

Nova Scotia's Strategy on HIV/AIDS



HIV and AIDS in Nova Scotia

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have been serious health issues for Nova Scotia, Canada, and the world for over 20 years. Every day, 11 more Canadians on average are infected with HIV, the virus that causes AIDS.¹ Since the start of the HIV/AIDS epidemic, 596 people have tested positive for HIV in Nova Scotia.^{2,3} The actual number of people in the province with HIV is probably higher because not everyone who has the virus gets tested.

HIV affects people from all walks of life. However, it is more commonly found in populations that have social or economic disadvantages in society. Some of the populations who are at increased risk for HIV infection include men who have sex with men, Aboriginal people, youth aged 15 to 19, people who use injection drugs, and prison inmates.⁴

For 20 years, many people have worked hard to stop the spread of HIV and to improve the care and support given to people with HIV and AIDS. But there are still many new cases of HIV diagnosed every year. Some people with HIV and AIDS still have problems getting the care that they need. For these reasons, it is time to renew our approach to addressing HIV and AIDS.

Nova Scotia's Strategy on HIV/AIDS: Summary Report, 2003
Prepared by: Provincial HIV/AIDS Strategy Steering Committee

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This document summarizes Nova Scotia's Strategy on HIV/AIDS. For additional copies or to request a copy of the complete Strategy please contact:

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A New HIV/AIDS Strategy for Nova Scotia

Many people who are affected by HIV and AIDS have worked together to create a new HIV/AIDS Strategy for Nova Scotia. The Strategy contains a vision, goals, guiding principles and 19 recommended actions. Because it is not possible to work on all the recommended actions at the same time, six have been proposed as priorities for the first stage of implementation. These six priorities are identified with an asterisk (*) where they appear in the document. A plan is also included for making sure the recommended actions are implemented.

The Vision

Nova Scotia is a province that decreases vulnerability to HIV infection through a collaborative strategy. The results of this collaborative strategy are reduced HIV infections and an increased capacity for persons living with HIV/AIDS (PHAs) to determine their own treatment path and achieve optimal health and quality of life.

The Goals

1. Integrate HIV/AIDS policy development and service delivery.
2. Improve knowledge and understanding of HIV/AIDS and related issues that affect the risk of infection.
3. Reduce the spread of HIV.
4. Provide Nova Scotians living with and vulnerable to HIV and AIDS with the best possible care, treatment, and support services.

The Guiding Principles

All of the work that will lead to achieving the Strategy goals will be guided by the following principles:

- PHAs, their caregivers, and people most at risk of infection have an important role in planning and implementing the services that affect them.
- Success in reducing the number of new HIV infections and improving the health and well being of those with HIV depends on
 - developing a wide range of services that are well coordinated
 - respecting social diversity
 - addressing a variety of factors that affect health, such as income, education, employment, access to health services, and social support
- Strengthening of community-based organizations and building partnerships between government and community organizations are necessary.
- Health care services should be provided as close to home as possible for PHAs.
- Care, treatment, and support services should respond to the needs of PHAs, so that they are supported in making choices about their care.
- Cooperation, collaboration, and leadership are required by all of the organizations that have a role to play in implementing the Strategy.



The Strategic Directions and Recommended Actions

The Strategy recommended actions have been organized into four strategic directions:

1. Mobilize integrated action on HIV/AIDS.
2. Build a broad research and information sharing strategy.
3. Build a coordinated approach to prevention and harm reduction.
4. Build a coordinated approach to care, treatment, and support services.

All recommended actions will need many people and organizations working together to be successful. Each recommended action is assigned to a lead agency, which will ensure that work towards the action takes place. For details related to the implementation of the Strategy, see the complete text of Nova Scotia's Strategy on HIV/AIDS.



Strategic Directions

Strategic Direction #1: Mobilize Integrated Action on HIV/AIDS

We need to better coordinate HIV/AIDS programs, services, and policies. All levels of government and community organizations need to work together to prevent the spread of HIV and to care for and support those who are affected by HIV/AIDS.

There are many factors that determine the health of the population, including income, education, employment, early childhood experiences, social and physical environments, and access to health services. The prevalence of HIV/AIDS, like many other diseases, is connected to these factors, or *determinants of health*. For example, people with less income are more likely to have a lower health status than people with higher income. Successful strategies for responding to HIV/AIDS are those that address the determinants of health in a coordinated and integrated way.

