

MANITOBA'S  
PROVINCIAL



**AIDS**

**STRATEGY**





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## FOREWORD

HIV/AIDS continues to challenge us as individuals, communities and nations. To meet this challenge, Manitoba has developed a strategy to address the prevention, care and treatment needs of people at risk or living with HIV/AIDS. The strategy is a framework that encompasses a broad spectrum of factors impacting on this disease. From this strategy will come a detailed plan for today and the future.

In 1992, Manitoba made a firm commitment that every government policy and action would reflect (and be evaluated in terms of) its impact on the health of Manitobans. Health is influenced by more than health-care services. Factors such as the environment, wealth and productivity all affect the well-being of individuals, communities and society. Therefore, participation by all government departments and agencies is needed to ensure that healthy public policies are produced. The same is true for the Provincial AIDS Strategy. Although Manitoba Health has taken the lead in developing this Strategy, several other government departments contributed to its development. In addition to giving consideration to the determinants of health, Manitoba's Provincial AIDS Strategy builds on the success of existing programs while identifying evolving needs.

**People living with HIV are being diagnosed earlier and living longer.**

**HIV continues to challenge us as individuals, communities and nations.**

When AIDS first appeared, people were diagnosed late in their illness, and they did not have access to the treatments available today. The time from diagnosis to death was often only one to two years. As more Manitobans become aware of how the virus is transmitted, more are being tested earlier. People living with HIV are being diagnosed earlier and living longer. Although there is no cure at this time, they need care, treatment and support services for a period that may last several years.

Another important consideration is the continuing rise in the cost of providing care. The treatment of persons living with HIV may now be a combination of medications that can cost \$3,000 to \$5,000 a month. Although Manitoba Health does provide some medications at no cost, many drugs are not covered. In addition, frequent stays in hospital and need for home care, social assistance and other social support will place more pressure on our health and social-services system.

The quality and effectiveness of HIV/AIDS programs will be measured in terms of their contribution to the health of persons at risk for HIV, those living with HIV/AIDS and Manitobans in general. Current resources dedicated to health and social programs aimed at HIV/AIDS will be reviewed and, where necessary, reallocated according to need. Persons living with HIV/AIDS will play a critical role in this process.

As the roles of those providing health care have changed, so has that of government. Like other Canadian provinces, Manitoba is experiencing extreme pressures that are affecting its health and social services and how they are provided. These include increasing pressure to find creative ways to enable resources and people to manage the challenges posed by HIV/AIDS. Never before has the need for partnerships been more critical. By pulling together, and by sharing and compromising, Manitoba can produce better, more effective and affordable services. This is a central point of Manitoba's Provincial AIDS Strategy.

Manitoba is committed to providing services that are readily accessible closer to home. Communities will take an active role in assessing their needs and determining who should provide the necessary services and how. The government will be responsible for integrating services, for setting standards and policy, and for monitoring the health of Manitobans. The responsibility for providing services will lie with those bodies funded to do so: community health clinics, community organizations, institutions and Regional Health Authorities.

Traditionally, we have looked at providing AIDS-related services in two ways: care, usually directed at those who are sick, and prevention. We recognize that a continuum of services should be our goal. Manitoba will work toward providing a more balanced approach to meeting the needs of those persons at risk and infected by HIV. We will encourage initiatives that will strengthen prevention and community-oriented care of both those at risk and those who are infected. We will work toward refining the existing AIDS infrastructure and build on its strengths. Manitoba's efforts will focus on where the risk and needs are greatest and where efforts will be most effective.

**Manitoba's efforts will focus on where the risk and needs are greatest and where efforts will be most effective.**



# I HIV/AIDS – ITS HISTORY AND IMPACTS IN MANITOBA

A little over a decade ago, the term AIDS was not familiar to many Manitobans. Yet in that short period of time, more than 525 Manitobans have become infected with the Human Immunodeficiency Virus (HIV) and 140 have gone on to develop AIDS. These numbers reflect only those cases of HIV and AIDS reported to Manitoba Health: the actual number of Manitobans living with HIV disease is unknown. It is estimated that one in seven Canadians know someone who is infected with HIV.

**HIV disease is a preventable, chronic and progressive condition.**

HIV disease is a preventable, chronic and progressive condition, of which AIDS is the final phase. AIDS is characterized by the appearance of opportunistic infections and other life-threatening conditions that take advantage of an immune system weakened by HIV. HIV is transmitted primarily by unprotected sexual intercourse and sharing needles and/or syringes.

