

SK HIV Collaborative- Terms of Reference



Background

In 2010, Government announced the Saskatchewan HIV Strategy 2010-14 to focus efforts to address HIV rates in the province. The HIV Provincial Leadership Team (PLT) was created to lead the implementation and monitoring of the Strategy from 2011 to 2014.

With the conclusion of the initial four-year strategy and a move into ongoing implementation, there was a desire to transition the governance structure to include other communicable diseases. The Transition Leadership Team was established in September 2014 to provide guidance and advice on a governance structure that would provide a broad –based perspective on common issues, strategies and clinical expertise to address HIV, Tuberculosis (TB), Hepatitis C, and Sexually Transmitted Infections (STIs). In August 2015, the Transition Leadership Team was renamed the SK HIV Collaborative (the Collaborative). In June 2016, the Collaborative membership was expanded to include a Knowledge Keeper, Peers, Public Health Agency of Canada, Northern Inter-Tribal Health Authority and a northern regional health authority Director.

A successful approach to treating communicable diseases requires a collaborative and integrated service delivery model. Coordination with primary care, mental health, addiction services, and other Ministries is required.

Purpose: The purpose of the SK HIV Collaborative is to provide strategic guidance to the implementation of the provincial HIV work plan, including coordination and support for the operational work of front-line staff. This includes identifying linkages to Hepatitis C, STIs and TB.

Vision Statement: The vision of the SK HIV Collaborative is to support a culturally informed, integrated approach to infectious disease care through partnerships and enhanced and coordinated services, in order to reduce new infections and promote supportive communities for those affected by HIV and other communicable diseases.

Membership

Membership will be comprised of representatives who can provide technical and subject knowledge, a regional perspective and medical expertise on prevention, harm reduction, education, treatment and support services for communicable diseases. The work will help to inform the development of provincial policy and health authority programming.

Each representative will provide a collective/expert view on behalf of their colleagues and share information from the Collaborative table with their respective communities of practice.

Deputy Chief Medical Health Officer, Ministry of Health Director, Disease Prevention, Ministry of Health (Co-Chair)

To provide provincial leadership associated with policy development, fiscal resourcing, accountability and public administration.

HIV/BBP/IDU Consultant, Ministry of Health

Acts as facilitator to assist in the planning, development and implementation of action plans and strategies related to communicable diseases.

Medical Health Officer (SHA) (1) (Co-Chair)

Brings knowledge and expertise regarding health authority-specific population and public health approaches for HIV and other communicable diseases.

Medical Consultant – Infectious Disease Specialist or Physician with background in treating HIV/Hep C, TB and/or STIs (1)

To provide expertise on best practice clinical models in the prevention and management of select communicable diseases.

Provincial HIV Pharmacist (1)

To provide expertise and knowledge regarding client-focused “best clinical practice models” for the prevention and management of communicable diseases, including compliance, patient and provider information.

HIV Strategy Coordinator (1)

To provide public health/case management expertise, effective program and community engagement strategies, engaging patients, families and communities in case management.

Provincial HIV Nurse Consultant (1)

To provide expertise and direction regarding training, education and mentorship planning for health care and allied professionals as well as dissemination of relevant resources.

SHA Executive Director, Primary Health Care (1)

To provide advice and direction on integration of services at the health authority level and identify and address potential barriers.

Northern SHA Director (1)

To provide advice and expertise regarding public health program and policy issues, barriers and opportunities at the front line health authority level.

Public Health Agency of Canada (1)

To provide input and expertise regarding national knowledge, development and exchange practices/opportunities and HIV/STBBI prevention promising and emerging practices.

First Nations Inuit Health Branch (1)

To bring forward the needs of First Nations and Inuit individuals and communities in accessing quality services for communicable diseases, identify barriers and liaise/communicate with their respective partners/stakeholders.

Northern Inter-Tribal Health Authority (NITHA) (1)

To represent the needs of NITHA partner First Nation communities in accessing quality services for communicable diseases, identify barriers and liaise/communicate with their respective partners/stakeholders.

Roy Romanow Provincial Laboratory (RRPL) (1)

To bring knowledge and expertise regarding diagnostics and reference laboratory testing and research related to communicable diseases.

Dr. Alexandra King (Ex-officio)

As the Cameco Chair in Indigenous Health, University of Saskatchewan, College of Medicine, Dr. King works with Indigenous communities and all relevant stakeholders to understand the health and wellness needs of Indigenous peoples and the structural changes that may be needed for improved health outcomes.

***Peer Advisor (1)**

To provide a lived experience perspective in the planning, development, implementation and evaluation of policies and programs that affect the care and services delivered to patients and families in Saskatchewan.

***Knowledge Keeper**

To share an Indigenous cultural perspective that will inform the work of the Collaborative.

*The Knowledge Keeper and Peer Advisory input will also be included through consideration of an advisory council and/or network.

Governance and Reporting

The SK HIV Collaborative will be co-chaired by the Director of Disease Prevention, Ministry of Health and one other member of the Collaborative. For the term ending March 31st, 2019, the co-chair is the Medical Health Officer. The Collaborative will advise and inform the work of the Ministry of Health and the Saskatchewan Health Authority.

Secretariat functions will be provided by the SK Prevention Institute, SK HIV Collaborative Program Assistant in consultation with the Ministry of Health Program Consultant.

Working Groups and Task Groups

There may be a need to bring together working groups to manage specific priority areas. The groups may include frontline staff, program managers, community-based organizations, and peer advisors. The working groups will be co-led by a member of the SK HIV Collaborative and Ministry of Health. The active working groups for 2018-19 include:

- HIV Strategy Coordinators
- Training & Education
- Harm Reduction
- HIV Pharmacists
- Infant Formula Program

Task group may be established to complete short-term tasks identified as priorities. The Task Groups for 2018-19 include:

- Primary Care HIV Task Group

Frequency of Meetings

Monthly meetings (1.5hrs) will be held by teleconference. If feasible, the Ministry will host an annual in-person meeting. Additional meetings may be scheduled at the discretion of the Co-Chairs.

The Terms of Reference will be reviewed by March 31st each year.