

Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Background: CANADA, August 2008

Country Profile

- Population Size: 31,612,897
- Population 0 – 14 years of age: 17.7% (n= 5,579,835)
- Population who identify as female: 51% (n=16,136,925)
- 58,000 (48,000-58,000) people in Canada were living with HIV or AIDS at the end of 2005. Of these, approximately 15,800 or 27% are not aware of their infection.
- 1866 AIDS cases and 9,569 positive HIV tests were reported in adult women up to December 31, 2006.
- Women represent an increasing proportion of those with positive test reports in Canada and in 2006 accounted for 27.8% of such tests.
- Heterosexual contact (61.1% in 2006) and injecting drug use (30.7% in 2006) are the two main risk factors for HIV infected women.
- Over 40% of women with positive HIV tests in 2006 were aged 15 to 29; compared to other age groups, the proportion of women's positive HIV test reports is highest among youth.
- HIV has a significant impact on Aboriginal women. During 1998-2006, women represented 48.1% of all positive HIV test reports among Aboriginal persons, as compared with 20.7% of non-Aboriginal persons.
- HIV/AIDS has a significant impact on women from countries where HIV is endemic. Women represented 54.2% of positive HIV test reports in the HIV-endemic category between 1998 and 2006 and 41.8% of AIDS cases during the same period.

Women in Canada are increasingly becoming infected with HIV. The proportion of females has risen steadily over time, from 11.3% in the years between 1985 and 1996 to 27.8% of adult positive HIV test reports in 2006. The proportion of HIV positive test reports for women varies considerably by age and is highest among young adults. Females continue to account for a substantial proportion of positive HIV test reports in the 15-29 year age group, representing 36% to 45% of all tests among those with known age between 2001 and 2006. These numbers highlight the necessity for data on the trends, geographic differences and social determinants of health related to HIV and women and girls in Canada.



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Key Findings & Recommendations

COMPONENT #1: LEGAL, ETHICAL & HUMAN RIGHTS

The Federal Government in Canada must become more engaged in HIV care, treatment and prevention, and ensure that women and girls, and women and girls with HIV or AIDS specifically are acknowledged in policy decisions. While some laws currently exist in Canada to human rights, few specifically protect women. The *Criminal Code* contains some provisions to protect women, including women experiencing domestic violence and sexual assault, but enforcement of these laws is unfairly applied.

Sex workers and other marginalized women may have their complaints ignored. Canada also upholds the ineffective and inappropriate use of criminal law to address HIV exposure in the context of unprotected sex. There is little evidence to suggest that criminal prosecutions for non-disclosure of HIV-positive status will offer any significant benefits in terms of HIV prevention.

Continuing criminal sanctions around various prostitution-related activities in the *Criminal Code* make it virtually impossible for women to work safely. In turn, dangerous working conditions have been linked with sex workers' diminished capacity to demand safer sex and correspondingly greater vulnerability to HIV infection. The rights of women who use illegal drugs are not adequately protected, including their right to shelter, health care, services and support. Federal gutting of harm reduction programs have been compounded by the "chilling" effect the cutbacks have had on programs at provincial and municipal levels, increasing health risks to those who use drugs.

For women in prison in Canada, the lack of harm reduction resources expose them to a higher risk than for women in the broader community. The rates of HIV/AIDS infections in prison have been shown to be 10-19 times higher than for people in the community at large. This is largely due to the lack of needle exchange programs and safe tattooing in any prison and the lack of community based prevention education programming for women in the prison system. More women are leaving institutions with an HIV/AIDS diagnosis.

Therefore, we demand:

- Leadership and immediate action from all levels of government in Canada to create, implement and meaningfully enforce laws that prohibit human rights violations against all women and girls, including women and girls in prison, immigrant women and sex workers.
- Leadership and immediate action from all levels of government in Canada to oppose the expansive use of criminal law to address HIV exposure in Canada.
- Leadership and immediate action from all levels of government in Canada to respond to the needs of Aboriginal women.



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- Leadership and immediate action from all levels of government to respond to the needs of all women of colour by adequately addressing the social determinants of health that are fueling this epidemic for Aboriginal people and other ethno-cultural groups.
- The federal government to repeal sections of the *Criminal Code* which are inconsistent with Canada's obligations under national and international law to respect, protect and fulfill the human rights of sex workers.
- That the Conservative Party in power own up to their historically demonstrated anti-choice position and their efforts to restrict abortion access by implementing private members' bills to give a fetus the legal status of an "unborn child", a step towards going to the Supreme Court with a Charter challenge to ban abortion.
- The federal government to immediately rescind its decision to eliminate harm reduction from its National Anti-Drug Strategy and provide adequate resources.
- Immediate consideration of culturally appropriate and accessible human rights education to ensure that all women and girls, especially those from marginalized communities, are aware of their rights and are able to better exercise them.

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COMPONENT #2: RESEARCH

The Canadian government is responsive to HIV research needs through funding in basic science, clinical research, epidemiology, socio-behavioral and community-based research; however, more *targeted* funding is required to address the needs of women and girls. The government is making positive steps to generate more epidemiological data on people living with HIV or AIDS in Canada generally.

The government must make more significant efforts to encourage and promote research with marginalized communities in ethical and culturally appropriate ways, including research with Aboriginal women, women of colour and transwomen.

In Canada women in general and women with HIV specifically are not well represented on Research Ethics Boards (REBs).

