



2022-2023 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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Plan d'action quinquennal du gouvernement du Canada
sur les infections transmises sexuellement et par le sang.

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FOREWORD

The Government of Canada remains committed to reducing the burden of STBBI among people living in Canada by 2030.

In 2019, the Government of Canada released its [Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections](#), which outlined the Government of Canada's role, priorities, actions and commitments for implementing the [Pan-Canadian STBBI Framework for Action](#) over five years (2019–2024). They share the strategic goals of reducing STBBI, improving access to testing, treatment and ongoing care and support, and reducing stigma and discrimination that create vulnerabilities to STBBI.

In the Action Plan, the Government of Canada committed to providing progress reports annually to showcase actions that Canada has done to reach its goals and targets. As such, this Progress Report is the third in its series with the [first Progress Report](#) detailing activities undertaken from 2019–2020 and the [second Progress Report](#) detailing activities undertaken from 2020–2022. Like the Action Plan and the previous reports, this 2022–2023 Progress Report is organized by the seven priority areas:

- 1) Moving towards Truth and Reconciliation with First Nations, Inuit and Métis;
- 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.

The 2022–2023 Progress Report details activities undertaken from nine federal governmental departments from April 1, 2022 to March 31, 2023 (fiscal year 2022–2023) and will spotlight key activities such as Canada's response to mpox, lessons learned post COVID-19 pandemic, Canada's participation in the 2022 International AIDS Conference and the HIV self-testing initiative.

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)

GLOSSARY OF TERMS

2SLGBTQI+: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and additional people who identify as part of sexual and gender diverse communities

CAF: HIV and Hepatitis C Community Action Fund

CASL: Canadian Association for the Study of the Liver

CPHLN: Canadian Public Health Laboratory Network

DAA: Direct Acting Antiretroviral

DBS: Dried Blood Spot

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

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

HAV: Hepatitis A Virus

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIVST: HIV Self-Test Initiative

HRF: Harm Reduction Fund

IFHP: Interim Federal Health Program

Mpox: Monkeypox

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

PWLLE: People with diverse lived and living experience

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

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

Recognizing the underlying structural barriers and inequalities that First Nations, Inuit and Métis Peoples face and committing to the Truth and Reconciliation Commission's 94 Calls to Action is a step forward in Canada's relationship with Indigenous Peoples. In the Action Plan, Canada committed to taking a whole-of-government approach to ensure that the social determinants of health are taken into consideration when addressing STBBI among First Nations, Inuit and Métis Peoples. To meet its commitment, the Government of Canada:

➤ Provided direct support to Indigenous leaders within communities to help understand priorities and to build and expand capacity for community-based STBBI testing initiatives, including to:

➤ Communities, Alliances, and Networks- (CAAN) to:

- Host the Indigenous AIDS Awareness Week and World AIDS Day events in December 2022.
- Support the development of the Community Readiness Model; a model used to assist communities in assessing their response and short-term and long-term visioning for wellness through the development and implementation of STBBI activities and initiatives.
- Invest in the implementation of "Wise and Best" practice approaches to address STBBI.
- Work with individuals, organizations, and decision-makers to gather and support building knowledge bundle resources, applying Indigenous Ways of Knowing and Doing, and decolonization approaches to creating STBBI evidence.
- Increase the capacity of frontline health care professionals, service providers, and organizations to provide stigma-free and culturally-safe harm reduction services for Indigenous People.

- The Native Women's Association of Canada (NWAC) with their trauma informed care approach.
- Pauktuutit Inuit Women of Canada with Tavva: National Inuit Sexual Health Strategy that focuses on the promotion of healthy sexuality.
- The Tobique First Nations Community's implementation of the 'Health Box' – a harm reduction and the HIV Self-Testing initiative in collaboration with "I'm Ready" and SMRT1 Health Solutions (Canada).
- The Nekaneet First Nation on the implementation of a Traditional Healer/Medicine Program at Okimaw Ohci Healing Lodge (OOHL). Traditional Medicine is fully integrated into the Health Services Delivery Model at OOHL.

➤ Increased knowledge for care providers serving First Nations, Inuit and Métis communities:

- Partnered with CATIE, Canada's National HIV and Hepatitis C Knowledge Broker, to offer a free online HIV Treatment course to frontline providers.
- Developed an HIV Toolkit for community health nurses.

- Collaborated with primary care providers to provide resources and support for STBBI; these resources included a syphilis and hepatitis C toolkit.
 - Hosted an all-day, public health training to all nurses in community health centres; this full day virtual event consisted of training sessions on STBBI, including prenatal and congenital syphilis, hepatitis C, HIV, and COVID-19 management.
 - Participated in the “Translating the lessons of COVID-19 response to HIV and STBBI – Atlantic Provinces Stakeholder Forum”; the purpose of this Forum was to provide updates on STBBI testing and procedures and discuss next steps to address sexual health in the Atlantic Region.
- **Supported the “Know Your Status” (KYS) program – an integrated model of care comprising of three core services: testing, harm reduction and support for specialized nursing/ outreach. Know Your Status has:**
- Collaborated with the Northern-Inter Tribal Health Authority to host the “*Know Your Status Forum*” held in March 2023, whereby over 180 participants attended. The purpose of the Forum was to increase awareness of hepatitis C, HIV and addictions, and to provide a space for health care providers, peers and Indigenous leadership to share experiences, thoughts and strategies to reduce HIV and hepatitis C rates in Saskatchewan.
 - Supported a total of 74 Indigenous communities across Saskatchewan, including 42 communities that have access to all three core services or “full” KYS and 32 communities that have access to “partial” KYS (one or two core services).
- **Developed meaningful relationships by engaging with community leadership, Indigenous health authorities, tribal councils and community members:**
- Supported training for Indigenous peers (i.e., community members) on the collection and shipment of Dried Blood Spot Testing (DBS) for laboratory-based testing as well as high-quality community-based testing.
 - Identified three Indigenous health and wellness priorities to guide Correctional Service Canada’s work on Indigenous health: Honoring Commitments: Indigenous Right to Health; Creating Safer Spaces: Cultural Safety; and improving Access: Holistic Health Services.
 - Developed an Indigenous Health and Wellness Action Plan that was informed by engagement with Indigenous Peoples living in correctional facilities; this Action Plan will guide the operationalization of Indigenous health and wellness priorities.
 - Provided cultural safety training to Correctional Service’s staff and provided culturally safe and trauma-informed programs and resources to Indigenous individuals who are in the federal prison system.
 - Improved the delivery of and access to health services for First Nations and Inuit individuals living in a correctional facility while in custody and following their release, this includes but is not limited to the Enhancing Community Success Project and the Secure Certificate of Indian Status (SCIS) Initiative.
- **Participated in the “Building More Bridges” gathering in Whistler, BC.**
- The aim of the gathering is to establish a team of Elders, Peer Indigenous Co-Researchers, Indigenous community members, knowledge brokers, non-Indigenous researchers, clinicians, and relevant stakeholders to develop recommendations/best practices for big data on HIV research that is in line with key ethical issues of Indigenous data sovereignty, self-determination, ownership and justice.
- **Supported 2SLGBTQI+ people within Indigenous communities:**
- Provided \$55M to bolster the capacity of Indigenous women and 2SLGBTQI+ organizations to provide Gender-Based Violence prevention programming to address the root causes of violence.

