

COMMON ACTION PLAN | 2019-2020 SUMMARY

On December 1, 2017, when Mayor Valérie Plante signed the Paris Declaration, Montréal became the first Canadian city to join the international network of Fast-Track Cities. By putting communities at the heart of our actions, Montréal has committed to accelerate the fight against human immunodeficiency virus (HIV).

The common action plan was developed under the co-presidency of the City of Montréal, Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Île-de-Montréal and Table des organismes communautaires montréalais de lutte contre le sida. Members of key communities, caregivers, community groups, as well as public health and municipal researchers and professionals participated in its development.

By 2020

Our objectives

ZERO NEW INFECTION

90 % KNOW THEIR STATUS

90 % ON TREATMENT

90 % UNDETECTABLE VIRAL LOAD

ZERO DISCRIMINATION STIGMATISATION



Current situation

IN MONTRÉAL
204 NEW DIAGNOSTICS (2017)

IN QUÉBEC, **86 %** OF PEOPLE LIVING WITH HIV KNOW THEIR STATUS (2016)

IN MONTRÉAL, **97 %** OF PEOPLE RECEIVING CARE WERE ON ANTIRETROVIRAL TREATMENT (2015)

IN MONTRÉAL, **92 %** OF PEOPLE ON TREATMENT HAD UNDETECTABLE VIRAL LOADS

Key communities

- People living with HIV
- Men who have sex with men
- People who use injection drugs
- People from countries where HIV is endemic
- Young people from the communities most affected
- Sex workers
- Aboriginal people living in urban areas

The realities of cisgendered and transgendered people are taken into consideration for each of those groups.

Data from INSPQ and 6,364 people living with HIV receiving care in one of 4 centres specializing in HIV from the Montréal cohort in 2015.

Together towards an AIDS-free city

AREAS OF STRATEGIC INTERVENTION

The measures chosen for this action plan are geared toward four broad areas: stigmatization, criminalization, living conditions and services. For each action, advocacy, mobilization and collaboration will be required. These are essential to ensure the actions are implemented in a way that responds best to the specific needs of the populations who are the most vulnerable to the epidemic.

This is the first time I feel that my sometimes difficult experiences can be used to bring about social transformation

▼ Member of the working groups

AREA

1

Reduce stigmatization and discrimination through communication

- 1.1 Give the population factual information about HIV and other STBBI through the expertise of affected communities.
- 1.2 Broadly disseminate the U=U message, which means that a person living with HIV whose viral load is undetectable thanks to regular antiretroviral therapy cannot transmit the infection to sexual partners.
- 1.3 Continue efforts to fight discrimination against the communities affected by the HIV epidemic in Montréal, as outlined in municipal action plans, for instance, homophobia, transphobia and racism.
- 1.4 Hold an annual awareness-raising event to highlight World AIDS Day.
- 1.5 Train health and social service professionals so they can develop inclusive, culturally safe practices.

AREA

2

Work to eradicate prejudices caused by the enforcement of criminal laws and the judicial control of individuals from marginalized communities

- 2.1 Develop a municipal harm reduction strategy by inviting various stakeholders from community organizations, public safety, public health, and health and social services to participate in the discussion.
- 2.2 Take a stand in favour of non-applicability of criminal and penal laws that criminalize HIV nondisclosure during sexual relations when transmission risks are negligible.
- 2.3 Form a working group tasked with identifying best practices to reduce the impacts of criminal law enforcement on sex workers' vulnerability to HIV.
- 2.4 Work together to ensure more coherent public health and public safety interventions for people and communities vulnerable to HIV.

AREA

3

Improve the living conditions of vulnerable communities

- 3.1 As the STM works on fair and accessible transportation options, advocate to ensure people from vulnerable communities, especially people living with HIV, can access prevention and care services.
- 3.2 Improve food security for people living with HIV, especially by advocating Conseil du système alimentaire montréalais.
- 3.3 Develop funding for infant formula for children of HIV-positive mothers.
- 3.4 Advocate to foster residential stability, housing and access to affordable, adapted housing for people vulnerable to or living with HIV.
- 3.5 Advocate to improve access to quality childcare services for children from families living with HIV.

