Global AIDS Monitoring:

Canada's 2019 Report on Responses to the National Commitments and Policy Instrument: Part B—Civil Society Perspectives Global AIDS Survey

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Executive summary

Canada has committed to reporting to the United Nations General Assembly on HIV/AIDS, as part of its commitment under the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2020 (referred to as the 2016 Political Declaration). Canada will report findings gathered through the National Commitments and Policy Instrument (NCPI) which includes: 'Part A', information from national authorities of each member country; and 'Part B', completed by civil society in each country (i.e. this report).

About the survey of civil society and this report

In February 2019, the Public Health Agency of Canada (PHAC) conducted an online survey (developed by UNAIDS) of Canadian civil society organizations and individuals to solicit their understanding of, and views on, the nature and status of HIV-related laws, policies, strategies, programs, and services over the past two years (2017 and 2018). PHAC invited over 1,750 national, regional, and local stakeholders to complete the survey during the period of February 8-22, inclusive.

Of the 219 people who started the survey, 56 submitted responses; 42 people answered all questions and 14 people answered some questions. Responses that did not address questions beyond the demographic information requested were deemed to be unusable and excluded from summary and analysis. Respondents reflect civil society organizations and individuals from most (but not all) provinces and territories in Canada and a diverse range of key populations including: gay, bisexual and other men who have sex with men; transgender people; people who use drugs, including injection of drugs; Indigenous peoples; newcomers, refugees and immigrant populations; African, Black and Caribbean communities; sex workers; and prisoners. Two thirds of respondents self-identify as representing an organization; of those, a significant proportion indicated that they are from community-based organizations. One third of respondents self-identified as individuals.

Limitations

The results presented in this report represent the state of knowledge and the perceptions of members of civil society who chose to participate in the survey. While their responses have intrinsic value, they are not necessarily representative of the full range of civil society workers and advocates involved in HIV work in Canada. Moreover, many questions ask for respondent's knowledge of laws, policies and practices in Canada, and their perceptions and/or knowledge may not always fully and accurately reflect the state of those laws, policies and practices, which are set out in Part A[1] of Canada's NCPI report. For example, civil society survey responses indicate that over one half (59.2%) of respondents believe there are no forms of mandatory HIV testing carried out in Canada. As reported in Part A of Canada's NCPI report, the Government of Canada (Immigration, Refugees and Citizenship Canada) administers routine HIV testing for

[1] Results of Part A are available in a database of responses provided to UNAIDS by the Government of Canada (http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting)

newcomers to the country (and several respondents identified this testing in their descriptive comments). It is probable that many civil society respondents are not aware of this testing if it is outside their scope of work. Additional examples limitations of survey results are included throughout this report.

Key Findings

Laws and the treatment of drug users, transgender people, and sex workers: A slight majority of civil society respondents (53.6%) agree that possession of a needle/syringe without a prescription cannot be used as evidence of drug use or cause for arrest in Canada, although one quarter (25.0%) say they do not know the status of the law on this. Almost two thirds (64.3%) answered "no" when asked if transgender people in Canada have been arrested or prosecuted in the last three years for manifestations related to their gender identity. Two thirds (66.1%) believe that sex workers in Canada had been arrested or prosecuted in relation to selling sex (in the past three years). Four fifths (82.1%) indicated that people in Canada had not been arrested or prosecuted for consensual same-sex sexual acts over the same period.

Legal protection of key populations: The majority of civil society respondents indicated awareness of a number of forms of legal protection for transgender people available in Canada (listed for respondents to choose from), most notably: constitutional prohibition of discrimination based on sex (75.0%) and/or on gender diversity (58.9%), and prohibitions of discrimination in employment based on gender diversity (62.5%). Close to one third (30.4%) noted that a third gender is legally recognized in Canada. A large proportion of respondents indicated awareness of the following: constitutional prohibition of discrimination based on sexual orientation (73.2%) or sex (69.6%); hate crimes based on sexual orientation considered an aggravating circumstance (71.4%); and prohibition of incitement to hatred based on sexual orientation (58.9%). There is divided awareness of specific anti-discrimination laws or other provisions that apply to people who use drugs — but almost all respondents (98.2%) are aware that needle and syringe programmes are operational in Canada, that naloxone is available through community distribution (98.2%), and that opioid substitution therapy (OST) programmes are operational (94.6%).

Prevention and treatment services for prisoners: A majority of respondents noted that condoms and lubricants are available to prisoners (62.5%), and that antiretroviral therapy is available to all prisoners living with HIV (72.2%). There is generally little awareness about policies and practices related to HIV tests in prisons.

Participation of key populations in development of policies, guidelines, and strategies: A high proportion of respondents indicated that key stakeholder populations in Canada participate in developing policies, guidelines, and/or strategies relating to their health, notably: men who have sex with men (82.1%); transgender people (60.7%); and people who inject drugs (50.9%). An appreciably smaller proportion (35.8%) believe that former and/or current prisoners participate in the development of policies, guidelines, or strategies.

Knowledge, awareness, and capacity building: The vast majority of respondents indicated that, over the past three years, there have been training and/or capacity-building programmes for people living with HIV and key populations to educate and raise awareness about their rights (in the context of HIV). Respondents identified key barriers (from a list provided): lack of funding (79.6%); barriers to access by target audiences (67.4%); lack of delivery capacity (59.5%); and lack of political will (57.1%).

Prevention and response to discrimination and rights abuses: Three fifths (60.8%) of respondents agree that Canada has government mechanisms in place to address cases of individual complaints of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population). Specific mechanisms mentioned include: the Canadian Human Rights Act; Human Rights Commissions and Tribunals (Canadian and provincial); and mechanisms to address discrimination and violations of human rights in health care settings. They also identified barriers to accessing accountability mechanisms, most notably: limited awareness or knowledge of how to use such mechanisms and affordability constraints for people from marginalized and affected groups. A majority (58.8%) say they believe that key populations or people living with or affected by HIV face particular barriers in accessing justice in Canada, with racism, stigma, discrimination, and the consequences of criminalization cited frequently.

HIV testing and related services: While a majority of respondents (59.2%) believe that Canada does not have any form of mandatory HIV testing, close to one third (30.6%) indicated that there are some forms of compulsory HIV testing (such as for immigration, medical procedures, occupational exposure, victims of crime, and prison inmates). The vast majority of respondents indicated that retention support services are available, including (from a list provided): community-based interventions (95.9%), and adherence clubs and peer support (63.3%).

Prevention of mother-to-child transmission: The vast majority of respondents (91.7%) were unaware of the number of health facilities in Canada providing services for preventing mother-to-child transmission (PMTCT) of HIV. Three quarters (75.0%) were unaware if a meeting had been held at the national level to review PMTCT progress in the past 12 months.

Prevention, protection, and support services for gender inequality, violence, and discrimination: A significant majority of respondents said they are aware of several provisions related to domestic violence in Canada, most notably (selected from a list provided in the survey): protection services for survivors of domestic violence, such as legal services or shelters (83.3%); court injunctions to ensure the safety and security of survivors (81.3%); and services for the person perpetrating violence (68.8%). A significant majority of respondents also identified awareness of measures to protect key populations and people living with HIV from violence, particularly general criminal laws prohibiting violence (89.6%), programmes to address intimate partner violence (60.4%), and programmes to address workplace violence (64.6%). One third of respondents (31.3%) indicated that there are consistently applied policies in place in Canada requiring health care settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion,

language, socio-economic status, HIV or other health status, the selling of sex, drug usage, living in prison or on any other grounds. Another two thirds said that while such policies exist, they are not consistently implemented.

Capacity and role of young people to protect themselves from HIV: About one third of respondents (37.5%) noted that young people in Canada participate in developing policies, guidelines and strategies relating to their health—a slightly greater proportion (39.6%) said they did not know if young people were involved in these activities.

Social protection for people living with, at the risk of, or affected by HIV: Respondents identified barriers (listed for respondents to choose from) that limit access to social protection: fear of stigma and discrimination; lack of information on programmes; high out-of-pocket expenses; and complicated procedures.

Community-led service delivery: Only a very small proportion of respondents indicated that Canada has restrictions (listed for respondents to choose from) on the registration and operation of civil society and community-based organizations that affect HIV service delivery, including territorial restrictions such as zoning (22.2%), restrictions on providing services to key populations (17.8%), and cumbersome reporting and other restrictions on operations (17.8%). Two-fifths (20.0%) indicated no knowledge of laws, policies, or regulations that hinder access to funding for work by civil society organizations and community-based organizations. Some respondents indicated barriers such as restrictions on providing services to key populations (26.7%), restrictions requiring that HIV services be provided only in health-care facilities (18.6%), and overly restrictive criteria for eligibility for community-based service delivery (16.3%).