➤ Launched in August 2022, the Federal 2SLGBTQI+ Action Plan aims to advance rights and equality for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional sexually and gender diverse (2SLGBTQI+) people in Canada. The 2SLGBTQI+ Action Plan outlines six priority areas, including one focused on supporting Indigenous 2SLGBTQI+ resilience and resurgence. As part of this priority focus, a new Senior Advisor position was created within the federal 2SLGBTQI+ Secretariat to work with partners throughout the federal government and with Indigenous 2SLGBTQI+ communities, organizations and representatives. Their role is to provide advice on unique challenges faced by Indigenous 2SLGBTQI+ communities, inform policies and programs impacting Indigenous 2SLGBTQI+ communities, and support the implementation of 2SLGBTQI+ Action Plan initiatives.

- Through the publication of the 2SLGBTQI+ Action Plan, the Government of Canada adopted and encouraged the use of the 2SLGBTQI+ acronym. The placement of “2S” (representing Two-Spirit people) at the front of the 2SLGBTQI+ acronym recognizes Indigenous 2SLGBTQI+ people as the first 2SLGBTQI+ communities in Canada and foregrounds their experiences as part of the Government’s mandate on reconciliation with Indigenous Peoples.
- The Federal 2SLGBTQI+ Action Plan commits to providing up to \$40 million in total for 2SLGBTQI+ organizations through the 2SLGBTQI+ Community Capacity Fund and up to \$35 million in new grants and contributions funding through the 2SLGBTQI+ Projects Fund and is working to implement this funding. The Government of Canada will prioritize community organizations serving Indigenous 2SLGBTQI+ people as part of its Community Capacity and Projects funds.
- Women and Gender Equality Canada (WAGE) leads two senior-level interdepartmental governance tables to foreground 2SLGBTQI+ policy issues, as well as a Community and Government of Canada Partnership Committee, led by WAGE and with a membership of 17 community stakeholder organizations.

➤ Funded 25 Indigenous-led projects across Canada through the HIV and hepatitis C Community Action Fund (CAF) and Harm Reduction Fund (HRF). These two funding programs supported the development of information resources and interventions by and with First Nations, Inuit and Métis communities. In addition, the CAF and HRF invests in projects that provide peer outreach and navigation to increase the uptake of, and retention in testing, treatment, care and support programs and services.

- All projects funded under the CAF and HRF are required to:
 - Demonstrate how they will ensure that resources, programming and services are delivered in a culturally safe manner to ensure that all funded interventions are accessible to all Indigenous Peoples.
 - Design interventions that are consistently developed with, and guided by, the most recent surveillance data, research and other evidence, including Indigenous Ways of Knowing and Doing.
- Through the CAF, a minimum of \$4M is dedicated annually to non-reserve First Nations, Métis and Inuit communities. Projects addressing STBBI among Indigenous Peoples are developed by and with First Nations, Inuit and Métis Peoples through a relationship grounded in mutual respect and rooted in an understanding and recognition of, and responsiveness to, the ongoing impacts of colonization, health and social consequences of residential schools, structural inequities and systemic racism.

PRIORITY #2: STIGMA AND DISCRIMINATION

Stigma and discrimination can come in many forms such as racism, sexism, homophobia and more. It is evident that these barriers can impede people's ability to access STBBI testing, treatment and care. Canada is committed to replacing fear and ignorance with evidence and knowledge to reduce stigma and discrimination. To equip and empower people in Canada with evidence and knowledge, the Government of Canada has:

➤ Addressed substance use-related stigma:

- Invested approximately \$22.8M between 2017 and 2022 in public education on the risks of opioids, overdose awareness, harm reduction and stigma awareness and reduction:
 - Launched the [Ease the Burden](#) campaign targeted to men in physically demanding jobs, a group disproportionately impacted by substance use harms. This campaign shares the message that '*it takes strength to reach out*' to encourage help-seeking.
 - Continued the [Know More Opioids](#) awareness program, which engages teens and young adults across Canada through virtual and in-person educational experiences to increase their knowledge on the overdose crisis, ways to reduce harms and substance use stigma.
- Collaborated across government departments, provinces and territories, and other partners to promote and support stigma reduction efforts, including through dissemination of best practice resources, fostering partnerships, and amplifying stigma reduction work.
- Promoted the importance of stigma reduction internationally through several mechanisms, including hosting a side event at the 66th United Nations Commission on Narcotic Drugs entitled 'Approaches to Actively Reduce Stigma – Sharing Experiences.' The event provided an opportunity to build on the discussions following Resolution 61/11 of "Promoting non-stigmatizing attitudes to ensure the availability of access to and delivery of health care and social services for drug uses", with a particular focus on approaches to actively reduce stigma. Panelists from the Community Addictions Peer Support Association (CAPSA), Ghana and Thailand discussed their unique perspectives, approaches and lessons learned for reducing stigma in different settings. Additionally, Canada and the Pompidou Group, in cooperation with United Nations Office on Drugs and Crime and Inter-American Drug Abuse Control Commission (CICAD), organized an International Conference entitled '[From stigma to dignity: Sharing perspectives, mobilising potential](#).' The event brought together drug policy makers, people with lived/living experience, academics, civil society organizations and other stakeholders to raise awareness of the drivers and impacts of substance use stigma, share resources, and explore promising solutions across sectors including health, law enforcement and criminal justice.
- Established relationships and regularly engage with individuals and organizations that represent people with diverse lived and living experience (PWLLE) with substance use. Advice received from PWLLE helped the Government of Canada inform the development and implementation of programs, policy, science, and regulatory approaches.
- Funded and supported organizations, including organizations led by PWLLE, working to reduce stigma through the [Substance Use and Addictions Program](#).

- Provided funding to the [Community Addictions Peer Support Association \(CAPSA\)](#) to address substance use stigma. Over the life of its project:
 - 21,045 people attended the learning opportunities;
 - 35,773 knowledge products on stigma reduction were distributed; and
 - 52 Ottawa Public Health Nurses were trained in CAPSA's Train-the-Trainer Program.
- Funded the [Community- Based Research Centre](#) to scale up their [PeerNPeer program](#), an existing peer-led substance use and sexual health program for 2LGBTQ+, to additional sites in Winnipeg and Halifax. This program implemented and evaluated peer-delivered, culturally-specific, safer substance use/harm reduction materials and information, online self-screening, peer support services, and community education events.
- Funded the [“Dyadic care for maternal and child health: An evaluation of healthcare services for women with opioid use disorder and the long-term health outcomes of their children in British Columbia”](#) from Simon Fraser University. This project conducted research into stigma experienced by women with Opioid Use Disorder (OUD) and investigated the quality, accessibility, and cultural safety of healthcare towards mothers with OUD, as well as the health outcomes of their children.
- Granted a time-limited exemption (January 31, 2023–January 31, 2026) under the Controlled Drugs and [Substances Act](#) so that people aged 18 and older in British Columbia are not subject to criminal charges for personal possession of small amounts of certain illegal drugs.
 - The exemption was requested by the province as part of its comprehensive response to the overdose crisis, including as a way to help reduce stigma related to substance use. The exemption is being monitored and evaluated closely to determine impacts and outcomes, including with respect to stigma.
- Continued to disseminate and provide awareness on substance related harms among youth through the [Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach for schools and organizations that support youth](#).
- Collaborated with the [Centre for Addiction and Mental Health](#) to develop educational materials for pharmacy professionals to raise awareness and reduce opioid related stigma in pharmacy settings.

