2023 REPORT

PROGRESS TOWARD VIRAL HEPATITIS ELIMINATION IN CANADA

ACTION HEPATITIS CANADA
aHC
ACTION HÉPATITES CANADA

Prepared by
Action Hepatitis Canada
www.actionhepatitiscanada.ca

Context: Why Viral Hepatitis Elimination Matters

ABOUT VIRAL HEPATITIS

- Hepatitis B (HBV) and hepatitis C (HCV) are liver infections. They are the leading cause of liver disease and transplantation and two of the most burdensome infectious diseases in Canada.[1]
- An estimated 204,000 people in Canada are living with HCV,[2] and 230,000 with HBV.[3]
- Symptoms may be delayed for years, so many people who are infected are unaware even while liver damage is occurring. The only way to confirm a chronic HCV or HBV infection is through a blood test.
- Untreated, viral hepatitis can cause **liver damage**, **cancer**, and even **death**.
- **An estimated eight people die each day in Canada from viral hepatitis.** (see page 10.)

BUT! VIRAL HEPATITIS ELIMINATION IS WITHIN CANADA'S REACH

- Hepatitis C is **curable** with highly effective treatments of daily pills for 8 or 12 weeks, usually with no side effects.
- Hepatitis B is a **vaccine-preventable** infection, and while there is no cure yet, there are treatments to manage the disease and prevent advanced liver disease, and reduce cancer.
- With these medical advancements, what is needed now are **policies** that support **easy** and **equitable** access to **testing, treatment, and care**.

HEALTH EQUITY

- While Canada's public health care system was founded on principles of fairness and equality, today there are many health inequities experienced by people across Canada. These are reflected among people affected by viral hepatitis.
- These include geographic inequities, such as reduced access to prevention, testing, and treatment in rural and remote areas of Canada, or even from province to province. For example, access to disease prevention methods such as needle syringe programs (NSPs) varies widely between urban and rural settings.
- These inequities also result in some groups of people having higher rates of new viral hepatitis infections and higher prevalence of viral hepatitis compared to the overall population. For example, First Nations and Métis peoples in Canada have higher HCV incidence rates and prevalence than the overall population in Canada.

> As we move toward viral hepatitis elimination targets, it is also important to ask, who is and who is *not* represented within Canada's metrics?
> *-Cole Etherington, researcher focused on health equity and intersectionality*

Without addressing the inequities in healthcare access for remote and rural areas of Canada, and without a reconciliatory approach to healthcare for Indigenous people, there will remain considerable barriers to achieving viral hepatitis elimination.

CANADA'S PROMISE

- In May 2016, at the World Health Organization (WHO) Sixty-ninth World Health Assembly, the first-ever *Global Viral Hepatitis Strategy (2016-2021)*[4] was endorsed by the 194 Member States. **The strategy aimed to eliminate viral hepatitis as a public health threat by 2030.** The *Global Viral Hepatitis Strategy (2022-2030)* was recently adopted to renew this commitment.[5]
- As a Member State, Canada signed on to this strategy and endorsed the targets contained within it. The WHO strategy includes specific targets, and all countries were tasked with developing a National Action Plan to meet these targets. The Public Health Agency of Canada (PHAC) responded by publishing the *Pan-Canadian framework for action to reduce the health impact of Sexually Transmitted and Blood-Borne Infections (STBBIs)*[6] in 2018 and the *Government of Canada five-year action plan on STBBIs*[7] in 2019.

THE ROLE OF THE PROVINCES & TERRITORIES

- PHAC's *Framework for Action* and *Action Plan* replicate the WHO targets for viral elimination by 2030, and were endorsed by all Canadian provinces and territories.
- As the provision of health care is provincial and territorial jurisdiction, it is their governments' responsibility to create and implement their own viral hepatitis elimination strategies.

Provinces and territories have the opportunity and the obligation to ensure all Canadians have equitable access to viral hepatitis testing, treatment, and care.

COVID-19 IMPACT

- Unfortunately, the global COVID-19 pandemic has created additional challenges that have slowed global progress toward elimination.

COVID-19 has had a disproportionate impact on marginalized populations. Pandemic restrictions caused harm reduction programs to scale back, increasing potential HCV infection and reinfection.

COVID-19 paused HCV testing in overtaxed labs, affecting treatment start rates as priorities shifted and patients became hesitant to enter healthcare centres.

COVID-19 also negatively impacted school-based HBV vaccine delivery.[8]

- As we transition into a post-COVID world, there is a need to reengage healthcare professionals and priority populations and an opportunity to leverage learnings and infrastructure from COVID-19.

THIS PROGRESS REPORT

- The metrics and recommendations in this report reflect the WHO targets included in the *Framework for Action* and *Action Plan*, as well as the priority actions from the *Blueprint to inform hepatitis C elimination efforts in Canada.*[9] The *Blueprint* is a document for provincial/territorial policymakers to guide them in priorities for action and measuring their progress toward global HCV elimination goals. HBV metrics were developed in consultation with the Canadian HBV Network.
- The report also reflects the perspective of the community-based organizations that comprise the membership of Action Hepatitis Canada (AHC), prioritizing the policy changes our membership believes will have the greatest impact.

SUCCESS FORMULA

A region in Scotland has recently become the first to reach the targets for eliminating viral hepatitis as a public health threat. When asked for his advice on how to replicate this success, Dr. John Dillon states:[10]

KEEP IT LOCAL.
KEEP IT SIMPLE.
KEEP IT KNOWN.

Testing, treatment, and care must be easily available without leaving one's community and from people we know, like, and trust.

> "COVID moves us from 'right person, right test, right time' to 'anyone, anywhere, any time.' It also teaches us that public health is not owned by medical professionals. We must co-learn and co-lead with community to move forward. The viral hepatitis community is ready to seize this health-forward approach right now."
> *-Dr. Lisa Barrett, infectious disease doctor*

Viral Hepatitis Elimination Targets

Within the WHO's Global Viral Hepatitis Strategy (2016-2021),[4] and echoed in PHAC's *Framework for Action*[6] and *Action Plan*,[7] there are several targets that collectively will lead to and/or define our success at eliminating viral hepatitis as a public health threat.

To help monitor progress toward achieving the goal of eliminating viral hepatitis as a public health threat by 2030, the targets also have milestones for 2020. The baseline year for all reduction targets was 2015.

