



Securing Rights

Using **Our Values** to
Meet the Moment

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**We thank all the students
and interns who have contributed
so much this past year.**

Contents

Co-Executive Director and Board Chair Letter 3

Strength in Numbers 5

Advancing Safe Consumption 6

Making Shelter Accessible to All..... 8

Spreading Care, Community, Connection 10

Human Rights and HCV Elimination 11

Does Hard Time Persist?..... 12

Holding Dialogues Across Turtle Island..... 14

Do You Know Your Rights?..... 15

Challenging *Excessive Demand* 16

Dedication to HIV Decriminalization..... 17

HIV Justice Worldwide: A Year in Review..... 18

Advancing Human Rights Worldwide 19

Intersectional Advocacy for Sex Workers
in Western and Central Africa..... 20

Our Voice at the United Nations..... 21

Thank You to Our Donors and Funders!..... 22

Financials..... 23



Dear friends,



Our annual report this year is a snapshot during a tumultuous time that will undoubtedly be recognized as a pivotal period in the fight for human rights and health justice. Steady progress in worldwide efforts to end the HIV pandemic and support people living with HIV and AIDS has been needlessly disrupted by shortsighted and deliberate cuts to international aid, including by Canada. **Millions of lives are already at risk, and human rights are being eroded all over the world.** These harms are particularly acute for people living with HIV and AIDS, women, people who use drugs, 2SLGBTQ+ people, sex workers, prisoners, racialized populations, and migrants, among others.

Across Canada, the past year has seen an incessant attack on the rights of people who use drugs and trans people, with governments eliminating and restricting access to life-saving and gender-affirming services and placing insurmountable barriers before others.

Several provinces in Canada have passed or introduced legislation that will further punish people for public drug use or force people into drug treatment against their will. Science tells us this won't work. We are seeing these and many other punitive measures being adopted under the mantle of "safety" and "security," playing to public fear and ignoring decades of accumulated evidence about what *actually* works.

We know that investment in international aid on the global stage, and full and consistent funding of culturally responsive health care and harm reduction measures locally, create actual safety and security in the lives of people in Canada and worldwide.

And so, equipped with our decades of expertise, and alongside our many partners all over the world, the HIV Legal Network is fighting back.

This year we have been deeply invested in supporting a constitutional challenge to legislation in Ontario that forces supervised consumption sites to close based on discriminatory rules. Led by the Neighbourhood Group Community Services and two individual applicants, this Charter challenge gets to the heart of the issue when it comes to safety and security. As an intervenor in the case, **we are arguing that Ontario has violated the right to life, liberty, and security of the person** by increasing people's risk of death by overdose; forcing people into outdoor and unsafe consumption; and exposing people who use drugs to greater risks of infection.

The Government of Ontario has defended their law in court, and presented its public attack on the rights of people who use drugs as an issue of community safety and security — the same playbook they adopted in its attacks on the rights of people who are unhoused or living in poverty. The early fallout from the closure of at least 10 supervised consumption sites this year proves the fallacy of Ontario's position: just as their experts told them would happen, outdoor drug use has increased and medical calls to respond to overdoses are increasing. **No one in our communities is safer or more secure as a result.**

Federally, we are hearing the same fearmongering language used to justify harsh immigration measures that put people's health at risk, and invasions of privacy that imperil personal safety. Safety and security have also been cited as justification for the Canadian government shifting money away from international aid into military expenditure and subsidies for private businesses. But abandoning health and human rights will not make anyone safer. People are already dying, and disrupting international public health efforts will have cascading effects as HIV transmissions steadily rise and pandemics proliferate. This includes the very conflict and instability that the Canadian government claims to be combatting.



Doriana Schiavi (Finance Manager), Sandra Ka Hon Chu (Co-Executive Director) and Janet Butler-McPhee (Co-Executive Director) after receiving the King Charles Coronation Medal in Ottawa, also presented to Terry Gould (Program Support Manager, not pictured).

We hear desperate calls for health and safety in all of the work we do. Governments worldwide, including Canada, claim that criminalizing sex work will “protect” sex workers, contrary to decades of evidence and the lived experiences of sex workers themselves. Similarly, much of our work in Western Africa, the Caribbean, and Eastern Europe and Central Asia supports local people and organizations to fight against laws and policies that criminalize people because their health status or other aspects of their identity are presented as a threat to community safety.

This is why we are talking about securing human rights — for everyone — in this year’s annual report. **Before terms like security and safety become completely meaningless, we want to reclaim them.** When we join with some of the most marginalized people in the world to support the fight for human rights, we fight for everyone’s rights. No one among us is truly safe or secure until human rights for all are a reality, and that is the cornerstone of the work that we will continue to do.



Rai Reece
BOARD CHAIR

Janet Butler-McPhee
CO-EXECUTIVE DIRECTOR

Sandra Ka Hon Chu
CO-EXECUTIVE DIRECTOR

Strength in Numbers



1 FRONT PAGE *Globe and Mail* article featuring interviews with people living with HIV along with representatives of the HIV Legal Network and Canadian Coalition to Reform HIV Criminalization.

6 EPISODES in our "[Not a Crime](#)" podcast series.

6 COMMUNITY DIALOGUES with Indigenous partner organizations.

7 INTERVENTIONS IN LEGAL PROCEEDINGS - including constitutional challenges and inquests in Canada, Dominica, and Jamaica.

7 LANGUAGES that HIV Legal Network resources were translated into: Anishinaabe, Arabic, English, French, Inuktitut, Mi'kmawí'simk, Plains Cree, and Swahili.

