

Manitoba HIV Program Report 2018-2021



MANITOBA
HIV PROGRAM



Manitoba HIV Program

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KEY FINDINGS



HIV IS INCREASING IN MANITOBA

There was a 52.0% increase in the total number of people living with HIV in Manitoba between 2018 (N=111) and 2021 (N=169). In 2021, the rate of HIV in Manitoba (12.2 HIV diagnoses/100,000 people) was three times higher than the rate of HIV in Canada in 2020 (4.0 HIV diagnoses/100,000 people).¹

For all people diagnosed with HIV and referred to the Manitoba HIV Program, 2018-2021



FEMALES FACED A BIGGER BURDEN

The proportion of females diagnosed with HIV grew over time from 38.7% in 2018 to 44.4% in 2021. Females were also more likely to experience houselessness, self-report injection drug use, have a prior diagnosis of sexually transmitted and blood-borne infections (STBBIs), and enter HIV care with a mental health diagnosis.



HETEROSEXUAL SEX AND INJECTION DRUG USE WERE THE MOST COMMON MODES OF ACQUISITION

Between 2018 and 2021, 54.1% to 64.5% self-reported heterosexual sex, and self-reported injection drug use grew from 36.9% to 51.5%.



INJECTION DRUG USE, ESPECIALLY METHAMPHETAMINE, WAS COMMONLY REPORTED

44.2% of females and 29.4% of males self-reported injection drug use in 2018. This increased to 70.7% of females and 35.1% of males in 2021. The majority of people who reported using substances, reported using methamphetamine.



INDIGENOUS PEOPLES WERE DISPROPORTIONATELY AFFECTED

People who self-identified as Indigenous (First Nation, Metis, Inuit or Indigenous-not otherwise specified) accounted for 51.4% of all people referred to the Manitoba HIV Program in 2018. This increased to 73.4% in 2021.



OTHER KEY POPULATIONS WERE AFFECTED

2 in 10 self-identified as gay, bisexual and other men who have sex with men (gbMSM) and 1 in 10 self-identified as African or Black.



MANY PEOPLE EXPERIENCED HOUSELESSNESS

In 2018, 23.3% of females and 17.9% of males experienced houselessness. This increased to 48.0% for females and 22.3% for males in 2021.



MOST PEOPLE HAD OTHER COMPLEX HEALTH CONDITIONS

Over 80% of people had at least one other health condition at entry into care. The most common conditions were STBBIs (over 70% of all people) and mental health (42.7% in females and 32.3% in males).



MANY PEOPLE ARE NOT ENGAGED IN CARE

At the end of 2021, nearly 20% of all people who were diagnosed with HIV and referred to the Manitoba HIV Program were not engaged in care.

How does HIV in Manitoba compare to Canadian trends?

	Manitoba (2018 – 2021) ¹	Canada (2020) ²	What does it mean?
How many people were diagnosed with HIV?	12.2 HIV diagnoses/100,000 people (2021)	4.0 HIV diagnoses/100,000 people	Manitoba has the second highest rate of HIV in Canada and cases are rising.
How many people diagnosed with HIV were female?	1 in 2	1 in 3 (32%)	There is a growing proportion of females acquiring HIV in Manitoba.
How many people diagnosed with HIV were gbMSM?	2 in 10	1 in 2 (43.8%)	HIV transmission dynamics are changing in Manitoba.
How many people diagnosed with HIV were heterosexual?	8 in 10	1 in 3 (33.6%)	HIV transmission is occurring more among heterosexual people in Manitoba.
How many people diagnosed with HIV injected drugs?	6 in 10 females 3 in 10 males	1 in 5 (19.8%)	More people, especially females, being diagnosed with HIV in Manitoba are using injection drugs.

¹ Includes people newly diagnosed in Manitoba and referred to the Manitoba HIV Program.

² Incidence. Public Health Agency of Canada (2022). Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020.

ABOUT THE MANITOBA HIV PROGRAM

The Manitoba HIV Program provides information, specialized care, treatment, and support to approximately 1,700 people living with HIV across the province. The goal of the program is to ensure that everyone who is diagnosed with HIV in Manitoba has the same standard of care and treatment regardless of where they live in the province. The Manitoba HIV Program:

- Links and retains people diagnosed with HIV to care
- Works with clients, primary care providers, specialists and allied healthcare professionals to provide comprehensive HIV care and treatment for people living with HIV
- Facilitates HIV prevention and education strategies for healthcare providers, community and the public
- Promotes province-wide routine HIV testing
- Monitors and evaluates the quality and impact of the program on HIV in Manitoba
- Supports and facilitates clinical and community-based HIV research

The program has three sites for care in Manitoba:

- Nine Circles Community Health Centre (Winnipeg)
- Health Sciences Centre Outpatient Clinic (Winnipeg)
- 7th Street Access Centre (Brandon)

LAND ACKNOWLEDGEMENT

The Manitoba HIV Program operates on the original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples, and on the homeland of the Métis Nation, with clinics located in Treaty 1 and Treaty 2 territory.

ACKNOWLEDGEMENTS

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- Public Health Agency of Canada through the National Collaborating Centre for Infectious Diseases
- The Manitoba HIV/STBBI Collective Impact Network

INTRODUCTION

This Manitoba HIV Program Report provides information about people diagnosed with HIV who were referred to the Manitoba HIV Program between 2018 and 2021. While most people who entered care during the reporting period were diagnosed with HIV in Manitoba, the program also provides care to people living with HIV who moved to Manitoba from other jurisdictions, as well as people living with HIV who live near and outside the province's border. The report also provides an update on performance in the HIV cascade of care. Reporting on the current sociodemographic and clinical characteristics of people living with HIV, as well as how Manitoba is performing in the care cascade, allows us to understand where gaps exist in our current response, and identify areas to enhance HIV prevention and treatment programming.

DATA SOURCES

Chart audits were conducted at all three HIV care sites for people newly diagnosed with HIV in Manitoba and who were referred to the Manitoba HIV Program between 2018 and 2021. For each client who enters care, the program collects sociodemographic information, past and current medical history, HIV specific behavior information and relevant clinical findings.

METHODS

The Manitoba HIV Program works with the Manitoba Health Epidemiology and Surveillance Unit (MHESU) to verify people diagnosed with HIV. The numbers in this report may differ from the "MHESU Annual Surveillance Update: HIV in Manitoba" because this report includes people who were newly diagnosed with HIV in Manitoba, in addition to people transferred or returned to care who were referred to the Manitoba HIV Program.

Definitions

- People newly diagnosed with HIV in Manitoba: People who were diagnosed with HIV for the first time in Manitoba. The term the "MHESU Annual Surveillance Update: HIV in Manitoba" uses is "new infections."
- People transferred or returned to care with the Manitoba HIV Program: People who had a previous HIV diagnosis who were transferred to the Manitoba HIV Program while on or off treatment, or people who returned to care after moving out of the province or after being lost to follow-up. The "MHESU Annual Surveillance Update: HIV in Manitoba" uses the term "introduced cases."
- People who were referred to the Manitoba HIV Program: Includes all people newly diagnosed with HIV in Manitoba and people transferred or returned to care with the Manitoba HIV Program.

