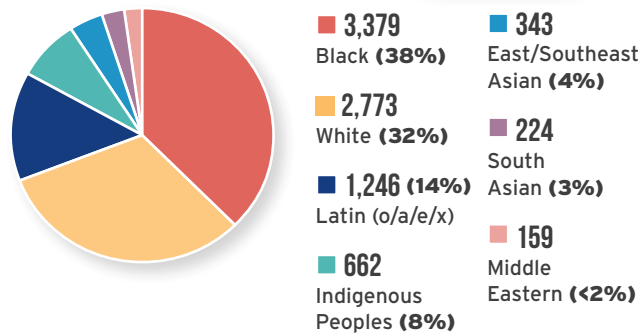


Where known
(n=7,631)



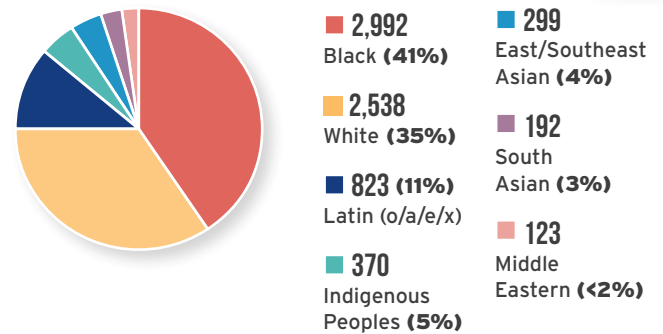
ETHNICITY ▸ ALL CLIENTS

Where known
n=8,786

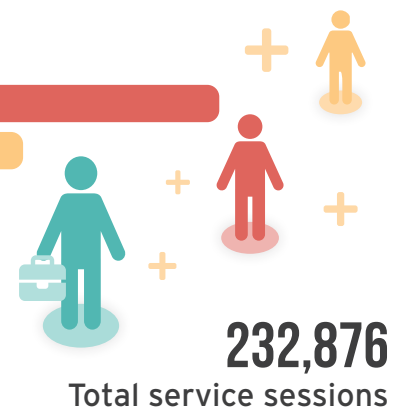
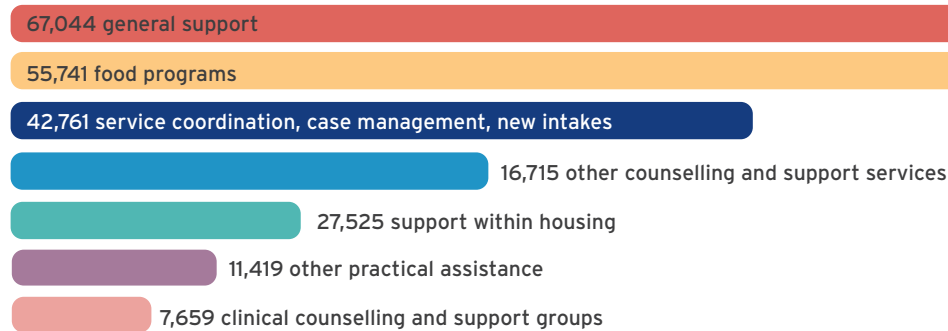


