BRITISH COLUMBIA'S FRAMEWORK FOR ACTION ON HIV/AIDS

Produced in consultation with the Provincial HIV/AIDS Strategy Advisory Committee

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Ministry of Health and
Ministry Responsible for Seniors

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September 1998

I am pleased to present *British Columbia's Framework for Action on HIV/AIDS*. It outlines core principles, objectives, roles and responsibilities and next steps in addressing the HIV/AIDS epidemic in the province.

This framework was developed in consultation with the Provincial HIV/AIDS Strategy Advisory Committee. I would like to thank members of the committee for their vital contribution and dedication to the process of developing this framework.

As Minister of Health, I am committed to providing the leadership necessary to ensure that the health needs of the most vulnerable members of society are attended to. We can achieve this by working in partnership. Partnership includes involving people living with HIV and AIDS, and members of vulnerable groups, in the development of policies and programs that affect their health.

There are over 50 community-based HIV/AIDS groups receiving funding from the Ministry of Health. The work of these groups has been critical in raising public awareness about the HIV/AIDS epidemic and to developing programs and services. Their work is vital to stemming the epidemic, and supporting individuals and caregivers who are affected by this devastating illness.

Regionalization of funding for community-based HIV/AIDS programs and services from the Ministry of Health to health authorities will be done in consultation with people living with HIV and AIDS and community-based HIV/AIDS service providers. The active participation of these individuals will ensure that the important work they do will continue.

There are many challenges ahead in our fight against HIV/AIDS. By working together - collaboratively and cooperatively, focusing on the future - we can stem the effects of this deadly disease.

Sincerely,

Penny Priddy
Minister

Province of
British Columbia

Minister of Health and
Minister Responsible for
Seniors

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The Ministry also thanks the many other individuals who provided advice and information for the framework.

Executive summary

HIV/AIDS affects everyone in British Columbia. The epidemic is complex and ever changing. Stemming the epidemic requires a partnership between people living with HIV and AIDS, the Ministry of Health, health authorities, other ministries and community agencies.

British Columbia's Framework for Action on HIV/AIDS is a policy document intended to lay the groundwork for a long-term action plan to prevent the spread of HIV and care for people infected with the virus.

The framework will guide British Columbia's action on HIV/AIDS by reviewing the current status of the epidemic and setting out principles for future action. The framework points to the importance of addressing the social determinants of health that place people at risk of infection. It establishes goals and objectives for prevention and education, care, treatment and support services, research and teaching initiatives and the coordination of government policies and programs.

HIV and AIDS can affect anyone of any age, gender or social status

The framework outlines the roles and responsibilities of key players in the HIV/AIDS epidemic, along with issues related to funding for community-based HIV/AIDS services and needle exchange programs. The next steps identified here form the basis for the implementation plan.

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1.0 INTRODUCTION

When the HIV/AIDS epidemic first appeared in Canada in the early 1980s, there was little information or understanding about the disease. Governments and society were slow to respond to the emerging epidemic.

Although HIV/AIDS knows no boundaries, prejudice towards gay men, the first population to show widespread infection, and other marginalized populations complicated progress to identify and slow the epidemic. People infected with the virus, their caregivers and advocates struggled to deal with the devastating effects of the HIV/AIDS crisis and were the driving force behind early efforts to control the epidemic in British Columbia. The Ministry of Health and Ministry Responsible for Seniors recognizes the continued commitment of people living with HIV and AIDS, their advocates and caregivers in preventing the spread of HIV and caring for those affected.

HIV refers to the human immunodeficiency virus

The virus is transmitted through exposure to infected blood or bodily fluids

People infected with HIV develop AIDS (acquired immunodeficiency syndrome) and, as a consequence of their weakened immune system, develop opportunistic infections and/or cancers

There is, as yet, no cure for AIDS

British Columbia has developed a sophisticated system of HIV/AIDS-related programs and services. While much progress has been made in dealing with the HIV/AIDS epidemic, continued action is required. HIV/AIDS is an issue for all British Columbians. Equitable access to province-wide prevention, care, treatment and support services is necessary. British Columbia's response to the epidemic must also be flexible, adaptable and responsive to new segments of the population that become vulnerable to HIV infection.

While a comprehensive response to HIV/AIDS requires a multi-sectoral approach to address the social determinants of health, this document is written from the perspective of the Ministry of Health and those activities which fall within the Ministry's jurisdiction. The Ministry will take a leadership role in coordinating the work of other ministries and other levels of government in British Columbia in implementing the HIV/AIDS framework.

The Ministry of Health recognizes that controlling the HIV/AIDS epidemic depends upon a strong partnership between people living with HIV and AIDS, their caregivers and advocates, as well as committees, health authorities, other ministries, governments and agencies.

This document, *British Columbia's Framework for Action on HIV/AIDS*, will guide the partnership between the Ministry of Health and other key partners in strengthening the province-wide system of HIV/AIDS-related programs and services. The framework will direct action in the areas of HIV/AIDS prevention, education, care, treatment and support, research and the coordination of efforts to control the epidemic. Service planning and delivery will be the responsibility of regional health authorities.

The framework has been identified as a priority action item in the Ministry of Health's strategic plan. The strategic plan identifies actions on HIV/AIDS that the Ministry of Health will undertake:

- prevent the spread of HIV and provide care, treatment and support for people living with HIV and AIDS through an accessible, effective and integrated system of HIV/AIDS services; and
- coordinate the integration of the HIV/AIDS framework with the British Columbia Aboriginal HIV/AIDS Strategy and the Canadian Strategy on HIV/AIDS.

British Columbia's Framework for Action on HIV/AIDS directs action in prevention, education, care, treatment and support, research and coordination efforts

British Columbia's Framework for Action on HIV/AIDS sets out how the Ministry of Health plans to address HIV/AIDS issues. The framework:

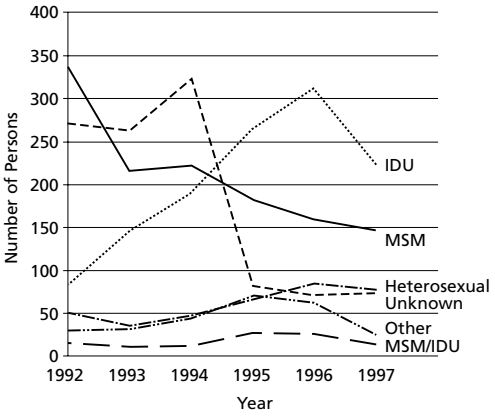
- lays out the nature and scope of the HIV/AIDS epidemic in British Columbia;
- identifies the principles that guide the framework;
- establishes longer-term goals and objectives;
- sets out the roles of different organizations within the health care system; and
- addresses issues related to funding for HIV/AIDS services and accountability.

