

Prevention Task Group Recommendation Report

Task Group Objectives and Process

The Toronto to Zero Prevention Task Group convened for 3 meetings between April and August of 2019 to outline key gaps in prevention services and formulate potential recommendations to address them. Given the subject matter, the group's recommendations were focused on the objective "Drive Down New Transmissions that Occur in Toronto". Through our recommendations, we specifically sought to:

- Identify gaps in the current delivery of services to prevent new HIV transmissions, including PrEP and PEP, and opportunities to expand knowledge about the range of available HIV prevention options, including U=U;
- Recommend strategies to better deliver these services in Toronto, including how to incorporate innovative and effective new strategies;
- Tailor recommendations to meet the needs of identified priority populations and other sub-populations that face additional barriers to access prevention services and information, and collaborate with other task groups and/or community members from affected communities to incorporate their input.

In developing these recommendations, we recognized that other task groups were better placed to identify structural or social barriers that make Ontario's priority populations more vulnerable to HIV and opportunities to eliminate them, and focused on identifying strategies to make prevention services more accessible. These recommendations will also be complemented by the work of population-specific task groups that can better elaborate on specific community needs related to HIV prevention.

Task Group Membership

Co-chairs:

- Darrell Tan, St. Michael's Hospital
- Ryan Lisk, ACT

Members:

- Alex Filiatrault, CANFAR
- Chris Thomas, AIDS Bureau
- Daniel Pugh, Sherbourne Health
- Deborah Yoong, St. Michael's Hospital
- Garfield Durrant, Black Coalition for AIDS Prevention
- Gary Rubin, Church-Wellesley Health
- Isaac Bogoch, University Health Network
- Jack Mohr, Ontario HIV Treatment Network
- James Owen, St. Michael's Hospital/410 Sherbourne Clinic
- John McCullagh, Community member
- Ken English, AIDS Bureau
- Kevin Woodward, Maple Leaf Medical Clinic
- Leo Mitterni, Hassle Free Clinic
- Rita Shahin, Toronto Public Health
- Ryan Tran, Asian Community AIDS Services

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Recommendations

1. Promote changes to public drug policy and pharmaceutical assistance programs to create universal access to free PrEP, PEP and HIV treatment

Universal, low-barrier access to PrEP and HIV treatment have been key components in reducing new HIV infections in other jurisdictions (UK, NYC). Provincial healthcare systems in British Columbia, Alberta, Saskatchewan and Prince Edward Island offer universal, free access to HIV treatment and PrEP; early reports from BC indicate these programs have led to reductions in new diagnoses. Ontario currently relies on a patchwork system of drug plans for covering the cost of HIV medications. At an individual level, navigating this system can delay or prevent people from accessing medications for HIV treatment and prevention, particularly for people whose private insurance does not provide 100% coverage or who do not qualify for social assistance. At a system level, it means that Ontario, and Toronto as the epicenter of the province's epidemic, is unlikely to see the same dramatic reduction in new HIV infections seen elsewhere. Organizations and healthcare providers in the HIV sector need to collectively engage policy makers at the provincial level to emphasize the significant impact universal, free access to HIV medication will have on ending the epidemic in Ontario. Sector partners should also participate in ongoing dialogue about National Pharmacare to emphasize gaps that exist around HIV treatment and prevention and ensure specific issues in Ontario are addressed in any potential Federal program. Organizations also need to encourage pharmaceutical manufacturers (including generic manufacturers) to help fill these gaps with more generous forms of compassionate access. ASOs also require additional resources so that staff can support clients to navigate drug coverage, particularly for newcomers who have gaps in coverage, to ensure timely access to prevention services and generate the greatest community level benefit from increased coverage.

