

# 2025-2028

## Strategic Plan

Pathways towards a united, vital  
and sustainable HIV sector



ONTARIO  
AIDS  
NETWORK

LEARNING, LEADERSHIP & ADVOCACY

# Start here

## Land Acknowledgment

The Ontario AIDS Network (OAN) acknowledges that the land on which we work and gather is the traditional territory of many Nations, including the Mississaugas of the Credit, the Anishinaabe, the Haudenosaunee, and the Wendat peoples. Toronto, where our central office is located, is now home to many diverse First Nations, Inuit, and Métis peoples.

As a provincial organization, we recognize that our work extends across Ontario, which encompasses the traditional territories of numerous Indigenous Nations and peoples, including but not limited to the Anishinaabe, Haudenosaunee, Cree, Métis, and other First Peoples.

We honor their enduring connection to the land, waters, and skies, and the responsibilities they continue to uphold despite the ongoing impacts of colonization. We acknowledge the role that systemic inequities, including those created by colonial policies, have played in shaping the social determinants of health for Indigenous peoples, including the impacts on HIV prevention, treatment, and care.

OAN is committed to working in solidarity with Indigenous communities to address these inequities and to support the greater involvement and meaningful engagement of Indigenous people living with HIV. We pledge to learn from Indigenous leadership, amplify Indigenous voices, and build relationships rooted in respect, equity, and reconciliation.



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# Summary

## OAN's Strategic Plan 2025-28

Our aim for the next three years: A vital, unified, and sustainable HIV service sector.

For nearly 30 years, the Ontario AIDS Network (OAN) has united organizations working to prevent HIV and support people living with and affected by HIV across Ontario. Our network has been a driving force in advocacy, capacity building, and community engagement.

Today, the HIV service sector faces intensifying pressures. A critical shortage of healthcare providers, funding instability, and an increasingly fragmented system threaten access to care, particularly for those aging with HIV, newcomers, Indigenous communities, and Black communities and communities of colour. Stigma, discrimination, and systemic inequities—deepened by political shifts—continue to impact people living with HIV and the organizations that support them. The rising cost of living, workforce shortages, and generational shifts within the sector further complicate efforts to sustain services and leadership.



Illustration by D. Taschereau-Mamers / DTMstudio.ca

Yet, OAN's strengths remain clear. As a trusted advocacy voice, we push for sustainable funding and policy change. We foster collaboration and knowledge-sharing among ASOs. As a leader in sector development, we build capacity through training, tools, and support services that enable organizations to adapt to change.

This strategic plan, aligned with the Ontario HIV Action Plan to 2030, reinforces our shared vision:

**By 2030, new infections are rare, very few Ontarians are living with undiagnosed HIV, and all people with HIV have the treatments and other services and supports they need to manage their health well.**

Over the next three years, we will take bold steps to protect, strengthen, and sustain the HIV service sector—ensuring its continued relevance and impact in the face of change.

## OUR STRATEGIC PRIORITIES FOR 2025-28



### 1. Strengthen our collective voice for systems change

Support our members and partners to influence decision makers at provincial, regional, and local levels on policy matters that affect the vitality and sustainability of the HIV service sector. (See page 14)



### 2. Nurture our community

Enhance connectivity and resiliency in our sector by strengthening collaboration, knowledge-sharing, and support. (See page 16)



### 3. Future-proof our sector

Build our network's capacity to ensure our collective sustainability and vitality with initiatives that will diversify funding sources, demonstrate our impact, and develop our capacity to adapt to evolving financial, political, organizational, and workforce pressures. (See page 18)

# Introduction

## About OAN

The Ontario AIDS Network (OAN) is a provincial coalition of community-based organizations dedicated to responding to HIV and supporting people living with and affected by HIV across Ontario.

Established in 1986, OAN was founded to strengthen the collective voice of Ontario's HIV sector, foster collaboration, and promote equitable access to HIV prevention, treatment, care, and support.

OAN works alongside its members to address the evolving challenges of HIV, with a focus on advancing greater involvement and meaningful engagement of people living with HIV (GIPA/MEPA).

Through capacity-building programs, advocacy, and leadership, OAN plays a central role in uniting communities and addressing systemic barriers to health equity, including those affecting ACB, Indigenous, 2SLGBTQ+, and other disproportionately impacted communities.

### VISION

The Ontario AIDS Network (OAN) leads a comprehensive and collective response to ending the HIV epidemic in Ontario.

### MISSION

The OAN unites and supports those working in HIV prevention, treatment and care in Ontario. We pursue knowledge exchange, advocacy and capacity building for people living with HIV and member organizations who are challenging stigma, fighting for social justice, and confronting HIV in Ontario communities.

## PRINCIPLES

The OAN is grounded by the following key principles:

### **Greater Involvement and Meaningful Engagement of People with HIV/AIDS (GIPA/MEPA):**

The OAN is a signatory to the Ontario Accord and commits to GIPA/MEPA. The lived experience of people living with, and vulnerable to, HIV drives and informs our activities and is the central focus of our work.