I Methodology/Process

The Public Health Agency of Canada (PHAC) conducted an online survey of civil society organizations and individuals about their knowledge and understanding of the status of, and response to, HIV in Canada for the two-year period of 2017-2018. The survey was developed by the United Nations and all countries that have adopted the 2016 Political Declaration (including Canada), were asked to invite civil society in their respective jurisdictions to complete the survey as developed by UNAIDS. PHAC contracted a third-party consultant (Cathy Robinson, Allium Consulting Group Inc.) to manage the survey and summarize responses.

About the civil society survey and respondents

The 2019 civil society survey consists of 50 mostly closed-ended questions aimed at gauging non-government perspectives on the status of, and progress on, domestic responses to a series of 2016 Political Declaration commitments. It addresses most (but not all) of the commitments. For example, data on progress toward "90-90-90" targets in the Commitments are reported elsewhere. For some commitments, other evidence is available, or data could be better captured or more clearly interpreted through other survey or investigative tools. PHAC implemented the survey as prepared by UNAIDS (i.e., no questions were omitted or added).

By email, PHAC invited approximately 1,750 representatives of civil society organizations and individuals involved in work related to HIV and other sexually transmitted and blood-borne infections (STBBIs) to complete the survey. Invitees included representatives of national, regional, and local stakeholders. The survey was implemented by PHAC using Voxco survey software and was offered in both English and French.

All invitees were invited to a webinar hosted by PHAC (and its consultant for this project) on February 8, 2019. Some 30 members of civil society joined the webinar, which provided background information on the Global AIDS initiative and the survey, walked through the types of survey questions, and provided an opportunity for participants to ask questions.

The survey was open for completion from February 8-22, inclusive. During that period, 219 respondents opened the survey and provided at least some demographic information.

A total of 56 respondents submitted useable responses (i.e., they either fully (42 respondents) or partially completed the survey (14 respondents)) and their responses form the basis for this report. The 163 responses that only included preliminary demographic information about the respondent/organization (i.e., did not include any responses to substantive questions) were excluded from analysis of results. Most survey questions were mandatory, meaning that those who completed the survey answered most or all of the questions.

Limitations of the survey results

The results presented in this report represent the state of knowledge and the perceptions of members of civil society who chose to participate in the survey. While their responses have

intrinsic value, they are not necessarily representative of the full range of civil society workers and advocates involved in HIV work in Canada. Moreover, many questions ask for respondent's knowledge of laws, policies and practices in Canada, and their perceptions and/or knowledge may not always fully and accurately reflect the state of those laws, policies and practices, which are set out in Part A[2] of Canada's NCPI report. Examples of how response summaries for questions in the civil society survey (NCPI Part B) are not well aligned with responses in Canada's NCPI Part A are included in the section III of this report.

Survey results were compiled and analyzed in early March 2019 and a draft report was sent to 12 survey respondents who responded to PHAC's invitation to review it (March 11 to 13, 2019). One set of comments was received and was considered in finalizing the report.

[2] Results of Part A are available in a database of responses provided to UNAIDS by the Government of Canada (http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting)

II About Respondents

Of the 56 respondents who completed some or all of the survey, 66.1% (37) identified as representing an organization while 33.9% (19) indicated that they were responding to the survey as an individual.

Among Organizations

Of those representing organizations (37), most identified as being from either a regional/provincial organization (43.2%) or a local organization (40.5%), with the remainder representing a national organization (16.2%). They indicated that they serve the following provinces and territories: British Columbia (10), Ontario (6), Saskatchewan (4), Quebec (4), Alberta (2), Prince Edward Island (2), Newfoundland and Labrador (1), Manitoba (1) and Yukon (1). Six (6) respondents said that their organization is a national organization. No respondents said they serve New Brunswick, Nova Scotia, Northwest Territories, or Nunavut respectively.

Those 37 representing an organization stated that they serve or represent the following communities: (Totals add up to more than 100% as respondents could select all that apply.)

- People living with HIV (87.0%)
- People who inject drugs (70.3%)
- Gay, bisexual and other men who have sex with men (67.6%)
- Sex workers (59.5%)
- Transgender communities (56.8%)
- Indigenous communities (51.4%)
- African, Caribbean and Black communities (46.0%)
- Newcomer, refugee and immigrant communities (46.0%)
- Prisoners (40.5%)
- Other (27.0%)

Among the 37 respondents who stated that they represent an organization, they identified working in the following sectors or areas: (Totals add up to more than 100% because respondents could select all that apply.)

- Community-based organization (83.8%)
- Education (67.7%)
- Front line service delivery (62.2%)
- Policy/Advocacy (54.1%)
- Peer-based mentoring/peer advising/peer engagement (51.4%)
- Academic/Research (37.8%)
- Private sector (2.7%)
- Other (5.4%)
- Private foundation (0%)

Among individual respondents

Individual respondents (18) indicated that they live in the following provinces and territories: Ontario (7), British Columbia (3), Nova Scotia (2), Newfoundland and Labrador (2), Alberta (1), Saskatchewan (1), Quebec (1), and Prince Edward Island (1). None of the individual respondents indicated that they live in Manitoba, New Brunswick, Northwest Territories, Nunavut, or Yukon.

Among individual respondents, 11 self-identified as being part of a specific population or community.

- People living with HIV (3)
- Indigenous communities (1)
- African, Caribbean and Black communities (2)
- Newcomer, refugee and immigrant communities (1)
- Gay, bisexual and other men who have sex with men (5)
- Other (4)

No individual respondents self-identified with transgender communities, people who inject drugs, sex workers, or prisoners.

III Highlights of Survey Responses

The 50 survey questions were presented to survey respondents under one or more of the 2016 Political Declaration Commitments — responses are summarized in the same manner. The specific survey questions related to each Commitment are also identified in the following summary.

2016 Political Declaration Commitments:

- Ensure access to combination prevention options, including pre-exposure prophylaxis (PrEP), voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people, especially young women and adolescent girls in high-prevalence countries and key populations — gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs, and prisoners.
- Ensure that 90% of people at risk of HIV infection have access to comprehensive HIV prevention services, including sex workers and their clients, men who have sex with men, transgender people, people who inject drugs, and prisoners. Reach 3 million people with pre-exposure prophylaxis by 2020. Reach 25 million men with voluntary medical male circumcision in high-incidence countries by 2020. Make 20 billion condoms available annually by 2020 in low- and middle-income countries.

This section of the report includes questions about law enforcement (Q1 to Q5), legal protection for key populations (Q6 to Q9), HIV prevention services for people who inject drugs (Q10 to Q12), HIV prevention services in prisons (Q13 to Q17), participation of certain population groups in development of HIV policies and strategies (Q18 to Q22), and access to pre-exposure prophylaxis (Q23-24). Unless otherwise stated, 56 respondents answered these questions.

Approximately one-fifth (21.4%) of respondents believed that possession of a needle/syringe without a prescription can be used as evidence of drug use or cause for arrest in Canada, while more than one-half (53.6%) believed that it cannot. One quarter (25.0%) did not know if this was the case. Among respondents, almost two-thirds (64.3%) did not believe that transgender people in Canada had been arrested or prosecuted for manifestations of their gender identity in the past three years. Only one-tenth (10.7%) believed that there had been such arrests, and one quarter did not know.

Reflecting on actions in Canada, two-thirds (66.1%) of respondents said they believe that sex workers in Canada had been arrested or prosecuted in relation to selling sex in the past three years. An even larger proportion (82.1%) indicated that people in Canada had not been arrested or prosecuted for consensual same sex sexual acts during the same period. Four fifths (80.0%) of respondents believe that people in Canada had been arrested or prosecuted for using drugs in the past three years.

Respondents indicated that a number of forms of legal protection for transgender people are available in Canada. The most frequently cited measures include: constitutional prohibition of discrimination based on: sex (75.0%); gender diversity (58.9%); and any grounds (48.2%), as well as prohibitions of discrimination in employment based on gender diversity (62.5%). An appreciable proportion (30.4%) noted that a third gender is legally recognized in Canada.

