MANITOBA HIV–STBBI
COLLECTIVE
IMPACT
NETWORK

## Guidance From the Cinetwork on the Way Forward With

# HIV-STBBI Policies, Practices and Research in Manitoba

## June 2024

*A Report of the MB HIV-STBBI Collective Impact Network Stewardship Team, 2024*

## ABSTRACT

This report captures the wisdom from an engagement session with 40 people held by the MB HIV-STBBI Collective Impact Network (CINetwork) June 3rd, 2024. It is meant to provide input to Provincial policy decision-makers as well as to other policy organizations, community-based organizations, researchers, and the CINetwork itself for its strategic planning. While the information is rich, it should be considered a starting point for conversation and for continued engagement with the Provincial Government and other policymakers on HIV-STBBI topics in Manitoba.

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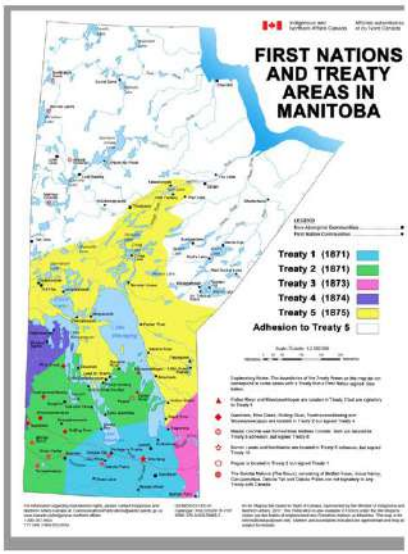
## MB HIV-STBBI Collective Impact Network Land Acknowledgment

### CINetwork Land Acknowledgement

- We acknowledge that we work and gather on the original lands of Anishinaabeg (Ojibwe), Ininiwak (Cree), Anishininiwag (Oji-Cree), Dakota/Lakota, Inuit, and Dene Peoples and on the homeland of the Métis Nation.

- We are humbly working together on the Truth and Reconciliation Commission's Calls for Action and the Missing and Murdered Indigenous Women and Girls Inquiry's Calls for Justice through our research, events, and the projects of the MB HIV-STBBI Collective Impact Network.




## The MB HIV-STBBI Collective Impact Network Stewardship Team

Our team includes (in alphabetical order): Dr. Josh Aquin, Ken Bristow, Zoé Bordeleau-Cass, Chance Dupuis, Marvel Chase Gammon, Ashley Haller, Dr. Michael Isaac, Dr. John Kim, Dr. Linda Larcombe, Dr. Sarah Lesperance, Dr. Elder Albert McLeod, Paula Migliardi, Rebecca Murdock, Mike Payne, Dr. Gayle Restall, Laurie Ringaert, Ella Rockar, Jared Star, Dr. Rusty Souleymanov, Kim Templeton, and Freda Woodhouse.

## Our Gratitude

We thank everyone who attended and provided wisdom and input on June 3rd, 2024. Your time and effort were greatly appreciated and contributed to this important report we are providing policymakers.

## Contact Information

For further information about this report, please contact Michael Payne, Executive Director of Nine Circles Community Health Centre and Co-Strategic Facilitator of the network.

## *INTRODUCTION*

This is a report on the conversations held at the MB HIV-STBBI Collective Impact Network (CINetwork) event held on June 3rd, 2024, where approximately 40 invited people from across the province gathered. The purpose of the event, ***Strengthening Ties: Bringing Evidence and Decision Makers Together for Critical Conversations on HIV-STBBI in Manitoba***, held at the Canad Inns Destination Centre Polo Park, was to bring together invited participants from the CINetwork with provincial policymakers to discuss key HIV-STBBI topics that could assist the new government in developing and implementing their STBBI framework.

This report is part two of the overall report. The first part describes the event in more detail, the people who participated, and the evaluation of the event. This report focuses on the findings harvested from the facilitated discussions.

### Purpose of the Report

This report aims to assist the Manitoba Provincial government, other policymakers, and organizations in making STBBI decisions. It is also meant to guide community-based organizations, researchers, and the CINetwork itself for its strategic planning.

### How Did We Gather Information?

The event was thoughtfully designed to create a safe space for hosting meaningful conversations. Lead facilitator Laurie Ringaert led the event design and hosting. The event design included input from the event planning team (Mike Payne, Linda Larcombe, Ken Bristow, Jared Star and Ella Rockar). Logistics included a comfortable and accessible hotel space and plenty of food and refreshments.

