

2025-2030



THRIVE

HIV PREVENTION + SUPPORT

Strategic Plan



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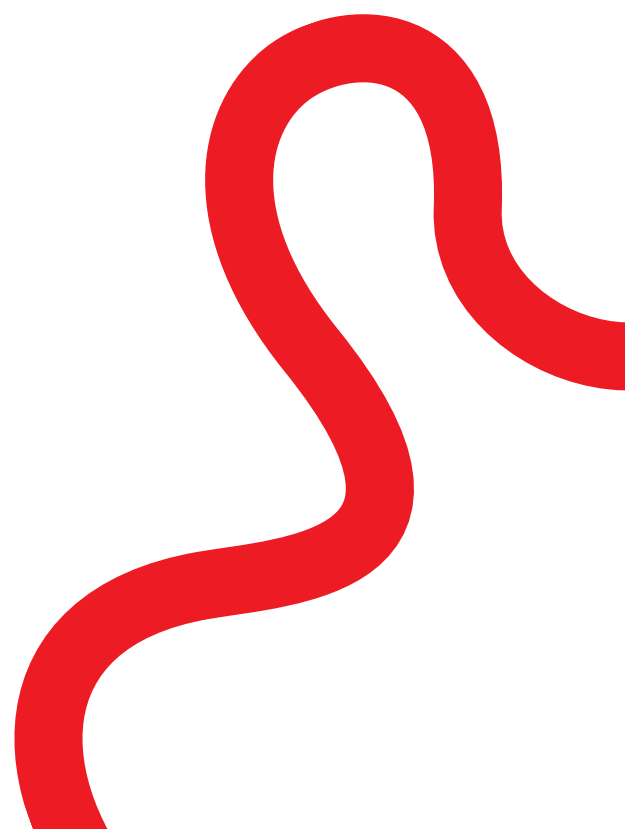
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Introduction

More than forty years have passed since the first **HIV** diagnosis in Canada (CANFAR, 2020). Tremendous progress has been made in **HIV** management, largely due to the development of antiretroviral treatments (ART) that help individuals maintain an undetectable viral load (Cohen et al., 2016). These advancements, coupled with the use of pre-exposure prophylaxis (PrEP) for **HIV** prevention (Tan et al., 2017), have enabled people diagnosed early and treated promptly to achieve life expectancies comparable to the **HIV**-negative population (Patterson et al., 2015; Trickey et al., 2022).

Challenges in the Current Context

Despite medical progress, Ontario's broader healthcare system faces significant strain and inequity:

- **Erosion of healthcare systems** has limited the ability to maintain and expand public and community health services (Casaletto & Mulligan, 2023; Jones, 2023).
- **COVID-19 impacts** have reduced access to **HIV** and STI testing, leading to drops in diagnoses across Ontario.
- **Economic inequality and the opioid crisis** continue to deepen health disparities (Yassin, 2024; Public Health Ontario, n.d.).

Between 2013 and 2022, Ontario averaged **807 new HIV diagnoses per year**, meaning **2–3 individuals learn of their status daily**. Access to prevention tools such as PrEP remains limited for many marginalized communities (OHESI, 2022).



Local Context: **HIV** in Waterloo Region + Guelph-Wellington

Between 2018 and 2022, Waterloo Region recorded an average of **14 new HIV cases annually**, with at least one AIDS-defining illness reported in three of the last five years (Public Health Ontario, n.d.-b).

In more recent years, this trend has shifted significantly. **In 2023, there were 43 cases of HIV**, including **one case involving an AIDS-defining illness**. **In 2024, 34 cases of HIV were reported** in Waterloo Region, with **two cases involving an AIDS-defining illness**. This represents a **notable increase** over the previous five-year average and underscores the need for sustained local prevention and engagement efforts.

In **Guelph-Wellington County**, the Wellington-Dufferin-Guelph Public Health Unit reported **21 cases of HIV in 2024**, though information on AIDS-defining illnesses was not available. This marks a **substantial rise** from **two cases in 2022** and **ten cases in 2023**.

Despite the relatively low historical prevalence of **HIV** in the region, the persistence and **recent increase of new diagnoses** highlights:

- **Barriers to care** and quality of life for those most affected;
- **The ongoing impact of HIV-related stigma** and stereotypes;
- **The need for inclusion and empowerment of people living with HIV (PHAs/peers)** as essential to ending stigma and preventing new infections (Lazarus et al., 2021).



Equity, Inclusion, + Structural Barriers

HIV remains a **concentrated epidemic** disproportionately affecting:

- People who inject drugs
- Gay, bisexual, and other men who have sex with men
- African, Caribbean, and Black (ACB) communities
- Indigenous communities

Structural Barriers

Systemic barriers and stigma persist across health and social systems, including:

- **HIV** and substance-use-related stigma (Chambers et al., 2015)
- Anti-Indigenous and anti-Black racism (Wilson et al., 2016)
- Homophobia, sexism, and transphobia
- Poverty and economic inequality

These barriers reduce engagement in healthcare and continuity of care, resulting in poorer outcomes across the **HIV treatment cascade**.





