

IFHP: A GENDERED IMPACT

New Interim Federal Health Program (IFHP) Co-Pay Furthers Inequities for Women and Gender-Diverse People Living with, and at risk for, HIV and other Health Disparities

This resource was created by the Women and HIV / AIDS Initiative with invaluable input from the HIV Legal Network, Community Alliance for Accessible AIDS Treatment (CAAT), Butterfly: Asian and Migrant Sex Worker Support Network, and WHA's Living Experience Working Group.

The newly announced Interim Federal Health Program (IFHP) Co-Payment¹ will exacerbate gender-based health, economic and social disparities and have negative impacts across Ontario, especially amongst communities already witnessing growing rates of health inequities. This resource is created to provide background information about the IFHP and the new co-pay through a gendered lens and provides strategies to respond and provide support through a community-based framework. It is intended for those who work in the HIV sector with people who are refugees, protected persons, and others without permanent status in Canada and who do not have access to provincial health insurance.

What is the Interim Federal Health Program (IFHP)?

The Interim Federal Health Program (IFHP) provides limited, temporary coverage for urgent and essential health care services, as well as prescriptions, for refugee claimants, convention refugees (i.e. someone who faces persecution in their country of origin), protected persons, and limited other people without permanent status in Canada who do not have access to provincial health insurance. IFHP covers doctor visits, hospital services, essential medications such as HIV medication, and some supplemental services (i.e. urgent dental care, psychologists, counselling).² This program ensures people can access their right to health care, a right under the Universal Declaration of Human Rights, article 25, and the World Health Organization (WHO).^{3,4} To access this benefit, you must access an IFHP provider listed on the Immigration, Refugees and Citizenship Canada IFHP Provider list found [here](#).

1 <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/co-payments.html>

2 <https://ircc.canada.ca/english/helpcentre/answer.asp?qnum=1272&top=33>

3 <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

4 <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

“The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.”

– Dr Tedros Adhanom Ghebreyesus
WHO Director – General, World Health Organization

What is the new Co-Pay Rule?

As of May 1, 2026, there will be co-payment for the IFHP which will be paid directly to the health care provider, with the remaining cost paid by the IFHP. While basic services such as doctor visits and hospital care will remain fully covered with no co-payment, there will be a \$4.00 co-payment requirement for each eligible prescription medication (including all refills) and 30% co-payment for the cost of other health services and products (i.e. mental health care, urgent dental care, assisted devices, etc.).⁵

Many Migrated Communities Already Live in Poverty:

Ontario hosts one of the largest populations of newly migrated communities in Canada, comprising 30% of its population.⁶ Migrant populations face higher rates of poverty, unmet housing needs, barriers to employment and health care, and often come from countries with higher health disparities. According to Women's Education and Action Fund (LEAF), 15.4% of women who immigrated to Canada between 2016 and 2019 live in poverty.⁷ According to Statistics Canada, migrant populations who are new to Canada often face poverty, with 43% of recently immigrated people finding it difficult or very difficult to meet their financial needs in the previous year.⁸ More women and gender-diverse people live in poverty than men and the

5 <https://www.canada.ca/en/immigration-refugees-citizenship/news/notices/changes-ifhp.html>

6 <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=9&dguid=2021A000235>

7 [https://www.leaf.ca/wp-content/uploads/2023/08/Gen-der-and-Poverty-Background.pdf](https://www.leaf.ca/wp-content/uploads/2023/08/Gender-and-Poverty-Background.pdf)

8 <https://www150.statcan.gc.ca/n1/daily-quotidien/240618/dq240618b-eng.htm>

impact of poverty is significant in terms of health and well-being. These realities are further exacerbated for gender-diverse communities. LEAF states that more than 1 in 5 or 20% of non-binary people live in poverty, which is twice the national rate.⁹ In addition, women and gender-diverse people living in poverty experience particular gender-based harms such as violence and exploitation.^{10,11}

What is the Impact of the Co-Pay for ACB Communities Living with HIV?

