



**Written Submission for the Pre-Budget Consultations in  
Advance of the Upcoming Federal Budget**

**By:  
HIV Legal Network/Réseau juridique VIH**

**May 2026**

## **List of Recommendations**

### **We urge the Government of Canada to:**

1. Increase to at least \$100M the targeted, multi-year funds available to health and human rights organizations working on issues related to HIV, hepatitis C, and harm reduction through the Community Action Fund and the Harm Reduction Fund;
2. Utilize funds from the Indigenous Health Equity Fund to close gaps in health outcomes for Indigenous people, and review federal funding arrangements to address systemic discrimination and chronic underfunding in the provision of essential services to Indigenous people;
3. Provide sustainable funding for supervised consumption services, prioritizing those that have recently lost provincial funding and been forced to close;
4. End the newly introduced co-payments under the Interim Federal Health Program (IFHP) and expand its narrow eligibility rules so that all migrants in Canada can access publicly funded healthcare regardless of immigration status, as co-payments and restrictive eligibility barriers delay care and deepen health inequities;
5. Increase funding for the LGBTQI+ International Assistance Program to \$20M per year;
6. Expand the Government Assisted Refugee pathway by funding the necessary staffing and expanding the cap from 250 to 500 referrals annually (with commensurate contribution); and
7. Recommit official development assistance to 0.7% of Canada's gross national product.

## **The State of HIV in Canada**

As we wrote in our 2025 report, *The State of HIV in Canada: Rights, Progress, and Unfinished Work*, some 65,270 people were living with HIV at the end of 2022.<sup>1</sup> New 2024 surveillance data shows that heterosexual contact accounts for most new cases, and rates of HIV are much higher in certain provinces.<sup>2</sup> In fact, Manitoba declared a state of emergency on May 7, 2026 to enable increased resources in the fight to curb new HIV cases.<sup>3</sup>

A rights-based approach is essential for an effective response to HIV and AIDS; such approaches create the conditions for successful HIV responses and affirm the dignity of people living with and affected by HIV.<sup>4</sup> We also know that hepatitis C virus (HCV) is among the most burdensome infectious diseases in Canada, often experienced as a co-infection alongside HIV. An estimated 214,000 people in Canada are living with chronic HCV.<sup>5</sup>

With the adoption of the Sustainable Development Goals, UN Member States committed to end the HIV epidemic by 2030. Canada also committed to the World Health Organization goal of ending viral

---

<sup>1</sup> Public Health Agency of Canada, *Canada's progress towards ending the AIDS epidemic*, July 2024, available at <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/canada-progress-towards-ending-hiv-epidemic.html>.

<sup>2</sup> Public Health Agency of Canada, *HIV in Canada: 2024 Surveillance Highlights*, April 2026, available at <https://www.canada.ca/en/public-health/services/diseases/hiv-aids/health-professionals/surveillance-highlights.html>.

<sup>3</sup> Government of Manitoba, "Province Declares a State of Emergency to Combat the Spread of HIV," media release, May 7, 2026, available at <https://news.gov.mb.ca/news/index.html?item=73717>.

<sup>4</sup> UNAIDS, *Human Rights*, available at <https://www.unaids.org/en/topic/rights>.

<sup>5</sup> Public Health Agency of Canada, *Canada's progress towards eliminating viral hepatitis as a public health concern*, October 2024, available at [canada.ca/en/public-health/services/publications/diseases-conditions/progress-towards-eliminating-viral-hepatitis-threat-2021.html](https://www.canada.ca/en/public-health/services/publications/diseases-conditions/progress-towards-eliminating-viral-hepatitis-threat-2021.html).

hepatitis as a public health threat by 2030. As a country, we are off track with respect to both commitments.

**The work towards our commitments related to HIV (and HCV) is complex and requires the expertise of a strong and well-resourced AIDS Service Organization (ASO) sector.** This sector, which is also largely tasked with responding to the toxic drug crisis, is under great strain. The systemic dismantling of global funding for HIV is further cause for concern.

**Canada signed on to UNAIDS' targets for HIV prevention and treatment, which aim to achieve the ultimate goals of zero new infections, zero deaths from AIDS, and zero stigma related to HIV by 2030.**

These targets include the “95-95-95” goals of ensuring that 95% of people living with HIV know their status, 95% who know their status receive treatment, and 95% who are on treatment have suppressed viral loads.<sup>6</sup>

They also include a commitment to creating an enabling legal environment by 2025 such that less than 10% of countries globally have restrictive legal and policy frameworks that lead to the denial or limitation of access to services;<sup>7</sup> less than 10% of people living with HIV or key populations experience stigma and discrimination; and less than 10% of women, girls, and people living with HIV or key populations experience gender inequality and violence.<sup>8</sup>

It should be noted that the average lifetime cost of each new HIV infection is \$1.44M.<sup>9</sup>

### **Disproportionate Impacts, Chronically Underfunded ASOs**

HIV and other sexually transmitted and blood-borne infections (STBBI) “do not affect all people equally.” Contextual factors — such as the social determinants of health and legal, political, and historical factors — influence vulnerability and resilience to STBBI.”<sup>10</sup> Disproportionately affected populations include: GBMSM, people who use drugs, sex workers, people who have experienced incarceration, transgender/gender-diverse people, Indigenous people, Black people, and newcomers/migrants/immigrants from countries with high HIV prevalence.

