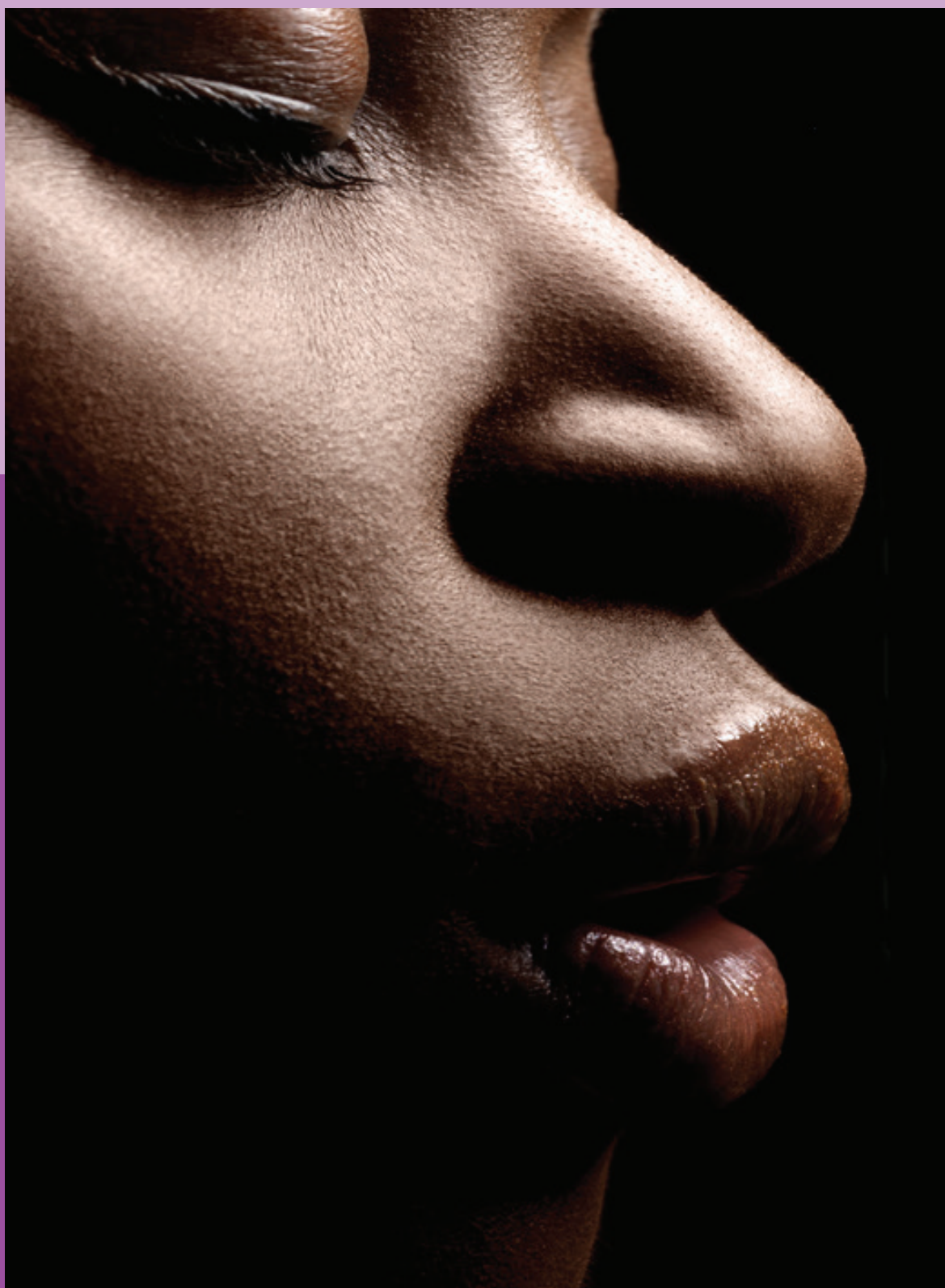


ICWNA



International Community of Women
Living with HIV – North America

Strategic Plan 2020-2025



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AIDS Acquired Immune Deficiency Syndrome