The added financial burden of the upcoming co-payment furthers health disparities amongst newly migrated communities, especially with regard to HIV treatment and care. In Ontario, in 2023, women represented 24.7% of new HIV diagnoses.¹² Among these women, over 70% are African, Caribbean and Black (ACB) females. This number has increased steadily since 2020.¹³ We also see ACB females facing barriers to HIV care and viral load suppression. In 2022, ACB females took 20 days to be linked to care after being diagnosed with HIV compared to the average Ontarian taking 16 days. Similarly, ACB females took an average of 108 days to experience viral suppression compared to the average Ontarian taking 91 days.¹⁴ Barriers to health care often are complicated by gendered roles of care giving, and barriers such as poverty and discrimination.

Impact Made Worse for those with Intersecting Health Complications:

The health disparities facing those living with HIV become more significant for those facing intersecting health complications such as drug use, diabetes, other disabilities, trauma or even pregnancy. For example, evidence shows that current linkages to HIV care and viral suppression timelines are impacted for people who also use drugs¹⁵, a reality affecting newly migrated communities in Canada as demonstrated by CBC's 2024 article titled "Canada's drug crisis affecting newcomers, but lack of data makes it hard

to know the severity of the problem."¹⁶ Other chronic health realities such as diabetes can require multiple prescriptions, impacting the monthly cost of the co-pay.¹⁷ Often diabetes includes other intersecting health complications such as hypertension, requiring additional health care costs and furthering the impact of the co-pay. According to the World Health Organization, people with disabilities frequently face significant, systemic barriers to health care, resulting in higher rates of unmet needs and poorer health outcomes compared to the general population. Key obstacles include lack of adapted equipment, which would become more expensive with the new co-pay rule.¹⁸ The FCJ Refugee Centre, a centre in Toronto offering support to refugee and newly migrated people, also points out that full access to supplemental care is crucial. This includes care such as dental health, trauma counselling, postpartum support, drug treatment, mobility aids, prosthetics, hearing aids, breast pumps for infant feeding and formula, as a few examples. The 30% fee imposed on costs for these supplemental benefits introduces significant financial barriers, likely forcing individuals to delay or forgo necessary treatment and / or equipment, leading to worse health outcomes and increased long-term costs. Overall, it is clear that the new IFHP co-pay will have impacts for communities living with HIV and facing intersecting health complications.¹⁹

"On top of my one HIV medication, I have an additional 15 prescriptions which are filled every 30 days. After doing the math, this is truly frightening. With my current income, I rarely make it to the end of each month and I never have "extra" funds to cover these types of added costs. I can't imagine how greatly this co-pay would affect my health or my life in general."

– Kathleen Bird
WHAI Living Experience Working Group

Furthering Health Inequities

The IFHP has the potential to be an exceptionally helpful tool to address health inequities in Canada; however, the introduction of co-pays, in addition to the long-standing limitations around health care

9 <https://www.leaf.ca/wp-content/uploads/2023/08/Gender-and-Poverty-Backgrounder.pdf>

10 <https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=9810010301&pickMembers%5B0%5D=1.1&pickMembers%5B1%5D=2.3&pickMembers%5B2%5D=3.1>

11 <https://www.leaf.ca/news/leaf-seeks-leave-to-intervene-in-the-refugee-health-care-appeal/>

12 <https://www.ohesi.ca/new-report-on-hiv-diagnoses-in-ontario-in-2023-and-key-findings-from-the-hiv-look-back-project/>

13 https://www.ohesi.ca/wp-content/uploads/2021/12/HIV_diagnoses_in_Ontario_2023_11-4-2025.pdf

14 <https://www.ohesi.ca/>

15 <https://www.ohesi.ca/>

16 <https://www.cbc.ca/news/canada/saskatoon/immigrants-new-comers-drug-addiction-1.7121120>

