AN INUIT CASCADE OF CARE FRAMEWORK FOR
SEXUALLY TRANSMITTED & BLOOD BORNE INFECTIONS

IKAJURNIQ 2021

UPDATED AND EXPANDED

1-800-667-0749
www.pauktuutit .ca

ᐊᐅᖅᑐᑦᑎᑦ
ᐃᓄᐃᑦ ᐅᖃᐃᑦ ᑲᓇᑕ
PAUKTUUTIT
INUIT WOMEN OF CANADA

Special thank you to the Inuit Sexual Health Network members who made this framework possible by sharing their knowledge:

Akausivik Family Health Team, Ottawa – Connie Siedule

Inuvialuit Regional Corporation – Alicia Lennie, Jennifer Picek, Ashley Morine, Britney Selina and Evelyn Storr

Department of Health, Government of Nunavut – Sandra Schwartz, Suzanne Schwartz and Susie Pearce

Department of Health & Social Services, Government of Northwest Territories – Myrna Matheson

Department of Medicine, University of Alberta – Dr. Ameeta Singh

Nunavik Regional Board of Health and Social Services – Dr. Veronique Morin & Maxime Lamoureux

Nunatsiavut Government – Sylvia Doody

Nunavut Tunngavik Inc. – Shylah Elliot

Qulliq Cascade of Care artwork provided by Saelym Marie Paniukaq Degrandpre, a local Inuk artist from the Ottawa area.

We are pleased to share with you an updated and expanded *Ikajurniq – An Inuit Cascade of Care Framework for Sexually Transmitted & Blood Borne Infections*.

The 2021 version includes more information on the prevention, testing and treatment of infections that are spread through sexual contact and through blood. For more information, contact your local public health department or health centre.

Pauktuutit Inuit Women of Canada
1 Nicholas Street
Ottawa, ON K1N 7B7

Phone: 613-238-2377
Toll Free: 1-800-667-0749
Fax: 613-238-1787

ᐊᐅᖅᑎᑦᑎᑦ
ᐃᓄᐃᑦ ᐊᖏᓪᓗᑦ ᑲᓇᑕ
PAUKTUUTIT
INUIT WOMEN OF CANADA

ISBN: 978-1-988671-15-4

CONTENTS

GLOSSARY

Blood borne infections (BBIs) – viruses that are passed to others through blood and/or other body fluids such as semen, vaginal secretions and in some cases, saliva. BBIs include hepatitis B, hepatitis C and HIV. These infections can be transmitted through sexual contact, by sharing tattooing or drug-use equipment, from accidental needle injuries and from mother to baby during pregnancy or delivery.

Cascade of care – a treatment model based on doing as much as possible to get people tested for STBBIs, to go back for their diagnosis and finally, to complete their treatment. There are specific things we can do to remove barriers to care and increase testing and treatment of STBBIs which will then reduce the high levels of these infections in Inuit communities.

Confidentiality – the duty to make sure that personal health and other information is not shared unless the person has consented to have it shared with others. Confidentiality can be broken when health records are left open, information is shared outside of the circle of care or healthcare providers talk about patients with others. Confidentiality has legal parameters and ramifications if breached.

Consent to sexual contact – consent means giving or getting permission to do something. Sexual consent means two people freely agree to each sexual activity that occurs. You need to give and get consent each time and can withdraw consent during sexual encounters. Sex without consent is sexual assault. Children cannot consent to sexual contact with adults.

Contact tracing – identifying, informing and offering testing to anyone who had sexual or blood contact with someone who has been diagnosed with a sexually transmitted or blood borne infection (STBBI). This prevents the further spread of infections. Healthcare providers need to be careful to protect the privacy of contacts while encouraging them to get tested.

Cultural safety in healthcare – Inuit patients, their partners and their families feel safe when healthcare providers understand Inuit culture and values, show respect and provide care that is free from bias, stereotypes, racism and discrimination. Patients who don't feel safe won't trust healthcare providers and are less likely to get tested and treated for STBBIs.

Gender – the roles and expectations that a society has of someone who they see as a male or female. In some societies gender roles are very rigid and in others more fluid. Inuit Elders say that Inuit were very accepting of flexible gender roles before colonization. Everyone's skills and talents were welcomed contributions to their communities, regardless of their gender.

Gender identity – whether a person sees themselves as female, male, both female and male or neither female nor male. This can be different from how others see them or what sex they were assigned at birth. There has been a lot of misunderstanding and intolerance of differently gendered people.

Privacy – having control over how your personal information is collected, used and shared. Privacy can be violated when identifying information is included in research or details about someone's medical condition is given to the wrong person. People with STBBIs may be worried about their privacy if they go for testing.

Screening – finding out if a person has an infection, disease or condition. With STBBIs, a nurse or doctor will ask a number of questions,

examine the patient and do laboratory tests to diagnose an infection. The more people who are screened for STBBIs, the more that can be treated before they spread infections to others.