With respect to legal protection for sex workers in Canada, a significant portion (41.1%) of respondents indicated that selected protection measures (e.g., sex work recognized as work; or prohibition of discrimination based on occupation or on any grounds) apply in Canada or they did not know of measures (39.3%). However, on the matter of laws or other provisions specifying protections based on grounds of sexual orientation in Canada, a large proportion of respondents indicated: constitutional prohibition of discrimination based on sexual orientation (73.2%) or sex (69.6%); hate crimes based on sexual orientation considered an aggravating circumstance (71.4%); and prohibition of incitement to hatred based on sexual orientation (58.9%).

Of 55 respondents, views were divided on awareness of specific antidiscrimination laws or other provisions that apply to people who use drugs: yes (34.5%), no (41.8%) and don't know (23.6%). However, almost all respondents were aware that needle and syringe programmes are operational in Canada (98.2%), that naloxone (used to reverse opioid overdoses) is available through community distribution (98.2%), and that opioid substitution therapy (OST) programmes are operational (94.6%).

With respect to prevention and treatment services for prisoners, a majority (62.5%) of respondents noted that condoms and lubricants are available to prisoners, and a somewhat larger proportion (72.1%) of respondents indicated that antiretroviral therapy (ART) is available to all prisoners living with HIV. There is mixed awareness among civil society respondents about the availability of — and policies and practices related to — HIV tests in prisons. For example, while almost one half (47.3% of 55 respondents) say that HIV tests are carried out with the informed consent of prisoners, the remainder (52.7%) say they don't know. The majority of respondents say they do not know whether tests are available at any time (60.0% of 55 respondents), accompanied by relevant and accessible information (61.8% of 55 respondents) or equally accessible to all prisoners (64.8% of 54 respondents).

In general, a high proportion of respondents indicated that key stakeholder populations in Canada participate in developing policies, guidelines, and/or strategies relating to their health, notably: men who have sex with men (82.1%); transgender people (60.1%); and people who inject drugs (50.9% of 55 respondents). An appreciably smaller proportion (35.8%) of respondents believe that former and/or current prisoners participate in development of policies, guidelines, or strategies.

Similarly, with respect to pre-exposure prophylaxis (PrEP), a high proportion of respondents indicated availability through a number of means: public facilities (83.9%); private providers (58.9%); and research (including pilot studies and demonstration projects) (57.1%). High out-of-

pocket costs of PrEP services was the most frequently cited (56.4%) barrier that limits access to PrEP in Canada, with PrEP being provided only in specialized HIV treatment locations (32.7%) as the next most-cited barrier among respondents.

2016 Political Declaration Commitment:

- Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

This section of the report presents highlights of responses to questions on rights literacy (Q25 to Q26) and accountability mechanisms (Q27 to Q32).

The vast majority of 51 respondents indicated that, over the past two years, there have been training and/or capacity-building programmes for people living with HIV and key populations to educate them and raise awareness about their rights (in the context of HIV). Only 2% said there were not such training programmes in place. Appreciable proportions indicated availability of programs at scale, whether at the national level (29.4%) or sub-national level (13.8), while others indicated small-scale programs (25.5%) or one-off activities (19.6%). Respondents (49) indicated a number of barriers (from a list provided in the survey) to such training and capacity building, most notably: lack of funding (79.6%), barriers to access that target audiences face (67.4%), lack of delivery capacity (59.8%), and lack of political will (57.1%).

Three fifths (60.8%) of 51 respondents agree that Canada has government mechanisms in place to address cases of individual complaints of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population). The most frequently cited mechanisms included the *Canadian Human Rights Act* as well as Human Rights Commissions and Tribunals at federal (national) and provincial levels, while other examples included HIV legal clinics and ombudsmen. A majority of 51 respondents indicated the availability of a number of mechanisms to address discrimination and violations of human rights in healthcare settings, including: complaints procedures (84.3%), procedures or systems to protect and respect patient privacy or confidentiality (78.4%), and mechanisms of redress and accountability (58.8%). However, they indicated a number of barriers to accessing accountability mechanisms, most notably limited awareness or knowledge of how to use such mechanisms (60.0%) and affordability constraints for people from marginalized groups (54.0%). Appreciable proportions indicated that the mechanisms are not sensitive to HIV (32.0%) or do not function (22.0%).

The vast majority of 51 respondents indicated that one or more mechanisms (from a list provided in the survey) are in place in Canada to promote access to justice (and only 2% indicated none), most notably: legal aid systems applicable to HIV casework (64.7%); pro bono legal services provided by private law firms (56.9%); legal services provided by (university-based) legal clinics (43.1%); and community paralegals (37.3%). The majority (64.0%) of 50 respondents, however, said they do not know if Canada monitors access to justice amongst key

populations or people living with or affected by HIV. A majority (58.8%) of 51 respondents indicated they believed that key populations or people living with or affected by HIV face particular barriers in accessing justice in Canada, with racism, stigma and discrimination, and the consequences of criminalization being the most frequently cited barriers.

2016 Political Declaration Commitment:

- Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020.

This section of the report presents highlights of responses to questions on HIV testing and other services available (Q33 to Q36).

A majority (59.2%) of 49 respondents say that Canada does not provide or carry out any form of mandatory HIV testing. (This finding points to a limitation of the findings: as reported in Part A of Canada's National Commitments and Policy Instrument (NCPI) report, the Government of Canada (Immigration, Refugees and Citizenship Canada) administers routine HIV testing for newcomers to the country (and several respondents identified this testing in their descriptive comments). It is probable that many civil society respondents are not aware of this testing if it is outside their scope of work. However, an appreciable proportion (30.6%) indicated that compulsory HIV testing is/may be required in certain circumstances and gave such as: immigration; medical procedures; occupational exposure; victims of crime; and prison inmates.

The vast majority of 49 respondents indicated that viral load testing is available in Canada, with the following sources indicated (from a list of sources provided in the survey): at antiretroviral therapy facilities, either on-site or by referral (36.7%); at specialized centres only (34.7%); and at a variety of other sites (18.4%) including: physicians, healthcare facilities, STD and other medical clinics, and laboratories. Similarly, the vast majority of 49 respondents indicated that retention support services are available in Canada, with the following (from a list included in the survey) indicated by large proportions of the respondents: community-based interventions (95.9%); and adherence clubs and peer support (63.3%). With respect to adherence clubs and peer support, respondents (49) cited the following (from a list included in the survey) as the most significant forms: peer counsellors (85.7%), case management (83.7%), peer navigation (73.5%), and fixed-dose combinations and once-daily regimens (57.1%). However, other forms were also indicated by an appreciable proportion of respondents: behavioural skills training/ medication adherence training (42.9%), use of reminder devices (34.7%), cognitive-behavioural therapy (34.7%), and text messages (26.5%).

2016 Political Declaration Commitment:

- Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

This section of the report presents highlights of responses to questions related to prevention services and accountability for preventing mother to child transmission of HIV available (Q37 to Q41).

Virtually all (91.7%) of 48 respondents say they do not know the number of health facilities in Canada providing services for preventing mother-to-child transmission (PMTCT) of HIV; only one respondent (2.1%) indicated that there are two such facilities. (Note that Part A of Canada's National Commitments and Policy Instrument (NCPI), reports that virtually all health facilities in Canada provide PMTCT services. This points to a limitation of civil society survey results.)

The vast majority (75.1%) of 48 respondents were also unaware if a meeting had been held at the national level to review PMTCT progress in the past 12 months. Among those few respondents (4) who responded with information about such a national meeting on PMTCT progress, most indicated that there had been active engagement of key groups: community and civil society (75.0%); and women living with HIV (75.0%). All (100%) indicated that opportunity was provided for community and civil society to provide comments, and most (75.0%) agreed that analysis by community and civil society was provided in a systematic manner and that analysis was provided by community and civil society documented and disseminated following the meeting.

While one-third (32.7%) of 46 respondents indicated that women living with HIV in Canada participate in developing policies, guidelines, and strategies related to PMTCT, almost one-half (46.9%) indicated that they did not know of such participation. Most (63.0%) of 46 respondents were generally not aware of objectionable actions in relation to PMTCT programs, although one fifth (19.6%) indicated that they were aware of the lack of informed, voluntary, and prior obtained consent.

2016 Political Declaration Commitments:

- Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.
- Ensure universal access to quality and affordable sexual and reproductive health-care services, including HIV services, for women.
- Eliminate HIV-related stigma and discrimination in health-care settings by 2020. Review and reform laws that reinforce stigma and discrimination, including on age of consent, HIV non-disclosure, exposure and transmission, travel restrictions and mandatory testing.

