



# Women & HIV/AIDS Initiative (WHAI)

## H1 Progress Report

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*April - September 2025*

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*We thank all the people whose voices and collective work  
meaningfully moves this work forward.*

# About WHAI

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The Women\* and HIV/AIDS Initiative is a community-based response to HIV among cis and Trans women, 2-Spirit and Non-Binary people across Ontario. Our work is carried out through a network of Coordinators positioned at AIDS-service Organizations (ASOs) across the province, supported by a provincial team (PWHAI). We work to alleviate structural exclusion that adversely impacts HIV risk and health outcomes of those living with HIV, with specific goals to:

1. Reduce HIV risk for those disproportionately affected by HIV.
2. Enhance local community capacity to address HIV.
3. Build safer environments to support people's HIV-related needs.

Our work focuses on community organizations, service providers, cis and Trans women, Two-Spirit, and Non-Binary people who are living with HIV, African, Caribbean and Black (ACB), Indigenous, newcomers, who use drugs or substances, have experiences with violence and / or have been / are incarcerated. Within these communities, our work includes those who are pregnant or parenting, living with different abilities, and spans from young adults to seniors.

Together we work to increase our collective awareness of and ability to respond to the social and structural determinants that impact women's health outcomes.

WHAI's work across Ontario is rooted in the principles of community development and collective impact. Guided by diverse working groups and advisory committees, our work is informed by the principles of GIPA/MEPA, ensuring we always include the voices and wisdom of those most affected and impacted by this work. Visit [whai.ca](http://whai.ca) for more on our people, principles, and projects.



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\* WHAI recognizes that gender is not binary and while the use of the term 'women' in our title does not capture this, WHAI work values inclusivity for Trans, 2-Spirit, and Non-Binary people in our work. Identities are capitalized throughout this document, except 'cis', to remind us of the privilege and space afforded cis people, and to support the amplification of identities outside gender-binary constructions.

# Snapshot of Impact

The culmination of work by WHAI Coordinators this period demonstrates significant efforts towards building community capacity and safer environments to address women's HIV related risk and health outcomes across the province.

## Between April and September 2025:



Coordinators engaged **2915** people in community capacity building work.



**1194** service partners and providers

**1750** women from WHAI's priority populations



Engagement took place over **165** gatherings ranging from: forums and conferences | service provider training and working groups | cultural and newcomers events | women's network events | pride events | faith-based networks | shelter spaces | health fairs | social outreach and wellbeing events



Coordinators shared **6702** resources (print + online) in their communities to initiate and deepen awareness about HIV education, prevention, care and support.

***Some of the resources shared most often were:***

**1547** copies of *'What You Need to Know'* women-centred resources on PIP, PrEP and PEP



**223** toolkits including '*Women, HIV, and Stigma: A Toolkit for Creating Welcoming Spaces*', '*Women and HIV in Ontario: An Introductory Toolkit*', '*Women and HIV Disclosure*', and '*Women and Harm Reduction in Ontario: A Capacity Building Toolkit*'



WHAI regularly strategizes and develops relevant health messages to share on social media, to strengthen awareness about HIV prevention, care and support.

**87%** of Coordinators shared these through local channels, finding them helpful in their work.



Coordinators participated in ongoing training and capacity building to elevate their work including Indigenous Cultural Safety Training and Anti-Black Racism capacity building.



# Priority Areas for Collaboration

WHAI work is informed by the voices of women with living/lived experiences documented in our *Collective Action Community Change* (CACC) report, community partners, advisory groups, and the provincial HIV Action Plan.

These valuable inputs have driven the development of WHAI's six (6) priority areas for collaboration. With HIV Education, Prevention, Care and Support at the core, priority areas include Wholistic Care, Safety, Community Connection, Economic Autonomy, and Women-Centred Harm Reduction.



**This reporting period,  
our capacity building work focussed on:**





## HIV Education, Prevention, Care & Support

All WHAI Coordinators engage with their local communities to increase collective capacities for HIV Education, Prevention, Care and Support.

Between April and September 2025 all Coordinators engaged in the development and sharing of critical HIV-related resources, recruited community partners, service providers, and women in learning opportunities anchored to these resources, and amplified women's voices in research and planning spaces.

