

A Public Health Response to Hepatitis C

“Let’s Talk About It”

PUBLIC HEALTH AGENCY *of* CANADA
AGENCE DE LA SANTÉ PUBLIQUE *du* CANADA

Canadian Conference on Dialogue and Deliberation

Toronto, Ontario
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Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

The Issue

Globally...

- The World Health Organization (WHO) has deemed hepatitis C virus (HCV) a “viral time bomb” given that two to three percent of the world’s population is infected (an estimated 123 to 170 million people).
- It is estimated that there are three to four million new cases of HCV diagnosed in the world each year.

WHO Region	Total Population (Millions)	Hepatitis C Prevalence Rate %	Infected Population (Millions)	Number-of countries by WHO Region where data are not available
Africa	602	5.3	31.9	12
Americas	785	1.7	13.1	7
Eastern Mediterranean	466	4.6	21.3	7
Europe	858	1.03	8.9	19
South-East Asia	1 500	2.15	32.3	3
Western Pacific	1 600	3.9	62.2	11
Total	5 811	3.1	169.7	57

The Issue

In Canada...

- An estimated 242,500 individuals are infected with hepatitis C.
- Nearly 20% of those individuals don't know they are infected and remain undiagnosed.
- It is estimated that nearly 8,000 were newly infected individuals in Canada in 2007.

The Dialogue

~ Where did we go? ~

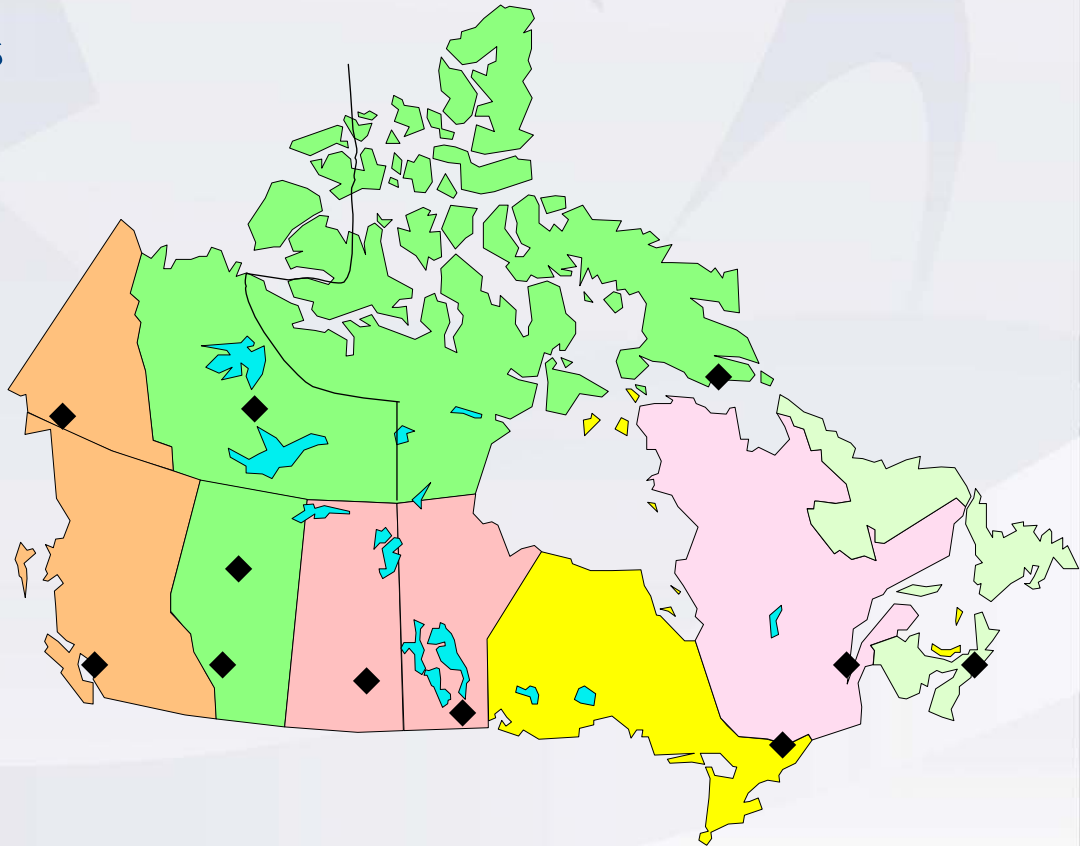
Establishing our priorities

Cross-country community-based consultations

- 11 cities
- 250+ individuals

Provincial/Territorial meetings

- All provinces and territories
 - Health
 - Education
 - Social services
 - Correctional services/Justice
 - Aboriginal Peoples