At the beginning of the morning, we laid the groundwork for the conversations by hearing words from a person with lived experience (Ken Bristow as Master of Ceremonies) and a respected knowledge keeper (Elder Dr. Albert McLeod). We also laid the foundation by hearing about an overview of the CINetwork (Laurie Ringaert), recent innovative HIV self-testing projects (Jared Star), and recent innovative program developments with the MB HIV Program (Mike Payne). We then heard from Jennifer Chiaratto (MB Government) regarding their new STBBI Strategy.

Facilitated Conversations: We used the World Café facilitation technique to host the conversations. We focused on four topics based on the **2024 Federal STBBI Strategy**: **Prevention, Testing, Treatment, Care and Support and Enabling Environments**. For each topic, we asked the groups to discuss four questions: ***What projects and activities are we already working on? What are the lessons learned, and what can we build on? What are the challenges that need to be addressed next? What are the suggestions for policy and practice changes needed***?

After discussing the four topics, the group had a working lunch and discussed two topics: ***"Thinking About the World Café discussions, what are the top 3-5 Top Priority areas we suggest for the Province to work on? and How do we continue to strengthen ties together between the CINetwork and the Province?"***

## How Did We Analyze the Information and Prepare this Report?

Laurie Ringaert, the lead facilitator and Program Director, prepared this report. She also transcribed, aggregated, and themed all the sticky and written notes and conducted the first round of data analysis. This report contains the high-level themes that emerged from the analysis, as well as additional information added for clarification, including the actual names of projects that were referred to.

The draft report was reviewed by the CINetwork Stewardship Team, which provided input. Laurie Ringaert and Mike Payne then edited and finalized it.

## Limitations of this Report

This report is limited in that we engaged 40 invited people in conversation at this event with additional input from members of the CINetwork Stewardship team. We acknowledge that this was not a full engagement across the Province or with all organizations. We also recognize that the list of current projects is not all-encompassing.

However, this information will be helpful to the Province and other organizations for policy and program planning and for starting further conversations with the CINetwork.

## *Executive Summary: Top Priorities and High-Level Summary of Key Themes*

### Top Six Priorities for Systems Change

The following are the top six systems change priorities that emerged from the June 3rd conversation.

1. Amplify Indigenous Leadership
2. Shift to a Salutogenic (Wholistic) Care Model, Including Addressing Wider Determinants of Health
3. Recognize and Invest in Comprehensive PEER Integration as part of the Service Team
4. Invest in Education and Awareness Campaigns
5. Allocate Sustainable Funding and Resources
6. Address Housing and Basic Needs

### High-Level Themes

The following is a high-level summary of the key themes that emerged from the June 3rd conversation.

| Key Themes | Details |
|---|---|
| **People in Manitoba are Doing a Great Deal of Innovative Work** | ▪ Community-based organizations, Indigenous organizations, health authorities, and researchers are carrying out a great deal of good work in Manitoba.<br>▪ This report only captures some of the good work. We can build on our strengths as we move forward. |
| **What Are We Learning from Our Good Work?** | ▪ Cultural safety and anti-racism in healthcare is key<br>▪ Innovative public awareness and education is effective<br>▪ Integrated partner-centred approaches work well<br>▪ PEER[1] capacity building and involvement is effective<br>▪ Innovative testing combined with community-based approaches works well |
| **What are We Learning about Gaps and Needs?** | ▪ Support increasing engagement with Indigenous leadership<br>▪ Address access barriers and enhance care and support<br>▪ Scaling up successful models<br>▪ Enhance public awareness and community education |
| **What are the Challenges that Need to be Addressed Next?** | ▪ Stigma and Discrimination<br>▪ Access and Outreach<br>▪ Trust and Relationships<br>▪ Systemic and Structural Barriers<br>▪ Education and Awareness |