In this reporting period WHAI organized a working group to produce an HIV Prevention webinar which was actively supported by Coordinators and partners. Coordinators recruited those engaged in HIV prevention work to attend, building local capacity. **73%** undertook strategies to engage Women with Living/Lived Experience (WWLE), **60%** engaged with community partners and **66%** collaborated with other Coordinators and PPN workers. In addition to this webinar, education and prevention work was enhanced by sharing the *GetaKit* HIV self-testing guide which all Coordinators shared with women from priority populations, and **88%** shared with service providers.

*“I’m working closely with community partners to improve access to PrEP, PEP, testing, and trauma-informed care, especially for women who are newcomers, racialized, or experiencing violence. One of the most powerful tools we have is peer leadership. I’ve been inspired by the strength and wisdom of women who step into peer roles.”*

*“The GetaKit step-by-step HIV self-testing guide has been highly effective in my work. This accessible tool reinforces warm, thoughtful linkages to care by allowing immediate referral and follow-up when a self-test is completed, strengthening local testing uptake and engagement with HIV prevention and treatment services.”*

Care and support work was informed by the Women-Centred Health Care Pocketbook Guide, which WHAI hosted a webinar to share across Ontario. Both were especially well received with **71%** of Coordinators finding the Pocketbook Guide very helpful in their work with women living with HIV.

*“This pocketbook was exceptional! It is very empowering for women living with HIV as a tool to track their health and also advocate for themselves when they visit their health care providers.”*

Engagement in research opportunities have enabled Coordinators to amplify women's voices in planning spaces. A focus group with Coordinators was organized to inform a research study on women's access to HIV prevention and care led by Dr. Biondi of York University. **91%** of Coordinators felt the focus group was a strong opportunity to bring women's expertise to the forefront to improve HIV prevention and care.

Dr. Ann Burchell delivered a presentation on HIV, HPV and anal cancer screening for women and **77%** of Coordinators found it critical in debunking myths about women's risk of anal cancer. Coordinators stated the session provided useful tools with which they could strengthen the understanding of anal cancer among women living with HIV in their communities. Based on Coordinator feedback, a factsheet is being developed in the next reporting period to continue building capacities in this area.

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*“By sharing knowledge, experiences, and strategies drawn from our personal and professional roles as Coordinators, we strengthened collective understanding of effective approaches. This collaborative learning environment not only enhances our ability to support WHAI’s priority populations but also ensures that interventions are grounded in real-world experiences, fostering more impactful, equitable, and sustainable HIV prevention and care initiatives.”*

*“The data and framing gave me stronger language to advocate for inclusive screening protocols and better access to care for women living with HIV, especially in conversations with healthcare providers. The presentation also helped me build capacity among peer leaders by equipping them with clear, digestible information they can use in their outreach and support roles.”*

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## Wholistic Care

Work under Wholistic Care recognizes the layered and intersecting determinants that impact HIV-related health and wellness. Decolonial practices are emphasized along with non-Western healing models to support the well-being of WHAI's priority populations. WHAI Coordinators work with each other, their partners and communities on caring strategies addressing stigma, discrimination, and social determinants of health.

In this period, **56%** of Coordinators participated in the working group to develop the '*Seat at the Picnic*' resource to support community capacity to address structural and social determinants of HIV prevention and care. Coordinators expressed deep excitement for the resource with plans in the works to engage community partners. A lunch and learn session to support Coordinators in using this resource is planned for the next reporting period.

*"I think it was a great way for coordinators to be really integrated in the work... it truly represented what I can say for myself, but racialized women in so many ways, oftentimes we aren't offered a seat anywhere, or able to advocate for our own well-being so just the name alone really impacted me in such amazing ways and I can't wait to truly use the resource."*

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*"Being a part of the working group was a meaningful experience for me. It allowed me to connect with other coordinators, share perspectives from our regions and co-create something that truly reflects the value of WHAI. I appreciated how the process centered creativity, inclusion and care, and also supports service providers in taking thoughtful, equity-driven approaches to care."*

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In May 2025 WHAI worked with the Committee for Accessible AIDS Treatment (CAAT) to offer Cultural Competency and Safety Training for Coordinators that highlighted Anti-Black Racism and its impacts on access to services, and health outcomes for ACB populations. **83%** found the learning highly useful, and some identified that it helped them create environments that are spiritually, socially, emotionally, and physically safe in the work.