Sexual orientation – Sexual orientation is a pattern of emotional, romantic or sexual attraction which could be defined as the attraction to the same gender (homosexuality), to a gender different than one's own (heterosexuality), to both men and women (bisexuality), to all genders (pansexual), or to neither (asexuality).

Sexually transmitted infections (STIs) – infections that are spread mainly through person-to-person sexual contact that includes oral, anal, and vaginal sex and sexual touching. There are more than 30 types of STIs that are caused by bacteria, viruses, and parasites. The most common STBBIs in Inuit communities are chlamydia, gonorrhea, and syphilis.

Sexually transmitted and blood borne infections (STBBIs) – includes both STIs and BBIs.

Sexual trauma – emotional, mental, physical and spiritual harm that comes from violent or abusive sexual contact. This could include child sexual abuse, adult sexual assault, interpersonal violence or contracting an STBBI from someone who knew they were infected. Sexual trauma can prevent people from protecting themselves from STBBIs, getting sexual health check-ups and completing treatment.

Social determinants of health – the conditions in which people are born, live, work and age which influence their health status and behaviours. Factors such as personal safety, education, income and quality of health services have a direct impact on sexual health and access to testing and treatment. Effective sexual health programs take these conditions into account.

Stigma – Labeling some people or some health conditions as more shameful or disgraceful than others. For example, people who have STBBIs, especially HIV/AIDS can face disapproval and discrimination that prevents them from coming forward for sexual health care. We can reduce stigma by being non-judgmental and treating all infections the same, no matter how they are acquired.

Testing – healthcare providers can take a blood sample, a urine sample, a swab of the mouth or genital area and send it to a lab to see if the person has a sexually transmitted or blood borne infection. Depending on the STBBI, different tests will be used and the time it takes to get results back can differ. Testing is free in Inuit communities and plays a big part in reducing the numbers of people infected.

What is a healthy sexual relationship between partners?

- Both partners respect and care about each other
- They trust each other to be honest and do what they say they will do
- They can learn and talk about ways to protect against infections and unplanned pregnancy
- Both partners feel safe from violence and abuse in the relationship

What is Sexual Consent?

- Consent to sexual activity must be freely given, without pressure or fear of violence. It can also be withdrawn during sexual encounters. Sex without consent is sexual assault
- Children cannot give consent to sexual contact with an adult – that is sexual abuse
- A sexual partner can consent to one type of sex but not others
- Silence is not consent. Consent needs to be clear and ongoing

Facts About Sexually Transmitted and Blood Borne Infections (STBBIs)

- STBBIs are spread from one person who is infected to someone else
- Most people with an STBBI don't show any symptoms so they may infect others without knowing
- The only way to know for sure if you have an STBBI is to get tested
- The most effective way to prevent STBBIs is to use protection during sex and clean equipment such as needles for tattooing and injection drug use

Testing and Treatment of STBBIs

- Healthcare providers can easily test for STBBIs using a urine sample, blood sample or swab of the affected area
- Many STIs can be treated with antibiotics
- BBIs can be treated with antiviral medications or prevented by vaccination (e.g., hepatitis B)
- If STBBIs are not treated they will spread to sexual partners and others who share injection equipment such as needles
- Healthcare providers need to contact sexual partners to make sure they get tested and treated to stop the spread of STBBIs

Who Should Get Tested?

- Everyone who is sexually active and under age 30 should get tested at least once a year
- Get tested every 3 to 6 months if you or your sexual partners have more than one other partner
- Get tested if you have symptoms such as genital discharge, pain with sex or when peeing, bumps or rash in the mouth or genital area
- Get tested if you have had sexual or blood-based contact with someone you think might be infected

What Happens if You Don't Treat STBBIs?

- More people get infected
- A baby can contract an STBBI during pregnancy or birth or more rarely from breast milk. Some STBBIs in newborns can be serious and even fatal
- Some STBBIs can result in infertility (not being able to have children)
- Other STBBIs can lead to blindness, brain damage, heart damage, cancer, compromised immune systems and death
- Getting one STBBI can make it more likely you will get others

How Can Healthcare Providers Help Inuit Get Tested and Treated for STBBIs?