Therefore, we demand:

- Leadership and immediate action to encourage sufficient funding and active involvement of HIV positive women and women's organizations in all stages of the research processes, from question development to dissemination, this includes using statistically significant numbers of women in research.
- The Federal Government evaluate funding for vaccine research in Canada and any funding should come from newly budgeted health dollars.
- The Federal Government reinstate prevention funding and programmes to address the present and burgeoning epidemics.
- The Federal Government reinstate funding to community based organizations.
- The development of Ethics Review Boards that have representation of women living with HIV and women from ethnocultural communities.



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- The government redress the significant lack of attention to and research on Aboriginal women and HIV/AIDS.
- The government demand that researchers also address the growing HIV epidemic among women globally.

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COMPONENT #3: STIGMA & DISCRIMINATION

In Canada, many women and girls are not able to live openly with HIV. Stigma and discrimination faced by women and girls from vulnerable communities is particularly acute. Aboriginal (First Nations, Inuit and Métis) women in Canada face particular and acute stigma and discrimination because of the intersection of overlapping oppressions. The Federal government made an important first step by publicly apologizing for the atrocities of the residential school system. They must ensure that this is only the *first step*.

In Canada, there are no national programs or campaigns to address stigma and discrimination as it relates to HIV in general or for women specifically.

Therefore, we demand:

- The implementation by the Canadian government of culturally and linguistically appropriate and targeted public education and awareness campaigns to help end stigma and discrimination against women and girls with HIV or AIDS.
- Inclusion of HIV/AIDS and safer sex education as a subject of all school curricula, mandated by all levels of government.

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COMPONENT #4: DIAGNOSIS & TREATMENT

Diagnosis, testing and treatment are not equally accessible for women and girls across Canada. Women and girls lack access to testing, are under-diagnosed and diagnosed too late for successful treatment interventions. In the Northern Territories and other rural or remote areas, there can be significant barriers to testing related to concerns about anonymity and confidentiality. This can be even more challenging for First Nations and Inuit women where candid discussion of HIV risks and the behaviors that lead to risk occur rarely.

Ontario is a leader for insisting on their policy on opt-in testing for pregnant women, which has been very successful; 94% of pregnant women or women considering pregnancy tested for HIV in 2007. This rate has been steadily increasing since 1999. Ontario is also a leader for expanding anonymous testing sites and point-of-care testing.

Aboriginal women, women in many rural and remote locations, women of colour from a variety of communities have difficulty accessing diagnosis and testing services in Canada



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because of concerns regarding confidentiality, a lack of knowledge of HIV or a need for testing, and health care provider bias. Resources are limited for travel from remote areas to get health care.

Health care providers need access to education on HIV. While health care providers are mandated to offer both pre- and post-test counseling, proper counseling often does not take place.

In general, Canadians hold certain biases and judgments about motherhood and pregnancy that can create barriers for pregnant woman to reject or to opt-out of an HIV test. Even though in Canada women have a legal right to refuse, women in Canada *are* tested without their knowledge, which is unacceptable.

Therefore we demand:

- Culturally and linguistically appropriate and relevant testing sites and services offered by health care providers trained in HIV testing protocol, including comprehensive pre- and post-test counseling, voluntary testing, informed consent.
- Implementation, maintenance and enforcement of laws and policies that prohibit mandatory testing of all women and girls, including pregnant women.
- Compulsory education of all health-care providers about women and girls and HIV/AIDS as part of their professional training.
- Scaling-up of anonymous testing as well as rapid point-of-care testing.

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COMPONENT #5: PREVENTION & HIV EDUCATION

Prevention and education strategies for women and girls in Canada do not receive sufficient attention and funding, are often poorly implemented, and do not respond to women and girls' realities. These strategies, where they exist, receive varying and inadequate levels of funding and attention. Most strategies developed by the government present generic HIV messaging, and while others are targeted to specific communities based on federal and provincial epidemiological data, these are not historically or presently focused on women or girls specifically. Regardless of how effective prevention and education strategies are for men or the general population, if women a) do not see themselves represented and/or b) are facing multiple challenges and oppressions in their lives, it will be extremely difficult to exercise those prevention methods. There is a need in Canada to focus on "positive prevention" generally, but also specifically for women, to promote the wellness of women with HIV. There is also a need to focus on education delivered by and to Aboriginal women and girls in all communities in Canada, particularly in rural and remote regions.

The Federal government in Canada has cut back on AIDS Service Organization funding, which significantly impacts communities' ability to create and disseminate effective HIV prevention and education campaigns/programs.



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and support services to women or girls that are HIV positive. In the Yukon Territory there is one AIDS Service Organization that is dedicated to providing education, awareness and support and counseling to Yukon residents: Blood Ties Four Directions Centre.

Therefore, we demand:

- Leadership from government and the private sector to develop a comprehensive, culturally and linguistically appropriate plan to redress the inequalities that women and girls face in relation to the social determinants of health that help drive the epidemic.
- Development by appropriate stakeholders, including governments, healthcare institutions, healthcare providers and HIV+ women and girls, of responsive models for health care and support delivery that acknowledge and affirm the multiple roles that women and girls play and the importance of including these in care and support plans.
- That the Government endorse the Declaration on Poverty, Homelessness and HIV/AIDS that will emerge from AIDS 2008.

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Overarching demand from AIDS 2006:

WE DEMAND:

- All demands must be met with adequate and sustained resources, including financial and human resources; must be culturally and linguistically appropriate and must include women and girls with HIV as an integral part of the solution making and decision making process.

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References

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3. Public Health Agency of Canada, HIV/AIDS Epi Update (November 2007).



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