



BACKGROUND

Frontline Services to Address HIV and Other Sexually Transmitted or Blood-Borne Infections (STBBIs) in Nova Scotia

Purpose

The purpose of this Background is to provide an overview of issues in Nova Scotia related to frontline HIV and STBBI services. It will demonstrate that community-based organizations (CBOs) play an essential role in providing a continuum of services necessary to manage HIV and other STBBIs in Nova Scotia, and that they require adequate and sustainable funding support in order to do so.

What is the issue?

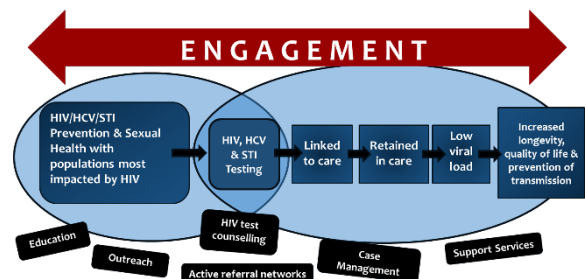
Funding for CBOs working on STBBIs has dwindled over the years, and has not kept pace with increasing operational expenses (e.g., staff salaries, rents, utilities). There are many CBOs in Nova Scotia that provide direct frontline services in STBBI prevention, education, care and support: AIDS Coalition of Nova Scotia (ACNS), Mainline Needle Exchange, Direction 180, Ally Centre of Cape Breton (ACCB), Northern AIDS Connection Society (NACS), Hepatitis Outreach Society of Nova Scotia (Hep NS), Mobile Outreach Street Health (MOSH), and the affiliate organizations of the NS Association of Sexual Health. They provide a wide range of services essential to keeping the HIV epidemic and other STBBIS under control, and supporting people more vulnerable to or living with HIV/AIDS and other STBBIs:¹

- ◉ needle exchange and distribution of other safer injection equipment (including storefront and mobile services)
- ◉ methadone maintenance program (low threshold opiate replacement, including storefront and mobile bus)
- ◉ facilitating access to treatment and primary health care (e.g., supports for people post-diagnosis and for treatment adherence, health care system navigation, treatment education)
- ◉ case management for persons living with HIV/AIDS or Hepatitis C (multi-disciplinary teams, peer support, crisis intervention and counselling, service referrals)
- ◉ drop-in services and supports (provide food, advice and support, shelter)
- ◉ general health promotion (STBBI prevention, sexual health and healthy sexuality, nutrition and diet, general women's health)
- ◉ information outreach (condom distribution and awareness raising, presentations, workshops, internet-based prevention, online support groups)
- ◉ phone-based services (questions from general public, for support to PHAs and people living with Hep C)
- ◉ overdose prevention (pilot take-home Naloxone kit for opiate overdoses)
- ◉ housing (facilitate housing supports for clients)

Some of the CBOs rely almost exclusively on the Public Health Agency of Canada (PHAC) for funding, and/or receive some provincial funding (via the government or NS health authority) and/or do their own fund-raising. Recently, there have been changes to PHAC funding for an integrated HIV and Hep C funding program for CBOs to take effect in April 2017. This has resulted in: reduced provincial allocation to Nova Scotia (and to the Atlantic region overall), new open call for applicants with greater competition for fewer funds, and a requirement for services that integrate HIV, Hepatitis C and other STBBIs. In the past several years, PHAC funding has been limited to annual contribution agreements or project funding. Project funding was often restricted to “innovative” projects and are inadequate for simply continuing programs that are known to be effective, are responsive to client needs, or are based on the organizations’ own strategic directions, goals and mission.

Why is this important for NS?

CBOs in NS provide support for people living with or at risk of contracting HIV and STBBIs across a spectrum of services (see figure below), from prevention through to treatment and care.



These CBOs take on many roles such as care of those socioeconomically in need, health education and training, and advocating for an informed and inclusive society.

The need for services provided by these CBOs is growing. For example, harm reduction programs report marked increases in needle distribution over the years, some experiencing as high as 10-fold increases in demand. The growing demand for services has not been matched by increased funding. As a result, those who work in CBOs face many obstacles to providing care. They are committed to their work, but they don't have access to pension plans or secure employment, and have limited career advancement or professional development opportunities. They are also often forced to divert attention away from service provision to completing grant funding proposals or fundraising in order to support their programs and jobs.

