2025 MANITOBA HIV PROGRAM UPDATE

MANITOBA
HIV PROGRAM

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Publication date: December 1, 2025

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KEY FINDINGS

In 2024, 291 people were newly diagnosed with HIV in Manitoba and 377 were referred to the Manitoba HIV Program.[1] [2]

In 2024, the incidence of HIV in MB (19.6 HIV diagnoses/100,000 people) was over three times higher than the incidence of HIV in Canada in 2023 (6.1 HIV diagnoses/100,000 people).[1] [3]

In Manitoba, there were new confirmed cases of infants acquiring HIV via vertical transmission - one confirmed case in 2024 and one confirmed case in 2025.[4]

Among all people referred to the Manitoba HIV Program in 2024, 50.9% were documented as female on the referral form (N = 192) and 49.1% were documented as male (N = 185). The Manitoba HIV Program referral rate for females in 2024 (28.2 referrals/100,000 people) was over seven times higher than the diagnosis rate in 2023 for females in Canada (3.9 HIV diagnoses/100,000 people).[2] [3]

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The median age of people who were referred to the Manitoba HIV Program was 34 years. Most females were less than 40 years of age, with a median age of 32. Most males were less than 45 years of age, with a median age of 35.[2]

The estimated lifetime cost of a new HIV diagnosis in Canada is now $1.44 million, up 11% from previous estimates.[5]

KEY FINDINGS

As of July 1, 2025, only 68% of all people ever referred to the Manitoba HIV Program had a suppressed viral load. [2]

As of July 1, 2025, fewer people living with HIV outside Winnipeg were on HIV treatment with a suppressed viral, compared to people living with HIV in Winnipeg. [2]

The Program to Access Treatment for HIV and Support (PATHS) improved HIV treatment uptake and viral load suppression rates and reduced emergency department visits by 45.1%.[2]

PATHS services are guided by the Indigenous Healthcare Quality Framework. [6] In partnership with Indigenous leaders, the Manitoba HIV Program is committed to continuously improving the quality of care for people living with HIV across the province.

The Manitoba HIV Program is working to increase access to HIV care through a growing network of care sites and collaborations with primary care providers.

Investments are needed in monitoring and evaluation systems and community-led initiatives to close care gaps and ensure equitable access to HIV care.

ABOUT THE MANITOBA HIV PROGRAM

The Manitoba (MB) HIV Program is a provincially coordinated initiative that provides and supports evidence-informed HIV care and treatment to people living with HIV (PLHIV) across the province. The Program's goal is to promote equitable, high quality HIV care regardless of where PLHIV receive services. Care is delivered through a network that includes specialist HIV clinics, community-based HIV primary care sites, and primary care partner clinics. Other key services of the Program include:

- Centralized referral coordination,
- Client engagement and navigation,
- Ongoing education and consultation to primary care providers,
- Provincial leadership for the Program to Access Treatment for HIV and Support (PATHS), and
- Program evaluation and quality assurance.

LAND ACKNOWLEDGEMENT

The MB HIV Program operates on Treaty 1 territory, the original lands of the Anishinaabeg, Cree, Anisininew, Dakota, and Dene Peoples, and on the homeland of the Métis Nation, with care provided and supported on Treaty 1, 2, 3, 4 and 5 territory.

Indigenous Peoples in Manitoba are disproportionately affected by HIV due to the ongoing impacts of colonization, structural racism, and intergenerational trauma.

We acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

ACKNOWLEDGMENTS

Thank you to our partners and collaborators:

- 2Spirit Consultants of Manitoba
- 7th St Health Access Centre
- Aboriginal Health and Wellness Centre of Winnipeg, Inc.
- Access Downtown
- alltogether4IDEAS
- Brandon Friendship Centre Inc.
- Cree Nation Tribal Health Centre Inc.
- George and Fay Yee Centre for Healthcare Innovation
- Health Sciences Centre HIV Clinic
- Indigenous Services Canada
- Ka Ni Kanichihk Mino Pimatisiwin Sexual Wellness Lodge
- Keewatinohk Inniniw Minoayawin Inc. (KIM)
- Manitoba Health, Seniors and Long-Term Care
- Manitoba public health teams in the Winnipeg Regional Health Authority (WRHA), Interlake-Eastern Health Authority (IERHA), Prairie Mountain Health (PMH), Northern Health Region (NHR), Southern Health- Santé Sud (SH-SS)
- Nine Circles Community Health Centre
- Ongomiizwin Indigenous Institute of Health and Healing
- Shared Health Primary Care and Medicine Programs
- Sisters of Fire
- Swan Valley MyHT and PMH Primary Health Care
- The MB HIV/STBBI Collective Impact Network
- Thompson Clinic
- Winnipeg Regional Health Authority (WRHA)
- Village Lab

INTRODUCTION

The MB HIV Program and partners continue to respond to the growing impact of HIV in our province with urgency, innovation, and collaboration. This report provides an update on HIV trends in the province, the economic impacts of HIV, programmatic achievements, areas that require investment, and remaining gaps in care.