GLOBAL TARGETS

By 2020:

- 30% reduction in new cases of chronic HBV and HCV infections
- 10% reduction in HBV and HCV deaths
- 30% of HBV and HCV infections are diagnosed
- 5 million people receiving HBV treatment, and 3 million people receiving HCV treatment
- Achieve and maintain up-to-date 90% coverage for vaccination of HBV vaccine (3 doses)
- 200 needles/syringes distributed per PWID

By 2030:

- 90% reduction in new cases of chronic HBV and HCV infections
- 65% reduction in HBV and HCV deaths
- 90% of HBV and HCV infections are diagnosed
- 80% of HBV patients receiving treatment and HCV patients cured
- 300 needles/syringes distributed per PWID

> The Government of Canada has endorsed global targets that aim to end the AIDS and viral hepatitis epidemics and to reduce the health impact of sexually transmitted infections by 2030... **We must not shy away from bold and transformative action that brings the benefits of prevention, diagnosis, treatment, and support to those who need them.** Embracing new ideas and challenging existing paradigms will help us push boundaries and accelerate progress. The Government of Canada is committed to both leading and learning as we implement this Action Plan with you, our partners.
>
> *-Honourable Ginette Petitpas Taylor, Ministerial Message, Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections. (2019)*

Priority Populations

There are many groups of people who face discrimination and barriers in Canada, and in our healthcare system specifically.

When we use the term priority populations for hepatitis C or viral hepatitis, we are explicitly referring to groups or communities that bear a disproportionate burden of this particular disease. This is in addition to the structural racism, classism, ableism, or additional forms of discrimination that other identities may encounter in accessing viral hepatitis care. We also recognize that these many identities intersect and overlap, and the harms and risks can be compounded when they do.

The five priority populations and one age cohort identified for hepatitis C in the *Blueprint to inform hepatitis C elimination efforts in Canada* are:


People who are incarcerated (PWAI)


People who use drugs (PWUD)


Indigenous people


Gay, Bisexual, and other Men Who Have Sex With Men (gbMSM)


Newcomers and Immigrants from Countries with High Prevalence Rates of HCV


People born between 1945-1975

The majority of cases of HBV are among newcomers and immigrants from countries where HBV is prevalent. HBV shares many of the same transmission paths. The risk of exposure is higher in most of the same priority populations as those identified for hepatitis C, though the ratios are certainly different.

> People who use drugs already receive an overwhelming amount of stigma and discrimination because what they choose to consume is illegal. This is one of the main reasons why they are one of the populations contracting and transmitting viral hepatitis. When they reach out for care, either to be tested or treated or for follow up, we need to treat them as people first, and a patient second. You may only have one opportunity to effectively engage that person in care and language and body language is extremely important.
> *-Matt Bonn, Canadian Association of People Who Use Drugs*

> Immigrants and refugees face several barriers accessing health care, including linguistic and cultural differences. This leads to delayed hepatitis B and C diagnosis and treatment, and preventable liver associated outcomes. Routine viral hepatitis screening and policies that ensure equitable access to care will be required to decrease this health disparity.
> *-Dr. Christina Greenaway, infectious disease doctor focused on immigrants and refugee health*

Metrics to Measure our Progress

While this report does not evaluate all the targets set in the various strategies and blueprints, we have selected these six metrics based on the availability of data and the centrality of the target to the overall elimination goals.

The selection of different metrics could produce different results in terms of being on or off track. Therefore, further assessment and refinement of the monitoring and evaluation methodologies in subsequent years will be important. For 2023, we have added HBV components for each metric with the exception of prescribing counts.

Metric 1: Decrease in New Cases of HCV and HBV

One of the global targets for viral hepatitis elimination is a 30% reduction in new cases of chronic viral HCV and HBV infections by 2020 and a 90% reduction in new cases by 2030.

Metric 2: Elimination Plan or Strategy in Place

Each province and territory in Canada must create and implement its own strategy toward viral hepatitis elimination that incorporates viral hepatitis impact and service coverage targets or goals.

Metric 3: Testing for HCV and HBV

This metric evaluates the implementation of three testing strategies that have been recommended to improve the rate of viral hepatitis diagnosis.

i. The *Blueprint* recommends automatically testing samples that test positive for HCV antibodies to confirm if chronic infection is present. This is known as **HCV RNA or antigen *reflex testing***. This testing intervention simplifies the process for patients receiving their HCV diagnosis and reduces costs to the health care system.

ii. The Society of Obstetricians and Gynaecologists of Canada (SOGC) is set to release "The Reproductive Care of Women Living With Hepatitis C Infection" in June 2023, providing updated guidelines for prenatal testing that will add **HCV prenatal testing** to the existing recommendation of HBV and HIV testing.[11]

iii. The Canadian Task Force on Preventive Health Care (CTFPHC) has not developed national screening guidelines for HBV. However, new guidelines from the United States recommend **universal one-time screening for chronic hepatitis B infections in all adults**, with consent.[12]

Metric 4: Access to HCV and HBV Treatment Following Diagnosis

i. For HCV, the *Blueprint* recommends the use of 'test-and-treat strategies' where providers can initiate treatment on the same day they diagnose a patient, rather than the process requiring 3+ appointments. This metric evaluates whether direct-acting antivirals (DAA) treatment reimbursement criteria and policies support this strategy.

ii. For HBV, the Canadian Association for the Study of the Liver's *Management of Hepatitis B Virus Infection Guidelines*[13] make recommendations for first-line therapies. This metric evaluates the accessibility of these first-line therapies on publicly-funded drug plans.

Metric 5: Annual HCV Treatment Prescribing Counts

Modelling has been done to determine how many people living with HCV would need to start treatment each year so that 80% have received treatment by 2030 (a WHO elimination target). This metric compares the number of people who started treatment each year from 2015-2022 against the annual treatment start target to determine if treatment uptake is on track.

Metric 6: Prevention Measures

Both HCV and HBV are preventable, but so far only HBV has a vaccine.

i. *The Global Health Sector Strategy on Viral Hepatitis* recommends **200 needles and syringes distributed per PWID** by 2020. The *Blueprint* recommends 500 by 2025 and 750 by 2030. The provision of sterile needles and syringes prevents viral hepatitis infection and other STBBIs.

ii. The WHO indicates that the most effective way to prevent chronic HBV infection is to universally administer the first **HBV vaccine dose at or near the time of birth**. This is because up to 95% of babies and children exposed to HBV will develop a chronic infection which poses significant health risks and could require life-long treatment. Despite this, HBV vaccination policies across Canada vary from birth to 12 years.

iii. With childhood vaccination programs in place since the 1990s, the majority of new cases are reported among the cohort of adults who are too old to have benefitted from these programs or otherwise missed these vaccinations. For this reason, the United States has newly adopted a recommendation of **HBV vaccination for all adults aged 19-59**, in addition to the birth dose vaccination policy.[14]

Federal Role and Recommendations

Federal Leadership Needed

While most people living with viral hepatitis receive health coverage through their province or territory, three priority populations receive their health coverage from the federal government: Indigenous people, those in federal prisons, and refugee claimants. The federal government also has an important role in health funding, data collection, and public health guidance.

