



Health and
Wellness

Prince Edward Island STBBI Reduction Action Plan

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Department of Health and Wellness
Chief Public Health Office

INTRODUCTION

Over the past decade Prince Edward Island has seen a rise in the rate of all STBBIs. In the past 4 years, chlamydia cases have increased, gonorrhea cases have almost doubled as has the number of HIV cases and reports of syphilis are more frequent.

Since 2012 there have been advancements in treatment and prevention options for HIV and effective well tolerated treatments for HCV. We are fortunate in PEI as treatment for all STBBI is provided at no cost to the clients, and Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) for HIV are also covered.

Despite these advancements, there are still many barriers to care for those infected with STBBI and there must be an effort to prevent infections before they occur.

In 2018 the Government of Canada released *The Pan Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030*. Then in 2019 *Accelerating our Response: Government of Canada five-year action plan on Sexually Transmitted and Blood-Borne Infections* was released as a follow up to the original document with more aggressive targets and actions to reduce STBBI in Canada.

The PEI provincial STBBI reduction action plan document is adopted from these 2 documents focusing on the PEI context.

MISSION

The goals of the PEI STBBI Reduction Action Plan are to:

1. educate those at risk of acquiring an STBBI and those who provide care for them,
2. provide easy access to resources that minimize the risk of acquiring an STBBI,
3. minimize the barriers to accessing testing, care and treatment, and
4. to reduce the stigma and discrimination that creates vulnerabilities to STBBIs.

GUIDING PRINCIPLES

Meaningful engagement of people living with HIV and viral hepatitis and other key populations

- People living with HIV and viral hepatitis and other key populations. such as men who have sex with men and people who inject drugs, are meaningfully engaged in the development and implementation of policies and programs that affect them.

Moving towards truth and reconciliation

- Policies and programs to address STBBI among Indigenous Peoples are developed by and with First Nations peoples through a relationship grounded in mutual respect and rooted in an understanding and recognition of, and responsiveness to, the ongoing impacts of colonization, health and social consequences of residential schools, structural inequities, and systemic racism.

Integrated approach

- Interventions and programs are designed to address the complexity and interrelated nature of risk factors and transmission routes for STBBI while recognizing that disease-specific approaches may be appropriate in some cases.

Cultural relevance

- Policies and programs to address STBBI reflect and respect cultural realities and practices while ensuring the safety of individuals and communities.

Human rights

- All people, regardless of their sexual orientation, race, culture, gender, abilities, or personal practices are important, and their human rights are recognized, respected, and promoted.

Health equity

- All people—regardless of sex, gender, race, income, sexual orientation, geographic location, status, age, or culture—have equitable access to quality information and services from qualified health professionals and other front-line providers.

Multi-sectoral approach

- Multi-sectoral and multi-disciplinary approaches to prevention and care are embraced to improve collaboration and ensure interventions acknowledge the whole individual and their wellness needs.

Evidence-based policy and programs

- Interventions and programs are consistently developed with, and guided by, the most recent surveillance data, research, and other evidence. (PHAC, 2018)

ENABLING ENVIRONMENT

In order to engage those who require STBBI care, an enabling environment must be created. An enabling environment creates the conditions needed to ensure equitable coverage. It can increase the uptake of services and improve the quality of health services. An enabling environment can also establish conditions to overcome barriers such as poverty, homelessness, violence, social exclusion, marginalization, criminalization of some behaviours (e.g., drug use, and non-disclosure of HIV prior to sexual activity), physical setting, discrimination, stigma, and inequity, which can have negative consequences for the health and mental health outcomes of people living with, or at risk of, STBBI. Evidence shows that public policies and access to housing, taxation, immigration, education, employment, and income programs have a direct impact on people living with or vulnerable to STBBI. The extent to which an enabling environment can be established will directly impact the success of actions under all core pillars of the Pan-Canadian STBBI Framework for Action. (PHAC, 2018)

PILLARS

The PHAC document, *The Pan Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030* identified four core pillars in their framework: prevention, testing, initiation of care and treatment, and ongoing care and support. (PHAC, 2018)

The core pillars are supported by a strong foundation of surveillance, research, knowledge mobilization, and monitoring and evaluation.

Surveillance systems provide key information about the epidemiology of STBBI in PEI. They also help identify key populations and locations where action is needed to reduce the public health impact of STBBI. Surveillance will also contribute to monitoring and evaluation of the policies, programs, and interventions that come from the STBBI reduction action plan.

Research is essential to develop STBBI related policies, programs, and interventions. Using the most up to date research on innovative methodologies will be necessary to reduce the health impact of STBBI in PEI.

Knowledge mobilization enhances the integration of information and evidence into programs and policies to prevent and control STBBI. It also supports more effective health services and products to strengthen the healthcare system overall.

Monitoring and evaluation determine progress and identifies gaps or limitations of policies, programs, and interventions. All concrete actions identified as part of specific implementation plans must be regularly monitored and evaluated to measure their effectiveness in achieving goals. (PHAC, 2018)

The core pillars are opportunities that the PEI STBBI Reduction will support.

1. Prevention

Programs and policies aimed at increasing knowledge, changing attitudes and behaviours, as well as supporting the uptake of existing and emerging prevention technologies are needed to reduce the number of new infections. Over the past several decades, our STBBI prevention toolbox has been significantly expanded as a result of scientific discoveries, vaccination programs (e.g., HBV and HPV), harm reduction initiatives, biomedical and technological advancements, as well as increased knowledge of effective interventions. (PHAC, 2018)

Opportunities this Action Plan Will Support:

- 1) Improve access to effective prevention interventions, including safer-sex materials, harm reduction, testing, treatment, and targeted vaccination programs.
- 2) Research, implement, and evaluate innovative biomedical prevention interventions (e.g., new vaccines and PrEP) and continue to expand the reach of existing vaccines (e.g., HBV and HPV).
- 3) Develop and disseminate holistic, scientifically accurate, culturally- and age-appropriate, and gender-responsive sexual health information, resources, and curricula in school and community settings.
- 4) Implement sustained interventions to facilitate empowerment and behaviour change among individuals who engage in risk behaviours.
- 5) Equip health professionals and front-line providers with knowledge, skills, and resources to provide equitable access to prevention interventions—including the use of treatment to prevent STBBI transmission—vaccination, testing, treatment, and contact investigation programs.