GIPA Greater Involvement of People with AIDS

HIV Human Immunodeficiency Virus

ICW-NA International Community of Women Living with HIV — North America

MEWA Meaningful Engagement of Women with HIV and AIDS

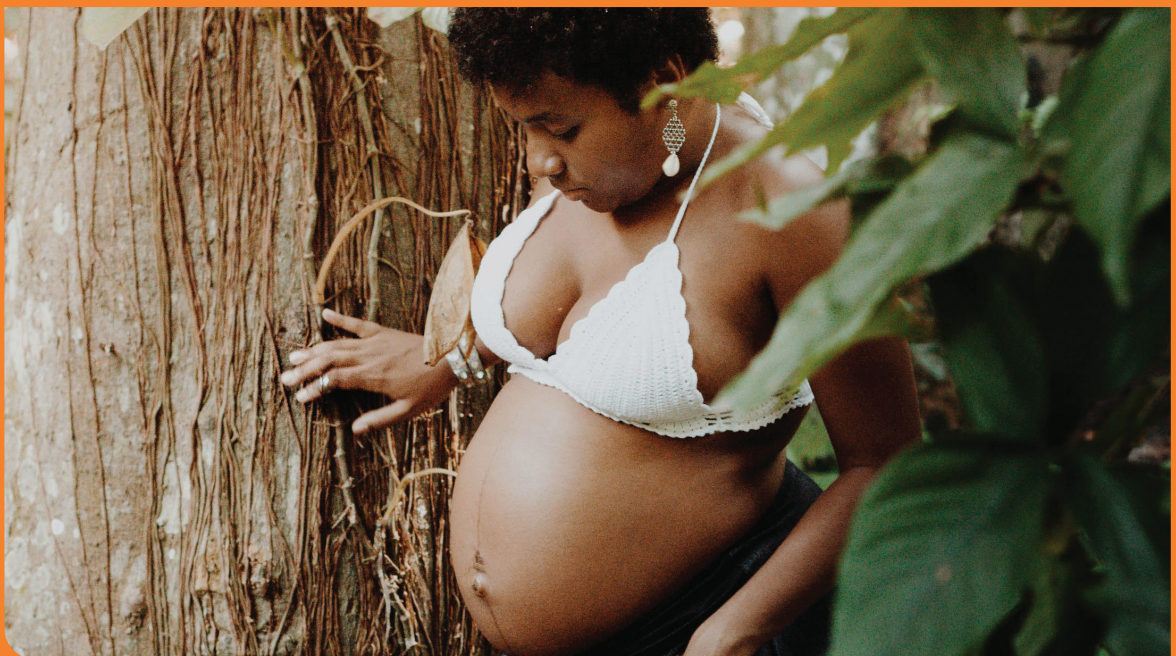
PLHIV People Living with HIV

PrEP Pre-Exposure Prophylaxis

UNAIDS United Nations Joint Programme on HIV/AIDS

WLHIV Women Living with HIV

U=U Undetectable = Untransmissible



ICW-NA maintains a glossary of foundational terms that can be referenced to clarify how we define and understand certain ideas or concepts. Within this document, terms that may require further definition are marked in **bold, pink text**, indicating that they can be referenced in the glossary for more information. This glossary can be found on our website at www.icwnorthamerica.org.

As of the end of 2019, there were an estimated 20.1 million women and girls living with HIV in the world. The factors that place women at risk of HIV are rooted not only in biology but in patriarchal social norms, through which too many women are exposed to violence and poverty and bear a disproportionate burden in caring for their families – often compromising their own health in exchange. Despite these barriers, women have been on the front line of the global response to AIDS since the beginning, fighting fiercely to promote the inclusion and engagement of women in all advances in HIV prevention, diagnosis, treatment, care and support.

In a 2020 update, the Executive Director of the United Nations Joint Programme on HIV/AIDS (UNAIDS) noted remarkable progress in preserving the lives of women living with HIV, especially in sub-Saharan Africa – but at the same time noted that that progress is not shared equally around the globe.[1] North America is among the regions where women living with HIV (WLHIV) have not benefited from such significant gains in recent years. Across the continent women account for 20-25% of all HIV infections – and while incidence of HIV has declined in some groups, women living with HIV still face unacceptable barriers to living long, healthy lives. In 2018, in the United States there were 4,106 new AIDS diagnoses, reflective of the fact that only 66% of WLHIV reported receiving “some care” for their HIV, and only 53% were virally suppressed[2].

Intersecting vulnerabilities, stigmatization and systematic injustice mean that women who are predisposed to HIV infection are also more likely to experience unemployment, housing instability and gender-based violence. Women living with HIV are more likely to be affected by drug use and to be incarcerated, and less likely to access health care for prompt diagnosis and treatment. The intersectionality of these experiences clearly includes race: non-white women in both Canada and the United States experience much higher rates of HIV diagnosis than white women.

