



## National Health Equity Networks

“What We Heard”

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# GILEAD



Created in 1986, the Canadian AIDS Society (CAS) represents our members at the national level, guided by the voice of people living with HIV/AIDS. We are a movement built at the grassroots level and we are proud of those roots. We are devoted to the idea of people working together with a certain knowledge that the stakes have never been higher and the humble notion that we can work together to dramatically change the outcomes of HIV in Canada.

This report presents an extensive review of systemic barriers faced by four key populations within the Canadian HIV movement: People Who Use Drugs (PWUD), Houseless or Precariously Housed People (HPHP), Newcomers, Migrants, and Refugees (NMR), and Women Living with HIV (WLWHIV). Through six facilitated meetings with over 180 collaborators, this document explores health inequities, successful community-led programs, and policy solutions. The report emphasizes the importance of equity-driven networks and the need for a national framework that prioritizes marginalized populations in healthcare delivery.

HIV diagnoses in Canada continue to disproportionately affect marginalized groups. The gaps in care and policy shortcomings require an urgent, coordinated effort across federal, provincial, and territorial governments. This report offers a blueprint to achieve meaningful health equity improvements, leveraging community-led practices and aligning them with evidence-based policy recommendations.

## EXECUTIVE SUMMARY

## Partnerships



Leveraging the 180+ collaborators across Canada, within and outside of the HIV sector, we will unify and mobilize a collective movement guided by people with lived and living experience in each network. These networks reported on the health inequities faced by people living with HIV and provide an analysis of potential or current strategies that work. This network identified opportunities for program replication and expansion as well as recommendations for federal, provincial and territorial policies that reflect the needs of each equity deserving community.

We extend our deepest gratitude to the many organizations that have shown commitment to the National Health Equity Networks. Your involvement has been instrumental in driving forward our shared vision of addressing systemic barriers and ensuring equitable health outcomes for all. We also extend a special thank you to the Canadian Positive People Network (CPPN) for their exceptional leadership in creating and facilitating the women's network. Your dedication to uplifting the voices of women living with HIV has empowered many and strengthened the impact of our collective efforts. We are deeply appreciative of your continued support and collaboration. For further information on the women's networks, please see separate report to be released by CPPN.

## Challenges Identified:

- **Stigma and Discrimination:** PWUD are frequently labeled as “drug-seeking” when accessing healthcare services. This stigma extends to their interactions with healthcare providers, law enforcement, and social services, often leading to refusals of care or punitive measures.
- **Criminalization and Surveillance:** Criminalization of drug use, coupled with aggressive surveillance practices, compounds barriers to care. Mothers who use drugs face extreme stigma, often being scrutinized for their parenting abilities, which deters them from seeking help.
- **Program Design Issues:** Harm reduction programs are often centralized in urban areas, excluding rural populations, while traditional program designs frequently fail to address the needs of women, Indigenous communities, and gender non-conforming individuals.

People  
Who Use  
Drugs  
(PWUD)

Despite the presence of many healthcare services in urban areas, individuals who use drugs continue to face significant barriers to care, primarily due to stigma. Participants shared that PWUD are often labeled as "drug-seeking" when attempting to access care, even for non-drug-related health issues - often leading to refusals of service. This challenge is amplified in rural areas, where healthcare access is already limited. Key themes discussed included;

- the pervasive stigma surrounding drug use
- issues of surveillance and criminalization
- challenges in accessing programs
- concerns about program design.

Stigma remains a major barrier for PWUD. Mothers who use drugs face particular stigma, often being viewed through a lens of judgment that extends to their parenting abilities. Healthcare professionals may perceive PWUD as drug-seeking when they need treatment for injuries. This contributes to the ongoing marginalization of PWUD in the healthcare system. Furthermore, surveillance of PWUD, including criminalization of drug use and aggressive reporting practices, compounds these barriers.

Access to harm reduction programs was identified as a key area for improvement. In particular, expanding delivery services for harm reduction supplies has proven successful in reaching PWUD who cannot or will not visit harm reduction sites. A workforce and leadership with lived experience has become a crucial factor in improving services as individuals who have personally used drugs are often better able to connect with others and guide them to care. Availability of gender-inclusive harm reduction services were also identified as critical, particularly for women who may not feel safe accessing mainstream harm reduction sites due to triggering circumstances related to their trauma.

Collaboration among different organizations is essential for the success of harm reduction programs. In Moncton and St. John for example, alliances between various agencies and health authorities have strengthened regional health initiatives. Similarly, the Alberta Community Council on HIV/AIDS (ACCH), despite not engaging in frontline work, plays a supportive role in distributing harm reduction supplies through close collaboration with a network of peer-led groups. Peer-led programs, especially in isolated and rural areas, were identified as particularly effective, as PWUD are more likely to engage with peers who understand their lived experiences.

