



# SASKATCHEWAN'S HIV STRATEGY 2010-14 UPDATE



Saskatchewan  
Ministry of  
Health

The Saskatchewan HIV Strategy 2010 - 2014, approved in December 2010, was developed with extensive consultation with a variety of stakeholders: health regions, First Nations and Métis governments, community-based organizations, and others such as municipal governments. The report can be found online at [www.health.gov.sk.ca/hiv-strategy-2010-2014](http://www.health.gov.sk.ca/hiv-strategy-2010-2014)

***THE STRATEGY'S MAIN GOALS ARE TO REDUCE THE NUMBER OF NEW HIV INFECTIONS, IMPROVE THE QUALITY OF LIFE FOR HIV INFECTED INDIVIDUALS AND REDUCE THE RISK FACTORS FOR ACQUISITION OF HIV INFECTION.***

***THE STRATEGY CONTAINS A NUMBER OF ACTIVITIES IN FOUR KEY AREAS: COMMUNITY ENGAGEMENT AND EDUCATION; PREVENTION AND HARM REDUCTION; CLINICAL MANAGEMENT; AND SURVEILLANCE AND RESEARCH.***

The HIV Strategy is making a difference in the lives of those who are affected by HIV. An HIV Provincial Leadership Team (PLT) is in

place, consisting of a Program Director, Clinical Directors, Medical Health Officer, Pharmacist and Administrative Support. The Provincial Leadership Team works closely with the Saskatchewan Ministry of Health, First Nations Inuit Health (FNIH) and the Northern Inter-Tribal Health Authority (NITHA), along with six HIV Strategy Coordinators (full-time registered nursing positions) in the implementation of the HIV Strategy. The HIV Strategy Coordinators are located in Prince Albert Parkland, Saskatoon, Regina Qu'Appelle, Prairie North, Sunrise Health Regions and the North.

Saskatchewan's HIV rate, as of 2010, was the highest in Canada. In 2010, the highest number of new cases of HIV were identified among Aboriginal males 30-39 years of age, who reported injection drug use as the main risk factor. The HIV Annual Report 2010 provides a detailed epidemiological review of HIV and AIDS surveillance data in Saskatchewan. The report can be accessed at [www.health.gov.sk.ca/hiv-aids-reports](http://www.health.gov.sk.ca/hiv-aids-reports).

This report outlines the progress made to date in implementing this four year Strategy.

## **PILLAR # 1 – COMMUNITY ENGAGEMENT & EDUCATION**

### ***Community Engagement Objectives***

- increase knowledge of HIV among the residents of Saskatchewan
- increase supportive home environments for HIV-positive people
- increase community engagement and leadership participation to address community-related risk factors

HIV Strategy	<i>Planning</i>	<i>Progressing</i>	<i>Complete</i>
Engaging elders of First Nations and Métis communities through Elder and community discussion forums		A number of First Nations community leaders have discussed HIV in their communities and with the HIV Provincial Leadership Team. FNIH continues to engage with community leaders and provides leadership on-reserve.	
Establishing HIV-positive peer to peer networks (positive teens, IDUs, and HIV-positive mothers)	Consultations will begin in 2012 to determine an appropriate model for peer to peer networks.		
Developing broad campaigns focused on public awareness, education, and HIV prevention		The Ministry of Health is partnering with FNIH in an awareness campaign to promote HIV testing and treatment. This campaign will be targeted to raise awareness of HIV, impact behavior associated with transmitting HIV and reducing stigma. This will be implemented in December 2011.	
Partnering with community-based organizations, tribal councils and communities to develop and deliver targeted programs in their area of expertise		HIV Strategy Coordinators have been working with community-based organizations and other stakeholders to develop proposals for community-based supports in all Health Regions. The HIV Provincial Leadership Team is currently reviewing/approving proposals; funding is expected to be released by late 2011/early 2012.	

## Education Objectives

- increase capacity across disciplines to more effectively provide HIV prevention, education, treatment and support services
- provide care that is client-centered, non-judgmental and engaging to all those affected or infected with HIV
- harmonize/standardize practices related to HIV prevention, treatment and support services

HIV Strategy	Planning	Progressing	Complete
Consulting with existing service providers to identify education and curriculum development initiatives	Identification of curriculum development initiatives will begin in spring 2012.	An HIV-specific training needs assessment was completed in July 2011 and training/ education events have been planned. <ul style="list-style-type: none"> <li>• A satellite training event on HIV Treatment in Saskatchewan is scheduled for February 2012</li> <li>• An HIV Train-the-Trainer workshop is tentatively scheduled for March of 2012.</li> </ul>	
Reviewing, adopting and disseminating existing materials (Public Health Agency of Canada - PHAC, Canadian HIV/AIDS Strategy, Canadian AIDS Treatment Information Exchange - CATIE, Centres for Disease Control and Prevention- CDC) that have already been developed		The Ministry of Health and HIV PLT is consulting with PHAC, CATIE and the Nine Circles Community Health Centre in adopting existing materials from these partners for upcoming networking and training events.	
Establishing peer mentorship programs for physicians, nurses and pharmacists	A working group is planned for 2012 to review mentorship programs for health care professionals.		

