



C A N F A R

CANFAR 2025

— BOLD ACTIONS FOR ENDING THE HIV EPIDEMIC IN CANADA BY 2025 —

“DO ALL YOU CAN WITH
WHAT YOU HAVE, IN
THE TIME YOU HAVE, IN
THE PLACE YOU ARE.”

- NKOSI JOHNSON

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MORE THAN 40 YEARS SINCE THE FIRST REPORTED CASE OF AIDS IN CANADA, HIV IS STILL AN EPIDEMIC.

The number of cases in this country has not substantially decreased for the past 30 years—in fact, since 2014, it has been slowly but steadily rising. Many people who live with HIV are undiagnosed or not being treated. Health inequities continue to raise barriers to care, especially for key populations: Indigenous peoples; African, Caribbean, and Black people; racialized women; and people who inject drugs.

And yet, it is possible to effectively end this epidemic by 2025. We can get there with rapid, strategic, and coordinated action.



AS AN INDEPENDENT, CHARITABLE ORGANIZATION, THE CANADIAN FOUNDATION FOR AIDS RESEARCH (CANFAR) HAS BEEN INVESTING IN RESEARCH AND ADVANCING HIV KNOWLEDGE AND SCIENCE SINCE 1987. AT THIS CRUCIAL JUNCTURE, THE MOST EFFECTIVE WAY FOR US TO USE THE TOOLS WE HAVE HELPED TO CREATE IS TO ADDRESS AND CLOSE THE GAPS IN HIV PREVENTION, TESTING, TREATMENT, AND CARE FOR KEY POPULATIONS AND COMMUNITIES AND THE REST OF THE POPULATION.

Working with leaders and community partners across the country, we will not only significantly reduce case numbers in Canada; we will help keep them down, for good.

We are committing to three priorities:

- **Launching national awareness campaigns to reach underserved communities and connect them to testing, treatment, and care;**
- **Removing barriers to testing and care for underserved key populations and communities by investing in new testing approaches and more accessible places and spaces with culturally appropriate supports;**
- **Funding research by and for members of these key populations and communities that will directly address the communities' needs**

We will act with urgency as both a leader and a catalyst, connecting researchers, partner organizations, and members of these communities across the country to ensure that our efforts have the greatest possible impact, in the places where they're needed most.

WHAT WE KNOW ABOUT HIV IN CANADA

By the end of 2020—the most recent year for which we have national estimates—nearly 63,000 people were living with HIV in Canada, and 4 people were becoming HIV-positive every day. These alarming numbers actually represent an undercount because of restricted access to HIV testing and treatment during the COVID-19 pandemic. We know from regional studies that the number of HIV cases has been rising since 2014.

Gay, bisexual, and other men who have sex with men still represent one of the largest groups

affected by HIV. However, the proportion of new cases among white gay men has decreased, while the proportion of new cases among Indigenous and Black people, racialized women, and people who use drugs has increased.

To end the epidemic, Canada needs to substantially reduce the number of new cases to under 500. Canada must also make much more progress towards achieving the 95-95-95 global targets set out by the United Nations. In December 2020, UNAIDS called for at least 95% of people living with HIV worldwide to be diagnosed, 95% of those diagnosed to receive lifesaving treatment, and 95% of those receiving treatment to achieve viral suppression (when the virus is “undetectable” it cannot be passed on – it’s “untransmittable” or U=U)—all by 2025. Where countries such as Australia and the United Kingdom are on track to hit all three targets, Canada’s progress is limited

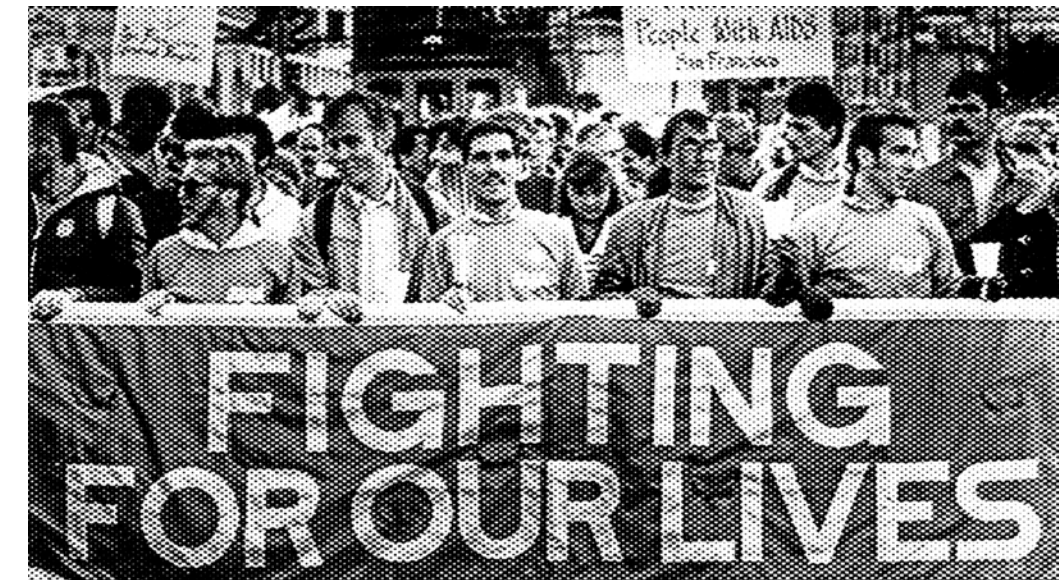
THE TOOLS EXIST TO MAKE THIS HAPPEN BY 2025. CANFAR IS TAKING LEADERSHIP BY PUTTING THEM INTO ACTION.