## HOUSELESS OR PRECARIOUSLY HOUSED PEOPLE (HPHP)

### Challenges Identified:

- **Limited Access to Housing Services:** Criminal records and credit problems frequently prevent HPHP from accessing stable housing. Additionally, many housing services are temporary, such as shelters and transitional housing, which offer only short-term relief before individuals are returned to precarious conditions.
- **Stigma and Social Exclusion:** HPHP face significant societal stigma, often being marginalized in public spaces and community settings. This isolation extends into healthcare settings, where the intersection of homelessness and HIV further compounds the stigma they experience.
- **Inadequate Infrastructure in Rural Areas:** Access to services like affordable housing, mental health support, and healthcare is severely limited in rural areas. Internet-based resources, such as [homelesshub.ca](http://homelesshub.ca), have become lifelines for those with digital access, but a large segment of HPHP remains disconnected.

Housing instability was a major theme in the discussions. Key issues identified include stigma against those experiencing homelessness, difficulty accessing programs due to criminal records or credit problems, and long waiting lists for affordable housing. The transient nature of many housing programs, such as temporary shelters and transitional housing, also poses challenges as individuals often find themselves back in precarious situations after their short-term housing expires.

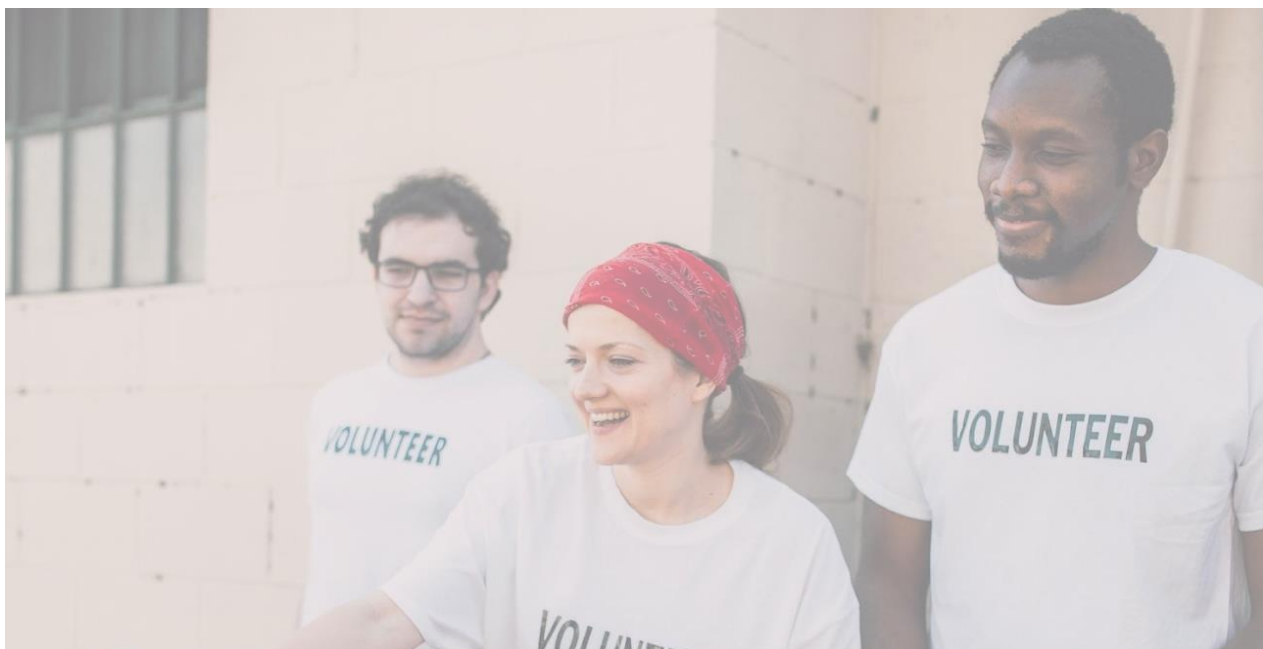
Efforts to combat stigma among people experiencing homelessness have taken on innovative forms. For example, HIV Edmonton organized pop-up events where they distributed essentials such as water, clothes, and cupcakes. These initiatives foster a sense of dignity and inclusivity for HPHP while providing immediate, tangible support. The

importance of clean, modern facilities was highlighted, helping maintain the dignity and well-being of service users.

In 2022, Manitoba reported statistics regarding new HIV acquisitions, revealing that 48% of women and 33% of men newly diagnosed with HIV were experiencing houselessness. This data demonstrates that the intersection between housing instability and vulnerability is linked to HIV transmission. Individuals without secure housing often face increased barriers to healthcare access, prevention resources, and consistent treatment. The high rates of houselessness among newly diagnosed individuals emphasize the urgent need for comprehensive public health approaches that address not only HIV prevention but also social determinants of health.