## PILLAR # 2 – PREVENTION & HARM REDUCTION

### Harm Reduction Objectives

- provide prevention (primary, secondary and tertiary) resources including best practices to the regions
- provide earlier school prevention education opportunities
- establish centers delivering holistic prevention/ well being/harm reduction services
- provide comprehensive integrated services including health and social supports via mobile services

HIV Strategy	Planning	Progressing	Complete
Creating a dissemination strategy for prevention and education and best practice resources		The Ministry of Health is participating on a national working group in the development of Best Practices for Harm Reduction Programs in Canada. The Ministry of Health will work with RHA's and other partners in the implementation of Best Practices over the next two years.	
Developing policies, program guidelines, and procedure manuals based on best practices and evidence from local, provincial, and national sources		The HIV PLT is currently developing and/or improving policies for HIV Testing, HIV Clinical Guidelines, Procedural Guidelines for Labour & Delivery, as well as streamlining access to HIV services and medications.	
Acquiring mobile units, where required, that provide outreach to HIV-positive individuals		The HIV PLT is working in collaboration with FNIH on the establishment of mobile care teams (teams of nurses, outreach workers, mental health and addictions workers) who will provide multi-disciplinary services to HIV-positive individuals and those at risk of contracting HIV.	

HIV Strategy	Planning	Progressing	Complete
<p>Implementing a “one stop shop” concept for health services, that would include the needle exchange program, addictions and mental health outreach/outpatient services, as well as primary health care and public/sexual health programming, social services, or other required adjunct services, including access to food and nutrition education</p>	<p>Planning continues with health regions in the establishment of a new Wellness Centre concept and the expansion of existing multi-service locations.</p>		
<p>Working with inter-Ministerial and inter-sectoral partners, implement a supportive housing model like the “Horizontal Project” in the three urban centres, and other appropriate areas</p>		<p>Funding for Community Development Coordinators has been provided to the three urban centres and services have been contracted with Community-Based Organizations.</p>	
<p>Reviewing the remaining recommendations of the Needle Exchange Program Review Report with a view to increasing opportunity for face to face contact with clients</p>		<p>Most of the recommendations in the Needle Exchange Program review have been implemented. The Ministry continues to work with the Needle Exchange Program managers towards standardized programming and reporting and encouraging increased client engagement.</p>	
<p>Providing safer sex education and supplies in appropriate and indicated settings</p>		<p>Safe sex education material will be expanded in Public Health settings and Community-Based Organizations.</p>	

## PILLAR # 3 - CLINICAL MANAGEMENT

### *Clinical Management Objectives*

- improve HIV client access to medical care
- provide one stop diagnosis whenever appropriate
- provide rapid initiation of treatment to HIV-positive clients whenever appropriate
- increase frontline support including capacity, education and standards
- promote the use of Highly Active Anti-retroviral Therapy (HAART) regimes to optimally treat the patient and reduce transmissibility of the virus

HIV Strategy	Planning	Progressing	Complete
Increasing the capacity and skills of primary care physicians to provide care to HIV-positive people	Planning is scheduled to begin in 2012 to develop a physician mentorship program. Primary care physicians have been invited to attend Infectious Disease clinics to build their capacity providing HIV-specific care.		
Exploring a mechanism to streamline handling of physician fees for complex cases.		Target for resolution is 2012.	
Monitoring the use of the various drug plan support programs		An environmental scan of drug plan support programs in other provinces has been completed by the HIV PLT. This review will assist in addressing the barriers encountered when accessing prescription HIV medications.	
Improving client uptake of medications by providing education to pharmacists		An educational needs assessment was completed by pharmacists and training events are being planned in 2012.	

HIV Strategy	Planning	Progressing	Complete
Exploring the possibility of providing direct observed therapy and ensuring the presence of client outreach services		The HIV PLT is conducting a scan of existing direct observed therapy programs and practices for methadone clients. Client outreach services have been expanded through the addition of outreach worker positions.	
Streamlining administrative processes to increase access to HIV medications		A review has been completed and a proposal has been developed that is aimed at reducing administrative barriers to access HIV medications.	
Working with the Saskatchewan Registered Nurses Association and the Saskatchewan Medical Association to ensure nurses and nurse practitioners are functioning at the full scope of practice in clinic and mobile care	Discussions with the Saskatchewan Registered Nurses Association and the Saskatchewan Medical Association will begin in 2012-13.		
Increasing the number of frontline staff, including public health nurses, case managers, outreach workers and First Nations and Métis support workers to increase access to testing, follow-up, case management and care, including ensuring treatment adherence (e.g. providing transportation and community support)	Additional funds have been allocated for enhanced pharmacy and community-based supports.	To date, funding for 23 FTEs has been allocated to the RHAs to increase case management of HIV patients and FNHI has also increased case management resources on-reserve. Funding has also been provided to Regina Qu'Appelle, Saskatoon and Prince Albert Parkland Health Regions for transportation of clients.	
Providing preventive education and culturally appropriate support in health care settings and community		HIV Training will be provided to health care professionals in 2012.	

