



2020-2022 PROGRESS REPORT

GOVERNMENT OF CANADA
FIVE-YEAR ACTION PLAN ON
**SEXUALLY TRANSMITTED AND
BLOOD-BORNE INFECTIONS**



Government
of Canada

Gouvernement
du Canada

Canada

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS
THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND
ACTION IN PUBLIC HEALTH.**

—Public Health Agency of Canada

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sexuellement et par le sang.

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GLOSSARY OF ACRONYMS

2SLGBTQI+: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer. Intersex, Plus

CAF: HIV and Hepatitis C Community Action Fund

DAA: Direct Acting Antiretroviral

DBS: Dried Blood Spot

DR: Drug Resistance

gbMSM: Gay, Bisexual and Other Men who have sex with Men

GBT2Q+: Gay, Bisexual, Transgender, Two Spirit, Queer

HCV: Hepatitis C Virus

HPV: Human Papilloma Virus

HRF: Harm Reduction Fund

IFHP: Interim Federal Health Program

LGV: Lymphogranuloma venereum Virus

NAC-STBBI: National Advisory Committee on Sexually Transmitted and Blood-Borne Infections

NIHB: Non-Insured Health Benefits

NRI: Northern, Remote and Isolated

OPS: Overdose Prevention Site

PEP: Post-exposure prophylaxis

PNEP: Prison Needle Exchange Program

PrEP: Pre-exposure prophylaxis

STBBI: Sexually Transmitted and Blood-Borne Infections

SVR: Sustained Virologic Response

TRC: Truth and Reconciliation Commission

UNAIDS: The Joint United Nations Programme on HIV/AIDS

FOREWORD

The Government of Canada remains dedicated to improving the lives of people in Canada, achieving the strategic goals of the *Pan-Canadian STBBI Framework for Action* and accelerating efforts to meet global targets for STBBI laid out by the World Health Organization and the Joint United Nations Programme on HIV/AIDS. Our continued shared efforts will ensure progress is being made in addressing STBBI in Canada.



Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections (STBBI) is built from the vision, guiding principles and pillars of the *Pan-Canadian STBBI Framework for Action*, and articulates the Government of Canada’s approach to addressing STBBI.

The Action Plan takes a whole-of-government approach to addressing STBBI, recognizing that overcoming barriers to STBBI prevention, testing, treatment and care intersects across many federal mandates that aim to improve the lives of Canadians. Nine federal departments are working together to build upon the *Pan-Canadian STBBI Framework for Action* that was jointly released in 2018 by federal, provincial and territorial ministers of health.

This Progress Report is the second in a series that will provide an overview of federal activities from 2019 to 2024 to address the Action Plan’s priorities. Similar to the Action Plan, the Progress Report is organized by the seven priority areas:

- 1) moving toward truth and reconciliation with First Nations, Inuit and Métis Peoples;
- 2) stigma and discrimination;
- 3) community innovation—putting a priority on prevention;
- 4) reaching the undiagnosed—increasing access to STBBI testing;
- 5) providing prevention, treatment and care to populations that receive health services or coverage of health care benefits from the federal government;
- 6) leveraging existing knowledge and targeting future research; and
- 7) measuring impact—monitoring and reporting on trends and results.

This current Progress Report details activities undertaken from April 1, 2020 to March 31, 2022 (fiscal years 2020–2022) to address STBBI in Canada. This includes activities carried out during, and in response to, the impacts of the COVID-19 pandemic on STBBI prevention, testing, care, treatment and support. The Government of Canada recognizes the health and social impacts of COVID-19 on STBBI and on key populations disproportionately affected by both. The Government of Canada is committed to working with community partners, key populations and other stakeholders to apply lessons learned and innovations from the pandemic to the STBBI response.

*THE NINE FEDERAL PARTNER DEPARTMENTS:

- Public Health Agency of Canada (PHAC)
- Canadian Institutes of Health Research (CIHR)
- Correctional Service Canada (CSC)
- Department of Justice (DOJ)
- Department of National Defence (DND)
- Department for Women and Gender Equality (WAGE), including the 2SLGBTQI+ Secretariat
- Health Canada (HC)
- Immigration, Refugees and Citizenship Canada (IRCC)
- Indigenous Services Canada (ISC)

Although this second iteration of the progress report highlights the 2020–2022 fiscal years, Canada has continued to accelerate its response to STBBI in the time since. For example, important milestones such as the \$17.9M in time-limited funding to improve access to HIV testing, supporting the International AIDS Society in hosting the 24th International AIDS Conference in Montreal and reconvening provincial and territorial governments to tackle increasing rates of infectious and congenital syphilis demonstrate Canada’s commitment to addressing this important public health issue. Since some of these initiatives are still ongoing, details on their implementation and the results they produce will be reported in the 2022–2023 edition of the STBBI Progress Report.