In recent years, MB has experienced a sharp increase in new HIV diagnoses, with rates significantly exceeding the national average. Many people continue to face barriers to care such as housing instability, lack of harm reduction resources and mental health supports, stigma, and systemic racism and inequities. Indigenous Peoples, especially females, and people who use drugs are disproportionately impacted, and those living in rural and remote areas face systemic and geographic barriers to care. In response, the Program has expanded services with a growing network of care sites across MB, launched PATHS to reach people not connected to care, and strengthened partnerships with Indigenous organizations to enhance healthcare quality.

These updates reflect the strength of our partnerships and the need for continued collaboration and investment to ensure everyone living with HIV in MB can access the care they need.

LIFETIME COST OF HIV AND RECOMMENDED INVESTMENTS

New report calls for increased investment in community-based programs and evaluation

A 2024 report from the Institute of Health Economics (IHE) estimates that the lifetime cost of a new HIV diagnosis in Canada is approximately $1.44 million—an increase of 11% from previous estimates.[5]

Key findings from the report include:

- **Progress and setbacks:** While Canada has made gains in the HIV care cascade, the economic burden remains high, and recent literature suggests progress toward ending the epidemic may have stalled—particularly among new diagnoses.
- **Persistent inequities:** Colonial health systems and policies restrict equitable care for Indigenous Peoples and people who use drugs. These populations are overrepresented in Manitoba's HIV epidemiology.
- **Underinvestment in surveillance and evaluation:** Limited infrastructure hampers the ability to identify gaps in care and scale up effective interventions.
- **Community-led strategies are cost-effective:** Holistic approaches that combine education, behavioral, psychosocial, financial, digital, and peer-based supports remain underfunded and under-evaluated.

Recommendations from the report include:

- **Invest in surveillance and evaluation systems** to track trends, identify gaps in care, and inform evidence-based solutions.
- **Prioritize funding for community-level initiatives** that close care gaps and promote equitable access to services.

The recommendation to prioritize community-level investments aligns closely with efforts in MB, including from the:

- Joint report from the MB HIV-STBBI Collective Impact Network (CIN) and WRHA,[7]
- Northern HIV Journey Mapping Research Project, [8]
- Community Report from the Kotawêw HIV/STBBI Indigenous Doula Project, [9]
- Mino Pimatisiwin Model of STBBI Care,[10]
- "Our needs, our priorities, listen to us!" recommendations for improving HIV prevention and the cascade of care from PLHIV in MB, [11] and
- The MB HIV Program's calls to action. [12]

In MB, people are newly diagnosed and living with HIV across all regional health authorities, including rural and remote communities. The MB HIV Program's goal is to ensure equitable, high-quality HIV care regardless of where people live.

A province-wide monitoring and evaluation system is essential to identify gaps and efficiencies and support coordinated, community-led care across MB—ensuring that PLHIV have equitable, high-quality services close to home.

HIV EPIDEMIOLOGY IN MB

New diagnoses of HIV continue to increase in MB

- In 2024, there were 291 people newly diagnosed with HIV in MB and 377 people referred to the MB HIV Program. The number of people referred to the MB HIV Program exceeds the number of people newly diagnosed because the MB HIV Program receives referrals for and provides care to people newly diagnosed with HIV in MB as well as people who have previously been diagnosed outside of MB, but are new or returning to the province and referred to the MB HIV Program. The MB HIV Program also provides care to some PLHIV outside of MB, including Northwestern Ontario, border communities in Saskatchewan, and Nunavut. [1] [2]
- In 2024, the incidence of HIV in MB (19.6 HIV diagnoses/100,000 people) was over three times higher than the incidence of HIV in Canada in 2023 (6.1 HIV diagnoses/100,000 people).[1] [2]
- The number of people newly diagnosed with HIV and referred to the MB HIV Program has increased yearly from 2014 to 2024, but a sharp increase was seen over the last five years. There was a 230% increase in the number of people newly diagnosed with HIV and referred to the MB HIV Program between 2020 (N=114) and 2024 (N=377) (Figure 1).[1] [2]
- In MB, there were new confirmed cases of infants acquiring HIV via vertical transmission - one confirmed case in 2024 and one confirmed case in 2025.[4]