Variables

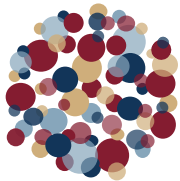
- Percentage of people who were referred to the Manitoba HIV Program by Regional Health Authority: Winnipeg Regional Health Authority (including Churchill), Northern Health Region, Prairie Mountain Health, Interlake-Eastern Regional Health Authority, Southern Health - Santé Sud, and outside Manitoba (includes people who were diagnosed with HIV in other provinces or territories of Canada and in other countries).
- Percentage of people by age categories: <18 years, 18 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, and ≥50.
- Sex assigned at birth: People reported as female and male. No one identified as intersex.
- Gender: People who self-reported as man, woman, transgender woman, transgender man, non-binary person (person whose reported gender is not exclusively man or woman, i.e. agender, pangender, genderqueer, genderfluid, two-spirit or gender nonconforming), not reported/no data.
- Sexual orientation: People who self-reported as lesbian, gay, heterosexual, bisexual, pansexual, asexual, not reported/no data.
- Race/ethnicity: People who self-reported as Indigenous (First Nation, Métis, Inuit or Indigenous-not otherwise specified), White/European, African/Black, East/Southeast Asian, South Asian, Latin America, Middle Eastern, not reported/no data, other.
- Houselessness: People who self-reported that they had no home, were couch surfing or lived in shelters, or if a social worker note said they had no home.
- Substance use: Inhaled, smoked, injected, other, and which substance(s). This report includes methamphetamine and opioid use.
- Prior sexually transmitted and blood-borne infections (STBBI) diagnosis: Confirmation of an STBBI diagnosis before the HIV diagnosis.
- Comorbid conditions at entry into HIV care: People who have more than one disease or condition at the same time in addition to HIV diagnosis. This report includes STBBI diagnosis at entry into care, other infectious diseases that are not STBBIs, and opportunistic infections.

For most findings, results were disaggregated by sex assigned at birth (female and male) because complete data existed for this variable. Results were not disaggregated by sexual orientation and gender because data were not complete for these variables. Some sociodemographic data and clinical data were disaggregated by “all people who were referred to the Manitoba HIV Program” and by “people newly diagnosed with HIV in Manitoba.”

FRAMING THE FINDINGS



Health disparities in Manitoba are shaped by structural and social determinants of health



The convergence of houselessness, mental health concerns, substance use, socio-economic factors and COVID-19 is driving a syndemic* of HIV and other sexually transmitted and blood born infections (STBBIs) in Manitoba



Indigenous Peoples in Manitoba are disproportionately affected by this syndemic due to the ongoing influences of colonization, structural racism, and intergenerational trauma

RESULTS

People living with HIV

Between 2018 and 2021, a total of 517 people were diagnosed with HIV and referred to the Manitoba HIV Program (Table 1). There was a 52% increase in the total number of people diagnosed with HIV between 2018 (N = 111) to 2021 (N = 169), and the proportion of people newly diagnosed with HIV in Manitoba (as opposed to people that transferred in from other jurisdictions and countries) grew over time. The crude provincial rate in 2021 was 12.2 HIV diagnoses/100,000 people, which is over three times higher than the rate of HIV diagnosis in Canada in 2020 (4.0 HIV diagnoses/100,000 people).

Table 1. Number of people diagnosed with HIV and referred to the Manitoba HIV Program, 2018-2021

	2018 n (%)	2019 n (%)	2020 n (%)	2021 n (%)
People newly diagnosed with HIV in Manitoba	81 (73.0)	93 (75.6)	95 (83.3)	146 (86.4)
People transferred to Manitoba HIV Program while on treatment	22 (19.8)	24 (19.5)	17 (14.9)	19 (11.2)
People transferred to Manitoba HIV Program while off treatment	5 (4.5)	3 (2.4)	2 (1.8)	1 (0.6)
People returned to Manitoba HIV Program after moving out of province	3 (2.3)	2 (1.63)	0 (0)	2 (1.2)
People returned to care with Manitoba HIV Program after being lost to follow-up	0 (0)	1 (0.81)	0 (0)	1 (0.6)
Total number of people who were referred to the Manitoba HIV Program	111	123	114	169

Table 2 shows the number of children and adolescents ages 0 to 17 who were newly diagnosed with HIV in Manitoba or transferred to the Manitoba HIV Program from outside of the province while already on treatment.

Table 2. Number of children and adolescents (0 - 17 years old) newly diagnosed with HIV in Manitoba or transferred to Manitoba HIV Program while on treatment, 2018-2021

	2018	2019	2020	2021
People newly diagnosed with HIV in Manitoba	1	1	3	2
People transferred to the Manitoba HIV Program while on treatment	2	2	0	0
Total	3	3	3	2

Geographic distribution

Most people referred to the Manitoba HIV Program were first diagnosed with HIV in the Winnipeg Regional Health Authority (WRHA) (Figure 1). New HIV diagnoses are increasing in the WRHA, Northern Health Region (NHR), Interlake-Eastern Regional Health Authority (IERHA) and Southern Health – Santé Sud (SHSS) (Figure 1).

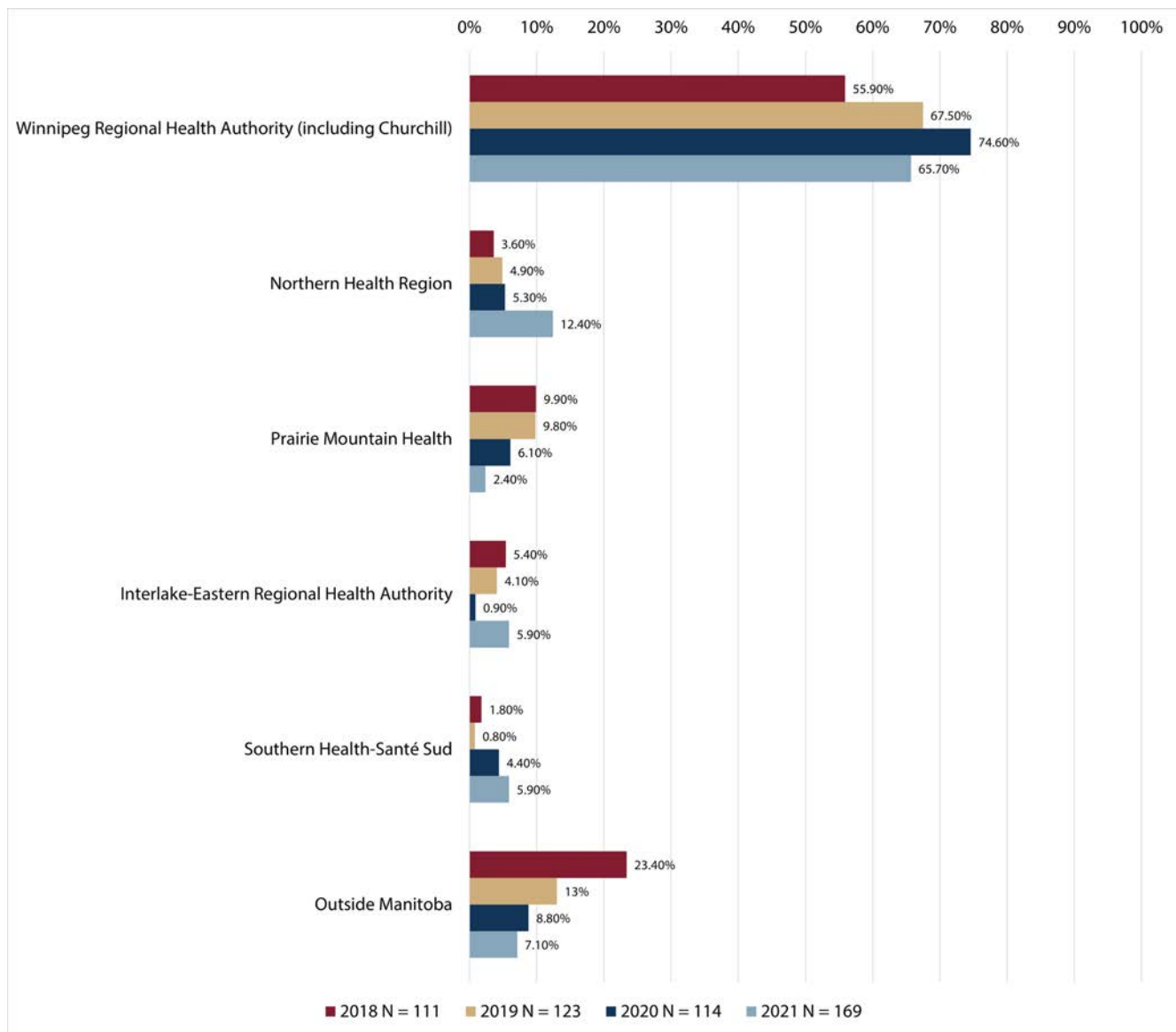


Figure 1. Percentage of people diagnosed with HIV and referred to the Manitoba HIV Program by Regional Health Authority, 2018-2021