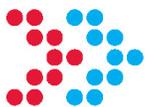
AREAS OF STRATEGIC INTERVENTION

AREA

4

Implement services that are accessible and adapted to individuals' needs

- 4.1 Expand distribution of free STBBI prevention materials (condoms and drug use equipment) by targeting poorly served areas and providing 24/7 access (e.g. free condom dispensing machines in places frequented by affected communities, distribution of free injection equipment kits in pharmacies, distribution by peers).
- 4.2 Promote preventive health and community services to people who have not been reached, such as newcomers and foreign students (e.g. peer navigators, visual identity program for prevention services).
- 4.3 Enhance regional access to local services and to integrated screening and prevention services (SIDEPE) to encourage regular screening among people from vulnerable communities throughout the territory (e.g. Mobile units, expanding SIDEPE to all CIUSSS territories).
- 4.4 Take a stand against accessory costs billed by some clinics for transportation of samples taken for HIV and other STBBI testing.
- 4.5 Advocate for extended hours for screening services to make the latter easier to access by people from vulnerable communities, such as trans individuals and sex workers.
- 4.6 Reduce barriers to HIV screening by simplifying recommendations given to professionals (e.g. recommend routine opt-out testing) and adapting counselling to individuals' needs (e.g. rapid testing services).
- 4.7 Improve implementation of HIV and other STBBI prevention and treatment services in prisons (e.g. access to STBBI prevention equipment, routine testing, treatment continuity).
- 4.8 Ensure official medication follow-up procedures are applied systematically with people temporarily incarcerated, to ensure prescribed antiretroviral treatments are uninterrupted.
- 4.9 Take a stand in favour of access to HIV self-test kits currently unavailable in community pharmacies in Canada (not approved by Health Canada)
- 4.10 Reduce financial barriers to accessing antiretroviral treatments (prevention and treatment) for people who can't afford to pay.
- 4.11 Foster quick access to treatment following an HIV diagnosis, especially for people who get this diagnosis as a result of undergoing medical tests for immigration purposes carried out by Immigration, Refugees and Citizenship Canada (IRCC).
- 4.12 Promote treatment retention for people on antiretrovirals (e.g. peer support just after diagnosis is received, technological tools, partnerships with pharmacies, mental health follow-up).



PARIS DECLARATION

WE, THE MAYORS, COMMIT TO

1. End the AIDS epidemic in cities
2. Put people at the centre of everything we do
3. Address the causes of risk, vulnerability and transmission
4. Use our AIDS response for positive social transformation
5. Build and accelerate an appropriate response reflecting local needs
6. Mobilize resources for integrated public health and sustainable development
7. Unite as leaders

We would like to thank all the individuals and organizations who contributed to developing this common action plan

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Action santé travesti(e)s et transsexuel(le)s du Québec (ASTTeQ) • AIDS Community Care Montréal – Sida Bénévoles Montréal (ACCM), including the KontaK program • AlterHéros • Archives gaies du Québec • Association québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD) • Black Indigenous Harm Reduction Alliance / L'alliance Noire et Autochtone en réduction des méfaits • CACTUS Montréal • Centre de recherche du Centre hospitalier de l'Université de Montréal • Centre hospitalier universitaire Sainte-Justine • Chronic Viral Illness Service, McGill University Health Centre • Clinique L'Actuel • Clinique médicale urbaine du Quartier Latin • Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA), including Service VIH info droits • City of Montréal • Direction de la prévention des ITSS, ministère de la Santé et des Services sociaux • Direction régionale de santé publique de Montréal du CIUSSS du Centre-Sud-de-l'Île-de-Montréal • Dopamine • Gender Euphoria • Groupe d'action pour la prévention de la transmission du VIH et l'éradication du sida (GAP-Vies) • Groupe d'intervention alternative par les pairs (GIAP) • Head and Hands • L'Astérisque • Maison d'Haïti • Maison d'Hérelle • Maison Plein Cœur, including Entraide positive • Médecins du monde • Montréal coalition of LGBT youth groups, Montréal cohort • Plein Milieu • Project 10 • RÉZO, santé et bien-être des hommes gais, bisexuels, cis et trans, programmes milieu et travail du sexe • Rue-action-prévention Jeunesse (Rap Jeunesse) • Séro.syndicat//Blood.Union • SIDEP + du CIUSSS du Centre-Sud-de-l'Île-de-Montréal • Sidalys • Stella, l'amie de Maimie • Table des organismes communautaires montréalais de lutte contre le sida (TOMS) • Unité hospitalière de recherche, d'enseignement et de soins sur le sida (UHRESS) du CHUM • Université de Montréal, Faculté des sciences infirmières • Université de Sherbrooke et chaire de recherche en toxicomanie • Université du Québec à Montréal, École de travail social et département de sexologie •



This document is a summary of the Plan d'action commun de Montréal sans sida.

For more information about the context, process, stakeholders, partnerships and implementation, you can access the full version at montrealsanssida.ca.

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