



2023-2024 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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sur les infections transmises sexuellement et par le sang.

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FOREWORD

The Government of Canada remains dedicated to reducing the burden of sexually transmitted and blood-borne infections (STBBI) among people living in Canada. Canada is committed to accelerating efforts and achieving strategic goals laid out by the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

The Government of Canada's Accelerating our response: Government of Canada Five-Year Action Plan on Sexually Transmitted and Blood-borne Infections ("Five-Year Action Plan") and the Pan-Canadian Framework for Action are key documents that highlight how Canada plans to address STBBI. These two documents outline guiding principles, priorities, and action areas that advance Canada's goals of reducing STBBI, improving access to testing, treatment and ongoing care and support and reducing stigma and discrimination that create vulnerabilities to STBBI.

To accelerate efforts, the Five-Year Action Plan (2019-2024) takes a whole-of-government approach and builds upon the Pan-Canadian Framework for Action which was released by federal, provincial and territorial Ministers of Health in 2018.

As stated in the Five-Year Action Plan, the Government of Canada is committed to reporting progress annually to showcase actions that Canada has done to reach its goals and targets. As such, this Progress Report is the final in its series; annual reports have been published for 2019–2020, 2020–2022, 2022–2023. Similar to the Five-Year Action Plan and the previous Progress Reports, this 2023–2024 Progress Report is organized by 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
- 7) Measuring impact – monitoring and reporting on trends and results

The 2023–2024 Progress Report details activities undertaken by nine federal governmental departments from April 1, 2023, to March 31, 2024 (fiscal year 2023–2024) and spotlights key activities, such as the Government of Canada's Renewed STBBI Action Plan (2024–2030), the National Congenital Syphilis Conference, and key achievements from the 2019-2024 Five-Year Action Plan.

NINE FEDERAL PARTNER DEPARTMENTS:

- 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)
- Public Health Agency of Canada (PHAC)

GLOSSARY OF ACRONYMS

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

CAF: Canadian Armed Forces

DBS: Dried Blood Spot

HCV: Hepatitis C Virus

HPV: Human Papillomavirus

IFHP: Interim Federal Health Program

NMLB: National Microbiology Laboratory Branch

OCAP: Ownership, Control, Access, and Possession

PEP: Post-exposure Prophylaxis

POCT: Point-of-Care Testing

PrEP: Pre-exposure Prophylaxis

STBBI: Sexually Transmitted and Blood-Borne Infections

U=U : Undetectable=Untransmittable

Spotlight: Government of Canada's Renewed STBBI Action Plan (2024–2030)

The Government of Canada released the renewed [STBBI Action Plan \(2024–2030\)](#) in February 2024. The renewed Action Plan aims to accelerate Canada's efforts to prevent, diagnose and treat STBBI, and advance overall health and well-being. The Action Plan underscores how the federal government aims to drive positive change, reduce disparities, complement provincial and territorial efforts, and contribute to a healthier and more inclusive society. Nine federal departments are implicated in delivering the Action Plan.

The [Pan-Canadian STBBI Framework](#) and the Action Plan both take an integrated approach across HIV, viral hepatitis and other sexually transmitted infections. They also focus on key populations, and aim to meet World Health Organization STBBI targets by 2030. The Pan-Canadian STBBI Framework provides a vision and strategic goals for all those involved in the STBBI response in Canada, while the Action Plan outlines specific federal priorities and actions.

Over several months in 2023, the Government of Canada consulted with stakeholders, rights holders and partners via an online survey, roundtable discussions, key informant interviews, and participation at STBBI meetings and events to inform the development of the Action Plan. Over 800 contributions were received from over 500 individuals. The federal government also solicited feedback on the full draft of the Action Plan.

New Aspects within the Renewed Action Plan

The renewed STBBI Action Plan aligns with the framework's four core pillars of prevention, testing, initiation of care and treatment, and ongoing care and support, supported by the foundation of an enabling environment. It outlines 16 new priorities, 49 federal actions, and includes over 49 indicators to measure our progress from 2024–2030. A lead federal department is also identified for each action.

Another important change in the renewed Action Plan is the list of key populations. It is updated based on stakeholder input, and the evolving epidemiology of STBBI. It is important to note that a person's identity is made up of multiple intersecting factors such as ethnicity, gender, sexual orientation and lived experience. Many people may therefore find themselves within one or more of these key populations.

Finally, the 2024 Action Plan highlights key strategies in the STBBI response including:

- **Comprehensive sexual health education:** A critical approach to health and well-being across the lifespan, gives accurate, age-appropriate and skill-building opportunities about sexuality and reproductive health.
- **Undetectable = Untransmittable (U=U):** A health promotion campaign used to communicate the scientific consensus that HIV is not passed on through sex when a person living with HIV is on treatment and the amount of HIV in their blood remains very low (maintains a viral load of <200 copies/mL measured every 4–6 months).
- **HIV Pre-exposure Prophylaxis (PrEP):** An HIV prevention strategy in which a person who does not have HIV takes antiretroviral medications on an ongoing basis, starting before being potentially exposed to HIV.
- **HIV Post-exposure Prophylaxis (PEP):** An HIV prevention strategy in which a person who does not have HIV takes antiretroviral medicines after being potentially exposed to HIV to reduce their risk of acquiring HIV.

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

The 2019–2024 Action Plan reiterated the Government of Canada’s commitment to implement the Truth and Reconciliation Calls to Action through a whole-of-government approach to ensure that structural inequities and social determinants of health are taken into account when addressing STBBI among Indigenous communities. To contribute to reconciliation with First Nations, Inuit and Métis Peoples, the Government of Canada:

➤ Invested in culturally safe multidisciplinary integrated approaches developed and led by Indigenous organizations to reduce health inequities, stigma and discrimination through:

- Supporting the [CAAN: Communities, Alliances, and Networks](#) to host the Indigenous AIDS Awareness Week events in December 2023.
- Working to make the Integrated Corrections Program Model more culturally-appropriate and responsive to Indigenous peoples living in correctional facilities.
- Supporting all Healing Lodges to encourage and facilitate access to opioid agonist therapy.
- Supporting ongoing dialogue with Healing Lodges community partners to ensure health services at the Lodges are culturally responsive.
- Supporting the “[Know Your Status](#)” program — an integrated model of care comprising of three core services: testing, harm reduction, and support for specialized nursing/outreach for connecting people to treatment and care.
 - In 2023–2024, amongst 75 Indigenous communities, 43 communities have access to all three core services or “full” Know Your Status program and 32 communities have access to “partial” Know Your Status program (one or two core services).
- Leading the first of four funding calls in 2023–2024, these initiatives provided funding on HIV self-testing, other STBBI testing, culturally safe care, and harm reduction.
- Support for decentralized distinctions based programming in Indigenous-led community based testing.