Age, sex, gender and sexual orientation

The median age of people who were referred to the Manitoba HIV Program was 36. Most females were less than 40 years of age, with a median age of 33. Most males were less than 45 years of age, with a median age of 38 (Figure 2).

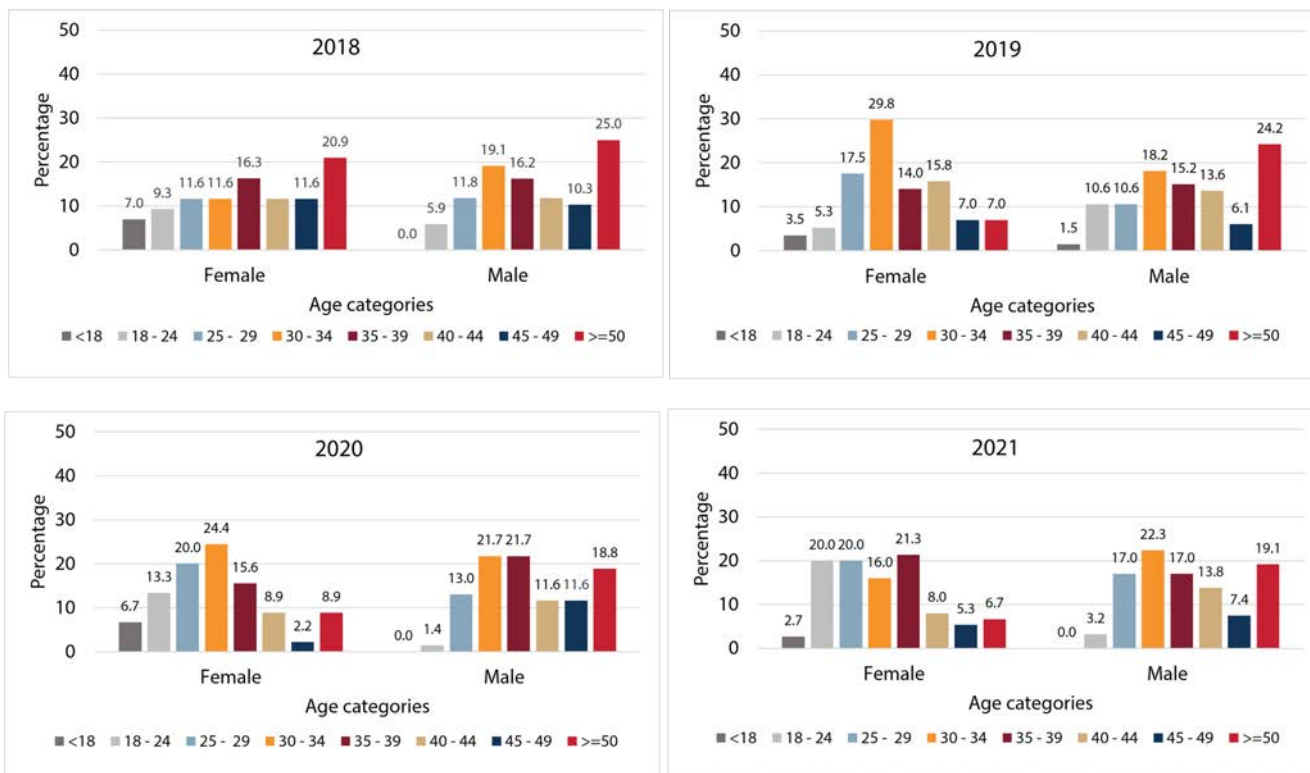


Figure 2. Percentage of people referred to the Manitoba HIV Program by age and sex assigned at birth, 2018-2021

Males accounted for 61.3% of all new HIV diagnoses in Manitoba in 2018, while females accounted for 38.7% (Figure 3). In 2021, males accounted for 55.6% and females accounted for 44.4%. There were similar proportions of females and males among people newly diagnosed with HIV who were referred to the Manitoba HIV Program (Figure 3).

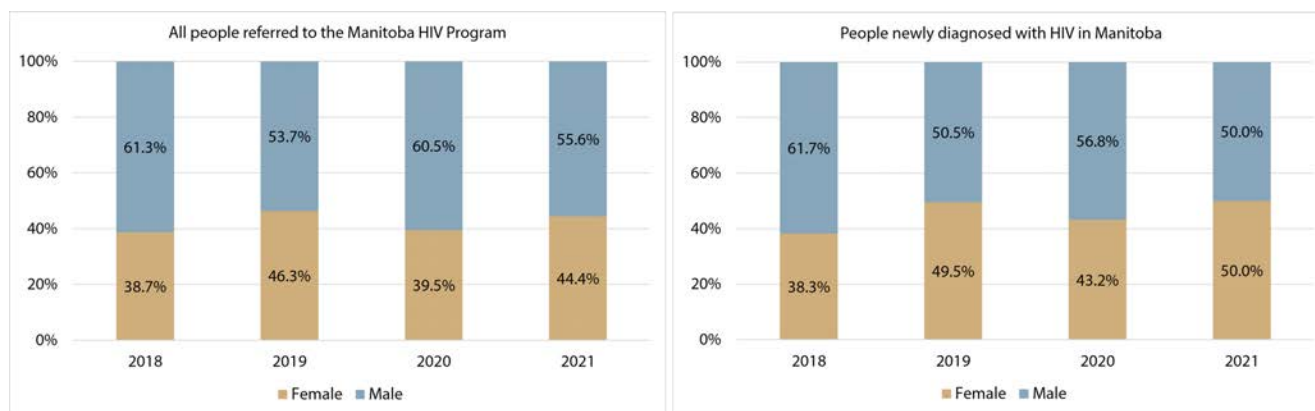


Figure 3. Percentage of people diagnosed with HIV and referred to the Manitoba HIV Program by sex assigned at birth, 2018-2021

Between 2018 and 2021, 50.1% of people who were referred to the Manitoba HIV Program self-identified as cisgender men and 37.3% as cisgender women. 1.2% identified as transgender women, 0.4% identified as transgender men and 0.6% identified as non-binary. 10.4% of people did not report on gender or there was no information available on self-identified gender (Table 3).

Table 3. Percentage of people referred the Manitoba HIV Program by self-identified gender, 2018-2021

	2018 N= 111	2019 N= 123	2020 N= 114	2021 N= 169
Men	52.3%	44.7%	54.4%	49.7%
Women	32.4%	40.7%	36.8%	38.5%
Transgender women	0.9%	0.8%	1.8%	1.2%
Transgender men	0.9%	0.0%	0.0%	0.6%
Non-binary persons	0.9%	0.8%	0.9%	0.0%
Not reported/No data	12.6%	13.0%	6.1%	10.1%

Of all persons living with HIV, most people who were referred to the program self-reported as heterosexual (54.1% in 2018 and 62.7% in 2021). In 2018, 22.5% self-reported as gay, bisexual and other men who have sex with men (gbMSM), and in 2021, 17.1% self-reported as gbMSM (Figure 4).