[1] In this report PEER=a person with lived/living experience

| | |
|---|---|
| **What are the policy and practice changes needed?** | ▪ Fostering Indigenous Leadership and Epistemology<br>▪ Enhancing Public Awareness and Education<br>▪ Improving Access to Testing and Treatment<br>▪ Strengthening PEER and Community Involvement<br>▪ Addressing Systemic Barriers and Social Determinants<br>▪ Enhancing Healthcare Provider Education and Support<br>▪ Improving Data and Information Systems<br>▪ Increasing Funding and Resources |
| **What are the suggestions for top priority areas for the Manitoba Government to Address?** | ▪ Nation-to-Nation Leadership and Indigenous Inclusion<br>▪ Shift to a Salutogenic Model and Addressing Wider Determinants of Health<br>▪ Comprehensive PEER Support Integration<br>▪ Education and Awareness Campaigns<br>▪ Sustainable Funding and Resource Allocation<br>▪ Housing and Basic Needs |
| **Ways to Strengthen Ties Between the Manitoba Government and the CINetwork** | Provincial Commitment to the CINetwork<br>Working Together on Capacity Building and Empowerment<br>Working Together on Creative, Intentional Relationship Building and Knowledge Sharing |

## 1. WHICH PROJECTS AND ACTIVITIES ARE WE ALREADY WORKING ON?

The following list of projects and activities illustrates a comprehensive approach to addressing HIV/STBBIs through prevention, testing, treatment, and community support, emphasizing the importance of cultural safety, PEER involvement, and reducing barriers to care. It is a sampling based on what was discussed at the June 3rd meeting by the people who were present. It represents only some projects currently being worked on in Manitoba. That would take a much larger effort. The CINetwork is preparing a Google spreadsheet living document for its website where it will host related research, evaluation and innovation projects.

| PROJECTS AND ACTIVITIES HAPPENING IN MANITOBA-DISCUSSED JUNE 3, 2024 |
|---|
| **Prevention** |
| ▪ Provincial and WRHA Safe Sex Supply at Events: Distribution of safe sex supplies at various events to promote safe practices. |
| ▪ PrEP and PEP Now Free and Accessible (Province): Making pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) available at no cost. |
| ▪ HIV medications now being paid for by Province (June announcement): U=U |
| ▪ Integrating Cultural Teachings on HIV/STBBI/Sexual Health Education and Harm Reduction (SERC): Using cultural teachings to enhance education on sexual health and harm reduction. |
| ▪ Community Event-Based Education: Providing education and outreach at community events, schools, and urban settings. |
| ▪ Health Promotion and Education: Health promotion activities to increase awareness and knowledge. |
| ▪ Update health education in the school curriculum |
| ▪ Outreach health education for a broader range of people |
| ▪ Train health care providers to discuss HIV/STBBIs |
| ▪ PEER-led education and knowledge-sharing |
| ▪ Education Opportunities for People with Lived Experience |
| ▪ Harm Reduction efforts |
| ▪ Health Boxes*[2]: Providing health boxes with essential supplies and information. |
| ▪ Northern HIV Journey Mapping Project: First Nations Community Readiness for Change-HIV Workbook*: working with communities to identify their strengths, capacity, needs, and preparedness for addressing increasing rates of HIV. |
| ▪ Go Ask Auntie STBBI Testing and Treatment: Providing testing and treatment services, especially targeting females, and harm reduction supplies. This is duplicated in testing but mentioned in prevention—it's noteworthy that it comes up in both sections. |
| **Testing** |
| ▪ Go Ask Auntie STBBI Testing and Treatment: Providing testing and treatment services, especially targeting females, and harm reduction supplies. |
| ▪ Safer Drug Use and Safer Sex Kit Distribution: Distributing safer sex and drug use supplies. |
| ▪ HIV Insti-Self Testing Project* and MB HIV-STBBI Community Event-Based Testing Project*<br>▪ PEER-Led Testing Events: Organizing testing events led by PEERS to increase participation and trust.<br>▪ Pop-Up Testing Clinics or Testing Booths at Events: Setting up temporary clinics or booths for testing at various events.<br>▪ Community Event-Based Testing*: Conducting testing at events in urban, rural, First Nations and northern areas. Includes organizing testing events within communities to increase accessibility. |

