WRITTEN SUBMISSION FOR THE PRE-BUDGET CONSULTATIONS IN ADVANCE OF THE 2023 FEDERAL BUDGET

TO THE HOUSE OF COMMONS FINANCE COMMITTEE

OCTOBER 2022

ACTION HEPATITIS CANADA
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For the last 2.5 years, public health resources and attention have rightly been redirected to the COVID-19 pandemic. As we recover—with a renewed appreciation for the importance of health equity—strategic investments are needed to reach marginalized populations and eliminate viral hepatitis as a public health threat by 2030.

RECOMMENDATIONS

Recommendation 1: That the government double the funding for the HIV and Hepatitis C Community Action Fund (CAF) from $26.4M annually to $53M.

Recommendation 2: That the government triple the funding for the Harm Reduction Fund (HRF) from $7M annually to $21M.

Recommendation 3: That the government update the Prison Needle Exchange Program (PNEP) to an evidence-based model and expand the pilot to all federal correctional facilities.

Recommendation 4: That the government fund and increase efforts to collect updated hepatitis B and C prevalence estimates for all Canadian provinces and territories.

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2023 Pre-budget Submission to the House of Commons Finance Committee

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In 2016, Canada made a commitment to the World Health Organization (WHO) and its member states to eliminate viral hepatitis as a public health threat by 2030. While much of this work falls to the provinces and territories, there are key things the federal government can do now to support elimination efforts.

We have chosen three areas within federal jurisdiction to highlight:

1. **Reaching Priority Populations**
2. **Disease Prevention**
3. **Measuring Our Progress**

About Viral Hepatitis

Viral hepatitis is a term that encompasses both hepatitis B and C. Hepatitis B (HBV) is a preventable liver disease, with an estimated 250,000-460,000 living with chronic hepatitis B in Canada.[1]

Hepatitis C (HCV) is a liver infection that is responsible for more life-years lost than any other infectious disease in Canada,[2] despite being curable. Close to 195,000 Canadians are estimated to be living with chronic hepatitis C.[3] Hepatitis C infection rates are on the rise,[4] disproportionately impacting people who use drugs (PWUD), people who have experienced incarceration, and Indigenous People.

Other disproportionately impacted populations include newcomers and immigrants from endemic countries, men who have sex with men (MSM), and those born between 1945-

[1] Management of Hepatitis B Virus Infection: 2018 Guidelines from the Canadian Association for the Study of Liver Disease and Association of Medical Microbiology and Infectious Disease Canada. Clinical Practise Guidelines Committee (Co-Chairs: Coffin CS, Fung SK; Committee Authors: Alvarez F, Cooper CL, Doucette KE, Fournier C, Kelly E, Ko HH, Ma MM, Martin SR, Osiowy C, Ramji A, Tam E, Villeneuve JP. Canadian Liver Journal Fall 2018; 1(4):156-217. doi: https://doi.org/10.3138/canlivj.2018-0008

[2] Lourenço L, Kelly M, Tarasuk J, Stairs K, Bryson M, Popovic N, Aho J. The hepatitis C epidemic in Canada: an overview of recent trends in surveillance, injection drug use, harm reduction and treatment. Can Commun Dis Rep 2021;47(12):561–70. https://doi.org/10.14745/ccdr.v47i12a01

[3] Public Health Agency of Canada. Infographic: people living with hepatitis C (HCV), Canada, 2017. Ottawa (ON): PHAC; 2020. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infographic-people-living-with-hepatitis-c-2017.html

[4] Lourenco et al.

1975. These five populations and one birth cohort have been identified as *priority populations* for hepatitis C elimination efforts.[5]

About Action Hepatitis Canada

AHC is a pan-Canadian coalition of 75+ community organizations. We work together to hold our governments accountable to Canada's commitment to eliminate viral hepatitis as a public health threat by 2030.

REACHING PRIORITY POPULATIONS

Recommendation 1: Double the Community Action Fund

The clear and central role for community programming to support elimination efforts is well documented in the Government of Canada's 2019 *Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections* and the 2018 *Pan-Canadian Sexually Transmitted and Blood-Borne Infections Framework for Action*.

