HIV, Hepatitis C and Sexually Transmitted and Blood-Borne Infections in Canada:

Top Election 2021 Issues

Health and human rights groups identify priorities for federal policymakers as people in Canada head to the polls

Tuesday, September 14, 2021 – More than 60,000 people are currently living with HIV in Canada, approximately 13% of whom are unaware of their status. Of the 200,000 people living with chronic hepatitis C (HCV) in Canada, an estimated 44% are unaware of their status. Although progress has been made in HIV and HCV care and treatment, there is still much work to do to achieve more comprehensive, equitable health outcomes. As we approach a federal election on September 20th, 2021, Canadians should understand how their vote may impact HIV, HCV and sexual health policies in this country. We, a Canada-wide group of STBBI and human rights organizations, have identified six key priority issues that must be addressed if Canada is to achieve the public health objectives to which it has committed.

We call on each of the political parties to publicly state their positions on these six priority issues:

1) Canada must commit adequate resources without delay — our community-based HIV/AIDS and related responses are losing ground due to long-stagnated federal funding

The House of Commons Standing Committee on Health and the Senate of Canada have both recommended that funding to the federal HIV strategy be increased to $100 million annually. This increase has never been realized; the dollar amount has actually remained the same since 2003. Additionally, the federal government's decision to include HCV and other STBBIs in the HIV portfolio has further stretched the capacities of community-based organizations across these sectors. Current funding levels do not align with the government's Five-year Action Plan on STBBIs. Canada has seen increases in HIV and HCV cases in recent years, as well as catastrophic outbreaks of other STBBIs, including syphilis and gonorrhea. The COVID-19 pandemic has further marginalized many populations at risk of HIV, HCV and other STBBIs, and it has both taught us the dangers of underfunding public health and demonstrated our capacity to mobilize resources when needed. We hope that the same level of urgency will finally now be applied to the HIV, HCV and related epidemics.

2) Canada must commit to meaningful community engagement with people living with HIV/AIDS and/or other lived experiences, as well as those at risk and affected by the epidemics

The commitment to greater and meaningful involvement of people living with HIV/AIDS (GIPA/MIPA principles) has been a cornerstone of the HIV response for 40 years. Policies about a response to HCV should also be made only with the full and direct participation of people affected by HCV, including those with lived experience who bring valuable expertise to any conversation about the epidemic response. The value of lived and living experiences is critical to effective policy, programs and services, and cannot be replaced by bureaucrats or academics. As we strive to meet Canada's commitment to both the UNAIDS and World Health Organization (WHO) viral hepatitis elimination targets, we must center the voices of people with lived experiences (including people who use drugs, prisoners, sex workers, newcomers and, 2SLGBTQ+ people, Indigenous and racialized people).

3) Canada must prioritize an equitable response for Indigenous, Black, Latin, South-East Asian, South-Asian, and other racialized people

HIV disproportionately affects Indigenous, Black and racialized people, as well as individuals who identify as gay, trans, bisexual or other men who have sex with men. Similarly, HCV disproportionately impacts Indigenous people and immigrants/newcomers (as well as people who use drugs and incarcerated people). To address systemic inequities and meet Canada's commitments toward Reconciliation, federal parties must commit to investments in culturally safe, frontline programs and services that center the needs and experiences of Indigenous, Black, Latin, South-East Asian, South-Asian and other racialized people.

4) Canada needs National Pharmacare and equitable treatment access

Effective HIV medications have been key tools for improving prevention (pre-exposure prophylaxis) and treatment strategies, while HCV can be cured in most cases with available treatments. However, the accessibility of these medications is not equitable for all people in Canada based on socio-demographic factors and across provincial lines. Stigma, financial barriers, geographic remoteness and treatment side effects may all act as barriers to treatment access and adherence.

It is vital that the federal government consider what steps it will take to ensure that all people in Canada have access to effective treatment, and work with the provinces and territories, alongside people with lived and living experiences, to provide equitable and fair access for all.

5) Canada must commit to evidence-based drug policy, including harm reduction, decriminalization of drugs, and provision of and access to safe supply

Since 2016, more than 21,000 Canadians have lost their lives to opioid overdose due to a toxic drug supply. Additionally, injection drug use continues to be a significant risk factor for new HIV and HCV infections. Many people who use drugs in Canada do not have universal access to supervised consumption or other harm reduction services, and community-based harm reduction organizations constantly face financial and policy-related barriers. Criminalizing drug possession fuels stigma and discrimination against people who use drugs and deters their use of health and harm reduction services. The federal government must commit to immediate action to address the drug poisoning crisis, including decriminalization and meaningful consultation with people who use drugs in the development of all related programs and policies.

6) Canada must affirm the health and human rights of sex workers

Laws criminalizing sex work, including those passed under the *Protection of Communities and Exploited Persons Act* (PCEPA), stigmatize and marginalize sex workers and force them to work in a criminalized context where they are isolated from supports, made vulnerable to exploitation, eviction, subpar working conditions and violence. Criminalization also hinders their access to basic health and social services and justice. Repealing laws criminalizing sex work and developing evidence-informed policy through meaningful consultation with sex workers, including Indigenous, Black, Asian and migrant sex workers, can promote safer work environments that uphold sex workers' health and human rights, including their access to services for HIV, HCV and other STBBIs.

There is no time to waste. Without addressing these priority issues, we will not end the HIV and hepatitis C epidemics, nor will we stop the drug poisoning crisis in Canada. **It is clear that these public health crises require firm, fully funded commitments and genuine leadership from our federal parties.**

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