[2] Items with * = projects supported by the CINetwork backbone team

| |
|---|
| ▪ Manitoba HIV Program: expansion to Primary Care: routine HIV testing |
| ▪ Northern HIV Journey Mapping Research Project*: conducted research to understand the gaps, barriers, and facilitators along the HIV cascade for First Nations people living with HIV in the North |
| **Treatment, Care, and Support** |
| ▪ **Manitoba HIV Program to Access Treatment for HIV and Support (PATHS):** Providing interdisciplinary support through a team including nurses, social workers, outreach workers, and PEERS in community settings. Going to where people are at. Decreasing Barriers to Care: Implementing measures to reduce barriers to accessing care, such as alternative models and lived experience front-line workers. |
| ▪ **MB HIV Program: Expanding HIV care to Primary Care:** Increasing the availability of primary care services for HIV management. |
| ▪ **Northern HIV Journey Mapping Research Project*:** conducted research to understand the gaps, barriers, and facilitators along the HIV cascade for First Nations people living with HIV in the North |
| ▪ **Mobile Clinics in Urban Settings:** Operating mobile clinics to provide healthcare services in urban areas. |
| ▪ **Support Workers:** Assisting individuals in accessing appointments, food banks, and other necessary services. |
| ▪ **Virtual Access and Training, Learning PEER Support:** Offering virtual training and PEER support to enhance care delivery. |
| **Enabling Environments** |
| ▪ **HIV Video Series for Care Providers (Selkirk):** Developing and distributing educational videos for healthcare providers. |
| ▪ **Digital Storytelling Research Project*:** Using storytelling to share experiences and educate about HIV/STBBIs. |
| ▪ **Stigma Organizational Assessment and Training Project (funded by CPHA)*** |
| ▪ **Northern HIV Journey Mapping Research Project*:** First Nations HIV Community Readiness Workbook: developed through the Northern HIV Journey Mapping Project* |
| **Cultural and Community Initiatives** |
| ▪ **Cultural Education and Safety:** Promoting cultural education and safety in all initiatives, including activities like beading with STBBI information. |
| ▪ **Ka Ni Kanichihk Mino Pimatisiwin Sexual Wellness Lodge:** Offering a safe space for sexual wellness activities and ceremonies and creating a safe space for ceremonies and wellness activities related to sexual health. |
| ▪ **Beading as Healing:** Utilizing traditional beading to heal and connect to ancestral knowledge and Mukluk Making Combined with Learning About STBBI's: Combining traditional activities like mukluk making with STBBI education. |
| ▪ **Enticing with Food and Dollars:** Using incentives to encourage participation in educational and health discussions. |
| **Capacity Building and Community Engagement** |
| ▪ **Lived Experience Education to Healthcare Providers:** Educating healthcare providers using insights from individuals with lived experiences. |
| ▪ **Involving PWLE in Decision Making and Informing Policy:** Including people with lived experiences (PWLE) in decision-making processes to shape policies. |
| ▪ **PEERS Paid Outreach Programs** (e.g., Meet the Moment, PATHS): Employing PEERS in outreach programs to enhance engagement and support. |

## 2. *What are the Lessons Learned and Opportunities for Growth?*

By focusing on these lessons learned and addressing the identified gaps, we can strengthen and expand the effectiveness of HIV/STBBI prevention, testing, treatment, and care support initiatives and enabling environments.

### What Are We Learning About What Works?

1. **Cultural Safety and Anti-Racism in Healthcare is Key:**
    - Emphasizing the importance of cultural safety in all initiatives. Promoting cultural safety and anti-racism in healthcare settings to ensure respectful and effective care.

2. **Innovative Public Awareness and Education Work Well**
    - **Effective Campaigns:** Successful public awareness initiatives include Prep and Pep education,
    - **Community Engagement:** Presentations in rural and remote communities, along with home visits and beading circles, have effectively raised awareness.
    - **Social Marketing:** Using social marketing strategies helps in raising awareness and breaking down stigma.

3. **Integrated Partnership Approaches Work Well**
    - **Service Integration:** Combining mental health and sexual health services enhances overall health outcomes.
    - **Community-Driven Efforts:** Initiatives driven at the community level and tailored to meet people physically, culturally, and ideologically have proven successful.
    - **Partnerships:** Effective collaboration and partnerships are crucial for the success of health initiatives, avoiding siloed efforts.

4. **PEER Involvement and Capacity Building is Effective**
    - **Building PEER Capacity:** Involving people with lived experiences (PWLE) in all programs and building PEER capacity is essential.
    - **Trust and Support:** Establishing trusting relationships and support systems between testers and PEERS enhances engagement and care.
    - **PEERS as leaders and Research Associates:** We have demonstrated that having PEERS in key roles in our work in our projects and at the Stewardship Team table with the CINetwork is highly effective.