In response to the seriousness of the HIV/AIDS epidemic, British Columbia has developed one of the most sophisticated networks of community HIV/AIDS services and programs in Canada. This network consists of needle exchange and street outreach programs; HIV/AIDS service organizations; advocacy and peer support organizations empowered by people living with HIV and AIDS; organizations for youth, aboriginals, women and ethnic minorities; and programs providing food, housing, hospice and respite for people living with HIV/AIDS and their caregivers.

The Ministry of Health's HIV/AIDS Division will work with the community and other ministries to develop regional work plans to implement the framework

A comprehensive response to HIV/AIDS requires a joint approach to address the broad social factors that affect health status (determinants of health). The Ministry of Health's HIV/AIDS Division, with advice from its HIV/AIDS Advisory Committee, will take a leadership role within government, consult with other key players and develop work plans to implement the framework.

Persons Testing Newly Positive for HIV by Risk Category, 1992-1997



Legend

- Men having sex with men (MSM)
- Unknown
- Injection drug users (IDU)
- Heterosexual
- Other
- Men having sex with men/injection drug users (MSM/IDU)

	1992	1993	1994	1995	1996	1997
Men having sex with men (MSM)	338	217	223	183	159	147
Men having sex with men/injection drug users (MSM/IDU)	16	11	12	26	26	14
Injection drug users (IDU)	83	146	191	265	312	223
Heterosexual	50	35	47	65	84	77
Other	30	33	44	70	62	25
Unknown	271	264	323	81	71	74
Total	**788**	**706**	**840**	**690**	**714**	**560**

2.0 CURRENT STATUS OF THE HIV/AIDS EPIDEMIC IN BRITISH COLUMBIA

Approximately two British Columbians are among the 11 Canadians who become infected with HIV every day. While gay men continue to represent the largest group infected with the virus, recent trends in HIV infections point to the changing nature of the HIV/AIDS epidemic. Of new infections in British Columbia in 1997, 44.5 per cent were among injection drug users, 26.2 per cent were among men who have sex with men and 13.6 per cent represented heterosexual transmissions (15.7 per cent were unknown or other). There has been a large increase in the number of women testing positive for HIV, especially economically disadvantaged women.

Aboriginal people in urban areas represent a disproportionate number of people infected with HIV. While the prevalence of HIV on reserves is unknown, researchers fear that on-reserve conditions may lead to a major epidemic. The movement of Aboriginal people between reserves, rural communities and urban centres increases the risk of HIV infection among this population.

Youth, especially young gay men, are another group particularly vulnerable to HIV infection. Across Canada and in British Columbia, the median age of HIV infection has dropped from 32 in the early 1980s to about 23 in 1997/98.

In 1992/93, British Columbia experienced a steep rise in the number of newly-diagnosed HIV infections, particularly among injection drug users living in Vancouver's Downtown Eastside. However, in 1997, the number of newly-diagnosed HIV infections actually declined among all risk groups, including injection drug users.

Socially and economically disadvantaged people, especially women, Aboriginals and young gay men, are particularly vulnerable to HIV infection

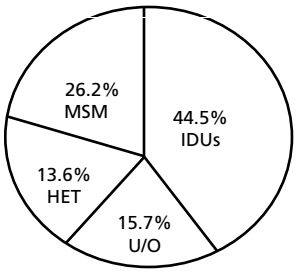
Poverty, abuse, sexual risk taking and needle sharing among injection drug users contribute to the possibility of an increase in the number of HIV infections in the future. Avoiding a renewed outbreak requires enhanced HIV/AIDS prevention strategies, including a focus on the social determinants that place people at risk of infection. Ignoring these challenges will have serious consequences for the population and incur high costs to the health care system.

AIDS ranks among the top four leading causes of death among men and women aged 25 to 44 in British Columbia and is one of the 12 leading causes of death among people of all ages. British Columbia has the country's highest proportion of deaths due to AIDS. There remains no cure for AIDS.

Recently, the number of new AIDS cases has declined in all developed countries, including Canada, and British Columbia. This decline reflects the impact of the new antiretroviral drug combinations, which are preventing the progression from HIV to AIDS in some people. However, the new drug regimens are complex and adherence is difficult, especially for people who lack adequate housing and food and other basic resources. The long-term effectiveness of these drugs and their negative side-effects are also a cause for concern.

Identified Newly-diagnosed HIV Infections

1997 figures



Legend

IDU	Injection drug users
MSM	Men having sex with men
HET	Heterosexual transmission
U/O	Unknown/other

3.0 SOCIAL DETERMINANTS OF HEALTH

Along with many other diseases, the prevalence of HIV/AIDS is tied to the social determinants of health. Health is influenced by many factors, such as poverty, level of education or lack of access to income and job security, early childhood experiences, abuse, misuse of alcohol and drugs, discrimination and lack of a caring and supportive network of family and friends, as well as access to health services. These factors increase the risk of HIV infection. Along with prevention education and access to health services, controlling the spread of HIV/AIDS involves changing the social factors that place people at risk.

Many of the social determinants of health are outside the domain of the Ministry of Health. However, the Ministry will take a leadership role in addressing the social determinants of health and developing healthy public policies and programs. Through an Interministry Committee on HIV/AIDS, the Ministry of Health will coordinate HIV/AIDS-related activities throughout government and develop healthy public policy that:

- considers the full range of factors that influence health;
- considers the impact of public policies on the health status of the general population and groups that experience poorer health;
- includes public, private and voluntary interests, with the direct involvement of those most affected by the health issue (such as clients and service providers); and
- focuses on sustainable policies that balance economic, social, environmental and political agendas.

Health is influenced by social factors such as poverty, education, early childhood experiences, abuse, discrimination, social support and access to health services

Other Ministries' HIV/AIDS Service Highlights

Ministry of Advanced Education, Training and Technology Supports the inclusion of current HIV/AIDS content in all curriculums within health and human services.