2. Implement combination HIV prevention programs that promote a "Status Neutral" Continuum of Care, with rapid offer of HIV treatment and prevention services to clients regardless of their testing result

Historically, a limitation of HIV testing programs has been their tendency to focus on making new diagnoses, rather than promoting a more balanced approach of linking all clients to appropriate downstream services in a destigmatizing way. The New York City Public Health Department has implemented a Status Neutral Continuum of care, using HIV testing as an entry point for rapid linkage to either HIV treatment for people newly diagnosed with HIV or to prevention services such as PrEP for people who test negative. This model can promote more widespread testing and maximize the impact of effective HIV treatment and prevention services, but requires standardization of care and clear referral pathways. Similar models are happening on a smaller scale in Toronto through partnerships like those between Hassle Free Clinic and Maple Leaf Medical for rapid treatment initiation, proposed service coordination through the Gay Men's Health Hub, and PrEP implementation research at St. Michael's Hospital. There is an opportunity to build on these partnerships and projects to create a more fulsome Status Neutral continuum of services in Toronto. Developing a community of practice amongst health care providers involved in HIV testing, HIV care and PrEP delivery in the city would help build consensus around this idea and provide a venue to develop rapid referral pathways between services. AIDS Service organizations and other agencies providing support services to people living with and affected by HIV should also be engaged to ensure linkage to support services that can improve retention in care and adherence.

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3. Promote existing tools to support clinicians and ASOs to implement U=U messaging into their practice

While local HIV activists have successfully engaged AIDS service organizations, public health programs, and HIV care providers to endorse U=U messaging, continued efforts are needed to promote this groundbreaking message and incorporate it into practice. Ensuring all healthcare providers and allied health professionals understand U=U and deliver consistent messaging about the preventative impact of viral suppression will reduce confusion about U=U and maximize the benefits of this message as a motivator for testing, treatment initiation, adherence, addressing internalized stigma, and as an effective prevention message. Resources from the Ontario AIDS Network's U=U toolkit and CATIE's Can't Pass It On campaign should be distributed to healthcare providers and allied health professionals and incorporated into any outreach activities by local ASOs and Toronto Public Health. Outside of healthcare, continued public outreach is necessary to make viral suppression a commonly understood method of HIV prevention. Toronto Public Health and local ASOs should consistently incorporate U=U messaging into all HIV prevention messaging. As emerging research provides new insights on what impact treatment may have on reducing transmissions related to sharing injection drug equipment and breast feeding, resources will need to be quickly adapted and distributed to ensure the public has the most accurate, up-to-date information about U=U.

4. Deliver healthcare provider training on PrEP in suburban Toronto to ensure equitable access to high quality PrEP care throughout the city

PrEP delivery in Toronto is highly concentrated in several high volume clinics in the downtown core. Supporting healthcare providers in non-core neighborhoods to provide PrEP would improve the accessibility of PrEP services, particularly in lower income neighborhoods and ethnically diverse communities in Toronto. The Ontario HIV Treatment Network's healthcare provider training resources can be used strategically to create greater healthcare capacity to prescribe PrEP in non-core neighbourhoods of Toronto. The OHTN can work collaboratively with Toronto's AIDS Service Organizations to identify and train healthcare providers who work with priority populations that have been historically under-served by PrEP services, including racialized and Indigenous communities, trans people, people who inject drugs, and women. The OHTN can also work with its network of clinical partners to identify opportunities to engage practicing healthcare providers in continuing medical education through their colleges and associations, at the hospitals and institutions where they practice, and through professional conferences. Expanding access to PrEP should also include addressing barriers to engaging other healthcare professionals in delivering PrEP. For example, the feasibility of pharmacy-delivered PrEP could be explored by building partnerships between pharmacies and prescribers under medical directives, and by advancing policy changes that expand the role of pharmacists to include PrEP prescribing.

5. Conduct promotional campaigns to address the concerns of under-served priority populations about PrEP and frame PrEP as an essential HIV prevention option

Across much of the industrialized world, the roll-out of PrEP has largely focused on reaching gay, bisexual and other men who have sex with men without a proportionate delivery of educational resources and promotion of PrEP to other populations affected by HIV. In Ontario, there have been few

