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Overview of Population-Specific HIV/AIDS Information

*HIV/AIDS Policy, Coordination and Programs Division – Populations Section
Centre for Communicable Diseases and Infection Control*

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Public Health
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Canada 

Introduction

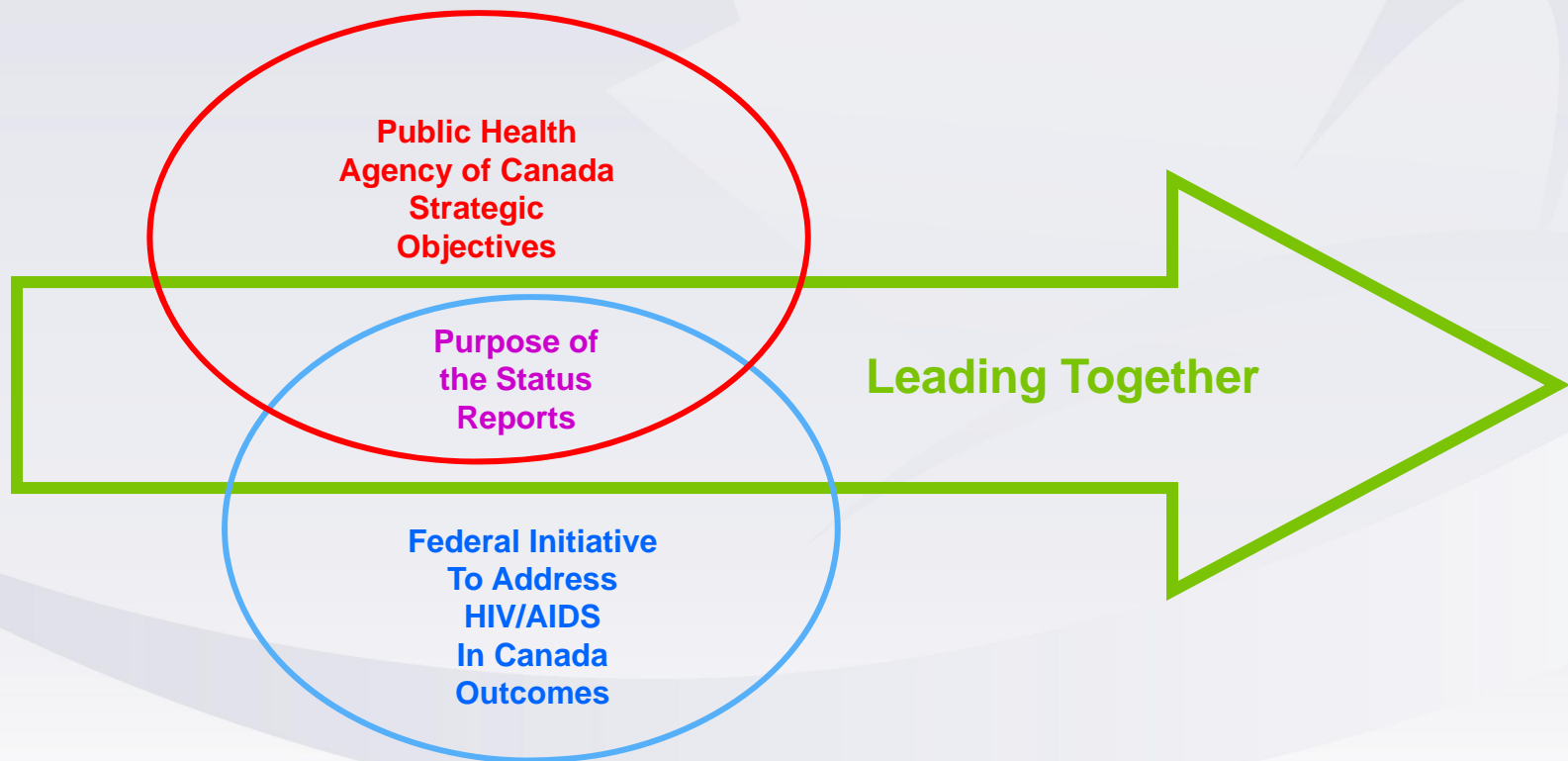
The purpose of this presentation is:

1. To provide background information on HIV/AIDS and key populations through findings from the development of PHAC Population-Specific HIV/AIDS Status Reports:
 - People living with HIV/AIDS;
 - People from countries where HIV is endemic, Black people of African and Caribbean descent living in Canada;
 - Gay, Two Spirit, Bisexual and other Men who have sex with Men;
 - Women;
 - Aboriginal Peoples;
 - People who use drugs

What are the Status Reports?