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

- Co-hosted a webinar on HIV self-tests with Northern Inter-Tribal Health Authority.
- Collaborated with the Institut national d'excellence en santé et en services sociaux to create a syphilis webinar on the newly updated optimal use guide.
- Hosted a National Congenital Syphilis Conference with an Indigenous-led workshop on barriers to accessing health care, particularly prenatal STBBI care for northern, remote or isolated communities.
- Co-developed resources to raise awareness of [syphilis](#) and [U=U](#) with Indigenous community leaders and translated them into several Indigenous languages. Released [HIV awareness videos](#) featuring Indigenous storytelling, ensuring cultural relevance and accessibility.

- Updated the Sexually Transmitted Infections Medical Directive to create a new syphilis medical directive, allowing nurses to conduct testing and administer the first dose of treatment for syphilis.
 - Collaborated with national surge epidemiology team and primary care to develop an STBBI case tracking tool and an STBBI framework for communities.
- **Invested \$2.6 million to address the urgent need for implementation science and intervention research in the rapidly changing syphilis landscape and to enhance knowledge mobilization for syphilis research.**
 - All projects were required to include consideration of Indigenous Peoples in their proposals. Dedicated funding was available for applications led by Indigenous communities, with one project focused on centering Indigenous women in the response to infectious and congenital syphilis outbreaks, which disproportionately impact Indigenous communities. This represented an investment of \$379 thousand.
- **Developed meaningful relationships by engaging with community leadership, Indigenous health authorities, tribal councils and community members:**
 - Collaborated with First Nations Health Authorities, Indigenous Communities and partners at National Microbiology Laboratory Branch (NMLB) to implement Dried Blood Spot (DBS) Testing and Point-of-Care Testing (POCT) in community.
- **Provided \$5 million under the Harm Reduction Fund (2022–2027) to support five Indigenous-led projects.**
 - One such project, “Expanding a Decolonized Approach to Harm Reduction” in Regina, Saskatchewan operated by All Nations Hope, offers Indigenous Cultural/Health Navigators. These navigators provide harm reduction, outreach and support to people living with HIV and people who use and share substance use equipment. Since its inception the project has reached over 170 individuals.
- **Launched a renewed Canadian Drugs and Substances Strategy (CDSS) and introduced the principle of equity, alongside the principles of compassion, collaboration, and comprehensiveness, to guide federal actions to address the overdose crisis and the complex factors that contribute to substance-related harms, including links with mental health, housing, economic insecurity, and chronic pain, among others.**

PRIORITY #2: STIGMA AND DISCRIMINATION

Stigma and discrimination have a direct and negative impact on the health of all those affected by, and vulnerable to, STBBI. They can create many barriers that restrict access to effective STBBI testing, treatment and care. To reduce stigma and discrimination related to STBBI, the Government of Canada:

➤ Contributed to efforts to address substance use-related stigma:

- Continued to collaborate 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.
- Continued to build relationships and regularly engage with individuals and organizations that represent people with diverse lived and living experience with substance use.
- Funded and supported organizations, including organizations led by people with lived and living experience, working to reduce stigma through the [Substance Use and Addictions Program \(SUAP\)](#). These initiatives include:
 - Funding to the [Community Addictions Peer Support Association](#) to address substance use stigma through the project “Leading Change to Systems that Perpetuate Stigma around Substance Use: Moving from Engagement to Action.” Over the life of its project:
 - › 7,012 people attended learning opportunities provided by the organization
 - › 3,941 stakeholders had access to knowledge products on stigma reduction
 - › 103 system-level stakeholders received “Stigma Ends With Me” trainings to identify stigma and its barriers related to health professions resulting in 94% of attendees surveyed feeling confident in using person-first language when communicating about substance use and people who use substances.
 - Funding to the “Trauma and Resiliency Informed Practice” project through Fraser Health Authority to both reduce stigma and improve care by teaching health and social workers about self-compassion and trauma-informed practice.
 - › The organization was able to deliver 138 learning opportunities to over 1,178 participants over the life of the project.
 - Funding to the “Youth for Change” project run by Midaynta Community Services. This project aimed to reduce barriers, including stigma, faced by Black youth and families to accessing addiction services and increase the availability of culturally appropriate services.
 - › Over the life of the project, 14 knowledge products were created and distributed to address the unique needs of the Black community, as well as 49 learning opportunities to support youth and parents in dealing with substance use and mental health issues.

- The renewed Canadian Drugs and Substances Strategy continued to support public education efforts to raise awareness of substance-related harms, promote help-seeking and reduce stigma, and community-led efforts to prevent, delay and reduce substance use and related harms among youth. Examples of activities that were undertaken in 2023 and 2024 include:

- The continuation of the [“Know More Opioids”](#) youth awareness program, aimed at youth and young adults to inform them of the facts surrounding opioids, ways to reduce risks and the harms of substance use stigma.
- The continuation of the [“Ease the Burden”](#) public education campaign, which targets men in physically demanding jobs and seeks to reduce the stigma of asking for help.