- Think about any biases and judgments you might have about people who have a sexually transmitted or blood borne infection
- Stigma about STBBIs, sexual orientation and gender identity is one of the biggest barriers to testing and treatment
- Be especially careful about privacy
- Make sure testing is easy, fast and completely confidential

Common Sexually Transmitted Infections

Name	How Spread	How Tested	How Treated
Chlamydia	Unprotected oral, anal, or vaginal sex Sometimes birth	Urine test or swab	Cure with medication
Genital Herpes	Unprotected oral, anal, or vaginal sex Sometimes birth	Swab or blood test	No cure Manage symptoms with medication
Gonorrhea "The Clap"	Unprotected oral, anal, or vaginal sex Sometimes birth	Urine test or swab	Cure with medication
Hepatitis B	Unprotected oral, anal, or vaginal sex Sometimes birth Preventable with vaccine	Blood test	No cure Manage symptoms with medication
Hepatitis C	Shared drug equipment including needles and blood contact Unprotected oral, anal, and vaginal sex Sometimes birth	Blood test	Becomes chronic (long-term) in up to 80% of cases Can be cured with medication
Human Immuno-deficiency Viruses (HIV) and Acquired Immunodeficiency Syndrome (AIDS)	Unprotected oral, anal, or vaginal sex Sometimes birth Passed through breast milk, blood, semen, vaginal secretions	Blood test	No cure Manage symptoms and treat as a chronic disease
Human Papilloma Viruses (HPV) Some cause genital warts	Unprotected oral, anal, or vaginal sex Sometimes birth Preventable with a vaccine	Visual exam PAP test (cervical swab)	No cure Manage symptoms with medication Most genital warts go away on their own
Pubic Lice "Crabs"	Close contact with an infected person	Visual exam	Cure with special shampoo and washing infected items in hot water
Syphilis	Unprotected oral, anal, or vaginal sex Sometimes during pregnancy	Blood test	Cure with antibiotics

INTRODUCTION

Although Inuit do not narrowly define sexual health as the absence of an illness, there is concern about the high rates of sexually transmitted and blood borne infections (STBBIs) that are currently being experienced across Inuit Nunangat. While there is no Inuit-specific statistical information, we know that Nunavut, where 85% of the population is Inuit, has by far the highest rates of gonorrhea, chlamydia and syphilis in Canada.

Chlamydia

- In 2017, the chlamydia rate in Nunavut was 11 times higher than for Canada as a whole (3,887.9 cases per 100,000 compared to 345.7).

Gonorrhea

- The gonorrhea rate was 18 times higher in Nunavut (1,451.3 cases per 100,000 people compared to 79.5). This gap more than doubled since 2016.
- A greater proportion of gonorrhea cases were among women in the three territories compared to the provinces.

Syphilis

- Nunavut's rate of syphilis was 21 times higher (234.3 cases per 100,000 population compared with 11.2 in Canada).
- Women accounted for 63% of syphilis cases compared to 11% in Canada.
- Both the Northwest Territories and Nunavut saw their highest rates among those aged 15 to 19 years old. (Public Agency of Canada, 2019)

While current rates of HIV in Inuit communities are low, the risk of being infected increases when people have another STI. Healthcare providers and community members predict that a rapid rise in HIV could occur unless effective STBBI prevention and treatment measures are put in place.

Inuit organizations at the national, provincial/territorial, and regional levels are concerned about the short- and long-term effects of STBBIs on the young and mobile Inuit population. The national Inuit Public Health Task Group identified sexual health as a priority issue in 2015. Pauktuutit Inuit Women of Canada has been advocating for sexual health initiatives, supporting community awareness campaigns, and coordinating the Canadian Inuit HIV/AIDS Network (CIHAN) for many years. In 2017, the organization hosted a sexual health roundtable that resulted in *Tavva: National Inuit Sexual Health Strategy* and the formation of a national Inuit Sexual Health Network.

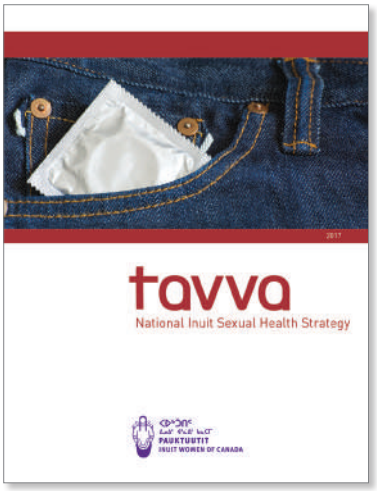
A central approach to reducing STBBIs is the development of effective methods to increase the number of Inuit being tested, diagnosed, and treated before they spread infections to others. At its first meeting in November 2017, the Inuit Sexual Health Network developed an Inuit-specific STBBI Cascade of Care. The Cascade of Care builds on best practices in prevention and treatment of STBBIs in Canada, while recognizing both the particular challenges and known effective practices in reaching, testing and treating Inuit with STBBIs.

Many people have a role in preventing the spread of STBBIs. This resource is intended for health and wellness workers, community health representatives, midwives, nurses, physicians, and other public health providers. Youth workers, mental health and addictions counsellors, educators and other community program staff also can play a role in raising awareness and encouraging testing and treatment for STBBIs.