Community-based organizations provide important HIV/AIDS prevention, care, and support services throughout Nova Scotia. However, in order to continue to offer these services, community organizations need adequate funding.

Nova Scotia's HIV/AIDS Strategy will help community-based organizations and governments work together to make action on HIV/AIDS more integrated.

Summary of Recommended Actions for Strategic Direction #1

Number	Summary of Recommended Actions
1.1	Foster a broad community-based health system using a population health approach for Nova Scotians who are vulnerable to HIV infection.
*1.2	Allocate sufficient and stable funding sources for community-based HIV/AIDS programming.

integrate

Strategic Direction #2: Build a Broad Research and Information Sharing Strategy

More research about all aspects of HIV/AIDS is needed to support efforts in prevention, care, treatment, and support. Research is especially needed about how HIV/AIDS affects different cultural communities like Aboriginal people and African Nova Scotians. An HIV/AIDS research and information sharing strategy includes

- basic science (e.g., how the virus works)
- clinical research (e.g., treatment)
- social science research (e.g., risk taking)
- surveillance (e.g., keeping track of the number of infections)
- program evaluation (e.g., assessing how well a program or policy works)

Nova Scotia's HIV/AIDS Strategy will enhance Nova Scotia's capacity to participate in HIV/AIDS research. The Strategy will also encourage more research partnerships between community organizations and university researchers.

Summary of Recommended Actions for Strategic Direction #2

Number	Summary of Recommended Actions
2.1	(a) Enhance HIV/AIDS research programs by adopting a population health approach. (b) Strengthen the HIV/AIDS research process. (c) Develop an HIV/AIDS research agenda for Nova Scotia as part of a broader national (and/or global) HIV/AIDS research agenda.
*2.2	Determine the validity and feasibility of collecting and identifying HIV/AIDS surveillance data for African Nova Scotians, Aboriginal people, and new immigrant communities.

Strategic Direction #3: Build a Coordinated Approach to Prevention and Harm Reduction

HIV has no known cure or vaccine, so reducing its spread depends on successful education about prevention. Education about healthy relationships and healthy sexuality helps prevent the spread of sexually transmitted infections including HIV. A supportive school environment with a comprehensive sexual health curriculum taught by trained teachers helps students to make healthy choices. In addition, a public education campaign will help raise awareness that HIV/AIDS is a significant public health issue, reduce the stigma and discrimination often faced by PHAs, and prevent further spread of HIV.

Successful prevention also depends on effective harm reduction programs. Harm reduction programs work to reduce the harmful effects of a behaviour on a person or a community, without necessarily stopping the behaviour itself. Needle exchanges are an example of an effective harm reduction approach. Although the injection drug user still continues to inject drugs, the potential for harm is reduced because they can access clean needles and, therefore, reduce their chance of getting or spreading HIV.

Another important part of prevention is access to anonymous HIV testing. Many people are afraid to get a test for HIV in case someone finds out. Anonymous HIV testing allows people to find out if they are infected with HIV and learn how to protect themselves and their partners, without anyone ever having to know their name.



research

prevent

Summary of Recommended Actions for Strategic Direction #3

Number	Summary of Recommended Actions
3.1	(a) Facilitate the creation of safe, supportive educational environments for both students and staff in public schools. (b) Facilitate the creation of safe, supportive educational environments for both students and staff in Community Colleges. (c) Facilitate the creation of safe, supportive educational environments for both students and staff in universities.
3.2	Develop a training strategy for on-going support and professional development of teachers responsible for delivering the sexual health component of the public school curriculum.
3.3	(a) Update and provide a healthy sexuality curriculum (including HIV/AIDS, sexism, racism, and homophobia within the context of healthy living) for delivery in every school in Nova Scotia. (b) Make teaching the updated sexual health curriculum a priority within the school system.
*3.4	Develop and implement a comprehensive prevention strategy that includes initiatives based on a harm reduction approach for different populations within a variety of service settings. (This includes a network of anonymous testing services, access to barrier prevention methods, needle exchange programs, and methadone maintenance treatment services in both community and correctional facilities.)
*3.5	Develop and deliver a collaborative awareness campaign to provide the public with information on HIV/AIDS.
3.6	Hold a forum with provincial and local media outlets about informing the public about HIV/AIDS in a positive manner.