As noted in PHAC's *Evaluation of Viral Hepatitis and Sexually Transmitted Infection Activities at the Public Health Agency of Canada 2013-14 to 2017-18* (p.16):[6]

> "Part of what many community-based projects offer is linkages to services for priority populations. Linking individuals to services helps them take charge of their health by seeking out testing, treatment, and other necessary services. For example, based on a sample of about 1100 people, 83% of people living with HIV and/or hepatitis C reported increased access to diagnosis and testing options following engagement in community-based project activities. … According to a sample of 4400 participants, 91% reported increased capacity to manage their health following their participation in community-based activities…"

Yet the federal government's response to sexually transmitted and blood-borne infections (STBBIs), including the Community Action Fund (CAF), is chronically underfunded. The CAF restructuring in 2017 left the community-based organizations in the STBBI sector utterly

[5] The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. Blueprint to inform hepatitis C elimination efforts in Canada. Montreal, QC. canhepc.ca/sites/default/files/media/documents/blueprint_hcv_2019_05.pdf

[6] Public Health Agency of Canada. Evaluation of Viral Hepatitis and Sexually Transmitted Infection Activities at the Public Health Agency of Canada 2013-14 to 2017-18. March 2019. https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/report-evaluation-viral-hepatitis-sexually-transmitted-infection-activities-2013-2014-2017-2018.html

demoralized, gutting not just the funding but also the morale of some of the country's most devoted service providers.

PHAC received 224 applications totalling $63M annually, but the funding envelope of $26.4M allowed only 124 organizations to be funded, with many of those having their budgets slashed.[7] Dozens of organizations closed their doors, leaving gaps across the country and furthering inequitable access to service. Simultaneously, community-based organizations have been required to take on more responsibility, especially as the drug poisoning crisis worsens in this country, and as the COVID-19 pandemic took hold.

In 2019, the House of Commons Standing Committee on Health unanimously recommended an increase in federal funding for the HIV response alone to $100 million annually, which would include an increase to the CAF. In 2020, the Senate of Canada adopted a motion urging the federal government to follow through on this recommendation of the Standing Committee. This was in recognition that the federal response to STBBIs and the *Framework for Action* and *Five-Year Action Plan* are woefully underfunded, and that since 2003, more than $123 million in funds committed to the HIV response has been undelivered.[8]

With less than eight years left to meet our elimination targets, this is the time to fully support community-based organizations to ramp up their testing, treating, and education supports as they are uniquely positioned to bring these services to the populations disproportionately affected by viral hepatitis.

PREVENTION

Recommendation 2: Triple the Harm Reduction Fund

Harm Reduction as Disease Prevention

Harm reduction is by far the most effective prevention strategy for hepatitis C.

One person is infected with HCV every hour in Canada.[9]

[7] Dr. Gregory Taylor, correspondence to Action Hepatitis Canada. January 2017.
[8] HIV Legal Network. Funding the Fight: Summary Policy Brief. November 2020. https://www.hivlegalnetwork.ca/site/summary-policy-brief-hiv-funding-the-fight/?lang=en
[9] Lourenço L et al.

Eighty-five percent of all new cases of HCV are happening among people who use drugs (PWUDs) sharing equipment, but harm reduction approaches can bring this number down drastically.

The *pan-Canadian STBBI framework for action*, endorsed by all provinces and territories, adopts the World Health Organization targets for, among other things, reductions in new cases of chronic viral hepatitis B and C infections. The target is a 30% reduction by 2020 and a 90% reduction by 2030.[10]

Yet the federal Harm Reduction Fund (HRF) can support a small fraction of the eligible applications received from community.[11] Hepatitis B and C are preventable with evidence-based, WHO-recommended, and cost-effective interventions such as needle and syringe programs (NSP) and opioid agonist therapy (OAT). Combined, these interventions reduce the risk of hepatitis C infection by up to 74%.[12]

Rapid Results

Increasing the funding to the CAF and HRF specifically is an extremely efficient way to rapidly improve disease prevention as these are established programs that are currently very oversubscribed. PHAC staff have indicated that with more money, they have a list of eligible programs they could fund today.