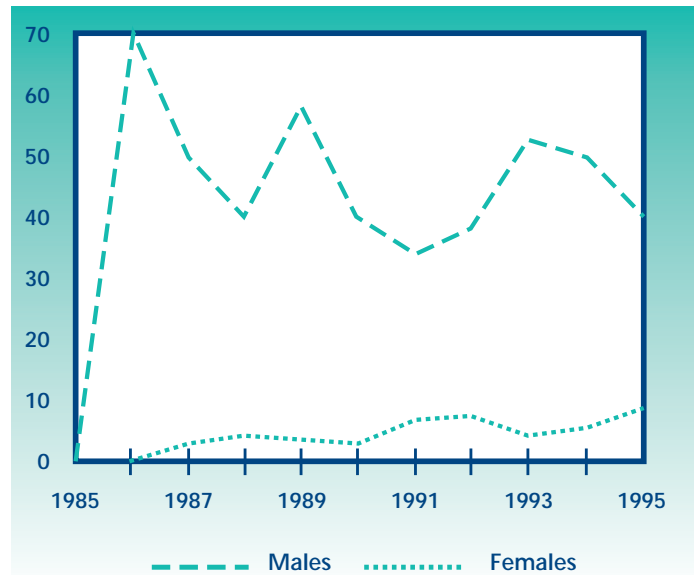
Although the first cases of HIV/AIDS in North America appeared in the 1970s, it was not until 1984 that scientists identified the Human Immunodeficiency Virus and, in the following year, developed a test that identifies antibodies to the virus. The first cases of HIV disease in Manitoba were identified in 1985 (Figure 1).

As in other North American jurisdictions, in Manitoba, HIV/AIDS was first identified among some members of the gay community. The community was quick to rally and initiate prevention measures to inform gay men of their risk and of ways to reduce it. In spite of these largely successful efforts, the disease has continued to spread in Manitoba. For the past decade, while HIV infection continues to be a risk for some gay and bisexual men, there is clear evidence of a definite shift to the heterosexual population.

The graph on the following page shows that for women, the greatest risk is heterosexual activity (probably with a high-risk partner), followed by injection-drug use. For males, the greatest risk results from men having sex with men.

**FIGURE 1**

**Number of HIV Positive Tests in Manitoba by Gender 1985-1995**



This shift has been further demonstrated by two seroprevalence studies conducted among pregnant women in Manitoba. The first (in 1990) found that the rate of HIV infection in pregnant women in Manitoba was 0.72/10,000. The second study, done in 1995, found that the rate of infection had increased to 3.2/10,000.

There continues to be a concern for persons infected by or exposed to sexually transmitted diseases (STD). Although rates of STD have been declining, more than 3,600 infections and approximately 5,000 contacts were reported to the Communicable Disease Control Unit in 1995. Many of these infections occurred in groups whose risk is influenced by their situation, such as Aboriginal people, street youth, sex-trade workers and their clients, and inmates in correctional institutions. An outbreak of Hepatitis A, B and C in the summer of 1995 again exemplified the risk of these groups for STD and blood-borne diseases.

Although scientific and medical research has made much progress, there is still no vaccine to prevent HIV infection and no drug to cure AIDS. Like other chronic disabling conditions, HIV/AIDS greatly affects those infected, as well as their families, friends and caregivers. People living with HIV/AIDS need medical, social and economic support to manage their illness and maintain self-respect and dignity. Unlike other conditions, a diagnosis of HIV is often associated with stigma and discrimination.

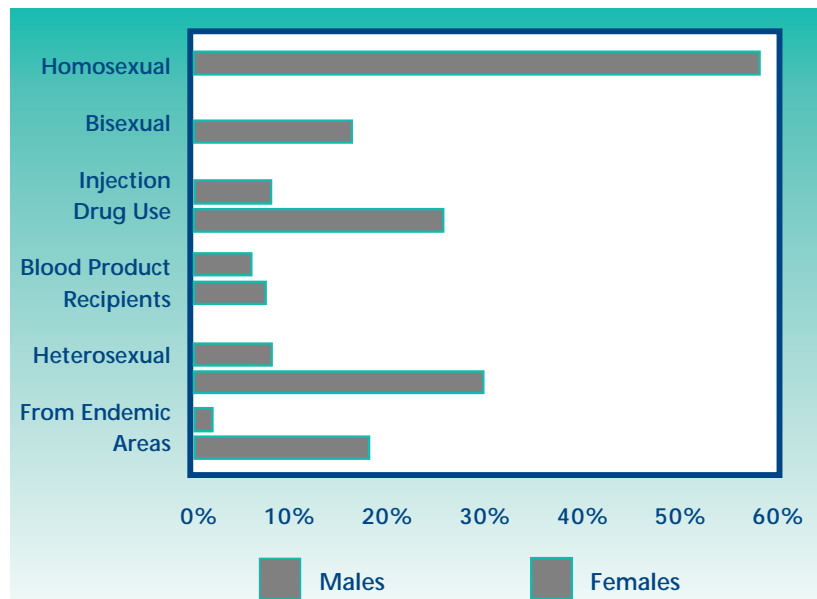
Many people living with HIV do not have full access to the whole spectrum of health and social services. Coupled with discrimination and stigmatization, many HIV-infected persons from small communities are forced to leave their homes and migrate to large urban areas, adding further to their social isolation. It is evident that their formal and voluntary care and service providers have an important role to play in their care.