NATIONAL INUIT SEXUAL HEALTH STRATEGY

Tavva – National Inuit Sexual Health Strategy guided the development of the Inuit STBBI Cascade of Care. The goal of the Strategy is to:

> *"Advocate for meaningful Inuit involvement in the design, delivery and evaluation of culturally and linguistically appropriate awareness campaigns, community actions, preventive programs and health services that enable Inuit to be sexually healthy throughout their lives."*
>
> — Pauktuutit Inuit Women of Canada, 2017, p. 12



STRATEGIC PRIORITIES

1. Enhance Inuit sexual health education
2. Address substance abuse and high-risk behaviours
3. Reduce sexual violence
4. Prevent sexually transmitted and blood-borne infections (STBBI)
5. Strengthen mental health and trauma-informed supports
6. Enhance Inuit-specific research and surveillance.

The Inuit strategy identifies a number of ways to prevent STBBIs, including:

- Promoting awareness of the links among lack of self-esteem, gender inequality, unhealthy relationships and STBBIs
- Reducing the stigma and fear associated with STBBIs
- Ensuring patient confidentiality, privacy and respect at all stages of testing and treatment
- Requiring mandatory cultural competency training for all healthcare providers and health educators
- Developing, implementing, and evaluating Inuit-specific community health models for prevention, testing and treatment of STBBIs
- Encouraging health clinics and hospitals to conduct routine screenings for a range of infections and diseases.

Finally, the Strategy recognizes the importance of the social determinants of sexual health that contribute to high rates of sexually transmitted and blood borne infections for Inuit. These include:

- Crowded **housing** that reduces privacy and creates extra stress, making it difficult to take care of one's sexual health

- Poor sexual health **education** so youth and young adults don't have the information they need to protect themselves
- **Safety and security** concerns that make it difficult for individuals to say no to unsafe sex.
- **Substance use** that can affect decision-making and crowd out other health concerns
- Lack of **health services** that make it difficult to access confidential, culturally safe STBBI testing and treatment
- The **high cost of living** that makes STBBI protection products beyond reach, and **food insecurity** that can make individuals more susceptible to infection
- **Mental illness** such as depression and anxiety that makes acting on self-care difficult
- **Intergenerational trauma** that erodes trust in healthcare providers and creates barriers for sexual health care
- **Gender** where more rigid roles make it difficult for people to seek care or to feel unsafe discussing sexual health
- **Stigma and discrimination** that lead to labels, judgment, shame and exclusion.