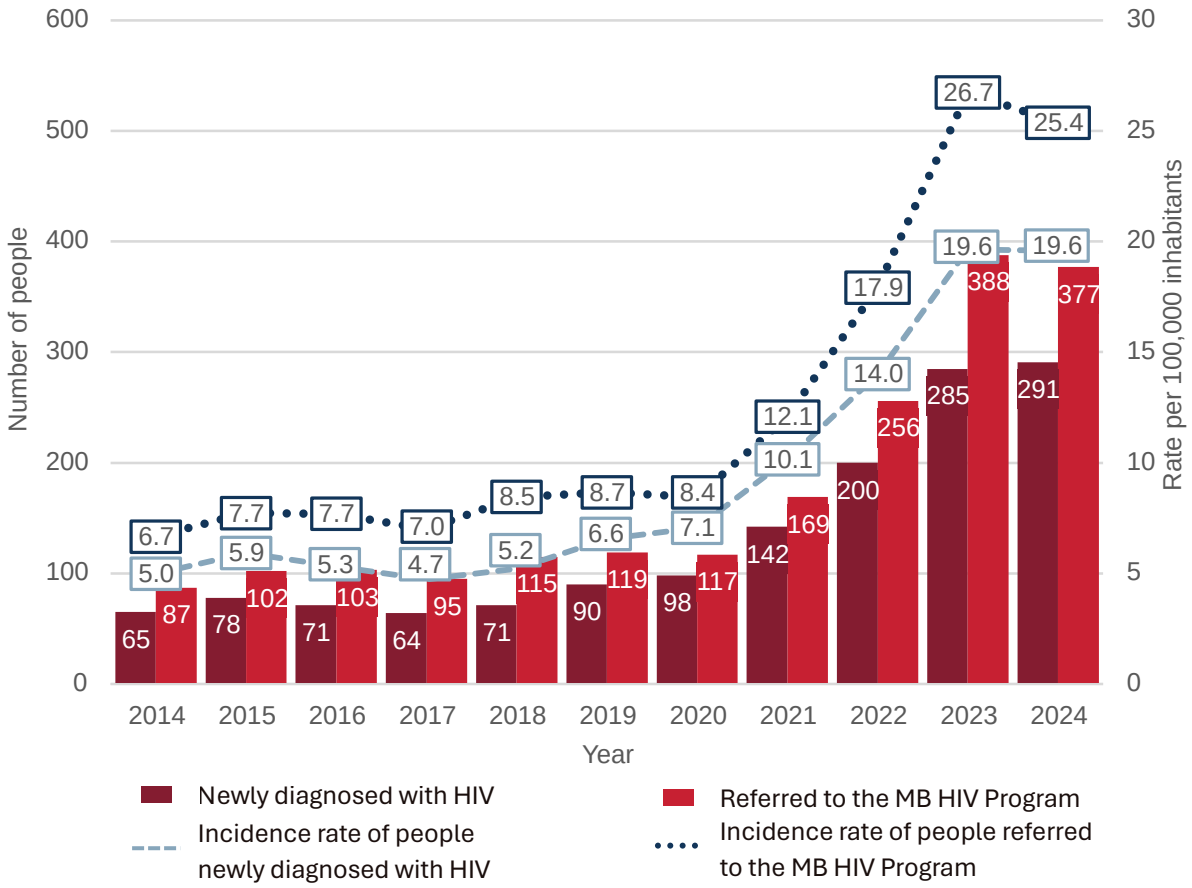

Figure 1. Number and annual incidence of Manitobans newly diagnosed with HIV compared to people living with HIV referred to the MB HIV Program (per 100,000 people), 2014-2024.*

**__Newly diagnosed with HIV__: Newly diagnosed laboratory confirmed cases of HIV reported among residents of MB in the calendar year.[1] __Referred to the MB HIV Program__: Includes newly diagnosed laboratory confirmed cases of HIV reported among residents of MB and people that have been previously diagnosed outside of MB but are new to the province and referred to the MB HIV Program.*

- The number of people diagnosed with HIV and referred to the MB HIV Program between January 1, 2025 to October 31, 2025 was 349.[2]
- In a status quo environment, recent HIV modelling for MB projected there to be as many as 724 people newly diagnosed with HIV in 2026, and up to 1,080 in 2028 (Table 1).[13]
- A recent publication determined that the rates of HIV in MB and Saskatchewan are higher than all of the World Health Organization regions, except for the African Regions.[14]

Table 1. Modeled estimate of maximum number of people newly diagnosed with HIV in MB based on historical data.[13]

Year	Maximum number of people newly diagnosed with HIV in MB
2026	724
2027	884
2028	1,080

- Among all people referred to the MB HIV Program in 2024, 50.9% were documented as female on the referral form (N = 192) and 49.1% were documented as male (N = 185). The MB HIV Program referral rate for females in 2024 (28.2 referrals/100,000 people) was over seven time higher than the diagnosis rate in 2023 for females in Canada (3.9 HIV diagnoses/100,000 people). [2] [3]
- The median age of people who were referred to the MB HIV Program was 34 years. Most females were less than 40 years of age, with a median age of 32 years. Most males were less than 45 years of age, with a median age of 35 years (Figure 2).[2]