Planning

A renewal of the national *STBBI Action Plan* is underway, in consultation with stakeholders. This document must include clear targets and indicators aligned with the WHO targets for both HBV and HCV.

Screening Guidelines

Federal screening guidelines for HCV remain risk-based, despite all evidence that risk-based guidelines are not effective. We have no federal guidelines for HBV.

Testing-to-Treatment Link

A significant barrier to same-day HCV treatment starts is the lack of point-of-care testing technologies with Health Canada approval, despite these being available in other countries. The federal government can encourage and expedite submissions from manufacturers.

Prevention

The federal government can and should provide funding and policy to support the further expansion of harm reduction programs in all Canadian jurisdictions.

RECOMMENDED NEXT STEPS

- [ ] Engage manufacturers of point-of-care testing technologies to bring these tests to Canada.
- [ ] Set strategies, targets, and indicators in consultation with priority populations and using a health equity lens, to measure progress in elimination of viral hepatitis.
- [ ] Double the Community Action Fund and Triple the Harm Reduction Fund to support programming in all Canadian jurisdictions.
- [ ] Update HCV screening guidelines and create HBV screening guidelines to provide rights- and evidence-based guidance.
- [ ] Fund and increase efforts to collect updated HBV and HCV prevalence estimates for all Canadian provinces and territories.

NATIONAL PROGRESS

The Public Health Agency of Canada (PHAC) has reported the following national progress toward our WHO targets.[2, 15]

HCV ESTIMATED PREVALENCE: 204,000

REDUCTION IN NEW REPORTED CASE RATES, 2015-2019	-7.7%	2020 target: -30% 2030 target: -90%
ESTIMATED % OF PEOPLE DIAGNOSED, 2019	76%	2020 target: 30% 2030 target: 90%
ESTIMATED % OF PEOPLE TREATED, 2019	30%	2020 target: 30% 2030 target: 80%

HCV DEATHS, 2019: 2692

HBV ESTIMATED PREVALENCE: 111,800*

REDUCTION IN NEW REPORTED CASE RATES, 2015-2019	+1%	2020 target: -30% 2030 target: -90%
ESTIMATED % OF PEOPLE DIAGNOSED	?	2020 target: 30% 2030 target: 90%
ESTIMATED % OF CHILDREN VACCINATED, 2019**	84%	2020 target: 90% 2030 target: 90%

HBV DEATHS, 2019: 445

*This estimate differs significantly from the more well-accepted estimate of 230,000 cited earlier in this report. Estimates vary widely, from 111,800-460,000, and better data is needed.

**Target is actually the number of *people* who have received all three doses of the HBV vaccine, but we do not have that data. The percentage would be much lower with unvaccinated adults included.

OVERVIEW

- Seven of the ten provinces are on track to meet HCV elimination goals.
- Three are not, including two of the most populous provinces.
- One territory is also not on track.
- No provinces are on track to meet HBV elimination goals, but more data is needed.
- We do not have enough data to determine the status of the other two territories.

Table 2. Summary of all six measured metrics by province and territory

	On Track for HCV targets?	HCV Cases	HBV Cases	Plan	HCV Reflex RNA	HCV Prenatal	HBV	HCV DAA Access	HBV 1st line therapy	HCV Rx	Needles /PWID	HBV Birth Vaccine	HBV Adult Vaccine
AB	✓	🟡	🟡	🔴	🟢	🟢	🔴	🟡	🟢	🟡	⚪	🟡	🔴
BC	✓	🟡	🟡	🟡	🟢	🔴	🔴	🟡	🟡	🟢	🟢	🟡	🔴
MB	✗	🔴	🔴	🟡	🟢	🔴	🔴	🔴	🟢	🟡	🟢	🔴	🔴
NB	✓	🔴	🔴	🟡	🟢	🔴	🔴	🟡	🟢	🟢	⚪	🟢	🔴
NL	✓	🔴	🟢	🔴	🟢	🔴	🔴	🟡	🟡	🟢	🟡	🔴	🔴
NS	✓	🟡	🔴	🔴	🟢	🔴	🔴	🟡	🟢	🟢	🟢	🔴	🔴
ON	✗	🔴	🟡	🟡	🟢	🔴	🔴	🟡	🟢	🔴	🟢	🔴	🔴
PE	✓	🔴	🟢	🟢	🟢	🔴	🔴	🟢	🟢	🟢	🟢	🟡	🔴
QC	✗	🔴	🔴	🔴	🔴	🔴	🔴	🟡	🟢	🔴	🔴	🟡	🔴
SK	✓	🟡	🔴	🔴	🟢	🟢	🔴	🟡	🟢	🟢	⚪	🔴	🔴
NT	?	🟢	🔴	🔴	⚪	🔴	🔴	🟡	🟢	⚪	⚪	🟢	🔴
NU	?	⚪	⚪	🔴	🟢	🔴	🔴	🟡	🟢	⚪	⚪	🟢	🔴
YT	✗	🟡	🟢	🔴	🟢	🔴	🔴	🔴	🟢	🔴	⚪	🟡	🔴

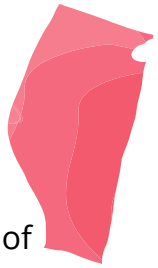
🟢 On track

🟡 Almost on track

🔴 Not on track

⚪ Unknown

ALBERTA



CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: The Government of Alberta has been responsive to the recommendations of the 2021 Progress Report. There are innovative programs in place with highly engaged community organizations and healthcare providers. Further collaboration and efforts tailored to those who are traditionally structurally excluded from health care are needed.

New cases

Below target of 30% reduction by 2020

-16% HCV

-14% HBV

Planning

- Alberta STBBI Strategic Framework 2018-2021 has not been renewed

Testing

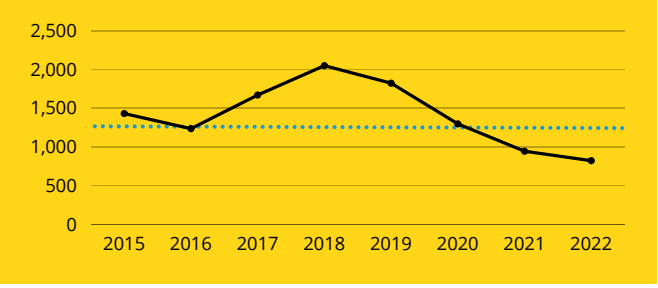
- HCV RNA reflex testing implemented
- HCV prenatal testing implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Faxed approval forms take 1-3 days
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing count above target on average. However, 52% increase from 2022 count required to reach target.