➤ Supported activities and community-based interventions to reduce stigma and discrimination and promote diversity:

- Invested over \$599 thousand from March 28, 2022, to June 30, 2024, to support a Community Based Research Centre Society project titled “Bridging the Gap: Strengthening Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and additional people who identify as part of sexual and gender diverse communities (2SLGBTQ+) Competency Among Primary Healthcare Providers in Canada”.
- The project aimed to strengthen the knowledge and capacity of primary care providers to provide affirming, relevant, and up-to-date health services and supports to 2SLGBTQ+ people.
- Invested over \$579 thousand from January 17, 2023, to March 31, 2024, to support CAAN: Communities, Alliances, and Networks project titled “Remembering: 2-Spirit Stories of the Indigenous HIV Movement in Canada”.
- The project aimed to increase CAAN: Communities, Alliances, and Networks’ ability to prevent or address gender-based violence against Indigenous women, girls, or 2SLGBTQI+ people by challenging assumptions, centering 2SLGBTQI+ stories and perspectives, and celebrating their contributions through documenting the ways they challenged the status quo and demanded an HIV response for Indigenous communities across Canada.
- Invested over \$538 thousand from October 29, 2021, to March 31, 2024, to support the HIV Legal Network project titled “A seat at the table: centring the gender-based violence experiences of criminalized women”.
- The project aimed to help end gender-based violence among women and gender-diverse people who sell/trade sex, use drugs, or are living with HIV across Canada.
- Funded the Coalition des organismes communautaires québécois de lutte contre le VIH/sida (COCQ-SIDA) for a [provincial U=U campaign](#) to encourage the uptake of HIV testing for status awareness, strengthen retention in care to improve health outcomes and achieve viral suppression, and reduce stigma toward people living with HIV.
- Funded the [Canadian AIDS Society](#) to provide community-based organizations with resources to develop U=U information and tools that can promote the well-being of people living with HIV and reduce stigma.
- Funded the HIV Legal Network project “Enhancing Health and Human Rights: Creating an Enabling Environment”. This initiative includes the development of intersectional analyses, culturally responsive resources, and knowledge translation and exchange activities with decision makers/leaders to improve health outcomes for people living with HIV.

- Discontinued Immigration Refugees and Citizenship Canada's policy of automatic partner notification for individuals applying in the sponsored family class and dependent refugee class who test positive for HIV.
- Provided up-to-date information to raise awareness and reduce stigma surrounding STBBI:
 - Developed two knowledge mobilization strategies on U=U and syphilis aimed at increasing awareness and reducing stigma to encourage testing and treatment of HIV and syphilis. These strategies were developed by engaging over 250 multisectoral partners including federal departments, provincial and territorial representatives, Indigenous leaders, health professionals, researchers, community leaders, key populations, and members of the general public. The strategies resulted in:
 - Paid advertising campaigns targeting the general population with an emphasis on engaging Indigenous communities and health professionals. The U=U ads reached over 41 million people, including almost five million health professionals. The syphilis ads reached over 10 million people, including over 1 million health professionals. Both campaigns leveraged modern platforms such as YouTube, TikTok, Tinder, and Grindr, which were instrumental in engaging younger audiences and those frequently using digital media, thereby extending the reach and impact of health messages.
 - Campaign pages on Canada.ca on [U=U](#) and [syphilis](#) to provide accessible, plain-language information and resources that complemented the advertising campaigns and supported ongoing awareness efforts.
 - A brand ambassador program engaging students in 30 post-secondary campuses in Canada, distributing over 4,200 resources on syphilis with the goals of raising awareness about syphilis and addressing stigma and normalizing conversations around sexual health and STBBI.
 - [Video testimonials](#) and [podcast episodes](#) featuring the experiences of people living with HIV aimed at providing real-life insights into HIV and promoting a deeper understanding and empathy within the community.
 - [Resource for service providers and health professionals](#) on person-centered and trauma-informed care aiming to reduce stigma and improve the quality of care provided to individuals affected by syphilis and other STBBI.
 - A [suite of resources](#) for health professionals and communities containing tips for effectively communicating U=U without perpetuating stigma.
 - A [suite of resources](#) on syphilis for community-based organizations, including translations into 15 Indigenous and non-official languages to ensure accessibility, cultural relevance, and to help address stigma and discrimination by promoting inclusive materials.
 - A National Conference focussed on addressing congenital syphilis that included sessions on stigma-reduction, gathering over 75 delegates from six distinct sectors, including healthcare providers, community leaders, and partners.
 - Continued communications, including awareness campaigns, ongoing social media, statements, a [blog post](#) and other publications focused on eliminating STBBI stigma through normalizing sexual health, positioning sexual health as part of overall health, encouraging open and sex-positive dialogue.
 - On World AIDS Day 2023, the Council of Chief Medical Officers of Health released a [statement of support for U=U](#) and encouraged health professionals to incorporate U=U within conversations with patients.
 - During Sexual Health Awareness Week 2024, the [Chief Public Health Officer of Canada released a statement on syphilis](#) to highlight the serious health risk posed by syphilis in Canada.

- Continued updating the [Canada.ca STBBI surveillance](#) webpage and [STBBI Guides](#) as new information became available.
 - Updated screening recommendations for chlamydia and gonorrhea in pregnancy to reflect published recommendations.
 - Updated syphilis screening recommendations for non-pregnant adults and adolescents to reflect the recently published recommendations.
 - Consolidated guidance on the assessment and management of external anogenital warts caused by human papillomavirus (HPV).

➤ Continued the implementation of the [Federal 2SLGBTQI+ Action Plan](#), launched in August 2022, which 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.

➤ Invested in research to understand stigma and discrimination faced among 2SLGBTQI+ individuals by:

- Advancing work on several research initiatives part of the Federal 2SLGBTQI+ Action Plan:
 - In 2023–2024, Women and Gender Equality launched/closed a Call for Proposals for 2SLGBTQI+ community-based research. Five multi-year community-based research projects will begin in 2024–2025, including one on access to sexual and reproductive health care for 2SLGBTQI+ people in Canada.
 - Starting in 2023–2024, in collaboration with Statistics Canada, Women and Gender Equality is conducting a study to assess the feasibility of collecting data specific to intersex people in Canada. The final internal report will be produced by end of fiscal year 2024–2025.
- Continuing work on a national 2SLGBTQI+ crowdsourced survey by:
 - Conducting engagement sessions with the Director General Committee on 2SLGBTQI+ issues and the Community-Government of Canada Partnership Committee on the themes and sub-themes of the survey in Fall/Winter 2024–2025.
 - Finalizing an approach for procuring a third-party organization to conduct the survey in 2024–2025.
- Providing over \$234 thousand to support Réseau des lesbiennes du Québec (Quebec Lesbian Network) survey about lesbian, bisexual, and queer women's invisibility within the 2SLGBTQI+ community in Canada and the organization of the Canada-wide conference on Women+.
- Contributing over \$184 thousand in funding to the Université du Québec à Montréal Research Chair on gender-based and sexual violence in higher education for its project on sexual consent and gender stereotypes among young Quebecers, particularly 2SLGBTQI+ people.

