THE MB HIV-STBBI COLLECTIVE IMPACT (CINetwork)

STRATEGIC ROADMAP (2026 - 2029):

FROM COLLABORATION TO SYSTEM INFLUENCE

JUNE 2026

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PREPARED FOR **The CINetwork Stewardship Team**

MANITOBA HIV COLLECTIVE IMPACT NETWORK

ninecircles COMMUNITY HEALTH CENTRE

TABLE OF CONTENTS

LAND ACKNOWLEDGMENT

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 National Homeland of the Red River Métis.

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.

EXECUTIVE SUMMARY

WHAT IS THE CINetwork?

The Manitoba HIV–STBBI Collective Impact Network (CINetwork) is an initiative of Nine Circles Community Health Centre, which serves as its backbone organization. It is a province-wide collaborative initiative that brings together community organizations, Indigenous partners, researchers, clinicians, people with lived and living expertise, and health system leaders to strengthen Manitoba's response to HIV and sexually transmitted and blood-borne infections (STBBIs). Since its establishment in 2016, the CINetwork has played a critical role in building relationships, fostering trust, advancing peer leadership, conducting research, developing tools, providing capacity building and educational programs, and supporting innovation in community-based prevention, testing, and care.

A DECADE OF IMPACT AND COMPLEXITY

Over the past decade, the Network has helped establish a strong foundation for collective impact in Manitoba. This includes strengthening cross-sector collaboration, advancing culturally grounded and trauma-informed approaches, supporting and conducting research, developing tools through pilot studies, developing recommendations for policy and practice changes, building knowledge capacity and mobilization, developing national and provincial partnerships and embedding the leadership of people with lived and living expertise. These efforts have contributed to more coordinated and responsive approaches across the HIV–STBBI ecosystem.

Throughout the decade, the CINetwork's efforts were funded through the Public Health Agency of Canada-Community Action Fund, REACH-Nexus, the Canadian Institute of Health Research, the Winnipeg Regional Health Authority, the Canadian Public Health Association and Nine Circles Community Health Centre itself. Numerous long-time partners have also provided in-kind support, including the University of Manitoba, the National Laboratory for HIV Reference Services (NLHRS) and CATIE.

At the same time, Manitoba continues to experience rising rates of HIV and other STBBIs, driven by complex and interconnected structural factors, including colonization, systemic racism, housing instability, stigma, and the impacts of the toxic drug supply. While Indigenous people make up the largest proportion of new cases (over 70%), the ACB community also represents a significant percentage of new HIV diagnoses in Manitoba, often linked to migration. These challenges highlight the need to move beyond coordination alone toward more intentional influence on systems and action.

STRATEGIC PLANNING SESSION FEBRUARY 2026

In February 2026, the CINetwork convened a Strategic Planning Session with its Stewardship Team and partners to reflect on its first decade and identify priorities for the next phase. Participants emphasized that while the Network has been successful in building the "foundation" for collaboration, the next stage must focus on mobilizing that foundation to drive greater impact.

That Strategic Planning Session Report (May 2026) is available on the CINetwork website and provides important background information to accompany this Strategic Roadmap.

STRATEGIC ROADMAP (2026-2029)

The Strategic Roadmap was then developed through an iterative process led by Laurie Ringaert with the Stewardship Team from March to May 2026.

This Strategic Roadmap (2026–2029) reflects a clear shift in direction:

> **... from building collaboration to mobilizing collective action to influence policy and practice, scale community-driven innovations, and advancing Indigenous-led leadership in Manitoba's HIV–STBBI response.**

This next phase will focus on five priorities:

1. ADVANCING LEADERSHIP PARTNERSHIPS | including alignment with emerging First Nations–led strategies and priorities, and within the CINetwork, working toward Indigenous co-governance, strengthening ACB and PWLE leadership and engagement.
2. SCALE AND SPREAD INNOVATIONS | in prevention, testing, and care
3. ADVANCING HEALTH AND SOCIAL EQUITY | to address systemic barriers, stigma, social determinants of health, and improve equitable access to services
4. CONNECTOR, CONVENOR AND CATALYST FOR ACTION | the CINetwork will continue to bring partners together, align efforts, and mobilize knowledge and relationships to support system-level change.
5. SYSTEMS CHANGE: ADVOCACY AND INFLUENCE | Advance systems change by mobilizing collective action to influence policy, scale community innovations, and promote equitable practices across Manitoba's HIV-STBBI system.

