Working from a sexual health or harm reduction perspective:
Integration of HIV, HCV and other sexually transmitted and blood-borne infections (STBBIs): Evidence and practice

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Objectives

- Understanding integration of HIV/HCV with STBBIs within a sexual health and harm reduction context
- The rationale for fully integrated services, from the perspective of client care
- Some of the existing international evidence on the effectiveness of integrated services
- What a fully integrated system looks like in the Quebec context
- Provide some inspiration
STBBIs are not distributed equally among populations

- They tend to be concentrated in specific populations that have high risk activities
- These activities are associated with other STBBIs
- Which is why we must use integrated approaches

**Figure 17** Evolution of the proportion of new cases by exposure category for NEW DIAGNOSIS, Quebec HIV Monitoring Program, April 2002 to December 2010.
Example of synergy between STBBIs

HIV increases
• For HCV
  • Complications
  • Drug interactions during treatment
  • Drug intolerance

HCV increases
• For HIV
  • Risk of faster progression
There is more than pills to be healthy!

“It is possible to change lifestyle habits by having an effect on the environment, living conditions and individual behaviours.”
Definition of sexual health, WHO*

• The experience of the ongoing state of physical, psychological, and sociocultural well being related to sexuality.
• It is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life.
• It is not merely the absence of dysfunction, disease and/or infirmity.
• For sexual health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.

*this is a «working» definition and has not been officially adopted by WHO
Definition of holistic approach

• The holistic approach looks at the “whole picture.”
• The whole picture is much more important than the sum of its parts.
• The whole picture can only been understood by examining each of its components independently.
Definition of harm reduction

General approach uses...
• Upstream to reduce the risk of negative consequences (primary prevention)
• Downstream to reduce negative consequences (secondary or tertiary prevention)
• The field of action covers the entire intervention continuum, from primary to tertiary
• Where health and community services share responsibilities

Pierre Brisson
Advocacy

• The Justice Department launched a policy to address homophobia
• COCQ-Sida brings together advocacy organizations for people living with HIV
• The Association pour la défense des droits et l’inclusion des personnes qui consomment des drogues du Québec (ADDICQ) plays a similar role on behalf of people who use injection drugs.
Integrated care evidence

- Vertical integration is too costly and divides limited pool of money and human resources.
- Horizontal integration optimizes the use of precious and rare human and monetary resources and synergized service delivery.
- With better patient satisfaction and retention in care.
Integrated care evidence

6 areas of the model:
• self-management support,
• decision support,
• delivery system design,
• clinical information systems,
• health care organization, and
• community resources.
• information systems received the most attention and
• Community linkages, the least
But to establish integrated approaches we need central guidance and support

Quebec National Public Health Program, 2003-2012:

- Three strategies to implement at the local, regional and provincial levels
  1. Support community development
  2. Support intersectorial measures that contribute to health and well-being
  3. Promote and support preventive clinical practices

- Three intervention approaches to reduce STBBIs
  1. Provide services to at-risk populations
  2. Organize activities where at-risk populations live
  Create environments that are conducive to prevention

www.msss.gouv.qc.ca, Section Documentation, Publications
And establish clear directions

**Quebec Strategy to address STBBIs, 2003-2012:**

Eight strategies to implement at the regional and local levels

1. Empower people
2. Support vulnerable people
3. Encourage the use of preventive practices
4. Implement specific prevention practices
5. Support community development
6. Ensure that infected people are managed
7. Take part in intersectorial measures that promote health and well-being
8. Strengthen surveillance and support functions

[www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca), Section Documentation, Publications
And a clear message

L’épidémie silencieuse; 4e rapport national sur l’état de santé de la population, 2010:

Three parts:

1. To prevent
   - Targeted community measures
   - Make condoms more accessible
   - Activities and services adapted to vulnerable populations

2. To detect
   - Easier access to screening tests for vulnerable populations
   - To influence the service and professional practice organizations

3. To treat
   - Raise awareness of co-infection HIV-STIs among health professionals
   - Make post-exposure prophylactic treatments available in a professional and non-professional setting
   - Prevent transmission

www.msss.gouv.qc.ca, Section Documentation, Publications
BUT WE NEED ENABLING ENVIRONMENTS

Possible transfer situations

Practical training

Nearby mentors

Final Goal

Practice networks

Access to resources

Explicit, reachable and shared learning objectives

Participation of managers

By Nicole Marois
Examples of training programs related to HIV and HCV
MIEUX CONTRIBUTER À LA LUTTE AUX ITSS

Enjeux et défis en MILIEU CORRECTIONNEL
Virus de l’hépatite C

Pour une prise en charge en réseau des personnes infectées
Implement optimal testing and diagnosis strategies

Scientific opinion according to *Optimiser le dépistage et le diagnostic de l’infection par le VIH*, INSPQ, 2011:

**Goal:** increase the number people living with HIV who are aware of their HIV status early on, in order to:

- Provide them with health and social services
- Prevent forward transmission (preventive measure)

[www.inspq.qc.ca](http://www.inspq.qc.ca), section Publications, VIH
Clinical Practice Guides:

- **Antiretroviral therapy** for HIV-positive adults according to the *Guide pour les professionnels de la santé du Québec, 2010 (under revision)*:
  - Start treatment for asymptomatic people when: CD4 < 350 cells/µl
  - *In practice, treatment can begin much sooner.*

- *La prise en charge et le traitement des personnes co-infectées par les virus de l'immunodéficience humaine (VIH) et de l'hépatite B (VHB), 2011*

- *La prise en charge et le traitement des personnes co-infectées par les virus de l'immunodéficience humaine (VIH) et de l'hépatite C (VHC), 2006*

- Management and treatment guidelines for people living with hepatitis C are to be published.

Source: [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca), Documentation, Publications
Optimal prophylaxis

- **Post-exposure** prophylaxis for HIV, HBV, HCV
  - Guide pour la prophylaxie post-exposition à des liquides biologiques dans le contexte du travail, October 2011
  - Guide pour la prophylaxie après une exposition au VIH, VHB et VHC dans un contexte non professionnel, 2010
  (Must begin within 72 hours of suspected exposure)

- **Pre-exposure** prophylaxis:
  - MSSS published an interim guidance document
  - No practical guide at present
  - *In reality:*
    - Many requests but little participation due to strict requirements (taking drugs on a continuous basis, regular screening tests, etc.)
    - Some doctors prescribe this treatment

Source: [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca), Section Documentation, Publications
Support for health and social services professionals

- **Training:**
  - National training programs on STBBIs and vulnerable populations (INSPQ)\(^1\);
    - Based on prevention strategies: doctors, nurses and psycho-social professionals
  - National mentoring program on HIV/AIDS and hepatitis;
    - Based on treatment, care and follow-up: doctors, nurses and pharmacists

- **Motivator by introduction of special fee code for doctors with regards to vulnerable populations**

- **Amendment to public health legislation\(^3\)** so that nurses can perform screening tests and vaccination

Source:
1. [www.espaceitss.ca](http://www.espaceitss.ca) and [www.inspq.qc.ca](http://www.inspq.qc.ca)
2. [www.pnmvs.org](http://www.pnmvs.org)
Challenges of an integrated approach

Implementation of prevention strategies:

- Organizational issues: resources and services coordination
- To recognize that STBBIs are an important issue and a priority by everyone and everywhere:
  - To ensure that STBBIs are properly dealt with at the regional and local levels
- Integration and support of effective strategies
- Knowledge integration and transfer to health professionals to renew practices