2. Testing

Facilitating early detection through the promotion and availability of testing, particularly for those at high risk, or who have previously been exposed, reinforces prevention. It is also the first stage to link people with treatment, care, and support. Testing is critical to reduce the risk of long-term health effects for some STBBI and to prevent onward transmission. Recent scientific and technological advancements

have improved early detection and can encourage people to access regular testing. However, more needs to be done to eliminate barriers to access testing and address the low uptake and frequency of testing. New diagnostic methods, such as point-of-care testing, are now available. New technologies that simplify testing or diversify test settings increase accessibility and may remove discomfort that some individuals have with accessing testing through their primary healthcare provider. (PHAC, 2018)

Opportunities this Action Plan Will Support:

- 1) Provide health professionals and front-line service providers with knowledge, skills and resources to implement person-centred, culturally relevant, and integrated testing that respects patient privacy and rights.
- 2) Ensure appropriate linkages to prevention, treatment, and care resources are provided to individuals who have been diagnosed with, or at risk of, a STBBI.
- 3) Research, implement, and evaluate innovative and emerging testing technologies, testing approaches, and sustainable quality assurance systems.
- 4) Improve availability of, and access to, evidence-based testing technologies and approaches in a variety of settings.
- 5) Normalize the offer of STBBI testing among healthcare providers while individual rights to confidentiality, pre- and post- test counselling, and informed consent are respected.

3. Initiation of Care and Treatment

Timely engagement in care and treatment is critical to reduce infections and ensure optimal health and well-being of those affected. Early linkage to care and initiation of treatment are associated with increased survival, improved overall health, better quality of life, and a decreased risk of onward transmission.

When properly diagnosed, most STBBI can be treated/managed within a short time. Early treatment benefits the individual and the healthcare system as a whole. Marginalized individuals or individuals living in rural and remote areas often do not benefit from timely and seamless treatment and care. (PHAC, 2018)

Opportunities this Action Plan Will Support:

- 1) Develop holistic, culturally appropriate, and gender-affirming information and education resources for people to facilitate early treatment.
- 2) Identify and eliminate barriers that impede timely and affordable access to STBBI treatment, care and support.
- 3) Address the health of the whole person by adopting holistic and coordinated approaches, developing multi-disciplinary outreach programs and strengthening electronic patient care systems.
- 4) Provide health professionals and other front-line workers knowledge, skills, and resources to reach and engage people with appropriate and timely treatment.
- 5) Expand the application of health-systems tools, including communications technologies and electronic health records management systems, to improve the quality of treatment care for people with STBBI.
- 6) Enhance laboratory surveillance of drug resistant STBBI to inform effective treatment, antimicrobial stewardship, and the development of new treatments.

4. Ongoing Care and Support

Strengthening support services and enhancing person-centred systems of care are critical for optimal health outcomes for those who live with chronic STBBI (i.e., HIV) or find themselves in situations that put them at risk for acquiring STBBI. Consistent, ongoing, person-centred care and support that is rooted in harm reduction principles can mitigate or prevent the transmission of STBBI, reduce or prevent new infections, re-infections or co-infections, and ultimately provide better quality of life.

People living with STBBI represent different cultures, genders, orientations, and abilities. Services that reflect this diversity must address a range of psychological, emotional, cultural, physical health, and practical needs. Challenges in navigating the health system, lack of information about available services, a mistrust of care providers, and marginalized or criminalized status are barriers to care and support. Healthcare providers who lack information or knowledge about how to access a variety of services will have difficulty providing comprehensive care and support.

Life transitions can also result in service gaps and challenges (e.g., the transition of individuals from one health system to another, from pediatric to adult care, between correctional facilities or community-based care, and through the stages of immigration). Improving the continuum of care could further help individuals adhere to treatment, and in the case of HIV, maintain a suppressed viral load. The incorporation of STBBI services into primary care clinics and the development of “wrap-around”, interdisciplinary, multi-sectoral care models can also contribute to more effective, comprehensive, and seamless care and support. (PHAC, 2018)

Opportunities this Action Plan Will Support:

- 1) Implement a person-centred approach to care and improve links to health and social support for people living with chronic STBBI.
- 2) Empower people living with chronic STBBI to feel engaged in making health decisions by acknowledging and improving their health literacy and knowledge.
- 3) Develop and implement interventions that retain and re-engage people with chronic
- 4) STBBI with care and support services.
- 5) Provide health professionals and other front-line providers with knowledge, skills, and resources to serve the diverse needs of their patients and to improve their ability to offer culturally relevant and gender-affirming continuous care and treatment adherence.
- 6) Develop or expand navigation resources, including electronic health records or peer navigators to improve the access of people affected by STBBI to treatment, ongoing care, referrals, support, and to re-engage in care if necessary.

CONCLUSION

Prince Edward Island can make significant progress towards reducing the health impact of STBBI. To achieve this goal, the province must use an intersectoral approach to equitable health care focusing on shared goals, to reduce the barriers to prevention, testing, treatment and ongoing care. This approach must be supported by surveillance data, research, knowledge mobilization, monitoring and evaluation.