There is little doubt that the growing numbers of HIV-infected persons in Manitoba will place increasing pressure on the health and social-services system. Economists have estimated that the cost

of providing health services for one person infected with HIV is more than \$180,000. When social services, insurance claims and loss of productivity are factored in, the cost could be as high as \$800,000 per person living with HIV.

**FIGURE 2**

**Percent of HIV Positive Infections in Manitoba by Major Risk Factors 1985 - 1995**





## II BUILDING PARTNERSHIPS

When HIV/AIDS first appeared in the mid-1980s, it became clear that many issues and concerns needed to be addressed. As time passed, and the virus and disease became better understood, it was evident that to cope with HIV/AIDS, we would need more than just sound scientific or medical knowledge.

Manitoba Health responded to the first appearance of HIV/AIDS by introducing a surveillance and monitoring system to determine how HIV was being spread in Manitoba. The department developed initiatives to alert both the general public and target communities. Education programs were also developed for physicians and nurses who would be providing care and support to persons infected and affected by HIV. These departmental activities were conducted by Manitoba Health staff already devoted to the control of sexually transmitted diseases, since HIV was and is primarily a sexually transmitted disease.

Activists in the gay community responded to the threat of HIV by developing innovative education and prevention programs. In the early 1980s, Manitoba Health funded the Winnipeg Gay and Lesbian Clinic, which later became the Village Clinic.

**In 1988, and again in 1994, Manitoba Health launched multi-media public awareness campaigns.**

Recognizing the uniqueness of HIV disease, Manitoba Health established an advisory committee in 1985 to address the prevention of HIV infection and other concerns. The committee included representatives from the gay community, the medical community and the department.

Although education and prevention activities were occurring in the gay community, most Manitobans had limited access to information on this new disease. In 1988, and again in 1994, Manitoba Health launched multi-media public awareness campaigns.

In order to better understand the needs of persons at risk of infection and those already infected, two formal community consultations were conducted in 1989-90. The Ad Hoc Committees on Prevention and Care and Treatment made recommendations, several of which have been implemented.

Prevention/education projects of the past five years have included theatre for youth, peer programs for post-secondary students, outreach to street youth and sex-trade workers and the telephone information line, still in operation. These projects have been aimed at both the general public and those at greater risk.

To facilitate a more co-ordinated approach to caring for clients in hospital and the community, three nurse-coordinator positions were established, one each at Village Clinic, Health Sciences Centre and St. Boniface Hospital.

Together we have accomplished much, and it is on this success that we must now continue to build.



## COMMUNITY CONSULTATION

Because of the shift in the incidence of the disease and the constant change in the needs of people at risk and those infected, the Deputy Minister of Health announced that a second community consultation would be held and a provincial AIDS strategy developed. A planning committee, which included persons living with HIV/AIDS, was formed in the summer of 1994 to organize and host an AIDS Round Table. The Round Table was a cross-section of persons living with HIV and AIDS, and their caregivers and service providers. Participants were asked to identify the needs of persons infected with and affected by HIV/AIDS and offer suggestions on how those needs could best be met.

Forty-seven people were invited to participate. Their selection was based on their experience and expertise in prevention and care, not on their association with a particular agency or group. Because AIDS is not solely a health matter, observers from other provincial departments and other levels of government were also invited. It was hoped that the participation of all levels of government and key departments would strengthen the process of developing a comprehensive provincial strategy.

The round table held five meetings between November 1994 and June 1995. As a result of the meetings, a discussion paper was produced, with 158 recommendations. In July 1995, copies of the paper were sent to more than 300 key people involved with HIV/AIDS in Manitoba, including round-table participants. They were asked to review the paper, comment on its recommendations and group them under those needing immediate or intermediate attention and those that should be addressed in the longer term.

