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The following can be attributed to the HIV Legal Network and the HIV & AIDS Legal Clinic Ontario (HALCO)

Introducing Co-Pays Under IFHP Will Push People Away from Care

January 30, 2026 – Toronto – The HIV Legal Network (the Legal Network) and the HIV & AIDS Legal Clinic Ontario (HALCO) condemn the Government of Canada's decision to [introduce co-payments](#) under the Interim Federal Health Program (IFHP). As [health providers](#), [refugee advocates](#), and [legal experts](#) have already warned, these changes will create new barriers to care for people who already face profound obstacles to accessing healthcare in Canada.

The IFHP is a federally funded health coverage program that provides temporary access to essential healthcare for refugee claimants, resettled refugees, and certain others without permanent immigration status, while their status is being determined or until they become eligible for provincial or territorial health insurance. **For many people, IFHP is the only way to access medically necessary care in Canada.**

As of May 1, 2026, people covered by the IFHP will be required to pay a \$4 co-payment for prescription medications and a 30% co-payment for supplemental health services, including mental health care, rehabilitation services, assistive devices, home care, urgent dental care, limited vision care, and essential medical supplies. **For people with little or no income, these costs are not nominal. They represent a [significant](#) and often insurmountable [barrier](#) to accessing essential [care](#).**

Interruptions in access to medication, laboratory monitoring, mental health care, and other essential supports carry serious and foreseeable consequences for both individual and public health. HIV prevention and treatment depend on early diagnosis, uninterrupted care, and trust in healthcare systems. **Introducing new barriers undermines these foundations and risks reversing decades of progress.**

As documented in the Legal Network's report [The Right to Care](#), migrants already face immense challenges navigating Canada's healthcare system, even when they are formally entitled to IFHP. Complex eligibility rules, inconsistent acceptance of IFHP by healthcare providers, lack of accessible and translated information, language and cultural barriers, and experiences of stigma and discrimination all contribute to delayed diagnosis and interrupted treatment. Notably, [the United Nations Special Rapporteur on the Right to Health](#) has **called on Canada to expand access to IFHP**, recognizing the importance of universal coverage in light of existing gaps. **Adding co-payments to an already fragmented and difficult system moves Canada in the opposite direction**, deepening barriers and pushing more people out of care.

The federal government's decision continues a long-standing pattern in Canadian immigration policy of scapegoating migrants for longstanding pressures in the healthcare system. Policies such as the ["excessive demand"](#) regime have repeatedly framed migrants as a threat to healthcare sustainability, despite the [government's inability](#) to show that these measures protect the [system](#). Together, these policies are pushing people away from care, rather than protecting public health or addressing systemic failures.

We have seen the consequences of this approach before. Financial and administrative barriers to healthcare do not save money in the long term. **They delay treatment, increase reliance on emergency services, and lead to poorer health outcomes, at greater cost to individuals, communities, and the healthcare system as a whole.**

The HIV Legal Network and HALCO call on the federal government to immediately reverse the introduction of IFHP co-payments and to commit to a rights-based, public health-driven approach to healthcare access. Access to care must not be used as a tool of deterrence or scapegoating. It is essential to protecting public health, human dignity, and the right to life and security of the person, for which the Government of Canada is responsible.

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