to the third. Estimates are that 1 person in 10 living with HIV in Canada is undiagnosed (approximately 6,600 people), and 13% of those diagnosed are not being treated (around 7,550 people).

These percentages are even higher among Indigenous and Black people, racialized women, and people who use drugs. Reaching these key populations and communities, and making sure they are not left behind, is the only way to close the gap and end the epidemic.

Having HIV is no longer a death sentence, but people who live with HIV need access to testing, treatment that will suppress the virus, and appropriate care to support them with their health. Effective means of preventing transmission must be accessible for everyone...

...regardless of HIV status.



CANFAR IS A NATIONAL, INDEPENDENT ORGANIZATION ADVANCING HIV KNOWLEDGE AND SCIENCE. FUELED BY FUNDRAISING, WE INVEST IN AND FOSTER EFFECTIVE RESEARCH, BUILD AWARENESS, AND CULTIVATE PARTNERSHIPS TO SHARE EXPERTISE AND ENCOURAGE JOINT ACTION. WE HAVE GIVEN MORE THAN \$25 MILLION IN GRANTS TO HIV/AIDS RESEARCH PROJECTS. TOGETHER, THESE NEARLY 550 PROJECTS HAVE HELPED ACHIEVE BREAKTHROUGHS IN HIV PREVENTION, TESTING, ACCESS TO TREATMENT, COMBATTING STIGMA, AND THE SEARCH FOR A CURE. IN ADDITION, EVERY YEAR, WE REACH OVER 1 MILLION YOUNG PEOPLE IN CANADA WITH VITAL INFORMATION THROUGH OUR NATIONAL YOUTH HIV AWARENESS PROGRAMS.

Over the past 5 years, CANFAR has focused its efforts on bringing about innovations in awareness, testing, including new ways that technology can help people access HIV self-testing and care. We have been a catalyst for major milestones in the work to end the HIV epidemic in Canada:

- **Creating a modernized youth sexual health resource.** CANFAR developed and launched the online education platform Sexfluent.ca. It provides information about sexual health, mental health, and harm reduction in a non-judgmental and approachable way, empowering youth to take charge of their health and sexuality.
- **Funding a clinical trial for the first HIV self-test approved in Canada.** CANFAR was a key funder in the cross-Canada trial that proved the accuracy of the INSTI HIV-1/HIV-2 Antibody Test, which Health Canada approved for use in November 2020.
- **Funding a clinical trial for the first HIV and syphilis dual rapid test approved in Canada.** CANFAR and the Canadian Institutes of Health Research (CIHR) funded

a three-year clinical trial that proved the accuracy of the INSTI antibody test for HIV and the syphilis bacterium. Health Canada regulators approved the test in March 2023.

- **Opening a state-of-the-art rapid HIV testing lab.** CANFAR partnered with Toronto health hub HQ to establish a diagnostic program for same-day testing of HIV and other sexually transmitted and blood-borne infections (STBBIs), using a status-neutral approach to care: all service users are linked to appropriate prevention, care and services for their testing results, regardless of HIV status.
- **Launching a program for HIV self-testing and status-neutral links to care.** CANFAR partnered with the national research group REACH Nexus at MAP Centre for Urban Health Solutions and St. Michael’s Hospital to launch the I’m Ready to Know program in June 2021. Participants use an app to have HIV self-test kits delivered to where they live or to pick-up locations across Canada. The app also helps people find resources for prevention, confirmatory testing, treatment, and care, as well as peer support online

before, during, and after they test. The program has been endorsed by Canada’s chief public health officer, Dr. Theresa Tam.

- **Funding a smart vending machine for free health care tools.** CANFAR provided funding for Our Healthbox, a healthcare intervention designed to reach people where they are, particularly those with complex health and social needs who are at risk for HIV and other STBBIs. Smart vending machines provide free access to HIV and COVID self-testing, supplies for harm reduction and sexual health, and a local services directory for health care and social supports.

