August 2023

Collective Action Community Change

by the Toronto Women and HIV/AIDS Initiative

Addressing Community Health Barriers in Toronto, through the Lens of Women in Community.

act WHAI Women & HIV/AIDS Initiative

Land of Acknowledgement

As many of us are settlers on this land, it is our collective responsibility to pay respect and recognize that this land is the traditional territory of the Mississauga of the New Credit First Nations and we are here because this land was occupied.

We must acknowledge that the legacies of colonialism are upheld by racism. We express our commitment to the ongoing work to undo, unlearn, and create new, more culturally safe ways of providing services to racialized and communities made marginal.

Central to the successes we have achieved has been the greater involvement and meaningful engagement of people living with HIV who continue to share their lives, experiences and passion in the fight against HIV. We are indebted to the millions of people living with HIV from our past, present and future.

Acknowledgement

TWHAI thanks and gives credit to all of the contributions of cis and Trans **Women**, Non-Binary and 2-Spirit femme folks living with HIV or facing structural risk factors, who made the time to share their stories and knowledge.

It is particularly important to acknowledge the challenges faced due to COVID-19 and the lockdown, which added more barriers for community members and service providers to participate. The community members made a lot of sacrifices to ensure their voices were heard.

For every **woman** who took part in the consultation process we want to say thank you, thank you to the People living with HIV (PHA), **women** who have experienced gender-based violence, People who use drugs (PWUD), **women** who have been incarcerated, Trans **women**, Non-Binary and 2-Spirit femme folks, the African, Caribbean and Black communities, newcomers, and Indigenous **women**.

A special thanks to Akosua Gyan-Mante who participated in developing and reviewing the consultation tools and co-facilitated the group discussion with the TWHAI coordinators.

Thank you to the women in our community who shared their stories:

Donna Row
Kelly Westfall
Sarah S.
Margaret Boyes
Cynthia Legacy
Sue

and the 31 other women whose names are not listed.

Acknowledgement

We also want to acknowledge the support of the service providers from the Toronto Local Immigration Partnerships, AIDS Service Organizations (ASO), Violence Against **Women** Network, the shelters, and the settlement agencies in Toronto that worked with **women**. We appreciate the support they provided in facilitating the consultation and recruiting our participants from the community.

Acronyms

ACB	African, Caribbean, and Black
ASO	AIDS Service Organizations
BIPOC	Black, Indigenous, & Persons of Colour
GBV	Gender-Based Violence
ODSP	Ontario Disability Support Program
OW	Ontario Works
PEP	Post-Exposure Prophylaxis
PHA	Person Living with HIV and AIDS
PrEP	Pre-Exposure Prophylaxis
PWUD	Person Who Uses Drugs*

*When referring to “drugs” this encompasses opioids, alcohol, cannabis, nicotine, and any other form of prescription or non-prescription drugs.

SDH	Social Determinants of Health
TWHAI	Toronto **Women** & HIV/AIDS Initiative
VAW	Violence Against **Women**
WHAI	**Women** & HIV/AIDS Initiative (ProvincialNetwork)
2SLGBTQIA+	2-Spirited, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and more

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Who We Work With?

What do we mean by "Women"

Our work focuses on engagement with cis and Trans women, 2-Spirited and Non-Binary Femme people who are living with HIV, are African, Caribbean, Black, Indigenous, or newcomers, who use drugs or substances, have experiences with violence and/or have been/are incarcerated.

Throughout this report, the term 'women' is written in colour to remind us of the importance of prioritizing and centring communities of women who face disproportionate structural risk factors related to HIV, as well as being a reminder that gender is not binary, and the importance of thoughtfulness towards inclusivity for Trans, 2-Spirited, and Non-Binary femme people in WHAI work.

Identities are capitalized throughout, except "cis." This is to remind us of the privilege and space afforded cis people and to support the amplification of identities outside gender-binary constructions.

Women and HIV/AIDS Initiative (WHAI)

The Women and HIV/AIDS Initiative (WHAI) is a coordinated, provincial initiative to address **women's** issues with HIV and AIDS in Ontario. As an Initiative, WHAI adopts a community development approach and works to build community capacity to address **women** and HIV in Ontario through a network of 17 WHAI Coordinators and 16 AIDS Service Organizations (ASOs).

WHAI's Goals:

- Reduce HIV risk for **women** disproportionately affected by HIV and AIDS;
- Enhance local community capacity to address HIV and AIDS;
- Build safe environments to support **women's** HIV- and AIDS-related needs.

WHAI's work across Ontario is rooted in the principles of **community developmen**t and **collective impact.**

1

Community Development

values the ability of community members to affect change in their lives, in ways that are most relevant to them. Instead of organizations identifying the issues of focus, the voices of community members are centred on determining priorities. Community development is an ongoing, iterative process that guides WHAI. Coordinators work as liaisons between community groups and organizations in order to collectively develop relevant strategies to further **women's** HIV related care.

2

Collective Impact Model

shared by the Tamarack Institute, this work is typically determined by a common agenda, shared measurements of progress, mutually reinforcing activities, continuous communication, and strong collaborative supports. Collective impact is furthered by values of deepening community leadership, inclusivity, community conversations, collaboration, adopting strengths-based approaches, developing relationships, and investing in long-term change.

WHAI's Priority of Populations

Social Determinants of Health[1.]

Social determinants of health (SDH) are the social and economic factors that influence people's health outcomes. They are the conditions in people's environment, where they live, their place in society, and the wider set of forces and systems shaping their daily lives. The determinants of health include income, employment, race, Immigration status, age, gender, sexual orientation, social support network, physical environment, Aboriginal status, disability, and housing.