8 PEOPLE living with HIV who shared personal video messages urging Canadian decision-makers to reform the laws that criminalize people living with HIV leading up to World AIDS Day 2024.

49 WORKSHOPS AND PRESENTATIONS on topics related to HIV and human rights.

22 SEX WORKERS from Togo, Burkina Faso, Congo Brazzaville, Côte d'Ivoire, Senegal, Mauritania, Mali, and the Democratic Republic of the Congo who participated in consultations between July and September 2024 to support the creation of our *Criminalization of HIV and Sex Work in Western and Central Africa* report.

25 REPORTS, PUBLICATIONS, OR SUBMISSIONS to governments and UN bodies.

30+ INTERVIEWS AND OP-EDS in Canadian and international media.

8,162 SUBSCRIBERS to the [Legal Network News](#).

24,618 DOWNLOADS of HIV Legal Network resources related to the closure of supervised consumption sites in Ontario.

Advancing Safe Consumption



Despite the toxic drug crises, provincial governments have been attempting to shut down supervised consumption services (SCS), while the federal government has offered little support. The HIV Legal Network has been on the frontlines of the battle to stop these closures from happening.

For instance, Ontario passed the *Community Care and Recovery Act* (CCRA) in December 2024, despite the government's own experts warning that it would result in serious health and social harms including increased emergency visits, overdose death, injuries, and public drug use.

The Neighbourhood Group Community Services (TNGCS) — along with two co-applicants who rely on SCS in Toronto and Kitchener respectively — responded legally less than a week later, charging that the law is both a violation of the *Charter of Rights and Freedoms* ("the Charter") and the Constitution.

We mobilized with TNGCS and other allies against the law, including by producing public legal education resources about the legislation and the case, speaking up in the media, and reaching out to policymakers. The HIV Legal Network also appeared as an intervener in the challenge in order to convey the negative impacts of the CCRA.

On March 28, the Ontario Superior Court of Justice issued a temporary injunction stopping Ontario from enforcing the rule prohibiting SCS from operating within 200 metres of a school or childcare centre until the Court makes a final decision. **But without provincial funding for SCS, many sites have still been forced to shut down despite the injunction.** This has forced people to use drugs in public or alone, where the risk of overdose and HIV and other infections is far greater.



NOT A CRIME

Listen: HIV Legal Network Co-Executive Director Sandra Ka Hon Chu spoke with fellow Interveners Demar Kemar Hewitt from the Black Legal Action Centre and Emily Hill from Aboriginal Legal Services for our *Not a Crime* podcast in the [March 2025 episode](#). In the [February edition](#), HIV Legal Network Co-Executive Director Janet Butler-McPhee held a conversation with Bill Sinclair, CEO of TNGCS; the episode that also featured an interview with Katie Resendes, one of the applicants in the lawsuit. That same month, HIV Legal Network policy analysts Cécile Kazatchkine et André Capretti released a [French-language conversation](#) on this pressing topic.





Co-Executive Director Sandra Ka Hon Chu speaks with reporters outside the courthouse during a break in proceedings.

Alongside our courtroom advocacy, we also released two reports about SCS this year:

Scaling Up Safe Consumption

An addendum to the 2019 report [*Overdue for a change: Scaling up supervised consumption services*](#) in Canada, this publication tracks the evolution of the legal environment and political context around SCS in Canada, providing a clear picture of its status in early 2024. Importantly, it also offers key recommendations for authorities across all levels of government. At the time *Overdue for a change* was published, we were seeing a scale-up in the number of services but were concerned by the lack of legal or policy safeguards protecting their right to offer services — a concern that has since been realized in Ontario, Alberta, and most recently Quebec, where SCS are being systemically dismantled.

How To Innovate During an Emergency

One sensible way to scale up access to safe supply — providing pharmaceutical-grade alternatives to the unregulated, illegal drug supply — is to make it available at SCS. SCS are rooted in harm reduction principles and are meant to provide accessible and low-barrier access to people who use drugs, often also staffed by people with lived experience of drug use. To facilitate this, the HIV Legal Network examined the legal and policy framework for both SCS and safe supply. We also interviewed people with lived experience, clinicians, civil society organizations, and researchers, then devised legal and policy options to bridge the gap between their recommendations and the legal/regulatory barriers that block them.

Rights Review:

Section 7 of the Charter provides that everyone has the right to life, liberty, and security of the person. SCS are vital in assuring that people who use drugs can realize all three.

Making Shelter Accessible to All

Shelters are essential infrastructure, especially low-barrier ones that are accessible to people who use drugs. Not only do they provide housing, access to services and resources, and safe and private spaces for occupants, they also reduce the strain on healthcare systems and provide a realistic alternative to public encampments.

In February 2024, the HIV Legal Network published [*Towards Access for All: Best and Promising Practices from Low-Barrier, Harm Reduction Shelters in Canada*](#), which focused on low-barrier shelters for women and gender-diverse people fleeing violence. For this report, we brought together shelters engaged in innovative care to exchange knowledge and identify common factors to increase shelter accessibility.

Building on this momentum, we aimed to broaden our focus to the wider shelter system amid the overlapping housing and toxic drug crises, particularly because **most shelters in Canada are still not responsive to people who use drugs.** As a result, many are forced to sleep rough during some of the most difficult times of their lives, with grim consequences for their health and risk of HIV.

To do this, we conducted a policy scan — through direct government contact, online searches, and access-to-information requests — to understand how Canadian jurisdictions can increase shelter accessibility.