HIV Strategy	Planning	Progressing	Complete
Encouraging and facilitating case management and a team approach through development of best practice models and structured forums. Case Management, clinical and social, refers to each client being assigned a case manager who ensures that all aspects of treatment from clinical management, addictions, mental health and social service needs are best facilitated.		Case Management standards are being developed by the HIV PLT.	
Applying a team approach that includes all those involved in the care of a particular client, such as the physician, nurse outreach worker, addictions counselor, and pharmacist. Team members coordinate through the case manager and may meet regularly depending on number of shared cases and case complexity.		Teams of physicians, nurses, pharmacists, outreach workers and addiction counselors have been providing care to HIV-positive patients in urban and rural locations. Combined HIV/TB clinics have also been scheduled. This team approach in communities has been instrumental in the implementation of a patient-centered approach to HIV care.	

## Pillar # 4 - SURVEILLANCE & RESEARCH

### Objectives

- improve the provincial HIV surveillance system
- increase knowledge of HIV epidemiology in appropriate audiences
- increase sharing of HIV epidemiology information to appropriate audiences

HIV Strategy	Planning	Progressing	Complete
Updating the provincial HIV surveillance system			The Ministry of Health developed and implemented a new information system to ensure accurate recording of new HIV cases and timely reporting to the Public Health Agency of Canada.

<b>HIV Strategy</b>	<b>Planning</b>	<b>Progressing</b>	<b>Complete</b>
Increasing epidemiology and provider support will be required in the health regions and in the First Nations authorities		The Ministry of Health has enhanced epidemiology support focusing on HIV surveillance.	
Implementing an enhanced HIV surveillance system			The HIV Enhanced Surveillance Tool was developed and implemented starting June 1, 2011. A database has been developed for information from the enhanced surveillance questionnaires and reports will be produced for RHAs and FNHI to aid in the development of interventions specific to their communities.
Encouraging research including qualitative work (focus groups in core neighborhoods and communities) to determine the best interventions for each risk group		Research and focus groups are underway in various RHAs and Community-Based AIDS Organizations (CBAOs). The HIV PLT has been working with the Canadian HIV Trials Network to increase research opportunities in the area of HIV.	
Evaluating the point-of-care testing and components of the clinical case reviews		The evaluation of HIV point-of-care testing sites will soon be underway and is scheduled to be completed by March 2012.	
Expanding point-of-care testing to other non-laboratory supported settings, such as NEPs, sexual health clinics, and community clinics		New sites are being introduced based upon identified needs. To date, there are 17 licensed HIV point-of-care testing sites.	

## Conclusion

A number of initiatives are well underway to address the goals of the Saskatchewan HIV Strategy 2010-14. Implementation of the Strategy has been guided by consultations with a variety of stakeholders also responsible for development of specific components of the Strategy.

### *Year one of the Strategy (2010-11) focused on:*

- the recruitment of the HIV Provincial Leadership Team and HIV Strategy Coordinators to oversee implementation, monitoring and evaluation of the HIV Strategy;
- increased frontline resources;
- the implementation of HIV point-of-care testing;
- enhancing HIV surveillance and knowledge of HIV epidemiology; and
- the development of a framework for evaluation of the HIV Strategy.

### *Year two (2011-12) focuses on:*

- continuing to increase frontline resources;
- continuing to address the social determinants of health that contribute to the risk of acquiring HIV;
- hearing the voice of First Nation leaders regarding their communities' needs to access HIV testing, care and treatment on-reserve;
- community engagement approaches to addressing HIV in First Nations and rural communities;
- funding community-based organizations in Regional Health Authorities to implement

programming based on need whether it be prevention, education and/or increased access to HIV care;

- increasing the capacity of health care providers and allied professionals by developing HIV-specific training and education events; and
- the implementation of a social marketing campaign to market messages raising awareness of HIV to target audiences, reduce the stigma of HIV and impact behavior.

A combined clinical, population health, social, and community development approach in the implementation of the Strategy will continue over the next two years to address HIV in Saskatchewan. All of the initiatives highlighted in this document are targeted to reduce the number of new HIV infections, improve the quality of life for HIV infected individuals and reduce the risk factors for acquisition of HIV infection.