Population Most Impacted[2.]

Social determinants of health significantly impact the lives of individuals and communities, putting some people at higher systemic risk for HIV than others. WHAI is working to address these inequalities in our work.

44.4% of Women diagnosed with HIV for the first time in 2020, were Black Women.

OHESI: A Snapshot of HIV Diagnoses and the HIV Care Cascade among Women in Ontario (2022)

13% of Women diagnosed with HIV for the first time in 2020, are Indigenous Women.

OHESI: A Snapshot of HIV Diagnoses and the HIV Care Cascade among Women in Ontario (2022)

25.4% Of new diagnoses amongst women in 2020, were attributed to injection drug use.

OHESI: HIV diagnoses in Ontario (2020)

1. PHAC, "What are the Social Determinants of Health," (2023).
2. WHAI, "Collective Action Community Change A Report Amplifying Community Voices," (2023), 11.

Introduction

Toronto WHAI

One of WHAI's 16 network sites is in Toronto, hosted by the AIDS Committee of Toronto (ACT).

ACT works to reduce new HIV infections in Toronto and promotes the independence, dignity, health and well-being of people living with HIV and AIDS and those who are systemically at risk of acquiring HIV. ACT was founded 40 years ago by a group of community volunteers, in an effort to end AIDS. Today, ACT is working towards a city with zero new HIV infections and zero HIV-related stigmas and discrimination through HIV and sexual health education, prevention and outreach.

ACT continues to provide services that empower people living with and at risk for HIV, to improve their health and well-being. One of the many services ACT proves is its support program for **women** living with HIV, which supports over 200 cis, Trans, and Racialized **women**.

ACT has a Community Development Program called the Toronto **Women** and HIV/AIDS Initiative (TWHAI). TWHAI is organized by two WHAI Coordinators that provide HIV education, information and training to agencies in Toronto that work with **women**. In that way, these **women**-based organizations can better integrate HIV education and support into their work.

This report presents the findings from the community consultation on **women** and HIV in Toronto held between March 2021 and September 2022. It is our hope that from reading this report, the capacity of community organizations can be built to enhance the well-being of **women** living with or at risk for HIV. This report gives a voice to **women** with lived experience, and it highlights the intersecting issues that increase their risk for HIV and their capacity to care for themselves. The report will provide a framework for the community development work of WHAI in Toronto in the coming years.

Summary

In 2021, WHAI began the process of province-wide consultations with cis and Trans **women**, 2-Spirited and Non-Binary Femme people to focus its work to reduce HIV transmission; enhancing community capacity to address HIV; and creating environments that support **women** in their HIV-related experiences. In keeping with the principles of collective action for community change, the consultation process was thoughtfully designed to be participatory, inclusive and creative, amplifying the wisdom and leadership of **women** who face intersecting and structural barriers to sexual health. The focus of this process was specifically, on **women** living with HIV, who identify as African, Caribbean, and Black (ACB), as Indigenous, as newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who engage in sex work.

1st Phase:

Community Gatherings:

WHAI Coordinators implement **knowledge-gathering tools** to consult with **women** in their local communities

- **One-on-one discussion guide**
- **Brief interaction tool**
- **Storytelling tool (Dove & Ant Fable)**
- **Focus Group discussion guide**

For a detailed description of the consultation tools and process, go to Provincial WHAI report on page 12.

2nd Phase:

Community Networks and Organization Gatherings:

Stories gathered from the first phase of the consultations were reviewed by the WHAI Coordinators to inform their local community organizations that work with **women**.

WHAI Coordinators shared with their networks what was learned from **women's** stories and experiences from community partners. An additional discussion guide was developed to support Coordinators to facilitate these consultations.

The collective knowledge gathered from women and community partners was collaboratively synthesized, reviewed and analyzed along with relevant research and epidemiological reports. Reviews were conducted by the provincial WHAI team, and their community knowledge holders to ensure a plurality of perspectives.

Consultations with Community Members

Toronto's Community Consultation

From October to December 2021, we conducted community consultations with **women** with lived experience in Toronto to explore perceptions, barriers, and facilitators of wellness. We've also explored calls to action for community change as well as questions around HIV testing, treatment, and feedback on WHAI's current areas of focus.

Community Member Involvement

Based on each of the **woman's** requests, we used different sets of tools that align with the demography of the individual or group. We conducted 19 consultations remotely (due to COVID-19 restrictions). In line with WHAI's commitment to the involvement of **women** with lived experience, in the process, we reached out to community members to offer the opportunity to co-facilitate the focus groups, and one agreed to the commitment. The co-facilitator enjoyed her experience during the consultation it inspired her to enroll in a college program to do more work with the community.

Considerations

As TWHAI Coordinators, we intentionally reached out to women from all of WHAI's priority population groups. During the process, it was difficult to reach out to Trans **women** and Non-Binary folks. As a result, we only had three participants in the Trans **women** and Non-Binary group in our consultations. We would have liked to engage more gender Queer-identifying group members in these consultations. It is our hope that, as we continue to work in the community, we can increase our engagement with this priority population.

The Consultation Process

Recruitment Process

To recruit participants, TWHAI partnered with the following organizations: the Black Coalition for AIDS Prevention (Black-CAP), African Prevention Against AIDS (APAA), People with AIDS Foundation (PWA), Breakaway Community Services, Elizabeth Fry Toronto, The Second Chance Foundation, and ACT **Women's** Programming, and promoted the consultations through community networks and on social media. We were intentional in recruiting Francophone **women**. Our partnership with APAA facilitated that process by recruiting their community members/service users, and their support with language interpretation during the consultation.