Ministry of Attorney General Confidential, voluntary HIV testing and gender sensitive pre-/post-test counselling are offered to inmates upon admission and during incarceration. Inmates have access to community AIDS organizations, including the British Columbia Persons with AIDS Society's health fund, and specialized AIDS care/counsellors. The Ministry has developed education modules on basic health and disease transmission, encourages peer support groups for HIV-positive inmates and offers bleach, condoms and methadone. Correctional Services has a non-segregation policy and a range of health services, including antiretroviral therapies administered through the BC Centre for Excellence in HIV/AIDS. Correctional Services has undertaken HIV prevalence monitoring.

Ministry for Children and Families Through its Adult Addiction Services branch, offers services for people who misuse alcohol and other drugs using a harm reduction service delivery model. The Ministry has developed education, prevention, harm reduction and treatment programs, as well as harm reduction training for health and social service professionals. Participates in the National Methadone Advisory Committee and provincial methadone advisory committees.

Ministry of Education Education on transmission/prevention for students in grades 8 to 12. Resources for teachers.

Ministry of Human Resources General and disability income assistance. Other health-related benefits on a case by case basis.

Ministry of Municipal Affairs (housing policy) and Ministry of Employment and Investment **(BC Housing)** Through agreements with BC Housing, nonprofit groups such as the Wings Housing Society, Vancouver Native Health and McLaren Housing Society, administers rent supplements to individuals living in the private rental market. BC Housing also has agreements with nonprofit societies for multi-unit, nonmarket housing developments, such as McLaren Housing Society's Helmcken House in Vancouver's West end and other nonprofit projects that are under development, such as the Portland Hotel Society's replacement project in Vancouver's Downtown Eastside. In addition, BC Housing, in partnership with the City of Vancouver, the Vancouver/Richmond Health Board and the Ministry of Human Resources, recently purchased two single room occupancy hotels that will be upgraded and managed by nonprofit societies. Tenants will include people living with HIV/AIDS.

Ministry of Women's Equality Advocates, leads, consults and educates for social reform to ensure women's equality and to expand choices and promote economic security, personal safety and well-being of all women in British Columbia. Provides ongoing operational funding for community-based intervention services, such as transition houses, safe homes and second-stage housing for women and children leaving abusive relationships. Supports sexual assault centres and women's centres (such as the Downtown Eastside Women's Centre), counselling programs for women who have experienced violence and services and advocacy to end violence against women. Sponsors a "safer future for women" initiative.

An interministry response to *British Columbia's Framework for Action on HIV/AIDS* will be produced in fall 1998

4.0 PRINCIPLES

British Columbia's Framework for Action on HIV/AIDS is based on the following guiding principles:

- People living with HIV and AIDS, their caregivers and advocates and people at increased risk of infection will have a central role in policy direction and planning for services that affect them. Policy direction and service planning will be gender inclusive.
- Stemming the HIV/AIDS epidemic requires educating people about HIV prevention and changing the factors that increase risk of infection by addressing social determinants of health (such as discrimination, poverty and abuse).
- British Columbia's approach to HIV/AIDS prevention, care, treatment and support services will encourage and promote the development of community-based and grassroots initiatives.
- People living with HIV and AIDS will have equitable access to health care services, wherever they live in the province. Services will be provided as close to home as possible. This will be achieved through universal health care services, as well as volunteer and community-based programs.
- Health services will treat all people equally, regardless of the nature of their illness. Health services will be responsive and will enhance self-determination and self-sufficiency to support people to make choices about their care.
- Services for people living with HIV and AIDS will be delivered within a regionalized health care system and monitored in a manner consistent with the Ministry of Health's accountability framework.

British Columbia's Provincial Health Goals

Principles and Assumptions of Provincial Health Goals

Collaborative Action

Achieving the health goals requires action by many partners in the health and other sectors, including partners inside and outside of government. Partners can work towards the best possible health for British Columbians by incorporating the health goals into their ongoing planning and operations, and by cooperating with other partners to achieve their goals.

Public Participation

Achieving the health goals requires public participation, informed choices and decision-making, and shared responsibility among individuals, private sector and non-government organizations, communities and governments.

Equitable Access to Health Services

Equitable access to needed and appropriate health services is a key contributor to our health, and must be preserved. At the same time, we must keep our health services affordable and balance our expenditures on health services with expenditures on other key influences on health.

Respect for Diversity

We must respect the diversity in our population. At the same time, we must recognize our shared purposes and interests. We must be sensitive and responsive to our diversity of cultures, historical roots, preferences and choices, while treating one another with dignity and respect and acknowledging our interrelatedness.

Source: Health Goals for British Columbia, December 1997

Provincial Health Goals

The principles and goals of the HIV/AIDS framework are consistent with the six health goals established by the Provincial Health Officer. These goals seek to maintain and improve the health of British Columbians by enhancing quality of life and minimizing inequalities in health status.

1. Positive and supportive living and working conditions in all our communities.
2. Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.
3. A diverse and sustainable physical environment with clean, healthy and safe air, water and land.
4. An effective and efficient health service system that provides equitable access to appropriate services.
5. Improved health for Aboriginal peoples.
6. Reduction of preventable illness, injuries, disabilities and premature deaths.

5.0 GOALS AND OBJECTIVES

A harm reduction approach incorporates a range of strategies to reduce HIV infection

Harm reduction practices, such as needle exchange and other services for injection drug users, distributing condoms and supporting people's physical, social and emotional needs, reduce the effects of potentially harmful behaviors

Harm reduction programs often connect marginalized people to a range of other public health services

A. Prevention and Education

HIV/AIDS prevention and education programs are crucial to the effort to control the epidemic. Awareness campaigns and outreach programs that promote safer sexual behavior, harm reduction, assertiveness training and relationship/life skills are especially vital. While HIV/AIDS prevention programs should reach all British Columbians, they should target people who are most vulnerable to infection and be sensitive to women's particular issues and needs. Specifically, all youth need information on STD (sexually transmitted disease) prevention and education and/or counselling prior to the onset of sexual activity.

Goal

To reduce the number of new infections and reduce the spread of HIV.