The round-table recommendations, the responses to the discussion paper and other recommendations (e.g. from the Minister's Advisory Committee on AIDS) were all considered in the development of Manitoba's Provincial AIDS Strategy. Also considered was the impact of restructuring the delivery of health and social services.



# III THE STRATEGY

## GOALS

Although the ways we do things are changing, the goals of our AIDS Strategy have remained constant. They are:

- reducing the spread of HIV infection;
- providing a continuum of compassionate prevention, care, treatment and support programs for persons at risk of and infected/affected by HIV/AIDS; and
- facilitating the planning, delivery and evaluation of all programs/efforts to ensure that they are guided by a healthy public policy philosophy.

## PRINCIPLES

Manitoba's Provincial AIDS Strategy, its policies, programs and activities will be based on the following principles:

### **Healthy Public Policy Philosophy**

The planning, delivery and evaluation of Manitoba's HIV/AIDS policies, strategies and programs will be based on the well-being and health of Manitobans.

### **Targeted Efforts**

All programs and activities related to HIV/AIDS will focus on where the risk and needs are greatest and where efforts will be most effective.

### **Accessibility**

All Manitobans will have reasonable access to information about HIV disease, its prevention, and the services available. Persons living with HIV/AIDS in Manitoba will have reasonable access to information, care, treatment and support, regardless of culture, sex, income, sexual orientation or geographic location.

### **Continuum of Coordinated Services**

All medical, psycho-social, financial and spiritual support services will be provided in a coordinated, compassionate manner. Every effort will be made to promote partnerships and reduce duplication.

### **Coordination and Integration**

Although Manitoba Health will play the lead role in government in co-ordinating HIV/AIDS programs, other departments have a role to play and should become actively involved and committed to achieving the goals of the Provincial AIDS Strategy.

## Client-Centred Services and Confidentiality

The determination and provision of HIV/AIDS-related services will be client-focused. All matters related to a client's care, treatment and support will be handled confidentially. Breaches of confidentiality will be dealt with in accordance with the law and regulations/statutes governing professional conduct.

## Human Rights

All HIV/AIDS policies, standards and programs will reflect the tenets of the Canadian Constitution and the Manitoba Human Rights Code.

## Community Development and Health Promotion

Manitoba will provide surveillance data/information that will enable communities to assess their local needs, and develop ways to meet those needs. The common theme will be to adopt and maintain activities that prevent the spread of HIV, as well as caring and supporting those living with HIV/AIDS in a fashion that promotes health.

## Reflecting the National AIDS Strategy

Where appropriate, all HIV/AIDS programs will support the National AIDS Strategy, its programs and initiatives.

## PREVENTION

HIV infection is preventable. The most effective way to reduce the number of AIDS-related deaths and the significant health and social-service costs is to stop the spread of the virus. Most Manitobans are familiar with how the virus is transmitted and how to protect themselves and others. However, there are some who, in spite of this knowledge, still do not see HIV as a personal threat and others who find it difficult to make lifestyle changes.

**HIV infection is preventable.**

Manitoba recognizes that the risk of exposure to HIV varies considerably, and that risk and the ability to protect oneself is influenced by many factors. These include (but are not limited to) age, sex, culture, language, sexual orientation, education level, poverty, self-esteem, geographic location, substance abuse and access to services. Efforts to prevent the spread of HIV will be based on activities and initiatives that emphasize, support and are shown to be effective in helping people adopt and maintain safer (risk-reducing) activities.

Manitoba actively encourages community agencies, institutions and organizations to develop strong, positive working relationships with one another. Such a network will provide the basis for all programs in our province. Manitoba acknowledges the contribution of peers and volunteers, and hopes that programs and initiatives will incorporate these experienced and valuable resources.

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Manitoba's prevention activities will focus on:

- Groups that have the highest risk and/or incidence of HIV, such as
  - persons infected with and/or exposed to sexually transmitted diseases
  - men who have sex with men
  - injection drug users and their sex partners
- Groups whose risk is influenced by their situation, such as
  - Aboriginal people
  - street youth
  - sex-trade workers and their clients
  - inmates in correctional institutions
- Groups whose work activities include providing care and services to persons at risk of or infected/affected by HIV/AIDS.

## CARE, TREATMENT AND SUPPORT

Over the past decade, the number of persons living with HIV has continued to grow. It is estimated that 700 to 800 Manitobans are infected with the virus.