The Dialogue

~ Who did we chat with? ~

During the fiscal year 2007-2008, Program officials met with a broad and diverse range of stakeholders:

- Persons living with, affected by, at risk of and/or vulnerable to HCV;
- Community-based support services and outreach workers;
- Care providers (health care and social services);
- Researchers and scientists;
- Representatives of multiple levels of governments; and
- HIV/AIDS community-based organizations.

Tree of Peace Centre; Bathurst Youth Centre; Boyle McCauley Public Health Office; Canadian Nurses Association; Street Health; AIDS St. John; Blood Ties Four Directions Centre; Mi'kmaq Native Friendship Centre; Correctional Service Canada; Canadian Liver Foundation; Lord Selkirk School Division; Nova Scotia Advisory Commission on AIDS; Government of Nunavut; Canadian AIDS Society; Status of Women; Sandy Hill Community Health Centre; University of Alberta Hospital; Little Salmon Carmacks First Nation; Elbow River Healing Lodge; Blood Services, Alberta Health and Wellness; John Howard Society of Manitoba; Canadian Ethnocultural Council; Pond Inlet Health Centre; Ottawa Hospital Viral Hepatitis Program; Arctic Bay Health Centre; Canadian Public Health Association; Cadham Provincial Laboratory; AIDS Committee of Western Newfoundland & Labrador; Fondation Canadienne du Foie; Ontario HIV Network; Toronto Street Health Services; Hepatitis Support Program, Edmonton Capital Health; Community Hepatitis C Clinic, Winnipeg; UNB Community Health Clinic and AIRN; Hepatitis C Secretariat (Ontario); Labrador Friendship Centre; Margaret Thompson Centre; Street Works, Edmonton; Healing Our Nations; Calgary Health Region; Point de Repères; College of Family Physicians of Canada; Canadian Society for International Health; Saskatoon Indian & Metis Friendship Centre; Winnipeg Communicable Disease Control; Many Rivers Counselling and Support Services; Metis Nation of Alberta; Winnipeg Regional Health Authority; Canadian AIDS Treatment Information Exchange; Federal Initiative to Address HIV/AIDS; HIV Network of Edmonton; White River First Nation; Canadian Liver Foundation; Baffin Regional Hospital;

The Dialogue

~ Who did we chat with? ~

Northern AIDS Connection Society; Providence Health Care; Dene Nation; University of Manitoba; Hemophilia Saskatchewan; Canadian Hemophilia Society; Iqaluit Public Health; Victoria Health Centre; Stella, L'Amie de Maimie; Yellowknife Health and Social Services; Native Women's Association; University of Ottawa; AIDS Committee of London; AIDS Coalition of Nova Scotia; Hepatitis Outreach Society; World Health Organization; World Hepatitis Alliance; Health Canada; Canadian Institutes for Health Research; First Nations and Inuit Health Branch; AIDS PEI; CUPS Community Health Centre; Dalhousie University – Faculty of Medicine; Prisons with AIDS Support Action Network; New Directions; Non Prescription Use Initiative, Edmonton; David Thompson Health Region, Red Deer; Play It Safer Network; Northern AIDS Connection Society, Truro; Phoenix Youth Services; CAPAHC Centre Associatif Polyvalent d'Aide Hepatite C; AIDS Saskatoon; Alberta Solicitor General; Stanton Hospital; John Howard Society of Greater Moncton; Ontario Ministry of Health, AIDS Bureau; Capital Health, University of Alberta Hospital; INSPQ; John Howard Society of Alberta; Ministry of Community Safety, Toronto; Native Council of PEI; Northern BC Aboriginal HIV/AIDS Task Force; Edmonton Opioid Dependency Program; Yukon Health and Social Services; COCO-SIDA; Pauktuutit Inuit Women of Canada; AIDS Coalition of Cape Breton; Canadian Treatment Action Council; Access AIDS Network; AIDS Calgary; Canadian Medical Association; Canadian Nurses Association; Canadian Association of Nurses in AIDS Care; Canadian Association of Hepatology Nurses; Wood Buffalo HIV/AIDS Society; Hastings and Prince Edward Counties Health Unit; University of Montreal Hospital Research Centre; AIDS Programs South Saskatchewan; AIDS Thunder Bay; Kali Shiva AIDS Services; STBBI Issue Group; FPT AIDS; FPT Heads of Corrections Working Group on Health; Ministerial Council on AIDS; National Aboriginal Advisory Council on HIV/AIDS; College of Physicians and Surgeons; Commission de la sante et des services sociaux des Premiere Nations du Quebec et Labrador; Schizophrenia Society; London InterCommunity Health Centre; Yukon College; Lethbridge HIV Connection; Anemia Institute for Research and Education; Company of Women on the Screen; HIV North Society of Grand Prairie,