5. **Innovative Testing Combined with Community-Based Approaches Works Well**
    - **Continue Self-Testing for STBBIs per se (various types of self-testing kits) and Community Event-Based Testing:** continue with the good work we have already shown to be effective.
    - **Self-Testing and Pharmacies:** Community mobilization for self-test kits and the involvement of pharmacies in testing and care linkage are effective.
    - **Incentives and Safe Environments:** Incentivizing testing and creating safe, trusting environments increase participation.
    - **Comprehensive Support:** Support systems like care plans, childcare, mental health support, and follow-up modelled after cancer care are important.

- **Community-Based Organizations as a Strength: Over 80 CBOs across Manitoba stepped up to participate in the self-testing and event-based testing initiatives. They demonstrated the effectiveness of this approach and** that they are willing and able to continue this effort. However, the Public Health Agency of Canada discontinued funding for the free HIV-Insti self-testing kit program in March 2024.

## What Are We Learning About Gaps and Needs?

Several gaps and needs were identified by the participants who attended the event. They are summarized into the following themes.

1. **A Need to Support  Increasing Engagement With Indigenous Leadership**
    - **Indigenous led Initiatives and projects:** supporting initiatives led by Indigenous leaders is critical. There is a need for support and capacity building.
    - **Indigenous Leadership Campaigns:** Developing campaigns led by Indigenous leaders to destigmatize HIV/STBBIs.
2. **A Need to Address Access Barriers and Enhance Care and Support**
    - **Access in Rural Areas:** Persistent barriers to accessing healthcare in rural and remote communities need to be addressed.
    - **Consistent Healthcare Support:** Healthcare providers need to offer fixed points of responsibility, potentially through hiring PEERS.
    - **Medications Need to be Easy to Access for HCPs and Clients:** Ensuring that healthcare providers and clients can access necessary medications.
    - **Trauma-Informed Training:** Providing trauma-informed training for front-line workers to improve care delivery.
    - **Support for Community-Based Organizations** to carry out needed STBBI work
    - **Incentive Supports:** Offering incentives to encourage participation in health programs and including lived experiences in program design
    - **Connected Information Systems:** Improving the connectivity and efficiency of current information systems is crucial.
3. **A Need to Scale-Up Successful Models**
    - Several tested community innovations and research-evaluation projects have shown proof of concept. Here are a few suggestions for projects that could be scaled.

    - **Scaling Community Event-Based Testing**
    - **Scaling Self-Testing:** Expanding self-testing (various types including Insti-self tests, multi-plex, dry blood spot) for all STBBIs, learning from successful platforms like those in Ontario.
    - **Scaling FN HIV Community**-Readiness Assessment Workbook
    - **Scaling innovative methods such as vending machines (Health Box)**

4. **A Need to Enhance Public Awareness and Community Education**
    - **Public Awareness Campaigns:** Increasing the reach of public awareness campaigns through billboards and social media.
    - **Educational Initiatives (new and updated):** Enhancing education on naloxone use, sexual health literacy, and reducing communication barriers for talking about HIV/STBBIs.
    - **Community Education:** Implementing more education in high schools, traditional healing programs, and using social media for awareness campaigns.

## 3. WHAT ARE THE CHALLENGES THAT NEED TO BE ADDRESSED NEXT?

By addressing the following challenges, we can create a more inclusive, effective, and empathetic healthcare environment for all individuals, particularly those who are structurally disadvantaged and high-risk communities.

### 1. Stigma and Discrimination

- **Intersecting Stigmas:** Multiple forms of stigma (racism, sexism, internal oppression) intersect, creating compounded barriers for individuals.
- **Women's Voices and Gendered Barriers:** Women's voices are often shut down, and there are gendered differences in accessing services.
- **Labelling and Fear: People feel label**led, and there is significant stigma and fear, especially in reserve communities.
- **Promoting Positive Thinking:** There is a need to move away from negative stereotypes and promote positive perspectives like U=U (Undetectable = Untransmittable).

### 2. Access and Outreach

- **Geographic Barriers:** Rural and remote communities, including First Nations reserves, face significant challenges in accessing services.
- **Transportation and Outreach:** Lack of transportation and the need for more outreach efforts (e.g., in encampments and remote areas) are critical issues.
- **Testing Deserts:** Some areas lack adequate testing facilities, creating "testing deserts" where services are not readily available.

### 3. Trust and Relationships

- **Lack of Trust:** There is a pervasive lack of trust in the healthcare system among marginalized communities.
- **Relationships with First Nations:** Building strong, respectful relationships with First Nations communities is essential.
- **Patient-centred Care: Ensuring care is patient-cent**red, empathetic, and culturally sensitive is crucial for building trust.