We also held interviews with the front-line staff, directors, and peers of low-barrier shelters across the country including emergency shelters, homeless shelters, and transition houses. The shelters were chosen from the relatively small pool of shelters throughout Canada that publicly emphasize accessibility for people who use drugs, with the goal of understanding how these organizations work to promote the rights and health of very marginalized individuals.

These interviews were both motivating and hopeful, as the people we spoke with were passionate about their work despite the many challenges they face. They provided a blueprint for a shelter system that is meaningfully accessible for people who use drugs.



Users, "Ribbon Community"

Community-academic collaborations.

City-level care and support services

HIV and PWUD – and their project

Dr. Peter Centre

St Paul's Hospital

Hope to Health

Sister Space

*Ribbon Community formerly known as AIDS Vancouver

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Toward Access for All: A Study of Low-Barrier, Harm Reduction Violence Against Women Shelters in Canada

Anne-Rachelle Boulanger, Sandra Ka Hon Chu - HIV Legal Network, Toronto, Canada

Background

Violence against women (VAW) is the most pervasive health risk to women and gender-diverse people in Canada. Indigenous women, racialized women, women living with disabilities, 2SLGBTQ+ individuals, and women living with HIV are disproportionately exposed to VAW, and to its severe physical and mental harms. Studies have repeatedly confirmed that those who experience violence are more likely to use drugs, and vice versa. Globally, women who use drugs experience rates of VAW up to 24 times higher than women who do not. Yet those who use drugs are often barred from VAW shelters, vital spaces free from violence with links to otherwise inaccessible health services.

Description

The study examines policies and practices aimed at improving VAW shelter access to women and gender-diverse people who use drugs. The study is based on desk research, community engagement, and a roundtable discussion. In September 2023, the HIV Legal Network brought together 22 representatives from 14 VAW shelters, emergency shelters, and

Next Steps

Roundtable participants for low-barrier VAW reduction. They practices to ena models, including

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- (2) Creating flexible expectations (rather based on protect of drug
- (3) Fost staff a partic each employ livi
- (4) id

Policy Analyst Anne-Rachelle Boulanger at the 2024 CAHR conference to present research from the Toward Access For All report.

2SLGBTQ+ Steroids

Author: Jared Sta

BACKGROUND

2SLGBTQ+ individuals, which are

- The pressure to conform to, or
- A history of gender inequality
- The desire to experience gender

OBJECTIVES

Client survey data being non

METHODOLOGY

This study involved a diverse group of

"Because it showed the manifestation of what it really felt, at that time it's good, it's healthy, losing weight, I am not but this is making me and faster, you know"

A look ahead to now...

Based on this research, [Shelter Right: A Blueprint for Inclusive Shelters in Canada](#) was published in April 2025. It calls for all levels of government to reimagine shelter policy through a rights-based and harm-reduction lens, recognizing shelters as vital public health infrastructure amidst Canada's ongoing housing and toxic drug crises.

Rights Review:

Article 11 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) — to which Canada is a signatory — "recognizes the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions." As it stands, not only are unhoused people who use drugs without adequate housing, the Canadian government has not taken sufficient steps to improve their living conditions.

Spreading Care, Community, Connection

Equitable access to needed programs, both for the prevention of HIV and other sexually transmitted and blood-borne infections (STBBI) specifically and for the protection and promotion of health more generally, is an ongoing public health and human rights concern. And, indeed, **until everyone's health and rights are secured, all our health and rights are at risk.**

During 2024's Pride season, the HIV Legal Network released [Connection, Care, Community: Strengthening Harm Reduction for GBT2Q People who Use Drugs in Canada](#). This pair of resources aims to challenge stigma and protect the health of GBT2Q people who use drugs.

The Summary Report reviews the evidence about substance use — including problematic use — among GBT2Q people, drawing from an extensive literature review; interviews with GBT2Q people who use(d) drugs, all of whom provide services or organize in community related to harm reduction; and an environmental scan of relevant programs and initiatives in Canada.

THE RESULTING AGENDA FOR ACTION PRESENTS NEARLY 30 RECOMMENDATIONS, WHICH INCLUDE:

- improving data collection;
- ensuring 2SLGBTQ+ communities are more inclusive and strengthen their advocacy for sensible drug policy;
- enhancing funding for the health of GBT2Q people who use drugs; and
- enacting key legal and policy reforms.

We shared a draft of this report with the **Public Health Agency of Canada** as they were seeking to update the Government of Canada's STBBI action plan, particularly as it relates to the needs of GBT2Q people who use drugs.

Notably, the Action Plan now includes a general commitment to "strengthen public policy and guidance to support harm reduction and health promotion efforts in the context of sexualized drug use."

We also made a submission to the UN Special Rapporteur on Health for her recent study regarding a human rights-based approach to harm reduction, and **there is express reference to LGBTQ+ people in the Special Rapporteur's April 2024 report to the UN Human Rights Council.**



NOT A CRIME

Listen: In August 2024, HIV Legal Network Policy Analyst André Capretti spoke with former HIV Legal Network Executive Director Richard Elliott about the [Connection, Care, Community](#) resources for our *Not a Crime* podcast.



Human Rights and HCV Elimination

In 2021, an estimated 214,000 people in Canada were living with HCV, and 8,200 of those people were newly diagnosed. That same year, 972 people died of HCV-related causes. This is despite the introduction of direct-acting antivirals (DAAs) in 2014, which could cure 95% of chronic HCV cases in eight or twelve weeks with minimal or no side effects. People who inject drugs; people in the prison system; Indigenous people; gay, bisexual, and other men who have sex with men (GBMSM); and migrants from countries with high prevalence of HCV are disproportionately affected.