These five strategic priorities outlined in this roadmap provide a focused and actionable framework to guide the Network's work over the next three years. Together, they aim to strengthen Manitoba's capacity to respond to HIV-STBBIs in ways that are equitable, community-driven, and impactful.

The CINetwork Strategic Roadmap was adopted in May 2026, along with a call to revisit the current CINetwork Land Acknowledgement and consider a proposed framework from Dr. Elder Albert McLeod to use Roger Roulette's Life Model for guidance for the work of the CINetwork. This work will take place as part of our strategic work together.

Along with the strategic priorities, other updates were made through the strategic planning process that are shown in this document, including:

VISION AND MISSION

GOALS AND OBJECTIVES

THEORY OF CHANGE

SUCCESS INDICATORS

We thank all who contributed to the development of this strategic roadmap and look forward to working together on successful change over 2026-2029.

STRATEGIC ROADMAP (2026-2029):

From Collaboration to System Influence

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From Collaboration to System Influence

From 2026–2029, the Network will focus on mobilizing its foundation toward greater system influence, stronger Indigenous leadership partnerships, and coordinated action across Manitoba's HIV–STBBI ecosystem.

This includes advancing policy and practice change, scaling community-driven innovations, and supporting the continued growth of Indigenous-led leadership in Manitoba's HIV response

VISION

Improved health, well-being, and equity for people and communities affected by HIV-STBBIs in Manitoba through a collective impact-systems change approach.

MISSION

The CINetwork is a connector, convenor, and catalyst that mobilizes partnerships and collective action to advance Indigenous leadership, meaningful engagement of affected sectors and communities, community and research innovation, and system coordination to advance an equitable HIV response through a collective impact-systems change approach.

CINETWORK STRATEGIC PRIORITIES (2026–2029) SNAPSHOT

STRATEGIC PRIORITY	1 ADVANCE LEADERSHIP, PARTNERSHIPS & ENGAGEMENT	2 SCALE & SPREAD INNOVATIONS	3 ADVANCE HEALTH & SOCIAL EQUITY	4 CONNECT, COLLABORATE, CATALYZE ACTION
FOCUS	Advance Indigenous, ACB, and PWLE Leadership and Engagement	Community-based prevention, testing, treatment, and care innovations	Social and structural determinants of health and equity	Provincial coordination, reduction in silos and knowledge sharing
GOAL (2029)	**By 2029**, the CINetwork is Co-led by Nine Circles CHC and an Indigenous Health Policy organization and Indigenous, ACB, and people with lived and living expertise (PWLE) are meaningfully embedded in leadership, governance, and decision-making across CINetwork and Manitoba's HIV-STBBI response.	**By 2029**, equitable access to culturally grounded, community-based prevention, testing, treatment, and care is expanded across Manitoba, including rural, northern, and underserved communities.	**By 2029**, HIV-STB-BI responses in Manitoba are more equitable, with stronger cross-sector action addressing social and structural drivers such as stigma, racism, ageism and systemic barriers.	**By 2029**, Manitoba's HIV-STBBI response is more coordinated, collaborative, and influential with aligned efforts that shape policy, practice and system level outcomes.
PRIORITY OBJECTIVES	**1. Advance Indigenous leadership and co-governance**	**1. Scale and spread evidence-informed and community-driven prevention and testing approaches**	**1. Advance cross-sector collaboration**	**1. Strengthen partnerships and convene key sectors**
	2. Strengthen and expand PWLE leadership and engagement	**2. Strengthen community-based service delivery capacity**	**2. Address systemic inequities and impacts of colonization**	**2. Improve coordination and alignment of efforts**
	3. Enhance and formalize ACB leadership and representation	**3. Enhance harm reduction and culturally relevant education**	**3. Influence and align policies and programs to advance equitable access.**	**3. Advance research, knowledge exchange and mobilization to inform decision-making and drive system-level change.**
	4. Evolve governance and leadership models	**4. Improve equitable access to services**	**4. Integrate equity and anti-stigma approaches**	**4. Foster collective learning and shared approaches**
CROSS-CUTTING				
5 SYSTEMS CHANGE, ADVOCACY & CATALYZE CHANGE	**Advance systems change by mobilizing collective action to influence policy, scale community innovations, and promote equitable practices across Manitoba's HIV-STBBI system.**			