and more...

The Dialogue

~ What did we chat about? ~

Interactive dialogue that focused in three specific areas:

- Research and Surveillance;
- Care and Awareness; and
- Prevention and Community-based support.

What we wanted to know:

- What are the current trends?
- What are the current challenges?
- What policy and programmatic priorities should guide the future directions?

The Dialogue

~ What did we hear? ~

Trends

- ❑ Changing drugs-of-choice; poly-drug use
- ❑ Shifts away from injection drug use (and back again)
- ❑ General apathy and/or lack of awareness/sensitivities
- ❑ Younger risk-takers
- ❑ Home parties (e.g., tattooing)
- ❑ Eroding support for harm reduction interventions
- ❑ Migrant health issues
- ❑ Health (physical and mental) and social issues due to resource extraction
- ❑ “Have vs. have not” dynamic
- ❑ Aging populations utilizing outreach services
- ❑ Stigma and discrimination (up and down)
- ❑ Co-infection

The Dialogue

~ What did we hear? ~

Challenges

- Access to equitable services
- Complacency
- General public awareness
- Education, training and sensitivity issues in health care communities
- Absence of a “champion”
- Stigma and discrimination
- Surveillance data
- Evidence base
- Partnership and collaboration
- Limited perspective (e.g., overlooked populations at-risk)
- Skills and capacity
- Sustainability
- Shifting policies
- Human and financial Resources