➤ Supported over 70 projects under the [HIV and Hepatitis C Community Action Fund](#) and [Harm Reduction Fund](#) to address stigma and discrimination experienced by key populations. These include:

- The Canadian Public Health Association: provides resources to help build capacity of health and social service organizations to implement stigma reduction training and interventions that will reduce barriers to STBBI services.
 - Delivered an accredited online course for family physicians and other healthcare providers on offering culturally responsive and culturally safe STBBI services, reaching nearly 300 clinical care providers as of 2023–2024.

- The Action Canada for Sexual Health and Rights: develops a social marketing campaign to address attitudinal and motivational barriers held by populations of marginalized youth that impact rates of testing among these populations.
 - In 2023–2024, the social marketing campaign generated over 5 million ad impressions through TikTok (3 million), Snapchat (1 million), and Meta (1 million).
- The National Alliance Anti-Black Racism as Root Cause, African, Caribbean & Black Knowledge in the Fight Against HIV/AIDS (which is made up of four partner organizations from across Canada): develops tools, skills and support for HIV organizations to assess their services along an Anti-Black Racism Index and to develop new practices and policies to reduce Anti-Black racism within their organizations.
 - In 2023–2024, 65% of respondents from the target audience reported implementing a policy or practice change, either personally or within their organization, to improve the cultural safety and stigma-free nature of STBBI testing, prevention, treatment, and ongoing care and support services.
- The Unity Health Toronto: develops and implements pilot interventions to reduce stigma and improve the overall well-being of people living with HIV. The Toronto People with AIDS foundation further supports Unity Health Toronto's healthbox initiative by addressing the intersectionalities of race, sexual orientation, immigration status, gender and other lived identities that make these communities more vulnerable to racism, stigma and discrimination, STBBI acquisition, poorer physical and mental health outcomes, homelessness and poverty, among others.

Addressing STBBI-related stigma and discrimination: 2024–2030 STBBI Action Plan

In response to increasing rates of STBBI in Canada and globally, addressing STBBI-related stigma and discrimination is a priority in order to improve key populations' access to STBBI prevention, testing, treatment and care.

The renewed STBBI Action Plan outlines how the Government of Canada will take action on stigma and discrimination from 2024 to 2030. Actions will include raising awareness of the adverse impacts of stigma and discrimination, equipping professionals with skills to provide culturally responsive services in safe environments, increasing awareness of the U=U message, and investing in research on stigma, homophobia, transphobia and discrimination on the basis of sexual orientation, gender identity or expression, and race. The renewed Action Plan will also promote stigma reduction through public education and awareness, by synthesizing and disseminating evidence on HIV transmission risk, and by establishing culturally safe and accessible diagnostic services for urban isolated populations.

Key activities to advance this priority in 2024–2030 will include:

- Publishing a rapid review on risk of transmission of HIV to infants during breast/chest feeding when mothers/birthing parents living with HIV are on antiretroviral therapy.
- Promoting awareness of U=U and HIV PrEP and PEP through knowledge mobilization activities.
- Launching an accredited Medical Education course on U=U for health professionals.
- Issuing calls for proposals for HIV initiatives focussed on self-testing, culturally safe care, and harm reduction.
- Updating STBBI toolkits and finalizing educational modules on gonorrhea, chlamydia, and Hepatitis C in the Ontario Region.
- Developing harm reduction education for community-based workers.
- Updating policies and learning modules for the “Test and Treat Program,” enabling community health nurses to provide STBBI testing and treatment in First Nations communities, including POCT and DBS testing for HIV and syphilis.
- Distributing HIV self-test kits through community health fairs, outreach programs, and reserve-based initiatives in Saskatchewan and other regions.
- Funding for a community-based research project on access to sexual and reproductive health care for 2SLGBTQI+ people in Canada.

Implementation of the renewed STBBI Action Plan will be measured using key indicators, improving accountability in addressing STBBI-related stigma and discrimination.

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

Community initiatives play a critical role in Canada's ability to achieve global targets, reduce barriers, and address systemic inequities affecting people vulnerability to STBBI in culturally appropriate ways. To ensure that communities are supported, the Government of Canada:

➤ Responded to the overdose crisis in communities by:

- Expanding the Prison Needle Exchange Program and Overdose Prevention Service at sites across Canada.
- Granting section 56(1) exemptions under the *Controlled Drugs and Substance Act* to authorize supervised consumption sites, urgent Public Health Need Sites, and drug checking sites.
 - In particular, section 56(1) exemptions were granted to support the establishment of different types of supervised consumption sites to reach diverse populations, such as standalone services, mobile units and sites co-located with community health centres, inpatient or outpatient hospital settings, homeless shelters and supports and supportive housing facilities settings.

➤ Supported community-based efforts to reach the undiagnosed and link them to testing, treatment and care:

- Provided \$1.5 million in time-limited funding to support community-based interventions to address increasing rates of infectious and congenital syphilis among key populations disproportionately affected.
 - Funding supported a national response to gay, bisexual and other men who have sex with men, as well as local responses that reached affected populations in the Prairie provinces.
- Provided capacity-building funding to RÉZO, an organization based in Montreal, that provides education and prevention services for HIV and other STBBI activities such as monitoring of challenges and barriers faced by communities.
- Invested \$450 thousand to support the Toronto People With AIDS Foundation to create a community HIV/STBBI Hub to advance the health and social equality of Black, Indigenous, racialized and other marginalized 2SLGBTQI+ community members living with or at risk of HIV/AIDS and other STBBI in Toronto.
- Introduced the new "Youth Substance Use Prevention Program", which aims to reduce substance use related harms among young people in communities across Canada.
 - On June 26, 2024, the Minister of Mental Health and Addictions and Associate Minister of Health announced more than \$3.1 million in funding for projects across the country that will address the root causes of substance use among youth.

- The renewed Canadian Drugs and Substances Strategy continues to support public education efforts to raise awareness of substance-related harms, promote help-seeking and reduce stigma, and community-led efforts to prevent, delay and reduce substance use and related harms among youth.
 - One example is the launch of the polysubstance public education campaign, “Get the Facts”, designed for students in grades 4-6, to educate students on the risks of alcohol, cannabis, tobacco and vaping products.