PRIORITY 1

Advance Leadership Partnerships & Engagement

Advance Indigenous, ACB, and PWLE Leadership and Engagement

FOCUS: Indigenous, African-Caribbean-Black (ACB), and People with Lived and Living Expertise (PWLE) leadership

WHAT THIS MEANS: Prioritize co-governance with First Nations health leadership organizations in recognition of the disproportionate impact of HIV among Indigenous peoples in Manitoba. In parallel, strengthen African, Caribbean, and Black (ACB) leadership within CINetwork, including representation in governance structures, and ensure people with lived and living expertise (PWLE) are meaningfully embedded in decision-making.

GOAL (2029): By 2029, the CINetwork is co-led by Nine Circles CHC and an Indigenous Health Policy organization and Indigenous, ACB, and people with lived and living expertise (PWLE) are meaningfully embedded in leadership, governance, and decision-making across the CINetwork and Manitoba's HIV-STBBI response.

PRIORITY OBJECTIVES:

1. **Advance Indigenous leadership and co-governance**

   CINetwork will convene partners, support alignment, elevate Indigenous-led approaches and strategies and work toward a co-governance model.

2. **Strengthen and expand PWLE leadership and engagement**

   CINetwork will create inclusive spaces, connect partners, and promote meaningful participation in decision-making.

3. **Enhance and formalize ACB leadership and representation**

   CINetwork will build relationships, support engagement pathways, and increase ACB representation within governance, including the Stewardship Team.

4. **Evolve governance and leadership models**

   CINetwork will facilitate dialogue, support shared decision-making, and explore models that reflect equity and community leadership.

PRIORITY 2

Scale and Spread Innovations

FOCUS: Community-based prevention, testing, treatment, and care innovations

WHAT THIS MEANS: Support accessible, culturally grounded, and community-driven approaches to HIV-STBBI prevention, testing, treatment, and care; and mobilize and scale evidence-informed and community-driven programs across the system.

GOAL (2029): By 2029, equitable access to culturally grounded, community-based prevention, testing, treatment, and care is expanded across Manitoba, including rural, northern, and underserved communities.

PRIORITY OBJECTIVES:

1. **Scale and spread evidence-informed and community-driven prevention and testing approaches**

   CINetwork will support knowledge sharing, partnership development, and alignment to expand effective models.

2. **Strengthen community-based service delivery capacity**

   CINetwork will connect partners, share resources, and support coordinated approaches to prevention, testing, and outreach.

3. **Enhance harm reduction and culturally relevant education**

   CINetwork will promote promising practices and facilitate shared learning across communities and sectors.

4. **Improve equitable access to services**

   CINetwork will advocate for gaps to be addressed and support coordination to expand reach in rural, northern, and underserved communities.

PRIORITY 3

Advance Health and Social Equity

Address Structural Drivers

FOCUS: Social and structural determinants of health

WHAT THIS MEANS: Work collaboratively across sectors to address the social and structural determinants of health, including stigma, racism, colonization, and systemic barriers that contribute to HIV-STBBI vulnerability.