### 4. Systemic and Structural Barriers

- **Poverty and Social Determinants:** Poverty is a significant barrier, impacting access to healthy food, housing, and overall health support.
- **Healthcare System Needs:** The healthcare system needs to better align with the needs of people with lived experiences (PWLE) and those at higher risk.
- **Funding and Support Capacity:** There is a need for increased funding for PEER programming and enhancing testing and support capacity in primary care.
- **Indigenous-Led Initiatives:** Promoting Indigenous-led PEER support strategies and cultural care for people living with HIV (PLHV) can enhance support and care delivery.

### 5. Education and Awareness

- **Public Awareness:** The public lacks awareness of drug overdoses and the importance of HIV/STBBI prevention and treatment. U=U Campaign and Treatment as Prevention: Promoting the message that undetectable equals untransmittable (U=U) and using treatment as a prevention strategy.
- Anti-Stigma Campaigns: Initiatives aimed at reducing stigma around HIV/STBBIs through education and awareness campaigns. Need for normalizing HIV Conversations Everywhere: Efforts to integrate discussions about HIV into everyday conversations to reduce stigma.
- **Education for Providers:** Primary care providers need more education and support to increase testing and follow-up care capacity.

## 4. *What are the Policy and Practice Changes Needed?*

Focusing on the following key areas can drive significant policy and practice changes that enhance HIV/STBBI prevention, testing, and care while promoting equity, inclusion, and cultural safety across all communities.

### 1. Fostering Indigenous Leadership and Epistemology

- **Indigenous Leadership in HIV Prevention:** Consult and collaborate with First Nations, Inuit, and Métis leaders to champion HIV prevention and testing efforts and to develop a Manitoba Indigenous STBBI strategy.
- **Indigenous Epistemology:** Use Indigenous epistemologies and health frameworks to inform policies and practices, addressing cultural aspects of care and the significance of blood in Indigenous communities.

### 2. Enhancing Public Awareness and Education

- **Utilizing Social Media and PSAs:** Leverage social media platforms and public service announcements (PSAs) to promote education on HIV/STBBIs, PrEP, and PEP, normalizing testing, and raising awareness about the availability of these preventive measures.
- **Mandatory Sex Education:** Implement mandatory, high-quality sex education in schools, including STBBI prevention and HIV awareness, to reach a younger audience.
- **Indigenous-Led and Inclusive Education:** Develop and deliver education programs led by Indigenous leaders that are inclusive of minority languages and newcomer populations, ensuring culturally relevant information is disseminated.

### 3. Improving Access to Testing and Treatment

- **Mobile and Opportunistic Testing:** Expand the use of mobile care clinics and localized opportunistic screening, including in jails, rural areas, and remote First Nations communities, to increase access to testing.
- **Self-Testing Kits:** Increase the availability and education on self-testing kits, ensuring support and follow-up care are provided to those who self-test.
- **Community Event-**Based Testing: support and expand this initiative tagging on to existing events such as tagging along with Treaty Days events

- **Access Without Barriers:** Ensure access to health and social services without requiring a personal health identification number (PHIN) or a fixed address.
- **On-Reserve Health Centres and Federal Nursing Stations:** Ensuring these centers have HIV/STBBI resources available.
- **Alternative Models to Care:** Exploring and implementing alternative models to improve care delivery.

### 4.Strengthening PEER and Community Involvement

- **PEER Capacity Building:** Invest in PEER capacity by hiring and remunerating PEER leaders and champions, integrating them into care teams, and enabling community groups to conduct outreach and support activities.
- **Utilizing Lived Experience:** Recognize and value the contributions of people with lived experience (PWLE) by involving them as speakers and helpers in ceremonial roles and by decentralizing knowledge sharing.

### 5. Addressing Systemic Barriers and Social Determinants

- **Addressing Stigma and Discrimination:** Implement anti-racism training within healthcare, reduce discrimination, and promote a positive, inclusive environment that makes people feel safe and valued.
- **Housing and Basic Needs:** View housing, food security, and drug safety as interconnected with health and ensure these basic needs are met to support overall well-being.
- **Reducing Jurisdictional Conflicts:** Promote partnerships across federal, provincial, and community levels to reduce conflicts and streamline services.