- In 2018, of all new HIV diagnoses in women: 45% were among Indigenous women (who account for about 4% of all Canadian women); and 20% were among African, Caribbean or other Black women (who account for about 2% of all women).
- In the United States: In 2018, of all new HIV diagnoses in women: 57% were among Black women (who account for 12.7% of the overall population of women); 21% were among white women (who account for 63.4% of the population); and 18% were among Latina women (who account for 16.2% of the population).

Once a woman has acquired HIV, her degree of vulnerability continues to correspond to her racial identity: HIV is the 7th leading cause of death for Black women age 25-44 in the United States, versus the 18th leading cause of white women in the same age group.

Women with non-conforming gender identities and sexual orientations also experience greater risk – both of acquiring HIV and of experiencing negative outcomes. Pervasive transphobia erases women of transgender experience from much research and policy work on HIV, while the same women experience significant barriers to accessing trans-affirming prevention, health and social support services.

Because of pervasive transphobia, transgendered and transsexual women are at high risk of becoming infected with HIV. This being the case, transgender women are seldom included in research and policy work, and they face significant barriers when it comes to accessing trans-friendly prevention, health and social support services.

Key Statistics – Canada	Key Statistics – United States
<ul style="list-style-type: none">• There are an estimated 14,520 women living with HIV in Canada• Women age 30-39 have the highest number of new HIV diagnosis (34%), followed by women 40-49 (23%), and women 50 and over (22%)• Women who inject drugs experience a 10% prevalence of HIV• There is currently no national network of WLHIV	<ul style="list-style-type: none">• There are an estimated 258,000 women living with HIV in the United States• The likelihood of being diagnosed with HIV in her lifetime is significantly higher for Black women (1 in 54) and Latinas (1 in 256), versus white women (1 in 941)• New HIV diagnoses have declined (2010-2017) among women of all age groups except women over 55

History of the International Community of Women Living with HIV – North America

The International Community of Women Living with HIV – North America (ICW-NA) is a network of women living with HIV , and is a member of the larger International Community of Women Living with HIV movement (ICW-Global). ICW-NA was founded when women living with HIV in Canada and the US realized that they needed a platform from which they could speak about their own experiences, within the broader global context, an account for the context of North America that differs dramatically from the context of women living with HIV (WLHIV) in some other settings. ICW-NA was formally incorporated in 2009, and built its institutional foundations through 2014, when it first received core funding from the Robert Carr Fund for civil society networks (RCF).

Both its global mother network and ICW-NA were founded on the Feminist Principles of challenging male privilege and other unfair forms of privilege that oppress women including racial, economic or social class privilege; and built on the foundation of self-determination and the principles of Greater Involvement of People with AIDS (GIPA) and Meaningful Engagement of Women with HIV and AIDS (MEWA). Today, ICW-NA exists to respond to the needs of all women living with HIV in Canada and the United States, including a disproportionate number of women who may be marginalized due to gender status, sex work, power imbalance in relationships, cycles of violence and abuse, substance use, poverty and lack of access to safe and appropriate services.

ICW-NA believes that a woman is any adult human who identifies herself as a woman. ICW-NA is unapologetically inclusive of women in all their diversity, regardless of cis- or trans-gender or any other factors which may be set by outside parties.

More definitions for key ICW-NA terminology can be found in our glossary at www.icwnorthamerica.org

A Note on Alignment with the United States Strategies and Initiatives

In the United States, a National HIV/AIDS Strategy was defined for the first time in 2010 . The strategy served as a blueprint for ending the HIV epidemic in the United states, changing the way prevention and care is viewed, organized, and prioritized – using a cascade approach to track retention of people living with HIV across a continuum of care. As a result, federal, state and local health departments, community-based organizations, health care providers and people living with HIV adopted a cascade approach to measuring progress . The strategy also called attention to delivery of clinical and support services for people living with HIV as they related to stigma and discrimination. It recognized stigma as a major barrier to engagement in care and adherence to treatment , especially for women of color, transgender women of color, Latinx populations, homeless and unstably housed individuals, incarcerated individuals and people who use drugs.