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locally developed resources about PrEP geared towards the needs of priority populations including African, Caribbean and Black communities, Indigenous communities, trans people, people who inject drugs, and women. Failure to adequately engage these communities in PrEP dialogue reinforces the idea that PrEP is a “gay men’s intervention” and leaves these communities without necessary information about how PrEP works, how to access it, and how it might suit their HIV prevention needs. Multiple, culturally relevant interventions are needed to engage these communities about PrEP and its potential benefits. Peer knowledge sharing can be a powerful tool to create dialogue about PrEP, and in partnership with AIDS service organizations, the City can support this process by identifying community members to act as “PrEP Champions” in priority populations. These champions could help to destigmatize PrEP and promote appropriate uptake by discussing their own experiences using PrEP and sharing information on how to access it. Large-scale promotion of PrEP needs to include imagery and messaging developed in partnership with different priority populations to address community concerns and provide culturally relevant messaging about how PrEP can fit different people’s sexual health needs. The OHTN is currently developing a campaign to promote PrEP in consultation with Indigenous and ethno-specific AIDS Service Organizations. In order to increase uptake of PrEP in newcomer communities, local ASOs can identify a core set of resources to be translated into common languages spoken by newcomer communities.

6. Support the systematic collection and sharing of surveillance data to monitor success and identify needs related to PrEP

Collecting accurate and timely information about PrEP use is critical to identifying its impact on local HIV epidemics and ensuring appropriate delivery of services. While efforts have been made to estimate the number of PrEP users in Ontario, the province lacks a comprehensive monitoring program for PrEP. Public Health Ontario introduced new HIV test requisitions forms in 2018 that include PrEP as a reason for testing, creating a potential source of epidemiological data about PrEP use in Ontario, but uptake of the new requisition form has been low. These requisition forms must be implemented in a more coordinated way and data from their implementation should be reported in a timely fashion to help shape efforts to scale up PrEP. At a local level, better engagement of PHO with ASOs and healthcare providers at the frontline of PrEP delivery is essential, so that service providers are aware which populations are accessing PrEP and where their efforts should be focused to increase uptake. Finally, research projects such as the Ontario PrEP Cohort Study are capturing the experiences of people using PrEP in several different cities across the province; such efforts warrant ongoing support and dissemination of results so that stakeholders are kept aware about local PrEP-related outcomes.

7. Leverage local universities to increase the number of healthcare providers who provide all effective HIV prevention tools.

While education for practicing healthcare providers is critical to increasing current access to HIV prevention options, local medical schools and universities present an opportunity to create a high level of knowledge about HIV prevention science in the next generation of health care providers. New physicians, nurses, pharmacists and social workers can all play a critical role in supporting the improved delivery of biomedical prevention interventions. Training on HIV and sexual health has been limited in medical education in the past, but the University of Toronto and McMaster University have begun to incorporate PrEP, PEP and U=U into their curricula for medical students. Research labs such as the Cruise Lab at the University of Toronto and the HIV Prevention Lab at Ryerson University have also played a

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role of bringing HIV prevention science into social work and psychology departments. Efforts should be made to scrutinize curricula for all relevant healthcare professions including physicians, nurses, pharmacists and social workers to assess whether contemporary HIV prevention methods are incorporated. Where current education on HIV prevention is limited, the OHTN can work collaboratively with allied health care providers, educators and researchers working in local universities to lobby and support faculty to better incorporate training on HIV and combination HIV prevention.

8. Improve healthcare provider knowledge and delivery of on-demand PrEP and PEP to provide access to a comprehensive continuum of HIV prevention services

On-demand PrEP (also known as “2-1-1” dosing) and post-exposure prophylaxis (PEP) are effective prevention tools for people who only sporadically engage in activities that may expose them to HIV. Both have a limited application, with data only supporting the efficacy of on-demand PrEP for cisgender men who have sex with men and PEP a stopgap solution when other prevention tools are not used. Access to these prevention options in Toronto is also limited, with PEP delivery often inconsistent and few healthcare providers well versed in administering on-demand PrEP. Nonetheless, both can play a useful role connecting people with high-risk exposures to a broader continuum of HIV prevention services and sexual health care. Building the capacity of healthcare providers and service providers to respond to requests for these tools is essential. The OHTN, with support from HIV specialists currently providing PEP and on-demand PrEP, can develop training resources for health care providers on when and how to deliver these prevention options and for other service providers about when and how to connect clients with these services. Resources on how to deliver PEP and on-demand PrEP can also be incorporated into existing training the OHTN is offering about PrEP to local primary care providers. Emergency departments, the primary route for PEP currently, should also be engaged in training and evaluation of their PEP services to ensure consistent access and proper linkage of PEP patients to PrEP and other prevention services at all local EDs.