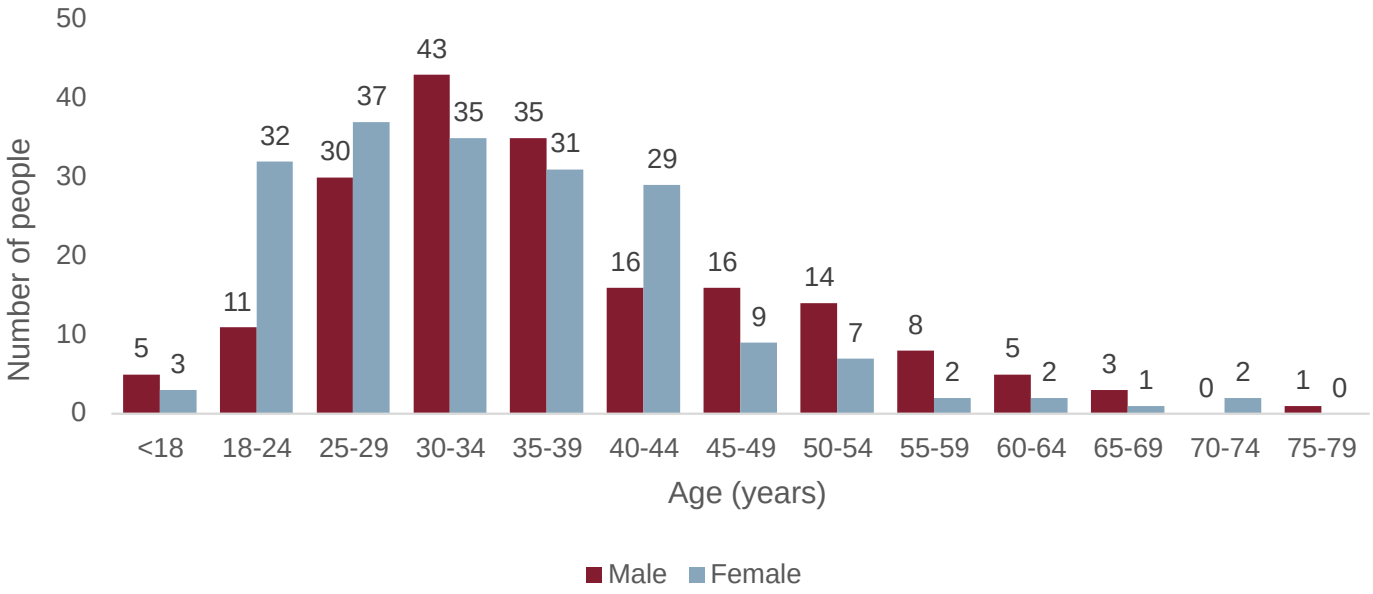

Figure 2. People living with HIV referred to the MB HIV Program between January 1, 2024 and December 31, 2024 (N = 377) stratified by age and sex documented on the MB HIV Program referral form.

People living with HIV, especially females, are disproportionately experiencing houselessness, mental illness and injection drug use

For all people diagnosed with HIV and referred to the MB HIV Program (N = 404) between 2018-2021: [12] [15]

- Heterosexual sex (63.6%) and injection drug use (56.2%) were the most common modes of HIV acquisition, followed by sexual activity among gay, bisexual and other men who have sex with men (11.1%).
- Most people had other complex health conditions. Over 80% of people had at least one other health condition at entry into care. The most common conditions were sexually transmitted and blood-borne infections (STBBIs)(53.2%) and mental health (40.3%).
- Many people experienced houselessness. Nearly half of all females and 28.7% of males experienced houselessness.

- Indigenous Peoples, especially females, were disproportionately affected. Among all females referred to the MB HIV Program, 85.1% of them self-identified as Indigenous, and among all males referred, 68.6% self-identified as Indigenous.

MB HIV PROGRAM HIV CASCADE OF CARE

With advances in modern-day HIV treatment - antiretroviral therapy (ART) - HIV has evolved into a manageable chronic health condition. Two fundamental goals of HIV care are to link people to ART and support them to reach and sustain an undetectable HIV viral load. This optimizes health for PLHIV and eliminates onward sexual transmission in the community.

PLHIV who have undetectable viral loads do not sexually transmit HIV. This concept is known as "U=U" or "Undetectable = Untransmittable." At a population level, maximizing ART uptake among PLHIV has been shown to reduce the community transmission of HIV and decrease the incidence of new HIV diagnoses. This concept is referred to as "Treatment as Prevention" or "TasP."

The HIV cascade of care provides a framework to measure successes and gaps in the delivery of clinical care to PLHIV. Steps in the HIV care cascade include counting how many people are: (1) diagnosed with HIV, (2) linked to HIV care, (3) on HIV treatment, and (4) achieving a suppressed viral load.