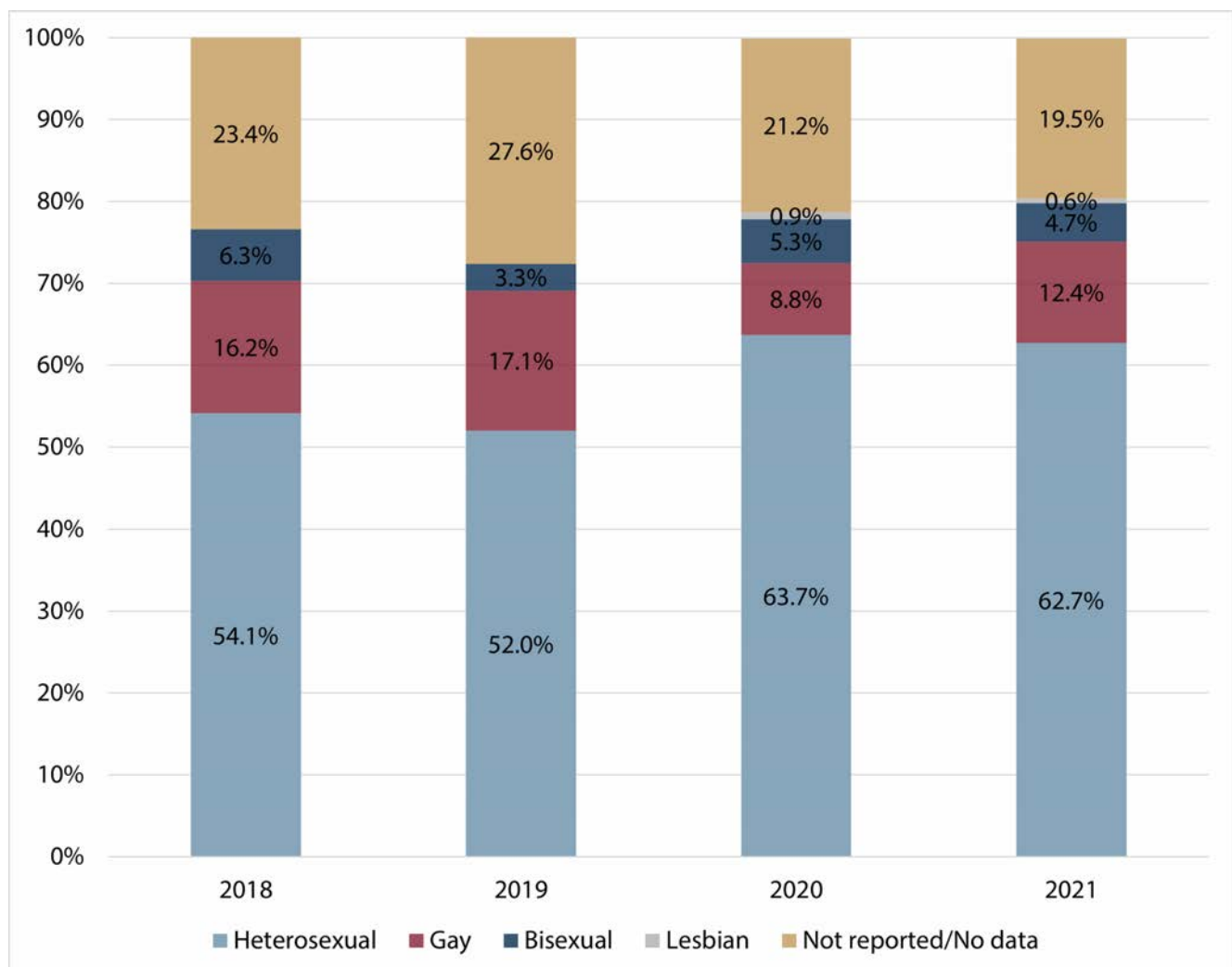


Figure 4. Percentage of people referred to the Manitoba HIV Program by self-reported sexual orientation, 2018-2021

HIV acquisition

Heterosexual sex and injection drug use were the most common modes of self-reported HIV acquisition. Among all people who were referred to the Manitoba HIV Program between 2018 and 2021, 54.1% to 64.5% self-reported heterosexual sex, and 36.9% to 51.5% self-reported injection drug use as the mode of acquisition. Men who have sex with men (MSM) accounted for 16.2% in 2018 and 12.4% in 2021, and people who self-reported as bisexual accounted for 6.3% in 2018 and 4.7% in 2021 (Figure 5).