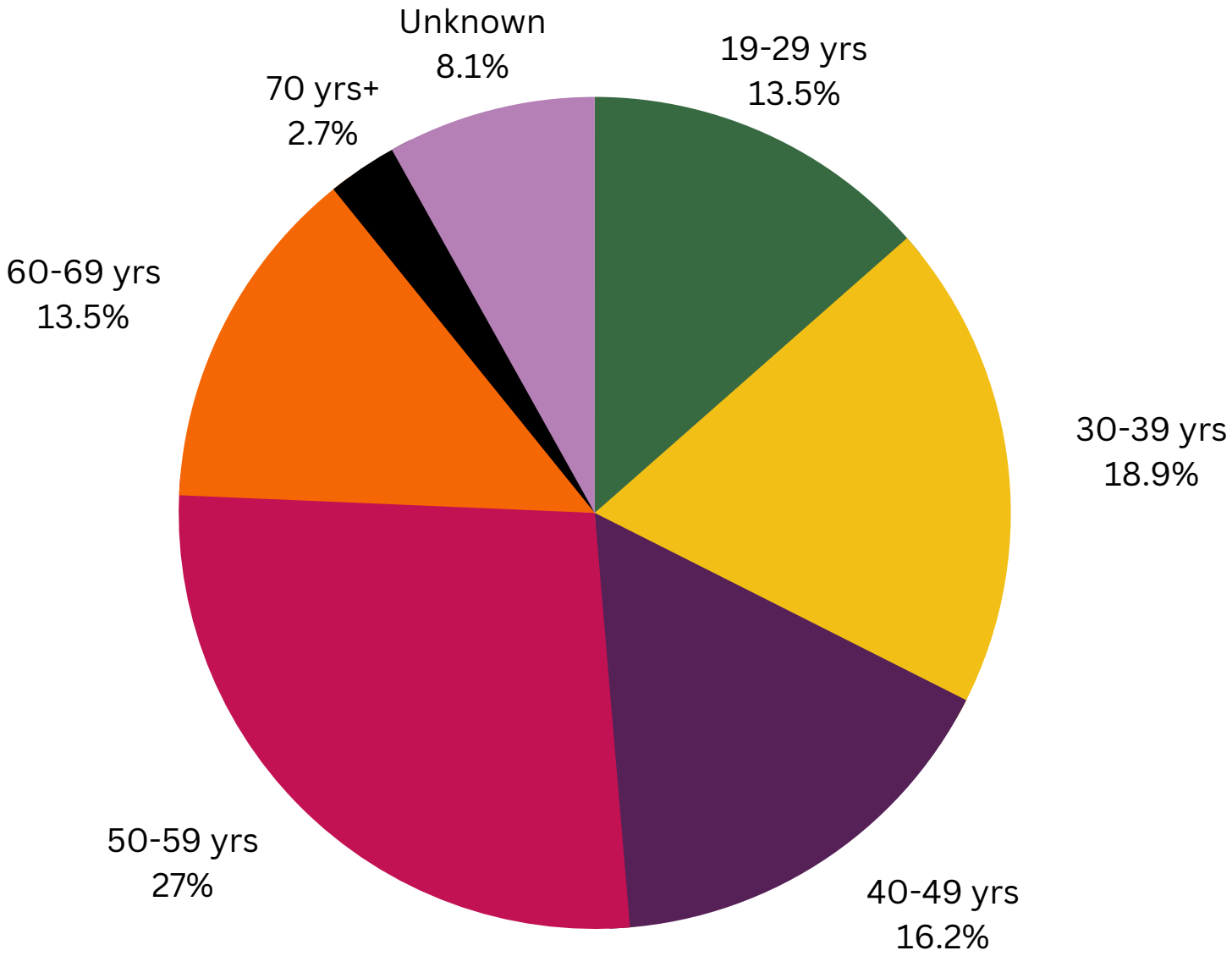
Consultation Tools

A one-on-one interview guide was used on individuals, and the Talking Circle and the Dove and Ant analogy tools were used for groups. The Interview Guide ensured consistency between interviews. The Dove and Ant Fable tool was designed to facilitate the creative engagement of **women** in a conversation about wellness, and it helped to increase our understanding of **women's** priorities and experiences and supported relationship-building with the **women**. These tools helped to create an environment in which the **women** could feel safe to share their challenging experiences in a relaxed environment, non-threatening, and with more accessible language.