➤ **Provided up-to-date information and conducted awareness campaigns to reduce stigma surrounding STBI:**

- Launched a targeted advertising campaign (\$24.9K) in March 2023 to build awareness around congenital syphilis in specific provinces to encourage preventative practices, testing, and treatment.
 - The advertising campaign was focused on provinces and territories seeing rising rates of infectious and congenital syphilis, targeting adults 18–40 years of reproductive age who had an interest in pregnancy; during the campaign, the ads were seen 2.9M times by 2.3M unique users.
- Endorsed the Undetectable=Untransmittable (U=U) global declaration and invested in Prevention Access Campaign U=U global summit:
 - On July 28, 2022, the Honourable Jean-Yves Duclos, then Minister of Health, and the Honourable Carolyn Bennett, then Minister of Mental Health and Addictions and Associate Minister of Health, announced [Canada's endorsement for a global declaration on Undetectable = Untransmittable \(U=U\) and the U=U campaign](#), recognizing the value of the U=U message as a tool to advance efforts to end HIV as a public health concern, and committing Canada to integrating U=U into its policies and programs.

- Commemorated World AIDS Day on December 1st, 2022 by conducting an [online interview blog](#) between Dr. Theresa Tam, Canada's Chief Public Health Officer (CPHO) and Bruce Richman, founding executive director of the Prevention Access Campaign (PAC). This interview discussed how to move the U=U message into action, tackling stigma and inequities, and achieving our global goal of reaching zero new HIV infections, zero AIDS deaths, and zero discrimination by 2030. The interview blog was published online by CATIE, and promoted via social media by the Government of Canada and the Prevention Access Campaign.
- Revamped the design and formatting of the syphilis and hepatitis B and C pages on the Canada.ca website. The content was updated to reflect more plain language and clear messaging on testing, treatment, and prevention and contains a new section dedicated to infection during pregnancy.
- Developed a new Canada.ca webpage that consists of [up-to-date STBBI information and surveillance](#) such as:
 - Surveillance infographics highlighting trends in [chlamydia, gonorrhea and infectious syphilis](#) up to 2020, and trends in infectious and congenital syphilis up to 2021.
 - Infographic explaining the enhanced surveillance of [antimicrobial resistant gonorrhea](#).
- Collaborated with key stakeholders to contribute to the publication of [Action Hepatitis Canada's Progress Report on Viral Hepatitis](#).
- Co-chaired the annual national 'Progress Toward HBV Elimination in Canada' meeting which featured an educational component and patient forum. At the meeting, national surveys were distributed to meeting participants to develop a national consensus statement and publication on HBV.
- Hosted a webinar during Sexual and Reproductive Health week (February 2023) with [Action Canada for Reproductive Rights](#). The Webinar brought together experts including health care providers, researchers, educators and advocates to discuss disinformation, education and policies that impact health care provider capacity for providing gender affirming care.
 - This webinar was attended by 122 individuals.
 - A post-webinar survey was completed by 20 respondents from the webinar with results showing that 95% of people found the material useful for their work.
- In collaboration with the University of British Columbia, launched a free online and accredited learning module on barriers to STBBI screening (February 2023). The course is offered to health professionals (primarily nurses and physicians) and provides information on barriers to STBBI, including stigma, care and strategies to overcome them.
- Conducted research to understand stigma and discrimination faced among 2SLGBTQI+ individuals by:
 - Commissioning [Egale](#) to conduct research on the role of gender bias in trans employment in Canada.
 - Collaborating with Statistics Canada on stigma related research studies and data analysis, published in 2023–24, on the [educational and economic outcomes of lesbian, gay and bisexual people in Canada](#), and on the [socioeconomic profile of the 2SLGBTQ+ population aged 15 years and older](#).
- Committed up to \$7.7M under the Federal 2SLGBTQI+ Action Plan to support new community-led research to strengthen 2SLGBTQI+ data and evidence-based policy making, and improve data collection, analysis, research and knowledge on 2SLGBTQI+ communities in Canada.
- Committed up to an additional \$5.6M over five years under the Federal 2SLGBTQI+ Action Plan to enhance inclusion and break down underlying and long-standing stigma and discrimination against 2SLGBTQI+ communities through a multi-pronged awareness campaign. project that will focus on changing behaviours and attitudes towards 2SLGBTQI+ communities.

- As of March 2023, Women and Gender Equality Canada has completed the public opinion research portion to determine baseline attitudes and behaviors and inform campaign themes and objectives. A [report summarizing the findings of this research was published on the Library and Archives Canada website.](#)
- Supported a Gender-based violence free Canada through knowledge mobilization, policy and strategic partnership development:
 - In 2022, the Knowledge Centre disseminated multiple external products to promote awareness including: [Attitudes and Awareness of Gender-Based Violence Among Youth in Canada](#), and [Pride guide 2022: Youth strategies for tackling Gender-Based Violence in our Schools](#).
 - Hosted 8 events to share knowledge and promote awareness of Gender-Based Violence related topics.
- Promoted actions and awareness through commemorative events and awareness campaigns, including the [16 Days of Activism Against Gender-Based Violence](#), and promoting greater youth awareness of Gender-Based Violence by creating and implementing the next phases of the Gender-Based Violence Youth Awareness campaign, which was launched in December 2022.
 - The first phase of the campaign focused on general information, while the second phase of the campaign included targeted information sharing among specific at-risk populations and how to address Gender-Based Violence.
- On October 21, 2022, the Department of Justice Canada launched a public consultation to solicit input on possible criminal law reforms related to HIV non-disclosure. Feedback from the consultations was compiled in a [What we Heard Report](#).
- Supported over 70 projects under the [CAF](#) and [HRF](#) that address stigma toward HIV, Hepatitis C and other STBBI, and stigma toward those populations disproportionately affected. Stigma reduction efforts reach key populations, health care and other service providers, policy makers and the public through training, awareness, and capacity building interventions. Examples of key stigma reduction efforts funded under the CAF and HRF include:
 - The [HIV Legal Network](#): 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.
 - An alliance of community-based organizations in Atlantic Canada working to strengthen the capacity of frontline workers and health care providers to provide to stigma-free, safe and culturally appropriate STBBI Testing, treatment care and support services.
 - The [Canadian Public Health Association](#): Increasing the knowledge of stigma and other forms of oppression among health and social service professionals to facilitate structural change within organizations and communities.
 - [Unity Health Toronto](#): Implementing and evaluating pilot stigma-reduction interventions to increase capacity to provide culturally responsive and culturally safe STBBI prevention, testing, treatment and care services, and to improve the overall well-being of people living with HIV.