Recommendation 3: Update the Prison Needle Exchange Program (PNEP) to an evidence-based model and expand pilot to all federal correctional facilities.

People who are incarcerated (PWAI) are identified as a priority population for HCV care as they are 40 times more likely to be exposed to HCV than Canada's general population. This is in part due to the lack of harm reduction programs available in correctional facilities. More than 50% of PWAI in Canada report a history of drug use, and more than 75% of PWUD in Canada have a history of incarceration.[13] Indigenous people are also disproportionately impacted and have higher rates of HCV.[14]

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[10] World Health Organization. Global Health Sector Strategy on Viral Hepatitis 2016-2021. Geneva: WHO; 2016. http://apps.who.int/iris/bitstream/handle/10665/246177/WHO-HIV-2016.06-eng.pdf

[11] Shared verbally by PHAC staff in a meeting with Action Hepatitis Canada representatives. June 2021.

[12] The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. Blueprint to inform hepatitis C elimination efforts in Canada. Montreal, QC

[13] Bartlett SR, Buxton J, Palayew A, Picchio CA, Janjua NZ, Kronfli N. Hepatitis C Virus Prevalence, Screening, and Treatment Among People Who Are Incarcerated in Canada: Leaving No One Behind in the Direct-Acting Antiviral Era. Clin Liver Dis (Hoboken). 2021;17(2):75-80. 10.1002/cld.1023

[14] HIV Legal Network. Prison-Based Needle and Syringe Programs Fact Sheet. https://www.hivlegalnetwork.ca/site/defend-human-rights-and-fund-the-fight/?lang=en

Prison Needle Exchange Programs (PNEP) have been implemented in nine federal correctional facilities as a pilot. However, an October 2020 report commissioned by the Correctional Service of Canada (CSC) found flaws in the program. Only four of the nine institutions that implemented the PNEP had people enrolled at the time of the report, with just 42 people participating in the program in total. A lack of anonymity for participants was identified as a barrier to program participation. The model adopted by CSC is implemented in part by guards, compromising participant confidentiality and reducing program effectiveness. Evidence does not support the model currently implemented by CSC and the security measures taken at the cost of participant anonymity and program accessibility are unwarranted, according to PHAC's own reviews.[15]

Fortunately, there are evidence-based alternatives from the 60+ PNEPs operating around the world for more than two decades. (Prison Health is Public Health report, 2022, p 8) These include needle and syringe distribution through dispensing machines, distribution by trained peers, distribution by NGOs or external personnel, and distribution by prison health services.

An evidence-based PNEP model, paired with increased education for CSC staff and developed in consultation with both staff and prisoners, would be more effective in preventing the spread of infectious diseases.

MEASURING OUR PROGRESS

Recommendation 4: Fund and increase efforts to collect updated hepatitis B and C prevalence estimates for all Canadian provinces and territories.

It is difficult to determine what annual HCV treatment initiation targets for each province and territory should be, as there are few recently published sub-national prevalence estimates. For most provinces, we have only modeled estimates from 2007.

Furthermore, we have extremely limited reporting from CSC on HCV testing and treatment rates. More transparency is needed to monitor our progress in federal correctional settings as well.

[15] van der Meulen E, Claivaz-Loranger S, Clarke S, Ollner A, Watson TM. On Point: Recommendations for Prison-Based Needle and Syringe Programs in Canada. 2016. Toronto, ON.

The WHO elimination targets are set as % reductions. In order to measure our progress in viral hepatitis elimination, we need good data about how many people *have* hepatitis B and C currently, updated regularly.

Conclusion

Hepatitis B is preventable and treatable, and hepatitis C is preventable and curable. In the spirit of health equity, the Government of Canada can direct resources to those who need them more, preventing the spread of these and other infectious diseases through adequately-funded, community-based harm reduction programs such as the CAF and HRF and evidence-based harm reduction programs in federal correctional facilities. Good data will help us measure our progress and direct efforts and resources appropriately to reach our target of eliminating these infectious diseases as a public health threat by 2030.