Prevention

- # of needles and syringes distributed per PWID not available
- Birth dose HBV vaccination not implemented
  1st dose offered at age 2 months
- Universal HBV vaccination for adults not recommended or publicly funded

Estimated # of PLHCV:
24,983

Estimated # of PLHBV:
unknown

Annual HCV treatment target:
1249

PROGRESS

- [x] Some restrictions lifted on access to HCV treatment for people who are incarcerated.

RECOMMENDATIONS

- [ ] Create a mechanism for same-day approval of DAA reimbursement requests.
- [ ] Renew the STBBI Operational Strategy and Action Plan to 2025 or 2030, in consultation with priority populations and using a health equity lens.
- [ ] Maintain needle distribution efforts through community-based organizations and start tracking distribution.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

BRITISH COLUMBIA

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: The Government of British Columbia has been very responsive to the recommendations of the 2021 Progress Report. Consistent, data-driven improvements are being made, including in correctional settings, and the rebound from the COVID pandemic has been strong.

New cases

Below target of 30% reduction by 2020

-19% HCV

-11% HBV

Planning

- Ministry of Health participating in development of BC's Roadmap to Viral Hepatitis Elimination

Testing

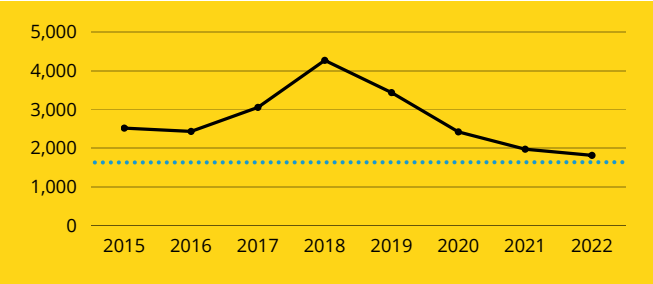
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Fibrosis Stage test still required
- 1st line recommended antivirals for HBV only available if LAM fails, and subject to annual deductible

HCV Treatment

- Annual DAA prescribing counts above target.



Prevention

- Above targeted # of needles and syringes distributed per PWID
  336/200 (168% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 2 months
- Universal HBV vaccination for adults not recommended or publicly funded

Estimated # of PLHCV:
28,607

Estimated # of PLHBV:
unknown

Annual HCV treatment target:
1788

PROGRESS

- ☑ Created online form for same-day approval of DAA reimbursement requests.
- ☑ Access to testing and treatment in corrections now equivalent to access in community.

RECOMMENDATIONS

- ☐ Once completed, begin implementation of the BC Roadmap to Viral Hepatitis Elimination.
- ☐ Remove fibrosis test requirements for HCV treatment reimbursement.
- ☐ Implement universal HCV prenatal testing.
- ☐ Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

MANITOBA

CURRENT STATUS: NOT ON TRACK FOR HCV OR HBV

Overview: Manitoba has just recently engaged with AHC on the recommendations of the 2021 Progress Report. Manitoba's rates of new HCV cases are the highest in Canada, and prevalence continues to climb as more people are diagnosed each year than are treated.

New cases

Below target of 30% reduction by 2020

+85% HCV

+36% HBV

Planning

- Currently drafting an updated STBBI Action Plan, expected 2023

Testing

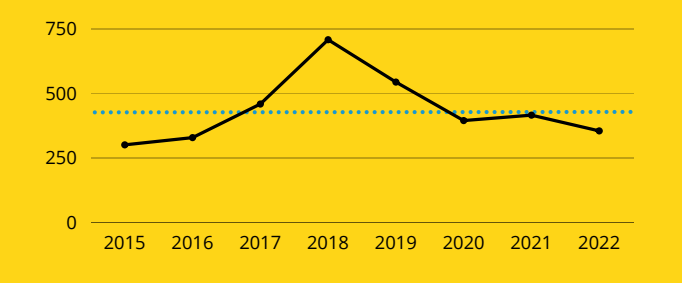
- HCV antigen reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Genotype test still required
  Faxed approval forms take 2-14 days
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts on target on average. However, 23% increase over 2022 numbers required to reach annual target.



Prevention

- Above targeted # of needles and syringes distributed per PWID
  241/200 (121% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 11
- Universal HBV vaccination for adults not recommended or publicly funded

Estimated # of PLHCV: **8715**

Estimated # of PLHBV: **unknown**

Annual HCV treatment target: **436**

PROGRESS

- [x] Unnecessary fibrosis score testing requirements removed.

RECOMMENDATIONS

- [ ] Consult with priority populations, using a health equity lens, and include viral hepatitis targets in the updated STBBI Action Plan.
- [ ] Remove unnecessary genotype test requirement and create mechanism to allow same-day DAA reimbursement approvals.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

NEW BRUNSWICK

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: Although the New Brunswick government has just recently engaged with AHC and our members on HCV elimination, they have been very responsive to removing policy barriers and hearing from community. With HCV treatment numbers above annual targets, the focus now is on a health equity approach, including in correctional settings.

New cases

Below target of 30% reduction by 2020

+40% HCV

+38% HBV

Estimated # of PLHCV: 2559

Estimated # of PLHBV: unknown

Annual HCV treatment target: 128

Planning

- Currently drafting an updated STBBI Action Plan with elimination targets, expected 2023

Testing

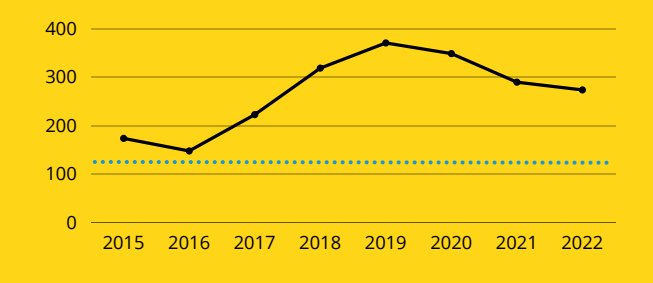
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Faxed approval forms take 2-5 days.
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts above target each year.