➤ **Facilitated the engagement of key stakeholders and partners to share knowledge, information and effective intervention to addressing STBBI in Canada.**

- Provided \$3.9 million annually (2022–2027) to support CATIE’s role as the National STBBI Knowledge Broker.
 - CATIE is a national evidence-based organization that aims to strengthen Canada’s response to HIV and hepatitis C by bridging research and practice. CATIE connects healthcare and community-based service providers with the latest science and promotes good practices for prevention and treatment programs to help support a cohesive, evidence-informed approach to addressing STBBI in Canada.
 - Overall, in 2023–2024, 99% of respondents from the target audiences (frontline service providers, educators, community organizations, public health and healthcare professionals, and policy and decision-makers/leaders) reported an increase in knowledge of effective, evidence-based HIV, hepatitis C, or related STBBI prevention measures.
- Hosted webinars in partnership with community-based funded organizations and other STBBI stakeholders to share lessons-learned and best practices for attendees across Canada, this includes:
 - A webinar hosted with Action Canada for Sexual Health and Rights focused on how health care providers can talk about sexual health as part of overall health and well-being.
 - A webinar hosted with the Canadian Hepatitis B Network on the significance of Hepatitis B in Canada through a showcase of studies from the network.
 - A webinar, led by CATIE, focused on the history of syphilis in Canada, the current situation, and what can be done to address the rising rates of syphilis.
 - Two webinars hosted related to antimicrobial stewardship for nurses in Canada. The first webinar featuring the Canadian Nurses Association and the antimicrobial stewardship Competency Framework for Canadian Nurses, and the second webinar, with Vancouver Coastal Health, focused on the barriers and opportunities for antimicrobial stewardship among Canadian nurses.
 - Indigenous Services Canada hosted a STBBI Open Session with presenters from Fostering Open eXpression among Youth (FOXY) & Strength, Masculinities and Sexual Health (SMASH), and the Feast Center for Indigenous STBBI Research.
 - CATIE and Indigenous Services Canada collaborated to provide a webinar titled: “Capacity building for healthcare professionals on having conversation about sexual health and HIV” and self-directed HIV prevention courses.

Spotlight: The national congenital syphilis conference

In response to the rising rates of infectious and congenital syphilis cases in Canada and the urgent need for unified action, on February 28–29, 2024, the Public Health Agency of Canada hosted the “Taking Action On Congenital Syphilis In Canada: National Conference 2024” through collaborations with various partners nationwide. This initiative was part of the Government of Canada’s broader effort to eliminate syphilis, viral hepatitis, HIV, and other STBBI as public health concerns by 2030, as highlighted in the [Pan-Canadian STBBI Framework for Action](#) and the [Government of Canada’s Renewed STBBI Action Plan \(2024–2030\)](#).

The conference acted as a call to action, bringing together experts from various fields to tackle the obstacles hindering the response to infectious syphilis and congenital syphilis in Canada. It offered a venue for direct action focused dialogue, centered on evidence-based solutions and collaborative efforts across different sectors. Delegate feedback confirmed the success and value of the conference in bringing people together to collectively consider the current challenges and priorities surrounding syphilis.

Conference Objectives

- Enhance understanding of the social and structural determinants that contribute to barriers and disparities in syphilis screening, testing, treatment, and follow-up.
- Discuss strategies to ensure equitable access to syphilis care (screening, testing, and treatment) during pregnancy and for congenital syphilis among priority groups.
- Formulate approaches to enhance the surveillance (data gathering, analysis, and dissemination) and prevention of syphilis and congenital syphilis.

Conference Achievements

- **Facilitated knowledge exchange for 75 delegates across 9 sessions:** The conference enabled the sharing of promising practices and innovative approaches in congenital syphilis care among key partners from multiple sectors.
- **Highlighted critical opportunities for action:** The conference pinpointed the obstacles that need further exploration and outlined subsequent actions that could be undertaken by federal, provincial, territorial, Indigenous governments, health professionals, and community partners to help reduce congenital syphilis rates.
- **Fostered networking for ongoing collaborative knowledge exchange opportunities:** The conference helped stakeholders make important connections within and outside of their disciplines and build their networks to promote continuous sharing of insights post-conference.

Future Directions and Recommendations

The following themes emerged from the conference as key areas for action:

- **Advancing Holistic and Community-Driven Solutions:** Discussions emphasized the need for innovative changes within healthcare and community settings to establish holistic prevention, testing, treatment and care systems. These systems should be developed through collaborative efforts with partners, ensuring they are culturally competent and safe, thus fostering a comprehensive approach to community health.
- **Enhancing Policy and Funding for Inclusive Health:** Discussions emphasized supporting flexible funding models designed for the unique needs of diverse communities and enhancing interagency collaboration to break down silos and address structural barriers to care access.
- **Strengthening Surveillance and Data Integration:** The goal is to develop a strong digital infrastructure that supports seamless data integration and analysis, ultimately enhancing public health responses and decision-making capabilities.
- **Promoting A Supportive and Informed Approach to Sexual Health Care and Destigmatizing STBBI:** Opportunities to provide evidence-based information to normalize sexual health care, destigmatize STBBI, and renew public trust in health care experts and structures.

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

Testing for STBBI enables people to access care, treatment, and support, and can ultimately reduce the onward transmission of infections. Expanding innovative STBBI testing strategies increases the ability to reach the undiagnosed. To improve access to STBBI testing, the Government of Canada:

➤ Developed and deployed technology that supports equitable access to testing:

- Collaborated with NMLB and Indigenous Services Canada to develop innovative options for POCT in community including training, testing and quality oversight.
 - Eight different POCT technologies were available in fiscal year 2023-2024 (GeneXpert molecular testing for HIV, HPV, Hepatitis C Virus (HCV), *Chlamydia trachomatis*/*Neisseria gonorrhoeae*, INSTI rapid tests for HIV (POCT or self-test) and HIV/syphilis, and the Oraquick HCV rapid test.
 - DBS testing for HIV, HCV, Hepatitis B, and syphilis is available. The training on collection of DBS specimens for testing continues to expand to communities across regions — seven provinces have DBS activities to support communities in addressing STBBI testing needs.
- Collaborated with Indigenous Services Canada and NMLB to coordinate supports for community-based testing for a variety of STBBI as identified as priorities by communities.
 - Distinctions based approaches to decentralized Indigenous-led community based testing aligns with priorities identified by Community Leadership.
 - All of these methods help build and sustain rapid testing capacity and reduce barriers to accessing health care services for STBBI.
 - To date, 2,095 tests for *Chlamydia trachomatis*/*Neisseria gonorrhoeae*, HCV, HPV and HIV have been provided for use in communities, and 6,472 multiplex HIV/syphilis tests. Twenty-one sites have received training (in person or virtual) to enhance community-based testing. There are currently 235 communities with capacity for molecular STBBI testing.
 - Work with community partners to identify opportunities for capacity building to strengthen culturally appropriate approaches for supporting community members including training resources that support non-healthcare professionals.
- Developed training resources in both French and English (videos, quick guides and live virtual or in-person sessions) that can be used and adapted as needed by communities to suit individual needs in culturally appropriate and safe manners.
- Facilitated sessions to introduce options for testing (DBS, molecular, rapid tests) for interested communities.
- Procured a small supply of a variety of tests for HIV, HCV, multiplex HIV/HCV, HPV and *Chlamydia trachomatis*/*Neisseria gonorrhoeae* that can be deployed to communities rapidly to mitigate risk or threat of outbreak, with support from NMLB for training and quality oversight.