A 2015 update of the strategy set goals to carry the country through 2020, and in 2019 the United States announced a ten-year initiative, beginning October 1, 2020. This initiative, Ending the HIV Epidemic: A Plan for America aims at achieving the goal of reducing new HIV infections to less than 3,000 per year by 2030 – a reduction that would meet the definition of ending the epidemic in the United States .

As ICW-NA embarked upon the development of its own strategy, it explicitly built this plan on the history and approaches outlined in the 2010 strategy and its 2015 update, and to support the achievement of the goals set out in Ending the HIV Epidemic Plan to:

- Diagnose all people living with HIV as early as possible after infection
- Treat HIV infection rapidly and effectively to achieve sustained viral suppression
- Prevent new HIV transmissions by using proven interventions
- Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them

ICW-NA's work towards mobilization and empowerment of WLHIV, its close collaboration with partners on intersectional health and wellbeing issues, and its efforts to reduce both community and institutional stigma will align with and contribute to these goals, while assuring that the needs and voices of WLHIV are not left behind.



Purpose and Process of Design for Strategy

ge of growth. This strategy was developed in a participatory manner, including consultation with WLHIV, supporters and allies across North America. Its core content was drafted during a Board retreat in November 2019, with validation and refinement informed by a survey open to all WLHIV in North America (53 respondents), five focus groups (37 women), and phone and email consultation with key stakeholders from organizations and agencies doing related work.

SURVEY RESPONDENTS...

- *Were largely women over the age of 45 (68%), with no children under the age of 18 (75%)*
- *Most (83%) identified as heterosexual*
- *Only 6% of respondents identified as gender diverse (transgender, two spirit or non-binary)*
- *Most (70%) of respondents reported an annual household income of less than US\$35,000*
- *Only 8% of respondents identified as housing insecure*
- *Over three-quarters (81%) of respondents had at least some college education*
- *The vast majority of respondents (88%) had been living with HIV for more than 10 years*

It was important for us to recognize, as a network, that the people reached by our survey were likely to be those who had access to technology and those who were within the realm of the existing reach of ICW-NA. To complement these perspectives and seek out those whose perspectives may have been underrepresented in survey responses, ICW-NA intentionally gathered communities of women for focus groups to help further define communities needs and issues that were not already represented by the Board members or survey process.

Focus Group Participants....

- *Were from distinct communities targeted by ICW-NA for further information gathering:*
 - o *Women in the Southern US;*
 - o *African, Caribbean and Black Women in Canada;*
 - o *Tran Women of Color;*
 - o *Francophone African Women in Canada; and*
 - o *Immigrant Women in the United States*
- *The issues identified by these groups were used to augment and further nuance the priorities and strategies set forth in this strategic plan.*
- *ICW-NA was not able to convene focus groups made up distinctly of young women living with HIV, or of indigenous women.*

-Teresia Otieno, 2017 – 2019 Regional Coordinator.

While finalization of this strategic plan was initially scheduled for the first quarter of 2020, some delays were experienced due to the COVID-19 pandemic. Subsequently, this plan was ultimately refined and finalized through Board review in July and August 2020, and its full final content approved in December 2020.

Box 1. Strategy Period

This strategic plan covers the period of 2020-2025, a full six years. This is a relatively long period for a strategic plan. This timeframe was chosen intentionally by the Board, to provide ICW-NA with the space to grow in both its operations and programing. This time period is also envisioned to provide stability in the organization growth direction across major donor funding cycles – emphasizing that regardless of the funding environment, ICW-NA will persist in its mission.

In order to ensure that this strategy continues to serve as a guiding light throughout these years, a mid-term review is intended to be undertaken at the end of 2022. This review will be participatory, involving both the Board and members in a reflective progress-check, to determine whether the strategic objectives set in 2020 are still relevant and fit for purpose. While it is not expected that the results of the mid-term review would result in a full revision of strategy, it is expected that it will provide an updated and refreshed list of activities that can guide the accomplishment of each strategic objective.

Vision and Mission

ICW-NA endorses the vision statement defined by ICW-Global:

The International Community of Women Living with HIV envisions a world where all women living with HIV live free of gender oppression, realizing and claiming our full rights inclusive of sexual, reproductive, legal, social, economic and health rights.

In addition to this, ICW-NA has defined its own tailor vision statement for its North American context:

The International Community of Women Living with HIV-North America envisions an equitable society where all women living with HIV are connected, meaningfully engaged, and are empowered to define, affirm and celebrate their own sexual, reproductive, legal, social, economic and health rights.

