

Saskatchewan won't declare HIV emergency

Saskatchewan will not declare a state of emergency in response to high HIV rates or commit to changes urged by doctors who say they don't have the resources to curb the epidemic.

For a decade, the province has reported the highest rates of HIV in Canada, rates that are sometimes double or triple the national average and rival those of developing countries. New cases spiked to 158 in 2015, up from 112 in 2014, when Saskatchewan's HIV strategy expired. Indigenous people have been hit hardest, accounting for 70% of cases.

Thirty doctors — almost all of those who provide HIV care in Saskatchewan — say the government's response has been insufficient. They want the province to recognize HIV as a public health emergency and provide immediate universal coverage for antiretroviral treatment. They are also urging the government to adopt a new plan that ensures 90% of people with HIV get diagnosed, 90% of those diagnosed get treated, and 90% of those treated have low enough viral loads to prevent further transmission.

This 90-90-90 goal is recommended by UNAIDS and endorsed by the fed-

eral government, but provincial officials have "refused to commit," says Dr. Ryan Meili, one of the doctors who cosigned the Sept. 19 call to action. "They've not even done some of the simpler things, such as covering antiretroviral therapy completely, so we have patients who are HIV-positive and want to be on treatment but aren't because they can't afford it."

In the open letter, the doctors argue that "whether the provincial government chooses to recognize it or not, we are in a state of emergency with a deadly infectious disease."

Dr. Denise Werker, Saskatchewan's deputy chief medical health officer, says it's impossible for the government to declare a public health emergency because the term technically doesn't exist under the provincial public health act. "However, as new HIV cases are diagnosed, resources are mobilized to connect each and every person to care."

Even though Saskatchewan's HIV strategy expired in 2014, she says it still guides the ministry's work and the government still invests \$4 million annually in HIV initiatives. "A big chunk of that money goes to funding 30 new full-time employees dedicated



REUTERS/David Ryder

Intravenous drug use is partly to blame for fluctuations in HIV rates in Saskatchewan, says a provincial official.

to HIV prevention and control activities in the regional health authorities and those people are still there and still working.”

Werker says the government hasn't endorsed the 90-90-90 goal proposed by the doctors because “the time is not right in terms of political leadership.” Nevertheless, “we are working under the premise of 90-90-90 in terms of making sure people are diagnosed, connecting them to care and enabling their treatment.”

Werker also dismisses the possibility of universal coverage for antiretroviral treatments. “I haven't seen any specific complaints to say a person can't afford medication,” she notes. Given that the province already spends \$9 million on HIV treatment and patients on social assistance are already fully covered, she argues it's a matter of deciding “what is going to give us the biggest bang for our buck.”

Saskatchewan's high HIV rates and fluctuations in rates are not surprising given the increase in testing in recent

years. “We're expanding testing in areas where there had never been any,” Werker explains. “The other thing we know is that in the same period ... there was a decrease in the number of AIDS cases. That's a signal to me that we are picking up cases sooner.”

The fact that intravenous drug use is a major driver of infections means that a single outbreak can result in an explosion of new cases.

Werker also attributes the difficulty in curbing rates to negative attitudes in some indigenous communities toward people with HIV, which in the past meant there weren't many calls to introduce programs to tackle the problem.

“There's been quite a change in terms of the First Nation community

beginning to ask for services,” she says. “If they don't ask for services they can't be forced.”

Dr. Ibrahim Khan, Health Canada's regional medical health officer for Saskatchewan First Nations, agrees that stigma has been a barrier to expanding

Saskatchewan's government has invited concerned doctors to an “HIV mobilization event.”

HIV prevention and control on reserves, but that's starting to change. The federal government has been in talks with two tribal councils that could “dramatically” increase the number of point-of-care testing sites on reserves, he says. Currently, there are seven sites across about 80 communities, but if the tribal councils come on board, each could open sites in an additional six or seven communities.

The federal government is also hoping to expand its “Know your status” pilot project, which offers nurse-led community-based HIV testing and case management. The program has been adopted by two central Saskatchewan communities and “above 90% of the clients are on treatment and have a suppressed viral load,” says Khan. “We're going with what the communities and leadership are telling us and they find it very successful so that's where Health Canada is investing in future.”

Although the provincial government doesn't plan to endorse the goals put forward by concerned physicians, it has invited them to an “HIV mobilization event” in October. According to Werker, the meeting will bring together 150 people involved in HIV care. “The purpose of this is to review the work plan and see what else we can do.” — Lauren Vogel, *CMAJ*

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Saskatchewan doctors are decrying government inaction to curb HIV as rates spike to double the national average.