WHAI held a training session on the recently launched resource '*A Landscape of Community Change*', created to strengthen WHAI's response to the Truth and Reconciliation Calls (TRC) to Action, and justice for Missing and Murdered Indigenous Women, Girls, and Two-Spirit people (MMIWG2S), which **93%** of Coordinators identified as deeply valuable.

Many indicated that this led them to advocate for more culturally-inclusive practices when working with Indigenous women and Two-Spirit folks at their ASOs and in their communities through relationship building, collaborations on events, and materials to co-create safer, more welcoming spaces.

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*"The TRC resource encouraged me to rethink my outreach work with Indigenous community. Instead of proposing education circles, I am working with local knowledge keepers and elders in land-based activities to improve Indigenous people's social determinants of health."*





## Women-Centred Harm Reduction

Women-Centred Harm Reduction work for Coordinators translates into capacity building and training for service providers, as well as advocating for gender inclusive harm reduction practices and spaces for women. In this period, Coordinators gathered to learn, strategize and adapt existing Harm Reduction resources to engage specific populations in localized contexts.

WHAI held two sessions focused on strategies to adapt and share the *Women and Harm Reduction Toolkit*. One highlighted adaptation for different groups and spaces, particularly for ACB communities, and sex workers in settings such as settlement agencies and shelters, while the second session concentrated on the foundations of Harm Reduction.

Stemming from these sessions, **83%** of Coordinators were able to adapt and use the toolkit to support staff training, service-provider collaborations, and education. The toolkit was also used to facilitate conversations with women who use substances, experience housing instability, or engage in sex work, through its trauma-informed and woman-centered approaches.

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*“This is a great resource to share with our community partners especially as it allows them to look at the services they provide and see ways they could be advocating for harm reduction.”*

*“The Harm Reduction Toolkit has been particularly valuable where I share it with service providers already delivering harm reduction programming, or with those exploring ways to start. This resource has strengthened collaboration, enhanced knowledge exchange, and ensured that women—especially ACB and WWLE— are better connected to practical tools and services that support safer choices and wholistic care.”*

For International Overdose Awareness Day (IOAD) Coordinators collaborated with the PWHAI team to create kits for outreach at various events. **100%** found the kits useful to initiate and strengthen conversations about gender inclusive practices.

Resources such as the *‘Pregnancy, Opioid Toxicity and Death’* factsheet and updated *‘Gender Analysis of the Closure of Supervised Consumption Sites’* were used to build capacities with **90%** of Coordinators sharing the factsheet, and **92%** sharing the gender analysis with service providers. **100%** found the resource outlining Bill 6 and 10’s impacts on women’s access to harm reduction services useful in their work.

*“I applied strategies through harm reduction initiatives such as distributing naloxone and sexual health supplies, ensuring services are responsive and accessible. The toolkit continues to be a strong reference point as I adapt programming to meet diverse community needs.”*

*“The resources are conversation starters on Women and Harm Reduction. For ACB women it creates an opportunity to build capacity on what makes harm reduction important, reducing the stigma around drug use. For service providers it highlights the need for women centered harm reduction and the marginalization of women and ACB women in particular in spaces where harm reduction is provided.”*

*“One of the most powerful tools we have is peer leadership. I’m inspired by the strength and wisdom of women stepping into peer roles. They’re not just messengers, they’re changemakers.”*

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## Interconnected Work in other Priority Areas for Collaboration

While the areas of focus this period were on HIV Education, Prevention, Care & Support; Wholistic Care; and, Women-Centred Harm Reduction, we recognize that in order to meet WHAI's goals our work must be intersectional. This means that Coordinators also engaged in Community Connection, Economic Autonomy and Safety.

In this period, **80%** of Coordinators furthered work on Safety, **73%** on Economic Autonomy and **68%** on Community Connection.



Coordinators worked on building networks and alliances, especially among sex worker communities to reduce risk for women disproportionately affected by HIV. Coordinators referenced work in adapting harm reduction for sex workers, conducting 'Know Your Rights' workshops, and in supporting a Sex Worker Alliance Group to enhance local community capacity to address HIV.

*"We collaborated with local organizations to connect sex workers to supports such as social services and advocacy resources, helping to reduce barriers to economic security while ensuring safety and well-being."*

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Work on safety and economic autonomy took shape through collaborative work with partners working in gender-based sexual violence, shelters, and through outreach and care linkages that connect women to housing services, food security and mutual aid. This work furthers the cultivation of safer environments to support women's HIV-related needs.