Organizations like the Regional HIV/AIDS Connection (RHAC) have focused on improving access to essential services by co-locating with other organizations in shared spaces. This service “hub” model allows for warm referrals and direct connections to additional resources, providing more comprehensive support. Online tools like [homelesshub.ca](http://homelesshub.ca) have become invaluable for HPHP who have internet access, offering guidance and information to help navigate the complex housing and social services landscape. However, in rural areas where internet access is limited, there remains a significant gap in service provision.

Collaboration between organizations has played a crucial role in expanding services for HPHP. In Hamilton, “The Hub” provides essential amenities such as restrooms and phone charging stations for people experiencing homelessness. Additionally, community initiatives like the 541 Eatery allow patrons to purchase tokens that can be redeemed by others for meals, fostering a spirit of generosity and mutual support. Social enterprises like Saskatoon’s Station 21 also provide essential resources while promoting social and economic integration. These programs supporting houseless individuals are vital in the HIV response as a prevention strategy as a link between houselessness and HIV acquisitions can be made through the data shown in Manitoba.



### Challenges Identified:

- **Immigration-Linked Stigma:** For NMR populations, stigma surrounding HIV is compounded by fears related to deportation and immigration status. This further deters individuals from seeking timely care and support, even when they are eligible for services.
- **Language Barriers and Lack of Navigation Support:** The healthcare system is difficult to navigate for newcomers, especially those with limited English or French proficiency. Although peer navigators play an essential role in bridging these gaps, there are not enough resources to meet the growing demand.
- **Healthcare Access Delays:** Delays in receiving health cards and other essential documentation exacerbate healthcare access issues. Many individuals in rural areas must travel long distances for basic services, leading to long wait times and gaps in care.

## Newcomers, Migrants and Refugees (NMR)

NMR populations, particularly those living with HIV, face numerous barriers in accessing healthcare. Stigma and fear of exposure, including concerns that accessing care could lead to immigration status being revealed, are significant deterrents. Financial and policy barriers, such as the requirement for immigration-linked medical exams and restrictive federal health programs like the Interim Federal Health Program (IFHP), further complicate healthcare access.

U=U (Undetectable = Untransmittable) is the understanding that when a person's HIV viral load is undetectable (under 200 copies/per ml) they are not able to pass on the virus. Immigration doctors often lack expertise in HIV care, particularly around U=U (Undetectable = Untransmittable) and treatment options, resulting in delays for newcomers when obtaining necessary medical confirmations. Training should be provided to these physicians, ensuring they are equipped to offer appropriate care and refer newcomers directly to HIV specialists when needed.



Access to services is also hindered by language barriers and a lack of guidance on how to navigate the healthcare system. Long wait times for health cards and appointments exacerbate these issues, especially in rural areas where there are fewer resources available. Non-profit organizations often step in to provide support, but these organizations are frequently overburdened and underfunded.

Access to professional interpreters should be ensured for all key healthcare and immigration-related meetings (not just for eligibility assessments) to protect the confidentiality of individuals living with HIV and improve access to care. Peer navigators fluent in the newcomers' native language should be available to assist in navigating both healthcare and immigration processes, otherwise people are at times forced to use family or community members for interpretation in meetings. This prevents forced disclosure of HIV status and offering more comprehensive support. People are at times forced to use family or community members for interpretation in meetings.

Program access remains a challenge. NMR populations often face difficulty accessing housing and mental health support, particularly in rural areas. Moreover, immigration staff frequently lack the sensitivity and training needed to address healthcare issues. The availability of specialized healthcare and resources in rural areas is severely limited, often necessitating travel to urban centers, which poses logistical and financial challenges.

Temporary refugee documents without photo IDs often lead to healthcare access issues, with pharmacies and hospitals frequently denying services. There needs to be a standardization of the acceptance of these documents across healthcare and community services to avoid delays in care. Partnerships with community health centers should be developed to ensure newcomers can access healthcare, even while awaiting permanent identification.

In 2022, Montreal experienced a 120% increase in new HIV cases compared to the previous year, with much of the rise attributed to migratory influences. A substantial portion of new cases involved individuals arriving from HIV-endemic countries. This highlights the need for targeted public health strategies to address the unique challenges faced by migrant populations with Alberta reporting similar trends. These findings underscore the importance of tailored support measures for newcomers to mitigate further transmission.

Efforts to improve program access for NMR populations have seen some success. The Federal Ministry of Health's increased funding for services has eased some financial constraints. A new partnership with a local hospital in Durham region for confirmatory testing has freed up previously allocated resources, allowing agencies to expand care.

Family doctors are also playing a key role in facilitating access to healthcare by expediting connections to services.

Innovative programs designed to support NMR populations include the AIDS Committee of Durham Region's (ACDR) Hype program, which links individuals to essential care.