Because of the nature of the disease, persons living with HIV are likely to experience wellness and repeated bouts of illness spanning a period of ten years or more.

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At times, they will need care in a tertiary hospital, in their community and in their homes. Although many of the required services will be health-related, it is recognized that other services are equally important. Housing, financial support, family support and jobs are among the most pressing issues. Every effort will be made to facilitate the provision of these services in an integrated and coordinated way.

Activities relating to care, treatment and support will focus on:

- promoting early testing and diagnosis;
- ensuring that services are equitable, available and reasonably accessible;
- a review of the current ways of providing service, with the aim of facilitating services that are coordinated, appropriate, effective and cost-efficient;
- developing a client-centred model of care for persons living with HIV/AIDS;
- professional education and support for physicians and nurses caring for persons at risk of or infected/affected by HIV/AIDS;

- professional education of other service providers who are providing services to persons at risk or infected by HIV/AIDS;
- ensuring access to drugs, service and information; and
- acknowledging and supporting programs and activities that include the valuable contribution of families, friends, peers and volunteers.

## RECOGNIZING THE SPECIAL NEEDS OF ABORIGINAL PEOPLE

The AIDS Round Table meetings and community consultations identified the special needs of Aboriginal people related to HIV/AIDS. It is no surprise that these needs are the same as those of Aboriginal people in general. Factors contributing to the enhancement of Aboriginal health and well-being must be addressed in a much broader context than that of HIV/AIDS. Key factors such as income and social status, social support, education, employment and working conditions, physical environment, personal health practices and coping skills, healthy child development, biologic and genetic endowments and health services are all critical contributors or determinants of health.

Since many determinants of health lie outside the purview of the health sector, Manitoba will continue to address the issues and needs of all Manitobans through intersectoral collaboration, planning and provision of all services – including those directed at the prevention, care, treatment and support of HIV/AIDS.

Manitoba has identified Aboriginal issues and needs as a priority. With regard to Aboriginal concerns and needs related to HIV/AIDS, Manitoba will:

- focus on developing a complementary strategy to address HIV/AIDS issues affecting Aboriginal people;
- ensure that the strategy is based on evidence, is proactive and developed/directed by Aboriginal people in consultation with all levels of government, key departments and organizations and all other stakeholders – including people affected by and infected with HIV/AIDS;
- build on the programs and services that already exist and have demonstrated their efficiency and effectiveness; and
- support a strategy that, where appropriate, integrates the Provincial and National HIV/AIDS Strategies.

**Factors contributing to the enhancement of Aboriginal health and well-being must be addressed in a much broader context than that of HIV/AIDS.**

## RESEARCH

Where appropriate, Manitoba will participate in research related to epidemiology, basic science, clinical care and psycho-social issues. Programs and activities directed at achieving the goals of the Provincial AIDS Strategy will be based on these and other findings of colleagues across Canada and internationally.

All research projects will be required to meet stringent ethical criteria, and the HIV community (including care and service providers) will be an integral part of the planning of such initiatives.

## OVERSEEING MANITOBA'S PROVINCIAL AIDS STRATEGY

A critical aspect of developing the Strategy was assessing community needs and priorities. The next phase will be even more critical: determining how best to meet them.

The overall responsibility for monitoring and evaluating HIV/AIDS-related activities lies with the Public Health Branch of Manitoba Health. Organizations, agencies, Regional Health Authorities and jurisdictions will be responsible for planning, implementing, monitoring and evaluating their own programs. The new Manitoba Provincial AIDS Committee will be the forum for determining how priorities should be addressed, and by whom. The committee will rely heavily on input from persons living with HIV/AIDS, their advocates, caregivers, and support persons and networks. It will have representation from key departments and agencies

from all levels of government, and the chair and members will serve for a fixed term. All HIV/AIDS-related documentation (including the AIDS Round Table Discussion Paper and responses, and the annual reports of the Minister's Advisory Committee on AIDS) will be provided to the committee to help them implement the Strategy. The committee will report to the Human Services Committee of Cabinet through the Minister of Health (see Appendix).

Special multidisciplinary working groups, drawn from the community and given clear terms of reference, will also be formed to carry out specific tasks. Their membership will include persons living with HIV/AIDS and their advocates/supporters.