This section of the report presents highlights of responses to questions related to gender inequality, violence, and discrimination against women and girls, and people living with HIV (Q42 to Q45).

A significant majority of 48 respondents indicated that they are aware of several provisions related to domestic violence in Canada (from provisions listed in the survey), most notably: protection services for survivors of domestic violence, such as legal services or shelters (83.3%); court injunctions to ensure the safety and security of survivors (81.3%); and services for the person perpetrating violence (68.8%). A more modest majority also indicated special prosecutions unit in law enforcement (52.1%).

A significant majority of 48 respondents also indicated awareness of measures to protect key populations and people living with HIV from violence, the most significant of which is the existence of general criminal laws prohibiting violence (89.6%). Other measures noted by a majority of respondents include programmes to address intimate partner violence (60.4%), and programmes to address workplace violence (64.6%).

The survey listed a number of possible service delivery points that provide appropriate medical and psychological care and support for women and men who have been raped and experienced incest in accordance with the recommendations of the 2013 WHO guidelines on responding to intimate partner violence and sexual violence against women. A large majority of 47 respondents indicated awareness of: post-exposure prophylaxis for sexually transmitted infections and HIV (within 72 hours of sexual assault) as needed (83.3%); emergency contraception for women who seek services within five days (83.1%); safe abortion if a woman becomes pregnant as a result of rape in accordance with national law (78.7%); and first-line support (“psychological first aid”) (68.1%).

Virtually all (95.9%) of 48 respondents indicated that there are policies in place in Canada requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, the selling of sex, drug usage, living in prison, or any other grounds. However, only one third (31.3%) indicated that such policies are consistently

implemented while two thirds (64.6%) indicated that, while the policies are in place, they are not consistently implemented.

2016 Political Declaration Commitment:

- Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

This section of the report presents highlights of responses to questions related to the capacity and role of young people to protect themselves from HIV (Q46).

With respect to the engagement of young people in Canada in developing policies, guidelines, and strategies relating to their health, a little more than one third (37.5%) of 48 respondents noted such participation, but a slightly greater proportion (39.6%) are not aware of such participation and an additional portion (22.9%) say that young people are not engaged in such work. When asked about the extent that young people participate in decision-making spaces in the national HIV response, 18 respondents (the 37.5% of 48 who said that young people participate in developing polies, guidelines and strategies) offered the following examples (from a list of national spaces included in the survey): community advisory body for hospitals, clinics and/or research projects (61.1%); national AIDS Coordinating Authority or equivalent, with a broad-based multi-sector mandate (56.0%); civil society coordination spaces of populations most affected by HIV (50.0%); technical teams for the development or review of programmes that relate to young people’s access to HIV testing, treatment, care and support services (44.4%); and technical teams for the development, review, and update of the national AIDS strategies and plans (38.9%).

Political Declaration Commitment:

- Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.

This section of the report presents highlights of responses to questions related to social protection for people living with and at risk of/affected by HIV (Q47).

Of 46 respondents, views were identified on a number of barriers in Canada (from a list provided in the survey) that limit access to social protection, most notably: fear of stigma and discrimination (76.1%); lack of information available on the programmes (60.9%); laws or policies that present obstacles to access high out-of-pocket expenses (50.0%); complicated procedures (45.7%); and high out of pocket expenses (40.0%).

2016 Political Declaration Commitment:

- Ensure that at least 30% of all service delivery is community-led by 2020.

This section of the report presents highlights of responses to questions related to community-led service delivery (Q48 to Q50).

Modest proportions of 48 respondents indicated that Canada has restrictions to the registration and operation of civil society and community-based organizations that affect HIV service delivery from a list included in the survey. The most notable are: territorial restrictions to operations, such as zoning (22.2%); restrictions on providing services to key populations (17.8%); and cumbersome reporting and other restrictions on operations (17.8%).

On the matter of whether there are other regulatory barriers in Canada to community-led service delivery, two-fifths (39.5%) of 43 respondents indicated that they do not know of any such regulatory barriers. However, three such barriers (from a list included in the survey) were each cited by a modest proportion of respondents: restrictions on providing services to key populations (18.6%); restrictions requiring that HIV services only be provided in health-care facilities (16.3%); and overly restrictive criteria for eligibility for community-based service delivery (16.3%). The latter included such considerations as: restrictions on medical services that may be provided — by whom and in what circumstances; inadequate access to necessary professional personnel; and lack of funding to make services available to certain populations in need.

On the question of whether there are laws, policies, or regulations in Canada that hinder access to funding for work by civil society organizations and community-based organizations, more than two fifths (44.4%) of 45 respondents said they have no knowledge of such restrictions or barriers. The only factor (from a list included in the survey) indicated by an appreciable proportion (26.7%) of respondents was lack of social contracting or other mechanisms allowing for funding of community-led service delivery to be funded from domestic funding, including such considerations as limited funding and limitations on advocacy work.

Appendix A: Full Responses about Respondents

Of the 56 respondents who completed some or all of the survey, 66.1% (n=37) identified as representing an organization while 33.9% (n=19) indicated they were responding to the survey as an individual.

Respondents Representing Organizations

Of those representing organizations (n=37), most identified as being from either a regional/provincial organization (43.2%) or a local organization (40.5%), with the remainder representing a national organization (16.2%). They indicated that they serve the following provinces and territories: British Columbia (10), Ontario (6), Saskatchewan (4), Quebec (4), Alberta (2), Prince Edward Island (2), Newfoundland and Labrador (1), Manitoba (1) and Yukon (1). Six (3) respondents say their organization is a national organization. None serve New Brunswick, Nova Scotia, Northwest Territories or Nunavut individually.

Those representing an organization (n=37) identified as serving the following specific communities. self-identified as being part of a specific population or community. (Totals add up to more than 100% as respondents could select all that apply.)

- **People living with HIV (87.0%)**
- **Indigenous communities (51.4%)**
  Please specify: in urban settings; in partnership; 82% of people who access services are Aboriginal (status, non-status, and metis). We are a not an aboriginal organization; First Nation and Metis; We have a large Indigenous Community; We serve aboriginal populations off reserve and on reserve in Southern Saskatchewan; Rural outreach and education; we have clinics in a number of predominantly Indigenous communities; on specific legal/human rights issues; n/a; Kamsack, Gordon, Okanese; Missisaugas of Scugog Island and other off reserve native peoples; n/a; First Nations only; All if HIV+; 2Spirit, indiqueer, gay, bisexual and other indigenous men who have sex with men; within Prince Albert when applicable.
- **African, Caribbean and Black communities (46.0%)**
  Please specify: Éducation à la sexualité auprès des personnes des communautés africaines subsahariennes et caribéennes; African, Caribbean and Black women; Spanish-speaking communities; We employ a strategy worker for HIV Prevention in ACB communities; ACB inclusive of newcomer, refugee and immigrant communities; 80% Caribbean Population in Ajax & Pickering - primarily Jamaican; all if HIV+; Gay, bisexual, queer, same gender loving and other cisgender and transgender men who have sex with men; in partnership; n/a; n/a; on specific legal/human rights issues; our clinics and sex sense line are open to everyone; Support provided for people living with HIV; we serve all people; within Prince Albert when applicable.
- **Newcomer, refugee and immigrant communities (46.0%)**
  Please specify: Provide education at the Regina Open Doors Society; Éducation à la sexualité dans les classes d'accueil d'écoles secondaires et des centres d'éducation aux adultes; Latin American and South Asian women; Spanish-speaking communities; We operate a primary care and health navigation clinic for newcomers and refugees in

Ottawa; African, South East Asian, Middle Eastern & Latinx; All if HIV+; mostly pertaining to hepatitis C; n/a; n/a; on specific legal/human rights issues (particularly in relation to immigration policy); our clinics and sex sense line are open to everyone; we serve all people; Within Prince Albert when applicable;

- **Gay, bisexual and other men who have sex with men (67.6%)**
- **Transgender communities (56.8%)**
  Please specify: We provide counselling to people transitioning, exploring transition, and psychiatric care for trans people; 2SLGBTTQQIAA+; LGBTQ; Transgender racialized women - African, Caribbean, Black, Latin American and South Asian Transgender women; Indigenous; We serve the LGBTQ community; Gay, bisexual, queer, same gender loving and other transgender men who have sex with men; Referrals and sexual health information provided; Clients who visit our needle exchange program; Distribution de seringues aux personnes trans (hormonothérapie) + éducation par rapport aux enjeux trans; Spanish-speaking communities; Trans Men, Trans Women, Transitioning Youth; All if HIV+; in partnership; n/a; n/a; on specific legal/human rights issues; our clinics and sex sense line are open to everyone; approximately 1% of the 30,000 people we see identify as trans or non-binary; we serve all people; within Prince Albert when applicable.
- **People who inject drugs (70.3%)**
- **Sex workers (59.5%)**
- **Prisoners (40.5%)**
- **Other (27.0%)**
  Please specify: people with bleeding disorders; Youth; LGBTQ2S people broadly, women; 2SLGBTQ+ Community, people who use drugs (harm reduction programming), STBBI prevention, and people living with HIV; People living with or at risk for STBBIs, people who use drugs, 2SLGBTQ+ community; Spanish-speaking communities; We provide HIV education and practicum positions for nursing students and social work students; general public as well we serve all populations; Poz youth, Youth at risk, Migrant Workers, Hep C Co-infected, International Students; HIV negative people who are at risk of acquiring HIV; within Prince Albert when applicable.