- The aim is to present current Canadian information on:
 - the demographic profile of the populations;
 - ways they are affected by HIV;
 - factors that increase their vulnerability to HIV; and
 - outline on current research and response initiatives.
- The audience is composed of individuals involved in the development of HIV/AIDS policy programming and research activities targeting key populations.
- The first report will soon be available on the PHAC website at <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/africacaribbe/index-eng.php>.

Background on the Status Reports



Quality of the picture we like to develop...

Demographic
Profile

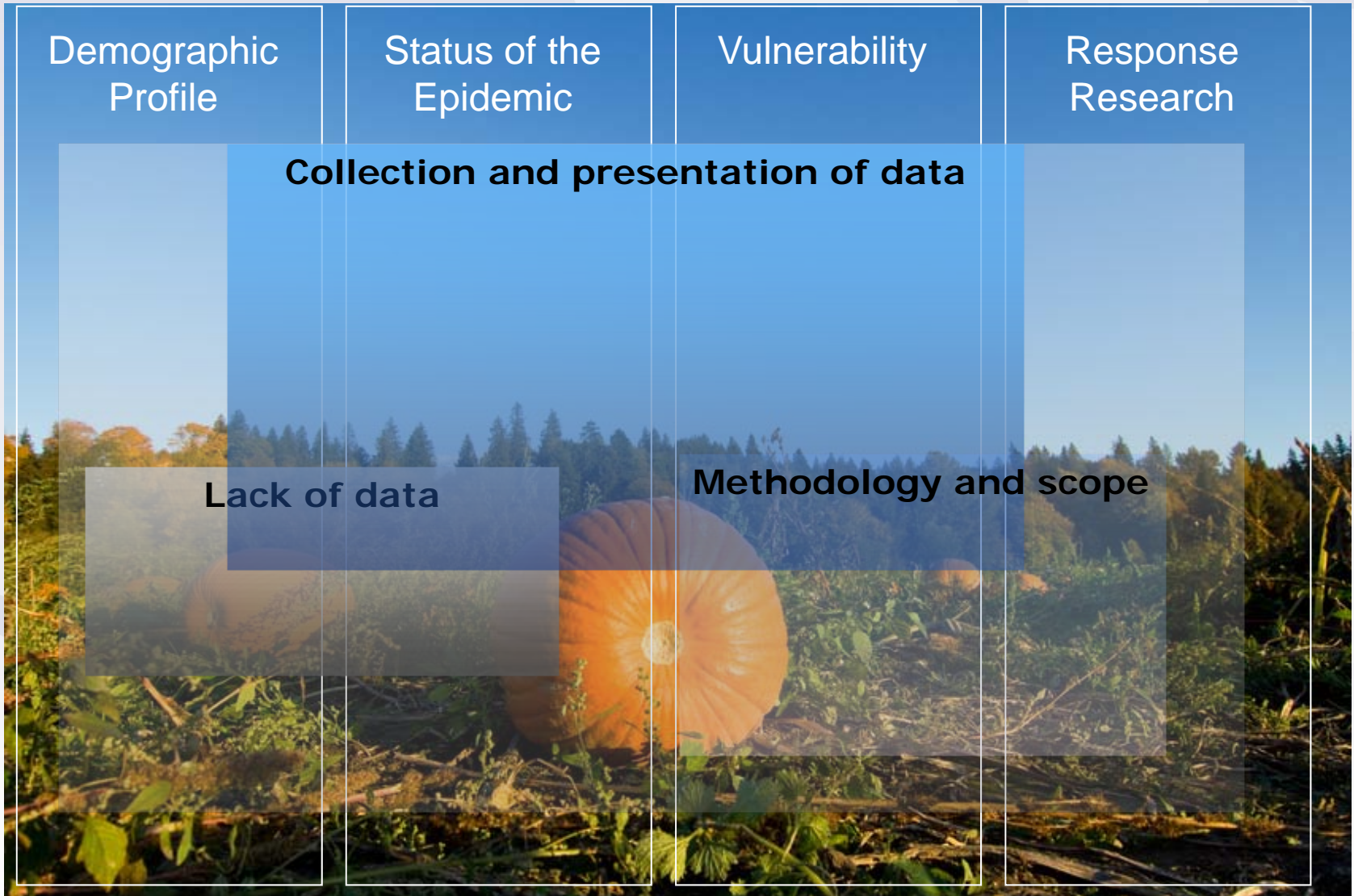
Status of the
Epidemic

Vulnerability

Response
Research

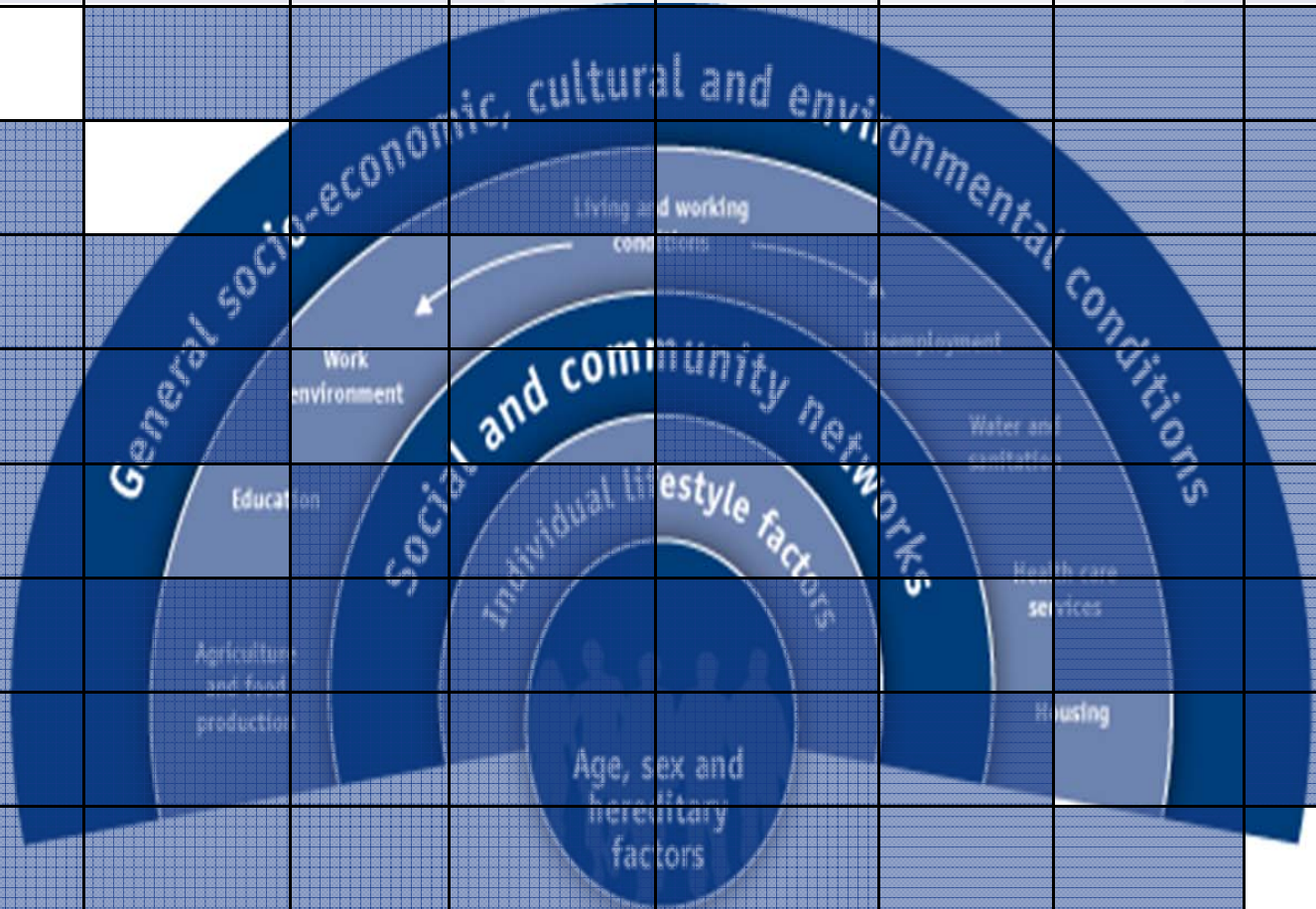


This is the best picture we could get...



Populations within populations

	PHA	FN/I/M	MSM	Women	Endemic	Youth	Prison	IDU
PHA								
FN/I/M								
MSM								
Women								
Endemic								
Youth								
Prison								
IDU								



Overview of the Findings

POPULATIONS

- People living with HIV/AIDS;
- People from countries where HIV is endemic, Black people of African and Caribbean descent living in Canada;
- Gay, Two Spirit, Bisexual and other MSM;
- Women;
- Aboriginal Peoples;
- People who use Drugs.