Through our recent milestones:

- On August 1, 2022, the Government of Canada announced \$17.9M in time-limited funding (2022–2023) to improve access to HIV testing. This included:
 - \$8M to acquire HIV self-test kits and supporting community-based organizations, including Indigenous organizations, to make testing more available among key populations they serve,
 - \$8.7M to the National Microbiology Laboratory to expand community-based and led testing in northern, remote, and isolated communities; and
 - \$1.2M to the BC Centre for Disease Control (BCCDC) and the First Nations Health Authority to build on existing community based COVID-19 testing initiatives to identify and evaluate approaches that could be applied to testing for other infectious diseases, including STBBI.

PRIORITY #1: MOVING TOWARD TRUTH AND RECONCILIATION WITH FIRST NATIONS, INUIT AND MÉTIS PEOPLES

The Action Plan reiterated the Government of Canada's commitment to taking a **whole-of-government** approach to ensure that efforts to address STBBI among First Nations, Inuit and Métis Peoples take into account underlying structural inequalities and social determinants of health. To contribute to truth and reconciliation with First Nations, Inuit and Métis Peoples, the Government of Canada:

- Increased health research capacity by consulting with Indigenous community representatives and updating the eligibility criteria for the [Project Grant Program](#). As a result, individuals affiliated with Indigenous non-governmental organizations with a research or knowledge translation mandate and Indigenous non-governmental organizations with a research or knowledge translation mandate, are eligible to apply to the Project Grant competition as Nominated Principal Applicants.
- Engaged with Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Plus (2SLGBTQI+) Indigenous groups to develop the Federal [2SLGBTQI+ Action Plan](#).
 - 🕒 As part of this process, the Government of Canada met with 2SLGBTQI+ Indigenous groups to learn about the unique challenges they face, collected disaggregated data on survey results from 2SLGBTQI+ Indigenous People on their lived experiences, and obtained written submissions from several 2SLGBTQI+ Indigenous Organizations. These inputs were used to develop policy recommendations and to support Indigenous 2SLGBTQI+ People and communities in the Federal 2SLGBTQI+ Action Plan.
- Collaborated and engaged with Indigenous communities for the HIV and Hepatitis C Community Action Fund (CAF) and the Harm Reduction Fund (HRF) through:
 - 🕒 Seeking advice and direction from Indigenous partners to understand how best to engage with the broader Indigenous stakeholder communities.
 - 🕒 Hosting 2 "Indigenous Sharing Circles" with representatives from First Nation, Inuit and Métis organizations to address specific questions and concerns from Indigenous communities regarding the funding processes.
 - 🕒 Funding 20 Indigenous-led or Indigenous-focused projects and working to identify new funding opportunities for communities. Out of \$26.4M in annual CAF funding, a minimum of \$4M annually is dedicated to non-reserve First Nations, Inuit and Métis communities.
- Invested in culturally safe and multidisciplinary integrated approaches and initiatives to reduce health inequities, stigma and discrimination through:
 - 🕒 Developing and implementing a [Traditional Medicine Program](#) at Okimaw Ohci Healing Lodge (OOHL) in Neekaneet First Nation. This program involves providing support for incarcerated Indigenous women by bringing traditional medicine into the health services delivery model at OOHL, led by a Traditional Healer team that includes a Medicine Man, Woman and Traditional Healer Apprentice.
 - 🕒 Exploring and fostering collaboration on activities that can improve the delivery of and access to health services for First Nations and Inuit federal offenders while in custody and following their release.

- ▶ Supporting the [Know Your Status \(KYS\)](#) program in Saskatchewan. This integrated model of care comprises of three core services: testing, harm reduction and specialised support for nursing and community outreach. In 2020–21, 30 communities had access to “full” KYS and 42 communities had access to “partial” KYS (one or 2 core components) for a total of 72 communities.
- ▶ Supporting the planning of [SMRT1 Health Solutions](#) harm reduction vending machines. This includes providing Indigenous communities with HIV self–test kits along with other essentials such as food, condoms and naloxone kits.
- ▶ Funding Indigenous-led community interventions focused on increasing the uptake of combination prevention approaches and testing technologies, including projects that take an approach that acknowledges traditional medicines and healing with Western medicine.
- ▶ Funding the [Community-Based Research Centre \(CBRC\)](#) to address a critical data gap in knowledge on the experiences of 2-Spirited and Indigenous 2SLGBTQI+ People; CBRC has collaborated with the [Two-Spirit Dry Lab](#), (Turtle Island’s first research group) that exclusively focuses on Two-Spirit people, communities, and experiences.