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

Funding and supporting communities remains a commitment in the Government of Canada's Five-Year Action Plan on STBBI (2019–2024). Communities are best positioned to identify and implement solutions that are appropriate to their unique context and cultures. To amplify and accelerate STBBI goals, the Government of Canada prioritized investments made through community-based funding that:

- **Responded to the overdose crisis in communities:**
 - Assisted Provincial and Territorial governments in their ongoing efforts to address the effects of the overdose crisis. Each province and territory has been issued a subsection 56(1) class exemption from the CDSA in relation to Urgent Public Health Need Sites (UPHNS). These exemptions authorize the Minister of Health in each province and territory to establish UPHNS as required and at their discretion.
 - Granted the Correctional Service of Canada (CSC) a subsection 56(1) class exemption from the CDSA in relation to UPHNS. This exemption authorizes CSC to establish UPHNS as required in federal correctional facilities.
 - Granted exemptions to open new and sustain existing supervised consumption sites (SCS), urgent public health need sites (UPHNS), and drug checking sites.
 - Provided Prison Needle Exchange Programs (PNEP), as part of its suite of harm reduction measures.
- **Committed up to \$100M over five years to implement Canada's first Federal 2SLGBTQI+ Action Plan to advance rights and equity among 2SLGBTQI+ people. This includes up to \$75M for 2SLGBTQI+ community organizations that advocate for and serve their communities:**
 - Up to \$40M in new capacity-building support, prioritizing funding for 2SLGBTQI+ communities experiencing additional marginalization, such as Black, racialized, and Indigenous 2SLGBTQI+ communities, 2SLGBTQI+ persons with disabilities, seniors, youth, official language minority communities, and people living in rural communities.
 - Up to \$35M in new project-focused support aimed at addressing specific barriers to 2SLGBTQI+ equality.
- **Led the coordination of the Communicable Disease and Infection Control (CDIC) Webinar Series, which showcases projects, publications, epidemiological data, community organizations and more. The webinar series has reached Federal, Provincial and Territorial partners, public health professionals, community members, health care professionals, academics and researchers, with an average of 100–250 people in attendance for each webinar.**
- **Annual investments in community-based funding include \$26.4 million for the CAF, and \$7 million for the HRF. Through the HRF program, funded 34 new community-based projects in the 2022–23 fiscal year and are currently reporting on their impact for the first time in the spring of 2023.**

Putting an emphasis on community: The HIV and Hepatitis C Community Action Fund and Harm Reduction Fund

The [HIV and Hepatitis C Community Action Fund \(CAF\)](#) and the [Harm Reduction Fund \(HRF\)](#) aim to support community-based interventions that reduce the burden of STBBI in Canada. Both the CAF and HRF are essential in helping Canada reach its global targets and commitments in the Government of Canada Five-Year Action Plan (2019–2024).

The CAF and the HRF support projects that:

- Reach key populations by implementing sustained interventions to equip communities with knowledge, skills and resources to adopt behaviours that reduce STBBI risk and to improve uptake of effective evidence-based STBBI prevention measures (vaccinations, testing, condoms and lubricants, HIV PEP, HIV PrEP, harm reduction services, treatment).
- Support projects focussed on developing or expanding navigation resources, including peer navigators to improve access to effective STBBI prevention, diagnosis, treatment, care and support services for key populations.
- Ensure that all people – regardless of sex, gender, race, income, sexual orientation, geographic location, social status, age or culture – have equitable access to quality information and services from qualified health professionals and other front-line providers.
- Support front-line service prevention activities including the development or dissemination of educational resources to promote safer drug-use for people who share inhalation or injection drug-use equipment.
- Ensure that community-based organizations reach the undiagnosed and people unaware of their HIV or hepatitis C status. The CAF supports interventions that promote knowledge and shared information to key populations, including individuals affected by STBBI in order to link them to testing, prevention, treatment and care.
- Reduce the barriers to testing, care and treatment and aim to empower people to take control of their health.
 - Funding the HIV self-test initiative offers a safe, reliable, and confidential way for people to access testing and treatment by reducing the significant barriers to seeking care exacerbated by stigma and discrimination.
- Annual investments in community-based funding include \$26.4 million for the HIV and Hepatitis C Community Action Fund, and \$7 million for the Harm Reduction Fund.

2022–2023 CAF and HRF Highlights:

- Funded the [Sex Information and Education Council of Canada \(SIECCAN\)](#) to increase the capacity of educators to provide effective culturally-safe, stigma-free STBBI prevention education within comprehensive sexual health education programs delivered to youth.
- Provided additional funding to projects involved in the mpox response:
 - 🔗 In response to mpox, projects funded under the CAF planned GBT2Q+ peer-led intervention activities, such as community-based and evidence-based information, awareness and education activities on sexual health, and face-to-face/online intervention activities.

Canada's approach to mpox

Mpox, formerly known as monkeypox, is a viral infection that often appears with a rash that may be painful. Most people recover after a few weeks. In some circumstances, people can become very sick and could die. People with immune system problems, including people living with HIV who are not on treatment are at higher risk for severe outcomes. Mpox can be spread from person-to-person through contact with the lesions or scabs of a person who has mpox. Most cases in Canada have been spread through sexual activity, with, as per available information, 96% of mpox cases being reported among gay, bisexual and other men-who-have -sex with men (GBMSM).

Building on experience from previous emergency management events such as COVID-19, Ebola, and HIV, Canada responded promptly to the mpox outbreak through collaboration with federal, provincial and territorial (FPT), Indigenous and community partners.

Within a week of cases being detected in Europe, the US and Canada in May 2022, the Public Health Agency of Canada (PHAC)'s Portfolio Operations Centre escalated to a level 2 (Increased Vigilance and Readiness) and activated an Incident Management System (IMS) to coordinate the Agency's activities.

In July 2022, following the World Health Organization (WHO) announcement declaring the global mpox outbreak a public health emergency of international concern, under the framework of the FPT Public Health Response Plan for Biological Events, it was determined that a coordinated FPT response was required, and a Special Advisory Committee (SAC) on mpox was established. The mandate of the SAC on mpox was to provide advice, including technical and operational recommendations, to the Conference of FPT Deputy Ministers of Health pertaining to the coordination, planning and response across the health sector. Members of the SAC acted as liaisons to the health care sector within their respective jurisdictions and provided jurisdictional input to ensure that the full continuum of the health sector was considered in the response.

The FPT Public Health Response Plan for the Management of the Monkeypox Outbreak took a whole-of-Canada approach to controlling the disease while still reflecting the respective responsibilities of each level of government.

Canada successfully contained the outbreak through a rapid, wide-ranging and comprehensive response that included the following elements:

- **Community engagement.** PHAC provided targeted, time-limited funding to community-based organizations working with GBMSM in Canada to support prevention, education, awareness, and anti-stigma activities. PHAC also worked with communities to determine how to best respond to mpox. This included asking communities to review a toolkit and provide feedback on any stigmatizing language. With community input, PHAC created and distributed a stakeholder toolkit that contained content and resources that organizations could tailor to fit their needs and be effective locally.
- **Knowledge mobilization and public health measures guidance.** Through FPT collaboration, guidance documents were developed to equip public health programs and professionals with the tools necessary to minimize the risk of onward transmission and support the management of cases. PHAC established a bilingual central webpage to provide such public health information and regular epidemiological updates on the mpox outbreak at Canada.ca/Monkeypox. PHAC supported a range of other communications efforts, including through press conferences, social media, and webinars.
- **Surveillance, reporting and laboratory capacity.** FPT partners collaborated on enhanced surveillance, reporting and data sharing to better understand the affected populations, track the evolution of the outbreak, identify specific risks, and inform timely public health action. PHAC's National Microbiology Laboratory (NML) validated a diagnostic test for the virus that causes mpox, supported technology transfer to provinces and territories (PTs), and conducted genome sequencing to understand the chain of transmission. The NML also conducted wastewater surveillance at treatment plant sites across the country.

