

The UNAIDS 90-90-90 Targets Saskatchewan and National Indicators for 2014

December, 2016

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has set a global goal to end the AIDS epidemic as a public health threat by 2030. To monitor progress towards this goal, UNAIDS established “90-90-90” treatment targets for 2020:

- 90% of people living with HIV are diagnosed;
- 90% of those diagnosed are on treatment; and
- 90% of those on treatment are virally suppressed.

Saskatchewan’s and Canada’s Progress Toward Reaching the UNAIDS Targets

Provinces and territories, including Saskatchewan, contributed data to the initiative of the Public Health Agency of Canada (PHAC) to monitor Canada’s progress in achieving the UNAIDS global goal. PHAC released a public report on December 1, 2016 that provided national results on the 90-90-90 targets for 2014. **Table 1** provides the 90-90-90 indicators for Saskatchewan and Canada for 2014.

Table 1: Provincial and National 90-90-90 Indicators for 2014

| | Saskatchewan | | Canada ¹ | |
|---|--------------|--------------------|---------------------|--------------------|
| | Estimate | Range ² | Estimate | Range ² |
| Number of people living with HIV ³ | 2,309 | 2,000 – 2,600 | 65,040 | 53,980 – 76,100 |
| Number of people living with HIV who are diagnosed ¹ | 1,588 | 1,491 – 1,685 | 52,220 | 47,230 – 57,440 |
| First 90: Proportion of people living with HIV who are diagnosed⁴ | 69% | 61% – 79% | 80% | 73% – 87% |
| Number of people diagnosed with HIV who are on treatment ⁵ | 1,237 | N/A | 39,790 | 36,470 – 43,140 |
| Second 90: Proportion of people diagnosed with HIV who are on treatment⁶ | 78% | 73% – 83% | 76% | 70% – 82% |
| Number of people on treatment with a suppressed Viral Load ⁷ | 981 | N/A | 35,350 | 32,430 – 38,260 |
| Third 90: Proportion of people on treatment who have suppressed Viral Load⁸ | 79% | 70% – 88% | 89% | 84 – 93% |

¹ <http://www.healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/hiv-90-90-90-vih/index-eng.php>

² The provincial reportable disease system, similar to most other jurisdictions, does not record previously diagnosed HIV positive individuals who move into the province. Similarly, HIV positive residents who move out of the province are also not tracked. Although deaths from HIV and AIDS tend to be reported to the province, mandatory reporting of deaths due to notifiable diseases did not come into effect until 2015. For these reasons, an actual number for those living with HIV or diagnosed to have HIV cannot be obtained; a range was estimated and the midpoint used for the indicator calculations

³ Calculations are based on PHAC modeling for the period ending December 31, 2014.

⁴ Calculation: $\frac{\text{Number of persons living with HIV who are diagnosed}}{\text{Number of persons living with HIV}} \times 100$ (based on PHAC estimates)

⁵ Number of people diagnosed with HIV with at least one prescription filled for HIV medications in 2014 (*Drug Plan and Extended Benefits Branch*)

⁶ Calculation: $\frac{\text{Number of persons diagnosed with HIV on treatment}}{\text{Number of persons living with HIV who are diagnosed}} \times 100$

⁷ Number of people with at least one prescription filled for HIV medications with Viral Load considered to be suppressed (no longer or unlikely to transmit HIV) in 2014 (*Saskatchewan Disease Control Lab data*)

⁸ Calculation: $\frac{\text{Number of persons with a suppressed HIV viral load}}{\text{Number of persons diagnosed with HIV on treatment}} \times 100$

The national results should be interpreted with caution as data completeness, data sources, methods and definitions differ from province to province, as well as from country to country. These indicators are a starting point to monitor our progress, recognizing that the data and methods used to calculate the indicators will be refined and improved in the future.

The ranges of Saskatchewan's 90-90-90 indicators and the national indicators overlap, making it difficult to determine if Saskatchewan's indicators are lower than the national indicators. However, we know that Saskatchewan faces risk factors and circumstances that create barriers for individuals to access HIV testing, care and treatment. These risk factors and circumstances include:

- high rates of HIV transmission amongst those who self-report Aboriginal ethnicity and the stigma and discrimination that prevent and delay these individuals from accessing services;
- high rates of drug addiction that contribute to transmission through injection drug use;
- geographical challenges for rural and remote residents to access services; and
- mobility, which leads to individuals being "lost to follow up".

Provincial Efforts to Reach the 90-90-90 Targets

Initiatives to increase awareness of HIV and to increase testing will continue to be key interventions to improving our provincial indicators. It is important for individuals to know their HIV status in order to make informed choices about what is best for their health. Injection drug use is a primary driver of HIV transmission in Saskatchewan. The complex issues faced by many individuals who inject drugs means that it is more challenging for these individuals to access and remain in HIV treatment.

Efforts continue – in conjunction with federal, provincial, community and Indigenous partners – to improve access to testing and clinical interventions in alignment with best practices and the UNAIDS 90-90-90 targets. In addition, with our partners, we will continue our efforts to engage, educate and support individuals and communities to prevent transmission of HIV.