Efforts are needed to successfully retain PLHIV in care, especially PLHIV who live outside of Winnipeg

Outcomes from the MB HIV Program cascade of care as of July 1, 2025 include (Figure 3):[2]

- Since program inception, a total of 2,465 people have been diagnosed with HIV and referred to the MB HIV Program.
- There are an estimated 240 PLHIV in MB who have not been successfully linked to HIV care.
- Many PLHIV link to HIV care but are not then successfully retained in HIV care.
- Overall, only 68% of people ever referred to the MB HIV Program have a suppressed viral load. Increasing viral suppression is a key priority for improving individual health outcomes and reducing onward transmission.
- Fewer PLHIV outside Winnipeg were on HIV treatment with a suppressed viral, compared to PLHIV in Winnipeg.

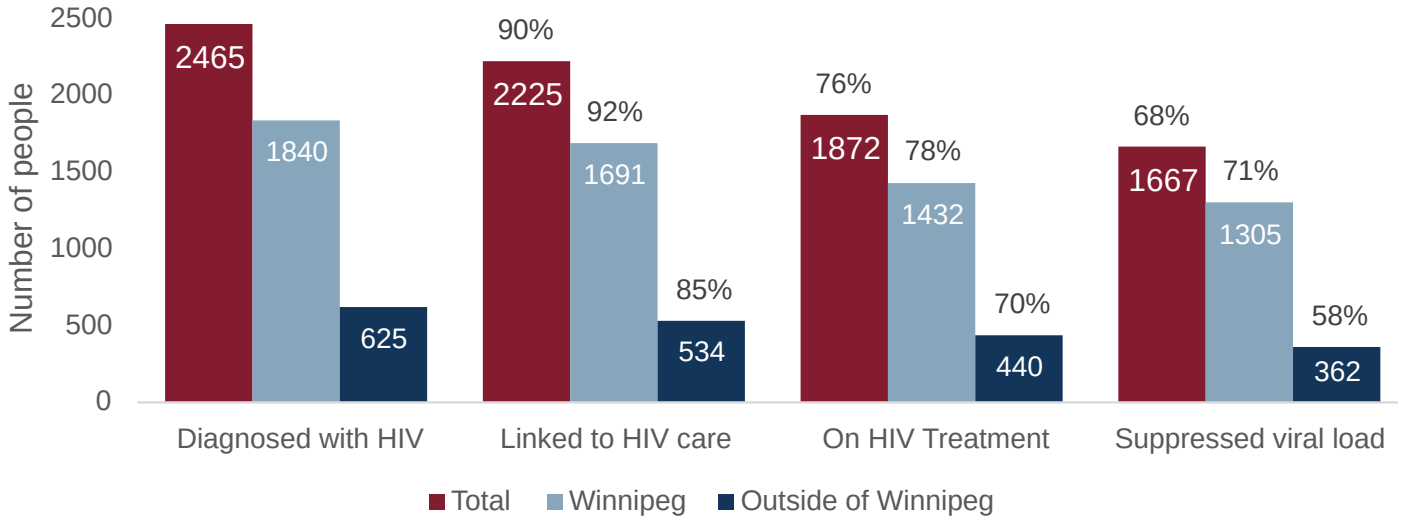

Figure 3. The HIV cascade of care for all people referred to the MB HIV Program since program inception as of July 1, 2025 (N = 2,465).*

**__Diagnosed with HIV__: Number of people diagnosed with HIV and referred to the MB HIV Program ever as of July 1, 2025. Does not include people who are deceased and people who have moved out of province. Includes people transferred and returned to MB HIV Program from out of province. Based on patient address provided on referral form at date of referral to MB HIV Program and updates from HIV care sites. __Linked to HIV care__: People "diagnosed with HIV" who as of July 1, 2025, have at least one (a) record of ART dispensation in MB as per eChart MB, AND (b) any viral load test result in MB as per eChart MB, or provided by HIV care site; __On HIV treatment__: People "Linked to Care who as of July 1, 2025, have (a) a record of ART dispensation in MB in the last 6 months as per eChart MB, AND (b) more than one viral load test result in MB with at least one being in the last 6 months OR an undetectable viral load test result in the last 12 months as per eChart MB or provided by HIV care site; __Suppressed viral load__: People "on HIV treatment" and whose most recent viral load test result as of July 1, 2025 was <200 copies/ml as per eChart MB or provided by HIV care site.*

PROGRAM TO ACCESS TREATMENT FOR HIV AND SUPPORT - (PATHS)

In July 2024, the MB HIV Program launched the "Program to Access Treatment for HIV and Support" or "PATHS." PATHS is adapted from the British Columbia's Seek and Treat for Optimal Prevention of HIV/AIDS) (STOP HIV/AIDS) program and was initiated in response to the MB HIV Program 2018-2021 Report's "calls to action" to maximize "treatment as prevention (TasP)," by enhancing the program's outreach efforts in communities highly impacted by HIV.

PATHS delivers comprehensive services to and provides intensive case management for PLHIV in MB who are not linked to HIV care or precariously linked to HIV care. The goal of the program is to:

- Provide wrap-around care with psychosocial supports to PLHIV,
- Offer and link to Indigenous led and culturally safe care,
- Support PLHIV to access and adhere to HIV treatment medication, and
- Support PLHIV to transition to long term primary care services.