Prevention

- # of Needles and Syringes Distributed per PWID not available
- Birth dose HBV vaccination implemented
- Universal HBV vaccination for adults not recommended or publicly funded

PROGRESS

- [x] Currently developing an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [x] Removed unnecessary genotype and fibrosis test requirements

RECOMMENDATIONS

- [ ] Create mechanism to allow same-day DAA reimbursement approvals.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement universal HBV screening and vaccination for adults.
- [ ] Maintain needle distribution efforts through community-based organizations and track distribution.

NEWFOUNDLAND

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: The Government of Newfoundland has been responsive to community and healthcare provider advocacy in removing policy barriers to HCV testing and treatment recently, particularly in corrections. There is also an initiative underway to engage primary healthcare providers in viral hepatitis elimination.

New cases

Below target of 30% reduction by 2020 for HCV, target achieved for HBV

+23% HCV

-33% HBV

Estimated # of PLHCV: 664

Estimated # of PLHBV: unknown

Annual HCV treatment target: 33

Planning

- No elimination plan or strategy in place

Testing

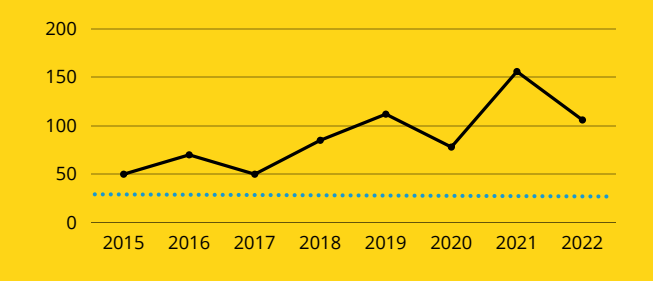
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Faxed approval forms take up to 14 days.
- 1st line recommended antivirals for HBV only available if LAM fails

HCV Treatment

- Annual DAA prescribing counts above target.



Prevention

- Close to targeted # of needles and syringes distributed per PWID
  180/200 (90% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 11
- Universal HBV vaccination for adults not recommended or publicly funded

PROGRESS

- [x] Access to HCV treatment in corrections now equivalent to access in community.

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Create a mechanism to allow same-day DAA reimbursement approvals.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

NOVA SCOTIA

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: While the Nova Scotia Ministry of Health has declined to meet with AHC to date, we have had good engagement regarding healthcare in provincial corrections and the government has been responsive to advocacy done by local healthcare providers to remove policy barriers to HCV treatment.

New cases

Below target of 30% reduction by 2020

-23% HCV

+22% HBV

Planning

- No elimination plan or strategy in place

Testing

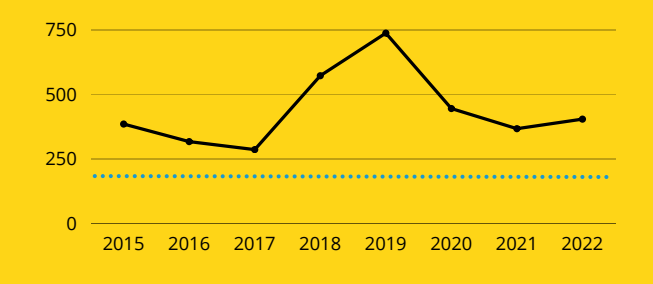
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts almost possible
  All barriers removed except POC RNA test for approval
- 1st line recommended antivirals for HBV on public formulary

HCV Treatment

- Annual DAA prescribing counts above target.



Prevention

- Above targeted # of needles and syringes distributed per PWID
  284/200 (142% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 12
- Universal HBV vaccination for adults not recommended or publicly funded

Estimated # of PLHCV: **4411**

Estimated # of PLHBV: **unknown**

Annual HCV treatment target: **221**

PROGRESS

- [x] Code implemented to remove approval requirements for DAA reimbursement.
- [x] Unnecessary genotype testing requirements removed.

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

ONTARIO

CURRENT STATUS: NOT ON TRACK FOR HCV OR HBV

Overview: Representatives from the Government of Ontario has been very receptive and engaged on the recommendations in the 2021 Progress Report and in the creation of the *Ontario Roadmap to HCV Elimination*. Policy improvements are slow yet consistent, but further screening and testing policy improvements, including in corrections, are required to increase HCV treatment starts.

New cases

Below target of 30% reduction by 2020

+5% HCV

-9% HBV

Estimated # of PLHCV: **119,104**

Estimated # of PLHBV: **unknown**

Annual HCV treatment target: **5955**

Planning

- Ministry of Health participated in an ex-officio capacity in the development of the *Ontario Roadmap to HCV Elimination*

Testing

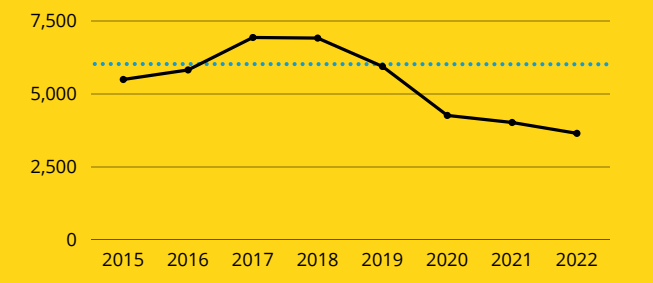
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Genotype test still required
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts below target on average. 63% increase from 2022 count required to reach annual target.



Prevention

- At targeted # of needles and syringes distributed per PWID
  200/200 (100% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 12
- Universal HBV vaccination for adults not recommended or publicly funded

PROGRESS

- [x] 6-month confirmatory RNA test requirement removed for DAA reimbursement approval.
- [x] Ministry of Health staff participated in an ex-officio capacity in the development of elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [x] HCV RNA reflex testing implemented.

RECOMMENDATIONS

- [ ] Begin implementing the recommendations from the Ontario Roadmap to HCV Elimination.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.

PRINCE EDWARD ISLAND

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: The Government of Prince Edward Island has been a Canadian leader in HCV elimination efforts since 2018 and is likely to reach 2030 targets in the next few years. Focus now needs to be on a health equity approach and the incorporation of HBV targets.

New cases

Below target of 30% reduction by 2020 in HCV, target reached for HBV

+22% HCV

-29% HBV

Planning

- *PEI 10-year hepatitis C management and treatment strategy* in place since 2018

Testing

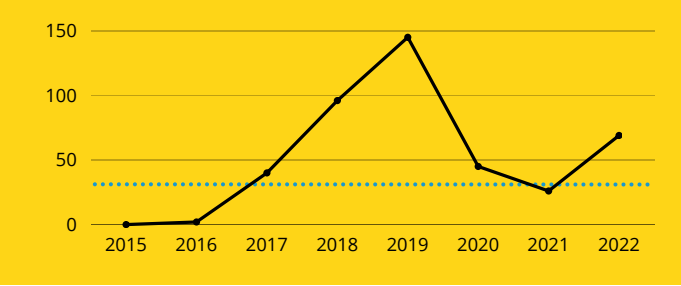
- HCV RNA reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts are possible
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts above target most years and on average, and on an upward trend.