Objectives

- Increase prevention education efforts throughout the province, including targeted programs for vulnerable populations.
- Improve public understanding of the relationship between the social determinants of health and HIV/AIDS, with a view to changing the conditions that place people at risk.
- Maintain responsiveness of the provincial testing program, including the prenatal screening program.
- Maintain low rates of sexually transmitted diseases, which are key co-factors in HIV transmission.

- Work with other ministries to prevent HIV infection by enhancing prevention strategies and improving treatment of drug and alcohol addictions.

B. Care, Treatment and Support

A comprehensive care, treatment and support system, integrated with the mainstream of health care, is required to provide equitable access for people living with HIV and AIDS. Individuals need access to a range of gender inclusive HIV/AIDS services. Services must be available locally, regionally and provincially.

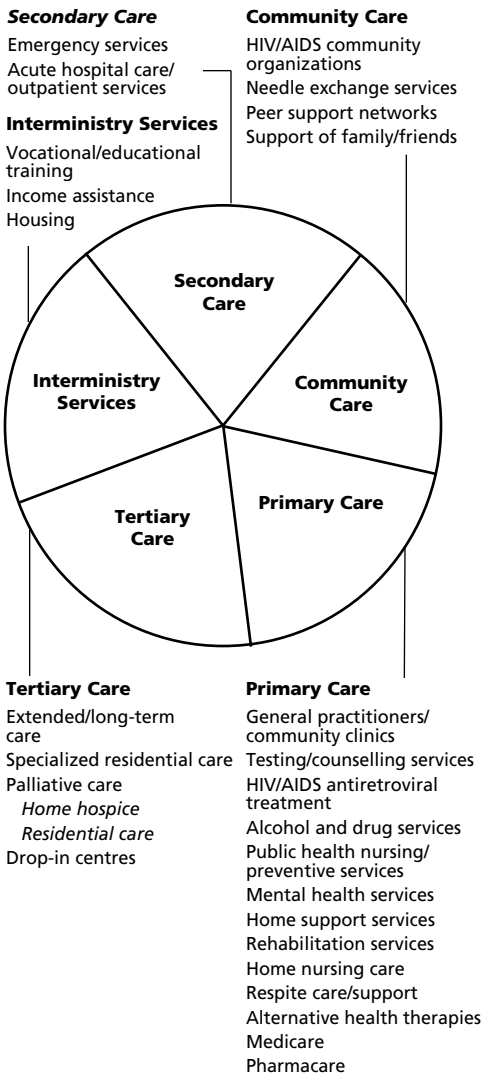
Goal

To provide people living with HIV and AIDS throughout British Columbia with the best possible care, treatment and support services. These will be provided by both professional and non-professional caregivers.

Objectives

- Provide community development initiatives that enable community and grassroots organizations to care, support and advocate for people living with HIV and AIDS.
- Provide equitable access to a continuum of primary/community, secondary and tertiary health care services.
- Strengthen the primary care system so all people with chronic illnesses, including HIV/AIDS, receive comprehensive, coordinated, quality care.

The HIV/AIDS System of Care and Support Services



- Enhance follow-up with physicians whose patients are newly diagnosed with HIV to maximize appropriate use of early treatment, ensure adherence with treatment regimens and improve access to other health services.
- Improve the knowledge, understanding and practice of HIV/AIDS care among health care providers throughout the province.
- In cooperation with the BC Centre for Disease Control Society, the British Columbia Centre for Excellence in HIV/AIDS and others, maintain and enhance the currently available specialized services.
- Align services with "best evidence" in research literature.

C. Research and Training

Research initiatives at the British Columbia Centre for Excellence in HIV/AIDS, the BC Centre for Disease Control Society and several community-based research projects in British Columbia represent some of the most important work on HIV/AIDS currently underway in Canada. The province must remain at the forefront of basic science, clinical and social science research, including community-based research initiatives. Improving the lives of people living with HIV and AIDS and exploring factors that place people at risk of acquiring HIV remain top research priorities.

British Columbia must remain at the forefront of basic science, clinical and social science research, including community-based research initiatives

Goal

To improve knowledge and understanding of HIV/AIDS and issues that increase the risk of infection (through quantitative, qualitative and community-based research).

Objectives

- Involve people living with HIV and AIDS, people vulnerable to infection and other key players in defining research priorities. Priorities must strike a balance between basic science (such as drug efficacy trials and vaccine research), health services (such as clinical practice guidelines, best practices) and HIV prevention/education research.
- Women have traditionally been under represented in HIV/AIDS research. Research priorities must be responsive to women's health needs.
- Encourage collaboration and clarify roles and responsibilities for various research bodies with respect to health services research initiatives. These include the BC Centre for Disease Control Society, British Columbia Centre for Excellence in HIV/AIDS, University of British Columbia and the British Columbia Health Research Foundation.
- Expand health services research related to HIV/AIDS (such as health services utilization, best practices, clinical practice guidelines).
- Reinforce relationships with universities and colleges regarding teaching of professionals and caregivers (particularly in rural and remote communities).

D. Leadership within Government/Coordination of Efforts

A complex epidemic like HIV/AIDS requires the cooperation and collaboration of a number of ministries, health authorities and other levels of government. The Ministry of Health will work with

Examples of topics for new quantitative and qualitative research include:

- Trends of HIV infection in Vancouver, in other urban centres and in rural and Aboriginal communities
- Patterns of migration throughout the province
- Barriers to effective primary care
- Education and support strategies which work best for newly-diagnosed people from marginalized communities
- Social determinants of health as they affect HIV/AIDS
- Possible increases in unsafe sexual practices caused by the perceived effectiveness of new HIV/AIDS drug therapies
- Barriers to utilization of antiretroviral drugs and effects of new drug regimens on those taking them
- Patterns of HIV infection among women and the effectiveness of antiretrovirals in preventing transmission of HIV to fetuses
- The effectiveness of antiretroviral prophylaxis for individuals exposed to HIV through sexual activity and for HIV-positive women during pregnancy
- Evaluation of the provincial methadone maintenance program

others to stem the HIV/AIDS epidemic, care for those infected and address the social determinants of health that increase the risk of infection.

Goal

To address the factors that increase risk of HIV/AIDS infection and to improve care, treatment and support for people living with HIV and AIDS.