Demographics of Women from the Consultations

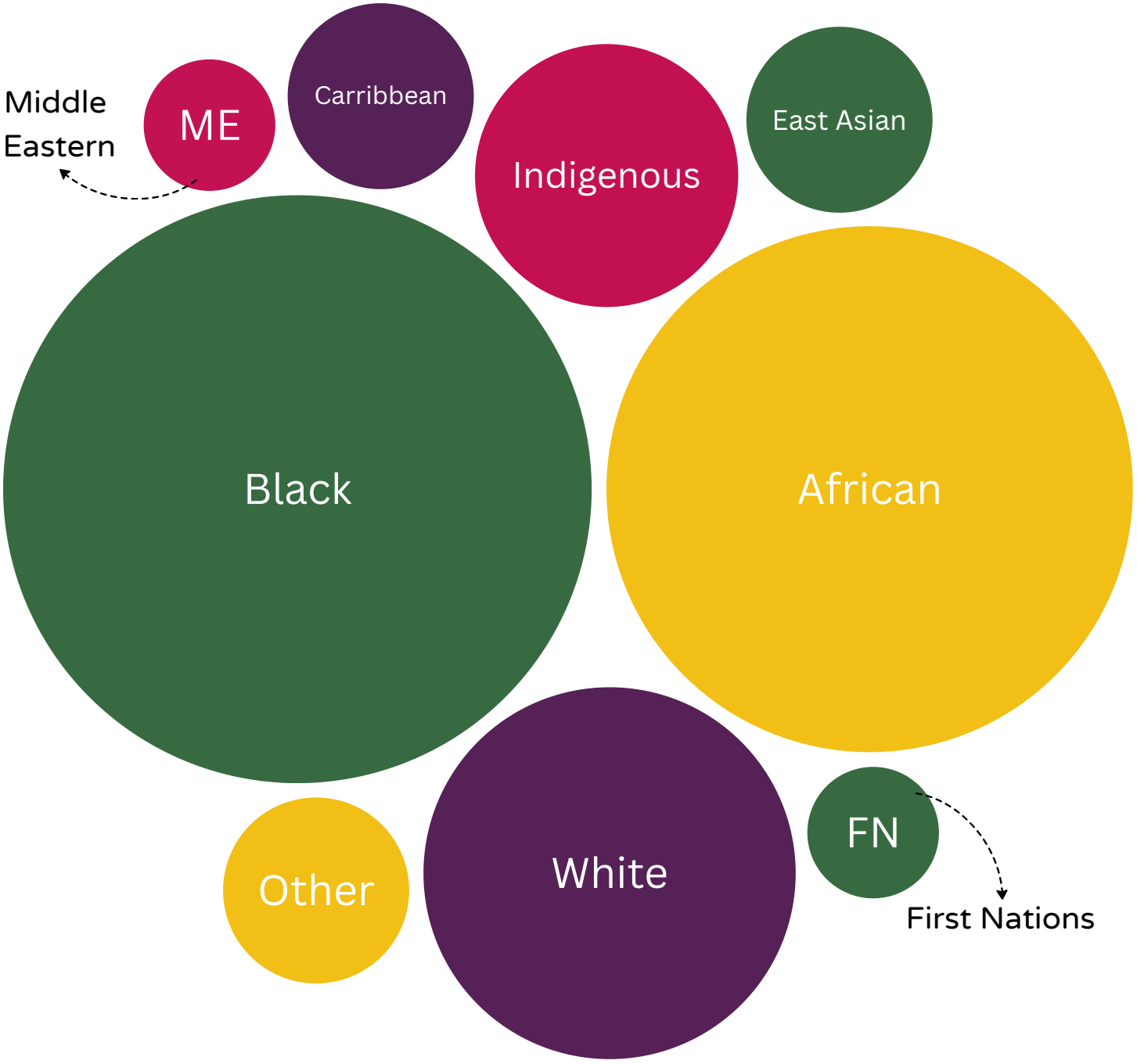
These are the demographics of women who participated in the community consultations

Age Groups



Demographics of Women from the Consultations

Race and Ethnicities



Recognizing that these identities can intersect and impact each other is essential. This implies that the sizes in each circle are not mutually exclusive.

Demographics of Women from the Consultations

Identities:

cis Women: 91.8%

Newcomers: 45.9%

PWUD: 29.7%

Incarcerated: 16.2%

Trans & Non Binary: 8.1%

Sex Workers: 5.40%

Recognizing that these identities can intersect and impact each other is essential. This implies that the percentages in each category are not mutually exclusive.

The Voices of Women

"The community I have found in Canada has kept me going because when you have given up on life and you think you have reached the end. If you have a community that lifts you up and makes you feel like you are on top of the world..." -ACB/newcomer

"Social emotional needs and discrimination affect my wellness. And healthcare and support services. As an indigenous person, there is discrimination, also because I'm an addict and positive." -Indigenous/PWUD/PHA

"I want to work towards bridging knowledge gaps. Not knowing where to go- not specifically HIV, but women, ACB Women, newcomer women- they don't know where to go for services- domestic violence, education, career guidance. Most immigrants come here people not knowing how to navigate the new Canadian." -ACB/ PHA

Consultations with Community Partners:

Sectors Engagement

From May-August 2022, consultations were held with community partners across sectors that support our priority populations of **women**. The service providers, from the following sectors, were consulted: Harm Reduction, Violence against **Women** Sector, Settlement agencies, Community Health Centers, and Employment sector. We consulted with service providers from these specific sectors because our priority populations of **women** access services from these organizations.

Consultation Tool

There were three forms of consultations: one-on-one interviews, group consultations, and online surveys. At the consultation with service providers, we presented findings and themes from our consultations with **women** in the community and we sought their feedback. The consultation focused on: an overview of the provincial themes from the consultation with **women**; HIV Education Care and Support; Perspectives on Anti-Black Racism work; Building Community Capacity to respond to the HIV-related needs of **women** and futures areas of collaboration with the organizations to improve on **women's** wellbeing.

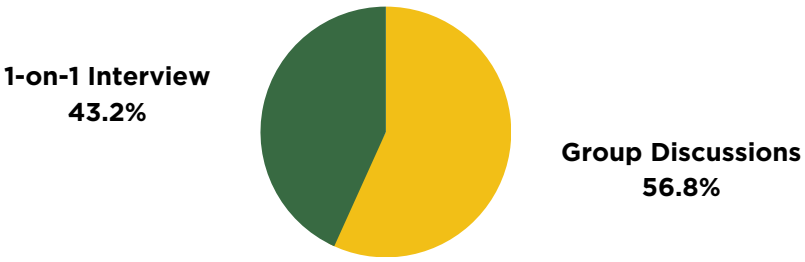
Post Consultation

We undertook a process to gather the stories and experiences shared by the **women** in community. We then summarized the recurring themes from the consultations and used the Miro board to collect data and summarize the themes. The development of themes was done at both the local and provincial levels. The process was thorough and highlighted the voices of the women on wellness.