Services are delivered in non-traditional settings which may include community spaces, agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, primary care clinics, hotels, parks, and streets.

Read more about PATHS here: www.mbHIV.ca/paths

Referrals to PATHS opened for Winnipeg and Brandon in July, 2024 and assignments for eligible PLHIV began for the PATHS pods at Nine Circles Community Health Centre (Winnipeg) and 7th Street Health Action Centre (Brandon). Assignments to the PATHS pod at Aboriginal Health and Wellness Centre of Winnipeg, Inc. began in May, 2025. Between July 8th, 2024 and October 31st, 2025, 291 eligible PLHIV have been referred to the PATHS program. Of those referred, 67 individuals are currently assigned to PATHS for care, while 185 remain on the waitlist for PATHS.

Assignments of eligible people to PATHS happen slowly and over time. This is because of the complexity and severity of the health issues experienced by PATHS-eligible PLHIV, and the prioritization of care assignments for eligible PLHIV who require the most intensive level of care, support or intervention.

PATHS demonstrated improved HIV care outcomes and enhanced health system efficiency

Since the launch of PATHS, the program has demonstrated significant improvement in HIV care outcomes. When comparing HIV care outcomes between PLHIV on the PATHS waitlist to PLHIV assigned to a PATHS pod, 65% of PLHIV assigned to PATHS were on HIV treatment, compared to 42% of PLHIV on the PATHS waitlist (Figure 4). Only 18% of PLHIV on the PATHS waitlist had a suppressed viral load, compared to 45% of PLHIV assigned to a PATHS pod (Figure 4)[2]. These improvements suggest that PATHS is not only facilitating access to treatment but also supporting adherence to care.

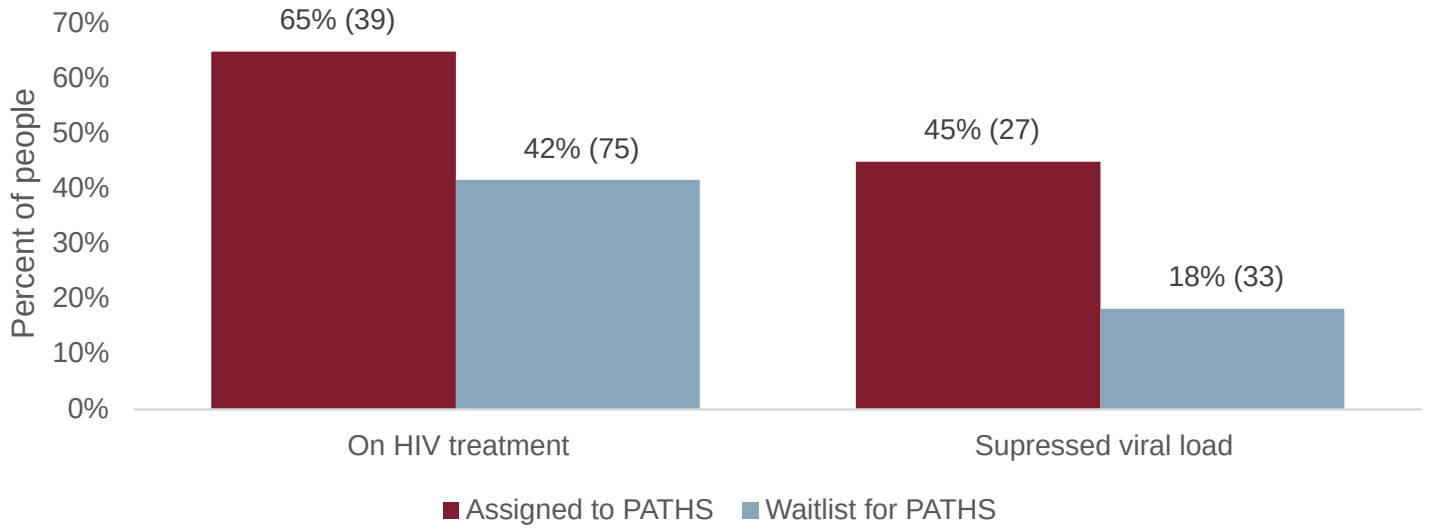

Figure 4. HIV care outcomes among people living with HIV assigned to PATHS (N = 60), compared to PLHIV on the PATHS waitlist (N = 180) between July 8, 2024 and June 30, 2025.*

***Assigned to PATHS:** Person living with HIV who has been referred to PATHS and who has been assigned to a PATHS team for care. **Waitlist for PATHS:** Person living with HIV who has been referred to PATHS but has not been assigned to a PATHS team for care. **On HIV treatment:** (a) For PLHIV assigned to a PATHS pod "on HIV treatment" is documented by the PATHS nurse as being "on HIV treatment," and (b) for PLHIV on the waitlist for PATHS, "on HIV treatment" is a MB eChart record of ART dispensation within three months of the reporting period. **Suppressed viral load:** (a) For PLHIV assigned to a PATHS pod, "suppressed viral load" is documented by the PATHS nurse as having a suppressed viral load (most recent viral load test result is <200 copies/ml), and (b) for PLHIV on the waitlist for PATHS, "suppressed viral load" is a MB eChart viral load test report within the six months prior to the reporting period with a value of <200 copies/ml.*

PATHS also continues to demonstrate impact to stabilize health and reduce reliance on acute care services for PLHIV who are assigned to PATHS.