A Call to Action: Broadening Access + Engagement

To reach **HIV** elimination goals, we must:

- Increase **primary healthcare and HIV/STI testing** access for at-risk communities.
- Ensure **culturally competent, specialized HIV clinical care**.
- Strengthen **peer-to-peer engagement** to combat stigma.
- Integrate **community HIV services** with healthcare to improve continuity of care.

Strategic Alignment + Evolution

THRIVE's renewed 2030 plan builds upon ACCKWA's 2022–2027 framework and aligns with:

- **Ontario's HIV Strategy to 2026** and the **UNAIDS 95–95–95 targets**
 - 95% of people with **HIV** diagnosed
 - 95% of those diagnosed on treatment
 - 95% of those on treatment virally suppressed

This plan extends these goals, focusing not only on health equity but on **health justice** — redistributing power and resources to marginalized communities (Alang & Blackstock, 2023).

THRIVE's Vision, Mission, + Core Values

Vision

At THRIVE we work toward a future where new **HIV**, hepatitis C, sexually-transmitted and blood-borne infections, and negative health impacts of substance use are rare in Waterloo Region and Guelph-Wellington County. People living with **HIV**, connected stigmas, and risk related to drug poisoning and unjust drug policy will feel that maintaining health, well-being and full community participation are achievable, realistic goals.

Mission

Through responsive programming and multi-sectoral collaboration, THRIVE will:

- Work towards the reduction of **HIV**, hepatitis C, other sexually transmitted and blood-borne infections (STBBIs), and the impact of the drug poisoning epidemic in Waterloo Region and Guelph-Wellington County.
- Address the social determinants of health that create stigma, discrimination and vulnerability for our service users.
- Provide excellent PrEP, primary care, **HIV** / STI / infectious disease testing, and **HIV** clinical care support to individuals, families and most-affected communities.

Core Values

- **GIPA/MEPA:** Meaningful engagement of people living with **HIV** is central to achieving zero new infections, zero AIDS-related deaths, and zero stigma.
- **Critical Practice & Social Justice:** Work grounded in anti-oppressive, decolonizing, and intersectional practice.
- **Harm Reduction:** Embedded across governance, policy, and practice.
- **Evidence-Based Practice:** Use of the best local, national, and international research to guide education, prevention, and care.

Footnote: THRIVE's work integrates critical social work practices, decolonizing and intersectional perspectives, and anti-racist, anti-homophobic principles to achieve social justice alongside people living with **HIV**, HCV, and STIs.



Strategic Priorities 2025-2030

Priority 1: Strengthen Regional Leadership + Knowledge

Goal: Excel in awareness-building, research, and capacity-building activities to prevent new **HIV**, hepatitis C, and STBBI cases.

Priority 2: Expand Peer-Led Harm Reduction

Goal: Deliver comprehensive, peer-led harm reduction supports through fixed sites, encampment outreach, and community partnerships.

Priority 3: Grow Partnerships + Retention in Care

Goal: Strengthen programming and collaborations to improve retention in the **HIV** care cascade for priority populations.

Priority 4: Enhance Financial Sustainability

Goal: Build a stronger financial foundation by connecting donors, developing fundraising strategies, and identifying new supporters.



Strategic Goals + Objectives

Goal 1: Expand Capacity + Resources

By March 2027, THRIVE will have greater resources, capacity, and reach through partnerships and comprehensive fund development.

- **Objective 1.1:** Increase net revenue by **\$500,000**.
- **Objective 1.2:** Establish **permanent, accessible, sustainable service sites** across the region.
- **Objective 1.3:** Maintain an engaged **Board of Directors** with PHAs and allied leaders.

Goal 2: Strengthen Partnerships with Priority Populations

By March 2027, THRIVE will formalize partnerships supporting key populations, including:

- PHAs, GBMSM, people who use drugs, ACB and Indigenous communities, sex workers, vulnerable women, and LGBTQ2S+ youth.
- **Objective 2.1:** Implement organizational-level partnership agreements.
- **Objective 2.2:** Implement program-level partnership agreements.

Goal 3: Improve Health Through HIV + Housing Partnerships

By March 2027, THRIVE will enhance PHA health through affordable housing initiatives.

- **Objective 3.1:** Secure access to **120 permanent affordable housing units** for PHAs in Waterloo Region.
- **Objective 3.2:** Secure access to **15 assisted-living housing units** for PHAs.
- **Objective 3.3:** Secure access to **15 long-term care beds** for PHAs.
- **Objective 3.4:** Complete a **needs assessment** for HIV and housing in Guelph-Wellington County.
- **Objective 3.5:** Develop a **data infrastructure** to monitor HIV and housing trends.



Implementation + Evaluation

This plan's implementation will align with:

- **Operational plans** set by executive leadership;
- **Evidence-based program evaluations** by staff, peers, and volunteers;
- **Annual reports** demonstrating outcomes and accountability.

Progress will be tracked through measurable indicators tied to each strategic goal.

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