PHAC and/or provincial funding is inadequate to support all the programs needed by clients. CBOs often have to seek additional funds from a variety of sources (e.g., United Way, M·A·C AIDS Fund, fundraising events) to cover outreach services for the purposes of education, harm reduction and support.¹ In NS, the rural population accounts for more than 40% of the total population (compared to the national average of 19%).² This high level of rurality makes it difficult for CBOs to reach all of the populations in need of services. Organizations find that it is difficult to find the resources (human and financial) to reach the entire province and provide consistent and regular contact with service users.

Most parts of the province also lack infectious disease specialists or sexual health clinics, presenting barriers to people at risk of and living with HIV, Hep C and STIs. In Cape Breton, for example, there is only one infectious disease specialist with a very heavy caseload.

Many people who are living with HIV and/or Hep C face challenges with respect to poverty, and transportation to find specialized treatment is a challenge. People living with HIV and/or Hep C need a family physician to manage their treatment, but even this can be a challenge in some parts of NS.

What can we do to improve the situation and who needs to be involved?

Best practices are difficult to maintain in the face of funding constraints. A commitment to maintain an acceptable standard should be agreed upon with the Department of Health and Wellness. The Standards for Blood Borne Pathogens Prevention developed by the Nova Scotia government in 2004 should be updated and resourced to achieve its original intent of guiding long-term improvement in Hep C and HIV prevention efforts.³ Frontline organizations play a key role in implementing the NS Standards for Blood Borne Pathogens Prevention, and it would provide a valuable accountability framework for both funders and CBOs.

It is clear that CBOs play a vital role in HIV and STBBI prevention, care and support in NS. Various departments in the Government of Nova Scotia, as well as the NS Health Authority, could make modest and coordinated investments that would create significant impacts for the long-term financial sustainability of these CBOs and the services they deliver. Specifically:

- ⊙ Recognize the value that these CBOs bring in contributing to the mandates and strategies of the Departments of Health and Wellness, Seniors, Community Services and Justice
- ⊙ Provide long-term (multi-year) contribution agreements that allow CBOs to sustain effective programs across NS
- ⊙ The NS Health Authority should directly supply needle exchange and other injection supplies, as well as safe disposal supplies/services. From an allocative efficiency standpoint, this would be preferable to requiring harm reduction organizations to try to anticipate volume of supplies needed and apply for grants annually.
- ⊙ Recognizing geographic challenges, provide travel assistance for both clients and service providers to ensure equitable access to services across the province

What are some key considerations to guide our joint efforts?

We have a shared responsibility to provide quality, efficient, effective and culturally-competent health care to Nova Scotians.

CBOs play a vital role: These organizations provide essential frontline services beyond those provided by the public and private sector.

The non-profit sector is under strain: CBOs are challenged by market competition, unpredictable revenues, restricted assets, community pressures, scope creep and mission drift, reliance on volunteer support, donor fatigue and a tough economy.

CBOs need financial sustainability to focus on their work: The importance of nonprofit service delivery for social and human services has grown significantly over the last number of decades. A key trend⁴ is for government to transfer responsibility for services and care previously provided by the state onto local levels of nonprofit organizations and communities. This trend needs to be fiscally supported.

¹ Kirkland, S., Patten, S., Krahn, T., Peddle, S., Gaspar, M. and the Landscapes Research Team (2014). [Exploring the Landscape of Communicable Diseases in Atlantic Canada](#). Halifax, NS: Canada.

² Statistics Canada. 2011 Census of Population. [Population, urban and rural, by province and territory \(Canada\)](#).

³ AIRN (2016). Program Evaluation for Mainline Needle Exchange: Contributing to a Harm Reduction Landscape in Nova Scotia

⁴ Baines D, Cunningham I, Campey J, Shields J (2014). [Not profiting from precarity: the work of nonprofit service delivery and the creation of precariousness](#). Canadian Journal of Work and Society; 22, pp. 74-93.