Among 44 PLHIV assigned to PATHS, emergency department (ED) visits reduced by 17.6% in the first six months of assignment to PATHS, and an additional 33.3% in the following time period (Figure 5). Overall, this represents a 45.1% decrease in ED utilization once PLHIV were assigned to PATHS.[2]

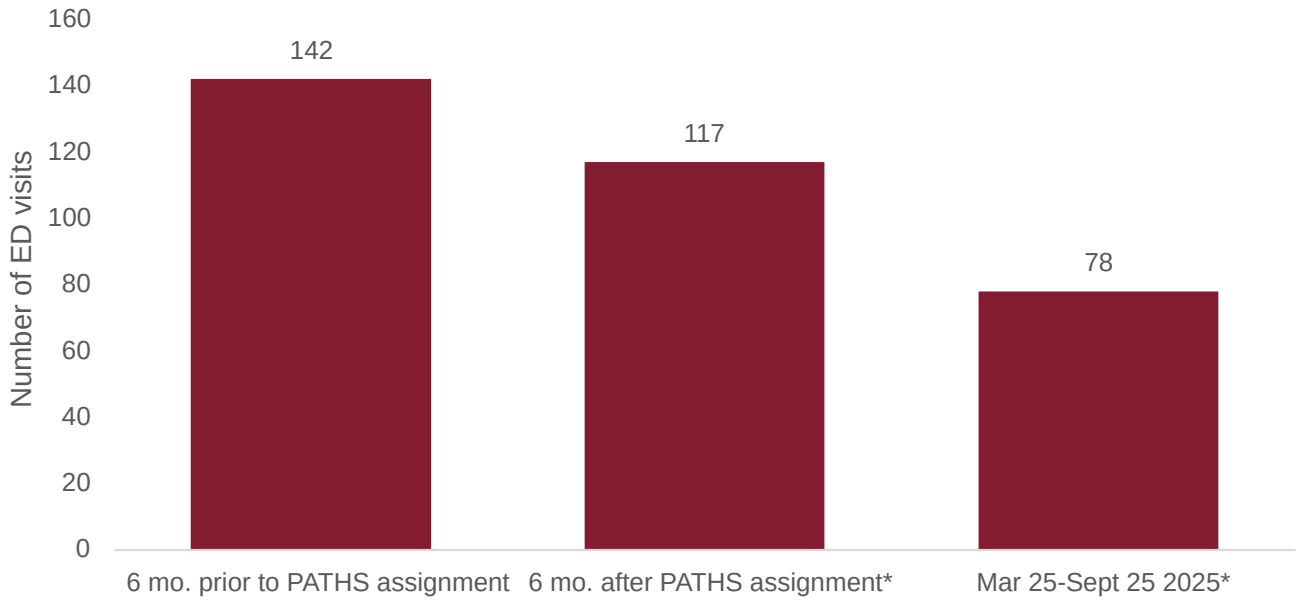

Figure 5. Emergency department (ED) visits among people living with HIV assigned to PATHS at 7th St. Health Access Centre and Nine Circles Community Health Centre, comparing the combined number of ED visits in the 6 months prior to being assigned to PATHS to the combined number of ED visits in the 6 months after PATHS assignment, to the combined number of ED visits in the 6 months prior to the report end date (n = 44), July 8, 2024 to September 25, 2025.

**For 14 out of the 44 PLHIV, the 6-month period after PATHS assignment overlaps with the most recent 6-month period (March 25–September 25, 2025). This means that some ED visits may be counted in both the "6 mo after PATHS assignment" and "Mar 25-Sept 25 2025" timeframes. This overlap varies across the 14 PLHIV depending on their individual PATHS assignment dates. Some may have only a few days of overlap, while others may have a few months. This overlap does not impact the trend over time demonstrated in the figure, but important to consider when interpreting the data.*

MB HIV Program and PATHS are working with Indigenous leaders to improve healthcare quality

PATHS services are guided by the Indigenous Healthcare Quality Framework (IHQF), developed by Ongomiizwin Indigenous Institute of Health and Healing (Ongomiizwin) and the George & Fay Yee Centre for Healthcare Innovation (CHI), with the guidance and knowledge from their partnered Indigenous Advisory Council. The IHQF reflects the needs of Indigenous patients and the requirements of healthcare systems and providers to achieve and sustain healthcare for people that is of high quality, culturally safe, competent, appropriate and free of racism.[6]

The MB HIV Program and PATHS have partnered with Ongomiizwin and CHI to develop a process to evaluate the healthcare quality and cultural safety of PATHS, with the purpose to continually improve healthcare quality, both for participants of PATHS and for all PLHIV in MB.

