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# TARGETS UPDATE

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# Prioritizing Equity to Close HIV Prevention and Treatment Gaps - Perspective from Montreal -

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# Health is a fundamental human right

<https://www.who.int/health-topics/health-equity>

- Equity - absence of unfair, avoidable or remediable differences among groups of people
- Discrimination contributes to worsening living conditions
- Discrimination often embedded in institutions/systems
- **Health equity is when everyone can attain their full potential for health & well-being**

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# Actions needed to achieve equity

<https://www.who.int/health-topics/health-equity>

- **Knowledge - Monitoring - Analysis**
- Data disaggregated by age, sex, gender, education, income, disability and other factors
- Findings should be used to design responses
  - For improved equity
  - For ongoing monitoring of health inequalities

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# HIV Cascade of Care 2020, Montreal

- **Québec HIV Cohort**

- All people living with HIV who
  - received care at one of the participating clinics,
  - had at least two HIV viral loads x 2000
- In 2020 – data includes 4 large clinics in Montreal
  - N >10,000 over 20 years
  - We measured HIV cascade of care for people in care



the CTN  
CIHR Canadian  
HIV Trials Network

le Réseau  
Réseau canadien  
pour les essais VIH des IRSC



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# HIV Cascade of Care 2020, Montreal Québec HIV Cohort – people in care

	In Care in 2020 N	On ART % (n)	Virologically suppressed (< 200 copies/ml) % (n)
All	5706	99.6% (5686)	97.3% (5534)
Men	4750	99.7% (4738)	97.6% (4624)
Women	950	99.2% (942)	96.1% (905)
Trans	6	100% (6)	83% (5)

<https://www.reseausidami.quebec/hiv-cascade-of-care-2020-in-the-quebec-hiv-cohort-a-short-report/>

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# HIV Cascade of Care 2020, Montreal

## Specific populations

	Knowledge of HIV infection	On ART	Virologically suppressed (< 200 copies/ml)
Men who have sex with men (Engage study, N=1179, 2020-2021)	100%	97.6%	96.6%
Injection drug users (SurUDI, N=301, 2019)	97.0%	100%	

Results collected from authors by Direction Santé Publique de Montréal

- Lambert G, et al. Engage Montréal, Portrait de la santé sexuelle des hommes de la région métropolitaine de Montréal ayant des relations sexuelles avec des hommes, Cycle 2017-2018, Recueil de tableaux et outils. Direction régionale de santé publique du CIUSSS du Centre-Sud-de l'île- de-Montréal. Janvier 2022.