Engagement with settlement organizations has further enhanced service coordination.

Peer support has been particularly valuable, as evidenced by the hiring of a newcomer with lived experience as a person living with HIV. This individual has been instrumental in helping others navigate the healthcare system.

# Women Living With HIV (WLWHIV)

## Challenges Identified:

- **Limited Access to Women-Specific Spaces:** The decline in women-specific spaces has left many women isolated from community support systems. High-visibility locations for healthcare services, such as public libraries, further deter participation due to concerns about stigma.
- **Childcare and Financial Barriers:** Many WLWHIV face precarious financial situations, making it difficult to attend programs. The cost of transportation, childcare, and other logistics often prevents women from participating in health services or community gatherings.
- **Lack of Research on Women's Health in HIV:** Most HIV research focuses on men, leaving significant gaps in our understanding of how HIV affects women, particularly concerning medication impacts and pregnancy or breastfeeding considerations.

A prominent theme raised in discussions about women was the lack of women-specific spaces and programming, which remains a significant barrier to engagement. Participants shared that programs tailored to women, particularly those centered around harm reduction, have significantly declined in recent years. This lack of dedicated spaces leaves women isolated and underrepresented in the HIV movement.

Peer-led programming has been a successful strategy for empowering women living with HIV. Programs like Positively Dance and Voices of Women, which involved women teaching dance to their community, demonstrated the potential of peer-led initiatives to create safe spaces for women by meaningful involvement with positive outcomes for the participants. However, these programs often struggle with sustainability due to limited funding and recruitment challenges. voices of positive women

Stigma continues to be a pervasive issue, and careful consideration must be given to the location of meetings and programs. Holding events in high-visibility areas, such as libraries, can deter women from attending due to concerns about being seen. While virtual connections have proven helpful, in-person gatherings are more effective to build community and foster support.

To increase engagement, providing incentives such as food, honoraria, and covering childcare and transportation costs were identified as essential. Many women living with HIV face precarious financial situations, making it difficult for them to participate in health programs and community events. Addressing these logistical barriers is key to ensuring equitable access.

To promote women-centered care, AIDS Service Organizations should create spaces led by women and ensure that these spaces are adequately funded. Furthermore, mandatory sensitivity training should be required for doctors and nurses, especially in Emergency Departments, to reduce stigma and ensure equitable care for women living with HIV. Offering Continuing Medical Education credits would incentivize healthcare professionals to complete this training. Collaboration with universities and colleges should be encouraged to integrate this training into nursing and medical curricula. Finally, funding should support peer-led programs that empower women to lead and share their lived experiences.

## CONCLUSION

The meetings underscored the ongoing challenges faced by people who use drugs, houseless or precariously housed people, Newcomers Migrants and Refugees, and Women Living with HIV in Canada. While significant progress has been made in addressing health inequities, such as new funding priorities and population specific programming, these populations continue to encounter substantial barriers to care, including stigma, inadequate access to services, and restrictive policies. However, the insights gathered from over 180 collaborators across Canada highlight the power of community-driven, tailored approaches to these challenges.

The success of programs that prioritize lived experiences, reduce stigma, and improve accessibility demonstrates the importance of continued investment in these areas. Collaborative efforts, such as harm reduction services and housing initiatives, have shown that partnerships across sectors can improve outcomes for vulnerable populations. Additionally, innovative approaches, such as peer-led initiatives and community hubs, have the potential to address gaps in care and support .

To move forward, policymakers must consider the unique needs of people who use drugs, houseless or precariously housed people, Newcomers Migrants and Refugees, and Women Living with HIV. Expanding access to harm reduction services, improving program design, and advocating for policy changes that prioritize health equity are critical steps toward creating a more inclusive and effective healthcare system. The recommendations in this report offer a roadmap for advancing health equity and addressing the intersecting challenges faced by priority populations impacted by HIV.

## Recommendations

### 1. People Who Use Drugs (PWUD):

- **Stigma Reduction:** Increase funding for anti-stigma initiatives targeting healthcare providers and the general public, with a focus on people who use drugs (PWUD).
- **Harm Reduction Services:** Expand availability of harm reduction supplies, like clean needles, through mobile outreach and peer-led programs.
- **Peer-Led Services:** Strengthen peer-led harm reduction services in rural areas, where access to traditional services are more limited.

### 2. Houseless or Precariously Housed People (HPHP):

- **Housing Support:** Increase funding for transitional and permanent supportive housing for people experiencing houselessness.
- **Service Co-Location:** Expand the use of service "hubs" where multiple services, including healthcare and housing support, are co-located for easier access.
- **Innovative Outreach:** Support initiatives such as pop-up events offering basic supplies to precariously housed individuals to reduce stigma and increase engagement.