- Initiated, organized, funded and administered one clinical trial (under Health Canada Medical Device Directorate approval) to evaluate a syphilis-only POCT in Vancouver, BC, Reveal® TP (Syphilis) antibody point-of-care test (MedMira, Inc., Halifax, Nova Scotia). This work, led by NMLB, was in response to community leaders requesting a product that only detects syphilis infection due to HIV-related stigma. Two other clinical trials with different POCT products were being planned for future work.
- Facilitated the availability of new testing technologies on the Canadian market.
 - Fulfilled a role in access to novel STBBI testing technologies by continuing to allow health care professionals access to unlicensed medical devices through the Special Access Program, including HCV, syphilis and HIV tests for clinical applications where the existing licensed devices were not available or were not suitable, thus improving overall patient care related to STBBI.
- Invested an additional \$8.6 million for the procurement and distribution of HIV self-test kits, building on an initial investment of \$8 million in 2022–2023. To the end of March 2024:
 - Almost 240 thousand test kits were distributed to over 450 community-based groups across Canada.
 - These community-based organizations distributed almost 150 thousand kits to more than 60 thousand people in every province and territory.
 - Almost half (46%) of all test kit recipients who completed a demographic survey indicated no prior history of having been tested for HIV.
- Invested in learning opportunities for health care professionals:
 - Collaborated with the University of British Columbia to fund the development of an accredited Continuing Medical Education course on U=U for healthcare professionals.
 - This course provided healthcare professionals with the knowledge and tools to integrate the U=U messaging within their practice while offering culturally competent care that is delivered in safe and non-stigmatizing environments.
- Developed and disseminated HIV and syphilis knowledge and awareness products tailored for health professionals, including factsheets, communication guides, prevention and care tip sheets, infographics and awareness-raising posters.
- Hosted a booth, titled “Let’s talk about sexually transmitted infections: Spotlight on syphilis”, to disseminate STBBI resources for health professionals at the Family Medicine Forum 2023.

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 provides health services or coverage of health care benefits for specific populations, including registered First Nations and eligible Inuit, serving members of the Canadian Armed Forces, individuals incarcerated in federal correctional facilities, and certain immigrant populations to ensure they receive effective and culturally appropriate STBBI care and treatment services. To improve the provision and support of STBBI prevention, testing, and treatment, the Government of Canada:

First Nation and Inuit:

- Provided access to listed direct acting antivirals for the treatment of chronic HCV infection, through the Non-Insured Health Benefits Program, along with other public drug plans across Canada.
 - 🕒 Between fiscal years 2015–2016 and 2023–2024, the number of clients receiving direct acting antivirals for the treatment of chronic HCV infection has increased significantly, with an overall increase of 163%.
 - 🕒 The Non-Insured Health Benefits program simplified the prior approval process for direct acting antivirals used in the treatment of chronic HCV infection to help facilitate quicker access to treatment.
- The Non-Insured Health Benefits program lists products for HIV PEP, HIV PrEP and the treatment of HIV.

Members of the Canadian Armed Forces (CAF):

- Offered STBBI testing on a walk-in basis at every military clinic.
- Offered HPV vaccination at no-cost to full-time CAF members, without demographic restrictions.
- Continued to offer comprehensive preventive and clinical care services as part of the CAF's spectrum of care and the enterprise's commitment to member health.
- Continued to integrate provincial/regional public health initiatives on bases.
- Planned for the next iteration of the Canadian Armed Forces Health Survey. This [cross-sectional survey](#) collects data from members of the CAF 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.

Individuals incarcerated 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.
- Developed dashboards that are available to health professionals to follow progression locally and nationally.
- Provided a robust electronic health record that allows health care providers access to tests, results and treatment to improve continuity of care.
- Along with the revised guidelines, Correctional Service Canada health service sector is revising a series of health promotion and awareness materials to encourage testing.
- Continued to provide health promotion materials for people living in correctional facilities that are reviewed regularly to ensure they include the most up-to-date information.
- Established four overdose prevention sites and established 12 locations where Prison Needle Exchange Program is offered. A calendar of implementation for new sites is in its last phases of consultation.
- Collaborated with the University of Ottawa and McGill University on program evaluation and research in order to continually improve and strengthen programs.
- Reviewed the Take-Home Naloxone Kit User Guide so that a take home kit is offered to all individuals upon release without any criteria.

Immigrants and Refugees

- Continued to provide care and coverage of STBBI-related products and services for beneficiaries, including resettled refugees, asylum claimants and certain other groups (victims of human trafficking, victims of family violence, foreign Nationals detained under *Immigration and Refugee Protection Act*, and certain people resettled in Canada on the Minister's own initiative as a result of public policy or humanitarian and compassionate considerations) during their period of eligibility through the Interim Federal Health Program (IFHP).
 - 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 IFHP, 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.
- Reached the undiagnosed through immigration medical examinations and provided health information to foreign nationals and permanent residents in Canada and overseas.
- Provided monthly 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

Research continues to advance and improve knowledge about STBBI, the conditions that promote vulnerability, the development and implementation of innovative public health interventions. To support STBBI research, the Government of Canada:

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

- Investing \$6.6 million to support ten HIV/AIDS and/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.
- Investing \$1.15 million over six years to support a mid-career applied public health researcher working in population health intervention research, as it relates to development of policy models for STBBI by integrating best evidence of effectiveness, safety, cost, and patient preferences.
- Investing \$570 thousand into four 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 \$315 thousand to support three PhD students with a primary focus on HIV and/or STBBI research.
- Contributing to the [33rd Annual Canadian Conference on HIV/AIDS Research](#) by supporting the Canadian Association for HIV Research's New Researcher Workshop.
- Contributing to the [32nd Annual Canadian Conference on HIV/AIDS Research](#) by hosting a symposium "Using Prevention & Treatment Innovations to Reach Communities".
- Providing \$42 thousand to support 14 Travel Awards for early career researchers and late-stage postdoctoral fellows or research associates whose research has a primary focus on HIV/AIDS and STBBI to attend the 2024 Canadian Institutes of Health Research (CIHR) Institute of Infection and Immunity New Investigator Forum.