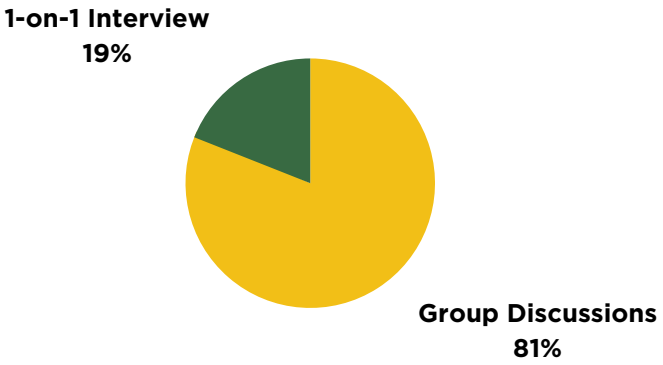
PARTICIPANTS IN THE CONSULTATIONS

Representation of Participants Attending to the Consultations

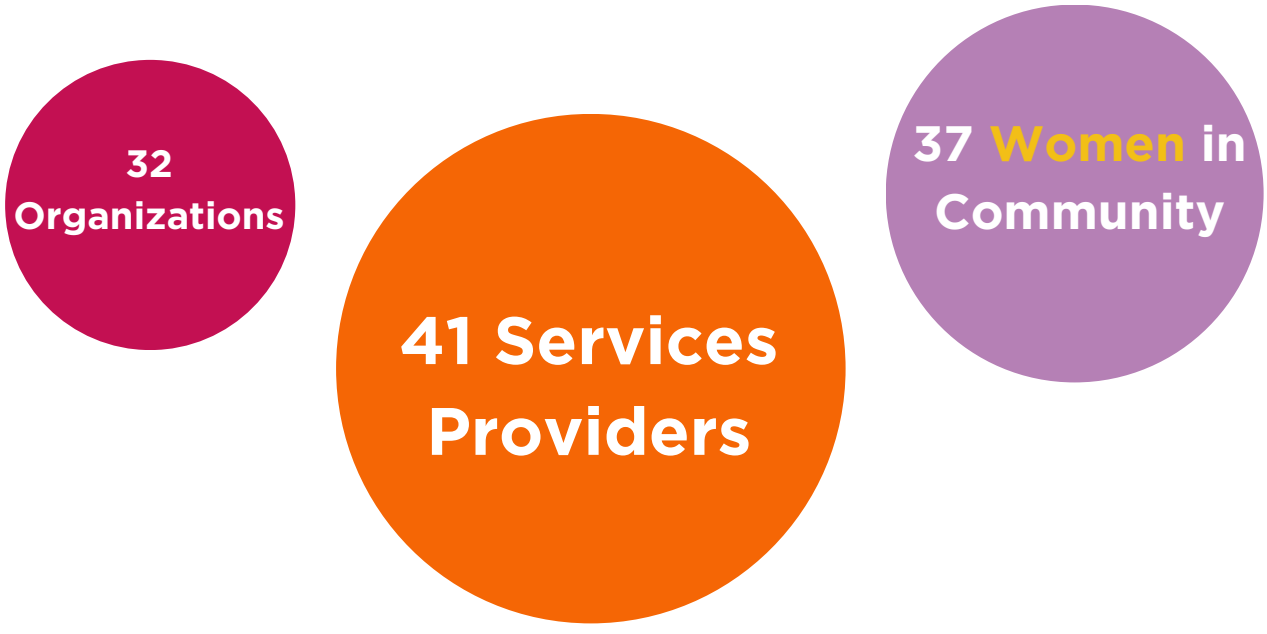
Community Members



Service Providers



Representation of all of the Participants



Priority Areas of Collaboration

Our work is centred within the **Priority Areas for Collaboration**. WHAI's goals are to: support **women** living with HIV, build capacities for prevention efforts, and cultivate affirming environments for **women** to better their HIV related care and wellness outcomes. The six (6) Priority Areas for Collaboration includes:

Priority Areas of Collaboration

Wholistic Care

"My wellness is best when I can afford it; when I'm not so stressed about money or having to prioritize economic needs over other aspects of wellness- mental, emotional. The ability to pay for resources would make me well. To be able to afford your basic needs, and beyond."

-ACB, Newcomer

Women reported that wellness is holistic and encompasses physical and psychological well-being. They said wellness is being connected to family and friends, the capacity to meet practical needs such as paying bills, having access to adequate food, and a secure living situation (housing). Everyone during the consultation emphasized the importance of emotional well-being. **Women** said they are well when their physical, emotional, spiritual and practical needs are met. Several participants reported regularly receiving counselling to advance their wellness. PHA **women** emphasized the importance of physical health to their wellness, they all reported that they have access to health care and most of them reported having an undetectable viral load.

"Wellness requires that one's physical, emotional, spiritual and practical needs are met; when one is able to practice self-care and be supported in this; when one can access relevant social services and is supported in navigating social systems that are comprehensive, person-centred and culturally sensitive."

-Newcomer

Priority Areas of Collaboration

Community Connection

Participants reported that community and emotional connectedness are major facilitators of wellness. Staying connected to family and friends and having a sense of community facilitates their wellness. Some **women** reported that contributing to and supporting their community using their skills and lived experience gave them a sense of purpose. Attending community programs and services also helps them to be well. Several organizations were mentioned as wellness facilitators: ASOs such as ACT, Teresa Group, APAA, and other community organizations such as Rape Crisis Centre, Second Chance Foundation, Native **Women's** Resource Centre, Street Haven at The Crossroads, and Parkdale Community Health Centre. These organizations still provided mental health and practical support despite the barriers that many social services faced during closure due to COVID-19.