*"Our safety-focused collaboration has centered on creating inclusive, supportive spaces for women. Through women's social gatherings we share available housing resources with our community to increase their options."*

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# Building Community through Gatherings and Collaboration

A critical component of WHAI work is to meaningfully engage with service providers, community partners, women from WHAI's priority populations, Women with Living/Lived Experience (WWLE), peers, PPN workers, and local or regional networks. Also named as the work of mutually reinforcing activities, building relationships and strengthening linkages for learning and care is core to WHAI's goals.

In this reporting period, Coordinators engaged a total of **2915** people. **1194** were service partners and providers, and **1750** included women from WHAI's priority populations. This took place through **165** gatherings ranging from conferences and forums, service provider training and working groups, cultural and newcomers events, women's network events, pride events, faith-based groups, health fairs, shelter spaces, and social outreach and well-being events.

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*“Community engagement has been strong this period. Peer-led gatherings and outreach have built trust and visibility, and partnerships with local organizations are deepening. Women are showing up, sharing, and shaping the work in powerful ways.”*



A breakdown of collaboration by Coordinators show that **69%** were with WWLE; **69%** with other PPNs, primarily ACCHO (**46%**) and GMSH (**54%**); **46%** collaborated with other WHAI Coordinators; **54%** with local and regional networks; and **92%** with local partners.

Collaborations ranged from participation in knowledge translation and exchange activities, delivering learning with service providers, building capacity through sharing WHAI resources, research engagement, and amplifying women's voices to inform program and resource planning. Groups engaged ranged from internal staff to service provider networks, sex worker alliance groups, prisoner justice groups, mental health networks, cultural associations, settlement service providers, peer groups, harm reduction networks and more.

*“Peer engagement has enabled us to create and participate in Sex Workers Alliance Group outreach.”*

*“We planned workshops on HIV education, prevention, care and support for staff who work with newcomers.”*

Coordinators also worked with each other to share and develop resources alongside the PWHAI team. The focus of collaborations was largely to build capacity among providers and communities to collectively impact women's health and social outcomes.

*“We co-facilitated group sessions and provided peer feedback to leadership on programming content.”*

*“We worked with service providers to deliver a talk on financial literacy and its link to mental health for ACB groups, following discussions with ACCHO workers on emerging needs.”*

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# Resources

Resources relevant to HIV related education, risk and care are vital to furthering WHAI's goals.

Coordinators actively support the development of WHAI resources, ensuring that these are informed by the voices of women in their communities, and are responsible for sharing these resources to facilitate learning with service partners.

In this period, Coordinators shared **6702** resources in print and via online links to initiate and deepen community capacity building around HIV awareness, prevention, care and support.

Resources shared most often were copies of '*What You Need to Know*', women-centred resources on PIP, PrEP and PEP (**1,547**), and WHAI toolkits (**223**). Specifically, the '*Women, HIV, and Stigma: A Toolkit for Creating Welcoming Spaces*', '*Women and HIV in Ontario: An Introductory Toolkit*', '*Women and HIV Disclosure*', and '*Women and Harm Reduction in Ontario: A Capacity Building Toolkit*'.

Kits developed for distribution during International Overdose Awareness Day were also very popular with **3,842** related items and materials shared for IOAD this year. **100%** of Coordinators stated they found them useful and some shared that they were particularly helpful in initiating conversations around harm reduction from a gender inclusive lens, and forging connections with potential service partners.



# Social Media

The PWHAI team co-develops relevant content for Coordinators to use in their online engagement with their communities to strengthen knowledge sharing about HIV and WHAI work.

In this reporting period, WHAI produced and posted a total of **21** social media posts, accumulating **15,183** views. Posts covered days of importance, promoted WHAI or other resources such as webinars and new research, and shared general information related to HIV and community capacity building.