Respondents who identified as representing an organization reported working in the following sectors or areas. (Totals add up to more than 100% because respondents could select all that apply.) (n=37)

- **Community-based organization (83.8%)**
- **Education (67.7%)**
- **Front line service delivery (62.2%)**
- **Policy/Advocacy (54.1%)**
- **Peer-based mentoring/peer advising/peer engagement (51.4%)**
- **Academic/Research (37.8%)**
- **Private sector (2.7%)**
- **Other (5.4%)**
- **Private foundation (0%)**

Individual respondents

Of the individual respondents who indicated their province/territory (n=18) over one half live in Ontario (7) or British Columbia (3), with the remainder in Nova Scotia (2), Newfoundland and Labrador (2), Alberta (1), and Saskatchewan (1), Quebec (1), Prince Edward Island (1). None indicated that they live in Manitoba, New Brunswick, Northwest Territories, Nunavut or Yukon.

Individual respondents self-identified as being part of one or more specific population or communities. (Totals add up to more than 100% because respondents could select all that apply.) (n=11)

- **People living with HIV (27.3%)**
- **Indigenous communities (9.1%)**
  Please specify: Indigenous person who uses substances
- **African, Caribbean and Black communities (18.2%)**
  Please specify: Caribbean; I am an African woman
- **Newcomer, refugee and immigrant communities (9.1%)**
  Please specify: First generation immigrant woman
- **Gay, bisexual and other men who have sex with men (45.5%)**
- **Other (36.6%)**
  Please specify: white female heterosexual; Health care - inject medication IV IM SC; Bisexual woman; Academic researcher on HIV and Abuse prevention.

No individual respondents self-identified with transgender communities, people who inject drugs, sex workers, or prisoners.

Appendix B: Complete Results from the NCP1 Survey (Part B)

Survey Questions Related to 2016 Political Declaration Commitments:

- Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners
- Ensure that 90% of people at risk of HIV infection have access to comprehensive HIV prevention services, including sex workers and their clients, men who have sex with men, transgender people, people who inject drugs and prisoners. Reach 3 million people with pre-exposure prophylaxis by 2020 Reach 25 million men with voluntary medical male circumcision in high-incidence countries by 2020 Make 20 billion condoms available annually by 2020 in low- and middle-income countries

1. Can possession of a needle/syringe without a prescription be used as evidence of drug use or cause for arrest in your country? (n=56)
   - Yes (21.4%)
   - No (53.6%)
   - I don't know (25.0%)
   - Doesn't apply (0%)

2. Have transgender people in your country been arrested or prosecuted for manifestations of their gender identity in the past three years? (n=56)
   - Yes (10.7%)
   - No (64.3%)
   - I don't know (25.0%)
   - Doesn't apply (0%)

3. Have sex workers in your country been arrested or prosecuted in relation to selling sex in the past three years? (n=56)
   - Yes (66.1%)
   - No (12.5%)
   - I don't know (21.4%)
   - Doesn't apply (0%)

4. Have people in your country been arrested or prosecuted for consensual same sex sexual acts in the past three years? (n=56)
   - Yes (10.7%)
   - No (82.1%)
   - I don't know (21.4%)
   - Doesn't apply (0%)

5. Have people in your country been arrested or prosecuted for using drugs in the past three years? (n=55)

- Yes (80.0%)
- No (10.9%)
- I don't know (9.1%)
- Doesn't apply (0%)

6. Does your country have any of the following legal protection for transgender people? (Totals add up to more than 100% because respondents could select all that apply.) (n=56)

- Constitutional prohibition of discrimination based on gender diversity (58.9%)
- Constitutional prohibition of discrimination based on sex (75.0%)
- Constitutional prohibition of discrimination based on any grounds (48.2%)
- Prohibitions of discrimination in employment based on gender diversity (62.5%)
- A third gender is legally recognized (30.4%)
- Other non-discrimination provisions specifying gender diversity (35.7%)
- No (1.8%)
- I don't know (0%)
- Doesn't apply (0%)

7. Does your country have any of the following legal protections for sex workers? (Totals add up to more than 100% because respondents could select all that apply.) (n=56)

- Constitutional prohibition of discrimination based on occupation (5.4%)
- Constitutional prohibition of discrimination based on any grounds (8.9%)
- Sex work is recognized as work (1.8%)
- Other non-discrimination provisions specifying sex work (8.9%)
- No (41.1%)
- I don't know (39.3%)
- Doesn't apply (0%)

8. Does your country have any laws or other provisions specifying protections based on grounds of sexual orientation? (Totals add up to more than 100% because respondents could select all that apply.) (n=56)

- Constitutional prohibition of discrimination based on sexual orientation (73.2%)
- Constitutional prohibition of discrimination based on sex (69.6%)
- Constitutional prohibition of discrimination based on any grounds (46.4%)
- Hate crimes based on sexual orientation considered an aggravating circumstance (71.4%)
- Incitement to hatred based on sexual orientation prohibited (58.9%)
- Prohibition of discrimination in employment based on sexual orientation (71.4%)
- Other non-discrimination provisions specifying sexual orientation (42.9%)
- I don't know (12.5%)
- Doesn't apply (0%)

9. Does your country have any specific antidiscrimination laws or other provisions that apply to people who use drugs? (n=55)

- Yes (34.5%)
- No (41.8%)
- I don’t know (23.6%)
- Doesn’t apply (0%)

10. Are needle and syringe programmes operational in your country? (n=56)

- Yes (98.2%)
- No (0%)
- I don't know (1.8%)
- Doesn't apply (0%)

11. Is naloxone (used to reverse opioid overdoses) available through community distribution in your country? (n=56)

- Yes (98.2%)
- No (1.8%)
- I don't know (0%)
- Doesn’t apply (0%)

12. Are opioid substitution therapy (OST) programmes operational in your country? (n=56)

- Yes (94.6%)
- No (1.8%)
- I don't know (3.6%)
- Doesn’t apply (0%)

13. Are needle and syringe programmes operational in prisons in your country? (n=56)

- Yes (35.7%)
- No (41.1%)
- I don't know (23.2%)
- Doesn’t apply (0%)

14. Are opioid substitution therapy (OST) programmes operational in prisons in your country? (n=56)

- Yes (42.9%)
- No (19.6%)
- I don't know (37.5%)
- Doesn’t apply (0%)

15. Are condoms and lubricants available to prisoners in your country? (n=56)

- Yes (62.5%)
- No (8.9%)
- I don't know (28.6%)
- Doesn’t apply (0%)

16. Is antiretroviral therapy (ART) available to all prisoners living with HIV in your country? (n=54)

- Yes (72.2%)
- No (5.6%)
- I don't know (22.2%)
- Doesn't apply (0%)

17. Are HIV tests in prisons in your country: (n=55)

	Yes (%)	No (%)	I don't know (%)	Does not apply (%)	Total (%)
a) Carried out with the informed consent of prisoners? (n=55)	47.3	--	52.7	0	100
b) Systematically offered at entry and/or exit? (n=55)	20.0	5.5	74.5	0	100
c) Free of charge? (n=55)	65.5	--	34.5	0	100
d) Confidential? (n=55)	33.6	7.3	49.1	0	100
e) Available at any time during detention? (n=55)	34.5	5.5	60.0	0	100
f) Accompanied by relevant and accessible information? (n=55)	32.7	5.5	61.8	0	100
g) Accompanied by confidential pre- and post-test counselling? (n=55)	29.1	5.5	65.5	0	100
h) Equally accessible to all prisoners? If no, which prisoners do not have equal access: please specify*(n=54)	33.3	1.9	64.8	0	100

* Health care depends on prison staffing etc.