GOAL (2029): By 2029, HIV-STBBI responses in Manitoba are more equitable, with stronger cross-sector action addressing social and structural drivers such as stigma, racism, and systemic barriers.

PRIORITY OBJECTIVES:

1. **Advance cross-sector collaboration**

   CINetwork will convene partners and foster alignment across health, social, and community sectors.

2. **Address systemic inequities and impacts of colonization**

   CINetwork will support dialogue, research, and community-informed approaches to systems change.

3. **Influence and align policies and programs to advance equitable access**

   CINetwork will amplify shared priorities and support coordinated advocacy efforts.

4. **Integrate equity and anti-stigma approaches**

   CINetwork will promote shared frameworks and support learning across partners and initiatives.

PRIORITY 4

Connect, Collaborate & Catalyze Action

Strengthen Partnerships, Collaboration, Reduce Silos and Mobilize Knowledge

FOCUS: Provincial coordination and knowledge sharing

WHAT THIS MEANS: Position CINetwork as a provincial connector that strengthens collaboration, alignment, and coordinated action and to influence system-level change across Manitoba's HIV-STBBI ecosystem.

GOAL (2029): By 2029, Manitoba's HIV-STBBI response is more coordinated, collaborative, and influential with aligned efforts that shape policy, practice and system level outcomes.

PRIORITY OBJECTIVES:

1. **Strengthen partnerships and convene stakeholders**

   CINetwork will act as a connector and convenor to bring diverse partners together.

2. **Improve coordination and alignment of efforts**

   CINetwork will facilitate collaboration and reduce duplication across programs and initiatives.

3. **Advance research, knowledge exchange and mobilization to inform decision-making and drive system-level change.**

   CINetwork will share evidence, support learning, and promote uptake of promising practices.

4. **Foster collective learning and shared approaches**

   CINetwork will create opportunities for dialogue, reflection, and shared action to improve outcomes.

PRIORITY 5

Systems Change: Advocacy and Influence

Strengthen Collective Influence to Advance Equitable Systems Change

FOCUS: Systems influence, advocacy, and policy change

WHAT THIS MEANS: Position CINetwork as a collective voice and catalyst for systems change by aligning partners, amplifying community-informed priorities, and influencing policy, funding, and service delivery approaches across Manitoba's HIV-STBBI ecosystem.

GOAL (2029): By 2029, Manitoba's HIV-STBBI system is more equitable, community-informed, and responsive, with stronger coordinated advocacy efforts influencing policy, funding, service delivery, and systems-level decision-making.

PRIORITY OBJECTIVES:

1. **Strengthen collective advocacy and systems influence**

   CINetwork will convene partners to identify shared advocacy priorities and advance coordinated systems change efforts.

2. **Amplify community and lived experience voices in decision-making**

   CINetwork will elevate Indigenous, PWLE, ACB, and community perspectives to inform policy, planning, and systems transformation.

3. **Advance evidence-informed policy and practice change**

   CINetwork will support the development and mobilization of evidence, recommendations, and promising practices to influence policy and service delivery.

4. **Build relationships and influence across systems**

   CINetwork will strengthen engagement with government, health systems, researchers, and community partners to support alignment and collaborative action.

5. **Promote equitable and sustainable system improvements**

   CINetwork will advocate for approaches that reduce barriers, address inequities, and strengthen long-term community impact across Manitoba's HIV-STBBI response.

THEORY OF CHANGE

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The following theory of change is repeated here from our strategic planning report:

NOTE: Care in this diagram includes prevention, testing, treatment and care.

SUCCESS INDICATORS

HOW WE WILL KNOW WE ARE SUCCESSFUL

This integrated measurement framework links CINetwork's strategic indicators with PHAC-aligned performance measures to ensure both system-level impact and accountability to funder requirements.