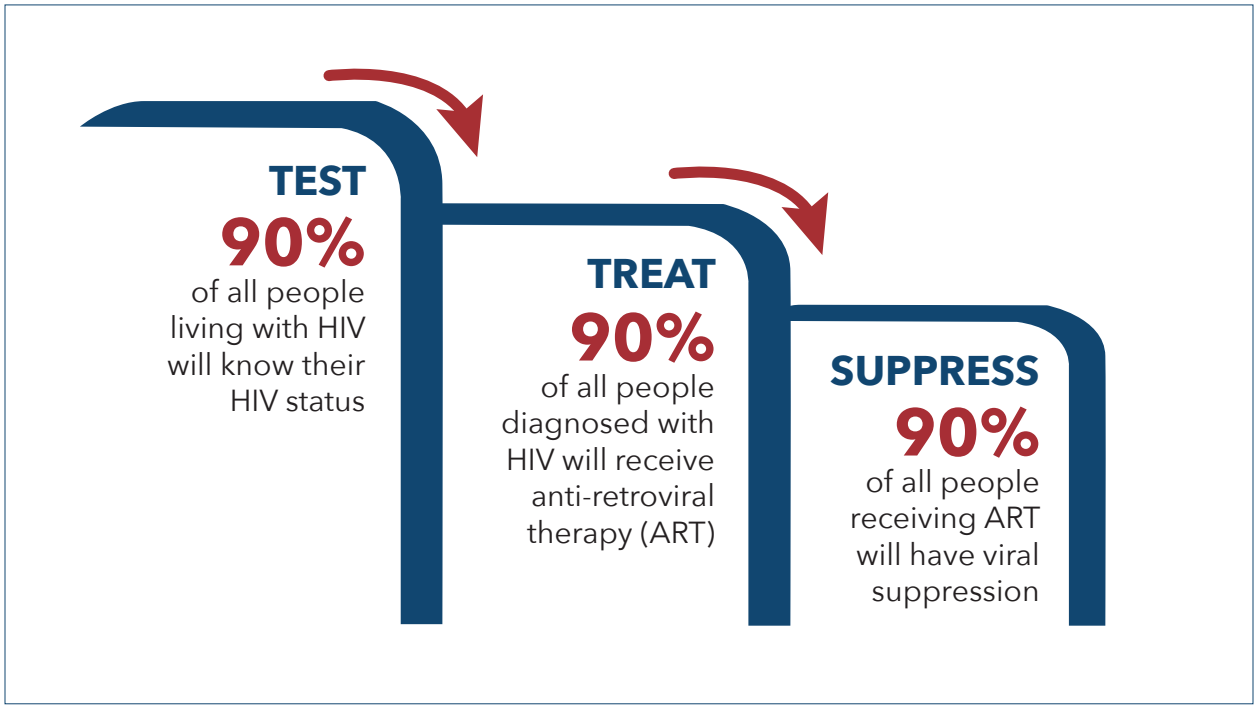
THE CASCADE OF CARE APPROACH

The cascade of care approach was first developed to guide efforts to eliminate HIV/AIDS globally by 2030 (United Nations, 2016). Due to a range of barriers and challenges, especially among disadvantaged populations, many people who are HIV positive are unaware of their diagnosis and continue to transmit HIV infection. Also, many who are tested and diagnosed do not either have access to or are able to continue treatment until the virus is suppressed.

In response, the United Nations AIDS organization set the following international targets for 2020:

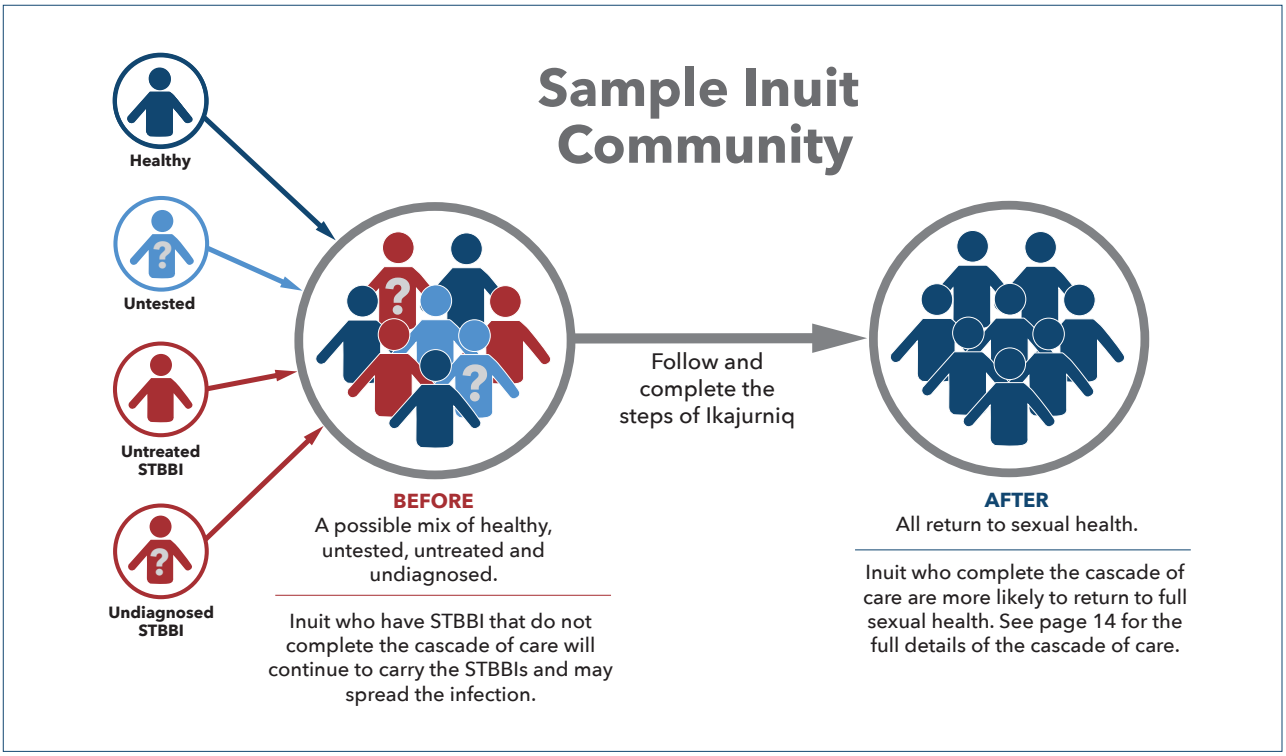
- 90% of all people living with HIV will know their HIV status
- 90% of all people diagnosed with HIV will receive anti-retroviral therapy (ART)
- 90% of all people receiving ART will have viral suppression

The strategy is known as "90-90-90". While these targets have not been met yet, concerted efforts in getting people tested and treated has lowered HIV viral loads across the globe (UNAIDS, 2020).



IKAJURNIQ

Ikajurniq – "the act of helping" – is an Inuit-specific STBBI model of care that builds on the best practices in prevention and treatment of STBBIs in Canada. It recognizes both the challenges and the known effective practices in reaching, testing and treating Inuit with STBBIs. The Inuit Sexual Health Network believes that the cascade of care approach can and should be applied in Inuit communities. By reaching and retaining more Inuit in the testing/diagnosis/treatment process, the number of STBBIs can be greatly reduced.