### 3. Newcomers, Migrants, and Refugees (NMR):

- **Access to Care:** Improve access to healthcare for newcomers by removing policy and financial barriers (e.g., simplifying Interim Federal Health Program processes).
- **Language Support:** Ensure the availability of professional interpreters and peer navigators to assist in healthcare and immigration-related processes.
- **Confidentiality:** Strengthen privacy protections to prevent fear of immigration status exposure when accessing healthcare.

### 4. Women Living with HIV (WLWHIV):

- **Women-Specific Services:** Expand health services and peer-led programs that cater specifically to the needs of women living with HIV.
- **Addressing Stigma:** Increase anti-stigma training for healthcare providers and create safe, discreet spaces for women to access care.
- **Financial Support:** Provide funding to cover childcare, transportation, and other barriers that prevent women from engaging in HIV-related services.

## Appendix A

### Expanded Federal Policy recommendations

#### 1. Health Equity and Anti-Stigma Policies:

- **Establish Anti-Stigma Legislation:** Introduce federal and provincial legislation requiring mandatory anti-stigma training for all healthcare professionals, focusing on reducing bias against PWUD, HPHP, and NMR populations.
  - **Barrier Addressed:** Stigma and bias among healthcare professionals can deter individuals from seeking necessary care.
  - **Enhanced Access to Care:** By mandating anti-stigma training, healthcare providers will be better equipped to deliver respectful and non-judgmental care.
  - **Improved Outcomes:** Reducing stigma leads to increased uptake of healthcare services, timely treatment, and improved health outcomes.
  
- **Create Anti-Stigma Standards:** Develop and enforce standards for healthcare facilities to address stigma, including protocols for respectful treatment and inclusive language.
  - **Barrier Addressed:** Lack of consistent standards for addressing stigma in healthcare settings can perpetuate discriminatory practices.
  - **Enhanced Access to Care:** Enforcing anti-stigma standards ensures that all healthcare facilities adhere to best practices for respectful treatment.
  - **Improved Outcomes:** Standardized protocols contribute to a more equitable healthcare experience, reducing barriers to care and improving overall health outcomes.

#### 2. Access to Care:

- **Expand Coverage for Harm Reduction Services:** Amend public healthcare policies to fully cover harm reduction services, including supervised consumption sites and needle exchange programs.
  - **Barrier Addressed:** Financial constraints and limited funding for harm reduction services can restrict access, especially in underserved areas.
  - **Enhanced Access to Care:** Full public funding of harm reduction services ensures that individuals have access to essential programs like supervised consumption sites and needle exchange services.

- **Improved Outcomes:** Enhanced access to harm reduction services leads to lower rates of HIV transmission, overdose deaths, and improved wellbeing among PWUD.
- **Implement National Telehealth Services:** Develop and fund national telehealth services specifically for PWUD, HPHP, and NMR, including mental health support and addiction treatment, to reach underserved communities.
  - **Barrier Addressed:** Geographic isolation and limited healthcare access in rural and remote areas can hinder access to essential services.
  - **Enhanced Access to Care:** National telehealth services provide remote access to mental health support, addiction treatment, and other healthcare services.
  - **Improved Outcomes:** Telehealth increases access to care for individuals in remote or underserved areas, leading to better management of health and well-being.

### 3. Housing and Homelessness:

- **Increase Funding for Transitional Housing:** Increase federal and provincial funding for transitional housing programs that offer stability and support for PHP, ensuring these programs are well-integrated with healthcare services.
  - **Barrier Addressed:** Insufficient funding for transitional housing can lead to instability and barriers to accessing healthcare.
  - **Enhanced Access to Care:** Increased funding ensures that transitional housing programs provide stable living conditions and are well-integrated with healthcare services.
  - **Improved Outcomes:** Stable housing improves capacity to access healthcare and maintain engagement with treatment.
- **Implement Housing First Policies:** Adopt Housing First approaches across all provinces and territories, prioritizing permanent housing solutions without preconditions, and provide supportive services to maintain housing stability.
  - **Barrier Addressed:** Conditional housing programs can perpetuate cycles of homelessness and instability.

- **Enhanced Access to Care:** Housing First policies prioritize permanent housing without preconditions, providing stability that facilitates access to healthcare and other support services.
- **Improved Outcomes:** Stable housing is associated with improved physical and mental health, reduced substance use, and greater overall stability.