Objectives

Through the HIV/AIDS Division, the Ministry of Health will:

- Establish and consult with a Ministry of Health HIV/AIDS Advisory Committee. The committee will provide advice on the HIV/AIDS epidemic and implementation of the HIV/AIDS framework.
- Support an interministry committee to coordinate HIV/AIDS-related activities throughout government and respond to current and emerging issues.
- Establish a coordination and liaison capacity with the federal government and the BC Aboriginal HIV/AIDS Strategy.
- Guide, monitor and evaluate health authorities' HIV/AIDS service plans.

The Ministry of Health will take the lead with other ministries, health authorities and other levels of government to stem the HIV/AIDS epidemic

Summary of Ministry of Health HIV/AIDS Programs

HIV Surveillance, Education and Training Through the BC Centre for Disease Control Society (BCCDC) in Vancouver, provides a comprehensive STD/HIV testing service, viral culture facility and epidemiological updates. Direct HIV/AIDS education and training programs, such as the BC AIDS Line, the AIDS Resource Centre, the British Columbia Aboriginal AIDS Awareness Program and the AIDS Street Nurse Outreach Program. The British Columbia Centre for Excellence in HIV/AIDS provides training for physicians, nurses and other health professionals.

Needle Exchanges and Community-based HIV/AIDS Organizations Fourteen needle exchange programs and a comprehensive network of consumer-driven and other community-based HIV prevention, care, treatment and support services.

Clinical Care Specialized clinical services available through the infectious diseases clinic at St. Paul's Hospital in Vancouver and high risk dental clinics at the Vancouver General Hospital and the Health Sciences Centre. Access to medical treatments/services, diagnostic and hospital services, continuing care, home care and palliative care.

Combination Drug Therapies Through Pharmacare and the British Columbia Centre for Excellence in HIV/AIDS, provides free access, throughout British Columbia, to antiretroviral drugs. Since the introduction of protease inhibitors/combinations of antiretroviral drugs in early 1996, the mortality rate for AIDS in British Columbia has dropped three-fold.

Provincial Methadone Prescribing and Dispensing Program In cooperation with the College of Physicians and Surgeons and other ministries, the Ministry of Health supports services that help prevent the spread of HIV/AIDS among injection drug users (currently, 500 physicians maintain 5,000 patients). Methadone has the added benefit of stabilizing HIV/AIDS illness among injection drug users.

6.0 ROLES, RESPONSIBILITIES AND ACCOUNTABILITIES

British Columbia has a regionalized health care system in which the Ministry of Health is responsible for funding, monitoring and establishing policy, while health authorities are responsible for governing, managing and delivering services.

Regionalization is based on the twin principles of autonomy and accountability. Autonomy means that health authorities are able to determine how to manage services. Accountability means that they do so within certain boundaries, namely the requirements and conditions established by the Hon. Penny Priddy, Minister of Health. Key elements of the accountability relationship between the Ministry and health authorities are:

- The *Health Services Management Policy* sets out the ongoing conditions of the government's delegation of authority for health services governance and management. It contains the Ministry of Health's requirements with respect to health planning, services to be provided, access to services, performance management and administrative services.
- The Ministry of Health requires health authorities to develop and submit three-year plans, which will be based on the Ministry of Health's stated priorities.
- The Ministry of Health will issue annual advice to health authorities (including budget, policy changes, additional direction) and expects health authorities to respond with annual reports that include budget allocations, a report on their past year's performance and amendments to year three of their three-year plans.

In a regionalized health care system, the Ministry of Health is responsible for funding, monitoring and establishing policy, while health authorities are responsible for governing, managing and delivering services

- Approved three-year plans and health authority annual performance reports will be the major mechanism of ensuring health authority accountability.

The regionalization of community-based HIV/AIDS services and needle exchange programs will be based on the same lines of accountability between health authorities and the Ministry of Health. The following are intended to ensure health authority accountability for HIV/AIDS services:

- HIV/AIDS is identified as a priority in the Ministry's strategic plan. Health authorities are required to treat it as a priority.
- Health authorities are required to plan for HIV/AIDS services in their comprehensive three-year plans. The plans must be approved by the Ministry of Health.
- The Ministry (through the HIV/AIDS Division) will provide special planning guidelines to health authorities to support them in developing comprehensive plans, including interregional service agreements. Health authorities are also required to consult with consumers in developing, delivering and evaluating health services, including HIV/AIDS services.
- Health authorities must report annually to the Ministry of Health on their performance, with emphasis on priorities identified in the strategic plan.
- Any significant changes to services, or the way services are delivered, must be included in the three-year plans. The plans must include evidence that the change is reasonable and a plan is in place to ensure a smooth transition.

Health authorities are required to treat HIV/AIDS as a priority, as identified in the Ministry of Health's strategic plan

A. People Living with HIV/AIDS and Vulnerable Populations

Since the emergence of the HIV/AIDS epidemic, people living with HIV and AIDS have been at the forefront of advocacy. This has stimulated the development of HIV/AIDS prevention and education, care, treatment and support services across the province. The experiences of people living with HIV and AIDS, as well as vulnerable populations, must inform HIV/AIDS-related policies and services developed by governments, health authorities and community-based organizations.

B. Ministry of Health

The Ministry funds a comprehensive system of HIV/AIDS-related services, including services provided by the BC Centre for Disease Control Society, the British Columbia Centre for Excellence in HIV/AIDS, needle exchanges and other community-based organizations and programs by and for people living with HIV and AIDS. These organizations play a crucial role in controlling the epidemic and providing care and support to people infected with the virus and others at high risk of infection.

Consistent with other services, funding and responsibility for needle exchanges and community-based HIV/AIDS organizations will be transferred to health authorities in 1998/99. An exception will be targeted funds for Aboriginal HIV/AIDS projects and organizations. These funds will be retained within the Ministry's Aboriginal Health Division until the BC Aboriginal HIV/AIDS Task Force has completed its strategy. Recommendations for the distribution of these funds will follow release of the BC Aboriginal HIV/AIDS Strategy.

The experiences of people living with HIV/AIDS, and vulnerable populations, must inform the development and evaluation of HIV/AIDS-related policies and services

The Ministry of Health will be responsible for overseeing, monitoring and evaluating health services delivered by health authorities. Only medical care provided through the Medical Services Plan and Pharmacare will continue to be directly funded and administered by the Ministry.