**87%** of Coordinators found these social media posts useful for their work. Some most shared posts include:

- Emancipation Day (**92%**)
- Indigenous People's Day (**75%**)
- Prisoner Justice Day (**75%**)
- Pride Month (**75%**)
- International Overdose Awareness Day (**67%**)
- Sexual Violence Prevention Month (**67%**)
- International Harm Reduction Day (**67%**)



# Equity, ABR, Gender Diversity and Decolonial Practice

WHAI dedicates continued work and resources towards critically examining and strengthening our work to rupture colonial systems of white supremacy, noting these as foundational to HIV gender inequities that exist today. This includes work that challenges anti-Indigeneity, anti-Black racism, and gender based discrimination. WHAI Coordinators are continuously engaged in this work and in collectively learning how to rupture inequities.

## San'yas Indigenous Cultural Safety Training

All WHAI Coordinators complete San'yas Indigenous Cultural Safety (ICS) Training courses which consist of two (2) parts or levels. Coordinators complete level one, on 'Core Health ICS Training', after six (6) months in their positions, and complete level two, 'From Bystander to Ally' at their one-year mark. In this period, **25%** completed either level 1 or 2 of the San'yas Indigenous Cultural Safety Training courses and shared widely positive feedback. In addition to these trainings, WHAI works alongside ACCHO and GMSH to host spaces for each respective Initiatives' workers to come together and reflect on their learnings and how they are being integrated into our work.

*"Completing the San'yas Indigenous Cultural Safety training was very helpful in deepening my understanding of the ongoing impacts of colonization, systemic racism, and intergenerational trauma on Indigenous communities."*

*"The training emphasized self-reflection on bias and privilege, which has strengthened my ability to provide trauma-informed, equitable care."*

*"The San'yas Indigenous Cultural Safety training has significantly strengthened my capacity to implement culturally inclusive practices with Indigenous women and Two-Spirit folks. We actively advocate for such practices through grant applications and community workshops."*

## Anti-Black Racism (ABR) Facilitated Capacity Building

Over the last five years, WHAI has worked with community facilitators to offer opportunities for capacity building and reflection on Anti-Black Racism as a foundational reality impacting HIV inequities for Black communities.

In this reporting period, WHAI Coordinators had the opportunity to engage in re-visioning of the sessions to ensure it continues to support WHAI's work. Coordinators, along with Managers and Executive Directors, were invited to attend a joint session in August 2025 to hear about the findings and further identify next steps. **92%** of Coordinators found this process either helpful or very helpful and many who engaged shared that it was a valuable experience to be able to inform and share the work moving forward. Monthly facilitated sessions to further this work are planned throughout the next reporting period.

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*"It felt meaningful to be part of shaping the future direction of WHAI's work. The process was inclusive, reflective, and grounded in the realities of our communities. I appreciated the space to share insights and hear from other Coordinators... look forward to seeing how this feedback informs future planning and implementation."*

Through this re-visioning, Coordinators noted how the work can be strengthened. Some observed the challenges of Coordinator turnover and the impact on the collective work. Some noted the benefit of moving from caucused race affinity groups to large group work for shared learning. Some identified the struggle of merging a range of oppressions into discussions of anti-Black racism, such as gender identity or disability. While WHAI is actively committed to a range of equity issues, this feedback is important to defining how we structure future iterations of this work.

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Moving forward, WHAI is prioritizing work on a living agreement to outline shared commitments to ABR and foundational definitions; further examination of findings from the visioning session; deepening our knowledge of race and the epidemiology of HIV; and, moving beyond reflection to identifying strategies to strengthen the work in our respective communities.

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*“ABR work is done in the vision of social justice, but ABR work can be done internally in our space as Coordinators. I think there is a difference between Black Coordinators as a caucus and minority Coordinators as a caucus. Those experiences and identities, as well as gender diversity, do not overlap. They have similar experiences but extremely different impacts. If ABR work becomes gender diversity work, we then are no longer doing ABR work, and I am not sure how those reflect together.”*

*“I am interested in staff feeling empowered in moving beyond storytelling and reflection to actual action, and planning and documenting consistent efforts to engage outside of affinity groups or demographics that have been easy to reach with existing programming. People can sometimes identify self-reflection as their work without feeling compelled to engage in actions that remove barriers to services.”*

*“Continuing to seek feedback from participants and adapting strategies based on evolving needs will ensure WHAI remains responsive and effective.”*

## **Gender Diversity and Language**

WHAI is invested in continuous review and reflection of the language we use in our work, including as it pertains to gender diversity, disrupting the gender binary, and ensuring our work reflects those who face systemic and structural risks related to HIV.