ETHNICITY ▸ CLIENTS LIVING WITH HIV

Where known
n=7,337

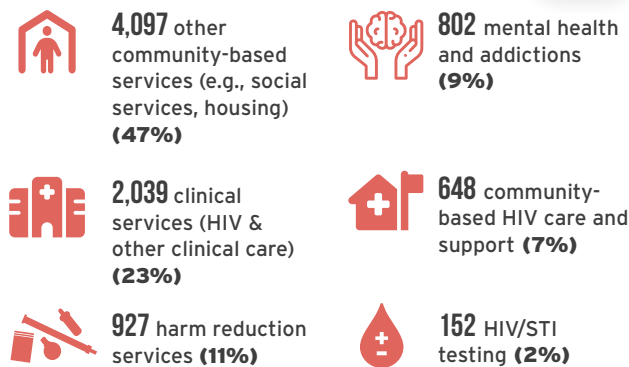


SERVICE SESSIONS: CLIENTS LIVING WITH HIV



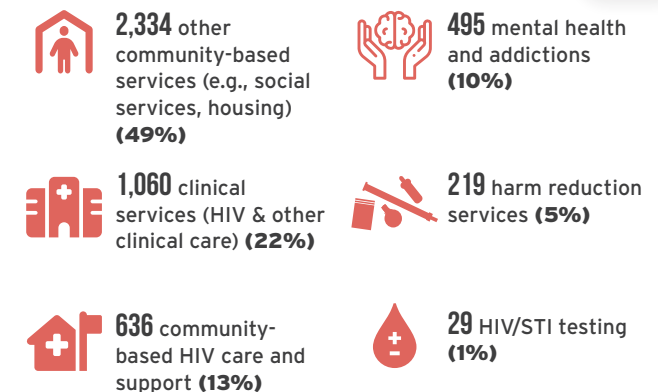
REFERRALS ▸ ALL CLIENTS

Total
8,654



REFERRALS ▸ CLIENTS LIVING WITH HIV

Total
4,773





COMMUNITY-BASED HIV CLINICS

In addition to the hospital-based HIV clinics and primary care providers funded by the larger health care system, the HIV 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 people who live in parts of the province with little access to HIV care.



2,995
clients (average over the fiscal year)

1,710
people living with HIV (PHA) (average over the fiscal year)

4,599
referrals



Blood work/
lab tests

Primary
care

Health
promotion

Treatment
information

Adherence
support

5
community-
based HIV
clinics



ANONYMOUS TESTING

Anonymous tests use an anonymous HIV test requisition form so that clients' results cannot be linked back to their identity. Information pertaining to anonymous testing is kept in anonymized files.

To protect their health and prevent new infections, it is important to engage individuals infected with HIV but not aware of their status, as well as those at risk of acquiring HIV, in testing. Most HIV testing in Ontario is conducted by primary care physicians and other practitioners 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 HIV & Hepatitis C Programs funds eight testing sites that report their activities in OCHART.



8 of these sites funded by the ministry's HIV and Hepatitis C programs

50
designated
anonymous HIV
testing sites

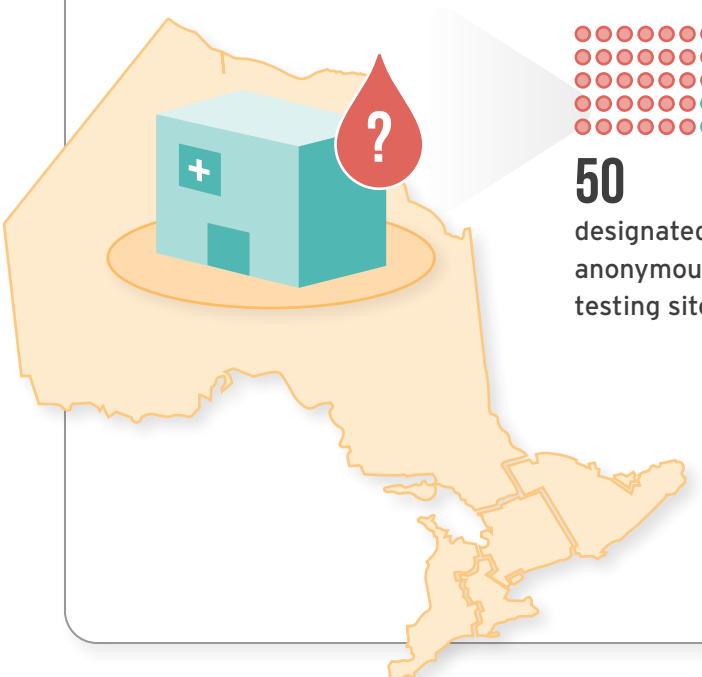
5,542
anonymous HIV tests

5,525
rapid tests

17
standard blood draws

34
anonymous reactive tests

191
referrals (HIV clinical & other
social services)





BUILDING PROVINCIAL SECTOR CAPACITY

The provincial sector support services reported an increase in total capacity building sessions delivered (presentations, training, consultations), with the biggest increase in activities focused on organizational development and skills development.

 **1,033**
Sessions

 **11,086**
Participants

 **65**
agency
materials/
newsletters

 **35**
Knowledge
translation
resources
developed

 **1,033**
activities

706
consultations to promote best
practices in evidence-informed
service delivery

192
presentations/information sessions

135
training sessions