Provincial Leadership and Coordination

The Ministry of Health will take a lead role in promoting healthy public policy within government. A determinants of health approach will guide policy direction.

The Ministry of Health's HIV/AIDS Division will:

- develop annual work plans based on *British Columbia's Framework for Action on HIV/AIDS*;
- provide overall coordination of HIV/AIDS initiatives by working with health authorities, HIV/AIDS community groups, other service providers, educational institutions, other ministries and jurisdictions;
- establish and liaise with the Ministry of Health HIV/AIDS Advisory Committee;
- ensure the Ministry's HIV/AIDS strategy is coordinated with the BC Aboriginal HIV/AIDS Strategy and the Canadian Strategy on HIV/AIDS; and
- encourage and facilitate province-wide information sharing and communication on HIV/AIDS.

The Ministry of Health will be responsible for overseeing, monitoring and evaluating health services delivered by health authorities

The Director of the HIV/AIDS Division will act as a liaison between the Ministry of Health HIV/AIDS Advisory Committee and the Interministry Committee on HIV/AIDS. The Director, Aboriginal Health Division, will continue to work with the BC Aboriginal HIV/AIDS Task Force to support the development and implementation of the BC Aboriginal HIV/AIDS Strategy.

C. Provincial Health Officer and Medical Health Officers

The *Health Act* requires the Provincial Health Officer (PHO) to report regularly to the Minister of Health and the people of the province on the health of the population. In addition to an annual report, the PHO may issue reports on specific health issues, including HIV/AIDS. Under the *Health Act* and Communicable Disease Regulations, the Medical Health Officers (MHOs) have legislated responsibilities to take measures to prevent and alleviate the spread of disease, including HIV/AIDS, in each region. The MHOs are employed by the health authorities and will be involved in local plans for HIV/AIDS services.

D. Health Authorities

According to the *Health Authorities Act*, health authorities are responsible for planning and administering the delivery of health services.

The Health Authorities Act mandates health authorities to set priorities, develop policies and prepare and submit plans and budgets on the allocation of resources for regional health services

These services include disease/injury prevention, health promotion and facility-based care (provided directly, through funded agencies, or through agreements with other health authorities).

As outlined in the *Health Services Management Policy*, health authorities are required to consult with consumers in planning, delivering and evaluating programs. There is an expectation that HIV/AIDS community groups, people living with HIV and AIDS, members of vulnerable populations and caregivers will be consulted. The Director of the HIV/AIDS Division will assist health authorities in this planning for HIV/AIDS services and interregional service agreements.

E. Ministry of Health HIV/AIDS Advisory Committee

To ensure key players inform policy direction on HIV/AIDS, a Ministry of Health HIV/AIDS Advisory Committee will be appointed. The committee will consist of people living with HIV and AIDS, representatives from community HIV/AIDS organizations (including needle exchanges), health and other service providers and scientific experts. The committee will report to the Director of the HIV/AIDS Division and will advise on priorities, emerging issues, strategies and evaluation. Committee members will meet quarterly and will meet with the Minister once a year. The committee will provide the Director of the HIV/AIDS Division with an annual statement of priorities that will inform the Ministry's annual work plans on HIV/AIDS.

F. Interministry Committee on HIV/AIDS

The Interministry Committee on HIV/AIDS was established in 1997. Organized by the Ministry of Health, the committee will address emerging HIV/AIDS issues and advise on developing and coordinating healthy public policy. Members represent the ministries of aboriginal affairs and labour, attorney general, children and families, education, advanced education, health,

The Interministry Committee on HIV/AIDs will address emerging HIV/AIDS issues and advise on developing and coordinating healthy public policy

human resources, employment and investment (BC Housing), municipal affairs (housing policy), women's equality and the Premier's Office on Youth. Representatives from other ministries and levels of government may be invited in the future.

G. Other Key Players in the Epidemic

While they do not come under the jurisdiction of the Ministry of Health, a number of other important players are central to the success of the HIV/AIDS framework. The Director of the HIV/AIDS Division will encourage partnership-building among:

- other community-based services and programs;
- the federal government;
- educational institutions and professional associations that offer training to service providers and establish and enforce professional ethics; and
- other service providers.

Women with an HIV positive diagnosis may also be dealing with sexism, racism, violent partners, isolation, childhood sexual abuse, lack of safe housing, multiple addictions or children in care

KEY ROLES AND RESPONSIBILITIES IN THE HIV/AIDS STRATEGY

Organization	Roles and Responsibility
People living with HIV and AIDS	• Provide crucial expertise for planning relevant services
Community-based HIV/AIDS organizations	• Provide unique education, prevention, support and advocacy services for people living with HIV and AIDS • Provide training for service providers
Ministry of Health HIV/AIDS Advisory Committee	• Advises government on HIV/AIDS issues • Advises on implementation of *British Columbia's Framework for Action on HIV/AIDS* • Monitors/tracks implementation of the HIV/AIDS framework • Produces annual report to inform Ministry of Health's annual HIV/AIDS work plans
Health care providers	• Deliver treatment and care for people living with HIV and AIDS • Provide education and prevention services
BC Centre for Disease Control Society	• Maintains and reports on HIV/AIDS epidemiological surveillance data • Provides HIV/AIDS education, prevention and training and conducts research • Provides policy direction on HIV/AIDS to Ministry of Health and others
British Columbia Centre for Excellence in HIV/AIDS	• Administers the antiretroviral treatment program for people living with HIV and AIDS • Conducts research and provides training to health care providers • Provides policy direction on HIV/AIDS to Ministry of Health and others
Ministry of Health	• Sets policy direction and priorities for HIV/AIDS • Funds health authorities and monitors planning and delivery of HIV/AIDS services • Maintains aboriginal HIV/AIDS services and implements the BC Aboriginal HIV/AIDS Strategy
HIV/AIDS Division	• Develops implementation plan and coordinates implementation of the framework • Facilitates capacity of health authorities to plan for and report on HIV/AIDS services as part of accountability process • Coordinates Interministry Committee on HIV/AIDS and HIV/AIDS Advisory Committee • Collaborates with the federal government on HIV/AIDS initiatives • Acts as clearing house on HIV/AIDS research and information
Health authorities	• Develop and implement regional HIV/AIDS plans and interregional service agreements • Fund a continuum of HIV/AIDS services, from prevention through to continuing care • Work towards addressing social determinants of health
Provincial Health Officer	• Tracks progress of HIV/AIDS epidemic and reports on it, as well as monitoring health of all British Columbians
Interministry Committee on HIV/AIDS	• Coordinates and facilitates healthy public HIV/AIDS policy
Federal government	• Funds community-based HIV/AIDS interventions and research on HIV/AIDS • Coordinates the Federal/Provincial/Territorial HIV/AIDS Task Force
Local governments	• Enact by-laws related to housing, needle exchange, policing and other services that impact on the HIV/AIDS epidemic