With the support of Action Hepatitis Canada, of which the HIV Legal Network is a long-time Steering Committee member, we researched how systemic discrimination, stigma, criminalization, and inequities in healthcare continue to result in new and needless HCV infections amongst these "priority populations," despite the fact that HCV is curable.



HIV Legal Network Co-Executive Director Janet Butler-McPhee and Action Hepatitis Canada's Jennifer van Gennip.

The HIV Legal Network analyzed epidemiological data, policy frameworks, and human rights instruments to identify barriers to care for these individuals. These include the division of authority over healthcare, which results in there being no single, coordinated approach to HCV, and limited high-quality, intersectional data on people living with HCV.

Our report, *The Right to Care: Hepatitis C Among Priority Populations in Canada*, posits that HCV elimination will only be possible when priority populations are able to fully realize and enjoy their right to health. It also identified promising practices and provided recommendations for removing barriers to prevention, treatment, and care in order to align with international human rights law and achieve international health targets.

Until these measures are achieved, in Canada and beyond, HCV will remain the transmissible illness that causes the most years of potential life lost, despite its elimination being entirely possible.

Rights Review:

According to article 12 of the ICESCR, "the States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." As long as curable illnesses persist in our country, this obligation is not being met.

Does Hard Time Persist?

Back in 2007, the HIV Legal Network published [*Hard Time: HIV and Hepatitis C Prevention Programming for Prisoners in Canada*](#), exploring health and harm reduction policies and practices in Canada's prisons. Over the years, this has remained a particularly important topic to investigate: **people in prison are more likely to be living with HIV and hepatitis C (HCV) than the general population, and their access to healthcare is tightly controlled by the state that is incarcerating them** — a right to care which Canada has failed to uphold.

Nearly two decades later, we sought to find out if hard times persist in prisons and detention centres across the country.

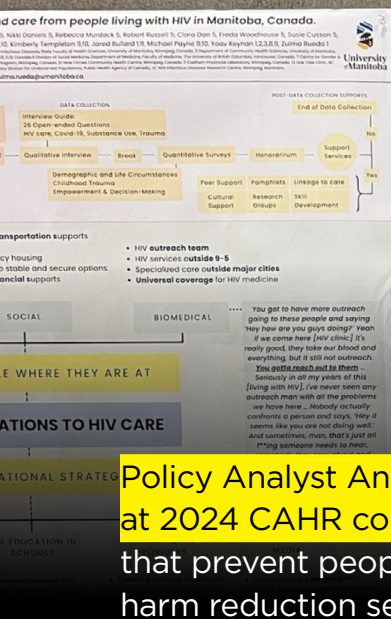
In our new investigation, **we looked at access to testing, treatment, and counselling for sexually transmitted and blood-borne infection (STBBIs), safer sex supplies, pre- and post-exposure prophylaxis, opioid agonist treatment, naloxone, sterile drug use equipment, bleach programs, and safe tattooing and skin-piercing.**

We also explored whether the needs of certain populations were being met, including Indigenous people, racialized people, women, and trans and gender-diverse people in prison, all of whom require culturally responsive programming.

These are pressing issues, given that **people in prison** — just like those of us outside of the carceral system — have sex, use drugs, and get tattoos, and **need access to basic health and harm reduction tools** that can protect people from related risks and harms.

Through open-source research and access-to-information requests, **we identified and analyzed more than 200 healthcare and harm reduction policies in prisons across the country.** We also used community contacts, partner referrals, and cold calls to find stakeholders who could provide more insight on these topics. In the end, we conducted more than 25 virtual interviews with formerly incarcerated individuals, people who work in or for prisons, and community organizations supporting the rights of people in prison.





Hard Time (Continued): Health and Harm Reduction in Canada's Prison System

Anne-Rachelle Boulanger, Sandra Ka Han Chu, André Capretti, Janet Butler McPhee - HIV Legal Network, Toronto, Canada

Background
Incarcerated individuals are disproportionately affected by HIV and other sexually transmitted and blood-borne infections (STBBIs). This is, in part, the result of the criminalization of those who face barriers to healthcare services in the community, such as people who use drugs. This is also, however, the result of inadequate healthcare services in prisons, falling well below what is available in the community.

Description
In 2007, the HIV Legal Network published *Hard Time: HIV and Hepatitis C Prevention Programming for Prisoners*. Between January and October 2023, the research team conducted interviews with formerly incarcerated individuals, people who work in or for prisons, and community health workers. The team also identified and analyzed over 100 health and harm reduction policies applicable to prisons across federal, provincial, and territorial jurisdictions. In some prisons, practices are improving, but in others, significant gaps remain, which are disproportionately affecting community members who are overrepresented in the prison system.

Advancing Health on Specialized C

Michael Parsons, Dalh

Abstract
Background: People living with HIV often experience co-occurring chronic pain that exacerbates marginalization. However, social workers may lack knowledge and skills to address this complex interplay. There is a need to advance health equity through specialized educational initiatives aligned with community priorities.

Methods: The presenters detail the developmental process for a new 12-week advanced practice social work course on HIV and chronic pain at a Canadian university. The team conducted a needs assessment, reviewed texts/frameworks, and aligned objectives, topics, and assignments to core priorities in HIV care.

Relevance: This work builds on existing Canadian research and addresses current challenges in the care continuum for key populations with co-occurring conditions. It informs social work roles in HIV care and support.

Learning Objectives: Course objectives were carefully designed to address course topics and learning outcomes, including HIV, unmet needs, and assignments. Comprehensive skills in advancing HIV and chronic pain care were emphasized. The course provides a model for addressing HIV and chronic pain through knowledge and skills development. The course provides a model for addressing HIV and chronic pain through knowledge and skills development.