"The closest experience to wellness is when I was looking for LGBTQ community groups. I found a youth LGBTQ group and I remember going there and feeling like I could be myself."

–Non-binary person; PWUD

ACB **women** emphasized wellness as community connectedness with family and friends more than any other group. **Women** separated from their families due to immigration issues, express a longing to be reunited with their families. Due to the complication of their immigration process, participants reported having serious mental health challenges. Participants reported that being separated from their children and faced with the uncertainties around the process of their immigration paperwork made them very anxious.

"My kids are back home. I am here by myself. I tried to make friends when COVID hit and no one wanted to meet. And me being without my children worries me a lot.... The distance between my kids and I makes me not be well."

-ACB PHA

Priority Areas of Collaboration

Women-Centered Harm Reduction

Women with lived experience of drug use emphasized the need for programs and services designed to make services more inclusive and accessible. They said services should provide care that is person-centred, compassionate, culturally sensitive and holistic. They also said Harm Reduction services should be led by peers and include representatives of the community members who have lived experience with substance use.

> *"There needs to be more involvement of peers in the provision of services. Book smart is not all that is required. Women need people who have had similar experiences and who understand what they are going through. Without peer workers the work cannot be effective you cannot reach the women. Always work with peers to be effective."*
> **-PWUD**

Some claimed that racism is evident in the way harm reduction services are provided. A major focus of harm reduction is overdose prevention, which is important. However, ACB **women** in our consultations spoke about feeling neglected with regards to harm reduction practices because their drug of choice (alcohol) is different from the majority of PWUD. (more details on pages 24 & 25).

Priority Areas of Collaboration

HIV Education, Care and Support

HIV Education, Care and Support including awareness of PrEP, PEP, HIV Self-testing and the concept of undetectable equals untransmittable (U=U), in which the PHA's viral load is suppressed and cannot pass their HIV to anyone. Our findings indicated **women** living with HIV were more likely to be aware of PrEP, PEP, and U=U, whereas **women** at risk for HIV, including PWUD and incarcerated **women**, were less likely to be aware.

> *"Never heard of it..."*
>
> - **Woman** who was incarcerated referring to PEP and PrEP

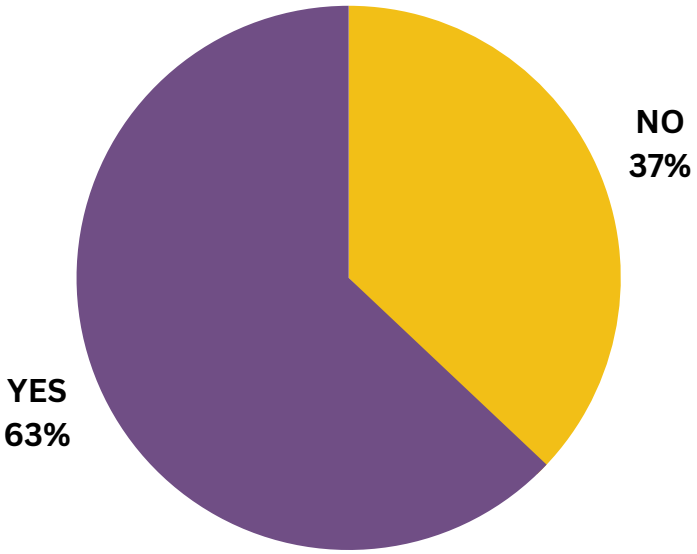
In 2020, the Public Health Agency of Canada (PHAC) approved the use of the Insti HIV self-testing device for use in Canada. In addition to this approval, there are a few funded research projects (including REACH Nexus and Get A Kit) to assess the uptake of HIV self-testing within the community. Despite the tests being approved over a year prior to the TWHAI consultations, some participants have low awareness of HIV self-testing kits available in Canada. Through this process, the importance of raising awareness about HIV self-testing among our priority populations has become apparent. Considering HIV testing is a barrier for most of our **women**, anonymous HIV testing was preferred among all groups.

Participants said that programs and services should be promoted by folks with lived experience. They stressed the need to return to in-person programming and identity-based support and care.

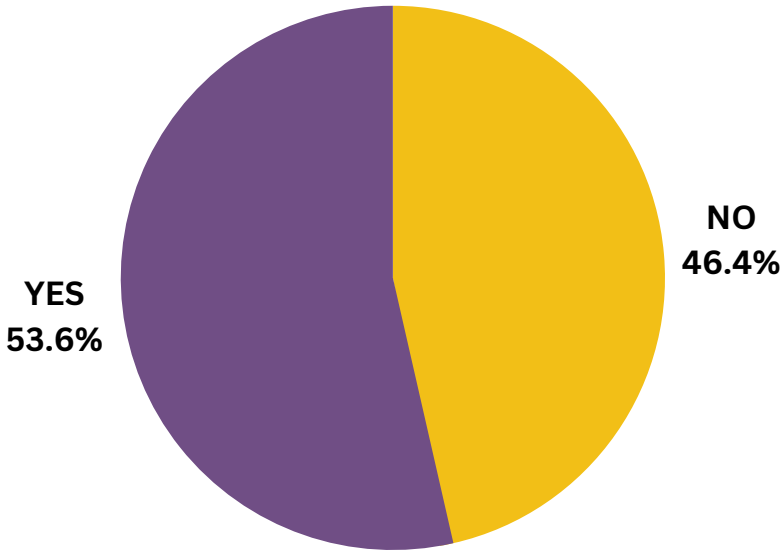
Women's Knowledge of Different Options for HIV Preventions