▶ Provided culturally safe prevention, education and awareness initiatives by:

- ▶ Supporting Community Health Nurses in Ontario by creating a hepatitis C training package and developing four educational sessions for hepatitis C case management.
- ▶ Collaborating with [CATIE](#), Canada’s national knowledge broker on STBBI, to offer a hepatitis C webinar with an Indigenous lens and to develop a platform on CATIE’s website to offer [syphilis education](#) to Community Health Nurses.
- ▶ Developing new sexual health education resources for nurses and ensuring that all Saskatchewan First Nation health centres have copies of a Youth Sexual Health Education Toolkit.
- ▶ Developing and sharing training resources (i.e., on Dried Blood Spot Testing) for community-based testing (such as videos, written documents, virtual live sessions).

▶ Supporting Indigenous-led and community-driven STBBI screening and treatment initiatives and harm reduction initiatives by:

- ▶ Engaging directly with community leadership, Indigenous health authorities and tribal councils to understand goals, objectives and priorities in implementing community-led, decentralized, point-of-care diagnostic testing for STBBI.
- ▶ Supporting the I’m Indigenous and I’m Ready! An HIV self-test campaign in collaboration with [Communities, Alliances and Networks \(CAAN\)](#). This demonstration project responds to findings of the Truth and Reconciliation Commission (TRC) by providing culturally safe access to and wraparound support for communities to implement HIV self-test technology.
- ▶ Working with partners in Alberta to conduct the [Point-of-Care for Syphilis and Human Immunodeficiency Virus \(PoSH\) study](#) to evaluate the performance of two dual HIV/syphilis point-of-care tests.

PRIORITY #2: STIGMA AND DISCRIMINATION

Stigma and discrimination have a direct and negative impact on the health of those affected by, and vulnerable to, STBBI. Stigma and discrimination increase vulnerability to STBBI by creating additional barriers to accessing STBBI testing and treatment. To reduce stigma and discrimination related to STBBI, the Government of Canada:

- Raised awareness of STBBI related stigma and discrimination in federal correctional facilities by:
 - Implementing health promotion awareness campaigns that seek to normalize testing.
 - Collaborating with [Community Addictions Peer Support Association \(CAPSA\)](#) to develop a program to address STBBI related stigma.
- Announced [Canada's endorsement](#) for a global declaration on Undetectable = Untransmittable (U=U); this builds on Canada's leadership as the first country to formally endorse the U=U campaign in 2018. Canada's global declaration on U=U takes the global commitment one step further by advancing efforts to end HIV as a public health concern, and by committing to integrate U=U into policies and programs.
- Developed Canada's first Federal 2SLGBTQI+ Action Plan, informed in part by findings from a national survey that received over 25,000 responses from 2SLGBTQI+ people and communities. The survey helped to understand the impacts of stigma and discrimination on diverse 2SLGBTQI+ communities, to identify gaps, and to provide additional evidence of the need for anti-stigma work.
- Addressed substance use-related stigma by:
 - Investing approximately \$22.8M since 2017 in public education on the risks of opioids, overdose awareness, harm reduction and stigma awareness and reduction, including by:
 - Developing the recent [Ease the Burden campaign](#) targeted to men in trades, a group disproportionately impacted by substance use harms. The campaign shares the message that 'it takes strength to reach out' to encourage help-seeking and reduce stigma.
 - Supporting the [Know More Opioids](#) campaign, which engages teens and young adults across Canada through a virtual platform to increase their knowledge on the opioid crisis. This campaign has reached 1,161 high schools, 68 post-secondary school events, 43 events/festivals and over 169,900 interactions with people.
 - Launching the [Stigma Gallery](#) on the Health Canada Experiences website, which contains a hub of videos, quotes and personal stories that aim to reduce the stigma surrounding substance use.
 - Establishing relationships and regularly engaging with individuals and organizations that represent people with diverse lived and living experience (PWLLE) with substance use. Advice received from PWLLE helps to inform the development and implementation of programs, policy, science, and regulatory approaches.
 - Funding and supporting [organizations](#), including organizations of people with lived/living experiences working to reduce stigma through the Substance Use and Addictions Program.