Manitoba and Saskatchewan have by far the most new HIV diagnoses in Canada. Only 69% of Indigenous people in Saskatchewan on HIV treatment had achieved viral suppression. Among Indigenous people who use drugs in Alberta and Saskatchewan, latest estimates show that only 54% of those on treatment achieved viral suppression.<sup>11</sup> **Indigenous Peoples have long faced discrimination and inequities in healthcare access and treatment, resulting in significant disparities in health outcomes.**

**Meanwhile, Canada's ASO sector operates in a perpetually under-resourced state. Despite decades of repeated calls to increase HIV funding, Canada has failed to deliver promised**

---

<sup>6</sup> UN Human Rights Council, *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, June 2021, available at

[https://www.unaids.org/en/resources/documents/2021/2021\\_political-declaration-on-hiv-and-aids](https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids).

<sup>7</sup> Ibid.

<sup>8</sup> UNAIDS, *Global AIDS Strategy: 2021-2026, End Inequalities. End AIDS.*, 2021, available at [https://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-strategy-2021-2026\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf).

<sup>9</sup> Institute of Health Economics, “Lifetime cost of a new HIV diagnosis now \$1.44 million, up 11% from last estimate,” media release, January 21, 2025, available at <https://ihe.ca/lifetime-cost-hiv/>.

<sup>10</sup> Public Health Agency of Canada, *Government of Canada's sexually transmitted and blood-borne infections (STBBI) Action Plan 2024–2030*, February 2024, at <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/sexually-transmitted-blood-borne-infections-action-plan-2024-2030.html>.

<sup>11</sup> CATIE, *The epidemiology of HIV in Canada: Fact Sheet*, 2026, available at <https://www.catie.ca/the-epidemiology-of-hiv-in-canada>.

**funds.** Such calls began in 2003, when the House of Commons Standing Committee on Health unanimously recommended that annual HIV funding be doubled to \$85M.<sup>12</sup> In 2004, the former Liberal government committed to meeting this funding target, but the subsequent Conservative government halted planned increases in 2007. Funding has since remained largely stagnant at ~\$70M/year.

In 2019, the Standing Committee unanimously recommended increasing funding for HIV alone to \$100M annually, including an increase to the Community Action Fund.<sup>13</sup> In 2020, the Senate adopted a motion urging the government to follow through on this recommendation. **This \$100M is now needed as a lifeline for the HIV response.**

**Community-based programs are essential in providing HIV prevention services and sustained advocacy. Investment in community-based HIV prevention programs prevents new infections and leads to cost savings for the health system.** For example, every dollar invested in community-based HIV prevention programs in Ontario saved approximately \$5 in HIV treatment costs (from 2005-2011). Community-based programs helped to prevent an estimated 16,672 HIV infections (from 1987-2011), and are also well positioned to lead HIV efforts because they reach key populations.<sup>14</sup>

**Recommendation 1:** Increase to at least \$100M the targeted, multi-year funds available through the Community Action Fund and the Harm Reduction Fund.

**Recommendation 2:** Utilize funds from the Indigenous Health Equity Fund to close gaps in health outcomes for Indigenous people, and review federal funding arrangements to address systemic discrimination and chronic underfunding in the provision of essential services to Indigenous people.

## **The Toxic Drug Crisis**

The toxic drug crisis has resulted in 55,032 apparent opioid toxicity deaths from January 2016 to September 2025 — or roughly 16 people dying every day.<sup>15</sup> It also threatens Canada's HIV, HCV, and other STBBI response. In Manitoba, for instance, 70% of new HIV infections are related to injection drug use.<sup>16</sup>

Between 2017-2024, federally exempted supervised consumption sites (SCS) in Canada responded to more than 60,000 overdose events, with no reported onsite fatalities.<sup>17</sup> Research has documented improved access to housing, legal, and health care services as well as enhanced community belonging and safety among people who use drugs. Moreover, studies have observed lower rates of emergency service utilization, fewer non-fatal overdose events, lower all-cause mortality, and decreased injection-related complications such as infections and abscesses.<sup>18</sup>

---

<sup>12</sup> In 2003, all parties but one recommended that funding should increase to \$100M per year. See Standing Committee on Health, *Strengthening the Canadian Strategy on HIV/AIDS*, June 2003, available at <https://www.ourcommons.ca/Content/Committee/372/HEAL/Reports/RP1032305/healrp03/healrp03-e.pdf>.