- **Medical countermeasures.** To manage the mpox outbreak in Canada, several medical countermeasures were utilized. This included the procurement and distribution of therapeutics (tecovirimat or TPOXX®) to treat infected individuals and vaccines (Imvamune®) to provide preexposure and post-exposure prophylaxis for those at highest risk of mpox. Interim guidance on the use of Imvamune® in the context of ongoing mpox outbreaks was initially issued by the National Advisory Committee on Immunization (NACI) in June 2022, with an update in September 2022. PHAC's National Emergency Strategic Stockpile (NESS) deployed over 145,000 vaccine doses to PTs in 2022 and procured additional vaccine for 2023–2024 to protect people in Canada against mpox going forward.
- **Travel health advice and border measures.** PHAC issued a travel health notice for mpox and provided guidance to frontline border officials on the assessment and management of symptomatic travellers and/or cases and close contacts.
- **Scientific evidence generation and monitoring.** PHAC commissioned rapid evidence profiles and convened internal scientific and medical experts for emerging science knowledge sharing. The NML evaluated the effectiveness of tecovirimat in animal models and ran animal studies to determine whether mpox reservoirs could establish themselves in mice in Canada. PHAC developed mathematical models to explore and forecast the mpox outbreak in Canada and to assess the impact of different interventions including behaviour change and vaccination. The Agency also applied a One Health approach to the outbreak, leading an FPT working group with the goal of preventing spread from infected people into Canadian animal populations. The Canadian Institutes of Health Research (CIHR) invested \$6.35M to support national and global health research projects on the continued risks of transmission of mpox and the threat posed by other zoonotic diseases, including \$1M in funding for two grants over two years related to mpox and zoonotic threats and its intersection with HIV/AIDS and STBBI.
- **International collaboration.** Canada engaged with international partners to share intelligence and technical information, including on early mpox research, to enhance diagnostic capacities, and to share national mpox vaccination strategies. The International Development Research Centre (IDRC) and CIHR invested \$5.5M for two research projects co-led by Canadian and African researchers to better understand mpox transmission, evaluate potential vaccines and treatments, and learn how to disseminate this knowledge quickly.

With the successful containment of the mpox outbreak, PHAC's IMS disbanded in December 2022. In 2023, PHAC developed a Medium Term Plan to guide the Agency's ongoing coordinated response to mpox.

Spotlight: CATIE - Canada's STBBI Knowledge Broker

The Canadian AIDS Treatment Information Exchange (CATIE) is the single largest project funded under the HIV and Hepatitis C Community Action Fund, as Canada's National Sexually Transmitted and Blood-Borne Infection (STBBI) Knowledge Broker. Originally founded in 1990 to share information among people living with HIV about new and emerging treatments, CATIE's mandate has expanded to providing both treatment and prevention information on HIV and hepatitis C to frontline service providers and community-based organizations.

The goal of the National Sexually Transmitted and Blood-Borne Infection Knowledge Broker project is to expedite the translation of STBBI-related knowledge into frontline policies, practices and programs that impact key populations across Canada. The work of CATIE supports domestic progress on the four pillars of the Pan-Canadian STBBI Framework for Action and is integral to efforts to reduce the public health impact of STBBI in Canada.

CATIE provides a comprehensive collection of evidence-informed educational tools and resources, as well as capacity building opportunities for public health and healthcare professionals, frontline service providers, community-based educators and navigators, and policy and program decision-makers. CATIE convenes and supports stakeholders by facilitating collaboration and knowledge sharing to support the uptake of culturally responsive and effective STBBI policies, practices, and programs.

Over the fiscal 2022–2023 year, CATIE's Ordering Centre distributed approximately 800,527 resources through 2,590 orders. Additionally, CATIE's educational deliverables included:

- Promotion and implementation of six self-directed courses that reached over 2000 participants.
- Curation, facilitation and delivery of 298 educator – led courses, 26 virtual workshops, and 12 national webinars to more than 2,600 participants.
- Development and facilitation of a new online course on HIV prevention that combines interactive e-learning units, readings, videos, and discussion board assignments.

In response to syphilis outbreaks continuing across the country, CATIE developed a new webpage dedicated to syphilis that includes a new client facing brochure and resources to support frontline service providers in learning more about this preventable and curable STI. The CATIE Blog post by Ameeta Singh and Jennifer Gratrix on rapid tests for syphilis and HIV was viewed 796 times in 2022 (the average number of views for a CATIE Blog post in 2022 was 146).

The organization's leadership on the development and launch of the Harm Reduction Fundamentals: A Toolkit for Service Providers in 2022 is an example of the significant work accomplished in partnership with a working group of organizations, agencies and networks across Canada that have expertise and leadership experience in harm reduction.

CATIE's 56 active partnerships over this period included education collaborations with the National Safer Supply Community of Practice, Pacific AIDS Network (PAN), Manitoba STBBI Collective Impact Network, Gay Men's Sexual Health Alliance, Black CAP, Ontario Aboriginal HIV/AIDS Strategy, and l'Institut national de santé publique Québec (INSPQ).

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

Reaching the undiagnosed through prevention, access to testing, treatment and care are critical in reducing the spread of STBBI in Canada. Late-stage diagnosis of an STBBI has been linked to poorer health outcomes. The Government of Canada acknowledges that there is not a 'one size fits all' approach to prevention and testing. To cater diagnosis and testing approaches to various populations, the Government of Canada has:

- Invested in learning opportunities for health care professionals:
 - Released the [accredited online continuing professional development learning module](#) focus on the barriers to STBBI screening. This course is available on the University of British Columbia's website.
- Regularly communicated and collaborated with Public Health Laboratories to provide trouble-shooting and validation support to all Canadian Public Health Laboratory Networks (CPHLN); as a result, all CPLHNs are now providing 'gold-standard' test results for provincial proficiency provider (IQMH) for five hepatitis viruses.
- Continued to expand on innovative methods of testing for STBBI by evaluating new-to-market technologies for use.
 - This includes careful coordination with Federal, Provincial and Territorial partners to understand local and regional requirements for use and integration to public health action.
 - Authorized the bioLytical INSTI HIV1/2 Syphilis Antibody Test Friday, March 24, 2023. It is the first point-of-care test for syphilis and the first HIV/syphilis multiplex. It is a disposable rapid test for use in medical facilities, clinical laboratories, emergency care situations and physicians' offices' clinical in people with signs symptoms of syphilis and HIV.

Spotlight: The Northern Remote and Isolated Initiative (NRI)

The NRI Initiative is an investment in community-based testing, and serving as an important evidence-based model for the prevention of infectious diseases through empowering based on the recognition of Indigenous Peoples' rights of self-determination in provision of their healthcare services. The initiative continues to prioritize and support health equity for historically underserved people and communities in Canada, helping to develop and deliver culturally safe testing for individuals. This includes urban isolated populations which have difficulties accessing diagnostic services due to stigma and discrimination.

2022–2023 NRI Highlights:

- Supported the development and implementation of community-based testing during the COVID-19 pandemic. The NRI initiative is currently addressing the concerns of communities and working towards implementing decentralized STBBI point-of-care testing.
- Empowered people in NRI communities through training and capacity building:
 - Provided training on commercial diagnostics through multiple models including in-person, virtual, or train-the-trainer methods.
 - Developed extensive training resources for molecular testing via the GeneXpert* or ID NOW as well as for the collection of dried blood spot (DBS) and the deployment and use of rapid point-of-care testing and self-test kits.**
 - Providing ongoing quality oversight to ensure continued proficiency for community based testing services available in NRI settings.
 - Provided and encouraged training for community members on the use and benefits of point-of-care technologies to further empower individuals to access and/or provide testing, care and support, in an inclusive environment free from stigma and discrimination.
 - Training community members on the collection of DBS samples for shipment and testing at centralized laboratories.
- Expanded testing opportunities by:
 - Developing an extensive community-based and community-led testing network which is now supporting hundreds of Northern, Remote and Isolated communities across Canada.
 - Engaging community leadership and organizations supporting communities, to understand new and emerging priorities for health services and supporting the development of tools for expansion of testing options as prioritized by community leadership.
 - Supporting community-based projects for a range of STBBI testing initiatives (HIV,CT/NG,HCV, HBV and syphilis) in urban isolated populations using low barrier point of care technologies and sample collection methods.