Policy Analyst André Capretti presented at 2024 CAHR conference on the barriers that prevent people in prison from accessing harm reduction services.

A look ahead to now...

Based on this research, the fittingly named *Hard Time Persists: Healthcare and Harm Reduction in Canada's Prison System* report was published in April 2025; we found that while some aspects of healthcare have improved in prisons, significant gaps remain due largely to a lack of comprehensive health policies. We also released three population-specific companion reports for Indigenous people, racialized people, and women, trans, and gender-diverse people, as well as a report considering issues specific to those in immigration detention.

Rights Review:

The Nelson Mandela Rules — or the *United Nations Standard Minimum Rules for the Treatment of Prisoners* — were adopted unanimously by the UN General Assembly in 2015. Rule 24 mandates that "prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status."

Holding Dialogues Across Turtle Island

This year, we traveled across Turtle Island to host **Indigenous Community Dialogues** as part of the HIV Legal Network's policy brief collaboration with CAAN Communities, Alliances & Networks, an Indigenous organization working on HIV issues across Canada.

These dialogues were intended to explore the perspectives of people with lived experience on prison, sex work, and drug policy, issues that are regulated by colonial laws and policies in ways that impact us all but **disproportionately harm Indigenous peoples**. As such, it was critical for us to hear Indigenous peoples' recommendations for action in each area.

The locations of these dialogues were chosen in collaboration with CAAN, considering geographic spread, population densities, and desire to hear from different Indigenous groups. Winnipeg, Prince George, Tiohtià:ke/Montreal, Kijipuktuk/Halifax, and N'Swakamok/Sudbury were ultimately selected.

WE ALSO COLLABORATED WITH LOCAL ORGANIZATIONS FOR EACH DIALOGUE:

- Ka Ni Kanichihk in Winnipeg;
- Positive Living North in Prince George;
- the Native Friendship Centre of Montreal in Montreal;
- Healing Our Nations in Halifax;
- Mi'kmaw Native Friendship Centre in Halifax;
- SWANS in Sudbury;
- Aboriginal HIV/AIDS Strategy in Sudbury; and
- Réseau Access Network in Sudbury.

These were not easy conversations: participants graciously shared their lived experiences with drug use; access (or lack thereof) to harm reduction services and other healthcare; periods of incarceration; sex work; interactions with police and the criminal legal system; racism and discrimination; disconnection to culture; child apprehension; violence; HIV diagnosis; issues around HIV disclosure; and more.

But there were also periods of levity, connection, support, and hope as well as passionate calls for changes to existing policies, laws, and practices.

Indigenous culture and traditions were celebrated, the resilience of Indigenous people and communities was highlighted, and Indigenous Elders — who were key in making the dialogues a success — were honoured.

The policy brief that emerges from these dialogues will serve as a novel resource outlining Indigenous perspectives on these issues and is a part of the HIV Legal Network's commitment to concrete actions towards Truth and Reconciliation in our work.

It will also have an educational component, highlighting the connections between punitive laws and policies with harmful health outcomes for Indigenous people when it comes to HIV, HCV, and other STBBIs. Importantly, this collaborative work will be an advocacy tool **we can share with policymakers to pave the way for meaningful change**.

Do You Know Your Rights?

When everyone knows their rights and can advocate for them to be respected, we are all better for it. To that end, the HIV Legal Network has been publishing "Know Your Rights" (KYR) resources for nearly two decades, providing critical information for people living with HIV as well as key populations who are often criminalized and face greater barriers to HIV testing, prevention, care, and support.

This year, we launched new resources, reflecting both recent changes and developments in laws and policies alongside the key priorities identified in our strategic plan.

HIV CRIMINALIZATION

After releasing KYR resources on the criminalization of HIV non-disclosure specific to ACB and Indigenous communities, the HIV Legal Network decided we needed a guide that was both accessible and general to help all folks navigate this complex topic.

[Know Your Rights - HIV Criminalization](#) answers many of the most common questions about HIV disclosure and the criminal law in Canada. This includes informing people living with HIV of their legal obligations, the legal risks that they may encounter in relation to disclosure in sexual contexts, and different strategies they can take to address those risks.

This resource has already been widely disseminated, and it has become key literature to share at workshops and other events related to HIV criminalization.



DRUG LAWS

Given the racial profiling and disproportionate policing, arrest, and incarceration of African, Caribbean, and Black (ACB) and Indigenous people for drug offences, the HIV Legal Network released a pair of resources specifically dedicated to [ACB](#) and [Indigenous people](#) who use drugs, as well as the service providers working with them. These "Know Your Rights" resources are designed to provide information about Canada's confusing and evolving drug laws.

The guides emerged from a collaborative process that engaged the African and Caribbean Council on HIV/AIDS in Ontario, the Black Coalition for AIDS Prevention, Africans in Partnership Against AIDS, and CAAN. We also circulated a survey to the target communities and service providers, who in turn identified the most pressing legal questions related to drug laws in this country.

The final resources — and condensed companion pamphlets — provide accessible legal information about Canada's drug offences, including how those laws affect people's access to health and harm reduction services.



NOT A CRIME

Listen: The HIV Legal Network's Dylan DeMarsh held conversations with Orville Burke, Director of Health Promotion for the Black Coalition for AIDS Prevention in Toronto, and Mkwa Giizis, an Indigenous advocate from Nogojiwananong/Peterborough. You can listen to both on the November 2024 edition of our *Not a Crime* podcast titled ["The Terrible Impact of Canadian Drug Laws on Black and Indigenous Communities."](#)



Challenging *Excessive Demand*

In September 2023, R.A. — an international student from the Philippines — received word that his application to extend his Canadian student visa was denied because **his HIV status was expected to cause an "excessive demand"** on public social and health services.