#### 4. Immigration and Healthcare Access:

- **Revise Interim Federal Health Program (IFHP):** Reform the IFHP to simplify access to healthcare for newcomers, including removing financial thresholds and improving language support.
  - **Barrier Addressed:** Complex and restrictive eligibility criteria for the IFHP can limit access to essential healthcare for newcomers.
  - **Enhanced Access to Care:** Simplifying and expanding IFHP coverage ensures that newcomers receive necessary healthcare services without barriers related to financial thresholds or immigration status.
  - **Improved Outcomes:** Improved access to healthcare for newcomers leads to better health management and reduced disease burden.
- **Ensure Health Privacy Protections:** Strengthen protections to ensure that seeking healthcare does not jeopardize immigration status, including confidential handling of health records.
  - **Barrier Addressed:** Fear of exposure related to immigration status can deter individuals from seeking healthcare.
  - **Enhanced Access to Care:** Strengthening privacy protections ensures that healthcare access does not jeopardize immigration status.
  - **Improved Outcomes:** Enhanced privacy protections lead to increased healthcare utilization and better health outcomes for immigrants and refugees.

#### 5. Stigma Reduction and Support Services:

- **Support Community-Based Organizations:** Increase funding and support for community-based organizations that provide essential services to PWUD, HPHP, and NMR, including emergency support and advocacy services.
  - **Barrier Addressed:** Underfunding and lack of support can limit the capacity of community organizations to provide essential services.



- **Enhanced Access to Care:** Increased funding and support for community-based organizations enhance their ability to deliver critical services, including emergency support and advocacy.
  - **Improved Outcomes:** Strengthened community organizations improve access to care, provide vital support, and contribute to better health outcomes for marginalized populations.
- **Promote Lived Experience Leadership:** Implement policies that encourage and fund leadership roles for individuals with lived experience within healthcare and community organizations.
    - **Barrier Addressed:** Lack of representation and involvement of individuals with lived experience can result in services that do not fully address their needs.
    - **Enhanced Access to Care:** Encouraging leadership roles for individuals with lived experience ensures that services are more relevant and responsive to the needs of the community.
    - **Improved Outcomes:** Services informed by lived experience are more effective and engaging, leading to improved health outcomes and greater community trust.

## 6. Policy and Program Integration:

- **Create Coordinated Care Models:** Develop policies to integrate healthcare and social services, ensuring that programs addressing housing, addiction, and mental health are coordinated and accessible through a single entry point.
  - **Barrier Addressed:** Fragmented services can create obstacles to accessing comprehensive care and support.
  - **Enhanced Access to Care:** Coordinated care models integrate healthcare and social services, providing a single point of entry and seamless support for individuals with complex needs.
  - **Improved Outcomes:** Integrated services improve coordination, reduce gaps in care, and enhance overall health and well-being.

- **Support Cross-Sector Collaboration:** Promote policies that incentivize and fund collaboration between healthcare providers, social services, and non-profits to create comprehensive support networks.
  - **Barrier Addressed:** Lack of collaboration between sectors can lead to fragmented and inefficient services.
  - **Enhanced Access to Care:** Policies that incentivize cross-sector collaboration foster comprehensive support networks and improve service delivery.
  - **Improved Outcomes:** Effective collaboration leads to more holistic and effective support, addressing the diverse needs of PWUD, HPHP, and NMR populations.

#### 7. Data Collection and Research:

- **Enhance Data Collection:** Introduce policies to improve data collection on the health and social outcomes of PWUD, HPHP, and NMR, including disaggregation by race, gender, and other intersecting factors.
  - **Barrier Addressed:** Inadequate data can hinder the development of targeted policies and interventions.
  - **Enhanced Access to Care:** Improved data collection provides a clearer understanding of health disparities and service needs, guiding more effective policy and program development.
  - **Improved Outcomes:** Data-driven policies lead to more tailored and effective interventions, improving health outcomes for marginalized populations.
  
- **Fund Research on Best Practices:** Allocate funding for research to identify and evaluate best practices in addressing the needs of these populations, ensuring evidence-based policy development.
  - **Barrier Addressed:** Limited evidence for effective practices can result in suboptimal policy and program design.
  - **Enhanced Access to Care:** Funding research helps identify and implement best practices, ensuring that policies and programs are based on solid evidence and effective strategies.
  - **Improved Outcomes:** Research-informed practices lead to better-designed services, improved care quality, and enhanced health outcomes.

## 8. Economic and Social Support:

- **Increase Social Assistance Benefits:** Advocate for increases in social assistance benefits and minimum wage to address the financial challenges faced by HPHP and NMR.
  - **Barrier Addressed:** Inadequate social assistance benefits can contribute to financial instability and health challenges.
  - **Enhanced Access to Care:** Increasing social assistance benefits helps individuals meet basic needs, reducing financial stress and facilitating better access to healthcare.
  - **Improved Outcomes:** Adequate financial support improves overall well-being, access to healthcare, and stability for PHP and NMR populations.

## 9. Expand Research for Women Living with HIV

- **Barrier Addressed:** There is a lack of gender-specific research, leading to treatment protocols that are not fully tailored to women's unique physiological needs. For example, HIV medications have been researched mainly on men.
- **Enhanced Access to Care:** By funding research focused on women, especially around HIV medication, breast/chest feeding, and comorbidities, healthcare providers will have better data to guide treatment.
- **Improved Outcomes:** Women living with HIV will experience better health outcomes due to treatments that are tested and optimized for their specific needs.