➤ Advanced research projects focused on HIV/AIDS and STBBI by:

- Investing \$8.2 million to support up to [five projects](#) to inspire a paradigm shift in health research whereby biological, behavioural, social and environmental diversity and structural determinants of health are considered and integrated. The focus areas include HIV/AIDS and STBBI population health and prevention, co-infections and co-morbidities, and improving outcomes for Indigenous populations.
- Investing \$25 million over five years in a Pan-Canadian clinical trials research network for HIV/AIDS and STBBI.
 - [The HIV/AIDS & STBBI Clinical Trials Research Network funding opportunity](#) aims to build on the important contributions and efforts of the previously funded clinical trial network team and establish research infrastructure that advances innovative, community-centred clinical trials.
 - These trials will have an expanded scope for research on STBBI beyond HIV with a focus on other existing health conditions, co-infections, and disparities in the health and well-being of key populations disproportionately affected by STBBI in Canada.
 - Held a hybrid workshop in Ottawa in November 2023, to support registrants to the funding opportunity in strengthening their proposals.

- Providing \$240 thousand to support twelve grants over one year intended to provide support for planning and/or dissemination activities (either virtual or in-person) consistent with the mandate of the CIHR and relevant to the CIHR HIV/AIDS and STBBI Research Initiative.
- Investing \$1.3 million to fund seven grants over one year and two grants over three years through Priority Announcements in the Spring and Fall of 2023. These grants have a primary focus on HIV, HCV, Hepatitis B, chlamydia, gonorrhea, syphilis, and HPV.
- Supporting research on STBBI of public health relevance including, but not limited to, chlamydia, gonorrhea, syphilis, hepatitis B and HPV with \$1.1 million over one year to support eleven catalyst grant projects and \$4.5 million over three years to support 10 operating grant projects.
- Investing \$2.4 million to support one project to improve the health outcomes of people living with, or at risk of developing, chronic conditions by advancing the repurposing, development, and optimization of innovative interventions. Interventions are to target biological, environmental, social and behavioral triggers of shared pathways of inflammation across two or more chronic conditions and must be relevant to HIV infection and/or other STBBIs that comprise elements of chronic inflammation, including but not limited to HCV.
- Investing \$2 million 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 and Indigenous community-based research by:**

- Investing \$1.7 million to fund four operating grants over three years and \$1.1M to fund eleven catalyst grants over one year. 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 and to develop partnerships between researchers and affected communities.
- Launching a [funding opportunity](#) of \$22.5 million to support up to 15 projects to build community-based research capacity for a diversity of key populations disproportionately affected by STBBI, including \$6 million dedicated to applications relevant to Indigenous Peoples and funds to support distinctions-based approaches.

- **Updated the national-level guidance around STBBI prevention and care, including policies that guide population-level surveillance and reporting, and delivery of education and prevention programmes.**
- **Engaged McMaster Health Forum to develop living evidence syntheses on the effectiveness and Antimicrobial Resistance implications of bacterial sexually transmitted infections prophylaxis (Doxy PEP/PrEP).**
- **Continued to collaborate with Canadian Paediatric Surveillance Program on congenital syphilis project.**

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

Under this priority the Government of Canada leads a process to develop STBBI indicators that are appropriate for the Canadian context and ensure that data enables the measurement of progress against the priorities of the Action Plan. To support regular assessment and public reporting on progress and outcomes, the Government of Canada:

- Collaborated with provincial and territorial governments to develop a national STBBI indicators framework and domestic targets.
 - In November 2023 the Communicable and Infectious Disease Steering Committee approved the four phases of this initiative including proposed priority indicators to collect in Phase 2 and 3 of the project.
 - The [initial set of federal indicators](#), previously set to launch in Fall 2023, was published in January 2024 as part of Phase 1 of the project.
 - There will be ongoing work with provinces and territories to assess the feasibility of collecting Phase 2 and 3 priority indicators.
- Led discussions on data collection in line with the Ownership, Control, Access, Possession (OCAP) principles.
 - Worked toward the development of an integrated case management, contact tracing, and surveillance data system for use at the community and regional levels.
 - This disease-specific data system will improve the timeliness and accuracy of surveillance of STBBI and the availability of disease outcome data for community and regional decision-makers.
 - An anticipated outcome of this project is to produce enhanced visualizations of STBBI burden, including interactive mapping of high burden areas and overlaying otherwise valuable descriptive information.
- Invested in automating the annual communicable diseases reporting, including the creation of an STBBI dashboard for data sharing with and reporting to partners.
- Began evaluation of the CIHR HIV/AIDS and STBBI Research Initiative.
- Conducted a comprehensive survey of over 3 thousand Canadians to identify knowledge gaps and barriers to accessing STBBI testing, treatment, and care.
 - This research provided evidence-based insights that informed the development of Knowledge-to-Action strategies, enhancing their effectiveness and ensuring they addressed the real needs of Canadians.
- Conducted public opinion research to identify baseline levels of current awareness, perceptions, gaps in knowledge and barriers to care related to HIV and STBBI.