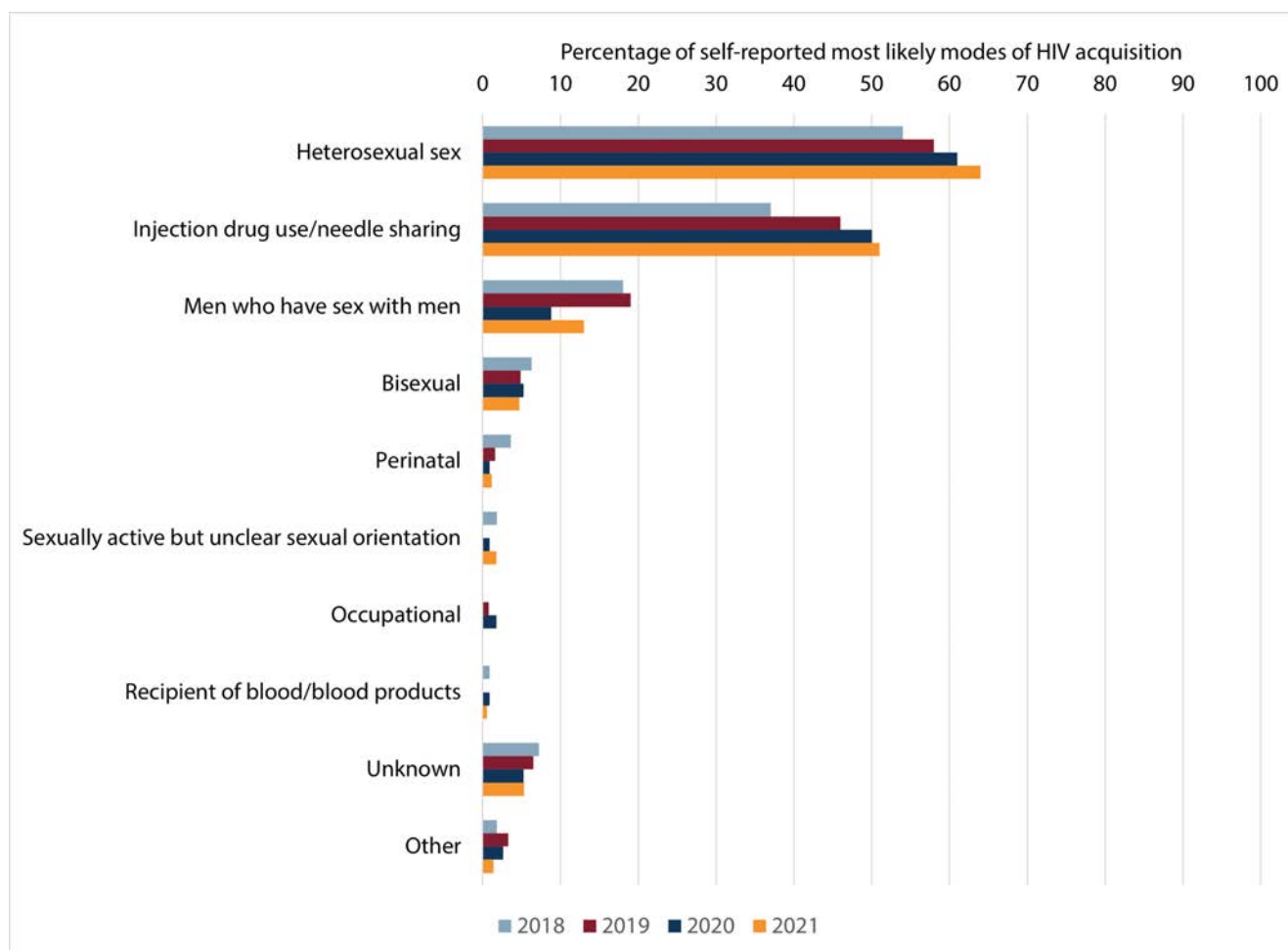


Figure 5. Percentage of people referred to Manitoba HIV Program by self-reported modes of HIV acquisition, 2018-2021

Race/ethnicity

Among all people referred to the Manitoba HIV Program between 2018 and 2021, people who self-identified as Indigenous (First Nation, Metis, Inuit or Indigenous-not otherwise specified) accounted for the largest proportion. In 2018, 51.4% self-identified as Indigenous, and in 2021, this increased to 73.4% (Table 4). People who self-identified as African/Black accounted for 21.6% of all people referred to the program in 2018, and in 2021, this reduced to 5.9%. In 2018, people who self-identified as White/European accounted for 18.0% of all people referred to the program, and in 2021, 11.2% self-identified as White/European.

Table 4. Percent of people referred to the Manitoba HIV Program by self-identified race/ethnicity, 2018-2021

	2018 (%)	2019 (%)	2020 (%)	2021 (%)
Indigenous	51.4	57.7	71.9	73.4
White/European	18.0	15.4	12.3	11.2
African/Black	21.6	18.7	7.9	5.9
East/Southeast Asian	6.3	3.3	5.3	2.4
Latin American	0.9	1.6	0.0	2.4
South Asian	1.8	0.8	0.0	1.8
Middle Eastern	0.0	1.6	0.0	0.6
Not reported/No data	0.0	0.8	2.6	2.4
Total	111	123	114	169

Houselessness

Of all females who were newly diagnosed with HIV in Manitoba between 2018 and 2021, there was an increasing trend of houselessness (up to 47.9% in 2021). Of all males newly diagnosed, around one third experienced houselessness (Figure 6).

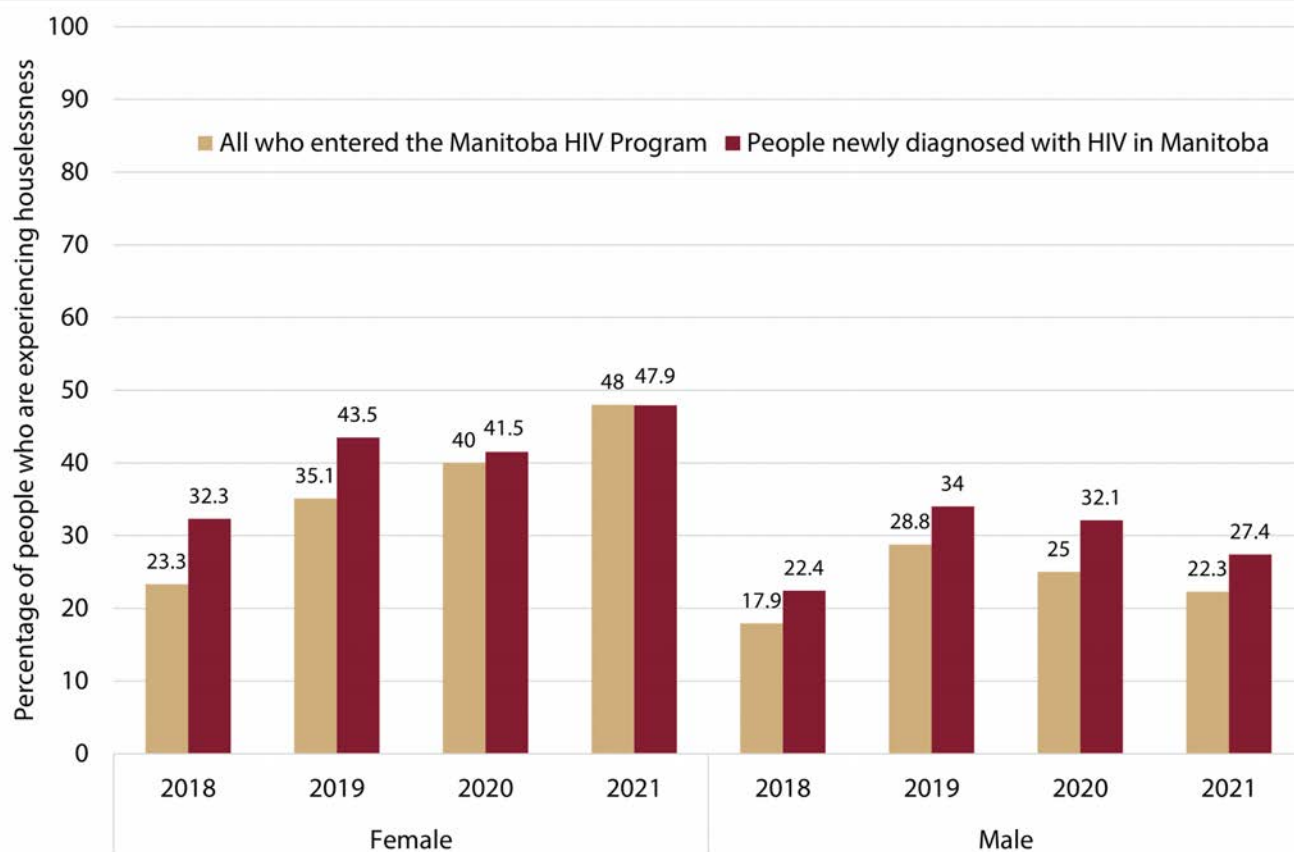


Figure 6. Percentage of people newly diagnosed and referred to the Manitoba HIV Program who reported experiencing houselessness by sex assigned at birth, 2018-2021

Substance use

Of all people referred to the Manitoba HIV Program between 2018 to 2021, 68.7% reported drug use (74.5% of females and 64.3% of males). Among all people newly diagnosed with HIV in Manitoba between 2018 and 2021, 69.6% of females and 42.7% of males self-reported injection drug use (Figure 7). During this period, 21.8% of females and 12.5% of males reported opioid use, and 88.6% of females and 65.1% of males reported methamphetamine use (mostly injected) (Figure 7).