**The committee will rely heavily on input from persons living with HIV/AIDS, their advocates, caregivers, and support persons and networks.**

## INTERPRETING THE AIDS STRATEGY AT THE LOCAL LEVEL

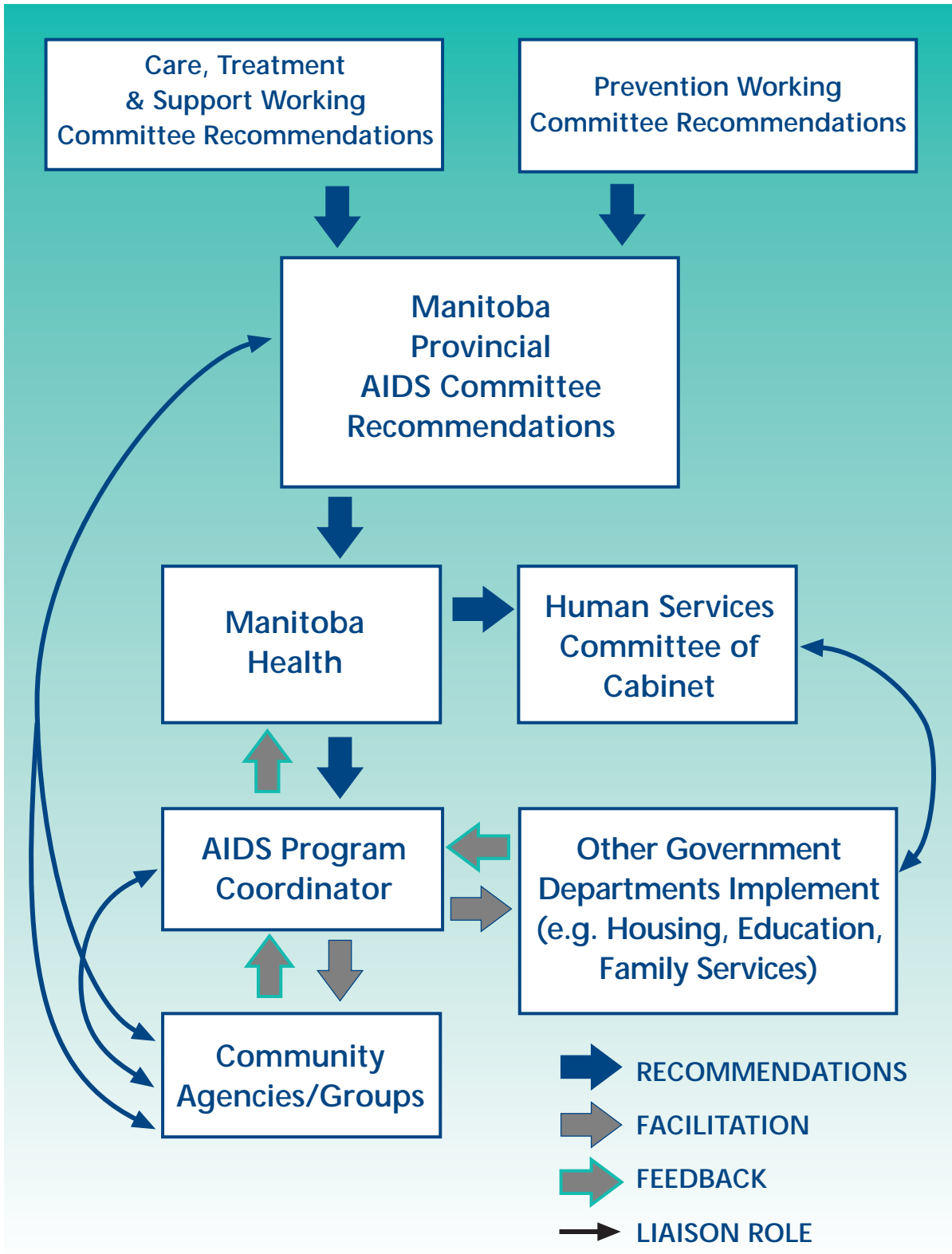
Manitoba's Provincial AIDS Strategy reflects a provincial overview of HIV/AIDS-related needs and issues. However, local needs and priorities, as well as the ways to meet them, will vary across the province.

Although regional priorities may differ, Manitoba asks that individuals and organizations providing HIV/AIDS programs support the overall philosophy of building on the existing infrastructure and incorporating a healthy public policy approach in their programs.

The Strategy will be successful if all the partners in this process focus their efforts on activities that have the greatest potential to prevent the spread of HIV/AIDS and improve the quality of life for people living with HIV/AIDS.

APPENDIX

IMPLEMENTING MANITOBA'S AIDS STRATEGY







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