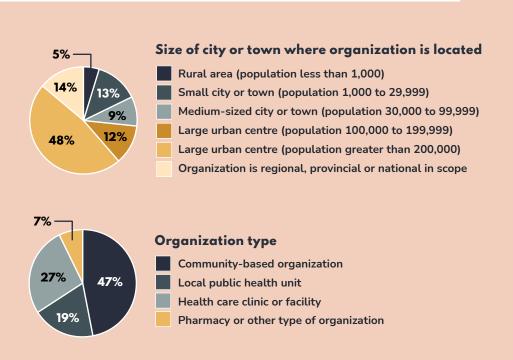
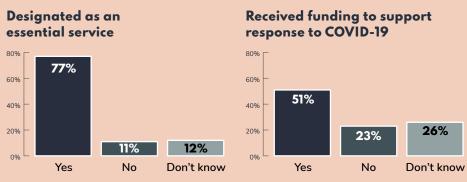
Findings from the Survey on the Impact of COVID-19 on the delivery of STBBI prevention, testing and treatment including harm reduction services in Canada, 2020

The Public Health Agency of Canada conducted an online survey in November and December 2020 to better understand how the COVID-19 pandemic has affected the ability of healthcare service providers to deliver sexually transmitted and blood-borne infection (STBBI) prevention, testing and treatment services, including harm reduction and drug treatment services, in Canada.



Who participated? **Territories** 1% 416 service providers who directly deliver STBBI-related services from across Canada participated British Columbia Alberta Manitoba Quebec Saskatchewan 54% **Atlantic** provinces Services provided 83% STBBI prevention, testing or treatment services 69% Harm reduction services Support and treatment for people living with HIV and/or hepatitis C 60% Substance use and 29% treatment services Other STBBI 14% prevention services



Since the start of the COVID-19 pandemic...

Change in demand for and ability to provide STBBI-related services varied by the type of service:

STBBI prevention, testing and treatment services



experienced a decrease in demand for their

experienced a decrease in their ability to deliver their services

Harm reduction and drug treatment services



experienced an increase % in demand for their

experienced no change or a slight change in their ability to deliver their services

Support and treatment services for people living with HIV and/or hepatitis C



experienced both a decreased 21% demand for and ability to deliver their services

Changes to staffing



25% of reported staffing levels decreased which were still decreased at the time of the survey

16%

16% of reported staffing were still increased at the time of the survey

Experienced an increase in demand for referrals



75% housing and/or emergency shelters

mental health services

harm reduction

60% other health

Remote services

81% provided remote services, of these:



20% created new remote services for the first time

46%

46% created new remote services in addition to current remote services

15% continued with their existing remote services without any new services

STBBI service providers demonstrated resilience and innovation by developing new delivery models that met the challenges created by the pandemic



Remote services offered: telephone, virtual support and information



Mobile outreach for HIV, hepatitis C and other STI testing services



COVID-19 testing for people experiencing homelessness or living in encampments



Delivery of harm reduction supplies by outreach including mobile vehicle and home delivery



Self-serve pick-up and drop-off of harm reduction supplies at service windows or curbside depots



Needle, syringe and/or inhalation equipment distribution program hours increased to 24/7 availability



New naloxone training and/or provision offered

Canada

Acknowledgements The authors gratefully acknowledge the valuable input and contribution of the survey participants. For more information, look for our Data Blog (https://health-infobase.canada.ca/datalab/covid-19-impact-stbbi-services.html) and our full length report titled: Findings from the Survey on the Impact of COVID-19 on the delivery of STBBI prevention, testing and treatment including harm reduction services in Canada, 2020.