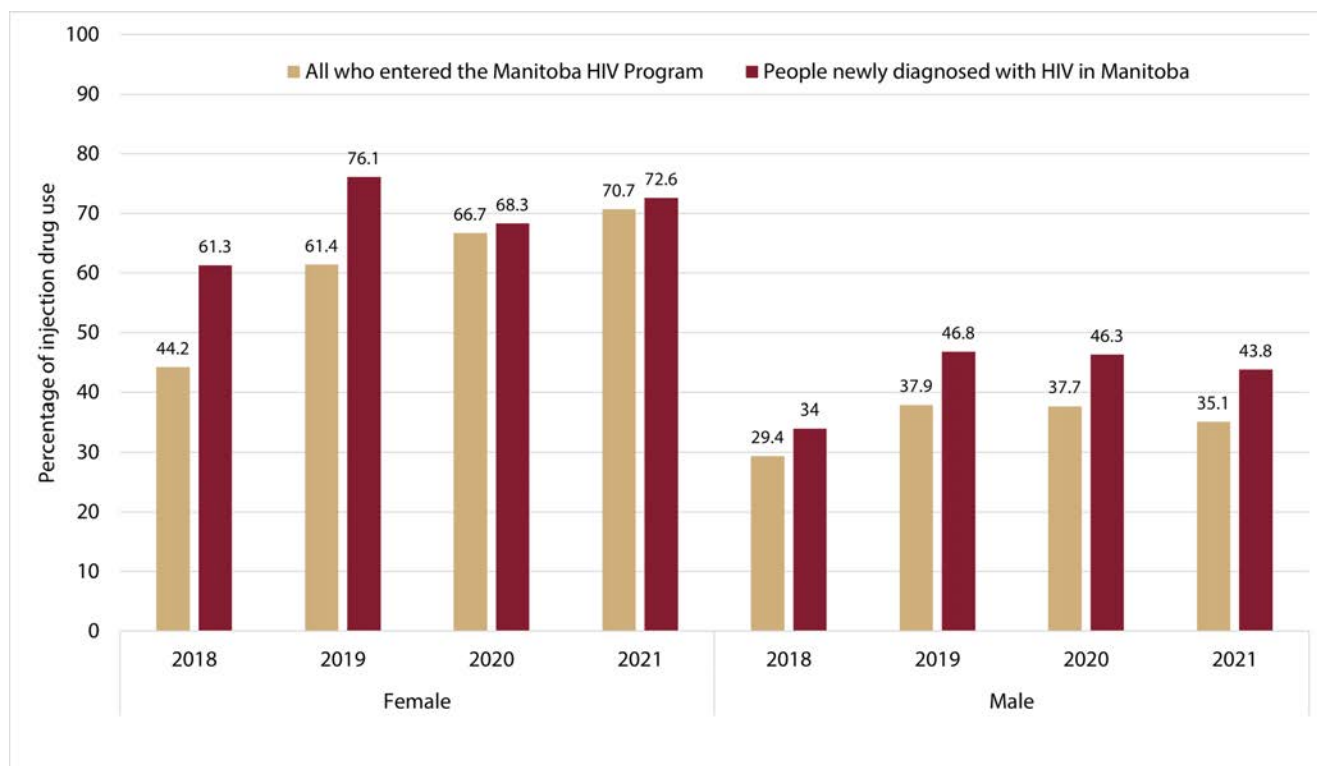


Figure 7. Percentage of people referred to the Manitoba HIV Program and percentage of people who were newly diagnosed with HIV in Manitoba who self-reported injection drug use by sex assigned at birth, 2018-2021

Prior sexually transmitted and blood-borne infection (STBBI) diagnoses

Of all people who were referred to the Manitoba HIV Program between 2018 and 2021, 71.4% of females and 64.9% of males had a prior STBBI diagnosis (Figure 8).

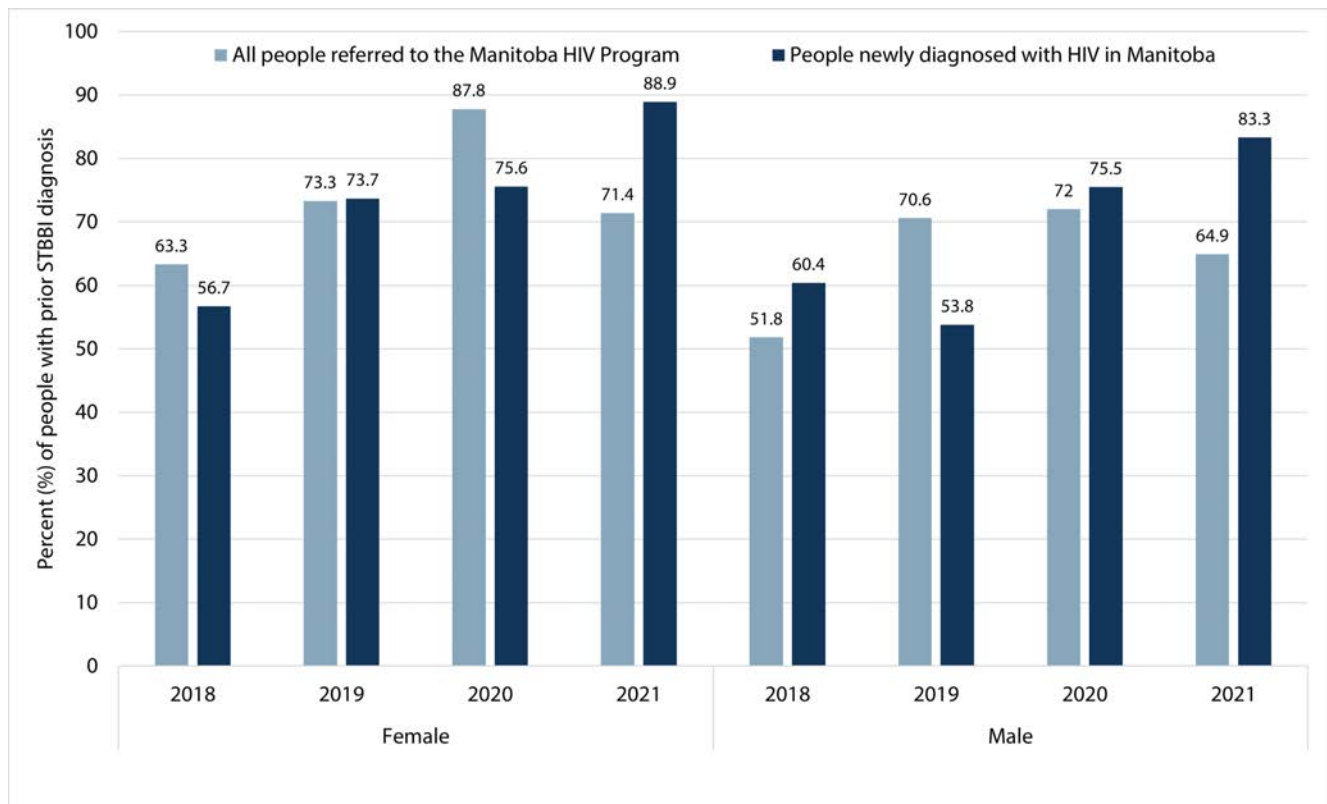


Figure 8. Percentage of people referred to Manitoba HIV Program and newly diagnosed with HIV with prior STBBI diagnosis by sex assigned at birth, 2018-2021

Comorbid conditions

Of all people who were referred to the Manitoba HIV Program between 2018 and 2021, over 80% had at least one other medical condition at entry into care (Figure 9). STBBIs and mental health diagnoses were the most common conditions reported. 73.2% of females and 67.7% of males had at least one STBBI at entry into care. Syphilis, hepatitis C, chlamydia and gonorrhoea were the most commonly diagnosed STBBIs. 42.7% of females and 32.3% of males entered HIV care with a mental health condition.