***GeneXpert**, manufactured by CEPHEID, is a laboratory quality molecular diagnostic technology suitable for deployment into point of care settings. This technology can support confirmatory testing for a range of STBBI's including HIV, CT/NG, HCV, HBV and HPV from easy to collect patient specimens (finger stick collected blood, urine, swabs etc). A trained health care professional, frontline workers, and peers can run and read the results within 60 minutes thus significantly lowering the barrier to testing care and treatment for populations experiencing difficulties in accessing health services.

****Point-of-care (POC) testing** devices can be used by a trained operator in a near-patient culturally safe environment such as shelters and drop-in centres supporting harm reduction and social inclusion services.

Spotlight: HIV Self Testing (HIVST) Initiative

With the announcement of \$17.9M in time-limited funding to increase access to testing, by the Honourable Jean-Yves Duclos, Canada's Minister of Health from 2021–2023, at the AIDS 2022 Conference, Canada has supported the following activities to help reach the undiagnosed.

- Provided \$9.9M to support the Northern Remote and Isolated Initiative to expand community-based testing supporting a range of community led initiatives (see page 18).
- Provided \$8M to launch a proof-of-concept to purchase and distribute HIV self-test (HIVST) kits through community-based organizations as a means of increasing the number of key populations in Canada who could access testing.
 - By the end of March 2023, the Government of Canada provided **70,535 HIVST kits** to community organizations who distributed **10,343 kits** to individuals across Canada. The approach built on the capacity of community-based organizations to reach key populations who encounter significant barriers to accessing testing and treatment.
 - Since the launch of the HIVST Initiative on September 26, 2022, participating organizations have reported a high-level of satisfaction with the program. This initiative has demonstrated the value of offering low-barrier access to testing to help identify the undiagnosed, with a reported 46% of respondents indicating that they had never been tested previously.
- Funded [CATIE](#), Canada's National Sexually Transmitted and Blood-Borne Infection (STBBI) Knowledge Broker, to provide educational tools and resources, and coordinate the Community Leadership Committee (CLC) for the HIVST Initiative.
 - Collaborated in the creation of the Community Leadership Committee (CLC) to support the HIVST Initiative by providing centralized project evaluation, stakeholder communications, and capacity-building opportunities.
 - Topics of discussions during the CLC sessions included testing, and discussions on ways to reduce systemic barriers to health services.
 - Print and digital toolkits were also available to community-based organizations and individuals to support the distribution of kits, and their administration.
- Funded approximately five Indigenous-led projects through the HIVST Initiative.

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

In Canada, the federal government provides funding and health care services for registered First Nations and eligible Inuit, serving members of the Canadian Armed Forces, individuals living in federal correctional facilities, and certain immigrant populations. Each population receives health care services based on their needs and unique context to address various health issues. The Government of Canada is committed to providing health care services in a culturally safe and responsive way for each population. To ensure that each population receives access to STBBI prevention, treatment and care, the Government of Canada:

First Nation and Inuit:

- Through the Non-Insured Health Benefits (NIHB) Program, along with other public drug plans across Canada, listed direct acting antivirals (DAAs) for the treatment of chronic hepatitis C (CHC) in Spring 2015.
 - The number of clients receiving NIHB coverage of these medications for the treatment of chronic hepatitis C has increased significantly since this time, with an overall increase of 133% between 2015 and 2022.
- Wherever possible, NIHB lists products for the treatment of HIV, HIV PEP and HIV PrEP as open benefits, with no criteria or prior approvals required.

Members of the Canadian Armed Forces:

- Conducts the Canadian Armed Forces Health Survey (CAFHS) every five years. This cross-sectional survey, conducted by Statistics Canada, collects data from members of the Canadian Armed Forces in order to provide insight into the current health status of members.
 - Data collected from the survey will help guide health policies as well as STBBI programs.
- The Periodic Health Assessment is a regular medical exam for Canadian Armed Forces members to assess their fitness for continued military service. In addition to the assessment, a standardised questionnaire involving STBBI risk factors is also administered to members.
 - The standardised questionnaire is currently under review to ensure consistency with the latest STBBI screening guidelines with the next version of the assessment anticipated to be finalised in 2024.

Individuals living in federal correctional facilities:

- Provided HIV PrEP / PEP resources for individuals and STBBI counselling.
- Offered STBBI testing throughout incarceration and to all inmates on admission.
- Provided treatment for HIV, HCV and other STBBI to all persons who are incarcerated who need it, in all institutions.
 - All individuals diagnosed with HIV, HCV and other STBBI are referred to an independent medical specialist for treatment.
- Continued to offer a suite of vaccinations for people who are incarcerated. This includes:
 - HPV-9 vaccination to all male 18 to 26 year-old males, who are 18–45 year-old female.
 - HBV vaccination to all people who are incarcerated who are not immune to HBV.
- Continued to provide health promotion materials for people who are incarcerated that are reviewed regularly to ensure they include the most up-to-date information.
- Established two Overdose Prevention Sites (OPS) with the anticipation of more sites in the next fiscal year 2023–2024.
- Established discharge guidelines for people who are incarcerated to ensure a comprehensive transfer and continuity of STBBI care when patients return to the community.
- Continued PNEP/OPS program evaluation visits and response to recommendations.
- Collaborated with McGill University in a research study called Enhancing uptake of needle and syringe programs (NSP) in Canadian federal prisons
 - This project aims to understand the multi-level barriers and facilitators to improve prison-based NSP adoption, scale-up, and maintenance among a diverse group of stakeholders across the nine federal prisons with NSPs.

Immigrants and Refugees:

- Through the Interim Federal Health Program (IFHP), beneficiaries, including resettled refugees, asylum claimants, immigration detainees, Victims of Human Trafficking and Victims of Family Violence- receive coverage for available STBBI-related products and services, if and when needed, during their period of eligibility under the Program.
 - IFHP benefits are aligned with those offered under Provincial/Territorial health insurance programs and their drug formularies.
 - Eligible beneficiaries under the IFHP receive coverage for their immigration medical examination, which includes diagnostic tests for syphilis and HIV, as well as post-test counselling for HIV. Post-test counselling is a service covered under the IFHP.
 - Refugees selected for resettlement to Canada receive coverage for certain pre-departure medical services under the Interim Federal Health Program, including the cost of their immigration medical exam and any follow-up treatment for conditions that could render them inadmissible to Canada on public health grounds, including untreated syphilis.
- Reaches the undiagnosed through immigration medical examinations and provided health information to foreign nationals and permanent residents in Canada and overseas.
- Provides notifications to participating provinces and territories of newcomers to Canada who were diagnosed with HIV during their immigration medical examination to help facilitate their connection to care and treatment.