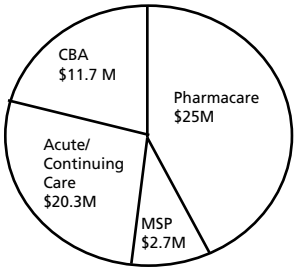
7.0 FUNDING FOR HIV/AIDS SERVICES

Each new case of HIV infection translates into over $100,000 in direct costs to the health care system.

In 1997/98, the Ministry of Health spent $60 million on HIV/AIDS-related services and programs, including health promotion and prevention. This total includes $25 million on antiretroviral drugs, $11.7 million in funding to community-based HIV/AIDS organizations and needle exchange programs (including Aboriginal HIV/AIDS services) and more than $20.3 million in acute and continuing care services, as well as $2.7 million through the Medical Services Plan (excluding physicians' fees paid through the Alternate Payments Branch). The Ministry of Health will be regionalizing funding for health authorities for community-based services. Services funded through the Aboriginal Health Division, Medical Services Plan and Pharmacare will remain under the Ministry's direct control.

Ministry of Health Funding of HIV/AIDS-related Services and Programs

1997 Figures



Legend

CBA Community-based organizations

MSP Medical Services Plan

Decisions concerning funding of HIV/AIDS programs and services in the Ministry of Health and by health authorities will be based on "best evidence", including demographic (such as geography and diversity of population) and epidemiological data, emerging trends in the HIV epidemic, gaps in services and the latest research. Funding decisions will be sensitive to the experiences of people living with HIV and AIDS and their caregivers.

The Director of the HIV/AIDS Division will review current funding on HIV/AIDS, including allocations for community-based services. The Ministry of Health will seek the advice of its HIV/AIDS Advisory Committee in determining priorities for the allocation of any funding for HIV/AIDS services, programs and research initiatives.

Any changes in funding for HIV/AIDS services will be based on priorities and needs determined in consultation with the Ministry of Health HIV/AIDS Advisory Committee, health authorities and other key players.

8.0 NEXT STEPS

British Columbia's Framework for Action on HIV/AIDS is a first step in the development of a long-term provincial HIV/AIDS action plan. The framework provides the strategic direction to stem the HIV/AIDS epidemic, enhance HIV/AIDS services provincially and regionally and coordinate policy and services between ministries and governments. In order to achieve the goals and objectives outlined in the framework, the HIV/AIDS Division will develop an implementation plan. The implementation plan will involve a number of key initiatives and activities.

Beginning in **October 1998**, the Division will:

Short-term (by March 31, 1999)

- appoint members to a Ministry of Health HIV/AIDS Advisory Committee. The committee will advise on priorities, emerging issues, strategies and evaluation for the Ministry of Health's annual work plans on HIV/AIDS;
- expand the Interministry Committee on HIV/AIDS to ensure relevant provincial ministries are represented. The committee will work together to develop healthy public policies for people living with HIV and AIDS;
- participate in the development of a report by the Interministry Committee on HIV/AIDS. The report will describe each ministry's HIV/AIDS policies and programs and identify how these programs can be better coordinated;
- initiate a planning process for devolution of over $10.2 million HIV/AIDS funding to health authorities. This process will bring together health authorities and community-based

To achieve the goals and objectives outlined in the framework, the HIV/AIDS Division will develop an implementation plan

HIV/AIDS organizations to:

- identify regional trends, priorities and service needs;
- evaluate the comprehensiveness and effectiveness of existing provincial and regional programs and services;
- develop five-year regional service plans;
- consider funding priorities for HIV/AIDS programs and services to develop three-year regional budget plans;

Ongoing Commitment

- the Ministry of Health will continue its commitment to funding HIV/AIDS programs and services (totalling over $60 million in 1998/99);
- develop standards and evaluation tools to monitor health authorities' HIV/AIDS plans;
- work with stakeholders to meet the goals and objectives of *British Columbia's Framework for Action on HIV/AIDS*.

Together, these actions will form British Columbia's long-term HIV/AIDS strategy.

Key documents

Key documents referenced in this framework or that provide useful information about the HIV/AIDS epidemic include:

British Columbia. Ministry of Health and Ministry Responsible for Seniors (December 1997). *Health Goals for British Columbia*. Victoria: Ministry of Health and Ministry Responsible for Seniors.

British Columbia. Ministry of Women's Equality (June 1997). *Gender Lens: a guide to gender inclusive policy and program development*. Victoria: Ministry of Women's Equality.

Health Canada (1998). *The Canadian Strategy on HIV/AIDS: Moving Forward Together*. Ottawa: Minister of Public Works and Government Services Canada.

Health Canada (1996). *The Experiences of Young Gay Men in the Age of HIV*. Ottawa: Minister of Public Works and Government Services Canada.

HIV/AIDS Care Coordinating Committee (1995). *Vancouver Strategic Plan for HIV/AIDS Care, 1995-1998*. Paper of the HIV/AIDS Care Coordinating Committee.

Millar, John S. British Columbia. Ministry of Health and Ministry Responsible for Seniors (June 1998). *HIV, Hepatitis, and Injection Drug Use in British Columbia--Pay Now or Pay Later?* Victoria: Ministry of Health and Ministry Responsible for Seniors.

Parry, Penny (September 1997). "*Something to eat, a place to sleep and someone who gives a damn*": *HIV/AIDS and Injection Drug Use in the DTES*. Final project report to the Downtown Eastside community, Minister of Health and Vancouver/Richmond Health Board.

Glossary

Accountability Framework

The *Ministry of Health Accountability Framework for British Columbia Health Authorities* (July 1998) is a summary of the Ministry's expectations for health authority performance; the respective roles of government and health authorities; a summary of the tools of accountability; and an outline of the cycle of health authority planning in the context of Ministry planning.