Rather than losing many patients/clients at each stage of the cascade, the aim is to:

- reach all sexually active Inuit
- have them get tested for STBBIs, and
- access health services in a culturally appropriate way according to need.

Building on an accessible and culturally safe experience, those who test positive will get treated, and those who complete treatment will be free from STBBIs and return to sexual health, reducing the spread of infections to others.

BARRIERS TO TESTING AND TREATMENT

PREVENTION

- **Sexual health literacy** – many Inuit lack knowledge about safe and healthy sexuality and are not comfortable seeking out information and services.
- **Reducing risk-taking behaviours** – low self-esteem, unresolved trauma, boredom, and poor access to preventive measures can lead to risky behaviours such as not using condoms, anonymous sex and sex under the influence of drugs and alcohol.

TESTING

- **Social norms and attitudes towards STBBIs** – social norms (what is acceptable in a group or community) and individual attitudes need to change so more Inuit are comfortable and confident in getting tested and treated.
- **Stigma** – there is still a great deal of stigma in having a sexually transmitted or blood borne infection, including syphilis, chlamydia, and gonorrhea. Stigma prevents individuals from seeking care.
- **Confidentiality** – in small, close-knit communities, Inuit fear that their medical conditions and health status will become known in the community.
- **Access to testing** – limited availability of testing sites and times reduces the number of those who get tested.

TREATMENT

- **Healthcare provider knowledge** – healthcare providers in northern communities may lack the specialized knowledge and treatment approaches needed.
- **Getting results and approving treatment** – sending samples out of the community for analysis can result in a several-week delay in diagnosis. Getting authorization to begin treatment also can be delayed when physicians are working remotely.
- **Reaching and treating patients quickly** – unstable housing and limited phone access among clients combined with competing health crises (tuberculosis, suicide, accidents) make it difficult to get patients into treatment quickly.
- **Tracing all contacts** – anonymous sex (not knowing your sex partner) and reluctance to name contacts due to fear of violence, bullying and public exposure means that those who might be infected are delaying treatment or are not getting treated at all. These sexual partners may spread new infections.

RETURN TO SEXUAL HEALTH

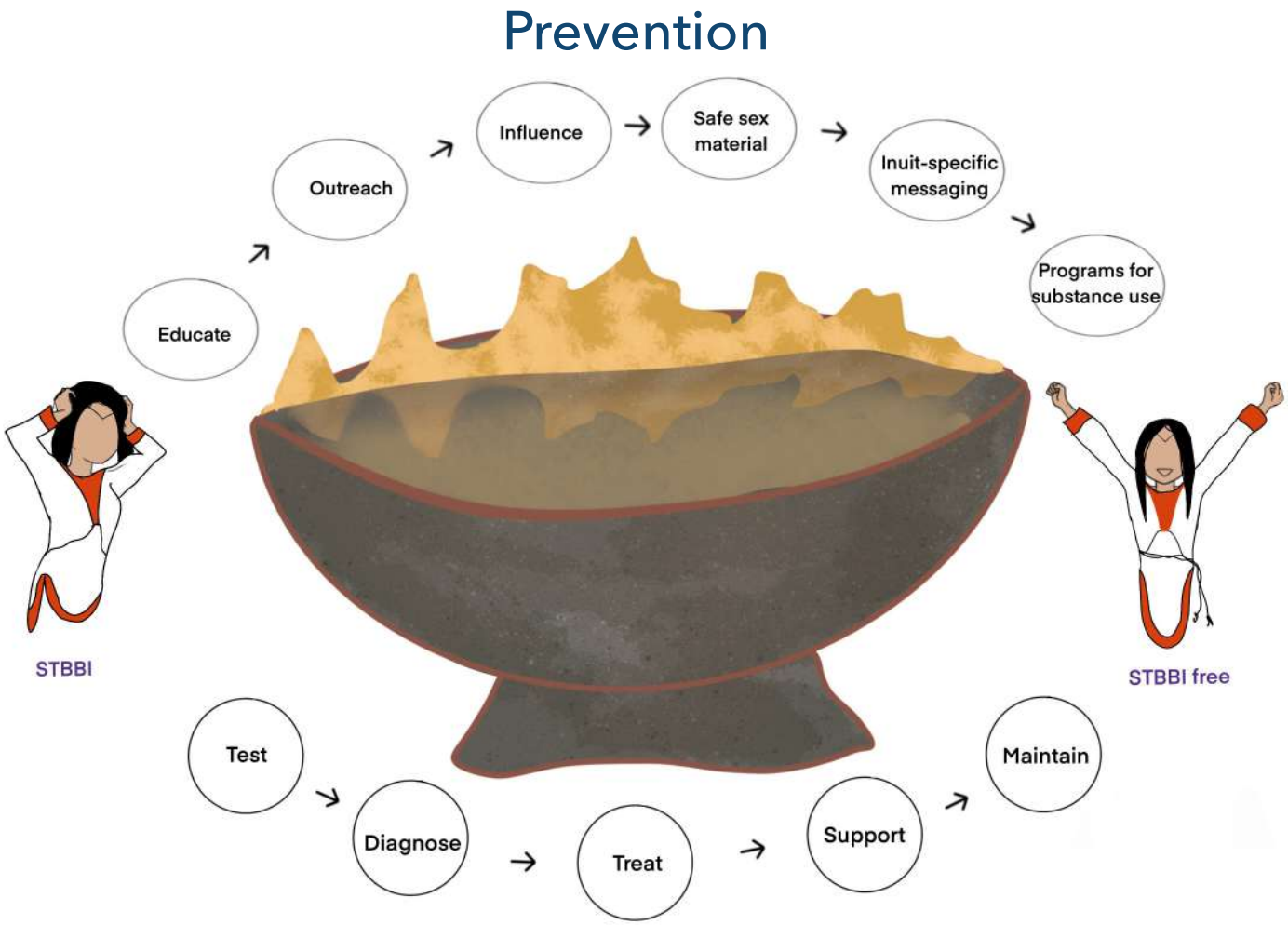
- **Preventing reinfection** – many individuals with a STI diagnosis are at risk of reinfection from current and new sexual partners.