- Continuing to invest in community organizations through the [Pathways to Care Program](#) to reduce substance use-related stigmas and discrimination among Black children, youth and their families.
 - Producing several [awareness and educational resources on the Canada.ca website](#) related to opioids and the importance of destigmatizing language.
 - Publishing the [Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach](#) for schools and organizations that support youth; this resource provides best practices in addressing substance use issues and strategies to prevent substance-use related harm among youth.
 - Working with other government departments (such as Public Safety and Correctional Services Canada), provinces and territories, and other partners to promote and support stigma reduction efforts, including the development and dissemination of trainings and resources, fostering partnerships, promoting existing public education and other materials and amplifying stigma reduction work.
 - Promoting the importance of stigma reduction through several mechanisms, including engagement at the United Nations Commission on Narcotic Drugs and collaboration with Pompidou Group on conferences and other events.
- **Supported efforts to create an enabling environment for STBBI prevention, testing and treatment for people who use drugs by:**
 - Supporting a CAF project from [the HIV Legal Network](#) that provides resources, analyses and recommendations on a range of HIV-related legal, policy and human rights issues, including the criminalization of HIV non-disclosure, barriers to supervised consumption services and access to health services for people who use drugs.
- **Equipped health care professionals with resources to provide a culturally safe and stigma-free environment by:**
 - Replacing the Canadian Guidelines on Sexually Transmitted Infections (CGSTI) with the [STBBI guides for health professionals](#).
 - This involved consolidating the Canadian Guidelines on Sexually Transmitted Infections (CGSTI) into individual STBBI guides that include inclusive language, recommended screening, diagnosis, treatment and follow-up.
 - The Sexually Transmitted and Blood-borne Infections: Guides for Health Professionals consist of two guides on best practices for the management of STBBI (STBBI Prevention, STI-associated syndromes) and five STBBI-specific guides (Chlamydia and LGV, Gonorrhoea, Genital Herpes, Mycoplasma genitalium, Syphilis) on recommended screening, diagnosis, treatment and follow-up.
- **Continuing to partner with the [National Advisory Committee on STBBI \(NAC-STBBI\)](#) to ensure all Guidelines for Healthcare providers includes guidance that is free of stigma and discrimination.**
- **In collaboration with the University of British Columbia, PHAC is developing an online course for healthcare providers. The course explores current STBBI trends in Canada, provides an overview of the PHAC'S guidance on STBBI screening, and offers strategies to reduce barriers and increase access to STBBI screening.**
 - By normalizing discussions about sexual health and offering STBBI screening as part of routine care, healthcare providers can help prevent the spread of infection and improve access to screening, treatment, care and support services.

- **Developed, launched and published multiple surveys to better understand how COVID-19 impacted access to STBBI-related health services for at risk populations, including among:**
 - People who Use Drugs, in collaboration with the Canadian Association of People who Use Drugs (CAPUD);
 - African, Caribbean and Black people, in collaboration with the University of Ottawa and Women's Health in Women's Hands
 - Indigenous Peoples, in collaboration with Indigenous Health and Infectious Diseases who supported an Indigenous STBBI Working Group

- **Increased the level of awareness of unconscious bias among Panel Physicians (medical doctors who are authorized to conduct immigration-related medical evaluations) and their staff with mandatory Anti-Racism training.**
 - This training increased their knowledge base of the direct impact of preconceived beliefs, and assumptions (i.e., negative, or positive) when conducting the immigration medical examination.
 - The training also supported capacity building by offering approaches to mitigate or prevent the impact of these biases to address racial biases during health assessments and counselling discussions for newcomers to Canada.

- **Conducted research to understand stigma and discrimination faced among 2SLGBTQI+ individuals by:**
 - Supporting the Social Research Demonstration Corporation (SRDC) to conduct research on the economic, health and social inequities faced by 2SLGBTQI+ individuals in Canada.
 - Collecting and analyzing data to fill the gaps on lesbian, gay and bisexual populations in Canada. For the first time, Canada published national data on sociodemographic information, family and household characteristics, education level and economic participation of lesbian, gay and bisexual individuals.
 - Analyzing for the first time, nationally representative data on bullying among sexually and gender diverse youth. Findings from the data showed that youth who are sexually and gender diverse (transgender, non-binary and/or have same gender attraction) were 77% more likely to be bullied compared to cisgender, different gender attracted youth. Data collected will help to develop meaningful policies and programs that will help to reduce stigma and discrimination among gender-diverse youth.

PRIORITY #3: COMMUNITY INNOVATION— PUTTING A PRIORITY ON PREVENTION

Community programming and initiatives are essential in helping to reduce the burden of STBBI in Canada. Community partnerships help the Government of Canada advance the work of our Action Plan and achieve global STBBI targets by providing innovative, tailored approaches to address STBBI that are free of stigma and discrimination. To ensure that communities are supported, the Government of Canada:

➤ Supported communities to design and implement evidence-based front-line projects to prevent new and reoccurring infections by:

- Revising the HIV and Hepatitis C [Community Action \(CAF\)](#) and [Harm Reduction Fund \(HRF\)](#) solicitation process by engaging with stakeholders and communities and by taking into consideration the implications of COVID-19. Applicants were asked to demonstrate an evidence-based understanding of the problem their project is seeking to address and how to design and implement projects to help prevent new and occurring infections.
- Funding over 170 new CAF and HRF projects, with activities beginning on April 1st 2022, including:
 - 44 community-based projects that support harm reduction interventions including efforts to reduce stigma toward people who use drugs. Of the 44 HRF projects, 31 address safe use of drug injection equipment using peer outreach or peers.
 - Projects that build capacity for key populations by implementing interventions to equip key populations with knowledge, skills and resources to adopt behaviours that reduce STBBI risk.
 - The Advance Pan-Canadian Community Alliance for Gay, Bi, Trans, Two-Spirit, and Queer Men's Health program, which has delivered multiple campaigns to promote new effective HIV prevention options among GBT2Q men and health providers.
 - Campaigns such as the [Kominote project](#), which addresses health disparities and racism inside GBTQ+ communities. The project launched an awareness campaign about sexual health on social media platforms including dating applications which reached 13,519 people with an overall 30,560 webpage visits on the campaign page.
- Providing an opportunity for projects funded through the CAF and HRF to address not only long-standing systemic barriers to STBBI services faced by key populations, but also to adapt their programs in light of limited access to services due to the COVID-19 pandemic.

➤ Responded to the overdose crisis in communities by:

- Providing authority for provinces and territories to establish temporary urgent public health need sites such as overdose prevention sites. Between January 2020 and June 2022, the Federal Government granted legal exemptions to open new and sustain existing [supervised consumption and drug checking services](#) involving illegal substances.

- Reducing administrative burden for supervised consumption site applications and continued departmental support for applicants and operators across Canada.
 - Supporting the implementation of the [Prison Needle Exchange \(PNEP\)](#) and [overdose prevention services \(OPS\)](#) in federal prisons; this will help prevent the sharing of needles among inmates and the spread of infectious diseases, such as HIV/AIDS and HCV.
- Created the [2SLGBTQI+ Projects Fund](#), which is designed to support community-informed projects that address key issues facing 2SLGBTQI+ communities. Since 2020–2021, the \$15M 2SLGBTQI+ Projects Fund has supported 39 projects aimed at addressing the systemic barriers facing 2SLGBTQI+ communities in a range of subject areas, including social, health, and economic well-being.
- Through the \$20M 2SLGBTQI+ Community Capacity Fund and its \$7.5M extension into 2023, [76 2SLGBTQI+ community organizations were supported](#) to strengthen their capacity so they can continue their critical work in advocating and providing services that improve social, health, and economic outcomes in 2SLGBTQI+ communities.
- Provided funding to the [Sex Information and Education Council of Canada \(SIECCAN\)](#) to develop resources for educators that support the provision of comprehensive sexual health education.
 - Included in the suite of [resources](#) is the Canadian Guidelines for Sexual Health Education; Questions and Answers: Sexual Health Education in Schools and Other Settings; and, the [Promising Practices Portal](#), a repository of provincial/territorial curriculum documents and sexual health education resources on a variety of topics.
- Facilitated multiple public health and STBBI webinars during and after the COVID–19 pandemic, reaching more than 3,000 public health professionals and community members to support and share knowledge on STBBI epidemiology, community innovations and commemorating World Hepatitis Day, World AIDS Day and Sexual Reproductive Health Week. Nearly all participants (95%) found the webinar sessions useful and informative for their work.
- Supported planning for the 24th International AIDS Conference (AIDS 2022), which took place in Montreal, Quebec from July 29 to August 2, 2022, by:
 - Providing financial support to the International AIDS Society for the development and delivery of a conference program that helped advance Canada’s goals to reduce the health impact of HIV in Canada and contribute to the global efforts to end AIDS.
 - Supporting community-based organizations to develop a Canada Pavilion and to grant 146 scholarships to people living with HIV and from key populations to attend the conference virtually and in-person, as well as 84 awards to trainees, early career researchers and community-based researchers.

PRIORITY #4: REACHING THE UNDIAGNOSED— INCREASING ACCESS TO STBBI TESTING

Diagnosis is the gateway to STBBI treatment, care and support as it enables individuals to be directed to information or programming to prevent future infections or onward transmission. Reaching the undiagnosed and increasing access to STBBI prevention and treatment is key to achieving our global STBBI targets. To improve access to STBBI testing, the Government of Canada:

- Invested \$1.15M through the HIV and STBBI Research component of the [CIHR Applied Public Health Chair Program](#), to fund research that supports population health interventions, as it relates to HIV and STBBI prevention, testing, treatment, and long-term care and support.
- Collaborated with the University of Ottawa and the National HIV and Retrovirology Laboratories to conduct a survey to determine reasons why people in federal correctional facilities opt out of testing.
- Facilitated research at the Saskatchewan Penitentiary on point-of-care testing for syphilis and HIV.
- For eligible members of the Canadian Armed Forces, provided walk-in STBBI testing at every military clinic and examination during deployment.
- Supported projects that promote innovative approaches to STBBI testing and using lessons learned from various testing approaches during the COVID-19 pandemic, including leveraging new technologies:
 - Projects funded under the Community Action Fund have adapted innovative testing approaches to reach all key populations, namely underserved and remote communities.
- Supported efforts to catalyze system-level change to enhance pathways to care and reduce barriers for people who use drugs through the [Pathways to Care Program](#), including:
 - Funding the “Fostering linkage to STBBI care in provincial corrections for people who use drugs”, a project from the BC Centre for Disease Control. This project aims to provide accessible STBBI resources in provincial corrections for people who use drugs through foundational policies and guidelines for routine STBBI testing and linkage to care co-developed with people with lived/living experience of incarceration, health care providers, and corrections staff.
- Played a role in regulatory approval and deployment of novel STBBI testing technologies by:
 - [Approving Canada’s first HIV self-test \(INSTI test\)](#) on November 2, 2020.
 - Approving clinical trials for three investigational HIV and/or syphilis diagnostic tests for various uses including home self-testing or point-of-care.
 - Continuing to allow health care professionals access to unlicensed medical devices through the [Special Access Program](#), including dual syphilis and HIV point-of-care tests, and an HCV point-of-care test, thus improving overall patient care related to STBBI.
 - Actively monitoring applications for STBBI point-of-care and self-test medical devices to expedite the evaluation and licencing processes.

- Provided resources and materials for health care providers and the public on the importance of testing and diagnosis by:
 - Funding CATIE, Canada's [National Knowledge Broker on STBBI](#) to deliver educational tools and resources, including various training models, to increase knowledge of HIV and hepatitis C among public health and health care professionals, frontline service providers working in community organizations, and policy-makers working with all key populations. These educational tools and resources focus on effective HIV/HCV testing methods and on the importance of early diagnosis, engagement and retention in care.
 - Updating the [Approach to HIV Screening](#) factsheet to include HIV self-testing and to encourage healthcare providers to decrease barriers and to facilitate HIV screening.
 - Launching the [Sexually Transmitted and Blood-borne Infections: Guide for Health Professionals—Prevention Guide](#) with more inclusive language, promotion of person-centred care and routine STBBI screening.
 - Developing recommendations and providing information on diagnostic testing and/or testing modalities through the [National Advisory Committee on STBBI](#).
- Collaborated with Health Canada Digital Health Solutions to develop a new [mobile application](#) for health professionals, based on the Canadian Guidelines on Sexually Transmitted Infections. This app provides up-to-date recommendations for the screening, diagnosis, management, and treatment of STIs, including recommendations for antibiotic-resistant gonorrhoea, in a convenient, concise, and easy to use format.

Reaching the Undiagnosed—The Northern, Remote and Isolated Initiative (NRI)

Early diagnosis and treatment of STBBI can help spread awareness and increase the quality of life for an individual. However, access to diagnosis, testing and treatment may be a challenge for priority populations and northern and isolated communities. Housed in PHAC's National Microbiology Laboratory, the NRI initiative is a unique approach that will address barriers to accessing STBBI testing services and linkage to treatment for priority populations and Indigenous communities. Central to the initiative is the recognition of Indigenous communities' rights of self-determination, and that it is community-led supporting priorities as identified by First Nations, Inuit and Métis Peoples.

Throughout 2020–2022, PHAC and Indigenous Services Canada (ISC) supported culturally appropriate community-based testing to over 400 Indigenous communities. Although purpose-built to support the Pandemic response in NRI communities, the initiative is well positioned to pivot to support testing and care for a variety of STBBI's by:

- Ensuring ongoing patient care and management, through community-based and community-led testing programs,
- Expanding the capacity for testing through training community members on the collection of Dried Blood Spot (DBS) specimens for shipment and testing at laboratories,
- Expanding DBS and community-based testing to new communities and,
- Working directly with communities and with community-based organizations to develop and deliver training in both NRI sites and to underserved populations in urban settings.

Innovative testing options such as DBS and rapid community-based testing has transformed access to diagnosis and linkage to care. To ensure that individuals who are tested are linked to care and treatment, the NRI has:

- Supported the development and implementation of community based STBBI testing during the pandemic response,
- Worked towards implementing STBBI testing as decentralized point-of-care testing technologies are authorized for use in Canada and,
- Used innovative options such as in-community collection of specimens (DBS) as well as in-community testing (i.e., using new and highly deployed molecular testing technology and point-of-care tests).
- Supporting training for Indigenous peers (i.e., community members) on the collection and shipment of DBS for laboratory-based testing as well as extremely high-quality community-based testing.