AIDS

Acquired immunodeficiency syndrome. The weakening of the body's immune system by HIV *(see definition below)* permits "opportunistic" infections to develop. Typical infections include pneumonia, neurological disease, wasting or cancer (Kaposi's sarcoma is common).

Harm Reduction Practices

A harm reduction approach incorporates a range of strategies to reduce HIV infection. Harm reduction practices, such as needle exchange and other services for injection drug users, distributing condoms and supporting peoples' physical, social and emotional needs, reduce the effects of potentially harmful behaviors. Harm reduction programs often connect marginalized people to a range of other public health services.

Health Authorities

Public bodies, created and mandated under the *Health Authorities Act,* responsible for governing, managing and delivering health services in specified areas. Health authorities may consist of either Community Health Councils (CHCs) or Regional Health Boards (RHBs). Community Health Service Societies (CHSSs) are included in this description, although CHSSs do not have status under the Act (and derive their authority from their constitution and bylaws, established pursuant to the *Society Act*).

- RHBs govern the delivery of all health services within a region.
- CHCs govern the delivery of acute and continuing care based services, such as hospitals and intermediate care facilities, in areas of the province where there are no Regional Health Boards.
- CHSSs govern the delivery of broadly regional services -- public health, community health care nursing, community rehabilitation, case management, health services for community living and adult mental health services -- in areas where there are no Regional Health Boards. CHSSs work with CHCs to govern delivery of all health services in a region.

HIV

Human immunodeficiency virus. HIV occurs through exposure to infected blood or bodily fluids. It is transmitted through unprotected anal or vaginal sex, sharing contaminated needles, contaminated blood and blood product transfusions, by being injured with an infected needle and by breast feeding where the mother is infected with HIV. The virus spreads by infecting white

blood cells called "T-cells". As the cells gradually die, the body's immune system is damaged, allowing "opportunistic" infections and/or cancers to develop.

Methadone

A synthetic drug used as a substitute narcotic in the treatment of heroin addiction.

MHO

Medical Health Officers are responsible for carrying out requirements set out in health statutes, regulations and bylaws, including the *Health Act, Community Care Facility Act, School Act, Venereal Disease Act* and health legislation pursuant to the *Municipal Act*. They are responsible for communicable disease prevention and control in the community. Medical Health Officers are appointed by Regional Health Boards and Community Health Councils, subject to approval of the Lt.-Gov. in Council. For professional evaluation and some legal responsibilities, Medical Health Officers are also responsible to the Provincial Health Officer.

Pharmacare

Pharmacare provides assistance with prescription drug costs and some medical supplies, protecting people living with HIV/AIDS from the high cost of drugs.

Primary and Community Care

Preventive, diagnostic and therapeutic care provided by general practitioners and other health care professionals to support well-being and improve health. May include such services as:

- **community-based HIV/AIDS organizations**, providing information and education on HIV/AIDS, life skills, financial planning, housing, care and support and specialized home care equipment;
- **community clinics**, providing testing, diagnosis, treatment, medication and referrals to other health care and support services;
- **general practitioners**, who assist patients with testing for the HIV virus; health examination; counselling about risk factors, transmission and self care; completing insurance claims; and obtaining drugs through Pharmacare. Referrals may be provided to specialized dental, neuropsychiatric, obstetrical/gynecological and adolescent services;
- **HIV/AIDS antiretroviral drug treatments**, provided through the British Columbia Centre for Excellence in HIV/AIDS to decrease the diseases' progression, improve patients' quality of life and prolong survival;
- **needle exchange services**, enabling injection drug users to exchange used syringes for clean needles. Programs are provided through street vans, street nurses, public health units or "street front" programs and services;

- **testing** enabling British Columbians to seek anonymous HIV testing through community clinics and public health units or confidential testing through physicians;
- **counselling** on reducing the risk of transmission, treatments, self care and support;
- **alcohol and drug services**, providing diagnosis and treatment or assistance to managed addictions;
- **peer support networks**, providing counselling and support to people living with HIV and AIDS or who belong to vulnerable populations;
- **drop-in centres**, providing health and support services in an informal setting. Centres may provide meals, recreation, needle exchanges, education and job search services;
- **home-based care**, provided by community and volunteer agencies and the Ministry's acute and continuing care division. Services may include care coordination, nursing care, respite, social support, palliative care, nutritional counselling and rehabilitation therapy;
- **income assistance**, for living expenses, provided through BC Benefits or the Canada Pension Plan;

- **rehabilitation services**, provided by a variety of professionals and including physical therapy, life skills or job training, recreational and social activities and individual or group therapy.

PHO

The Provincial Health Officer is the senior Medical Health Officer for British Columbia. Advises the Minister, senior members of the Ministry and the public in an independent manner on health issues in British Columbia and on the need for legislation, policies and practices respecting those issues. Establishes and monitors professional standards for Medical Health Officers and carries out other roles as outlined in the *Health Act*.

Secondary Care

Short-term intervention that usually involves emergency care, hospitalization or outpatient services. May include:

- **acute hospital care**, providing assessment, diagnosis and treatment of infections, complications and medication side effects;
- **outpatient services**, such as medication administration, may reduce the need for hospitalization;
- **emergency services** include crisis lines, crisis response teams, hospital diversion programs, community or hospital-based day and evening programs, ambulance services and emergency social services (such as housing, hospital services or financial assistance).

STDs

Sexually transmitted diseases are viral infections transmitted through intimate sexual contact, such as HIV, herpes and syphilis.

Substance Misuse

Alcohol and drug use may contribute to increased risk of HIV infection, reduce the effectiveness of HIV antiretroviral treatment and contribute to more frequent and lengthier hospitalization.

Tertiary Care

Intensive, short- or long-term, 24-hour care for severely ill people. May include:

- **extended long term care**, providing 24-hour care for people with chronic and acute illnesses in residential care beds;
- **palliative care**, provided to a dying person to relieve pain and suffering. May include spiritual and emotional counselling, personal care, medication assistance and visits;
- **respite,** temporary, short-term care designed to give relief or support to a family or caregiver with responsibility for the ongoing care and supervision of a family member. Respite can be provided at home, through day care services or in a facility.