QUESTIONS

- **What is the status of HIV/AIDS in this population?**
- **What are the factors that impact the vulnerability of this population to HIV/AIDS?**
- **What is the focus of current Canadian research?**
- **What is the focus of Canadian response/programs?**

People living with HIV/AIDS (1/2)

How many people are living with HIV in Canada?

- At the end of 2005, an estimated 58,000 people in Canada were living with HIV infection (including AIDS). This represents an increase of about 16% from the 2002 estimate of 50,000.

Who in Canada is the most affected by HIV?

- While anyone – from all ages, walks of life and socio-economic strata of society – can be affected by HIV or AIDS, the reality is that in Canada (as in most high-resource countries) key populations are disproportionately represented among those living with HIV/AIDS.
- 51%, MSM; 17%, IDU; 27%, heterosexual sex (including HIV-endemic); 4%, MSM-IDU; the remaining were attributed to other exposure categories.

Where are the cases of HIV located in Canada?

- Close to 88% of the number of HIV-tests reports (1985-2006) and the reported AIDS cases (1979-2006) are located in the three most populated Canadian provinces: British Columbia, Ontario and Quebec - in 2006, the population of these provinces accounted for 75% of the total Canadian population.

People living with HIV/AIDS (2/2)

What are the factors that impact the life of someone living with HIV/AIDS?

- Living with HIV has an impact on: socio-economic status, mental health, social support network
- Stigma and discrimination occur in specific settings and contexts such as housing, employment, disability assistance, health care, education, rural settings, legal, and within their own communities.
- Access issues: care, treatment, prevention and support
- Other important areas: disclosure in the context of the criminal law; treatment adherence in the context of “treatment as prevention”; co-infections/morbidity.

What is the focus of current Canadian research?

- Epidemiology and surveillance; basic science; treatment management and health conditions; access to treatment care and support including capacity building; social issues; prevention; co-infections; legal and ethical issues.

What is the focus of the Canadian response/programs (community level)?

- provide treatment management advice and promote access to treatment, care, support, services and testing; and
- create peer support groups for people living with HIV/AIDS to reduce isolation and to enhance quality of life.

People from countries where HIV is endemic, Black people of African and Caribbean descent living in Canada (1/2)

What is the status of HIV/AIDS in this population?

- The HIV-endemic exposure subcategory was estimated to account for approximately 12% of people living with HIV and AIDS in Canada in 2005. The infection rate among individuals from HIV-endemic countries was estimated to be 12.6 times higher than among other Canadians in 2006.

What are the factors that impact the vulnerability of this population to HIV/AIDS?

- Stigma, racism, income, unemployment, lack of access to culturally appropriate health services, and lack of support networks especially for those who recently moved to Canada.

People from countries where HIV is endemic, Black people of African and Caribbean descent living in Canada (2/2)

What is the focus of current Canadian research?

- Knowledge and attitudes toward HIV/AIDS, risk-taking behaviours, and effective strategies to increase access to programs and services.

What is the focus of the current Canadian response/programs?

- Ontario is the only jurisdiction with a specific strategy and is the province where a population-specific response is occurring.
- Focus on youth, women, immigrants, MSM.
- Community projects are led by different types of organizations, including those with a specific HIV/AIDS and/or ethno-cultural mandate, as well as local community health centres
- Enhancing access to services by reducing barriers or increasing the capacity of service providers to deliver more culturally appropriate services.

Gay, Two Spirit, Bisexual, and Other Men who have Sex with Men (1/2)

What is the status of HIV/AIDS in this population?

- From 1985 to 2007, MSM accounted for 56.6% of positive HIV test reports among all adults with reported exposure category, and 67.0% of all positive HIV test reports among men.
- ON (40.8%), QC (28.6%) and BC (19.4%) represent the highest distribution of total AIDS cases attributed to MSM to 2006

What are the factors that impact the vulnerability of this population to HIV/AIDS?

- Homophobia and determinants of health including: Social Support Networks; Culture; Social & Physical Environments; Personal Health Practices and Coping Skills; Healthy Child Development; and Access to Appropriate Health Services.

Gay, Two Spirit, Bisexual, and Other Men who have Sex with Men (2/2)

What is the focus of current Canadian research?

- Prevention, social issues (sometimes overlapping)
- Factors affecting gay men's risk-taking; homophobia; broad-based social stigma and discrimination, and that occurring within the gay community
- Venue- or Internet-specific prevention
- Discrete sub-populations' prevention issues; ethno-cultural minorities & added vulnerability of newcomers; Homophobia – cultural and internalized

What is the focus of the current Canadian response/programs?