The Deliberation

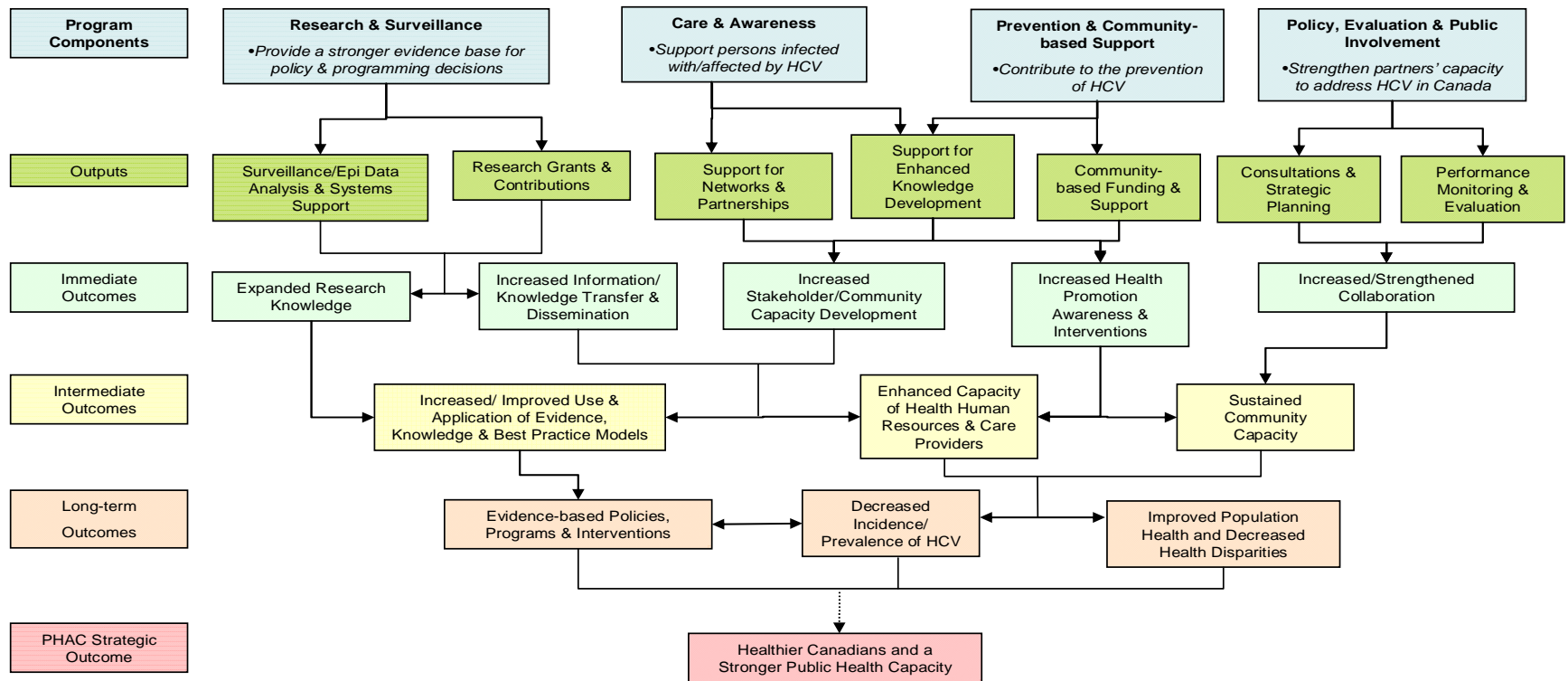
~ An evidence-based approach ~

- International prevalence estimates: WHO has deemed HCV a “viral time bomb”
- National case reports and corresponding rates
- Acute infection: Enhanced Hepatitis Strain Surveillance System
- Modeling incidence and prevalence of hepatitis C and its sequelae
- The Hepatitis C Program’s summative evaluation: 1999 – 2006
- *Turning Research into Action*: a compendium of funded research initiatives

The Deliberation

~ The *logic* of it ~

Hepatitis C Prevention, Support & Research Program
Logic Model



Context includes the factors (environment, circumstances, influences, stakeholders and/or partners) impacting on Program development, implementation and success, which include:
 Aboriginal peoples, youth, discrete populations (co-infected population, people who use drugs, people from endemic countries, ethno-cultural populations, people involved with the justice system, blood-infected persons), general public, PHAC, CIHR, CSC, FNIHB, HC, P/T's, local health authorities, health care providers, people infected/affected by hepatitis C, academics, CBOs/NGOs, international community

The Deliberation

~ Program design elements ~ Research & Surveillance

Knowledge development, transfer and exchange (KTE)

Focus on behavioural and social sciences research related to risks.

Focus on the health and economic burden of disease, HCV's "hidden epidemic," prevention research, surveillance, treatments, vaccines, and clinical trials.

Focus KTE activities across the prevention, care and treatment continuum.

Support existing and emerging training programs.

Support development of promising practices, and research that examines health care and social services delivery models.

Behavioural and social science research and surveillance

Explore the correlation between prevention and behavioural, psychosocial and socio-economic determinants of health and HCV infection (and/or co-infection with HCV and other STBBI and TB, and common risk factors).

Clinical and biomedical research

Enhance existing research efforts and launch new research initiatives that focus on clinical trials and vaccine development, drug and poly-drug use, drug interactions, and drug rehabilitation programs.

Surveillance systems

Coordinate expertise and increase capacity to estimate, track and report on frequency and nature of high-risk behaviours and their association with HCV and HCV co-infection with other STBBI and TB.

Improve modeling and projection capacity with respect to incidence, prevalence and risk activities in targeted populations, specific to HCV and HCV co-infection with other STBBI and TB.

The Deliberation

~ Program design elements ~

Care & Awareness

Education and awareness activities (domestic and international)

Develop and deliver promising-practice guidelines relevant to health and social service providers.

Facilitate knowledge development, transfer and dissemination, as well as training and awareness-raising relevant to health and social service providers (e.g., sensitivity training for general medical practitioners in the provision of appropriate health care services to people who use drugs) through local, regional, national and international HCV conferences.

Support nurses, social workers and other health care professionals to improve curricula and training for their professions to increase awareness and knowledge of HCV prevention and care.

Develop general public awareness to assist in addressing the “hidden” epidemic.

Encourage testing and treatment with the goal to improve quality of life.

Slow disease progression for persons infected with HCV (who may also be co-infected with other STBBI and TB) through the provision of information on treatment options and beneficial lifestyle changes.

Reduce disease transmission through the provision of disease prevention information.

Care and treatment activities

Develop Canadian standards for care and treatment through consensus conferences for health care professionals.