ICW-NA also endorses the mission statement defined by ICW-Global:

The International Community of Women Living with HIV exists to lead efforts to secure and improve the quality of life for women living with HIV. We do this by mobilizing, organizing, advocating, mentoring and raising consciousness on the issues and policies that directly impact our lives.

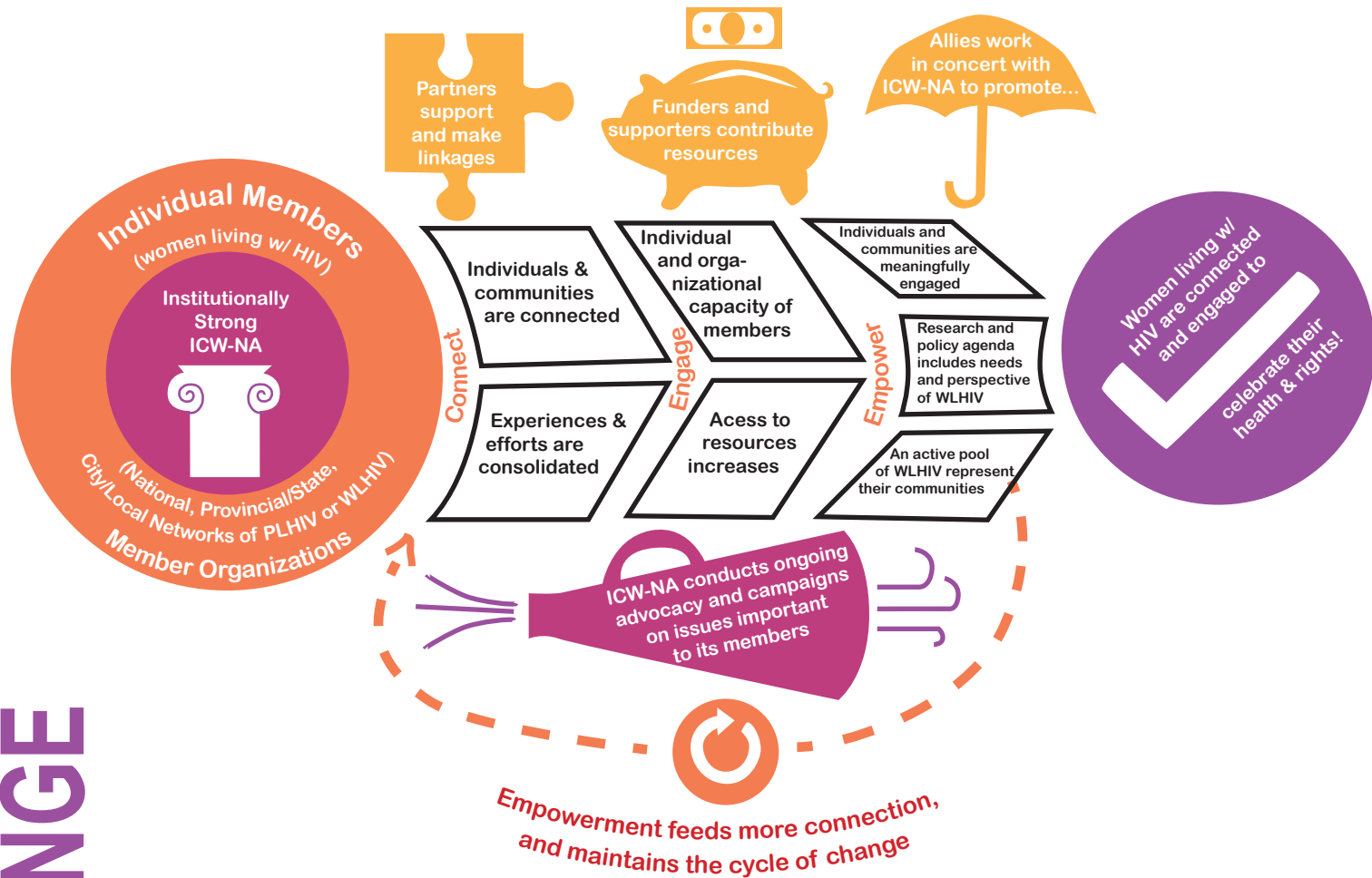
At the same time, ICW-NA has further defined its own mission statement, to capture its specific operations in the North American context:

ICW-NA leads efforts to secure and improve the quality of life for women, in all of their diversity, living with HIV in Canada and the United States. We do this by mobilizing, organizing, advocating, mentoring and raising consciousness on the issues and policies that directly impact our lives.