The decision was based on section 38(1)(c) of the *Immigration and Refugee Protection Act* (IRPA) — part of Canada's medical inadmissibility regime — which allows individuals to be denied visas or permanent residence in Canada if the cost of treating their health condition via publicly funded healthcare is expected to be above a certain dollar threshold. **This policy prevents people who can and do make critical contributions to our economic, social, and cultural life from entering Canada because it is "too costly,"** despite the projected savings being only a tiny fraction of provincial healthcare budgets while paradoxically requiring lengthy and costly processing for disputes.

R.A.'s immigration lawyer contacted the HIV Legal Network about this case, given the law's broader effects on the right to equality for people living with certain health conditions including HIV. **In February 2024, we joined with the lawyer in launching a judicial review of R.A.'s case, seeking standing alongside R.A. as a public interest applicant.** Together, we challenged the decision to deny his visa as well as the constitutionality of s. 38(1)(c) — arguing that the "excessive demand" regime is not in accordance with the Charter's promise of equality and is out of step with human rights.

By May 2024, the Government of Canada conceded that denying R.A.'s extension was unreasonable, but failed to speak to the question of s. 38(1)(c)'s constitutionality. Despite efforts by the government to close the case without addressing the Charter challenge, the fight to overturn the "excessive demand" regime continued throughout the year.

In September 2024, the HIV Legal Network was denied status as a public interest applicant, with R.A. continuing as the sole applicant. The government then attempted and failed to have the case declared moot, with an April 2025 decision affirming that the applicants must have the opportunity to advance their human rights arguments.

The HIV Legal Network has continued to explore options to remain in this fight, not only so that our invaluable perspective and experience can be considered during the deliberations but also to secure rights for people who don't have the means or resources to fight the government alone.

A look ahead to now...

We are working with HIV Legal Network Co-Vice Chair Dr. Laura Bisailon to expand advocacy and public education around medical inadmissibility, and will be launching a webpage with more information on the issue.

Rights Review:

Section 15 of the Charter guarantees everyone equal protection and equal benefit of the law without discrimination, including based on physical disability (which includes health conditions such as HIV). If this constitutional challenge succeeds, it will ensure no one else faces the same discrimination as R.A. again.

Dedication to HIV Decriminalization

The criminalization of HIV non-disclosure is not only unfounded in scientific evidence, but also harmful to both personal and public health: it undermines initiatives including HIV testing, counselling, and support, and makes partner notification even more difficult for fear of criminal consequences. **This year, the HIV Legal Network's long-time fight against HIV criminalization faced major setbacks — albeit setbacks that the Legal Network and our partners did not take lying down.**

For nearly a decade, the Canadian Coalition to Reform HIV Criminalization (CCRHC) — a national coalition of people living with HIV, community organizations, lawyers, researchers, and more, of which the HIV Legal Network is a founding member — has been advocating together for law reform at the federal level. This year was no exception.

As progress stalled under the former Minister of Justice (who was in office from July 2023 to March 2025, when an election was called), **the CCRHC increased pressure to make sure that he would live up to Canada's commitments to law reform.** This included putting significant effort into getting HIV criminalization covered in the national newspaper *Globe and Mail*, culminating in a powerful long-form feature in May 2024.

Another key action was hosting a virtual session in July 2024, featuring international advocates who called on Canadian policymakers to make much-needed change. As part of this campaign, nearly 250 letters were sent to the then-Ministers for Women and Gender Equality, of Justice, and of Health, as well as Prime Minister Trudeau. In parallel, we launched a social media campaign featuring videos of people living with HIV sharing their experiences and calling for the Minister of Justice to end HIV criminalization in Canada.

Despite our intense efforts, the Justice Minister's office informed us in November 2024 that the government had put plans for law reform on HIV criminalization on the backburner.

The CCRHC responded quickly, loudly, and proudly by hosting a press conference on Parliament Hill that very month; members were also interviewed about the issue by prominent news outlets.

This swift response demonstrated our ongoing commitment to securing rights for all, even when times get tough.



A look ahead to now:

Thanks to the HIV Legal Network and the CCRHC's tenacity and perseverance, things have been looking up for HIV decriminalization in recent months. We have been meeting with Canadian policymakers about introducing a bill for law reform — hopefully with some important progress just in time for HIV is Not a Crime Awareness Day in February 2026.

HIV Justice Worldwide: A Year in Review

The HIV Legal Network is a founding member of HIV Justice Worldwide (HJWW), an international coalition that has worked to shape the discourse on HIV criminalization globally for nearly a decade. HJWW is a community of activists sharing information and resources, building networks and capacity, mobilizing advocacy and collaboration. **HJWW has supported the work of the HIV Legal Network against HIV criminalization both domestically and in Eastern Europe, Central Asia, West and Central Africa.**

APRIL & JULY

AFRAVIH in Cameroon and the International AIDS Conference in Germany

HJWW had a presence at both the biannual International AIDS Conference 2024 — the world's largest conference on HIV and AIDS — and the Francophone AFRAVIH conference two months prior. Both bring together scientists, advocates, people with lived experience, researchers, and funders. These events represented unique opportunities to promote the work of the HIV Legal Network and expand the HJWW movement against HIV criminalization.

OCTOBER

Strategy Meeting in Spain

HJWW had the opportunity to host our first in-person meeting in Sitges since the COVID-19 pandemic began, renewing our powerful sense of community, solidarity, and shared goals while reflecting on the past few years.