17 Assessing the Risks and Cultural Relativity of Diabetes in Black Individuals of African Caribbean Ancestry (ACB) Aged 18–39 Years in Toronto

18 <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

19 <https://www.fcjrefugeecentre.org/2026/01/refugee-claimants-will-have-to-co-pay-for-some-health-care/>

providers who work with the IFHP, run the risk of furthering health inequities and systemic discrimination. On the ground, the Legal Network's report "Right to Care"²⁰ documents experiences of people who have migrated and face significant challenges navigating the health care system including inconsistent policies, lack of accessible information, language and cultural barriers, stigma and discrimination. These realities are heightened for women and gender-diverse communities. Workers in gendered occupations such as the farming sector, the massage industry, and the health care industry, all face complex layers of policy requirements, municipality / jurisdictional laws, criminalization and, oftentimes, increased risk of deportation. These realities are further complicated by legislation such as Bill 12, the "Strengthening Canada's Immigration System and Borders Act" framed as strengthening border control, while significantly limiting access to refugee protection and lawful immigration status, and thus exacerbating inequities. Research, such as that conducted by Physicians for Human Rights, has shown that comparable policies disproportionately impact women and gender-diverse people facing gender-based violence.²¹

Furthermore, insufficient, accessible and translated information on health care services and benefits, combined with significant language and cultural barriers, leaves many feeling isolated and unable to advocate for their health needs. Experiences of stigma and discrimination within the health care setting further exacerbate these difficulties, contributing to delayed diagnosis and interrupted treatment that can have serious health consequences. The limitations on choice for health care providers further the risk of these experiences for newly migrated communities.

Notably, the United Nations Special Rapporteur on the Right to Health has called on Canada to expand access to IFHP, recognizing the importance of universal coverage in addressing these persistent gaps. The report underscores that introducing co-payments to an already fragmented and difficult system would move Canada in the opposite direction. Such measures would deepen existing barriers, making health care even less accessible for newly migrated populations, and ultimately deepen health disparities. To foster a more equitable and inclusive health care system, it is essential that Canada prioritizes removing obstacles and expanding access, rather than adding new financial burdens that could disproportionately affect migrants and their families.

²⁰ <https://www.hivlegalnetwork.ca/site/the-right-to-care-hepatitis-c-among-priority-populations-in-canada/?lang=en>

²¹ <https://phr.org/wp-content/uploads/2020/07/The-One-Year-Bar-to-Asylum.pdf>

What Can Communities Do?

Ultimately, the IFHP co-pay will further gender disparities with relation to HIV care access and deepening health inequities. As these changes move forward, it is critical that our communities ensure we are:

- Supporting migrated communities to access timely and wholistic models of health care through system navigation, translation, and support.
- Helping to facilitate the navigation of the new co-pay rule. The HIV Legal Network resource titled "[Know Your Rights: Accessing Healthcare Without Permanent Residence or Citizenship in Canada](#)" provides more information about the IFHP and how to navigate it, as well as a list of health care providers who work with the IFHP.
- Supporting newly migrated communities living with HIV or at elevated risk of acquiring HIV to access financial assistance such as Ontario Works, Ontario Disability Support Program and other provincial and federal financial supports.
- Working with local settlement agencies and other health agencies to foster thoughtful care pathways and awareness about the new co-pay for people living with or at elevated risk of acquiring HIV.
- Providing thoughtful, welcoming and supportive community environments for those facing complex health realities along with HIV and ensuring those who work with newly migrated communities are aware of the range of complexities that exist.

For more information on the [HIV Legal Network](#) and [HALCO's](#) call on the federal government to reverse this decision, see [here](#).

You can also visit [CAAT](#) for information on HIV and immigration.

For information on HIV, disability, and rehabilitation visit [realize](#).

If you have any feedback or edits to this document, you can contact the WHAI team at whai.info@whai.ca.