The Honourable [Mark Holland](https://www.ourcommons.ca/members/en/mark-holland%2825508%29#contact) Minister of Health

**EMAIL Subject Line:**

**Congratulations and engagement request, National STBBI Advocacy Collective**

The Honourable Mark Holland

Minister of Health

House of Commons

Ottawa, Ontario K1A 0A6

VIA EMAIL:

mark.holland@parl.gc.ca

hcminister.ministresc@hc-sc.gc.ca

Director of Policy, Eshan Naik

eshan.naik@hc-sc.gc.ca

Dear Minister Holland,

Congratulations on your recent appointment as Minister of Health. Those working within Canada’s HIV and AIDS, hepatitis C (HCV), and sexually transmitted and blood-borne infection (STBBI) sectors are pleased to see you taking on this role within your Ministry.

We write to you to request your Ministry’s reopen dialogue with our national collective of community-based and human rights agencies delivering Canada’s frontline STBBI response concerning the state and objectives of Canada’s response to HIV and AIDS, HCV, and STBBI in this country, and beyond.

An evolution of the national partners group, our collective has successfully engaged with [ML1] various Ministers and PHAC leadership in ongoing dialogue and activities to address long-standing and emerging challenges, and to strengthen Canada’s response. Over the years, we’ve engaged with ministers across Cabinet to successfully mobilize programs, consultations, and policy change that improve the lives of people living with and at risk for STBBI.

**Today, on behalf of community-based health organizations addressing HIV, HCV, and STBBI across Canada, our collective requests a meeting with you to reopen urgent discussions regarding the state of Canada’s response to these public health concerns.** An ongoing relationship is crucial to our mutual understanding and progress toward shared goals.

Additionally, we request a personal commitment from you, Minister, to meet with our sector to engage in dialogue concerning emerging issues.

Since pledging its commitment to the World Health Organization’s (WHO) global health sector strategies for HIV, HCV, and other STBBI, **Canada has yet to meet its previous milestone targets, and is *not* on track to do so in the future.**

**Status of HIV in Canada**

According to the latest estimates for the year 2020, the rate of new HIV infections has declined slightly in the general Canadian population. However, the rate of new HIV infections continues to increase in some communities, including Indigenous Peoples and people who inject drugs. African, Caribbean, and Black people (and particularly Black women), and 2SGBTQ+ men continue to be significantly overrepresented among new HIV infections.

**Status of HCV in Canada**

PHAC estimates that seven people die each day in Canada from hepatitis C-related illness. Between 2015 and 2019, PHAC estimates a 2% reduction in new HCV infections, falling far short of the target of a 30% reduction by 2020, just one target that is part of Canada’s commitment to WHO to end viral hepatitis as a public health threat by 2030.

**Status of sexually transmitted and blood-borne infections (STBBI) in Canada**

There have been outbreaks of gonorrhea, chlamydia, and syphilis across the country, and an alarming 1,271% increase in cases of congenital syphilis between 2017 and 2021, resulting in hundreds of stillbirths.

**Racialized and equity-deserving communities are being left behind**

There is deep concern within our sector that Indigenous and racialized people in particular will be left behind in Canada’s next push to eliminate HIV and HCV as public health concerns. Canadian Ministries must come together to plan and invest to meet the needs of Black, Indigenous, and racialized Canadians, as well as people who use drugs and gay, bisexual, and other men who have sex with men, who continue to be disproportionately affected by HIV and AIDS and HCV. The concentration of these epidemics of sexually transmitted and blood-borne infections in marginalized communities highlights the importance of federal public health strategies and resources to ensure good health can be attained by all Canadians, regardless of where they live or to which community they belong.

The Public Health Agency of Canada has a long history of supporting community-based health organizations to provide information, resources, and linkages to prevention, testing, treatment, and care. These programs are culturally sensitive, responsive, and effective when adequately funded, and they provide an equitable and supportive entry point to the healthcare system. Without the necessary increased investments in place to scale culturally safe and appropriate programs, Black, Indigenous, and racialized people will continue to bear the brunt of an inequitable response.

When connected to service providers with expanded capacity and resources, more people living with and at risk for HIV, HCV, and other STBBI can access prevention, testing, treatment, frontline education and support programs, and harm reduction.

**Upcoming opportunities for collaboration**

Investments in Canada’s frontline community-based response are an investment in public and economic health, and an opportunity for the Ministry of Health to demonstrate its leadership across the country and internationally. As you are well aware, the following important dates are upcoming and represent opportunities for dialogue and collaboration with the sector:

* Nov. 20 to 26, 2023, International Testing Week
* Dec. 1 to 7, 2023, Indigenous AIDS Awareness Week
* Dec. 1, 2023, World AIDS Day
* Feb. 2024, Pre-budget consultations in advance of the 2024 Budget
* May 9, 2024, Viral hepatitis Elimination Day
* July 28, 2024, World Hepatitis Day
* Aug. 31, 2024, International Overdose Awareness Day

As the Government of Canada and our sector carry out our individual and collective work, it is vital that we continue to exchange information, and engage in meaningful consultation to uphold and strengthen the social and healthcare delivery systems.

Over the past four decades, our sector has established proven-effective tools, infrastructure, and knowledge to deliver an evidence-based approach to address HIV and AIDS, HCV, and STBBI. As ever, we remain available to discuss these issues in further detail and/or provide additional input, information, and data to support your Ministry’s work and our shared goals.

**We look forward to working with you and hope to meet with you sooner rather than later,** and we thank you for your time and consideration.

Sincerely,

National Advocacy Coalition for HIV/hep C/ STBBIs/HR, chaired by Margaret Kîsikâw Piyêsîs, CEO of CAAN

* Action Hepatitis Canada
* AIDS Committee of Newfoundland and Labrador (ACNL)
* Atlantic Interdisciplinary Research Network (AIRN)
* Alberta Community Council on HIV (ACCH)
* All Nations Hope
* CAAN (Communities, Alliances & Networks)
* Canadian AIDS Society (CAS)
* Canadian Positive People Network (CPPN)
* CATIE
* Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA )
* Community Based Research Centre (CBRC)
* Dr. Peter Centre
* HIV Legal Network
* Nine Circles Community Health Centre
* Ontario AIDS Network (OAN)
* PAN (Pacific AIDS Network)
* Phoenix Society
* Realize Canada
* Action Canada for Sexual Health and Rights