Theory of Change

In order to map/describe how ICW-NA will move towards its vision, using its defined mission, the organization has defined a **Theory of Change**. This Theory of Change is represented visually below:



Values

ICW-NA operates explicitly with several core values as part of its everyday practice. These are adopted from ICW-Global, and adapted as needed to suit the specifics of the North American context.

- **Accountability:** We answer to the members of our network and the women living with HIV whose interests we serve.
- **Integrity and Critical Reflection:** We are committed to working in a way that is transparent to our members and that builds our capacity to put the needs of women living with HIV above individual interests.
- **Commitment to Advocacy:** We are committed to taking action to improving health and social policies that increase fairness and access for all women living with HIV
- **Feminisms and Gender Equality:** We work to support the ability of all women living with HIV to define, establish and achieve equal political, economic, cultural, personal and social rights.
- **Social Justice and Anti-Racism:** We recognize that as with all people, we share a common humanity and therefore a right to equitable treatment, support for our human rights, and a fair allocation of community resources. We commit to being actively anti-racist to intentionally disavow and dismantle the racist systems in the course of our work.
- **Diversity and Inclusion:** We recognize women in all of their diversity, and are actively inclusive of all women living with HIV, regardless of the various social determinants that may affect their health, including (but not limited to): **race, ethnicity, sexual orientation, gender conformity, ability** status, religion, socio-economic status, educational background, marital or parental status, housing status, employment status, **substance use**, or history of incarceration.
- **Meaningful Involvement and Engagement:** In line with international principles GIPA and MEWA, we recognize that the involvement of women living with HIV, in all of their diversity, must be meaningful. It must move beyond tokenistic inclusion, to assure that a diverse range of women are not only at the table, but both speaking and heard as we do our work.
- **Self-Care:** In doing our work with its many demands, we commit to care for ourselves as we offer care and support to each other.

Strategic Goals

During the 2020-2024 period, ICW-NA will devote its work to several strategic goals, in order to move through its Theory of Change towards its ultimate vision.

The focus for this period will be primarily on the earlier stages of change, assuring institutional capacity and representation credibility of ICW-NA as an entity, and strengthening the connection and engagement of ICW-NA membership. Investment of resources and effort in these catalytic areas will drive down-stream outcomes, leading to the empowerment of WLHIV across the continent.

These goals include:

1. Build an **institutionally strong** ICW-NA.

For ICW-NA to fulfill its role as an organizing body, it must have strong governance, administration management, organization management, program management, project performance management, human resource management and financial management. The organization must work in harmony with clear shared objectives, and understanding of roles, responsibilities and standards for operation. Objectives to achieve this goal will include:

1.1 Build the governance and organization capacity of a representative Board; for more details on representation, see Box 2, below

1.2 Empower and assign committees to focus on specific issues around finance, advocacy, connection and inclusion, research, and sustainability

1.3 Conduct internal annual audit and compliance checks at the Secretariat operations level

1.4 Strengthen consistent organizational communications capacity

1.5 Serve as a model and leader for member organizations to strengthen their governance and operations

1.6 Provide seed grants to member organizations to build their organizational systems and strength

2. Build and **activate a robust membership**.

To serve as an effective, democratically-governed and representative network, ICW-NA desires to expand the number of individuals that it represents and formalize its role – i.e. make it clear what **members** can expect to get from being a part of the network. In addition to individual members, ICW-NA will expand its membership to include **member organizations**. Activities to achieve this objective will include:

2.1 Develop and implement an individual and organizational membership plan,

2.2 Activate Chapters of individual members to represent a range of communities; (for more details on communities see Box 2, below)

2.3 Define the role(s) of partners and allies, and then actively recruit both to amplify the effect of collaborative work

BOX 2. Actively Diversifying Membership and Representation

In line with our values of serving women living with HIV in all of their diversity and of meaningful involvement and engagement, ICW-NA commits to building its membership to be more reflective of the wide range of women living with HIV in North America. We further commit to expanding our governance structures to reflect this diversity. To do this, we set the following priorities for both expanded membership and representation in areas that were under-represented at the time that this strategy was developed.