- Response tends to be greater in high population densities, such as Vancouver, Montreal & Toronto, with networks and population-specific services more likely to occur.
- In those areas, cities/regional governments tend to become more involved in the response.

Women (1/2)

What is the status of HIV/AIDS in this population?

- In 2007, one quarter (25%) of positive HIV test reports were attributed to women.
- SK displays the highest proportion of positive HIV test reports attributed to women (36.4%) while BC and ON have the lowest (14.2% and 14.4% respectively).

What are the factors that impact the vulnerability of this population to HIV/AIDS?

- Gender inequality is deemed to be the key driver of the HIV/AIDS epidemic as heterosexual sex and injection drug use both involve risk behaviour relating to power relationships and inequalities between the sexes.
- Gender intersects with other health determinants to create vulnerabilities for women (income, housing, etc.).

Women (2/2)

What is the current focus of current Canadian research?

- Women living with HIV/AIDS - mothers or mothers-to-be
- Women living with HIV/AIDS relating to treatment (i.e. access or impact), their needs, support or barriers and their quality of life / well-being
- Survival sex, HIV risks and prevention.

What is the focus of the current Canadian response/programs?

- Prevention; capacity-building; support
- Focus on women from countries where HIV is endemic, who inject drugs, in prisons, living with HIV/AIDS, sex workers, youth, Aboriginal women

Aboriginal Peoples (1/2)

What is the status of HIV/AIDS in this population?

- In 2005, Aboriginal persons made up an estimated 9% of new HIV infections and 7.5% of existing infections
- Injection drug use is the main HIV exposure category for Aboriginal males and females
- Compared to the non-Aboriginal population, Aboriginal women and youth are particularly affected by HIV/AIDS

What are the factors that impact the vulnerability of this population to HIV/AIDS?

- Multi-generational impact of colonialism, racism, cultural loss, residential schools, poverty, violence, social exclusion, homelessness/housing instability, problematic substance use
- HIV/AIDS-related stigma, discrimination and homophobia within Aboriginal communities can prevent people from accessing HIV testing, care and treatment, and reduce social and family support for Aboriginal people living with HIV/AIDS

Aboriginal Peoples (2/2)

What is the focus of current Canadian research?

- Risk-taking behaviour; barriers to accessing services; community research; capacity development and research dissemination strategies
- Few projects focus specifically on First Nations or Inuit; none focus specifically on Métis

What is the focus of the current Canadian response/programs?

- Community response among Métis, Inuit and First Nations off-reserve is delivered by Aboriginal organizations; few projects focused on First Nations, Inuit or Métis specifically
- Response on-reserve: many activities focus on prevention activities that raise awareness or knowledge of HIV/AIDS
- Response among Aboriginal people in prison: prevention programming focuses on education and information-sharing; most responses do not target Aboriginal people specifically

People who use Drugs (1/3)

What is the status of HIV/AIDS in this population?

- Though the national data for 2001-2006 shows a decline in new HIV-positive tests attributed to IDU (19.3% in 2006), some urban centres continue to see high HIV risks & rates among people who inject drugs with no sign of decline.
- Among people who use drugs and are living with HIV, Aboriginal peoples, both men and women, and men who have sex with men form the majority of those who will most likely have their HIV infection progress to AIDS.

What are the factors that impact the vulnerability of this population to HIV/AIDS?

- A variety of factors determine if individual drug-using and/or sexual behaviour will lead to HIV and its progression to AIDS.
- Individual aspects of injecting associated with HIV seroconversion are age of injecting initiation, overall duration of injecting, borrowing needles, frequency of injecting, use of cocaine or mixtures of drugs containing cocaine, and receiving injections from others.
- These aspects are linked to health determinants, such as: poverty, lack of social support and housing, personal health practices and coping skills, and the way social & physical environments and societal systems are organized.

People who use Drugs (2/3)

What is the focus of current Canadian research?

- Studies on community-based outreach, access to sterile syringes, supervised injecting, STI treatment, addiction treatments, condom promotion and HIV counselling and testing proving their effectiveness & feasibility.
- Current research is “in transition” from individual risks to individual-environment interactions; from being individually-driven to becoming community-based; from being ‘local’ in focus & scope to multi-centre-based & valuing international evidence.

People who use Drugs (3/3)

What is the focus of the current Canadian response/programs?

- Early initiatives focused on factors affecting availability, acceptability, and accessibility of the materials needed by individuals to change & maintain safer behaviours.
- Response is expanding from initiatives that focus on behavioural change to examining the context of an individual who faces systemic challenges related to the determinants of health, such as: access to housing and health care services, legal system, etc.

For Information...

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