18. Do men who have sex with men participate in developing policies, guidelines and/or strategies relating to their health in your country? (n=56)

- Yes (82.1%)
- No (10.7%)
- I don't know (7.1%)
- Doesn't apply (0%)

19. Do sex workers participate in developing policies, guidelines and strategies relating to their health in your country? (n=56)

- Yes (46.4%)
- No (23.2%)
- I don't know (30.4%)
- Doesn't apply (0%)

20. Do people who inject drugs participate in developing policies, guidelines and strategies relating to their health in your country? (n=55)

- Yes (50.9%)
- No (20.0%)
- I don't know (29.1%)
- Doesn’t apply (0%)

21. Do transgender people participate in developing the policies, guidelines and strategies relating to their health in your country? (n=56)

- Yes (60.7%)
- No (17.9%)
- I don't know (21.4%)
- Doesn’t apply (0%)

22. Do former and/or current prisoners participate in developing policies, guidelines and strategies relating to their health in your country? (n=56)

- Yes (35.8%)
- No (25.0%)
- I don't know (39.3%)
- Doesn’t apply (0%)

23. Is pre-exposure prophylaxis (PrEP) available through any of the following in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=56)

- Research (including pilot studies and demonstration projects) (57.1%)
- Public facilities (83.9%)
- Private providers (58.9%)
- The Internet (21.4%)
- Educational institutions (12.5%)
- I don't know (5.4%)
- Doesn't apply (0%)

24. Do any of the following barriers limit access to PrEP in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=55)

- Possession of PrEP used as evidence of sex work or other criminalized sexual activity (1.8%)
- PrEP is only provided in centralized locations (21.8%)
- PrEP is only provided in specialized HIV treatment locations (32.7%)
- High out-of-pocket cost of PrEP services (56.4%)
- I don't know (20.0%)
- Doesn't apply (5.5%)

25. In the past two years have there been training and/or capacity-building programmes for people living with HIV and key populations to educate them and raise awareness about their rights (in the context of HIV) in your country? (n=51)

- Yes, at scale at the national level (29.4%)
- Yes, at scale, at the sub-national level (13.8%)
- Yes, one-off activities (19.6%)
- Yes, at a small scale (25.5%)
- No (2.0%)
- I don't know (9.8%)
- Doesn't apply (0%)

26. Are there any of the following barriers to providing training and/or capacity building for people living with HIV and key populations to educate them and raise their awareness about their rights? (Totals add up to more than 100% because respondents could select all that apply.)

- Lack of political will (57.1%)
- Lack of funding (79.6%)
- Lack of capacity for delivery of trainings 59.8%
- Barriers that hinder the target audience in accessing such trainings or capacity-building (67.4%)
- I don't know (6.1%)
- Doesn't apply (2.0%)

27. Does your country have mechanisms established by the government in place to address cases individual complaints of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population), such as (but not limited to) a national human rights institution, ombudsperson, tribunal or commission? (n=51)

- Yes, please describe* (60.8%)
- No (3.9%)
- I don't know (35.3%)
- Doesn't apply (0%)

*

- All HIV positive people have all the same rights as a HIV negative person and the law and justice services are fully aware and proactive in defending these rights.
- Approach the Human Rights Commission
- but now those who have an undetectable level of HIV in their plasma level can be recognized or remarked as a criminal
- Canadian Human Rights Commission, The Canadian Human Rights Act
- Canadian human rights commission and Canadian human rights tribunal
- Canadian Human Rights Commission and Provincial Human Rights bodies
- Charter of Rights
- Court system, ombudsman, human rights commission.
- disability legislation and human rights tribunals
- Federal and provincial human rights commissions

- Federal and provincial human rights commissions and tribunals to receive, investigate and hear complaints of discrimination based on various grounds (including HIV and membership in *some* key populations, but not all) in various settings (employment, services, accommodation, etc.)
- Federal Human Rights Commission, Human Rights Commissions in the Provinces
- Human Rights Commission
- Human Rights Commission
- human rights commission. However, unjust prosecutions against people living with HIV in Canada exist: People in Canada who face criminal charges related to HIV non-disclosure are typically charged with sexual assault, on the theory that not disclosing one's HIV-positive status, when legally required, makes their partner's consent to sex invalid. Federal government needs to reform Canada's Criminal Code to ensure that HIV-related prosecutions are removed from sexual assault law and are applied only to actual, intentional transmission.
- human rights commissions
- I know there are courts in BC and Ontario that oversee Human Rights abuse cases and they are ruled by the tribunal. Unsure of other Provincial courts.
- In BC and Ontario, they have human rights commissions that can take the cases and make legal decisions on them so that they are settled out of court. There may be others in Canada, but I only know of BC and Ontario.
- Legal aid with access to civil rights litigation if necessary, also various advocacy groups assist
- national human rights programs; constitutional mandate
- Ombudsman
- People can file cases with the Canadian Human Rights Commission; Ombudsman Ontario
- Provincial and national human rights institutions
- provincial and national human rights tribunals and commissions
- Provincial Free HIV Legal Clinic and National HIV Legal Organization
- The mechanism exists but implementation is problematic in part the respect for human rights is compounded by the lack of democracy, limited access to financial assets because of cash flow issues, and high inflation.
- There is a small pocket of funding for HIV prevention, but for our communities -Spanish-speaking communities, information needs to be delivered in Spanish. There is an urgent need for funding for educational materials in Spanish.
- through broad-based, central agencies such as Human Rights Tribunal/Council (pertaining to all human rights complaints
- Varies across the country.
- Yes, but varies across the country.

28. Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings? (Totals add up to more than 100% because respondents could select all that apply.) (n=51)

- Complaints procedure (84.3%)
- Mechanisms of redress and accountability (58.8%)
- Procedures or systems to protect and respect patient privacy or confidentiality (78.4%)
- I don't know (11.8%)
- Doesn't apply (0%)

29. Does your country have any of the following barriers to accessing accountability mechanisms present? (Totals add up to more than 100% because respondents could select all that apply.) (n=50)

- Mechanisms do not function (22.0%)
- Mechanisms are not sensitive to HIV (32.0%)
- Affordability constraints for people from marginalized and affected groups (54.0%)
- Awareness or knowledge of how to use such mechanisms is limited (60.0%)
- I don't know (12.0%)
- Doesn't apply (2.0%)

30. Does your country have mechanisms in place to promote access to justice? (Totals add up to more than 100% because respondents could select all that apply.) (n=51)

- Yes, legal aid systems applicable to HIV casework (64.7%)
- Yes, pro bono legal services provided by private law firms (56.9%)
- Yes, legal services provided by (university-based) legal clinics (43.1%)
- Yes, community paralegals (37.3%)
- Yes, other: please describe* (17.7%)
- No (2.0%)
- I don't know (13.7%)
- Doesn't apply (0%)

*

- national HIV/AIDS legal network NGO
- These exist, but not funded by the Federal government (or have been defunded).
- Yes, but not funded by the federal government (or previously was but is not defunded).
- but limited availability, lack of capacity/training/adequate funding for legal aid systems
- National & Provincial (ONT) Legal NPO's
- Legal information and accompaniment in community settings
- Note that legal aid systems and legal services by clinics are way below scale, only exist in some jurisdictions in the country and are limited to specific kinds of legal matters. There is but one HIV-specialist legal aid clinic in the country (with a remit to service just one province).

31. Does your country monitor access to justice among key populations or people living with or affected by HIV? (n=50)

- Yes (please describe)* (12.0%)
- No (22.0%)
- I don't know (64.0%)
- Doesn’t apply (2.0%)

*

- but it tends to be done mainly by community based organizations, namely HIV & AIDS Legal Clinic Ontario (HALCO) and Canadian HIV/AIDS Legal Network
- Canadian AIDS Legal Network
- HALCO
- legal aid organization can help them freely
- Ombudsman
- There are organizations that are in place to help people.