### 6. Enhancing Healthcare Provider Education and Support

- **Healthcare Provider Training:** Provide comprehensive education for healthcare providers on PrEP and PEP, cultural safety, trauma-informed care, and the importance of a patient-centred approach.
- **PEER Integration in Healthcare:** Inject PEER support into healthcare teams, ensuring they are formally recognized, remunerated, and integrated into the care process.
- **Expanded Scope of Care:** Expand the scope of care in primary healthcare settings to include more comprehensive testing, follow-up support, and integration with harm reduction services.

### 7. Improving Data and Information Systems

- **Enhanced Information Flow:** Invest in creating accurate, timely, and useful information systems for HIV and STBBI treatment trajectories, ensuring data is accessible and actionable.
- **Provincial Electronic Health Records (EHR):** Develop and implement a provincial electronic health record system that includes First Nations communities, facilitating better coordination and continuity of care.

### 8. Increasing Funding and Resources

- **Sustainable Funding for Effective Programs:** Secure funding for projects that have demonstrated success and transform them into sustainable programs.

- **Resource Allocation for Rural and Remote Areas:** Increase investment in rural and remote areas, ensuring they have the resources needed for effective prevention and treatment efforts.

## 5. *What are the Top Areas for Provincial Focus for the HIV/STBBI Response?*

Presentations and facilitated conversations at the event yielded rich information on what has been achieved, lessons learned, current gaps, recommendations for policy and practice changes and priorities. By focusing on these key areas, the province can create a more inclusive, effective, and sustainable response to the HIV/STBBI epidemic, improving health outcomes and quality of life for affected individuals and communities. The group was asked at the end of the session to determine the top priorities of systems change focus. The information gathered was summarized into the following six themes.

The following are the top six systems change priorities that emerged from the June 3rd conversation.

1. Amplify Indigenous Leadership
2. Shift to a Salutogenic (Wholistic) Care Model, Including Addressing Wider Determinants of Health
3. Recognize and Invest in Comprehensive PEER Integration as part of the Service Team
4. Invest in Education and Awareness Campaigns
5. Allocate Sustainable Funding and Resources
6. Address Housing and Basic Needs

### 1. Amplify Indigenous Leadership

- **Engagement with Indigenous Leaders:** Prioritize meaningful engagement with First Nation, Inuit, and Métis leaders throughout the HIV/STBBI response process. This includes fostering relationships, ensuring leadership roles, and respecting Indigenous epistemologies and cultural practices.
- **On-Reserve Connections and Logistics:** Improve access to care and transportation for on-reserve communities, address logistical challenges, and ensure seamless connectivity to healthcare services.
- **Cultural Safety and Anti-Racism:** Implement measures to ensure all healthcare services are culturally competent, safe, respectful, and dignified. This includes anti-racism training, decolonizing practices, and incorporating traditional ceremonies and healing methods.

### 2. Shift to a Salutogenic (Wholistic) Care Model, Including Addressing Wider Determinants of Health

- **Salutogenic Model Adoption:** Transition from a pathogenic (disease-focused) to a salutogenic (health and well-being-focused) model that considers wider social determinants of health. This involves a holistic approach to health that includes physical, mental, and social well-being.
- **Investment in Follow-Up Care:** Make substantial investments in follow-up care beyond the biomedical model. This includes remapping key stakeholders to incorporate community-based and culturally relevant services and ensuring ongoing support for those living with HIV/STBBIs.

### 3. Recognize and Invest in Comprehensive PEER Support Integration

- **Meaningful PEER Involvement:** Integrate individuals with lived experience (PEERS) throughout the entire care cascade, from prevention to treatment and follow-up. This includes providing sustainable funding, resources like computers and offices, and moving beyond tokenistic honorariums to meaningful, paid roles.
- **Capacity Building:** Support capacity building for PEERS, including education and training, and ensure their roles are recognized and valued within healthcare teams. This also involves implementing the GIPA (Greater Involvement of People Living with HIV/AIDS) and MIPA (Meaningful Involvement of People Living with HIV/AIDS) principles.

### 4. Invest in Education and Awareness Campaigns

- **Public Education Initiatives:** Launch extensive education and awareness campaigns using social media, high school programs, and other broadcast media to disseminate information about HIV/STBBI prevention, treatment, and U=U (Undetectable = Untransmittable) principles.
- **Stigma Reduction Efforts:** Address fear, stigma, secrecy, and isolation through targeted campaigns that promote understanding, acceptance, and support for individuals living with HIV/STBBIs. Extend successful projects like the Stigma Project to reduce stigma in communities further.