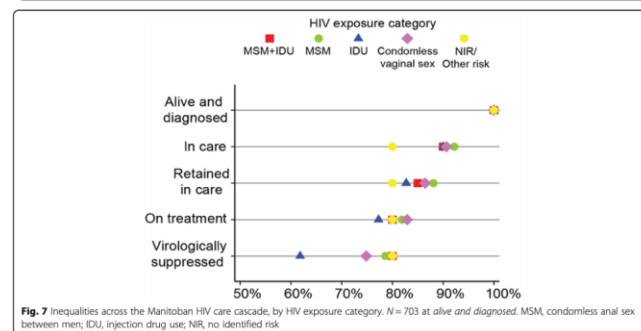
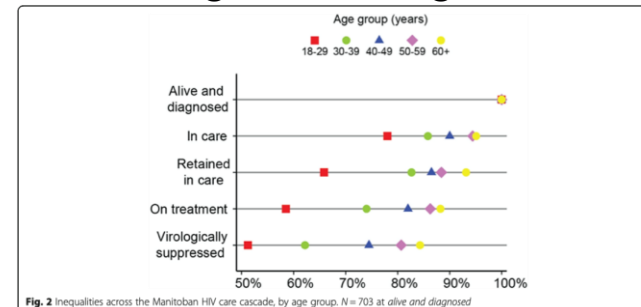
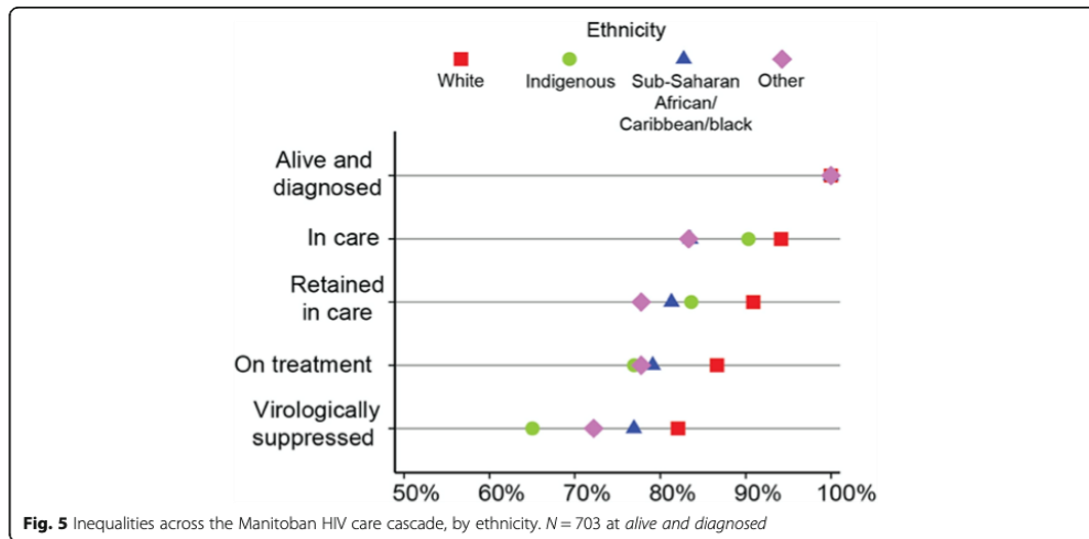
- Leclerc P, et al. Surveillance des maladies infectieuses chez les utilisateurs de drogue par injection - Institut national de santé publique du Québec. Personal communication from K Blouin to G Lambert, data for Montreal sites only, July 2022

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# HIV Cascade of Care 2017, Manitoba Equity analysis

- 703 participants from a clinical cohort of people living with HIV in Manitoba
- Equiplots by ethnicity, immigration history, injection drug use, living area



McClarty et al. BMC Public Health (2021) 21:281 <https://doi.org/10.1186/s12889-021-10225-w>

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## Black/African American people who don't know they have HIV can't get the care and treatment they need to stay healthy.

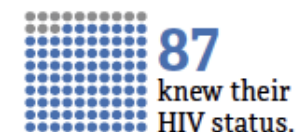


In 2019, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 479,300 were Black/African American people.\*\*\*

For every 100 people with HIV

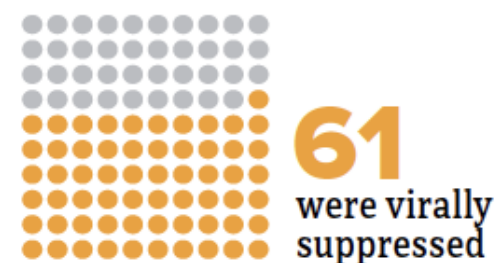
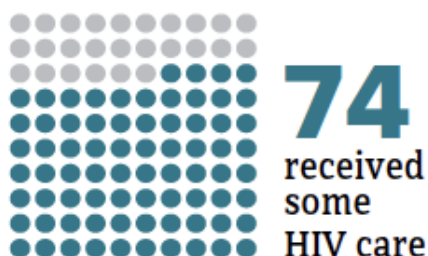


For every 100 Black/African American people with HIV



It is important for Black/African American people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and will not transmit HIV to their sex partners.

Compared to all people with diagnosed HIV, Black/African American people have lower viral suppression rates. More work is needed to increase these rates. For every **100 Black/African American people with diagnosed HIV** in 2019:†††



For comparison, for every **100 people overall** with diagnosed HIV, **76 received some HIV care**, **58 were retained in care**, and **66 were virally suppressed**.