AT ALL STAGES

- **Other health issues** – mental health issues, chronic health conditions and generally poor health make it difficult for some Inuit to complete the treatment cycle and get re-checked for sexually transmitted infections.
- **Understaffed health centres** – most Inuit live in small northern communities where the local health center is under-staffed or lacks sexual health programming, contact tracing and/or outreach capacity.
- **Lack of culturally safe services** – many healthcare providers lack knowledge of the local community and Inuit culture and hold stereotypes about their patients.
- **Trauma** – Inuit continue to face the effects of colonial policies, racism (both at the individual and systemic levels) and personal tragedies that prevent them from seeking care.
- **Self-care** – due to the stresses of poverty, food insecurity, crowded housing, violence, and other issues, caring for one's sexual health is not a priority concern.

EFFECTIVE PRACTICES

There are effective practices at each stage of the testing, diagnosis and treatment journey that address the barriers that Inuit encounter in the process. These practices increase the chances of effective treatment of STBBIs and a return to being STBBI free.



Inuit-specific STBBI cascade of care that builds on the best practices in prevention and treatment of STBBIs. It recognizes both the particular barriers and the known effective practices in reaching, testing and treating Inuit with STBBIs in northern and urban communities.

CONCLUSION

Despite the current elevated rates of STBBIs across Inuit Nunangat and the fact that many Inuit face barriers in completing the testing and treatment journey, the approaches described above can greatly increase the number of Inuit who successfully navigate the STBBI cascade of care and return to sexual health.

RECOMMENDED POLICIES AND PRACTICES

- ✔ **Ensure** that outreach, testing and treatment for STBBIs are high priorities in Inuit communities
- ✔ **Develop** integrated (combined), holistic health programs that increase awareness and promote harm reduction and self-care
- ✔ **Adopt** approaches that address sexual violence and other forms of trauma that create barriers to health
- ✔ **Use** peer educators, school education and social media to reach those at-risk
- ✔ **Provide** non-judgmental health care
- ✔ **Apply** strict confidentiality practices and use non-nominal testing (not identifying tests and results by name)
- ✔ **Expand** access to testing through more locations and extended hours
- ✔ **Deliver** regular professional development training on STBBIs in northern communities
- ✔ **Treat** suspected sexually transmitted infections based on symptoms and allowing nurses to prescribe treatment
- ✔ **Maintain** contact follow-ups with patients throughout the testing and treatment cycle in a timely and thorough manner
- ✔ **Offer** patient-centered counselling and support and use directly observed therapy (DOT) when needed and consented to
- ✔ **Follow** up-to-date protocols for testing and drug treatment for patients/clients and their sexual partners, followed by re-testing.

SOURCES AND RESOURCES

DATA

Government of Canada. (2019). *Report on Sexually Transmitted Infections in Canada, 2017*. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-sexually-transmitted-infections-canada-2017.html

Inuit Tapiriit Kanatami. (2018). *Inuit Statistical Profile 2018* (revised). https://www.itk.ca/2018-inuit-statistical-profile-3/

EDUCATIONAL MATERIALS

Embrace Life Council. (no date). Resources (posters, fact sheets and information materials on mental health, violence, addictions and other topics, for youth and service providers). http://inuusiq.com/resources

Government of Nunavut. (2019). Sexual Health Resources (posters, fact sheets, guidelines and teaching aids on healthy sexuality, sexual consent, STIs, etc.) https://www.irespectmyself.ca/en/resources

Government of Nunavut. (no date). I Respect Myself website. https://www.irespectmyself.ca