Prevention

- Above targeted # of needles and syringes distributed per PWID
  449/200 (225% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 2 months
- Universal HBV vaccination for adults not recommended or publicly funded

Estimated # of PLHCV:
624

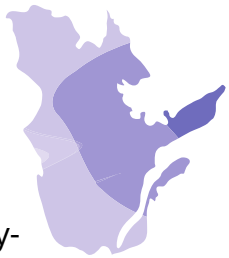
Estimated # of PLHBV:
unknown

Annual HCV treatment target:
31

RECOMMENDATIONS

- [ ] Ensure the hepatitis C strategy includes consultation with priority populations and takes a health equity lens. Consider expanding into a viral hepatitis elimination strategy.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.
- [ ] Maintain needle distribution efforts through community-based organizations.

QUEBEC



CURRENT STATUS: NOT ON TRACK FOR HCV OR HBV

Overview: The Government of Quebec is not engaged meaningfully with community-based organizations or healthcare practitioners on viral hepatitis elimination. They are yet to meet an annual target for HCV treatment starts. Significant policy changes, investments, and collaboration will be required to reach elimination targets in Quebec.

New cases

Below target of 30% reduction by 2020

+1% HCV

+15% HBV

Estimated # of PLHCV: **49,794**

Estimated # of PLHBV: **unknown**

Annual HCV treatment target: **2490**

Planning

- No elimination plan or strategy in place

Testing

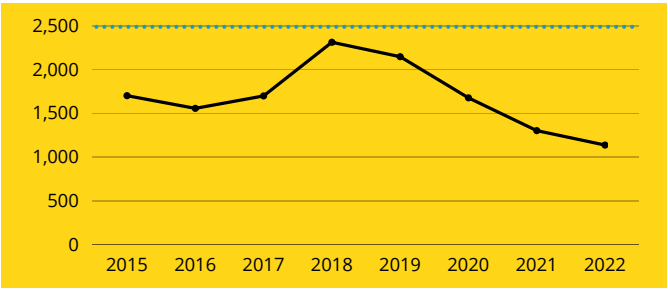
- HCV RNA/antigen reflex testing not implemented
- HCV universal prenatal testing not implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts almost possible
  All barriers removed except POC RNA test for approval
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts below target each year and on the decline since 2018. 119% increase from 2022 count required to reach target.



Prevention

- Below targeted # of needles and syringes distributed per PWID
  125/200 (63% of recommended 2020 target)
- Birth dose HBV vaccination not implemented
  1st dose offered at age 2 months
- Universal HBV vaccination for adults not recommended or publicly funded

PROGRESS

- [x] No restrictions on who can prescribe or submit for DAA reimbursement approval.

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement HCV RNA reflex testing.
- [ ] Implement universal HCV prenatal testing.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.
- [ ] Increase needle and syringe distribution.

SASKATCHEWAN

CURRENT STATUS: ON TRACK FOR HCV, NOT ON TRACK FOR HBV

Overview: The Government of Saskatchewan has been responsive to AHC's recommendations and requests. The Ministry of Health appears to be committed to viral hepatitis elimination and has removed all barriers in its control to starting HCV treatment. A strategy is still needed to ensure a health equity approach.

New cases

Below target of 30% reduction by 2020

-20% HCV

+5% HBV

Estimated # of PLHCV: 6467

Estimated # of PLHBV: unknown

Annual HCV treatment target: 323

Planning

- No elimination plan or strategy in place

Testing

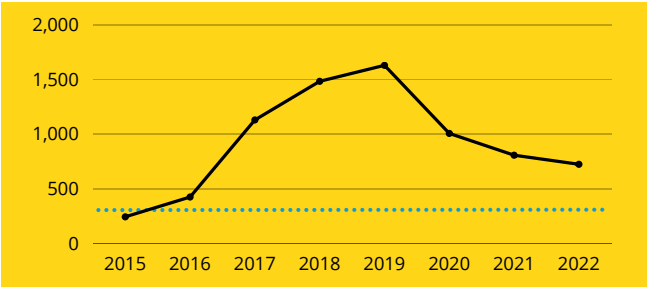
- HCV antigen reflex testing implemented
- HCV universal prenatal testing implemented
- HBV universal one-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts almost possible
  All barriers removed except POC RNA test for approval
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts above target.



Prevention

- # of needles and syringes distributed per PWID not available
- Birth dose HBV vaccination not implemented
  1st dose offered at age 11
- Universal HBV vaccination for adults not recommended or publicly funded

PROGRESS

- [x] Fibrosis stage testing requirements removed for DAA reimbursement approval.

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement HBV vaccination at birth for all babies, and universal HBV screening and vaccination for adults.
- [ ] Maintain needle distribution efforts through community-based organizations and track distribution.

NORTHWEST TERRITORIES

CURRENT STATUS: UNKNOWN

Overview: AHC has not yet been able to engage the government of the Northwest Territories. With a small estimated number of people living with viral hepatitis, this territory could be well-positioned to reach 2030 targets with modest prevention efforts and treatment initiations in the coming years, however more data is needed.

New cases

Above target of 30% reduction by 2020 for HCV, below for HBV

-65% HCV

192% HBV

*The 192% increase may be misleading, as it represents an increase from 1 to 3 new reported cases.

Estimated # of PLHCV: 778

Estimated # of PLHBV: unknown

Annual HCV treatment target: 39

Planning

- No elimination plan or strategy in place

Testing

- HCV RNA/Antigen reflex testing policy unknown
- HCV universal prenatal testing not implemented
- HBV universal 1-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Faxed approval forms take 1-3 days.
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual treatment count data not available

Prevention

- # of needles and syringes distributed per PWID not available
- Birth dose HBV vaccination implemented
- Universal HBV vaccination for adults not recommended or publicly funded

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement HCV RNA or antigen reflex testing if not in place, and universal HCV prenatal testing.
- [ ] Create mechanism to allow same-day DAA reimbursement approvals.
- [ ] Implement universal HBV screening and vaccination for adults.
- [ ] Collect and share data that allows for monitoring of progress toward elimination targets.