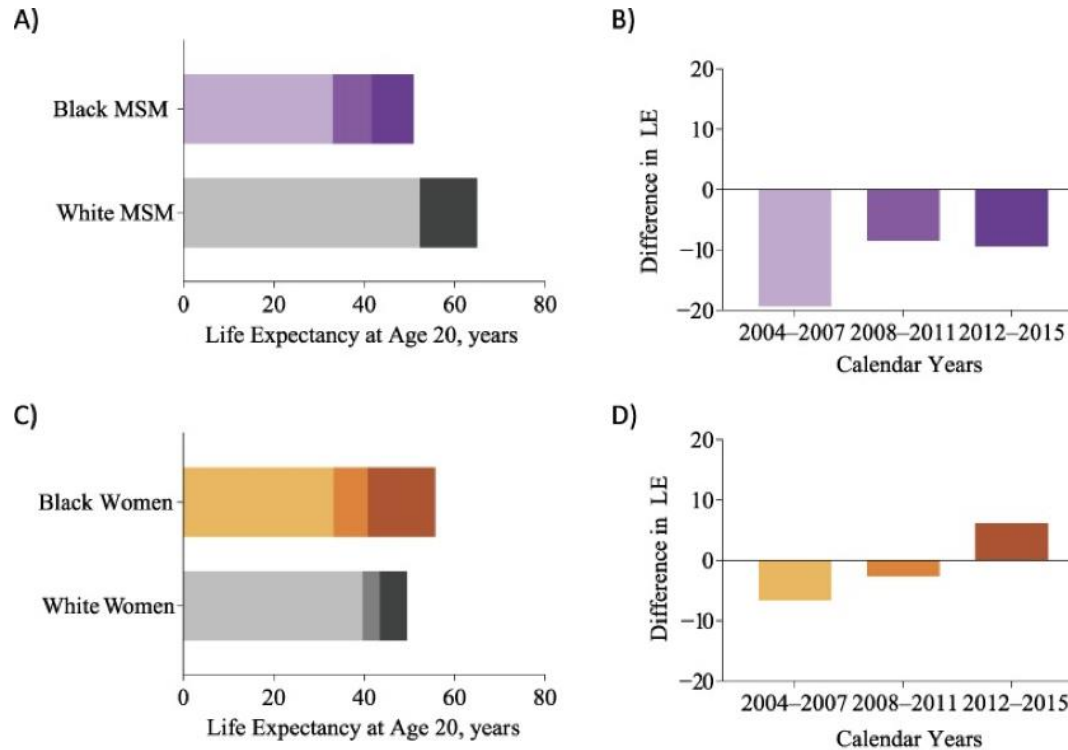
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Source: <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

# Life-Expectancy Disparities Among Adults With HIV in United States & Canada

North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD), 2004–2015.



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[Althoff KN. Am J Epidemiol. 2019 Dec; 188\(12\): 2097–2109.](#)



# AGEISM

is just as harmful as  
sexism or racism

#UNIDOP  
ageing@un.org

**60+** 1 OCTOBER  
**COUNTS**  
INTERNATIONAL DAY  
OF OLDER PERSONS

## AGEISM IN CANADA

**1 in 3**

Canadians admit they've  
treated someone differently  
because of their age

**63%**

of seniors ages 66+ say they've  
been treated unfairly or  
differently because  
of their age

**71%**

Agree that Canadian society  
values younger generations  
more than older ones

**1/2**

of Canadians (51%) say ageism  
is the most tolerated social  
prejudice (vs gender or  
race-based discrimination)

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Experiences of discrimination, racism and trauma are social determinants of health

Particularly for certain groups in Canada  
Indigenous Peoples  
African Caribbean Black  
LGBTQ

Source: canada.ca

Image: [ohrn.on.ca](https://ohrn.on.ca) (social isolation)



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# Learning Health System

- Use of existing data to allow continuous and rapid improvement in clinical care
- **Stakeholder involvement**