<sup>13</sup> Standing Committee on Health, *The Health of LGBTQIA2 Communities in Canada: Report of the Standing Committee on Health*, June 2019, available at <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>.

<sup>14</sup> S. K.Y. Choi, D.R. Holtgrave, J. Bacon, et al., "Economic evaluation of community-based HIV prevention programs in Ontario: Evidence of effectiveness in reducing HIV infections and health care costs," *AIDS Behav* 20 (2016): pp. 1143–1156. doi: 10.1007/s10461-015-1109-8.

<sup>15</sup> See Health Infobase, *Opioid- and Stimulant-related Harms in Canada: Key findings*, March 2026, available at <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.

<sup>16</sup> Data provided by Dr. Brent Roussin, Manitoba's chief provincial health officer when he declared emergency. See O. Shebahkeget, "Manitoba declares public health emergency as HIV rates rise," *CBC News*, May 7, 2026, available at <https://www.cbc.ca/news/canada/manitoba/hiv-manitoba-public-health-emergency-9.7191004>.

<sup>17</sup> Health Infobase, *Supervised consumption sites: dashboard*, February 2026 available at <https://health-infobase.canada.ca/supervised-consumption-sites/>.

<sup>18</sup> Supra note 16.

Additionally, recent research from the BC Centre on Substance Use and the Centre on Drug Policy Evaluation assessed peer-reviewed evidence from a range of settings around the world, showing that implementing SCS is associated with declines in public disorder, crime, and public drug use.<sup>19</sup>

**SCS are also extremely cost effective. A 2023 systematic review of the economic evidence regarding SCS in North America concluded that the services saved costs and resulted in greater benefits than costs or were cost-effective, based on factors such as HIV and HCV infections prevented, overdoses and overdose deaths prevented, and reduced need for ambulance calls, emergency department services visits, and hospitalizations.<sup>20</sup>**

**Recommendation 3:** Given all their public health, public safety, and economic benefits, the federal government should — in consultation with SCS providers — provide sustainable funding for SCS, prioritizing those that have recently lost provincial funding and consequently been forced to close.

### **Migrants, LGBTQI+ Communities, and Foreign Aid**

As of May 1, 2026, refugee claimants, resettled refugees, and others without permanent status who are covered by the Interim Federal Health Program (IFHP) must pay a \$4 co-payment for prescription medications and a 30% co-payment for supplemental health services. **For people with little or no income, these costs are a significant barrier to accessing healthcare and should be reversed.**

**Echoing our colleagues at Dignity Network Canada, we ask Canada to raise the LGBTQI+ International Assistance Program budget to \$20 million per year, or about 0.3% percent of Canada's international development budget.** This modest, targeted increase is urgently needed to demonstrate Canada's commitment to LGBTQI+ rights and health.

**Canada should also expand the Government Assisted Refugee (GAR) pathway by increasing the allocation from 250 to 500 referrals annually with commensurate funding,** and to keep its platform commitment to expand the Rainbow Refugee Assistance Partnership. The GAR referral pathway with Rainbow Railroad secures protection for vulnerable LGBTQI+ refugees who have no other access to safe pathways. **This protection must include access to healthcare by ending IFHP co-payments.**

**Finally, we call on Canada to recommit to the longstanding target of 0.7% of gross national product (GNP) going towards official development assistance,** demonstrating leadership and commitment to global health, global security, and human rights.

**Recommendation 4:** End the newly introduced co-payments under the IFHP, and expand its narrow eligibility rules so that all migrants in Canada can access publicly funded healthcare regardless of immigration status.

**Recommendation 5:** Increase funding for the LGBTQI+ International Assistance Program to \$20M annually.

**Recommendation 6:** Expand the GAR pathway, by funding the necessary staffing and expanding the cap (with commensurate contribution).

**Recommendation 7:** Recommit official development assistance to 0.7% of GNP.

---

<sup>19</sup> T. Kerr and D. Werb, *Supervised Consumption Sites, Public Safety & Crime: The Evidence*, BC Centre on Substance Use and Centre on Drug Policy Evaluation, May 2026, available at <https://cdpe.org/publication/supervised-consumption-sites-public-safety-crime-the-evidence/>.

<sup>20</sup> C. Behrends et al., "Economic Evaluations of Establishing Opioid Overdose Prevention Centers in 12 North American Cities: A Systematic Review," *Value Health* 27:5 (2024): pp. 655-669.