NUNAVUT

CURRENT STATUS: UNKNOWN

Overview: AHC has not yet been able to engage the Government of Nunavut. With a small estimated number of people living with viral hepatitis, this territory could be well-positioned to reach 2030 targets with modest prevention efforts and treatment initiations in the coming years, however more data is needed.

New cases

Progress unknown on target of 30% reduction by 2020

HCV HBV

Estimated # of PLHCV: 243

Estimated # of PLHBV: unknown

Annual HCV treatment target: 12

Planning

- No elimination plan or strategy in place

Testing

- HCV RNA/Antigen reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal 1-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Faxed approval forms take 1-3 days.
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual treatment count data not available

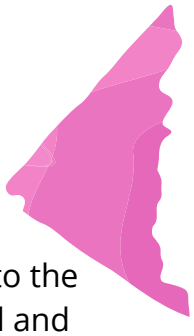
Prevention

- # of needles and syringes distributed per PWID not available
- Birth dose HBV vaccination implemented
- Universal HBV vaccination for adults not recommended or publicly funded

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement universal HCV prenatal testing.
- [ ] Create mechanism to allow same-day DAA reimbursement approvals.
- [ ] Implement universal HBV screening and vaccination for adults.
- [ ] Collect and share data that allows for monitoring of progress toward elimination targets.

YUKON



CURRENT STATUS: NOT ON TRACK FOR HCV OR HBV

Overview: Viral hepatitis elimination efforts in the Yukon Territory are severely hindered by a lack of prescribing treaters. A specialist from British Columbia flies into the Yukon periodically to write prescriptions. Additional accessibility challenges for rural and remote communities outside of Whitehorse and a access concerns in correctional settings pose significant barriers to starting treatment.

New cases

Below target of 30% reduction by 2020 in HCV, target exceeded for HBV

-10% HCV

-69% HBV

Estimated # of PLHCV: 1209

Estimated # of PLHBV: unknown

Annual HCV treatment target: 60

Planning

- No elimination plan or strategy in place

Testing

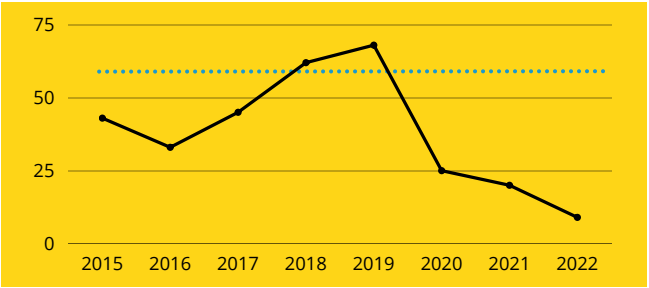
- HCV RNA/Antigen reflex testing implemented
- HCV universal prenatal testing not implemented
- HBV universal 1-time testing for all adults not implemented

Testing-to-Treatment Link

- HCV 1-Day starts not possible
  Fibrosis and genotype tests required.
  Faxed approval forms take 1-3 days.
- 1st line recommended antivirals for HBV are on public formulary

HCV Treatment

- Annual DAA prescribing counts below target on average. 63% increase from 2022 count required to reach annual target.



Prevention

- # of needles and syringes distributed per PWID not available
- Birth dose HBV vaccination not implemented
  1st dose offered at age 2 months
- Universal HBV vaccination for adults not recommended or publicly funded

RECOMMENDATIONS

- [ ] Develop an elimination plan that includes targets, in consultation with priority populations and using a health equity lens.
- [ ] Implement universal HCV prenatal testing.
- [ ] Empower and/or enlist additional prescribers for HCV treatment.
- [ ] Create mechanism to allow same-day DAA reimbursement approvals and remove unnecessary test requirements.
- [ ] Implement universal HBV vaccination at birth for all babies, and universal screening and vaccination for adults.

CORRECTIONS: FEDERAL

CURRENT STATUS: UNKNOWN

- Supervision of custody for people with a sentence of two years or more is the responsibility of the federal government. The Correctional Service of Canada (CSC) runs the 43 federal prisons and is responsible for all policies related to, and the provision or delivery of, health care in these facilities.
- Given the close relationship between **imprisonment**, **injection drug use**, and **HCV**, people who are incarcerated and living with HCV are likely one of the most marginalized patient groups affected by HCV. They are also **less likely to access health services in any other setting** and face higher risk of HCV infection, occurring both in prison and in the community following release.[16]
- **The delivery of viral hepatitis care to people who are incarcerated in Canada is essential to viral hepatitis elimination.**[16]
- CSC representatives presented data at AIDS 2022 in Montreal that suggested prevalence among PWAI by CSC is going down, however that data is not publicly available and the lack of transparency in testing and treatment progress, and lack of reinfection prevention strategy, is of ongoing concern.

HCV Testing Policy

- Universally offered at admission and available on demand
- No reporting on # and proportion of those receiving an HCV test at admission

HCV Treatment Access

- Everyone eligible, regardless of disease stage
- No reporting on # and proportion of those offered treatment.

  CSC reports only the % of people who have cleared their infection of those who completed treatment. This is a metric of little value that simply confirms the efficacy of DAAs, despite stating a commitment to WHO elimination targets in the same report.[17]

Prevention

- **Education:** Comprehensive STBBI education not provided for PWAI, prison staff, healthcare staff
- **PNSP:** Needle exchange available in only 9 of 43 institutions; model provides poor accessibility and no anonymity
- **OPS:** Overdose Prevention Site available in 1 of 43 institutions
- **OAT:** Opioid Agonist Therapy is available in all institutions, both as maintenance and new start prescriptions
- **HBV Vaccine:** All PWAI are offered an HBV vaccine (as per NACI recommendation)[18]

> **About needles in prison: we need them.** If clean needles were available and easy to get, I wouldn't have gotten hepatitis C in prison. There are already drugs in prison. This doesn't encourage anything.
>
> *- Steve, a person who contracted HCV while incarcerated*

RECOMMENDATIONS

- [ ] Implement Prison Needle Syringe Programs (PNSP) across all correctional centres using a model with multiple distribution channels for accessibility and anonymity.
- [ ] Implement Overdose Prevention Sites (OPS) across all correctional centres.
- [ ] Begin reporting HCV testing and treatment uptake.
- [ ] Provide comprehensive STBBI education for all PWAI, prison staff, and healthcare staff.