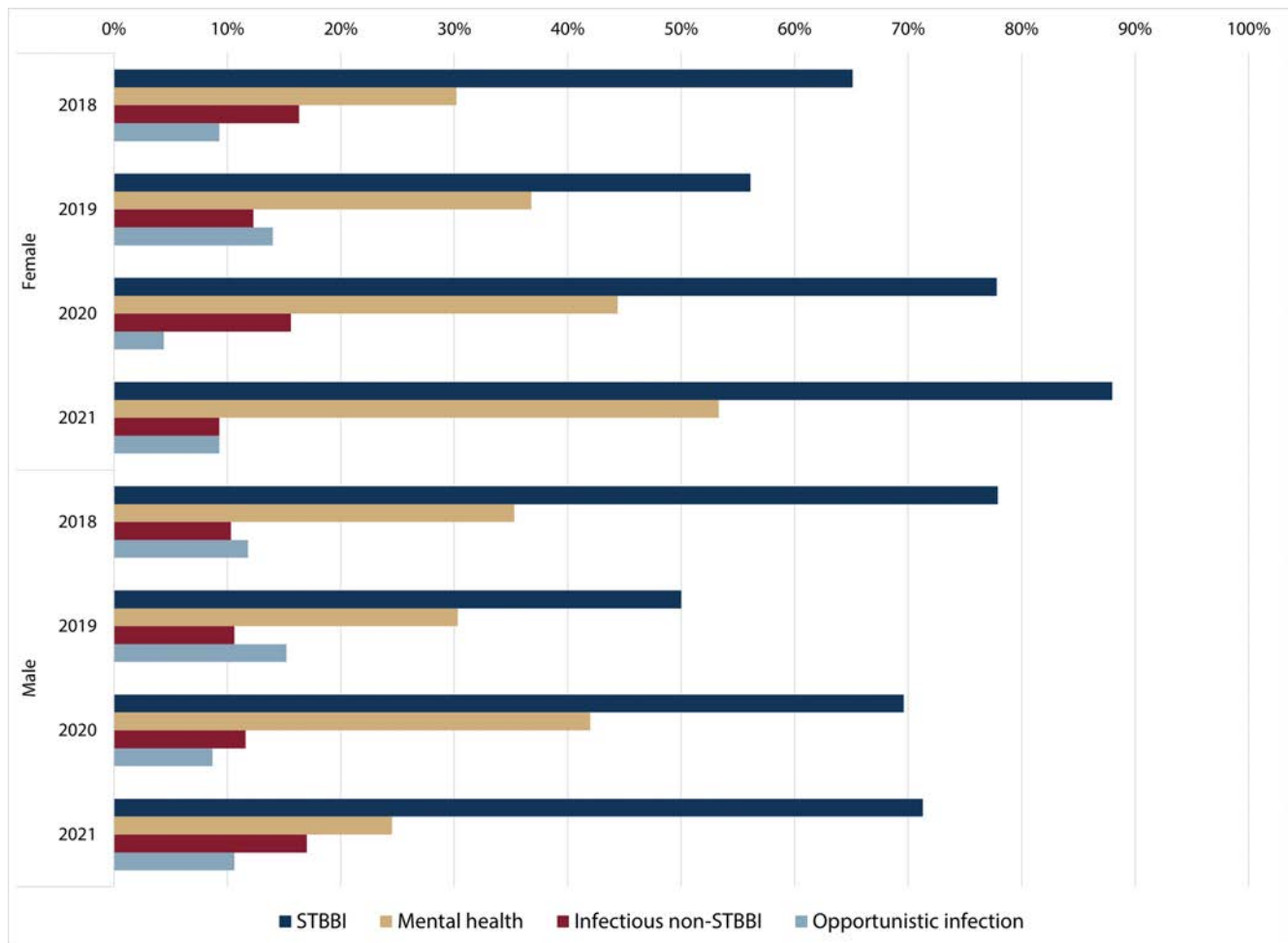


Figure 9. Percentage of people referred to Manitoba HIV Program with comorbid conditions by sex assigned at birth, 2018-2021

HIV cascade of care

Two fundamental goals of HIV care are to link people to antiretroviral therapy (ART) and support them to reach and sustain an undetectable viral load. This optimizes health for people living with HIV and also eliminates onward sexual transmission in the community.

The HIV cascade of care provides a framework to measure the proportion of people along each step of the HIV care continuum, from diagnosis, to initiating treatment, to achieving an undetectable viral load (Figure 10). This allows the Manitoba HIV Program to identify progress towards national and international HIV care goals and recognize areas for program improvement.

Of the 517 people who were diagnosed with HIV and referred to the Manitoba HIV Program during this reporting period, 501 people were linked to HIV care. By the end of 2021, 347 people remained on treatment and 317 people had a suppressed viral load. Of the initial 517 people, however, 16 individuals never presented to HIV care after referral to the Manitoba HIV Program; 45 were no longer engaged in care after initial linkage; and 32 were no longer engaged in care after previously initiating treatment (Figure 10). In total, 93 people were either not linked to or did not remain engaged in HIV care. This accounts for nearly 20% of all people diagnosed with HIV and referred to the Manitoba HIV Program between 2018 and 2021.



Figure 10. HIV cascade of care

DISCUSSION

A total of 517 people were diagnosed with HIV in Manitoba between 2018 and 2021 and were referred to the Manitoba HIV Program. During this time, the provincial rate of HIV increased from 7.9 HIV diagnoses/100,000 people to 12.2 HIV diagnoses/100,000 people. New HIV diagnoses are increasing in the WRHA, the NHR, the IERHA, and SHSS. This increase may represent an increase in HIV transmission as well as an increase in HIV testing volumes.

The increase in the number of people newly diagnosed with HIV in Manitoba may be explained by the convergence of houselessness, mental health concerns, substance use, the COVID-19 pandemic and socio-economic disparities.

There were similar proportions of females and males newly diagnosed with HIV, and the median age of people was 36. Over time, more females were diagnosed with HIV in Manitoba, and when compared to Canadian trends, they accounted for a larger proportion of people being diagnosed. Most people self-identified as cisgender female and cisgender male, and most people self-identified as heterosexual.

Over time, fewer people self-identified as gbMSM. At the end of 2021, 2 in 10 people referred to the Manitoba HIV Program self-identified as gbMSM. This trend is much smaller than the Canadian trend which found at the end of 2020, 1 in 2 people diagnosed with HIV self-identified as gbMSM.

Health disparities in Manitoba are shaped by structural and social determinants of health.

Most people who were referred to the Manitoba HIV Program self-identified as Indigenous (First Nation, Metis, Inuit or Indigenous-not otherwise specified), and the proportion of people who self-identified as Indigenous grew over time from 2018 to 2021. The proportion of people living with HIV in Manitoba who self-identified as Indigenous appears to be significantly higher than the trend in Canada in 2020.

Indigenous Peoples in Manitoba are disproportionately affected by HIV due to the ongoing harms of colonization, structural racism, and intergenerational trauma.²

Heterosexual sex and injection drug use were the most common modes of HIV acquisition, followed by gbMSM contact and perinatal acquisition. This differs from the Canadian trend, where gbMSM was the most commonly reported mode of HIV acquisition for 2020.

Injection drug use was high among people who were referred to the Manitoba HIV Program and increased over time, especially among females. The majority of people who reported using substances, reported using methamphetamine.

The majority of people diagnosed with HIV presented to care with a prior STBBI diagnosis and other complex health conditions. The most common concurrent conditions were STBBIs and mental health. These trends suggest potential missed opportunities for prevention, systematic STBBI testing, as well as other gaps in primary care.

The epidemiology of HIV is changing in Manitoba and different when compared to Canadian trends.

Houselessness was a common experience among people diagnosed with HIV in Manitoba, with higher rates experienced among females. Females were also more likely to self-report injection drug use, have a prior STBBI diagnosis, and enter HIV care with a mental health condition.