Priority Communities

- Indigenous Women, in both the United States and Canada,
- Young Women
- Newcomers and Immigrants
- Trans women of color

Priority Geographies

- Rural and Remote Canada, with an emphasis on Western Canada, where WLHIV may be isolated from each other and community resources may be limited; in these areas there is often a lack of local community-led organizations connecting WLHIV.
- Southern United States, where women of color are disproportionately affected by HIV and poverty, underpinned by the violence of systemic racism. In these areas, local organizations may exist to serve WLHIV, but stigma within communities of color may prevent women from safely accessing them.

3. Amplify, prioritize and advocate for WLHIV across North America.

As a regional network, ICW-NA has the unique ability to amplify the voice of North American women. Keeping in mind the diversity of North American WLHIV, ICW-NA will not only connect but also consolidate their experiences to be able to amplify their voices and share their stories – not as the stories of single individuals, but communities of women spread across a vast geography. As a regional network, ICW-NA serves as a unique platform to take these messages down to national levels or up to international levels, as needed. Activities to achieve this objective will include:

3.1 Formulate and launch national campaigns around specific issues (for more details, see Box 3, below)

3.2 Strengthen the organization's knowledge management capacity. Participating in ICW global structures to assure North American representation, to interact with the Sustainable Development Goals and Universal Health Coverage movements, and to internationally connect communities whenever possible

3.3 Develop annual evidence-based advocacy plans to amplify campaign messages

BOX 3. Advocacy Focus for 2020-2022

A six-year strategy poses challenges in defining specific topics of advocacy campaigns, presenting a risk of topics becoming outdated during the strategy period. Therefore, in order to allow for changes in social, epidemiological and biomedical changes over this period, and to give ICW-NA the maximum amount of flexibility to evolve as the external environment dictates, this strategy defines advocacy priorities for the first three years strategy period as follows:

Primary Priorities

These are areas in which ICW-NA will serve as an advocacy leader, developing and implementing campaigns on these topics. This does not preclude ICW-NA from working in partnership with other advocacy actors, but does assert ICW-NA's intent to take a leadership role on these issues.

- Defending and Promoting Sexual and Reproductive Health and Rights, including rights related to contraception, pregnancy, childbirth and breastfeeding. This also includes rights to hormone therapy and other sexual health needs of women of trans experience.
- Promoting HIV Prevention, including promotion of Undetectable=Untransmissible (U=U) and access to pre-exposure prophylaxis (PrEP), and the implications of both for women living with HIV and their partners.
- Elimination of Stigma. Including both stigma within communities and individuals (internalized stigma) and within healthcare and other institutions such as educational and social service settings. While ICW-NA will support a full range of diverse women living with HIV in addressing stigma in individual circumstances, this strategy outlines an intent to work on intersectional stigma, particularly as it affects women of color and women of trans experience.

Secondary Priorities

These are areas in which ICA-NA will serve as a supportive advocacy partner within larger movements, presenting the unique perspectives of women living with HIV and assuring that their needs are taken into account in campaign development. ICW-NA will also serve as a partner in implementing and promoting these issues through campaigns led by other partners.

- Fighting the Criminalization of HIV Exposure and Transmission, including defending women's rights to safely breastfeed their children, and to engage in sexual relationships without fear of prosecution. This work will be done in collaboration with other partners leading on criminalization issues.
- Mental Health Awareness and Access, including promoting mental health as part of a comprehensive package of services to be available for women living with HIV, and addressing the intersection of poverty, gender-based violence and racism with mental health needs. This work will be done in collaboration with partners working on broader mental health and/or poverty alleviation, violence prevention, and anti-racism campaigns.

- HIV Across the Lifespan, including assuring that HIV prevention, care, **treatment and** support is equally available for young women, older women, and everyone in between; and equally accounts for the needs of the newly diagnosed through to long-term survivors. ICW-NA will do this in collaboration with organizations focusing on women's health issues for specific age groups.

After the conclusion of the first three years of this strategy period, ICW-NA will revisit its advocacy priorities and adjust as needed for the remaining three year period.

4. Build capacity within the community of WLHIV across North America to engage influence and be active participants in defining research, funding and policy agendas and advocate at local and national levels -- with support from and in solidarity with sisters across the continent.

