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News Release

November 19, 1997

New Prevention and Surveillance Strategies Needed as HIV/AIDS Shifts to Different Groups of Canadians

Ottawa - On the brink of a new national AIDS strategy announcement, a REFLEXION published today by the Canadian Policy Research Networks (CPRN) says that Canada has an opportunity to make up the ground it has lost in recent years in the fight against the spread of HIV infection.

The REFLEXION, The Economic Burden of HIV/AIDS in Canada, points out that the HIV/AIDS epidemic has spread into new populations of Canadians, where previously successful prevention strategies are not effective. The "third wave" of the epidemic is affecting "young, marginalized populations" of injection drug users, young gay men, Aboriginal people and vulnerable women.

According to Judith Maxwell, CPRN President, "We have shown in the past that we can get the spread of this disease under control once we make a commitment. It will take a serious effort to prevent more widespread infection, but we can do it. This is a preventable disease."

In addition to the avoidance of human pain and suffering, there is a clear economic case for taking action against the spread of HIV infection. The direct cost of care and treatment over the lifetime of each person infected with HIV is $153,000. The indirect cost associated with the loss of productive living averages $600,000 per case. In 1996, Canada spent roughly $570 million caring for people living with HIV/AIDS and this will rise with the new infections in subsequent years. The direct and indirect cost of the epidemic to date totals some $36 billion.

Clearly, the spread of HIV infection can be better controlled, and countries like Britain have shown that timely investments in HIV prevention can reduce the size (and hence the cost) of the epidemic. While Canadians face a rate of 129 people living with HIV/AIDS per 100,000, Britain's rate is 48 per 100,000. Research predicts that more effective prevention could lead to $4 billion in savings in the next five years.

Canadian Policy Research Networks Inc.
600-250 Albert Street, Ottawa (ON) K1P 6M1
Tel. : (613) 567-7500 – Fax : (613) 567-7640 – www.cprn.org

Coauthors Terry Albert and Gregory Williams point out, "In the populations that are at risk, HIV infection is only one risk they face daily. For people facing hunger, homelessness, addiction and violence, it may not seem like the worst risk."

There are three major problems that need to be addressed if the tide of the epidemic is to be stemmed. First, Canada needs an early warning or strategic "sentinel" system to track the disease in new populations. Second, new prevention strategies need to be developed and tested that are likely to be successful in reaching populations largely cut off from traditional approaches. Third, prevention efforts must be systematically evaluated so that Canada invests only in those strategies that are proven to be most effective. The authors also state that the existing community-based infrastructure developed to combat HIV/AIDS will have to a dapt operations to be able to serve the needs of the new groups at risk.

According to Albert and Williams, "We have to get to the leading edge of the epidemic. Our surveillance system must bring the prevention effort closer to the 'burning embers' of the epidemic. Prevention efforts can then be launched at the time they do the most good and avoid the 'forest fires' or large outbreaks." The sentinel system proposed would include such front-line sites such as shelters for the homeless, needle-exchange centres, community-based AIDS service organizations, women's health clinics, Aboriginal reserves, addiction treatment centres and prisons.

Along with the sentinel system and improved strategies to reach the existing and new populations at risk, the study recommends that policymakers also act at the community level focussing on unemployment, homelessness and a lack of education, all of which are predisposing factors for marginalization and HIV infection.

The REFLEXION is a summary of a Working Paper from a series of studies in a major economic research program coordinated by CPRN that includes the study of HIV/AIDS care and treatment, and HIV prevention and education (the longer technical report will be available in late 1997). The research program was commissioned by Health Canada and a final report on the initiative is expected to be published in March 1998.

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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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