This represent the women who participated in the community consultations

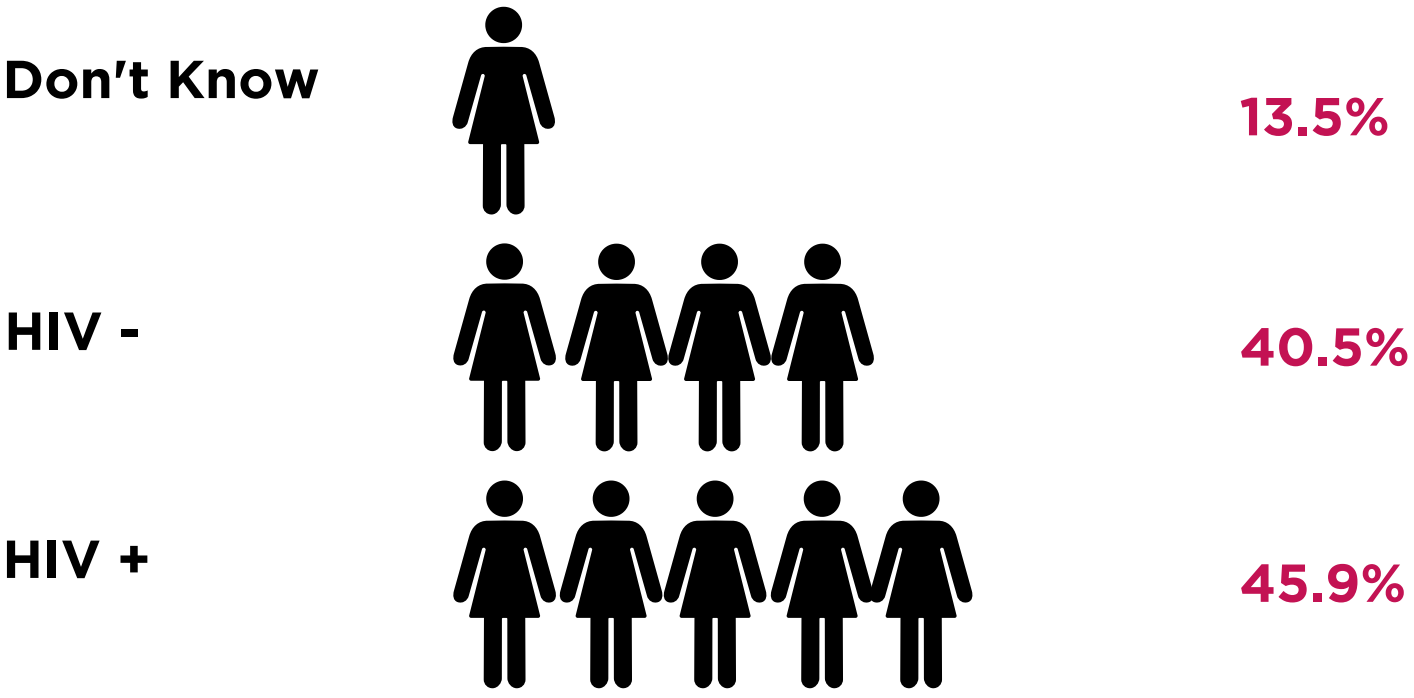
Awareness of PrEP



Awareness of HIV Self-Tests



HIV Status



Priority Areas of Collaboration

HIV Education, Care and Support

Despite awareness of U=U among **women** living with HIV, there was still hesitation and anxiety around criminalization. **Women** said it is important to increase awareness of U=U among the public. Most participants felt that these HIV education and campaigns should be promoted by folks with lived experience. Several **women** over the age of 50 reported not having sex, this was more prevalent among **women** living with HIV. Some of them said it was out of fear of criminalization.

"I am glad about this; I like that we have U =U but it does not change the bias against people living with HIV. There is still HIV stigma and discrimination despite this."
-ACB

With regards to PEP and PrEP, there was less awareness among the group of **women** that are at systemic risk of acquiring HIV. This emphasized the need for more education among priority populations of **women** not living with HIV. There was also the concern among **women** that PEP and PrEP are marketed towards white gay men and not them.

"I feel like [PEP and PrEP] has been marketed towards the white, gay, male community. Never felt it was marketed to me"
-ACB

Priority Areas of Collaboration

Economic Empowerment

All **women** across the sectors expressed that they were stressed by the current condition of the economy and the cost of living, hence economic empowerment was important to them. Participants reported their experiences: under-employment, precarious working conditions, and being overworked. ACB **women**, newcomers and PHAs have faced challenges with accessing employment that matches their skills and aspirations, due to the competitive nature of the hiring process.

"Economic security, without money life is very stressful. I am on ODSP it is very difficult meeting up with my expenses [ODSP] money should be raised."

-ACB/PHA

They emphasized the intercontinental nature of their lives, and with challenges faced by immigration and family separations, they must financially support their family members from their home countries. According to participants, economic empowerment also includes access to financial support and advocacy around increasing the Ontario Disability Support Program (ODSP) monthly income and the Seniors Pension.

"Money is a major stressor, Canada is hard, lots of expenses I do not think I belong here. It's hard to pay bills. Getting stable employment is not easy. At almost 60 I am still working and it's not enough."