We came in with bold intentions, including deepening our understanding of HJWW's place in the global landscape, defining our strategic direction, and strengthening partnerships in a context marked by conflicts impacting coalition members, shrinking civic spaces, and attacks on democracy as well as growing anti-rights, anti-gender movements.

The Sitges meeting rejuvenated our energy, inspiration, and collective commitment to ending HIV criminalization the world over.

JANUARY

Trump Cancels USAID

The Robert Carr Fund (RCF) has been a critical partner in our work via funding to the HIV Justice Global Consortium. RCF is unique, as it provides long-term, core, and flexible funding to community-led and civil society networks addressing HIV. But with the US government shutting down USAID and other governments following suit in cutting their Official Development Assistance budgets, the RCF lost major parts of their own funding. This, in turn, has affected our work and that of our partners. We continue to work with RCF to keep this important global advocacy alive and well.

After experiencing such highs just a few months earlier, these combined challenges have been devastating for coalition members, particularly for those who are also dealing with war, repressive governments, attacks on civil society organizations and the LGBTQ+ community, and other funding cuts.

Nevertheless, we remain committed to the global movement of HJWW, and **we persist in providing support to partners internationally** and in advocating for law reform in Canada.



Advancing Human Rights Worldwide



DOMINICA

Following our historic victory in the challenge to Dominica's laws criminalizing same-sex intimacy in April 2024, we have continued to work with partners in the country to advance human rights there. This included a training workshop in Roseau on Communications, Gender, and Human Rights Advocacy from June 23 to 26, 2025, in partnership with Minority Rights Dominica (MiRiDom).

A group of young Dominicans participated in the workshop, which was a mixture of lecture, discussion, and a project where the participants produced a video on a topic related to gender and human rights in Dominica. **This served to build critical social media and communication skills, including how to create powerful advocacy content.**

The young advocates were interested and engaged, and we had great conversations about gender-related issues in Dominican society and the changes that need to occur for human rights to be honoured and respected.

UKRAINE

Ukraine is one of the nine countries that are being considered for European Union (EU) membership. Since the 2022 invasion of Ukraine, the desire to "ascend" (as joining the EU is formally known) has only been accentuated and accelerated, as EU membership would enhance Ukraine's security and economy and, by proxy, that of their allies near and far.

But one of the key requirements of ascension is the "stability of institutions guaranteeing democracy, the rule of law, human rights and respect for and protection of minorities."

As it stands, Ukraine's outdated drug laws and policies are not in line with human rights principles, as they focus on policing people who use drugs and ignore the root causes of the harmful, unregulated drug supply.

This approach violates human rights in multiple ways, including by limiting access to critical health services for people who use drugs, fueling prison overcrowding, and encouraging corruption within law enforcement.

Building on earlier consultations with Ukrainian NGOs, government representatives, and international experts, **the HIV Legal Network is working to address these issues** by analyzing legal frameworks; identifying viable law reform pathways; mapping the fast-evolving drug supply chain in Ukraine; and leading multi-stakeholder meetings with health authorities, law enforcement, and ministries to promote Ukrainian drug laws that comply with human rights and align with EU criteria. The project has also contributed to emerging national conversations on psychedelic-assisted therapies for trauma, supporting the formation of working groups and resource-sharing platforms.

Collectively, these activities have strengthened the capacity of Ukrainian civil society to pursue humane, evidence-based reforms during wartime and reconstruction.



NOT A CRIME

Listen: In October 2024, HIV Legal Network Senior Policy Analyst Mikhail Golichenko spoke with Ganna Dovbakh of the Eurasian Harm Reduction Association for our [Not a Crime podcast](#). They discussed the urgent need to reform drug laws and policies in the Eastern Europe and Central Asia (EECA) region.

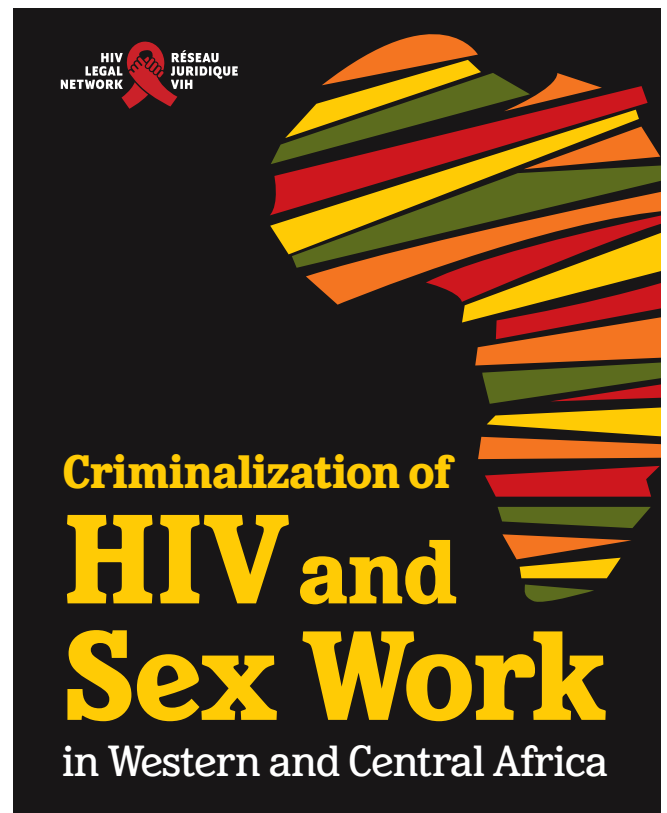
Intersectional Advocacy for Sex Workers in Western and Central Africa

Almost all countries in Western and Central Africa have laws specifically criminalizing HIV, with the effect of controlling, punishing, and marginalizing populations disproportionately affected by it. This includes sex workers, who are also already criminalized in relation to their work, exposing them to violence, police harassment, illegal forced testing, and arbitrary arrest.