PRIORITY #5: PROVIDING PREVENTION, TREATMENT AND CARE TO POPULATIONS THAT RECEIVE HEALTH SERVICES OR COVERAGE OF HEALTH CARE BENEFITS FROM THE FEDERAL GOVERNMENT

The Government of Canada plays an important role in funding and providing a range of health services or coverage of health care benefits for several populations including registered First Nations and eligible Inuit people, serving members in the Canadian Armed Forces, individuals incarcerated in federal correctional facilities and certain immigrant populations. To ensure that each population receives adequate and culturally safe and accessible STBBI prevention, testing and treatment, the Government of Canada has provided the following to each population:

First Nations and eligible Inuit:

- Provided access to direct acting antivirals (DAAs) for the treatment of chronic hepatitis C for First Nations and eligible Inuit via the [Non-Insured health benefits for the First Nations and Inuit program \(NIHB\)](#).
 - 🕒 Between 2015 to 2021, the number of clients receiving DAAs for the treatment of chronic hepatitis C increased significantly, with an overall increase of 146%.
- Under the NIHB program, provided First Nations and Inuit with access to HIV treatment, pre-exposure prophylaxis (PrEP) and/or post-exposure prophylaxis (PEP) with no criteria or prior approvals required.

Individuals incarcerated in federal correctional facilities:

- Increased knowledge of STBBI by creating and distributing STBBI promotional materials including on preventive measures and the importance of testing.
- Increased HIV status awareness for incarcerated individuals to 91% through testing in community, admission and while incarcerated.
- Modified PrEP guidelines to include intermittent PrEP for individuals incarcerated who are planning to have a tattoo.
- Offered vaccines for inmates such as the HPV-9 vaccine to all male inmates 18 to 26 years of age and female inmates 18–45 years of age.
- Provided HBV and other STBBI testing upon admission and throughout incarceration.
- Provided access to HIV, HCV and other STBBI treatments to all inmates in all institutions:
 - 🕒 From 2020–2022, 479 incarcerated individuals were diagnosed with HCV and over 95% achieved a sustained virologic response (SVR).
 - 🕒 In 2020–2021 and 2021–2022, 98% and 99% of inmates diagnosed with HIV received treatment.

- Provided access to specialized care for incarcerated individuals by referring individuals diagnosed with HIV, HCV or other STBBI to an independent medical specialist for treatment.
- Implemented the Prison Needle Exchange Program (PNEP) in nine institutions and an Overdose Prevention Site (OPS) in one institution.
 - ⦿ Contracted an independent external academic with expertise in harm reduction program development and evaluation to conduct PNEP and OPS evaluations to ensure that the programs are effective and reaching all incarcerated individuals.
- Provided comprehensive care through transfer and discharge to ensure linkages to care when incarcerated individuals returned to community.

Canadian Armed Forces:

- Educated all new Canadian Armed Forces personnel on STBBI prevention as part of basic training, and upon deployment abroad.
- Provided national-level guidance around STBBI prevention and care, including policies that guide population-level surveillance and reporting, and delivery of education and prevention programmes.

Immigrants and Refugees:

- Initiated changes to the medical inadmissibility policy of the Immigration and Refugee Protection Act (IRPA), which took effect on March 16, 2022.
 - ⦿ Applicants with conditions that primarily require publicly funded prescription drugs (e.g., HIV) will likely become admissible to Canada, as the cost of these medications would not typically exceed the new cost threshold. These changes will help facilitate immigration and promote inclusion for people who, despite their health condition, are able to immigrate to Canada.
- Provided care and coverage of STBBI-related products and services for resettled refugees, asylum claimants, immigration detainees and Victims of Human Trafficking during their period of eligibility through the Interim Federal Health Program (IFHP).
- Improved clients' and service providers' experience with the IFHP by modernizing the claims administration process, removing administrative barriers and delivering enhanced services.
- Provided coverage to refugees selected for resettlement for certain pre-departure medical services under the IFHP.
 - ⦿ Expenses covered include the cost of their immigration medical exam and any follow-up treatment for conditions such as untreated syphilis.
- Provided monthly HIV notifications to provinces and territories to ensure that newcomers to Canada who are diagnosed with HIV are receiving care and treatment.

PRIORITY #6: LEVERAGING EXISTING KNOWLEDGE AND TARGETING FUTURE RESEARCH

Investing in research can lead to innovative public health interventions, guidance, policy and programming. To support research and the use of existing knowledge, the Government of Canada has:

- Invested and supported multiple research grants related to HIV and COVID-19 to accelerate new knowledge and develop the next generation of STBBI researchers by:
 - Investing \$4M for the COVID-19 research call out as part of the pandemic response to address the health challenges of the pandemic, to understand the underlying biological interactions between HIV and COVID-19 co-infections and to understand the health of people living with HIV or those at highest risk for acquiring HIV and other STBBI.
 - Providing \$1.5M over three years to fund two grants relevant to HIV infection and/or other STBBI that comprise elements of chronic inflammation. This funding opportunity aims to improve the health outcomes of people living with, or at risk of developing, chronic conditions by advancing the development and optimization of innovative interventions to address chronic inflammation.
 - Providing \$4.5M to CANHepC, a national collaborative hepatitis C public health research program, to connect existing networks and research programs, engage knowledge users, people with living/lived experience and decision makers.
 - Investing \$1M to fund research projects specifically relevant to the following research areas: HIV and STBBI research specific to women living with HIV, COVID-19-related disruptions to HIV and STBBI prevention or care services, or the health of women in occupations that put them at increased risk for HIV and STBBI acquisition.
 - Supporting HIV and STBBI community-based research by investing \$1.6M over three years to support four operating grant projects that will promote the creation and dissemination of new knowledge relevant to communities affected by HIV and other STBBI in Canada.
 - Supporting research on STBBI of public health relevance including, but not limited to, chlamydia, gonorrhea, syphilis, hepatitis B and human papillomavirus (HPV) with \$900K over one year to support nine catalyst grant projects.
 - Supporting the next generation of researchers by investing \$1.1M into ten research candidates that have a primary focus on HIV and/or STBBI research at the post-PhD degree or post-health professional degree stages and investing \$630K to support six PhD students with a primary focus on HIV and/or STBBI research.
 - Strengthening Indigenous research capacity in HIV/AIDS and STBBI with \$400K in investments to support Indigenous Gender and Wellness grants which enabled Indigenous-led teams to develop and implement community-based research.

- Published the HIV/AIDS and STBBI Research Initiative Strategic Plan 2022–2027. This plan aligns with the CIHR Strategic Plan 2021–2031 and, through research investments, advances the Government of Canada Five-year Action Plan on STBBI. The new Strategic Plan aims to achieve research excellence that reduces the incidence and improves the management of HIV/AIDS and STBBI, eliminates stigma and discrimination and has a transformative and equitable impact on the lives of people living with and at risk of acquiring HIV/AIDS and STBBI by:
 - Improving health equity through research that addresses systemic, biomedical, behavioural and social determinants of health in order to reduce the high burden of HIV/AIDS and STBBI in key populations;
 - Accelerating discovery research to advance innovations for HIV/AIDS and STBBI for more equitable outcomes,
 - Strengthening research capacity by building the skills and supporting the careers of a diverse HIV/AIDS and STBBI research community; and
 - Mobilizing knowledge to enhance, share and foster equitable benefit of evidence-based interventions.
- Under the leadership of the National Microbiology Laboratory, developed novel tools to optimize and enhance STBBI epidemiological surveillance in Canada and globally, to better understand STBBI transmission networks.
- The National Microbiology Lab has demonstrated global leadership in the development of laboratory methods for STBBI drug resistance (DR) surveillance, serving as one of only a handful of Specialized DR Laboratories within the World Health Organization’s HIV Drug Resistance Laboratory Network.

PRIORITY #7: MEASURING IMPACT— MONITORING AND REPORTING ON TRENDS AND RESULTS

Monitoring and reporting on new and emerging data is essential to assess progress against the priorities of the Government of Canada Five-Year Action Plan on STBBI. To support regular assessment and public reporting on progress and outcomes, the Government of Canada:

- Worked with provincial and territorial governments to develop a national STBBI indicators framework and domestic targets. Although this work was put on hold during the COVID-19 pandemic, Canada has resumed its work on drafting a set of indicators and will commence public consultations and re-engage stakeholders in the winter of 2023.
- Continuously updated surveillance products for public dissemination and updated/reviewed communicable disease databases.
- Developed and published data blogs in partnership with communities for dissemination of COVID-19 surveys data.
- Collaborated and met regularly with affected provinces and territories to discuss epidemiology of STBBI outbreaks and need for collaboration.
 - 🕒 As a result of collaboration between provinces and territories, the Government of Canada launched the *Congenital Syphilis Case Definition Task Group and the Syphilis Outbreak Investigation Coordination Committee* to combat the increasing rates of Syphilis across Canada.
- Initiated work on population size estimates for people who inject drugs and gay, bisexual and men who have sex with men (gbMSM) to better understand the population and inform policy and programming.

AFTERWORD

Despite the challenges that COVID–19 imposed, we have a renewed focus on populations disproportionately affected by STBBI and an unwavering commitment to achieving the three strategic objectives of the Pan–Canadian STBBI Framework for Action:

- 1) to reduce the incidence of STBBI in Canada;
- 2) to improve access to testing, treatment, and ongoing care and support; and,
- 3) to reduce stigma and discrimination that create vulnerabilities to STBBI.

The Government of Canada is committed to continue working on improving the lives of people in Canada. Through the hard work, collaboration and dedication from nine federal departments and agencies, our provincial and territorial counterparts, Indigenous and community partners, people living with HIV and hepatitis C, public health and healthcare professionals, researchers and other stakeholders, we have a range of program innovations we can leverage to accelerate progress towards global targets.