



BLUEPRINT FOR ACTION ON WOMEN AND GIRLS AND HIV/AIDS 2012 REPORT CARD

Performance Scale

A = Excellent – The government implemented and sustained the resources, legislation, policies, programs that women need relative to the HIV epidemic.

B = Very good – The government is actively planning or is partially implementing the resources, legislation, policies, programs that women need relative to the HIV epidemic.

C = Fair – The government is evaluating the requirement for resources, legislation, policies, programs that women need relative to the HIV epidemic.

D = Poor – The government is not openly expressing their intention to address the requirement for resources, legislation, policies, programs that women need relative to the HIV epidemic.

F = Fail – The government is actively de-funding or planning/implementing legislation, policies, programs that are counter to what women need relative to the HIV epidemic.

LEGAL, ETHICAL & HUMAN RIGHTS

D+

Federal government attempts to narrow scope of *Charter of Rights and Freedoms* and cuts funding to Canadian Human Rights Commission and body advancing women's rights through legal reform. Failure to address Aboriginal people's rights and impacts of colonization. Cuts to funding for Aboriginal and refugee health. Government seeks to expand use of criminal law in cases of HIV non-disclosure before Supreme Court of Canada. Positive developments include the Supreme Court of Canada ruling for supervised injection sites, the Ontario Court of Appeal decision on sex work, and the potential inclusion of gender identity in the *Human Rights Act*.

RESEARCH

C

Cuts to Women's Health Contribution Program. Not enough attention to trans people's research. Poor performance on HIV-positive women's representation on federal research ethics boards, and culturally and linguistically relevant knowledge translation and exchange. The Canadian Institutes of Health Research, including the Institute of Gender and Health, continue to fund and carry out interesting work related to knowledge translation exchange, and to encourage and facilitate the participation of communities in research. The Population-Specific HIV/AIDS Status Report: Women, developed by the Public Health Agency of Canada and released in 2012, offers a comprehensive compendium of Canadian research on women, gender and HIV.

STIGMA & DISCRIMINATION

D-

No federal campaigns addressing stigma and discrimination, and cutting a planned campaign after spending the money on its development. Poor support for harm reduction, in and out of prison. Poor support for workplace policies. Stigma and discrimination continues to turn women, young women, and trans people away from testing, disclosure, treatment, care and support, while fuelling violence against them.

DIAGNOSIS

C-

Access to anonymous and rapid testing varies across Canada, as does access to opt-out (voluntary) perinatal HIV testing. Very poor access to testing in rural and remote areas. Movement away from pre/post-test counseling, consent and confidentiality. Poor support for women who test HIV-positive, including resultant violence.

TREATMENT

C-

Treatment programs do not address needs of diverse women, including those from marginalized communities. Poor performance at addressing determinants of health that impact access and adherence. Cuts to Aboriginal and refugee health. Few women-specific care centres. Poor treatment access for lesbians and trans people. Poor treatment access in rural, remote areas. While public and private coverage of treatments exists across the country, universal coverage is lacking.

PREVENTION & HIV EDUCATION

C-

No national standards for HIV education in schools. Poor sexual and reproductive health information in prevention and education programs and access to these services. Poor access to female-initiated prevention methods. No national housing strategy and poor access to adequate housing. Poor culturally and linguistically relevant prevention programs. Poor trans prevention. Poor recognition of complexities of women's lives and identities, including intersectional issues for diverse women.

CARE & SUPPORT

D

Poor incorporation of services to address women's multiple and competing roles, such as being mothers and breadwinners, into care and support programs. Poor response to structural issues isolating women from care and support, such as lack of housing, poverty, employment. Isolation of caregivers due to stigma. Failure to support caregivers.

OVERARCHING DEMANDS

C

Poor resourcing of domestic response for diverse communities of women, young women, and trans people. Renewed funding of *Federal Initiative to Address HIV/AIDS in Canada* through Public Health Agency of Canada's National HIV/AIDS Voluntary Sector Response Fund.

Note on Methodology & Terminology: Using the 2010 version of the Blueprint for Action on Women and Girls and HIV/AIDS as a baseline, an online survey in English and French was developed and disseminated to about 250 key opinion leaders from across Canada, with specific outreach to organizations working with remote and isolated communities. 86 individuals partially completed the survey and 51 fully completed it. Grading was based on their responses, combined with the findings from a review of recent grey literature and media stories from major media sources from 2010 to present. The highlighted quotes in the Backgrounder are from survey respondents. Due to space limitations, please note that the use of the term "women" also often refers to young women, girls and trans people.