CORRECTIONS: PROVINCIAL

CURRENT STATUS: NOT ON TRACK

- The Ministry for Public Safety and Solicitor General (or equivalent) in each province or territory runs the provincial and territorial correctional facilities. It is responsible for the supervision of custody for those sentenced to less than two years and people held on pretrial remand or awaiting sentencing. This means that there are 13 different situations regarding access to viral hepatitis testing and treatment in provincial and territorial corrections.
- **Continuity of HCV care upon release is a major challenge** for correctional systems globally, with calls to streamline the provision of health care in corrections with health care in the community.[19]
- In provinces that have transferred the responsibility for the provision of health care from corrections authorities to local health authorities, improvements in health care have been reported.[20]
- **Transfer of responsibility for health care to health authorities in the rest of Canada could assist in streamlining the provision of viral hepatitis screening, treatment, and retention in care after release.**
- When the same standard of health care, including prevention measures such as harm reduction, is not available to people in correctional facilities as in the community, it is a **contravention of the UN Standard Minimum Rules for the Treatment of Prisoners** (Nelson Mandela Rules).[21]

Table 3. Review of provincial/territorial policies related to viral hepatitis, 2023

	MOH responsible for health care services in corrections	Access to HCV testing and treatment equivalent to access in community	Reporting on # and proportion of PWAI being tested and treated	NSP implemented as disease prevention	OAT (maintenance & new start prescriptions) available to all PWAI	HBV vaccination offered universally to PWAI and staff
AB	yes	partial*	no	no	yes	no
BC	yes	yes	yes	no	yes	yes
MB	no	unknown	no	no	Maintenance but not new	yes
NB	no	yes	no	no	Maintenance but not new	no
NL	yes	yes	no	no	Maintenance but not new	no
NS	yes	yes	no	no	Maintenance but not new	no
ON	no	no	no	no	Maintenance but not new	no
PE	no	unknown	no	no	unknown	unknown
QC	yes	no	no	no	yes	yes
SK	no	yes	no	no	Maintenance but not new	no
NT	unknown	unknown	unknown	no	unknown	unknown
NU	unknown	unknown	unknown	no	unknown	unknown
YT	no	yes	no	no	yes	yes

*Eligibility restrictions removed, other than requirement for sentence to be at least 24 weeks.

> Oh, God, yeah. If I had been offered Hep C treatment inside, I would've done it for sure. That would have been the perfect time.
> *- Molly*

RECOMMENDATIONS

- ☐ Offer universal STBBI testing at admission in all correctional centres, with informed consent, within 72 hours of admission, and report on uptake.
- ☐ Offer treatment to everyone diagnosed with chronic HCV and report on uptake.
- ☐ Implement Needle Syringe Programs (PNSP) across all correctional centres using a model with that provides accessibility and anonymity.
- ☐ Provide Opioid Agonist Therapy (OAT), both initiation and maintenance.
- ☐ Provide comprehensive STBBI education for all PWAI, prison staff, and healthcare staff.
- ☐ Implement HBV vaccination offering for all PWAI and staff.

BRIGHT SPOTS

Examples to replicate

Planning

PEI has led since 2018 with their 10-year Hepatitis C Elimination Plan.

Ontario and British Columbia Ministry of Health staff are participating in the development of the Roadmap to Hepatitis Elimination in their provinces.

Both New Brunswick and Manitoba are renewing their STBBI Strategies in 2023 in consultation with community organizations. NB has committed to including viral hepatitis targets.

Dried Blood Spot Testing

The Public Health Ontario (PHO) laboratory accepts the submission of dried blood spots (DBS) for the purposes of hepatitis C virus RNA detection, filling a point-of-care testing gap, particularly in rural and remote areas.

HCV Prenatal Screening

Saskatchewan and Alberta both include HCV in their standard prenatal screening panel alongside HIV and HBV. In Alberta, this has captured up to 25 new cases of HCV per year since implementation.

HCV Treatment Access in Corrections

British Columbia leads the country in person-centred STBBI care in correctional settings with guidelines for HCV & STBBI testing co-created with PWAI (www.stbbipathways.ca/guidelines). BC PharmaCare created "Plan Z" to remove the barrier of PWAI needing to file taxes in order to have drug plan coverage.

Newfoundland included $14M for HCV treatment in correctional settings in the 2023 provincial budget announcement.

Alberta recently lifted restrictions on treatment eligibility in correctional settings, allowing more PWAI to receive treatment.

HBV Prevention

New Brunswick, Northwest Territories, and Nunavut all offer HBV vaccinations at birth to all babies, in line with WHO recommendations.

EMERGING PRACTICES IN TESTING & SCREENING

HCV Prenatal Screening

- **HCV is on the rise in pregnant women and their newborn babies.**[22]
- This increase may be related to an increase in injection drug use among people of childbearing age but is more broadly the result of **structural poverty**, **racism**, and the **gendered power dynamics** that often put women at risk of exposure when they obtain drugs and use equipment as a second injector.
- **Guidelines** are coming from the Society of Obstetricians and Gynaecologists of Canada (SOGC) in 2023, recommending adding HCV to HBV and HIV in prenatal screening.[11]
- In addition, DAA treatments for HCV were approved for use with children from three years of age in 2022.[23]
- **Universal screening of HCV among people who are pregnant has the potential to eliminate vertical (mother-to-child) transmission.**

Point-Of-Care (POC) Testing

- Providing effective links from testing to treatment, especially among priority populations, remains a challenge.
- One solution is point-of-care (POC) tests, especially those that non-healthcare professionals can administer.
- POC tests can provide results on-site, meaning a **diagnosis can be provided same-day**, usually within minutes. This helps reduce the number of people who get tested but don't receive their diagnosis.
- Multiple POC tests are coming to the Canadian market in the next few months and years for both HCV and HBV and in combination with other STBBIs. **To fully benefit from these new technologies when they come to market, the provinces and territories should be preparing now with policies that allow for data collection and reimbursement.**

LIMITATIONS & DATA GAPS

Prevalence Data

- It was difficult to determine what the annual HCV treatment initiation target for each province and territory should be, as there are few recently published sub-national prevalence estimates. HCV and HBV prevalence estimates should be updated urgently for all provinces and territories.
- In addition, only British Columbia had an estimated number of people who inject drugs, a critical denominator for harm reduction targets.

Health Equity Data

- The care cascades that are available, both nationally and provincially, do not use an intersectional approach, nor are there metrics provided to measure our frameworks from a health equity perspective. More work needs to be done in this area to help us all measure barriers for priority populations and more specifically, where those priority populations intersect.

HOW WILL WE KNOW IF WE HAVE ELIMINATED VIRAL HEPATITIS IN 2030 WITHOUT ACCURATE DATA?

ACTION HEPATITIS CANADA

ACTION HÉPATITES CANADA

www.action**hepatitis**canada.ca

SPRING 2023