An average of 7.5% of sex workers are living with HIV in the region. On behalf of HIV Justice Worldwide, the HIV Legal Network collaborated with HODSAS, a grassroots organization based in the Democratic Republic of Congo, to explore the intersection of HIV criminalization and sex work.

These intersections not only have negative outcomes on the personal health of sex workers but can also have negative outcomes on public health. Indeed, it is even more difficult to seek HIV testing, counselling, and support or to notify partners when you are at risk of criminal prosecution on not one but two fronts.

Between July and September 2024, we held community consultations with 22 sex workers from Burkina Faso, Congo Brazzaville, Côte D'Ivoire, the Democratic Republic of Congo, Mali, Mauritania, Senegal, and Togo; 17 participants were living with HIV, and two were men who have sex with men, four were transgender, one was a person who uses drugs, and at least three were young people. They shared how they experience abuse and violence in connection with their HIV status and their status as sex workers, and have limited access to HIV treatment and justice.



The resultant [Criminalization of HIV and Sex Work in Western and Central Africa](#) report shows how both forms of criminalization intersect and increase the risks of abuse and violence against sex workers in the region, offering the findings necessary for united mobilization against the criminalization of sex workers and people living with HIV.

Our Voice at the United Nations



This year, the HIV Legal Network made important contributions at the United Nations to safeguard a rights-based response to HIV both domestically and internationally.

In July 2024, the Human Rights Council adopted a resolution on "Human Rights in the Context of HIV and AIDS," which reaffirms the centrality of human rights, fundamental freedoms, and community leadership to the HIV response. It also calls for the end of discriminatory attitudes and punitive laws and policies preventing access to HIV prevention, testing, and treatment without discrimination.

Vitality, it includes the "[first unqualified recognition](#) of sexual and reproductive health and rights in a UN resolution," and calls for the scale-up of sexual and reproductive health education. **The HIV Legal Network contributed to the safeguarding of strong language around human rights and reproductive health within the resolution.**

Our advocacy efforts, together with other members of civil society and UNAIDS, were also critical to ensuring that the criminalization of key populations — including people living with HIV — be considered in the resolution. This was an important step in ending the HIV epidemic once and for all, **as we know that any response that does not center key populations and is all-encompassing will not be an effective one.**

Likewise, it is critical that everyone in Canada has the right to bodily autonomy, equality, health, and shelter. To that end, **we made two written submissions to the Committee on the Elimination of All Forms of Discrimination Against Women** during its periodic review of Canada in October 2024.

The first submission was about the harms wrought by the continued criminalization of sex work and HIV non-disclosure as well as the lack of access to shelter for women who use drugs fleeing gender-based violence (GBV). The second was written with the Canadian Drug Policy Coalition, highlighting priority concerns for women and gender minorities who use drugs, specifically relating to the need for gender-responsive shelter, needle and syringe programs, and supervised consumption services, including in prison.

In Geneva, we also had the opportunity to make an oral statement on behalf of several NGOs and engaged in advocacy with committee members and with other civil society delegates.

Rights Review:

These initiatives are rooted in various articles of international human rights instruments. These include the right to life, liberty, and security of person (Articles 6 and 9 of the *International Covenant on Civil and Political Rights*); the right to health (Articles 12 of ICESCR and the *Convention on the Elimination of All Forms of Discrimination against Women*, or CEDAW); the right to an adequate standard of living, including housing (Article 11 of the ICESCR and Article 14 of CEDAW); and — critically — the right to freedom of discrimination, a right embedded in all international human rights instruments.

Thank You to Our Donors and Funders!



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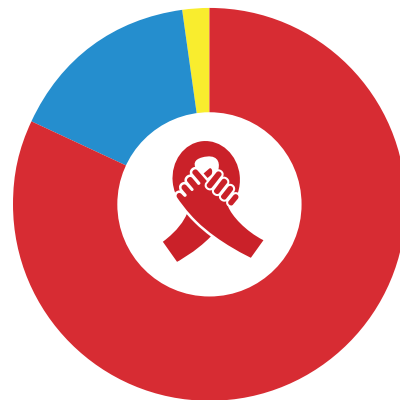
Financials

Summary from Audited Financial Statements

FISCAL YEAR ENDING MARCH 31	2025	2024
REVENUE	\$	\$
Grants	1,178,775	1,372,561
Consulting Fees	128,933	438,460
Donations	108,925	152,718
Inerest & Other	37,126	45,996
Membership	5,500	5,640
TOTAL REVENUE	1,459,259	2,015,375
EXPENSES		
Personnel & Professional Fees	1,202,005	1,591,467
Rent & Maintenance	87,298	79,948
Outreach Activities	33,357	17,892
Office Equipment & Expenses	30,955	27,200
Travel	27,458	147,010
Communication & Information	14,409	28,538
Facilities & equipment	8,728	11,221
Strategic Litigation	5,256	54,966
Other	35,419	37,558
TOTAL EXPENSES	1,444,885	1,995,800
NET ASSETS		
Designated	755,863	755,863
Unrestricted	152,416	138,042
TOTAL NET ASSETS	908,279	893,905

Where our money goes:

- **Programs** **82%**
- **Administration** **16%**
- **Fundraising** **2%**





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