ACCESS TO HIV CARE

The MB HIV Program is expanding options to access HIV care and primary care for PLHIV

The MB HIV Program facilitates centralized referrals to coordinate HIV care which is delivered through a growing network of specialist HIV clinics, community-based HIV primary care sites, and primary care partner clinics. People newly diagnosed and living with HIV can now receive HIV care at the following sites:

- 7th Street Health Access Centre (Brandon)
- Aboriginal Health and Wellness Centre of Winnipeg, Inc. (Winnipeg)
- Access Downtown (Winnipeg)
- Health Sciences Centre HIV Clinic (Winnipeg)
- Nine Circles Community Health Centre (Winnipeg)
- Swan Valley Primary Care at the Canadian Mental Health Association (Swan River)
- Thompson Clinic (Thompson)

The MB HIV Program continues to collaborate with new and existing partners to prioritize access to HIV care for First Nations communities as well as communities that are highly impacted by HIV.

The MB HIV Program is collaborating with partners to reduce STBBI stigma in regions delivering care to PLHIV

Through a Public Health Agency of Canada–funded STBBI stigma reduction initiative, led by the Canadian Public Health Association and the Centre for Sexuality, the MB HIV Program is partnering with Nine Circles Community Health Centre to help new and emerging care sites create safer, more inclusive spaces for people accessing sexual health, substance use, and STBBI-related services. Over the past two years, workshops have been delivered to over 150 healthcare and social service providers in the Northern Health Region, Prairie Mountain Health Region, and Winnipeg.

DISCUSSION

The findings in this report highlight both progress and persistent inequities in Manitoba's response to the growing HIV epidemic. While the MB HIV Program has expanded access to care and demonstrated measurable improvements in HIV outcomes, the province continues to face a syndemic of houselessness, substance use, mental health concerns, systemic racism, and stigma - factors that compound barriers to HIV testing, prevention and treatment.

Rising incidence and preventable outcomes: Manitoba's HIV incidence remains more than three times the national average, and projections indicate a sharp increase in new diagnoses if current trends persist. The confirmed cases of infants acquiring HIV via vertical HIV transmission in 2024 and 2025 are particularly concerning, as these outcomes are preventable in resource-rich settings through timely testing, ART during pregnancy, and infant prophylaxis.

Gaps in viral suppression and care continuity: As of July 2025, only 68% of people referred to the MB HIV Program have a suppressed viral load. While this reflects progress, it also underscores structural challenges, including fragmented care delivery across multiple health regions, reduced access to HIV-trained providers, and barriers related to housing, harm reduction, transportation, racism and stigma. Improving engagement in care and achieving higher rates of viral suppression will require sustained investment in coordinated, community-based, and culturally safe services.

Impact of wrap-around care in community settings: PATHS demonstrates the effectiveness of holistic, outreach-based care. Participants assigned to PATHS show higher treatment uptake (65% vs. 42%) and viral suppression (45% vs. 18%) compared to those on the waitlist, alongside a 45% reduction in ED visits. These outcomes illustrate the cost-effectiveness of wrap-around care models. Guiding PATHS services with the IHQF represents a necessary step toward continuous quality improvement.

Need for monitoring and evaluation infrastructure: HIV care in MB is delivered across diverse regions and settings, making a province-wide monitoring and evaluation system essential. Such infrastructure would enable timely identification of care interruptions and support re-engagement strategies no matter where people live in the province. Without this system, gaps in care will persist, and opportunities to scale successful interventions will be missed.

The MB HIV Program upholds and recommends the following priorities for MB moving forward:

- Continued leadership and guidance from Indigenous partners to shape and lead services that reflect the values and principles of the communities they serve,
- Invest in community and Indigenous-led models that reduce inequities and deliver measurable health outcomes,
- Invest in a provincial programmatic monitoring and evaluation system to strengthen engagement in care, collaboration and scale up effective strategies, and
- Advance provincial-level pre-exposure prophylaxis (PrEP) strategies to address disparities in access and uptake.

The MB HIV Program will work to lead and advance the calls to action as set out in the MB HIV Program Report, 2018-2021.[10] These include to:

1. Maximize "Treatment as Prevention (TasP)" in MB by facilitating access to "in the moment" care, and care for PLHIV in the community.
2. Enhance primary care capacity for HIV care in MB through education, training and consultation.

These actions and priorities are critical to reversing current trends, achieving targets, and ensuring equitable, high-quality HIV care for all Manitobans.

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