Annually, WHAI seeks feedback on the gender based language we currently use to ensure it reflects the communities where we work and aligns with current language and experiences.

*“The gender language is important to be thoughtful about because in different cultures, and with different people’s histories and experiences, it is important to both prioritize women and also gender diversity. The language works well in our community and with our activities.”*

We heard varied and valuable perspectives from Coordinators and community members, some of whom felt the language was helpful, and some who felt it was problematic. Many pointed to the value of the current language, specifically noting that it visibilizes cis and Trans women, 2-Spirit and Non-Binary people, and translates well in terms of accessibility when working with newcomer and racialized communities. Some felt the asterisk used with the term ‘women\*’ to be exclusive, while others felt it offered space for questions and further learning. One suggestion was to only use the term ‘women,’ as it was felt that naming identities alongside women was othering. The term ‘marginalized genders’ was also suggested. The majority of Coordinators noted that for future discussions, spaces should be thoughtful and nonjudgmental.

Moving forward, WHAI is exploring adjustments to language that reflect the needs expressed by Coordinators, their experiences in community work with gender diverse people, as well as people who have newly migrated or are rooted in diverse backgrounds and experiences.

We will continue to work to create spaces that welcome conversation and consultation with gender diverse, Indigenous, Black and newcomer communities, and those who are at the forefront of WHAI’s work.

*“This has come up a little bit with the use of “women” in titles – but WHAI has framed this in a way that works and fosters both women and gender diversity. If any questions come up – we use the definition WHAI offers.”*

*“The gender language WHAI uses works well with the Trans community we work with, and the feedback is good especially amongst racially diverse communities.”*

*“I am confident in the language used at WHAI and try to continue to learn, engage and invite those in spaces where I might need to offer language in a different way through my own collective growth.”*

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# Communication and Support

The PWHAI team offers backbone support for Coordinators within the network, ensuring that they are well-informed, resourced, and connected to opportunities for learning and engagement that continue to strengthen WHAI Coordinator work.

Coordinators have access to WHAI's Google Hub, which contains evidence-based and community-centred resources, as well as work shared by other Coordinators to encourage cross-regional collaboration and resource sharing.

Weekly emails are shared to ensure consistent and up-to-date communication, and monthly Coordinator meetings provide knowledge translation while generating valuable opportunities for Coordinators to connect with each other. In this period:

- **100%** found the overall communication either quite or extremely helpful
- **79%** found the WHAI Google Hub either quite or extremely helpful
- **100%** found the weekly emails either quite or extremely helpful

*"PWHAI's communication with the network has been clear, consistent, and supportive. The weekly emails and Google Hub make it easy to stay informed and access resources. Meeting structures are thoughtful, with a good balance of updates, discussion, and peer sharing."*

*"I appreciate having all of the emails that I can save in a folder and the Google Hub to refer back to so I do not have to take it in all at once if I don't have capacity at that moment."*

The PWHAI team also leads orientation, training, and capacity building for new and existing Coordinators. During this period, Coordinators stated they found these learning opportunities to be very helpful in their work. PWHAI also intentionally worked to create more spaces for Coordinators to engage and learn from each other, such as allotting time for more break-out groups during WHAI meetings, which **77%** of Coordinators found highly useful.

Coordinators also suggested process and topical themes for future sessions including:

- Population-specific work such as supporting women with experience of incarceration, sex workers, and culturally relevant harm reduction strategies
- ABR work that explores how to translate reflection into action
- New technologies in the work, critique, and limitations, specifically around AI

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*"Having time for reflection and skill-building was especially valuable. Moving forward, more interactive formats and region-specific breakout discussions could deepen engagement and support tailored strategies."*

*"I would love to possibly have learning around supporting women with lived or living experience of incarceration."*

*"The gatherings during this period were very useful. They created space for connection, learning, and collaboration across regions. I appreciated the opportunity to hear about other Coordinators' work, share challenges, and explore solutions together. Sessions felt grounded in women-centred harm reduction values and helped build momentum for collective action."*

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# Emerging Trends

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Coordinators have noted important and emerging trends in their work through the reporting period. Some identified compounding barriers for WHAI's priority populations due to funding cuts or policy changes, while others noted gaps in resources or needs to respond to inequitable disparities. Some key trends articulated during this period include:

- A gap and subsequent need for multilingual, culturally relevant resources for newcomer and refugee communities, specifically pertaining to harm reduction, sex work, housing precarity, and other issues from an intersectional lens.
- Increased need to build spaces for peer-led capacity building, learning and engagement so peers can continue to support each other.
- A lack of culturally relevant and gender diverse mental health supports, specifically related to women living with HIV and women who use substances. Strategies are also needed for engaging with medical service providers and staff on HIV related trauma-informed mental health, substance use, and harm reduction.
- A need for strategic responses to disparities in linkages to care for Indigenous and ACB folx, including reviews of racial bias in research and epidemiological data, as well as culturally inclusive and specific supports for HIV prevention and care.