32. Do key populations or people living with or affected by HIV face particular barriers in accessing justice in your country? (n=51)

- No (15.7%)
- Yes, please describe and provide details on the scale (i.e., nationally)* (58.8%)
- I don't know (23.5%)
- Doesn't apply (2.0%)

*

- Aboriginal people face significant issues with fair and representative legal representation
- accessibilité difficile préjugés accueil peu adapté
- Charged with grievous sexual assault if disclosure doesn't occur - same as rape or other violent crimes. National, Provincials and local issue. There are no prosecutorial guidelines
- Criminalization of HIV
- HIV is highly criminalized in Canada. The current legal framework does not allow justice for people living with HIV.
- indigenous, sex workers, people who use drugs
- Institutional racism, criminalization of HIV nondisclosure, criminalization of sex work, legacy of colonization
- Intersectional stigma and discrimination based on having one or more stigmatizing identities
- intimidating process, lots of unknowns, need legal assistance, must have mental/emotional capacity to go through a lengthy, stressful and difficult process.
- Many of the First Nations populations are still recovering from Indian Residential School system and racism, so they don't trust the government by nature, which is applicable to the legal system.
- Marginalized populations lack access to knowledge and resources to enforce their rights, also confidence that the legal system will protect rather than victimize them (esp sex workers, drug users).

- Nationally
- oui, sur une échelle nationale mais particulièrement en régions éloignées des grands centres urbains
- People are criminalized for allegedly passing along the disease.
- People are still not able to get employment and be free from human rights discrimination from employers.
- People in Canada who face criminal charges related to HIV non-disclosure are typically charged with sexual assault, on the theory that not disclosing one's HIV-positive status, when legally required, makes their partner's consent to sex invalid. Federal government needs to reform Canada's Criminal Code to ensure that HIV-related prosecutions are removed from sexual assault law and are applied only to actual, intentional transmission. Cost of a defence can be very expensive and not accessible to most.
- Poverty and stigma
- Poverty, lack of access in rural/remote communities to legal aid
- Provincially
- Racism, discrimination and stigma
- social determinants, stigmatization
- Social stigma creates personal barrier to accessing service and support.
- Stigma
- stigma (small communities), high expense, insufficient mental/emotional capacity to go through a lengthy process with lack of transparency, physical exhaustion due to illness or lack of mental/emotional wellbeing, hard to access advocacy.
- Stigma and discrimination
- Stigma, lack of services to assist them in accessing justice (which is related directly to inadequate funding).
- still big gaps for Indigenous folks and people of colour
- the law is used disproportionately and not in an evidence-based manner to prosecute non-disclosure of HIV status
- Yes, HIV is highly criminalized.
- Yes, there are organizations in place for helping people who live with HIV.

Survey Questions Related to 2016 Political Declaration Commitments:

- Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020

33. Does your country have any forms of mandatory (or compulsory) HIV testing that are provided for or carried out? (n=49)

- No (59.2%)
- Yes, please briefly explain when mandatory testing is carried out and the groups that are affected:* (30.6%)
- I don't know (10.2%)
- Doesn't apply (0%)

*

- for immigration purposes
- For medical purposes e.g., antenatal care or prior to surgery.
- For occupational exposure in some provinces, mandatory testing is necessary.
- For physicians providing certain surgeries
- HIV testing for migrants and mobile populations intending to stay in Canada for more than six months.
- HIV testing is mandatory for blood transfusions.
- I believe testing of potential immigrants, as part of a general health screen
- Immigrants and refugees must be tested for HIV as part of their process of coming to the country (mandatory, not voluntary)
- immigration medical exam
- Immigration purposes, testing for those who want to move to the country
- In spite of professional guidelines and court decisions, research studies and anecdotal evidence show that HIV testing without obtaining specific informed consent is a concern in Canada. In particular, in provinces and territories that have adopted “opt-out” HIV testing of pregnant women, some evaluations have suggested that consent may be less informed and specific than in “opt-in” systems. The Quebec Medical Association adopted a policy requiring doctors, as a professional obligation, to regularly seek HIV testing and to disclose their HIV positive status to their employers (who are then expected to keep this information confidential), and to seek advice as to whether modifications to their practice. is necessary.
- Numerous jurisdictions in the country have legislation that enables compulsory HIV testing in certain circumstances following a perceived occupational exposure or being the victim of a crime. All would-be immigrants and refugees are subject to mandatory HIV testing as part of the immigration medical examination. (Refugees and certain sponsored family members of existing residents are not subject to exclusion on the basis of an HIV-positive result; other immigrants who test HIV-positive *may* be excluded on the basis that they are expected to pose an "excessive demand" on publicly-funded health or social services, although the policy regarding what constitutes "excessive demand" was improved in 2018 such that most people living with HIV should now NOT end up being excluded on this basis - although the possibility remains.)
- Obstetrics mandatory, prisoner mandatory, certain work applications mandatory
- Routine testing guidelines in province but minimal testing
- We have opt out testing available.

34. Where is viral load testing available in your country? (n=49)

- Available at specialized centres only (34.7%)
- Available at antiretroviral therapy facilities, either on-site or by referral (36.7%)
- Other: please specify* (18.4%)
- I don’t know (10.2%)
- Doesn’t apply (0%)

*

- Any family doctor

- Auprès du médecin de famille ou de cliniques spécialisées en santé sexuelle
- Available at healthcare facilities, general medical clinics/ laboratories, STD clinics and point of care testing at a few pharmacies
- Clinics can provide this.
- Community labs exist, most provincial labs will process but access to facilities to get blood drawn is limited in rural/remote regions
- HIV Physicians and health care services
- most clinical facilities or walk-in testing labs
- Public health laboratories
- Via physicians' requisitioning it, but collection of bloodwork is done in mostly private laboratories (but costs covered by public health insurance for residents).

35. Are any of the following retention support services available in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=49)

- Community-based interventions (95.9%)
- Adherence clubs and peer support (63.3%)
- Other: please specify* (8.2%)
- I don't know (2.0%)
- Doesn't apply (0%)

*

- Hospital-based HIV Clinics
- Some local public health interventions (differs between regions)
- Limitations on the above due to lack of funding
- Specialized HIV care centers ran by PSI in collaboration with government

36. Are any of the following adherence support services available in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=49)

- Peer counsellors (85.7%)
- Text messages (26.5%)
- Use of reminder devices (34.7%)
- Cognitive-behavioural therapy (34.7%)
- Behavioural skills training / medication adherence training (42.9%)
- Fixed-dose combinations and once-daily regimens (57.1%)
- Case management (83.7%)
- Peer navigation (73.5%)
- Other: please specify* (6.1%)
- I don't know (0%)
- Doesn't apply (0%)

*

- Varies considerably by province, and would be provided by individual agencies
- but all adherence support services are only in some locales; limited capacity
- Not all of these are universally available, due to lack of funding for community resources.

37. How many health facilities in the country are providing services for preventing mother-to-child transmission (PMTCT) of HIV? (n=48)

- Number: 2 facilities (reported by one respondent) (2.1%)
- Refusal (0%)
- I don't know (91.7%)
- Doesn't apply (6.3%)

38. How many of the health facilities providing PMTCT services have community accountability mechanisms in place? (n=47)

- Number: 8 facilities (reported by one respondent); 1 facility (reported by one respondent) (4.2%)
- Refusal (0%)
- I don't know (78.7%)
- Doesn't apply (17.0%)

39. Has a meeting been held at the national level to review PMTCT progress in the past 12 months? (n=48)

- Yes (8.3%)
- No (10.4%)
- I don't know (75.0%)
- Doesn’t apply (6.3%)

a) (If yes,) Were community and civil society represented at the national review meeting? (n=4)

- Yes (75.0%)
- No (0%)
- I don't know (25.0%)
- Doesn’t apply (0%)

b) (If yes,) Were women living with HIV represented at the national review meeting? (n=4)

- Yes (75.0%)
- No (0%)
- I don't know (25.0%)
- Doesn’t apply (0%)

c) (If yes,) Was the opportunity provided for community and civil society to provide comments? (n=4)

- Yes (100.0%)
- No (0%)
- I don't know (0%)
- Doesn’t apply (0%)

d) (If yes,) Was analysis by community and civil society provided in a systematic manner? (n=4)

- Yes (75.0%)
- No (0%)

- I don't know (25.0%)
- Doesn’t apply (0%)

e) (If yes,) Was analysis provided by community and civil society documented and disseminated following the meeting? (n=4)

- Yes (75.0%)
- No (0%)
- I don't know (25.0%)
- Doesn’t apply (0%)