INTEGRATED PERFORMANCE MEASUREMENT TABLE: STRATEGIC AND PHAC-CAF ALIGNED

PRIORITY AREA	STRATEGIC OUTCOME (What Success Looks Like)	INDICATORS (How It Will Be Measured) Including PHAC-Aligned Indicators
ADVANCE LEADERSHIP, PARTNERSHIPS & ENGAGEMENT	Enhanced Indigenous and community leadership in the CINetwork	• Evidence of Indigenous Co-Governance • # and % of Indigenous representation engaged in governance, design, delivery and evaluation • # and % of PWLE engaged in governance, design, delivery, and evaluation • # and % of ACB
	Equity-informed and inclusive engagement across all activities	• # of PWLE, Indigenous people and ACB representatives meaningfully engaged across project lifecycle
SCALE & SPREAD INNOVATIONS	Increased adoption and scale of community-driven innovations across Manitoba	• Evidence of adoption of prevention, testing, treatment and care innovations in Manitoba • % of participants reporting increased knowledge of STBBI prevention (ST1_IndB) • % reporting strengthened capacity to deliver culturally safe services (ST3_IndA) • # of front-line workers with education • % reporting increased knowledge and capacity (ST1, ST3 indicators) • # & % of organizations adopting evidence-based or community-driven practices
ADVANCE HEALTH CARE & SOCIAL EQUITY	Increased integration of social determinants of health in programs and policies	• % of partners reporting increased capacity to address stigma, racism, and structural barriers (SDH)
	Reduced stigma and structural barriers to accessing HIV-STBBI services	• % of participants/partners reporting policy or practice changes to improve cultural safety and reduce stigma (MT3_IndA)
CONNECT, COLLABORATE & CATALYZE ACTION	Improved alignment of programs, research and initiatives across Manitoba	• # and diversity of partnerships (by sector, including Indigenous-led organizations) • % of partners reporting improved coordination and alignment • # of knowledge-sharing activities and participants engaged • % of partners reporting improved alignment and collaboration
SYSTEMS CHANGE, ADVOCACY & INFLUENCE (Cross-cutting)	Evidence of CINetwork influence on policy, funding, or system-level decisions Reduced HIV & STBBI Transmission	• Documented examples of policy, funding, or program influence, contribution, attribution (qualitative evidence) MT3_IndA: % of respondents from front line organizations who reported a policy or practice change implemented by themselves or their organization to improve the cultural safety and stigma-free nature of STBBI testing, prevention, treatment, and ongoing care and support services • Contribution to system-level indicators (external surveillance data, where available)

GLOSSARY OF TERMS

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CINetwork
Manitoba HIV-STBBI Collective Impact Network; a provincial connector, convenor, and catalyst supporting a coordinated response to HIV-STBBIs.

ACB (African, Caribbean, and Black communities)
Communities of African, Caribbean, and Black descent, recognized as priority populations in HIV-STBBI responses due to systemic inequities and disproportionate impacts.

PWLE (People with Lived and Living Expertise)
Individuals with direct personal experience of HIV, STBBIs, or related structural vulnerabilities, whose knowledge and leadership are essential to effective responses.

STBBIs (Sexually Transmitted and Blood-Borne Infections)
Infections transmitted through sexual contact or blood exposure, including HIV, hepatitis C, syphilis, gonorrhea, and others.

Harm Reduction
Policies, programs, and practices that aim to reduce the negative health, social, and legal impacts associated with substance use and other risk factors, without requiring abstinence.

Social Determinants of Health
The social and economic conditions that influence health outcomes, such as housing, income, education, access to care, geography. and social inclusion.

Structural Drivers
Systemic factors such as stigma, racism, ageism, homophobia, colonization, cross-jurisdictional and policy barriers shape inequities in health outcomes and access to services.

Collective Impact
A structured approach to collaboration where multiple organizations work together toward a shared goal using aligned strategies, shared measurement, and continuous communication.

Knowledge Mobilization
The process of sharing, translating, and applying knowledge (research, practice-based evidence, lived experience) to inform decision-making and improve outcomes.

Culturally Grounded Approaches
Programs and services that are designed and delivered in ways that respect and reflect the cultural values, practices, and needs of specific communities.