FROM HERE, WE HAVE A PLAN TO TAKE THE TOOLS AND INNOVATIONS WE HAVE HELPED CREATE AND IMPLEMENT THEM ON A MUCH WIDER SCALE, SO THEY WILL REACH ALL THOSE WHO NEED THEM AS QUICKLY AS POSSIBLE.

WHERE WE'RE GOING

We know that as we work towards ending the HIV epidemic, there will at first be higher case numbers—because the process will involve diagnosing those who are living with HIV but aren't yet aware of their status. Once they are on treatment and virally suppressed, there will be a substantial and lasting reduction in new HIV cases.

To put that process in motion, we will direct our investments and efforts where they are needed most: closing gaps in awareness and access to care.

Working with our partners across Canada, we will foster coordination and a shared sense of urgency. Our strategy will consist of three main priorities.



PRIORITY 1: INCREASE NATIONAL AWARENESS AMONG KEY COMMUNITIES

**PARTNERING WITH
CATIE, CANADA'S
SOURCE FOR HIV
AND HEPATITIS C
INFORMATION, ON
TAILORED EDUCATION
AND OUTREACH
CAMPAIGNS ON HIV
PREVENTION, TESTING,
AND CARE**



Many people in Canada are not coming forward for testing, prevention, or care because of stigma. For key populations and communities, there are added barriers, including structural racism, lack of trust in the healthcare system, unequal geographic distribution of health services, and lack of culturally appropriate or affirming care. To reach those communities, CANFAR will partner with CATIE, Canada's source for HIV and hepatitis C information, to create national awareness campaigns. These campaigns will tackle stigma by tailoring messages to the communities most impacted by HIV—Indigenous and Black people, racialized women, and people who use substances and inject drugs.

CANFAR will work directly with members of these communities to develop and tailor the messages and their communication. Community members and people with lived experience will have a leading role and voice at every stage, from conception to launch.

The campaigns will foreground information about PrEP and PEP (pre- and post-exposure prophylaxis, i.e., medicines that can prevent people from acquiring HIV). CANFAR will mobilize its business networks in communications, media, and media relations for their support.

Our outreach and education efforts will also include supporting the continued development and growth of the Sexfluent.ca initiative for youth, and expanding our current work with CATIE to empower people from multiple communities to access HIV prevention, testing, and care.

PRIORITY 2: INCREASE ACCESS TO TESTING AND CARE

FINDING SOLUTIONS FOR UNDERSERVED POPULATIONS AND COMMUNITIES

In addition to stigma, the communities most affected by HIV face other barriers. There are very few sites in Canada where they can be connected with, and stay engaged in, the culturally appropriate care they need for their sexual health and wellbeing.

CANFAR is already a leader in bringing new testing options to people in Canada, and we have supported new ways of reaching people, including the I'm Ready to Know program and Our Healthbox.

CANFAR will support innovations for access to HIV testing and prevention that engage people in their communities, in culturally appropriate ways. We will invest in local and targeted models and approaches that reach the undiagnosed and those most in need of support.

OUR WORK WILL INCLUDE:

- (a) Implementing Our Healthbox in 10 underserved communities where there is a high burden of HIV, substance use (opioid and fentanyl), and mental health challenges.
- (b) Launching a mobile health clinic to support underserved communities where there is a high burden of HIV, substance use, and mental health challenges.
- (c) Funding new health care clinics focused on gender-based care for racialized communities to help those left behind by the “one-size-fits-all” and “colourblind” model of care that is prevalent in Canada.
- (d) Funding one-year “Test, Treat, and Connect” demonstration studies to evaluate the rollout of the latest innovations in medical diagnostic technology

(HIV self-testing and point-of-care screening with molecular PCR confirmatory testing machines). These studies will be crucial in ensuring that people who are undiagnosed with HIV receive culturally appropriate testing, treatment and care. We will also evaluate methods of prevention for those who test negative. Interventions will include peer health navigators (people with lived experience) and front-line community-based agencies that can reach undiagnosed people who have been underserved and disconnected from the health care system.

TO REACH AND SUPPORT FURTHER KEY POPULATIONS, CANFAR WILL EXPLORE AND BUILD NEW PUBLIC-PRIVATE PARTNERSHIPS TO SCALE UP THESE COMMUNITY-BASED, FRONT-LINE TESTING AND CARE MODELS WHEN THEY ARE SHOWN TO BE EFFECTIVE.

PRIORITY 3: FUND IMPLEMENTATION RESEARCH



FOSTERING INNOVATION TO ADDRESS THE NEEDS OF KEY COMMUNITIES

As a leader in funding HIV research in Canada, CANFAR has been a pioneer in engaging the business community to support cutting-edge research to address the HIV epidemic. We have advanced HIV knowledge and science, and now we are determined to fill the gender and race gaps in HIV research. We will focus on implementation research to address the issues faced by Indigenous peoples, Africa, Caribbean and Black people, racialized women, and people who use substances and inject drugs.