Establish training opportunities for nurses and family physicians focussing on HCV and other liver diseases.

Knowledge development, transfer and exchange

Facilitate publication of user-friendly manuals, pamphlets, brochures and utilize “innovative technologies” and/or web-based tools to raise awareness, to educate and to facilitate support networks.

Provide concrete advice for people living with HCV and their caregivers to support health promotion and slow the costly progression of disease (e.g., reduction or cessation of alcohol use and maintenance of healthy weight can significantly slow the progression of liver damage).

The Deliberation

~ Program design elements ~

Prevention & Community-base support

Domestic and international population-based interventions

Contribute to the development and delivery of effective prevention education “messaging” strategies, promising practice models, peer education and training, and prevention guidelines.

Facilitate “front-line” peer support projects for “mainstream” persons infected with and affected by HCV, as well as those persons from marginalized, vulnerable, and/or discrete populations, including youth, Aboriginal peoples, offenders (both during incarceration and post-release), people who use drugs, sex trade workers, and people living in Canada who have come from countries where HCV is endemic.

Strengthen and support partnerships across systems and sectors focused on service delivery mechanisms for vulnerable populations.

Strengthen and support existing collaborative models and support networks.

Knowledge development, transfer and exchange

Effectively address emerging health and social issues, including prevention information focused on risk-taking behaviours.

Develop and deliver education modules, continuing education credits, and other training strategies to build prevention-based capacity among the general public and within primary health care and social services settings.

Facilitate development and understanding of domestic and international information linking prevention of HCV acquisition and transmission with issues of addiction, mental health, stigma and discrimination, co-infection with other STBBI and TB, and common risk factors.

“Prevention on the ground” (local level prevention with people at-risk)

Continue to support community-based projects, street outreach interventions, and front-line support services.

Facilitate development and delivery of prevention information sessions and public service announcements.

Support prevention-based case and cohort studies, and pilot programs focused on HCV and co-infection with other STBBI and TB, common risk factors, behaviours, population health approaches to prevention and control, and risk reduction strategies.

The Deliberation

~ Our role in the world ~

- Multilateral relations with the global community are important to Canada's foreign policy activities, including those which impact the health portfolio

"Canada understands the importance of providing assistance internationally to fight against infectious diseases and strengthen the global health system."

~ The Honourable Tony Clement, Minister of Health, January 19, 2007, Nairobi, Kenya

- The Public Health Agency of Canada works with the World Health Organization, the U.S. Centers for Disease Control, and the European Centre for Disease Prevention and Control, together with many other public health agencies around the world, sharing Canada's public health expertise, learning from others' experience, and creating international networks for collaboration and cooperation.

The Results

The Government of Canada's Response

On May 14, 2008, the Honourable Tony Clement, Canada's Minister of Health announced the Government of Canada's ***Renewed Public Health Response to Address Hepatitis C.***

- Announcement confirmed an ongoing, annual allocation of \$10.65 million

"Rising rates of hepatitis C is another unfortunate outcome of increased injection drug use. These funding investments demonstrate the Government of Canada's determination to work with our partners within all levels of government to address the devastating impacts on our communities that can result from the transmission of hepatitis C."

The Next Step

The Government of Canada's Commitment

- Minister's announcement represents the Government of Canada's commitment to a renewed public health response to address:
 - Hepatitis C;
 - Coinfection with related sexually transmitted and blood borne infections and tuberculosis;
 - Common risk factors and populations; and
 - Population-based approaches to infectious disease prevention and control.

The Action

“Canada’s renewed public health response to address hepatitis C”

Ongoing commitment of \$10.648M

- **Research & Surveillance**
(Approximately \$3,23M)
- **Care & Awareness**
(Approximately \$0.5M)
- **Prevention & Community-based Support**
(Approximately \$5.9M)

Stronger communities Healthier Democracies

Our Ultimate Goal:

Improve population health,
decrease health disparities and
reduce associated burden
on the health system

Stronger communities Healthier Democracies

How we'll achieve it:

- Contribute to prevention of hepatitis C in Canada and around the world;
- Support persons infected with, affected by, at risk of and/or vulnerable to hepatitis C;
- Provide a stronger evidence base for policy and programming decisions;
- Strengthen partners' capacity to address hepatitis C in Canada;
- Address the risk associated with certain behaviours; and
- Address issues of coinfection with related infectious diseases, common risk factors and population health approaches to disease prevention and control.

Thank you!

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