*“An emerging need is stronger cultural responsiveness for ACB women affected by HIV and substance use. There is a clear need for peer-led outreach and language-accessible resources that reflect the lived experiences of racialized women.”*

*“There’s a growing need for culturally safe mental health supports, especially for ACB and Indigenous women navigating trauma and systemic barriers. We’ve also seen increased demand for mobile harm reduction services due to transportation and access challenges.”*

*“More women are seeking peer-led spaces for connection and advocacy, highlighting the importance of lived experience leadership.”*

*“Rising housing insecurity and shelter closures have further strained service access, making integrated, trauma-informed approaches more critical than ever. These trends are shaping how we adapt and respond in our local work.”*

In addition to strategizing responses to emerging trends, the PWHAI team will also carry forward goals previously identified and planned.

Particularly, PWHAI will work with partners such as Ontario AIDS Network and others to provide soft skills training to support WHAI Coordinators' capacity building work related to wrap-around, wholistic care such as active listening, and trauma informed care. By building capacity in these areas WHAI Coordinators can work with their ASOs, local community partners, and WWLE, to enhance wrap-around, culturally inclusive, wholistic, anti-racist models of care.

Based on our goals for this year, we are also working to organize knowledge translation sessions on harm reduction about parents who use drugs, linkages to effective and thoughtful HIV care, and how to effectively use local data to support community capacity building work.

*“There is need for integrated mental health and harm reduction support, especially among women and gender-diverse clients facing housing instability and substance use challenges especially since the safe consumption sites were closed highlighting the importance of holistic, community-informed approaches that combine psychosocial support, education, and practical resources to meet the evolving needs of marginalized populations.”*

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# Growing the Work

In the first half of 2025-26, WHAI Coordinators have actively worked towards growing and sustaining meaningful work in HIV Education, Prevention, Care and Support, Wholistic Care, and Women-Centred Harm Reduction. Their work has been incredibly vast and intersectional, from driving knowledge sharing and capacity building events with service partners on HIV prevention, PrEP, PEP and PIP, to working with WWLE and amplifying their voices in research and planning tables. WHAI will continue to grow this work in H2.

They have co-developed resources to address structural and social determinants of health through the '*Seat at the Picnic*' package, and worked together to adapt existing resources for diverse contexts and populations, with the Women and Harm Reduction toolkit. While advocating against the systemic curtailing of funds, resources and spaces for marginalized women and gender diverse communities, they have also responded to these cuts by creating spaces for peer support and connection. This work will also be critical in H2.

In the next reporting period, Coordinators will continue core work in HIV Education, Prevention, Care and Support, and focus on priority areas of collaboration in Wholistic Care and Women-Centred Harm Reduction. Some key areas in which Coordinators are strategizing include:

- Integrating learning from the new *HIV Prevention Booklet* launching in December 2025, and effectively sharing with health and community providers and WHAI's priority populations to build local capacities.
- Creating opportunities for knowledge sharing around social and structural determinants of health with service partners using the '*Seat at the Picnic*' resource.
- Working with PWHAI and the Coordinator network on upcoming campaigns around Love Positive Women, Black History Month, and Strawberry Ceremony to build and strengthen community engagement.

Through significant engagement with local and regional partners, service providers, peers, and WWLE, Coordinators have made strong impacts in their communities towards furthering WHAI's goals of reducing HIV risk, building capacities, and cultivating safer environments. Their sustained efforts show valuable promise for improved health outcomes for cis and Trans women, 2-Spirit, and Non-Binary people in WHAI's priority populations.

Through generative work under WHAI's framework of community development and collective impact, Coordinators alongside the PWHAI team, are driving the network towards invaluable community care and growth.