### **Anti-Racism, Anti-Oppression and Anti-Stigma:**

OAN acknowledges and celebrates our diversity which includes: gender, culture, sexual orientation, socio-economic status, language, ethnicity, immigration status and country of origin. We are committed to removing barriers that impede access to information and services. We train our staff and members to be sensitive and respectful to the needs of people from all backgrounds. We advocate for support and information that is personally meaningful and respectful of each person's particular culture and socio-economic experience, is sex-positive, gay-positive, and non-judgmental concerning injection drug use. We make accommodations to serve the specific needs of our diverse population. Those living with and affected by HIV continue to face stigma and discrimination in many aspects of their lives. The OAN will ensure that its members have the necessary tools, services and programs that will combat stigma and end discrimination.

### **Harm Reduction:**

OAN promotes and supports harm reduction strategies throughout our work. We build capacity and advocate for programs and services that reduce the health and social harms associated with sexual and drug-use practices. We respect individual rights and choices around drug use and seek to provide services that promote well-being of individuals.

### **Accountability and Transparency:**

The OAN is accountable to its stakeholders and operates in a transparent manner. We are responsive to the needs of our members, report on our actions and communicate regularly with our members.



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# OAN's activities and members

## OAN'S ACTIVITIES

OAN does not deliver community-based services directly to clients, but offers support to member organizations who do that work locally across Ontario through three pillars:

- 1 Education:**  
We deliver capacity building and training to staff across the network to support their role in the sector. OAN also delivers the Positive Living Development Institute (PLDI), a training program delivered by and designed for people living with HIV.
- 2 Advocacy:**  
We influence policies and strategies that impact communities living with and affected by HIV.
- 3 Leadership:**  
We foster collaboration among leaders in the HIV sector to collectively respond to systemic issues (e.g., anti-Black and Indigenous racism) and champion core messages like U=U.

## OUR MEMBERS

OAN is made up of 44 members and affiliates and is the trustee organization for three priority population networks (PPNs): Gay Men's Sexual Health Alliance (GMSH), Women & HIV/AIDS Initiative (WHAI), and the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO).



# 44

OAN is made up of 44 members and affiliates

# Strategic planning process and engagement



*Illustration by D. Taschereau-Mamers / DTMstudio.ca*

## HOW WE DEVELOPED OUR STRATEGIC DIRECTIONS

This strategic plan was developed with input from our members, affiliates, partners, and staff. We conducted an environmental scan using a SOAR (strengths-opportunities-aspirations-results) analysis, and we surveyed the current political-economic-social context affecting the HIV/AIDS service sector in Ontario. Details of the environmental scan are provided in **Appendix B**.

A Strategic Planning Committee was formed and met over several months. The one-day Strategic Planning Retreat in February brought together the committee with the OAN Board and staff to process findings from the environmental scan.

# Current Context





# Current Landscape

Our environmental scan pointed out the following issues the sector is currently facing:



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## 1 Healthcare access and quality:

Fragmented healthcare; doctor shortages; aging with HIV and comorbidities; unequal access for marginalized PHAs.

## 2 Stigma, discrimination, and mental health:

Homophobia; transphobia; racism; stigma toward people who use drugs impact access to testing and treatment.

## 3 Political shifts:

Dismantling of democratic values; increased anti-queer, anti-trans, anti-Black, and anti-Indigenous, anti-immigration policies; political rhetoric exacerbates stigma and discrimination (e.g., linking immigration to infection rates).

## 4 Funding and resource allocation:

Unsustainable funding models necessitate additional fundraising efforts to enable programs; perception of competition for limited funding among ASOs.

## 5 Attacks on harm reduction supports:

Current government is not supportive of supervised consumption sites; ASOs bear brunt of attack on harm reduction services.

## 6 Service coordination and integration:

Calls for a holistic approach to STBBIs, especially in Indigenous communities, and for connections with social service providers who provide culturally competent and decolonized support and services.

## 7 Workforce challenges:

Turnover of EDs and ASO staff; attrition due to trauma, burnout, aging.

## 8 Socio-economic barriers for PHAs:

Rising cost of living and the housing crisis compound quality of life barriers for PHAs, especially those requiring social assistance.

## 9 Cultural and demographic shifts within the sector:

Generational gaps and cultural shifts; factions and hostility as a result of demographic divides.