40. Do women living with HIV in your country participate in developing policies, guidelines and strategies relating to PMTCT? (n=49)

- Yes (32.7%)
- No (16.3%)
- I don't know (46.9%)
- Doesn’t apply (4.1%)

41. In the context of PMTCT programmes in your country, are there reports or is there documentation of any of the following? (Totals add up to more than 100% because respondents could select all that apply.) (n=46)

- Mandatory or coerced testing and/or treatment for HIV (8.7%)
- Lack of informed, voluntary and prior obtained consent (19.6%)
- Forced and coerced abortion, contraception and/or sterilization (2.2%)
- Lack of confidentiality and privacy (6.5%)
- Other grave or systematic human rights abuses (please describe)* (6.5%)
- I don’t know (63.0%)
- Doesn’t apply (13.0%)

*

- On reserve issues for indigenous women are appalling many babies born positive the last two years in Manitoba and Saskatchewan
- First Nations women were sterilized without their informed consent since confederation, a new Saskatchewan lawsuit has opened another chapter to this shocking legacy, garnering at least 60 additional reports in its wake—at least one verified case occurring as recent as 2017.
- PMTCT services broadly available (I couldn't quantify them above). Mandatory testing of immigrants and refugees is a problem (not following guidelines that apply to the rest of the population). Some testing in the context of pregnancies is done as a routine without specific consent.

41.1 If there are reports of any of these situations in your country, is the government carrying out due diligence in responding to them? (n=46)

- Yes (17.4%)
- No (19.6%)
- I don’t know (63.0%)

42. Have any of the following provisions related to domestic violence been implemented in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=48)

- Court injunctions to ensure the safety and security of survivors (81.3%)
- Special prosecutions unit in law enforcement (52.1%)
- Protection services for survivors of domestic violence, such as legal services or shelters (83.3%)
- Services for the person perpetrating violence (68.8%)
- I don't know (0%)
- Doesn't apply (0%)

43. Does your country have any of the following to protect key populations and people living with HIV from violence? (Totals add up to more than 100% because respondents could select all that apply.) (n=48)

- General criminal laws prohibiting violence (89.6%)
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population (29.2%)
- Programmes to address intimate partner violence (60.4%)
- Programmes to address workplace violence (64.6%)
- Interventions to address police abuse (41.7%)
- Interventions to address torture and ill-treatment in prisons (35.4%)
- I don't know (10.4%)
- Doesn't apply (0%)

44. Does your country have service delivery points that provide the following appropriate medical and psychological care and support for women and men who have been raped and experienced incest in accordance with the recommendations of the 2013 WHO guidelines Responding to intimate partner violence and sexual violence against women:

	Yes (%)	No (%)	I don't know (%)	Doesn't apply (%)	Total (%)
a) First-line support or what is known as psychological first aid (n=47)	68.1	2.1	27.7	2.1	100
b) Emergency contraception for women who seek services within five days (n=47)	83.0	2.1	12.8	2.1	100
c) Safe abortion if a woman becomes pregnant as a result of rape in accordance with national law (n=47)	78.7	4.3	14.9	2.1	100
d) Post-exposure prophylaxis for sexually transmitted infections and HIV (within 72 hours of sexual assault) as needed (n=48)	83.3	2.1	14.6	0	100

45. Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds? (n=48)

- Yes, policies exist but are not consistently implemented (64.6%)
- Yes, policies exist and are consistently implemented (31.3%)
- No, policies do not exist (0%)
- I don't know (4.2%)
- Doesn't apply (0%)

46. Do young people (15-24 years old) participate in developing policies, guidelines and strategies relating to their health in your country? (n=48)

- Yes (37.5%)
- No (22.9%)
- I don't know (39.6%)
- Doesn't apply (0%)

46.1 If yes, do young people participate in any of the following decision-making spaces in the national HIV response? (Totals add up to more than 100% because respondents could select all that apply.) (n=18)

- Technical teams for the development, review and update of the national AIDS strategies and plans (38.9%)
- Technical teams for the development or review of programmes that relate to young people's access to HIV testing, treatment, care and support services (44.4%)
- Community advisory body for hospitals, clinics and/or research projects (61.1%)
- National AIDS Coordinating Authority or equivalent, with a broad-based multi-sector mandate (56.0%)
- Global Fund Country Coordinating Mechanism (11.1%)
- Civil society coordination spaces of populations most affected by HIV (50.0%)
- Other: please specify* (0%)
- No (0%)
- I don't know (16.7%)
- Doesn't apply (0%)

*No responses

47. Do any of the following barriers limit access to social protection programmes in your country? (Totals add up to more than 100% because respondents could select all that apply.) (n=46)

- Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV (23.9%)
- Lack of information available on the programmes (60.9%)
- Complicated procedures (45.7%)
- Fear of stigma and discrimination (76.1%)
- Lack of documentation that confers eligibility, such as national identity cards (21.8%)

- Laws or policies that present obstacles to access High out-of-pocket expenses (50.0%)
- High out of pocket expenses (40.0%)
- People living with HIV, key populations and/or people affected by HIV are covered by another programme (15.2%)
- Other: please specify* (2.2%)
- I don’t know (10.9%)
- Doesn’t apply (0%)

*

- Lack of steadily funding for sustainability.

48. Does your country have restrictions to the registration and operation of civil society and community-based organizations that affect HIV service delivery? (Totals add up to more than 100% because respondents could select all that apply.) (n=45)

- Restrictions on registration (6.7%)
- Restrictions on providing services to key populations (17.8%)
- Territorial restrictions to operations, such as zoning (22.2%)
- Cumbersome reporting and other restrictions on operations (17.8%)
- Other: please specify* (2.2%)
- I don’t know (0%)
- Doesn’t apply (0%)

*

- lack of support funding
- public funding limitations and accessibility
- In some sub-national contexts (e.g., certain provinces and certain municipalities), there are legislative (or by-law) restrictions impeding in particular the delivery of harm reduction services to people who use drugs and in some instances the provision of services to sex workers. At the federal level, there remain unnecessarily cumbersome procedures for securing exemptions allowing the operation of supervised drug consumption services without fear of criminal prosecution for drug offences.

49. Does your country have other regulatory barriers to community-led service delivery? (Totals add up to more than 100% because respondents could select all that apply.) (n=43)

- Restrictions requiring that HIV services only be provided in health-care facilities (16.3%)
- Restrictions on providing services to key populations (18.6%)
- Overly restrictive criteria for eligibility for community-based service delivery (please describe):* (16.3%)
- Other (please describe): **(7.0%)
- I don't know (39.5%)
- Doesn't apply (18.6%)

*

- access to funding nationally and provincially is very limited.
- Difficult to get a health nurse consistently to come for testing or even to increase the number of days that the nurse is available to come for testing.

- in some jurisdictions, some tasks (e.g., testing) can only legally be carried out by accredited and licensed healthcare professionals
- Lack of sufficient funding for Spanish-speaking groups in Canada.
- Restrictions on HIV testing (as a medical act, reserved for professionals in most jurisdictions)
- See above comment about hurdles for scaling up supervised consumption services for people who use drugs. In prisons, community organizations are unable to deliver in-reach harm reduction services such as needle/syringe programs.
- HIV point of care tests are only allowed to be done by nursing staff and health professionals - this is a barrier for community based organisations to offer this simple test.

**

- ex: sur base du revenu,selon l'orientation sexuelle ou l'identité de genre
- Extremely difficult applications for funding, not enough evidence based research feeding the funding applications. Limited time for funding periods, spend more time applying than delivering services

50. Does your country have laws, policies or regulations that hinder access to funding for work by civil society organizations and community-based organizations? (Totals add up to more than 100% because respondents could select all that apply.) (n=45)

- Lack of social contracting or other mechanisms allowing for funding of community-led service delivery to be funded from domestic funding (26.7%)
- "Foreign agents" or other restrictions to accessing funding from international donors (4.4%)
- Other: please describe* (8.9%)
- I don't know (44.4%)
- Doesn't apply (20.0%)

*

- Limitations on advocacy work
- Limited funding for community-led responses particularly for migrant, sex workers and drug users led organizations
- over 30% of community-based HIV organizations who will no longer be federally funded by the Public Health Organization of Canada (PHAC) beyond 2018 because of troubling issues surrounding the HIV and HCV Community Action Fund (CAF)
- Mostly implementation is hampered by financial challenges such as limited access to cash, and inflation

Feedback on draft report: 12 respondents asked to receive a copy of the draft report for review.