## 10. Promote Women-Centered HIV Care

- **Barrier Addressed:** There is a lack of women-centered care models and services, leaving many women feeling isolated or inadequately supported within the healthcare system.
- **Enhanced Access to Care:** Federal investment in women-centered care would increase the availability of clinics and support networks designed for women. Peer-led initiatives and safe spaces would provide more approachable care environments.
- **Improved Outcomes:** Women will feel more supported and engaged in their care, leading to better adherence to treatment plans and a more robust support network.

## 11. Improve Access to HIV Support Networks

- **Barrier Addressed:** Many women face isolation due to the scarcity of HIV support groups specifically for women, which makes it difficult to share experiences and receive support tailored to their needs.

- **Enhanced Access to Care:** Increased funding for community support networks and scholarships for women to attend relevant conferences would empower women to engage more with health services and be more informed about their treatment options.
- **Improved Outcomes:** Improved mental health, increased confidence, and better health management due to more robust peer support, shared experiences, and access to vital information about living with HIV.

## 12. Transportation and Accessibility Funding

- **Barrier Addressed:** High transportation costs and long travel distances to access HIV care, particularly for women in rural and remote areas.
- **Enhanced Access to Care:** Providing federal grants for transportation and establishing satellite offices of major healthcare centers will enable women in rural regions to more easily access HIV services and specialists.
- **Improved Outcomes:** Timely access to medical appointments and specialized services will reduce delays in diagnosis and treatment.

## Appendix B

### Expanded Provincial and Territorial Policy Recommendations

#### 1. Increase Support for Peer-Led Programs and Women's Networks

- **Barrier Addressed:** The decline of peer-led programs and women's support networks has left many women without opportunities to connect with others facing similar challenges.
- **Enhanced Access to Care:** Provincial governments can restore and expand programs which empower women by creating safe, peer-led spaces where they can engage in physical activity, emotional support, and community-building.
- **Improved Outcomes:** Increased social cohesion and emotional support lead to improved mental health and resilience, allowing women to better manage their HIV care and maintain their overall well-being.

#### 2. Expand Women-Specific Health Services

- **Barrier Addressed:** A lack of women-specific services in many provinces limits the tailored care women need.
- **Enhanced Access to Care:** Expanding women-specific clinics across more provinces and territories will give women localized, specialized care that is sensitive to their needs and free from the stigma they may face in more generalized healthcare settings.
- **Improved Outcomes:** Women receiving care in a specialized, supportive environment will adhere better to treatments, experience fewer healthcare-related barriers, and have improved overall health.

#### 3. Address Barriers in Rural and Remote Areas

- **Barrier Addressed:** Limited access to healthcare in rural and remote regions, compounded by challenges like transportation, stigma, and social isolation.
- **Enhanced Access to Care:** Provincial and territorial governments could implement telehealth services and subsidize transportation for women living in rural areas, helping them access specialists without the financial burden of travel.
- **Improved Outcomes:** Increased access to healthcare will result in earlier diagnosis and treatment, reduced health disparities between urban and rural populations, and greater adherence to HIV treatment regimens.

#### 4. Enhance Stigma-Free Access to Health Services

- **Barrier Addressed:** Social stigma around HIV and HIV care discourages women from seeking help, especially in areas where HIV services are closely associated with harm reduction or drug use.

- **Enhanced Access to Care:** Establishing HIV services in community-based locations, as well as using non-stigmatizing language and approaches, will make services more accessible to women who might otherwise avoid seeking care.
- **Improved Outcomes:** Reducing stigma will increase engagement with healthcare services, leading to better management of HIV, reduced transmission rates, and improved mental health.

**5. Implement Targeted Financial Support:** Develop targeted financial support programs for individuals with specific needs, such as those transitioning from homelessness or seeking addiction treatment.

- **Barrier Addressed:** Specific financial challenges related to housing, addiction treatment, and other needs may not be adequately addressed by general assistance programs.
- **Enhanced Access to Care:** Targeted financial support programs address unique needs, such as those transitioning from homelessness or seeking treatment, improving access to necessary services.
- **Improved Outcomes:** Tailored financial support enhances individuals' ability to access and engage with healthcare services.

## **Appendix C**

### **Programs identified in the network meetings as being beneficial to the sector**

#### **Anti-Stigma Training Programs**

- AIDS New Brunswick Anti-Stigma Program: Provides training for healthcare providers and hosts stigma reduction pop-up events to challenge prejudices.
- Project MAINSTREAM: Offers training modules to healthcare providers to address stigma against people who use drugs (PWUD).