### 5. Allocate Sustainable Funding and Resources

- **Securing Sustainable Funding:** Ensure new and sustainable funding streams are committed to tackling the HIV/STBBI epidemic, focusing on projects and programs that have demonstrated success
- **Safe Substance Use Sites:** Invest in the creation and sustainable funding of safe substance use sites to support harm reduction efforts, providing a safe environment for substance users and reducing the risk of HIV/STBBI transmission.

### 6. Address Housing and Basic Needs

- **Addressing Housing Needs:** Recognize and address the critical role of stable housing in the overall health and well-being of individuals living with HIV/STBBIs. Invest in housing solutions and support services that ensure individuals have access to safe and stable living conditions.
- **Addressing Poverty, including basic income.**

## 6. STRENGTHENING TIES BETWEEN THE PROVINCIAL GOVERNMENT AND THE CINETWORK

By focusing on these key areas, the provincial government can continue to strengthen its ties with the CINetwork, fostering a collaborative environment that leverages the strengths of both parties. This will enhance the effectiveness of initiatives aimed at addressing HIV/STBBIs and improve health outcomes for affected communities.

### 1. Provincial Commitment to the CINetwork

- **Support for Coordination Efforts:** Strengthen provincial support for the CINetwork's coordination efforts and recognize its value as a partner. This includes appointing dedicated liaisons within the government to work closely with the network and streamline communication and collaboration.

- **Logistical Support for CINetwork Initiatives:** Provide dedicated logistical support to facilitate the CINetwork's work. This includes administrative assistance, transportation arrangements for meetings and events, and access to necessary resources such as meeting spaces and technology.
- **Financial Commitment:** Ensure sustained financial support from the provincial government for CINetwork activities. This includes funding for coordination efforts, capacity-building initiatives, and adequate compensation for PEERS involved in the network.

### 2. Working Together on Capacity Building and Empowerment

- **Building Capacity Across Groups:** Invest in capacity-building programs to empower members of the CINetwork, particularly those with lived experience. This includes training and professional development opportunities that enhance their skills and leadership capabilities.
- **Highlighting Local Capacity:** Recognize and promote the strengths and expertise within local communities. By highlighting local capacity, the provincial government can support grassroots initiatives and ensure that local voices are central to the CINetwork’s activities.
- **Direct Engagement with PEERS:** Facilitate direct and ongoing engagement between government officials and people with lived experience. This can be achieved through regular consultations, inclusion in decision-making processes, and creating platforms for PEERS to share their stories and insights.
- **Empathy and Understanding in Policy Development:** Encourage empathy and a deeper understanding of the lived realities of individuals affected by HIV/STBBIs among government and policymakers. This can be done through immersive experiences, such as site visits to community programs and active participation in PEER-led initiatives.
- **Fair Compensation for PEERS:** Ensure that PEERS involved in the CINetwork receive fair and consistent compensation for their contributions. This includes honorariums and salaries that reflect the value of their work and expertise.

### 3. Working Together on Creative, Intentional Relationship Building and Knowledge Sharing

- **Innovative Networking Opportunities:** Encourage more creative networking approaches within the CINetwork. This could involve on-the-land knowledge-sharing sessions that connect participants with traditional practices and wisdom, fostering a deeper sense of community and understanding.

- **Shared Experiences for Relationship Building:** Promote intentional relationship-building activities that involve shared experiences. These can include joint workshops, cultural events, and community gatherings that unite government officials, policymakers, and individuals with lived experience in informal and meaningful ways.
- **Intentional engagement and knowledge exchange:** support for meetings with researchers, community program leads and evaluators within the network to hear about the latest evidence, learnings regarding gaps, barriers, facilitators, and what is working. Provincial policymakers share their programs and need to together learn and grow from each other.

## *CONCLUSION AND NEXT STEPS*

The MB HIV-STBBI Collective Impact Network engagement session on June 3rd, 2024,

***Strengthening Ties: Bringing Evidence and Decision Makers Together for Critical Conversations on HIV-STBBI in Manitoba*** brought together 40 people from across the province to discuss key areas of focus for HIV-STBBI in Manitoba. This report is meant to provide a summary of those conversations that can guide action for the Province, Shared Health, the CINetwork, and other entities working on HIV-STBBI in Manitoba.

The CINetwork Stewardship Team representatives will be happy to meet with any organization to discuss the findings from this report and facilitate changes for our Province.