PRIORITY #6: LEVERAGING EXISTING KNOWLEDGE AND TARGETING FUTURE RESEARCH

Investing in research is a key role in helping discover new and emerging issues as well as monitoring prevention, testing and treatment cascades for HIV, hepatitis C and other STBBI. The Government of Canada is committed to investing in research with a focus on achieving objectives set out in the Pan-Canadian Framework for Action. To continue ongoing support in research, the Government of Canada has:

➤ Supported HIV/AIDS and STBBI researchers and developed the next generation of researchers:

- Investing \$600K to support four awards over three years for research fellows at the post-PhD degree or post-health professional degree stage whose research has a primary focus on HIV/AIDS and/or STBBI.
- Providing \$315K to support three awards over three years for PhD students with a primary focus on HIV/AIDS and/or STBBI research who are expected to have an exceptionally high potential for future research achievement.
- Investing \$6.6M to support 10 awards for promising HIV/AIDS or STBBI researchers who self-identify as Black (any gender) or racialized women to facilitate the transition into independent research faculty positions in Canadian academic, health system and research institutions.
- Contributing to the [31st Annual Canadian Conference on HIV/AIDS Research](#) by supporting a symposium about the [CIHR HIV/AIDS and STBBI Research Initiative Strategic Plan 2022–2027](#) and the Canadian Association for HIV Research's New Researcher Workshop held on April 26, 2022 and by hosting a CIHR Virtual Booth. This conference provided an opportunity for researchers and community members to share the latest scientific advances in the field, learn from one another's expertise, and develop new ways to treat and prevent HIV.
- Investing \$1.15M over six years to support a mid-career applied public health researcher working in population health intervention research, as it relates to prevention, testing, treatment and long-term care and support, with a primary focus on HIV/AIDS and/or other STBBI.

➤ Invested in HIV/AIDS and STBBI research by:

- Providing \$280K to support fourteen grants over one year intended to provide support for planning and/or dissemination activities (either virtual or in-person) consistent with the mandate of CIHR and relevant to the [CIHR HIV/AIDS and STBBI Research Initiative](#).
- Investing \$800K to fund eight grants over one year through Priority Announcements in the Spring and Fall of 2022. These grants have a primary focus on HIV, HBV and HCV, chlamydia, gonorrhea, syphilis, and HPV.

- Launching the STBBI Research in Canada : Beyond HIV/AIDS and Hepatitis C funding; this investment of \$5.5M will support ten Catalyst Grants over one year and ten operating grants over three years with the overall goal to strengthen the current landscape of STBBI research in Canada, and to build capacity and spur innovation in this field, with a specific focus on STBBI of public health relevance beyond the fields of HIV and hepatitis C.
- Investing \$1M over one year to fund one grant for research on how women's health and their work (paid or unpaid) intersect and interact in the context of preparing, responding to and recovering from COVID-19 with a specific focus on women living with HIV/AIDS, 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. This grant was delivered through the Women RISE initiative, a partnership with the International Development Research Centre and Social Sciences and Humanities Research Council.
- Investing \$2M over five years to fund one grant pertaining to the integration of primary health care and other sectors within and/or beyond health care that addresses the needs of people living with and at risk of HIV/AIDS and/or other STBBI.

➤ Supported community-based research (CBR) and Indigenous CBR by:

- Investing \$2.7M to fund six operating grants over three years. Projects funded by these grants are expected to promote the creation and dissemination of new knowledge relevant to communities affected by HIV and other STBBI in Canada, build capacity of knowledge users and the next generation of HIV and STBBI community-based researchers, foster partnerships between researchers and affected communities and reduce the incidence of new HIV and STBBI infections in high-risk groups.

➤ Investing \$1.1M over one year to fund eleven catalyst grants to support partnerships between communities affected by HIV and other STBBI in Canada and researchers to facilitate the conduct of community-based research and/or develop future applications for more comprehensive CBR grants in the area of HIV and other STBBI in Canada. Collaborated with the [Canadian Paediatric Surveillance Program](#) to study congenital syphilis. This research provides novel information on maternal /birthing parent socio-behavioural risk factors and social determinants of health associated with congenital syphilis.

➤ Funded the [Canadian Perinatal HIV Surveillance Program](#). The purpose of this program is to:

- Gather national surveillance data on perinatal HIV transmission, including interventions to prevent such transmission, in centers across Canada for the purpose of informing health policy.
- Describe and understand population trends in the Canadian HIV epidemic as it pertains to HIV-infected mothers and their children.
- Determine the burden of perinatal exposure to HIV infection, the number of HIV-infected children living in Canada, and an estimation of vertical transmission rates and associated co-factors.
- Bring together clinicians and clinical researchers in Canada interested in perinatal HIV prevention, and enable research collaboration to improve HIV prevention efforts and advocacy.

- Expanded applied and operational research to identify innovative approaches for community-based, decentralized testing for STBBIs including the validation of new commercial diagnostics and laboratory developed tests.
- Provided molecular epidemiology data of HBV and HCV in collaboration with the [Canadian HBV Network](#).
- Provided input nationally and internationally for HBV and HDV epidemiology (Polaris Observatory) and management guidelines (Canadian Association for the Study of the Liver (CASL), American Association for the Study of Liver Diseases (AASLD) HBV Elimination meeting.
- Collaborated with Canada's Drug and Health Technology Agency (CADTH) to assess the available evidence regarding the risk of sexual transmission of HIV between sero-discordant partners.
- Undertook research, or collaborated with external researchers (e.g., CADTH) to review the available evidence related to the screening and diagnosis of STBI, and the treatment of STI to inform the development of PHAC's clinical care guidance for the management and prevention of STBI. Topics included:
 - Syphilis screening for sexually active, non-pregnant adults and adolescents
 - Prenatal screening for chlamydia and gonorrhea
 - Treatment for uncomplicated gonorrhea

Spotlight: 24th International AIDS Conference

From July 29 to August 2, 2022, Canada hosted the 24th International AIDS Conference (AIDS 2022) in Montreal, Quebec. This hybrid conference included 13,000 delegates (researchers, clinicians, activists, civil society) 3,600 of which attended virtually. The theme of AIDS 2022 was: “re-engage and follow the science”, with an emphasis on the risk to the global HIV response if scientific innovations and evidence-based policies are not implemented.

Multiple governmental departments in Canada were involved in the planning and execution of the AIDS 2022 conference programming. Prior to and during the conference, Canada:

- Announced \$17.9M at the conference by Canada’s Minister of Health, for the distribution of HIV self-testing (HIVST) kits and other methods of HIV testing to improve access for populations most affected by HIV in Canada, including people living in northern, remote, or isolated (NRI) communities.
- Supported the 9th International Indigenous Pre-Conference for HIV/AIDS through the Canadian Institutes of Health Research (CIHR)’s HIV/AIDS and STBBI Research Initiative:
 - This conference preceded the International AIDS 2022 Conference and was hosted by four Indigenous Organizations: Community Alliances & Networks (CAAN), the International Indigenous Working Group on HIV & AIDS (IIWGHA), the International Indigenous HIV & AIDS Community (IIHAC) and the Southern Québec Inuit Association (SQIA). The pre-conference featured Indigenous speakers, consensus-building activities and research presentations.
 - The purpose of the pre-conference was to focus on Indigenous approaches and knowledge in the response to HIV and other related health outcomes.
- Provided \$36K in support of the U=U Global Summit 2022, a hybrid pre-AIDS 2022 conference event that explored how U=U improves the lives of people living with HIV and accelerates progress toward ending the HIV/AIDS epidemic.
- During the conference, the Government of Canada engaged in a broad range of sessions such as satellite symposiums, invited speaker sessions, workshops and stakeholder engagement opportunities.
 - Topics discussed included: community-led testing, highlighting grassroots approaches to HIV, harm reduction, health equity for 2SLGBTQI+ communities, the impact of COVID-19 on access to STBBI related health services.
 - Sessions included subject matter experts, community-based organizations, and individuals with lived experience.
- Invested \$300K to the Canada Pavilion to create a community-led physical and virtual exhibition space at the AIDS 2022 conference that promoted best practices and achievements related to HIV and STBBI in Canada.
 - In total, around 800 individuals attended the Canadian Pavilion throughout the conference.