#### **Harm Reduction Programs**

- Our Healthbox: A mobile harm reduction program offering health services and supplies to underrepresented communities.
- Supervised Consumption Sites (e.g., Insite in Vancouver): Facilities providing safe spaces for supervised drug consumption with harm reduction services.

#### **Linkage to Care Programs**

- Housing First Programs: Prioritize providing stable housing as a first step before engaging individuals in other supportive services.
- The Alberta Alliance to End Homelessness: Offers comprehensive services including housing, health care, and employment support.

#### **Supportive Independent Living Programs**

- The 541 Eatery in Hamilton: Provides supportive services such as meal programs and community engagement opportunities.
- Supportive Housing Programs (e.g., Pathways to Housing in Toronto): Offers affordable housing combined with supportive services to help individuals live independently.

#### **Community Health Hubs**

- The Hub in Hamilton: Provides essential services like restrooms, phone charging stations, and social services within a central location.
- The Health Centre in Ottawa: A community health hub offering integrated services including primary care, mental health services, and social support.

#### **Virtual Resources**

- Homelesshub.ca: An online platform providing information and resources for individuals experiencing homelessness.
- HealthLink BC: A virtual resource offering health information and support services through online tools and telephone consultations.

## **Settlement Support Programs**

- The Welcome to Canada Package by the AIDS Committee of Durham Region (ACDR): A resource package designed to help newcomers navigate healthcare and other services.
- Settlement Services by Immigrant Services Society of British Columbia (ISSofBC): Provides support for newcomers to integrate into Canadian society, including healthcare navigation.

## **Peer-Led Initiatives**

- Peer Support Programs (e.g., The Peers' Network in Ontario): Programs where individuals with lived experiences support others in similar situations.
- Peer-Led Outreach (e.g., Harm Reduction Coalition's Peer Education Programs): Initiatives where peers educate and support their communities on harm reduction and health services.

## **Program Replication and Expansion**

- HIV Edmonton's Pop-Up Events:

## **Intersectional Support Services**

- Indigenous Health Programs (e.g., First Nations Health Authority in BC): Services tailored to the unique needs of Indigenous populations, including culturally appropriate care.
- Youth-Specific Services (e.g., Youth Services Bureau in Ottawa or HYPE, ACDR): Programs focusing on the health and well-being of youth, including those experiencing homelessness or substance use issues.



## Appendix D

### Resource list

#### Newcomers

- **Position Statement:** <https://www.hivlegalnetwork.ca/site/statement-challenging-the-constitutionality-of-canadas-excessive-demand-regime-in-federal-court/?lang=en>
- **Hep C Info:** <https://www.catie.ca/resource/catie-kitchen-talking-about-hepatitis-c>
- **Blue Door Clinic:** <https://www.catie.ca/programming-connection/the-blue-door-clinic>
- **ACB Community Approaches:** <https://www.catie.ca/hiv-self-testing-project-african-caribbean-and-black-community-approaches>
- **Legal Network resource:** <https://www.catie.ca/resource/immigration-and-travel-to-canada-for-people-living-with-hiv-questions-and-answers>
- **Red Care Collective (Latino Positivos resources):** [https://drive.google.com/drive/folders/1\\_X9ls3vUucagafBQGluVyXm6H08NliPt?usp=share\\_link](https://drive.google.com/drive/folders/1_X9ls3vUucagafBQGluVyXm6H08NliPt?usp=share_link)

#### People Who Use Drugs:

- [2023 CMOH Annual Report - English \(ontario.ca\)](#)
- **Keeping 6 (Hamilton)** <https://keepingsix.org/>
- [Our Healthbox](#)
- **Peer Engagement Resource:** <https://towardtheheart.com/assets/uploads/1516143441o3RZsUvNT0HfCx9EGwPvmzr8rYXGQUXA8fHM0In.pdf>
- **Respecting the Expertise of People who Use Drugs:** <https://zenodo.org/records/5514066#.YxuDnrTMK3B>
- **Harm Reduction:** [www.catie.ca/harmreduction](http://www.catie.ca/harmreduction)

#### Houselessness

- [Positive Spaces Healthy Places – The Ontario HIV Treatment Network \(ohtn.on.ca\)](#)
- **The Hub (Hamilton):** <http://thehamiltonhub.org/>
- **Eatery Exchange:** <https://www.fivefortyone.ca/>
- **Safe Link Alberta:** <http://safelinkalberta.ca/>

- **Shelter-Based Hep C Treatment:** <https://www.catie.ca/programming-connection/shelter-based-hepatitis-c-treatment-at-the-calgary-drop-in-centre>
- **Drug Toxicity Deaths in Ontario Shelters:** <https://www.catie.ca/opioid-related-drug-toxicity-deaths-in-ontario-shelters>
- **CATIE House of Cards:** <https://www.catie.ca/positive-side/a-house-of-cards>
- **Green Violin** <https://www.greenviolin.ca/>