

### Background

Pre-exposure prophylaxis for HIV, or PrEP, involves the use of antiretroviral medications by an HIV-negative person to prevent possible infection with HIV when exposed to the virus. Beyond being another highly effective prevention option for HIV, PrEP represents an opportunity to reengage people in sexual health care and to dramatically decrease new infections in communities disproportionately impacted by HIV. The *Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing* highlighted the importance of PrEP as part of a comprehensive response to ending our national HIV epidemic. The Consensus Statement also argues that, in order to effectively implement PrEP and other biomedical tools to prevent and treat HIV, we must also address issues of inequality and respond to HIV through a human rights lens. This fact sheet builds on the principles outlined in the Consensus Statement by making specific policy recommendations for moving PrEP forward in Canada and, where possible, highlighting projects that are already making those principles a reality.

### PrEP in the Consensus Statement

The Consensus Statement was developed by CATIE, CTAC and PositiveLite.com as a response to the ongoing HIV epidemic in Canada. The Consensus Statement provides a set of fundamental shared principles to guide an effective response to HIV in Canada.

The Consensus Statement outlined seven principles for equitable PrEP access:

- PrEP must be viewed as an essential component of HIV prevention.
- PrEP should be provided with access to healthcare and psychosocial and other support services.
- There is a pressing need to develop and disseminate clinical practice guidelines, and to develop and deliver healthcare provider education, on PrEP.
- Provincial, territorial and federal authorities should put in place mechanisms to ensure that cost is not a barrier to PrEP for people who could benefit from it.
- No one should be coerced into taking PrEP.
- PrEP treatment literacy and community preparedness campaigns should be implemented for people from specific populations.
- Professional development and training about PrEP should be implemented for a broad range of service providers.

To read more and sign on, visit <http://www.hivconsensusvih.ca/>

### >> Policy Recommendation 1: Open Listing on All Canadian Public Drug Plans

Public coverage of Truvada as PrEP is the keystone of equitable PrEP access. Roughly 10 million Canadians rely on one of Canada's 18 public drug plans to access medications. Given the high price of Truvada (\$1000/month for those paying out-of-pocket), public coverage at a lower negotiated price is the only way many Canadians in need will be able to access PrEP. Public drug plans should also list PrEP as an open benefit so that people who cannot afford PrEP are able to access it from the same range of providers as those with private insurance or the ability to pay out-of-pocket.

# Consensus to Action: Next Steps for Equitable Access to PrEP in Canada

(March, 2017)

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## >> Policy Recommendation 2: Promote Expansion of PrEP Delivery

The relative newness of PrEP in Canada has meant PrEP has been largely provided by health care providers with knowledge about treating HIV. When the Common Drug Review for PrEP was released, a recommendation that only providers with experience treating HIV be responsible for PrEP provision raised concerns about access in rural areas with a dearth of such providers and how this implementation might impact already overburdened HIV clinics. While specialists deserve credit for pioneering PrEP delivery, the safety profile of Truvada as PrEP means that other clinicians can provide PrEP, and the increasing number of Canadian resources on PrEP provision has the potential to support expanding the provider base.

CTAC, in collaboration with medical teams providing PrEP, has developed a guide that outlines the process of starting patients on PrEP. Quebec and British Columbia have released guidelines on PrEP provision and a national advisory group will be releasing their own guide in 2017. [CIHR has also funded research](#) to provide training to family physicians and nurses on how to provide PrEP. Provincial health ministries need to support these efforts by prioritizing their uptake among primary care providers, community health centres and other providers well-positioned to deliver PrEP.

## >> Policy Recommendation 3: Continue to Develop Community-Based PrEP Messaging

During the interim period between the US Food and Drug Administration approving Truvada as PrEP in 2012 and Health Canada's approval in 2016, community based agencies in Canada began developing messaging about PrEP. Organizations that serve gay, bi, and other men who have sex with men have been at the forefront of developing awareness campaigns. These include Health Initiative for Men's [getpreped.ca](#) and an exploration of the prevention toolbox in [thesexyouwant.ca](#) by the Gay Men's Sexual Health Alliance of Ontario. Other communities disproportionately impacted by HIV have begun developing their own education projects and holding community consultations on PrEP including Triple X Sex Worker's [PrEP in the Context of Sex Work](#), the Aboriginal PrEP project at 2-Spirited People of the 1<sup>st</sup> Nations, and the national project Access for All: Expanding HIV Prevention Discussions in Canada. These projects reflect the specific concerns and needs of each community and translate often complicated biomedical information into clear messages. Federal funding is needed to nationalize existing campaigns and provide communities affected by HIV with the resources to develop culturally relevant information about PrEP.

## >> Policy Recommendation 4: Integrate PrEP into the Federal Initiative

[The Federal Initiative to Address HIV/AIDS in Canada](#) provides the framework for Canada's national response to HIV. The Canadian Government's commitment to the UN 90-90-90 target relies on the effective implementation of the Federal Initiative. Over the past several years, the Federal Initiative has been broadened to include Hepatitis C and other Sexually Transmitted and Blood Borne Infections, but has not been revised to include significant HIV prevention developments such as PrEP. The Federal Health Minister indicated in a December 2016 [interview with PositiveLite.com](#) that the Federal Initiative required review and that that process would begin in 2017. Other jurisdictions such as the [City of New York](#) have developed HIV strategies that successfully integrate the offer of comprehensive prevention services, including PrEP, with the HIV care cascade. A similar revision to Canada's Federal Initiative is needed to promote continued progress on the 90-90-90 targets alongside reductions in new infections.

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