➤ **Supported the attendance of delegates and researchers by:**

- Providing \$400K in community scholarships to offset expenses for candidates from key populations, including people living with HIV in Canada, to attend the conference.
- Hosting the Emerging Leaders Symposia during AIDS 2022; this event featured early career researchers, a networking event and highlighted Canadian researchers.
- Providing \$224K to support eighty-four Travel Awards for trainees, early career researchers, Indigenous health researchers, and community-based researchers to attend the 24th International AIDS 2022 Conference.

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

The Government of Canada has committed to achieving global goals and targets set by the World Health Organization and the United Nations. Monitoring and reporting on progress is essential to ensure that Canada is on the right track in meeting its goals and targets. To continue measuring our impact, the Government:

- Committed within the Five-Year Action Plan (2019–2024) and Pan-Canadian Framework for Action on STBBI, to develop a Pan-Canadian Indicators Framework on STBBI. As a result, the Government of Canada is working with a Task Group of Federal, Provincial and Territorial officials to develop the Framework which was re-initiated in Fall 2022 after a brief hold during the COVID-19 pandemic.
 - A draft set of indicators was developed and reviewed by the Federal, Provincial and Territorial Task Group (“Task Group”) to determine the priority level for each indicator, and the status of the data source availability. Based on the input and feedback received from the Task Group, the project has been divided into three different phases. The initial set of federal indicators has been published in Fall 2023 as part of Phase 1 of the project.
- Led the Federal, Provincial, Territorial and Indigenous groups Syphilis Outbreak Investigation Coordinating Committee (SOICC) which supports coordination for enhanced surveillance of syphilis and publishes annual epidemiological portraits of the ongoing situation.
- Worked to update case definitions for:
 - Congenital syphilis through the National Congenital Syphilis Case Definition Review Task Group, revising the confirmed early congenital syphilis case classification and developing confirmed late and probable early congenital syphilis case classifications and confirmed and probable syphilitic stillbirth case classifications.
 - Hepatitis C through the National Hepatitis C case definition Review Task Group, revising the confirmed acute or recent infection and unspecified infection case classifications developing new confirmed chronic, confirmed cured, confirmed resolved and confirmed perinatal hepatitis C case classifications for hepatitis C and perinatal hepatitis C case classification.
- Released national trends of:
 - Provincially and territorially reported [chlamydia](#), [gonorrhea](#), and [infectious syphilis](#), [hepatitis B](#) and [hepatitis C](#) for the years 2011 to 2020.
 - Provincially and territorially reported [infectious syphilis and congenital syphilis](#) for the years 2017–2021.
 - New HIV diagnoses in Canada in 2021 in the [HIV in Canada: 2021 Surveillance Highlights](#) infographic.

- Released a series of reports and resources such as:
 - A comprehensive [report](#) on HIV diagnoses in Canada for the years 2011–2020.
 - An [infographic](#) on trends in Pre-Exposure Prophylaxis (PrEP) use in nine Canadian provinces for 2018–2021.
 - [Estimates of HIV](#) incidence, prevalence and Canada's progress on meeting the 90–90–90 HIV targets for 2020.
 - [National Hepatitis C](#) estimates on incidence, prevalence, undiagnosed proportion and treatment in Canada for 2019.
 - A manuscript on summary findings from Tracks Surveys implemented by First Nations in Saskatchewan and Alberta in 2018–2020.
 - [Reports](#) on a series of surveys on the impact of the COVID-19 pandemic on social determinants of health and delivery of and access to STBBI-related, harm reduction and mental health services in Canada. The surveys were conducted among African, Caribbean and Black people; people who use drugs or alcohol; First Nations, Inuit and Métis people and service providers.
- Collaborated with Health Canada and Statistics Canada to inform sexual and reproductive health survey content such as the [Canadian Health Measures Survey \(CHMS\)](#).
- Worked on understanding the emergence of antibiotic-resistant gonorrhea by collecting and analyzing enhanced epidemiology data (including gonorrhea treatment prescription data, treatment failure data and risk population data) from four provinces and territories.
- Improved the accuracy, timeliness and reproducibility of national STBBI surveillance data analysis through the writing and validation of analysis coding using the statistical software, R.
- Launched a review and renewal of the national HIV surveillance program to identify and prioritize improvements needed to better meet HIV surveillance evidence needs.
- Planned a Black Expert Working Group to help inform improvements to the national HIV surveillance program, including guidance to achieve greater quality and completeness of race and/or ethnicity information collected through HIV surveillance.
- Provided phylogenetic analysis* support to Provincial and Territorial public health laboratories.
 - By providing support, this will assist provincial and territorial authorities of suspected transmission/outbreaks of HAV, HBV and HCV.
- Supported the Government of Canada's response to the mpox outbreak of 2022 by rapidly establishing national surveillance with provincial and territorial partners, and continuing to monitor epidemiologic trends for evidence of re-emergence.

*Phylogenetic analysis: the study of the evolutionary development of an organism or species or a group of organisms.

Spotlight: Renewing the Five-Year Action Plan on STBBI

With the Five-Year Action Plan on STBBI (2019–2024) coming to a close the Government of Canada initiated the process of renewing the Action Plan to guide federal actions from 2024–2030. Renewal efforts began at the beginning of 2023 with the following:

- Launched a series of stakeholder consultations during March 2023 to inform the renewal STBBI Action Plan:
 - Conducted a survey to solicit diverse and anonymous feedback.
 - Hosted virtual roundtables with geographic regions, people with lived experience, health professionals, harm reduction advocates, sexual and reproductive health advocates, researchers and First Nations, Inuit and Métis communities.
 - Conducted key informant interviews with stakeholders and partners.
- Collaborated with the nine federal Government Departments (CIHR, CSC, DOJ, DND, HC, PHAC, IRCC, ISC, WAGE).
- The renewal of the Action Plan process will continue in 2023–2024. As such, updates will be included the next iteration of the Progress Report (2023–2024).

AFTERWORD

This 2022–2023 Progress Report exemplifies the hard work, dedication, and collaboration from the nine governmental departments.

Over the years, the Government of Canada has worked continuously to improve the health and wellbeing of people in Canada by reducing the rates and impacts of STBBI. With the renewal of the federal Action Plan, Canada remains dedicated to continuing its work on reducing the incidence of STBBI, improving access to testing, treatment and ongoing care and support while reducing stigma and discrimination that create vulnerabilities to STBBI. Working with Indigenous Leaders to understand what is needed and how to best capture the information for future support of First Nations, Inuit and Métis priorities is fundamental to future planning. As we move forward, the lessons we have learned from the COVID-19 pandemic, advances in science, and input from key populations and stakeholders, will continue to inform the federal STBBI response.