- Held three rounds of discussion tables with key populations and health professionals to gather qualitative insights into experiences with HIV and syphilis.
 - These discussions provided valuable context and depth to the survey findings, enhancing the understanding of the challenges and needs of those affected by STBBI.
- Released routine STBBI surveillance products:
 - [Chlamydia, gonorrhea and infectious syphilis in Canada: 2021 surveillance data update](#) (infographic)
 - [Infectious syphilis and congenital syphilis in Canada, 2022](#) (infographic)
 - [Hepatitis B in Canada: 2021 surveillance data update](#) (infographic)
 - [Hepatitis C in Canada: 2021 surveillance data update](#) (infographic)
 - [HIV in Canada: 2022 surveillance highlights](#) (infographic)
 - [HIV in Canada, Surveillance Report to December 31, 2021.](#)
- Released a series of reports and resources such as:
 - Released [Trends in HIV Pre-Exposure Prophylaxis \[HIV-PrEP\] use in 9 Canadian provinces, 2019–2022](#)
 - Published a rapid communication in the November/December 2023 issue of Canada Communicable Disease Report (CCDR) titled [Risk of sexual transmission of HIV in the context of viral load suppression.](#)
- Initiated a review of available evidence on STBBI burden among transgender people in Canada.
- Supported the Government of Canada’s response to mpox by enhancing surveillance efforts:
 - Updated case definitions;
 - Provided modifications to case report form surveillance; and,
 - Ongoing surveillance and sharing of data with provincial and territorial partners, and the World Health Organization.

Indigenous data sovereignty principles: First Nations principles of ownership, control, access, and possession

First Nations have a long history of collecting, using, and governing the information needed to make decisions related to health and well-being. However, data collection practices have not always been beneficial or respectful of First Nations' rights and interests. The First Nations principles of ownership, control, access, and possession (OCAP) is a response to these practices.

Established in 1988, OCAP principles are a tool that support the path to First Nations' data governance and sovereignty. OCAP principles apply to research, monitoring and surveillance, surveys and statistics. Given the diversity within and across Nations, the principles will be expressed and asserted in line with a Nation's respective world view, traditional knowledge, and protocols.

Ownership refers to the relationship of First Nations to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.

Control affirms that First Nations, their communities, and representative bodies are within their rights to seek control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project, from start to finish. The principle extends to the control of resources and review processes, the planning process, management of the information and so on.

Access refers to the fact that First Nations must have access to information and data about themselves and their communities regardless of where it is held. The principle of access also refers to the right of First Nations' communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.

Possession refers to the physical control of data. While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete; possession is the mechanism by which ownership can be asserted and protected.

Spotlight: 2019–2024 STBBI Action Plan key achievements

1. Moving toward truth and reconciliation with First Nations, Inuit and Métis Peoples

- Implementation of the Federal [2SLGBTQI+ Action Plan](#) which aims to advance rights and equality for 2SLGBTQI+ people in Canada.
- Funding Indigenous-led projects across Canada, and supporting the development of information resources and interventions by and with First Nations, Inuit and Métis communities, through the [HIV and Hepatitis Community Action Fund](#) and [Harm Reduction Fund](#).
- Support for decentralized Indigenous-led community based testing and distinctions based approaches to build STBBI capacity.

2. Stigma and discrimination

- Canada's endorsement of the [U=U global declaration and launch of the U=U campaign](#).
- Launch of a syphilis campaign to raise awareness and reduce stigma among key populations and health professionals.
- Canadian Blood Services and Héma-Québec eliminated the three month blanket donor deferral period for all sexually active men who have sex with men, and instead began screening all donors, regardless of gender or sexuality, for high risk sexual behaviour. This change towards a more inclusive screening was authorized by Health Canada and applies to both blood and plasma donation.
- Implementation of the [Know More Opioids](#) campaign, which engages teens and young adults across Canada through a virtual platform to increase their knowledge on the overdose crisis, ways to reduce harms and substance use stigma.
- The continuation of the [Ease the Burden](#) public education campaign, which targets men in physically demanding jobs and seeks to reduce the stigma of asking for help.
- Publication of the [Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach](#) for schools and organizations that support youth.

3. Community innovation — Putting a priority on prevention

- Annual investments of \$33.4 million in grant and contribution funding through the Community Action Fund and Harm Reduction Fund to support community-based interventions that reduce the burden of STBBI in Canada.
- Implementation of the [Prison Needle Exchange](#) and [overdose prevention services](#) in federal prisons.

4. Reaching the Undiagnosed — Increasing access to STBBI testing

- Facilitated the availability of new testing technologies to the Canadian market, including the bioLytical INSTI HIV self-test and the bioLytical INSTI HIV1/2 Syphilis Antibody Test.
- Expansion of the Northern Remote and Isolate Initiative to address barriers to accessing STBBI testing services and linkage to treatment for priority populations and Indigenous communities.

5. Providing prevention, treatment and care to populations that receive health services or coverage of health care benefits from the federal government

- Ongoing delivery of the Non-Insured Health Benefits Program for First Nations and Inuit through which continued access to direct acting antivirals for the treatment of chronic HCV infection for First Nations and eligible Inuit is provided.
- Implementation of the Interim Federal Health Program (IFHP) to provide coverage of STBBI-related products and services for resettled refugees, asylum claimants and certain other groups (victims of human trafficking, victims of family violence, foreign Nationals detained under *Immigration and Refugee Protection Act*, and other identified groups where the Minister has granted coverage) during eligibility period.

6. Leveraging existing knowledge and targeting future research

- Publication of the HIV/AIDS and STBBI Research Initiative Strategic Plan 2022–2027 to achieve research excellence that reduces the incidence and improves the management of HIV/AIDS and STBBI, eliminates stigma and discrimination.
- Contribution to the 2023 and 2024 Annual Canadian Conference on HIV/AIDS Research to provide an opportunity for researchers and community members to share the latest scientific advances in the STBBI field.

7. Measuring impact — Monitoring and reporting on trends and results

- Development of domestic STBBI targets and indicators, in collaboration with provincial and territorial public health authorities and other government departments, to map out Canada's progress towards meeting global STBBI targets.

AFTERWORD

The 2023–2024 Progress Report serves as a comprehensive overview of the initiatives undertaken to fulfill the commitments outlined in the 2019–2024 STBBI Action Plan. It showcases the collaborative efforts of nine federal departments, emphasizing their crucial role in enhancing STBBI prevention, improving equitable access to testing, treatment, and care, and addressing the stigma and discrimination associated with STBBI.

With the renewed [STBBI Action Plan \(2024–2030\)](#), the federal government committed to enhance Canada’s approach to STBBI, by focusing on prevention, timely diagnosis, and effective treatment.

The 2024–2030 Action Plan aims to reduce the impact of STBBI, improve public health outcomes, and advance overall health and well-being. However, this cannot be achieved without the collaboration of various stakeholders, including community-based organizations, Indigenous leaders, provinces and territories, researchers, clinicians, public health professionals, and people with lived and living experience of STBBI.