During each of our funding cycles, we solicit and help advance ideas for innovative projects and pragmatic solutions from university researchers, community-based organizations, and partnerships between the two. CANFAR will continue to fund all types of research, including basic science that expands our range of knowledge about treatment and prevention and that opens up possibilities for larger breakthroughs. However, we will prioritize implementation research projects that help ensure treatment, care and support are accessible and culturally appropriate to members of key communities.

We will also prioritize projects led by researchers who are members of these communities, to address structural inequities in health funding that have held back both their work and all studies that directly address their communities' needs.

CANFAR will also recruit for, and support, the involvement of members of affected communities in the Scientific Advisory Committee review process. By doing so, we will ensure that our investments in research projects will advance these communities' own priorities.



PATHWAY TO ENDING THE HIV EPIDEMIC IN CANADA

BEING BOLD AND ACTING WITH URGENCY AS A LEADER & A CATALYST WILL BE THE ONLY WAY TO ACHIEVE OUR GOALS OF REACHING THE 95-95-95 TARGETS SET OUT BY UNAIDS WHERE NEW CASES OF HIV ARE RARE, AND WHERE ALL PEOPLE LIVING WITH HIV KNOW THEIR STATUS, HAVE ACCESS TO TREATMENT TO ACHIEVE VIRAL SUPPRESSION, AND ARE ENGAGED IN THE CARE THAT MEETS THEIR HEALTH AND SOCIAL NEEDS SO THEY CAN THRIVE.

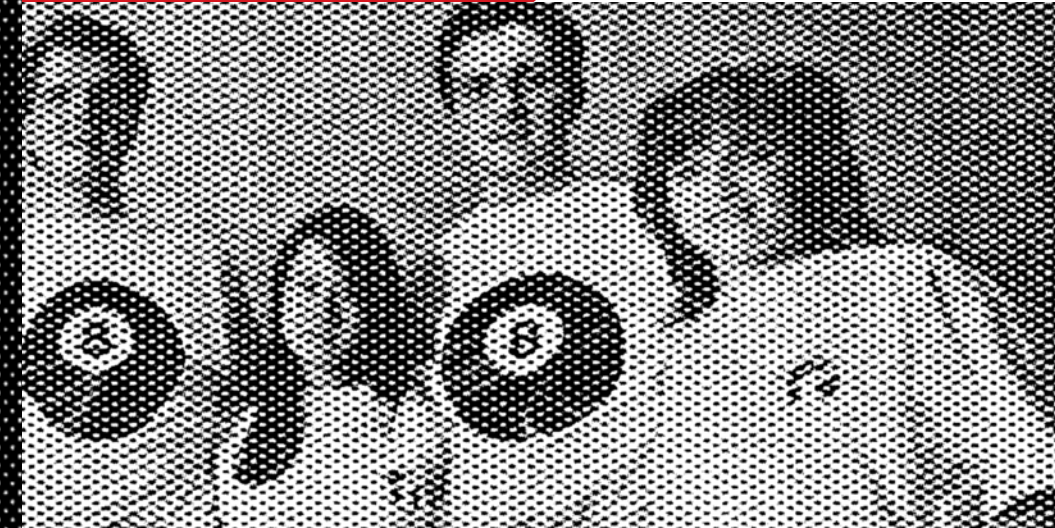
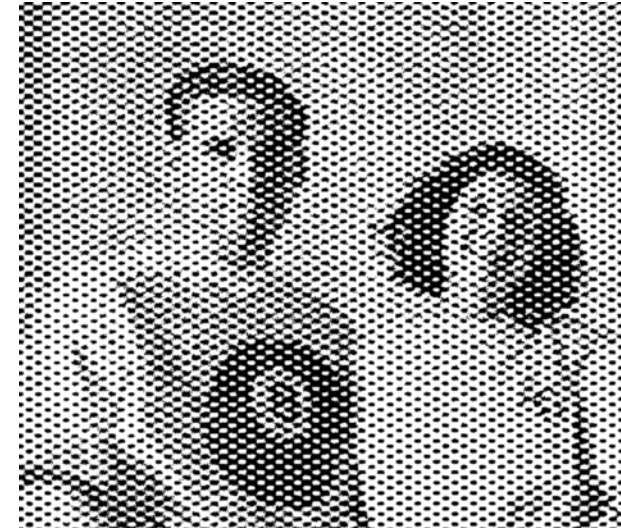
WE WILL BE UNWAVERING IN OUR COMMITMENT TO GET THERE — WORKING ALONGSIDE OUR PARTNERS AND COMMUNITIES FROM ALL KEY POPULATIONS AFFECTED BY HIV AND AIDS.



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