While ICW-NA will work at the regional level to connect communities, there will always be a need for critical work to be done at national and sub-national levels. ICW-NA will work with individual members and member organizations to strategically build capacity of members to affect change locally, and provide platforms for local actions to connect and support each other. Activities to achieve this objective will include:

- 4.1 Build research and resource mobilization capacity, including the creation of platforms and convening of events for WLHIV to engage with academia, researchers and funders, to assure that research and funding agendas are evidence based and include the needs and perspectives of WLHIV in all of their diversity – resting on the maxim that absence of evidence is not evidence of absence
- 4.2 Share information to connect WLHIV and their support systems to events and opportunities available locally, nationally, regionally and globally
- 4.3 Provide seed grants for local advocacy, engagement, and movement building



Approaches

To successfully implement this strategic plan, ICW-NA will follow and utilize some core approaches to its work:

•**Maximizing technology for to connection across geographies.** As this strategy was finalized during the COVID-19 pandemic, the importance, power, and shortcomings of virtual communication connection were all on display for the world. We recognize both the opportunity and need to utilize technology for virtual connectcombat loneliness and isolation, , to reach and contribute to the mental health of as many of the 272,520 WLHIV in North America as possible. With this in mind, the strategy is designed to combat social isolation and loneliness, improve mental health, and provide connection for women with shared lived experience. ICW-NA will work to balance the need to distribute information through various technology-based channels, with the need to create community connections and support members to form sisterhood across geographies.

•**Activating partnerships and sharing of resources and information for greater impact.** Recognizing that there are many other partners doing trainings, holding events, and undertaking campaigns that relate to issues that matter to WLHIV, we will seek to coordinate with an add value to the work and events of others whenever possible. In addition to hosting our own activities where needed or preferred, we will make sure that WLHIV and their issues are represented and engaged in our partners' spaces. Partnerships are also critical for reaching women who may not otherwise be reached by technological outreach and connection; community-based organizations, serving their local populations of WLHIV, will continue to be a critical way for ICW-NA to engage the widest possible range of members.

•**Centering intersectionality.** Using a framework that highlights how social justice and inequity vary at multiple intersections to influence the health and wellbeing of WLHIV in North America, we seek to recognize and respond to the needs to WLHIV that go beyond their HIV status. Knowing the absence of evidence is not evidence of absence, ICW-NA commits to recognizing the intersecting identities and needs of our members. In addition to understanding this ourselves, we commit to communicating that complexity to partners, allies and decision-makers.

•**Recognizing resource needs and value of effort.** ICW-NA is led by women who are not only living with HIV, but have many competing demands, challenges and passions. We inherently understand that members of our network are busy, and their time is valuable. Therefore, whenever possible, ICW-NA will strive to adequately and effectively compensate the time invested by members when leading, supporting or participating in substantial activities to serve ICW-NA's work.

A Final Note

ICW-NA is dedicated to conducting all its work in a feminist, anti-racist manner, fighting for an end to all kinds of oppression and upholding social justice. This will be reflected in the internal work that ICW-NA does in building its institutional strength, as well as its external work in serving and representing women living with HIV.

Strengths and Opportunities for Achieving Goals in 2020-2025

ICW-NA is prepared to build on its own, self-identified internal strengths to achieve its goals during this strategy period, including:

- A passionate Board composed entirely of WLHIV
- A deep array of skills and connections among its Board and membership base
- The mandate of representing two powerful, developed countries
- The stability of core funding through the Robert Carr Fund (and potentially other partners), allowing the organization space to invest and grow in its core operations
- A natural transition into a new stage of operations, allowing for a fresh, creative start that is well-attuned to the current environment

ICW-NA will also work to seize opportunities in the external environment to springboard towards achievement of its goals, including:

- Filling a clear need for individual and community capacity and knowledge building among WLHIV across North America
- Leveraging both local and global opportunities – both for applying influence and for soliciting support
- Building on and moving in solidarity with a global women's movement, including the increasing role of women in elected leadership

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3. Haddad N, Robert A, Weeks A, Popovic N, Siu W, Archibald C. HIV in Canada-Surveillance Report, 2018. Canada Communicable Disease Report. 2019;45(12):304–312. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-cdr/monthly-issue/2019-45/issue-12-december-5-2019/ccdrv45i12a01-eng.pdf>

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5. Hess KL et al. "Lifetime Risk of a Diagnosis of HIV Infection in the United States." *Annals of epidemiology*, Vol. 27, No. 4; April 2017.

6. The ICW-NA mission statement was defined by the Board in a participatory manner, in November 2019. It was further validated and refined through community input in April-June 2020.