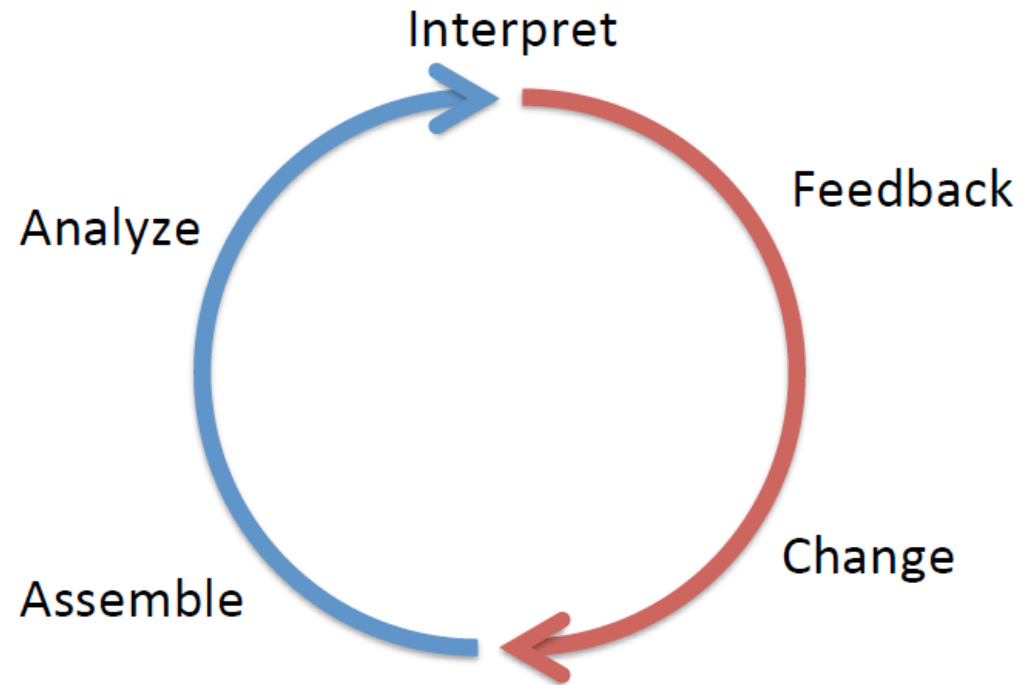


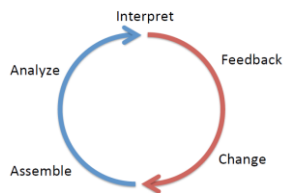
Figure of the learning health system cycle.

Source: <http://www.learninghealthcareproject.org>

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# Using the Quebec HIV Cohort as a Learning Health System

- **To improve HIV Care Cascade (PIHVOT Grant)**
- **To improve cancer prevention (CIHR Grant)**
  - Data update every 6 mths, continuous quality improvement
  - Examine results and codesign solutions as a team of stakeholders (patients-partners, clinicians, researchers, decision makers, knowledge users)
  - Repeat to examine impact of change



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# Equity in HIV testing & linkage to care

- Applying the learning health system beyond the HIV clinics - primary care, community organizations,...
- Applying person-centred approach to testing and care
- Reducing stigma / systemic discrimination
- Working together, listening, innovating



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# Montreal Sans Sida – Fast-track cities

Areas of strategic intervention



1. Reduce discrimination and stigma through communication
2. Eradicate prejudice caused by criminal law enforcements
3. Improve living conditions of vulnerable communities
4. Implement accessible services adapted to individual needs

Common Action Plan 2019-2020, [montrealsanssida.ca](http://montrealsanssida.ca)

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## Patient-Centered Care



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NEJM Catalyst ([catalyst.nejm.org](https://catalyst.nejm.org)) © Massachusetts Medical Society

# In summary, prioritizing equity for HIV prevention and care requires

- Data collection/analyses that considers social determinants of health and other factors of equity
- Continuous monitoring of health outcomes
- Codesign of solutions as teams of patients, clinicians, decision makers, knowledge users...
- Collaboration, communication
- Person-centred approaches, adapted to health care context, multiple strategies
- Reducing stigma and discrimination

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Thank you, and enjoy Montreal!

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