Of 517 people who were diagnosed with HIV and referred to the Manitoba HIV Program between 2018 and 2021, 501 people were linked to care, 347 remained on treatment, and 317 were virally suppressed. At the end of 2021, however, nearly 20% of people remained either not linked to or not engaged in HIV care.

Poor performance in the province's cascade of HIV care reflects the challenges of linking a changing demographic of people newly diagnosed to care; people who are struggling with housing, mental health conditions and substance use.

In response to the trends observed in this analysis, the Manitoba HIV Program calls for a fast-track approach to:

- Curb the rate of HIV transmission in Manitoba,
- Enhance access to culturally appropriate, in-the-moment, wrap around care for people who are diagnosed with HIV, and
- Enhance service coordination for and client monitoring of people who live with HIV

Calls to action

The following calls to action were generated by the Manitoba HIV Program with input from community partners and provincial leaders (Figure 12). They reflect the most critical priorities to facilitate reduced HIV transmission and enhanced care and service for people living with HIV in Manitoba.

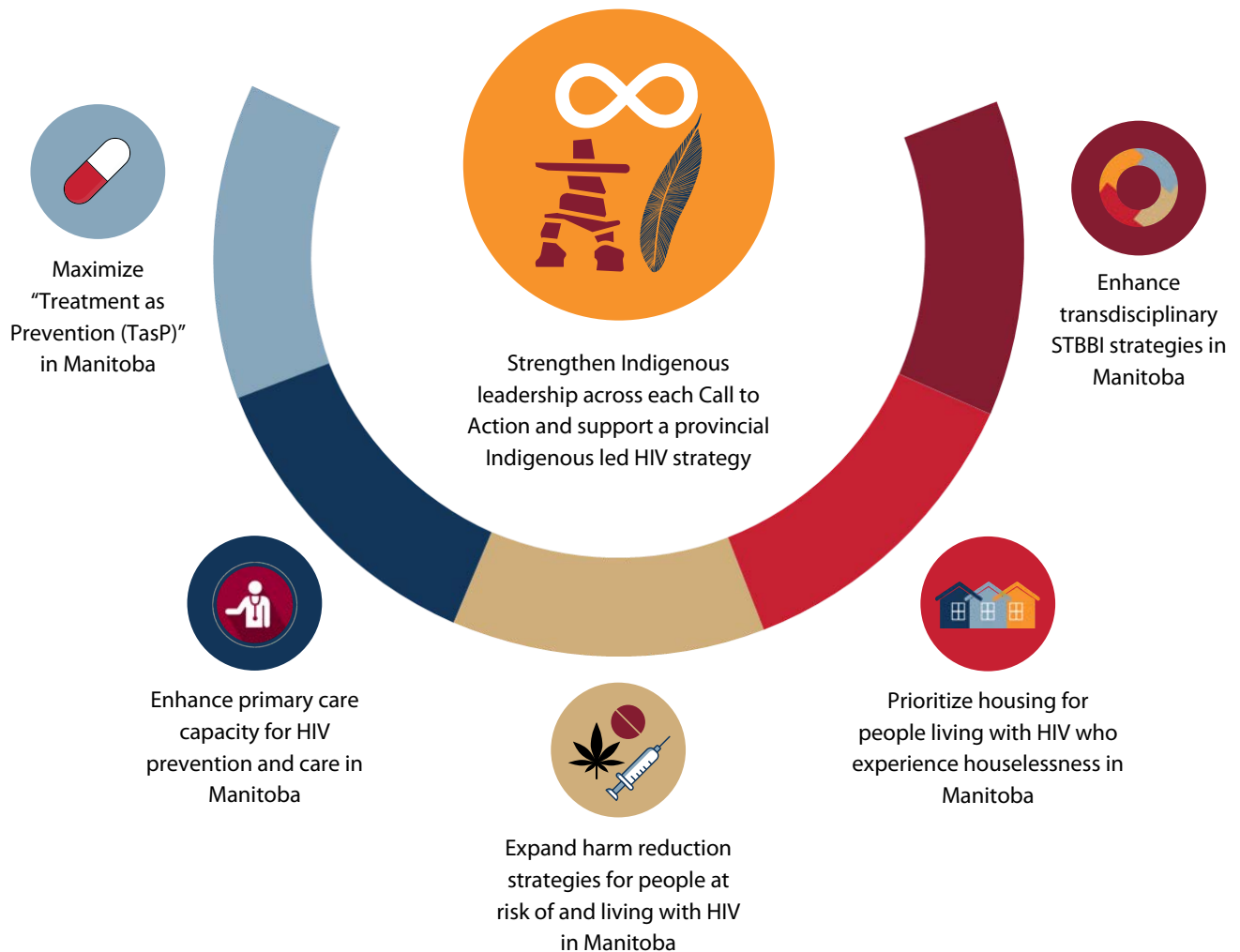


Figure 12. Manitoba HIV Program Calls to Action

The Manitoba HIV Program will work to lead and advance the calls to action within its mandate and capacity. These include to:

1. Maximize “Treatment as Prevention (TasP)” in Manitoba.

People living with HIV who have undetectable viral loads do not sexually transmit HIV. This concept is known as “U=U” or “Undetectable = Untransmittable.” TasP is the well documented concept that maximizing treatment for HIV prevents the transmission of HIV at a population level; Increasing the availability and access to antiretroviral therapy for people living with HIV can prevent and reduce illness and death due to HIV and can lead to the near elimination of HIV transmission. This can be achieved in Manitoba by:

- Facilitating universal access to antiretroviral therapy,
- Increasing access to “in the moment” care, and
- Establishing opportunities to provide care for people living with HIV in the community.

2. Enhance primary care capacity for HIV prevention and care in Manitoba through:

- The integration of HIV programming in MyHealth Teams, and
- Robust education, consultation and fail-safe mechanisms delivered by the Manitoba HIV Program.

The Manitoba HIV Program will support other leaders or sectors to facilitate the remaining calls to action and is considering next steps for this work in 2023.

STAKEHOLDER ENGAGEMENT

The Manitoba HIV Program engaged with stakeholders throughout the development and production of this project and report. A summary of stakeholder meetings is provided in Table 6.

Table 6. Summary of Manitoba HIV Program stakeholder meetings

Stakeholder	Type of Stakeholder	Date
Manitoba Health	Government	September 7, 2022
Shared Health	Government	September 28, 2022
Medical Officers of Health	Healthcare providers	October 13, 2022
Keewatinohk Inniniw Minoayawin (KIM)	First Nations health organization	October 12, 2022
Winnipeg Regional Health Authority	Health service organization	October 3, 2022 October 11, 2022
Northern Health Region	Health service organization	October 12, 2022
First Nation Inuit Health (Manitoba Chapter)	Federal First Nation health service organization	October 12, 2022
Elder Dr. Margaret Lavallee	Indigenous Elder	November 9, 2022
Aboriginal Health and Wellness	Healthcare providers	October 24, 2022 November 7, 2022
Manitoba HIV-STBBI Collective Impact Network	Community	October 26, 2022
Manitoba Harm Reduction Network Conference	Community	November 16, 2022
Dr. Marcia Anderson	Healthcare executive, provider	November 8, 2022
Peer Research Team	People with lived experienced	October 27, 2022
Sisters of Fire		November 3, 2022
Research Advisory Committee		October 13, 2022

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2. The Indigenous Health Writing Group of the Royal College. (2019). Indigenous Health Primer. Ottawa: Royal College of Physicians and Surgeons of Canada. Indigenous Health Primer, Royal College of Physicians and Surgeons of Canada <https://www.royalcollege.ca/rcsite/documents/health-policy/indigenous-health-primer-e.pdf>