-PHA

Priority Areas of Collaboration

Safety

Experience with violence was reported by **women** across sectors. Violence is experienced on a personal level and on a systemic level due to institutional violence. **Women** felt unsafe because of the impacts of violence, it results in stigma and discrimination against race, gender, age, socio-economic status, sexuality, HIV status, ability, nationality, and substance use. Almost all participants shared they have experienced some degree of stigma and discrimination, especially ACB **women**, PHA, PWUD, and incarcerated **women**. They reported needing freedom from the impacts of economic insecurity through access to financial support, employment, economic empowerment, safe and affordable housing, food security, and access to social systems navigation support.

Participants shared experiences with discrimination in the following areas:

- Access to Healthcare and Social Services
- Access to Housing
- Access to Employment
- Within Neighbourhood Communities

"Stigma and discrimination are everywhere it negatively impacts on my wellbeing."

-Indigenous PHA

Women reported that social acceptance is crucial to a sense of safety, the experience of stigma creates isolation and a lack of a sense of belonging. **Women** said Immigration issues and family separation impacted their sense of safety. Some participants reported they had not seen their children and significant others for many years due to the slow immigration process of seeking asylum. This affected their wellness negatively.

"Women's lack of access to resources keeps them exposed to harm; it comes down to money...Economic strain puts people in higher risk for criminalization and HIV. Lack of economic resources results in people's exposure to violence and vulnerability."

-ACB/PHA

Feedback from Consultations with Service Providers

Service providers reported the provincial themes resonated with them and recognized the intersectional nature of the themes. Service providers from the harm reduction sector emphasized the need for **women**-centered harm reduction services. They stressed the lack of diversity in service provision and exclusion of the needs of minorities such as trans and non-binary folks and racialize groups.

Some claimed that racism is evident in the way harm reduction services are provided. A major focus of harm reduction is overdose prevention, which is important. However, ACB **women** in our consultations spoke about feeling neglected with regards to harm reduction practices because their drug of choice (alcohol) is different from the majority of PWUD.

"Even though alcohol is socially acceptable in the community, some women struggle with alcohol use, sometimes they miss work, it makes prevention and care difficult."

-Service Provider from APAA

A stakeholder who supports ACB **women** said what is missing is the institutional violence against ACB families through the disproportionate incarceration of Black men, negatively affects the wellbeing of **women**. According to her, this is systemic racism.

Voices from the Service Providers

"I see a lack of harm reduction resources and info for BIPOC communities as an example of racism and an area for more resources. In my previous job, I worked for a national ASO, and all resources published by the ASO were written in a white voice/gaze. As a racialized woman I brought forward my concerns about the lack of harm reduction materials for my community to the management team and was often dismissed. Now I work for a diverse Anti-GBV agency with many BIPOC staff and clients, however, the resources being published still do the same".

-A Service Provider from the VAW sector

"In an ideal world, ODSP and OW would be increased. The cost of living is very high, and women need a lot more money to survive". I also think there should be economic empowerment programs for women who are interested in entrepreneurship..."

-Service Provider from the VAW Sector

"There needs to be more education on sex positivity and 2SLGBTQIA+ issues. Trans 101 is needed to increase sex positivity for ACB cis women living with HIV."She also added "I have noticed that Indigenous women do not feel comfortable when they attend programs. It seems like they feel isolated and our effort to make them feel safe and welcome has not been effective."

-Service Provider from PASAN

Next Steps and Action

Provincial Level (WHAI)

Implementation of this work will be rooted in the principles of the Collective Impact Model and guided by the Community Development Framework. Provincially, the WHAI network will select Priority Areas for Collaboration to focus on annually, thereby strengthening our work, both provincially and regionally.

Each year, HIV Education, Prevention, Care and Support will be our main area of work. In addition, 2 or 3 of the other Priority Areas for Collaboration will be selected collectively as a provincial network to foster collaboration across regional sites, and within local communities, through mutually reinforcing activities. More broadly, a common agenda and shared local strategies with measurable activities and goals for the work will be collectively set based on the Priority Areas for Collaboration. Regular Network meetings will serve as a core space for communication and coordinated efforts to achieve set goals alongside communities across Ontario.

WHAI will focus efforts on continuing to facilitate spaces where communities work together to determine strategies that address identified needs including capacity building and knowledge building, and draw on tools and resources that foster community leadership and amplify voices.

Next Steps and Action

Local Level (TWHAI)

These Consultations highlighted the needs of **women** and potential areas of collaboration with community partners. As TWHAI coordinators, we realize we do not have the capacity to do everything suggested by the participants of the Community Consultation. The plan is for greater collaboration with community partners to improve the well-being of **women**. Some potential areas of collaboration from the Toronto context are:

Increase awareness about new prevention technology and care, this will include raising awareness about PEP and PrEP and increasing uptake in HIV self-testing.

Women-Centred Harm Reduction in the Context of ACB **Women**.

Support programs and activities to reduce the impacts of gender-based violence and institutional violence related to HIV stigma, Discrimination and anti-Black racism.

Initiate and support programs and services that increase community connection and wellness and create opportunities for **women** to gather and support each other.

Collaborate with community partners to increase holistic care for women that recognizes the physical and practical needs of **women** with lived experience. This includes sharing resources to improve access to services such as counselling, housing and food banks.

These community consultations have provided an opportunity to strengthen partnerships with community organizations and build relationships with **women** with lived experience. As WHAI coordinators we do not provide direct services, the implementation of our priority areas of focus will be done in collaboration with our partners and the **women**. We would re-establish the WHAI Advisory Committee of which membership is from **women** in the community they would be actively involved in a way that honours their time and experience.


Thank
You!

Notes

act WHAI Women & HIV/AIDS Initiative