Pauktuutit Inuit Women of Canada. (2019). Engaging Inuit Youth Around Sexually Transmitted and Blood Borne Infections (STBBIs) (43-minute webinar). www.youtube.com/watch?v=WS7B3Qpw-YY

Pauktuutit Inuit Women of Canada. (2018). Naturally Curious (five short awareness videos on sexual health and the prevention of STBBIs). https://www.youtube.com/playlist?list=PLDfdlBuY3qenJWpXOSXvFJd4cuo5F8OS7

Pauktuutit Inuit Women of Canada. (2017). Check Up Project. https://www.facebook.com/CheckUpProject/videos/349370359813623

Pauktuutit Inuit Women of Canada. (2017). Dodge It (a two-minute video public service announcement about Sexually Transmitted Blood Borne Infection Prevention. https://www.youtube.com/watch?v=VXfhI20hjUw

Pauktuutit Inuit Women of Canada. (2017). Hepatitis C Awareness (nine short awareness videos and public service announcements on getting tested, tattoo and body piercing and personal hygiene). https://www.youtube.com/playlist?list=PLDfdlBuY3qenZ0PxlECLDCwrYxQt12_Vg

FRAMEWORKS AND GUIDELINES

Canadian Paediatric Society. (2020). *Diagnosis and Management of Sexually Transmitted Infections in Adolescents*. https://www.cps.ca/en/documents/position/sexually-transmitted-infections

Canadian Public Health Association. (2020). *Trauma- and Violence-Informed Care Toolkit for Reducing Stigma Related to Sexually Transmitted and Blood-Borne Infections (STBBIs)*. https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/STBBI-TVIC-toolkit_e.pdf

Canadian Public Health Association. (2017). *Discussing Sexual Health, Substance Use and STBBIs: A guide for service providers*.
https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/discussionguide_e.pdf

Minister of Health. (2018). *A Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030*.
www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html#a5.0

Pauktuutit Inuit Women of Canada. (2017). T*avva – National Inuit Sexual Health Strategy*.
https://www.pauktuutit.ca/wp-content/uploads/Tavva_SexualHealth_English.pdf

Public Health Agency of Canada. (2020). *Canadian Guidelines on Sexually Transmitted Infections*.
https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html

OTHER MATERIALS

Inuit Tapiriit Kanatami. (2014). *Social Determinants of Inuit Health in Canada*.
www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf

Jessen, C., Simons, B., Leston, J., & Rink, E. (eds.) (2016). *Special Issue: Sexual and Reproductive Health Promotion in the Circumpolar North, (75)*1.
https://www.tandfonline.com/action/doSearch?AllField=sexual+and+reproductive+health&SeriesKey=zich20

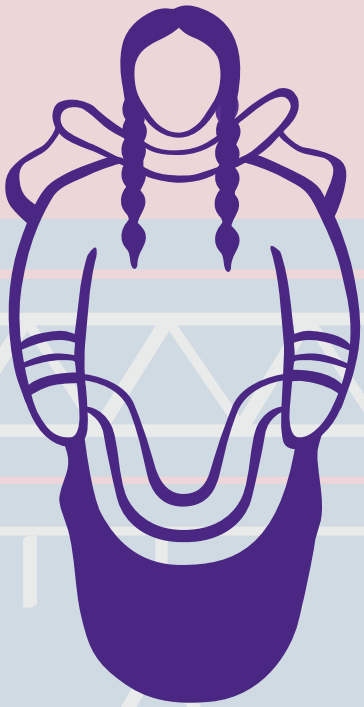
Pauktuutit Inuit Women of Canada. (2021). *Inuit Sexual Health Indicators for Research, Monitoring and Surveillance*.
https://www.pauktuutit.ca/project/uuktuutiit-inuit-sexual-health-indicators/

Pauktuutit Inuit Women of Canada. (2020). *Access, Respect, Consent: Inuit Women and Reproductive Healthcare Services in 2019: Summary report*.
www.pauktuutit.ca/wp-content/uploads/Pauktuutit_Reproductive-Health_English_04.pdf

Public Health Agency of Canada. (2019). *Accelerating Our Response: Government of Canada Five-Year Action Plan on Sexually Transmitted and Blood-Borne Infections*.
www.canada.ca/en/public-health/services/reports-publications/accelerating-our-response-five-year-action-plan-sexually-transmitted-blood-borne-infections.html

UNAIDS. (2020). 90–90–90: Good Progress, but the World is Off-Track for Hitting the 2020 Targets.
https://www.unaids.org/en/resources/presscentre/featurestories/2020/september/20200921_90-90-90

United Nations. (2016). *Political Declaration on HIV and AIDS: On the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030*.
https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf



Pauktuutit Inuit Women of Canada
1 Nicholas Street
Ottawa, ON K1N 7B7

Phone: 613-238-2377
Toll Free: 1-800-667-0749
Fax: 613-238-1787

www.pauktuutit.ca