Strategic Direction #4: Build a Coordinated Approach to Care, Treatment, and Support

In consultation sessions held throughout the province in 1999, PHAs spoke about the many barriers they face in accessing treatment, such as

- third party insurance funding
- lengthy waiting lists
- misinformed or judgmental health care and/or social service providers
- fear of disclosure of HIV status
- lack of availability of some medical and health care services in all areas of Nova Scotia

We need to ensure that PHAs have access to the care, treatment, and support services they need. Nova Scotia's HIV/AIDS Strategy recommends actions to remove barriers to accessing care, educate health and other professionals, and ensure that Nova Scotia work places are supportive of PHAs.

Summary of Recommended Actions for Strategic Direction #4

Number	Summary of Recommended Actions
4.1	Establish a seamless continuum of care, treatment, and support services (including improving accessibility to existing and new programs) for PHAs using a case management approach.
4.2	Examine and, where necessary, develop, enhance, and promote supportive workplace programs to cover PHAs continuing and/or returning to employment.
4.3	(a) Approve and implement the existing draft policy on blood borne pathogens for children in care. (b) Provide HIV/AIDS education to child welfare staff and foster parents throughout the province to support the policy.

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three

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support

Summary of Recommended Actions for Strategic Direction #4 *continued*

Number	Summary of Recommended Actions
*4.4	Provide coordinated care for PHAs with mental health, substance use, and/or gambling issues by increasing access to care, treatment, and support programs and coordinating these services with ongoing HIV care, treatment, and support services.
4.5	Develop/enhance, promote, and support a multi-disciplinary HIV/AIDS curriculum for all care providers while they are in training and/or in professional development programs.
*4.6	Develop/enhance a protocol for the support and advocacy for PHAs based on the Cancer Care Nova Scotia patient navigation model.
4.7	Examine the guidelines for insurance coverage of HIV/AIDS including illness/disability benefit policies and programs, third party insurance coverage, and the appeal process.
4.8	Convene representatives of various faith communities to discuss increasing the involvement of spiritual care organizations and faith communities in providing a caring and supportive environment for PHAs, their families, and their support networks.
4.9	Develop policies and/or programming to protect children diagnosed with HIV/AIDS.

four

From Strategy to Action

With the help of many partners, the Nova Scotia Advisory Commission on AIDS is best positioned to coordinate Nova Scotia's new HIV/AIDS Strategy. A working group will be created to support each of the four strategic directions. Each working group will facilitate the development of action plans to address the recommended actions. Action plans will include objectives, required resources, expected outcomes, success indicators, timelines, and an evaluation plan. The Nova Scotia Advisory Commission on AIDS will monitor and report on the progress of the development and implementation of Strategy action plans.

Many dedicated and experienced people have worked hard over the past two decades to respond to HIV/AIDS in Nova Scotia. Implementation of the new HIV/AIDS Strategy will build upon the work that has been accomplished to date. Strong partnerships and collaborative action will lead to a better-coordinated, more effective response to HIV/AIDS in this province.



References

- 1 Health Canada. The Canadian Strategy on HIV/AIDS: Moving forward together. Ottawa (ON): Minister of Public Works and Government Services Canada, 1998; and Canadian AIDS Society. Health is a human right: Lessons from the community-based AIDS movement, a brief prepared for the Commission of the Future of Health Care in Canada. Ottawa (ON): Canadian AIDS Society, 2002. Available from URL: <<http://www.cdn aids.ca/web/backgrnd.nsf/cl/cas-bg-0034FreEng>>.
- 2 Nova Scotia Department of Health. HIV/AIDS surveillance report 2000. Halifax (NS): Office of the Provincial Medical Officer of Health, 2001.
- 3 Personal communication with Tracey MacDonald, Field Surveillance Officer, NS/PE, Health Canada, July 4, 2003.
- 4 Health Canada. HIV and AIDS in Canada: Surveillance report to June 30, 2002. Ottawa (ON): Division of HIV/AIDS Epidemiology and Surveillance, Centre for Infectious Diseases Prevention and Control, Health Canada, 2002.

