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Improved HIV/AIDS Prevention Strategies Can Save Lives and Money

Ottawa – The assertion by 9-1-1 services that "hard to find is hard to help" applies equally well to new segments of the Canadian population that are susceptible to HIV infection and AIDS, according to a study released by Canadian Policy Research Networks (CPRN). In *The Economic Burden of HIV/AIDS in Canada*, researchers Terry Albert and Greg Williams demonstrate that many lives can be saved if governments and agencies involved in fighting the epidemic make strategic investments in prevention based on evidence gathered from an early-warning S or sentinel surveillance S system that can be developed to track the spread of the disease among new groups of vulnerable Canadians.

The HIV/AIDS epidemic is feeding on young Canadians with a vengeance, according to the report. Young gay men and intravenous drug users are particularly at risk, but there are signs that the outbreak is spreading among women and Aboriginal people. The new susceptible populations are not as likely to listen to traditional messages that have been used to date to change risky behaviour and prevent disease transmission. Governments and agencies have to develop new strategies and pragmatic public health policies to stem the growth of the disease.

"Canada can do better in fighting this epidemic," says Judith Maxwell, President of the Canadian Policy Research Networks. "Compared to Great Britain, Canada's investment in preventing the spread of HIV and AIDS has been small. Our rate of infection is rising among members of vulnerable groups. We cannot allow the limited success experienced so far to lull us into thinking that we have the problem solved. Best practice in epidemic control has been demonstrated in other countries and we now have the opportunity to adopt these successful approaches".

The authors suggest that Canada adopt a successful approach used in the United Kingdom to slow the spread of the disease. The United Kingdom has put an early-warning system in place to track infection rates in vulnerable populations S who often do not perceive themselves to be at risk S so that it can tailor prevention strategies to these groups. "Canada needs an early-warning system to make pre-emptive strikes and break the back of the epidemic - this is equivalent to switching on the lights," says co-author Terry Albert, a researcher at the Canadian Policy Research Networks. Gaps in tracking the spread of infection represents lost opportunities for

prevention and sets the stage for large outbreaks. For example, we currently know very little about the amount of HIV infection in the Canadian prison population and there is, therefore, great concern that a potentially large outbreak may have already occurred. Prisons most likely import a certain amount of infection from the community but, also export infected people back to the community. Hence the need for an integrated and seamless approach to tracking and responding to the epidemic.

According to the report, with an effective and confidential early-warning system tracking the disease through such places as women's health centres, addiction treatment centres, prisons and Aboriginal reserves Canada can stay closer to the leading edge of the shifting epidemic. The report also calls for a better linkage between information about infection rates and the results of prevention activities. It echoes the observation of the Report of the Royal Commission on Aboriginal Peoples in calling for improved national data on HIV infection and related statistics.

The report recommends that, by adopting a best practice approach to epidemic control, Canada could reduce the infection rate to 1,700 per year over the next five years and save over \$4 billion. In contrast, ineffective strategies that lead to further growth in the epidemic may entail increased costs of \$7.5 billion, according to the report.

The report warns of the impending outbreak among Aboriginal people and notes that the rate of infection with sexually transmitted diseases (STD) is three-times higher in Aboriginal communities than in the population at large. STD infection has been used as a marker for increased risk of becoming HIV-infected in developing countries. Terry Albert says that this factor, combined with social and economic marginalization, means that "the preconditions are in place for a large outbreak among Aboriginal Canadians." Co-author Greg Williams, Director of Williams Research, points out that "a health strategy for Aboriginal communities is needed to deal with sexual and reproductive health issues including HIV." He emphasized the need for "high-level leadership and commitment from Aboriginal groups and government as a key first step".

This is the first time in Canada that the national investment in HIV prevention has been estimated. The Canadian Policy Research Networks study is also the first in Canada to go beyond estimating economic costs to examine the impact of the epidemic and recommend solutions.

There is initial evidence to support the need to invest more in order to suppress the epidemic to the lower levels observed in Britain where 48 people per 100,000 people are HIV- infected compared to 129 per 100,000 people in Canada. "The timing is right given the current planning exercises underway to revitalize the next phase of Canada's National AIDS Strategy. We must set targets, implement programs to achieve them, and measure our progress" says researcher Terry Albert.

The study is a major component of an economic research initiative on HIV/AIDS which was commissioned by Health Canada and conducted by the Canadian Policy Research Networks. A synthesis of the policy implications of this study and others in the series will be published later in 1998, as will an examination of international best practices in dealing with HIV/AIDS.

CPRN is a national not-for-profit research institute whose mission is to create knowledge and lead public debate on social and economic issues important to the well-being of Canadians, in order to help build a more just, prosperous and caring society.

For more information on the publication, please contact:

Peter Puxley, Director, Public Affairs, Tel: (613) 567-7500 ext. 2019 – E-mail: ppuxley@cprn.org

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