# Findings from the SOAR analysis

## OAN'S STRENGTHS

- A vibrant network of 40+ members and affiliates.
- A long and deep history grounded in social justice movements.
- Recognized for leading effective advocacy on systemic inequities, funding, and health outcomes. Examples include efforts during safe consumption site closures and policy advocacy days at Queen's Park.
- Strong support provided to ASOs through human resources services, training, and sector workforce development.
- Valued for fostering connections between EDs through the annual leadership symposium; monthly ED calls in the first years of the pandemic were also valued.
- Strong strategic partnerships (e.g., OODP, OHTN, CATIE on harm reduction policy).
- Positive Leadership Development Institute (PLDI) is valued for empowering PHAs and providing a pathway into leadership roles within the sector.
- Stable leadership from ED who had revitalized strategic capacity and strengthened relationships with funders and community organizations.
- Small and amazing team of dedicated staff.
- Anti-racist, trauma-informed approaches and commitment to GIPA/MEPA.

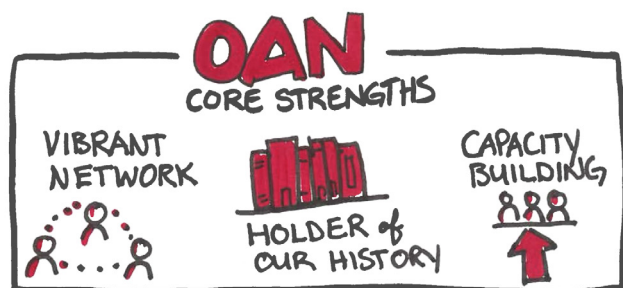


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## OPPORTUNITIES FOR OAN



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- Expand leadership training, support transitions, and emphasize anti-oppressive practices. Foster cross-role engagement to ensure effective knowledge transfer.
- Steer the sector toward sustainability by supporting ASOs in the pursuit of creative funding sources.
- Support ASOs through leadership transitions, in filling critical capacity gaps, and improving responsiveness to specialized populations.
- Support ASOs in efforts to educate the public and combat HIV stigma and local-level advocacy efforts.
- Build ties with sectors addressing intersecting issues (e.g., housing, harm reduction) and address role confusion with organizations like OHTN and OODP.
- Ensure PHAs' meaningful involvement in governance and provide ASOs with tools to operationalize GIPA/MEPA principles.

## ASPIRATIONS FOR OAN



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- Be the provincial leader in HIV advocacy and policy influence, recognized for shaping health policies and addressing systemic barriers.
- Be a coordinating body uniting diverse ASOs and social justice movements.
- Expand training programs, especially for new leaders and marginalized groups.
- Engage more with members; help members become aware of and navigate resources.
- Advocate for reliable, long-term funding and develop corporate and philanthropic partnerships.
- Play a role in public education efforts to eliminate stigma.

## RESULTS

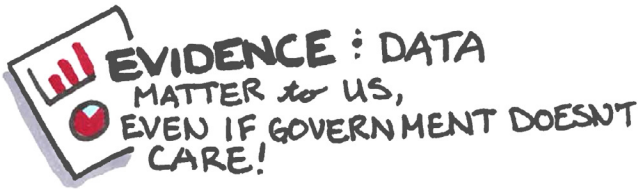


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- The sector is more sustainable, with access to diversified funding streams that enable ASOs to deliver consistent, high-quality services.
- EDs feel well-connected across the network, with other agencies and EDs.
- ASO staff feel well equipped to deliver coordinated, culturally competent care and programming.
- Reduced attrition in the sector, especially among EDs.
- Reduced burnout across all including staff and volunteers.
- ASOs are honoring the Ontario Accord. PHAs are central to planning and decision-making within ASOs.
- ASOs are embedding anti-oppressive and anti-racist practices in their work and are supporting PHAs in navigating systems of oppression.
- OAN is able to demonstrate its impact and the sector's impact to funders, including impact on quality of life and social and economic benefits of the sector's work.

## KEY LIMITATIONS

- OAN cannot mandate actions by members
- Government funding is earmarked for specific activities
- OAN is not a direct service provider to PHAs
- Key federal funding is expected to become more competitive/less certain

# Strategic Priorities

As we engaged our network in developing this plan, it became clear that our core principles remain essential in guiding the work ahead: GIPA/MEPA; Anti-Racism, Anti-Oppression, Anti-Stigma; Harm Reduction; and Accountability and Transparency. These foundational principles continue to shape our strategic direction, ensuring that our efforts are rooted in equity, collaboration, and meaningful engagement with people living with and affected by HIV.

At the same time, our work to develop this strategic plan highlighted additional principles that are crucial as we move forward with our strategic priorities. These build upon our existing principles and have a presence in all three of our strategic priorities:

## **Honouring our past while moving forward:**

We acknowledge that prior generations cleared the path for the work we lead today. There is work to do to integrate their knowledge as we embark on this revitalized direction.

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## **Trauma-Informed practice:**

Our current context is profoundly shaped by collective and personal trauma. The ongoing and evolving traumas of COVID-19 and the drug toxicity crisis are especially salient.

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## **Evidence-based decision-making:**

Our actions are informed by evidence, and we're committed to measuring and evaluating our work to show our impact.



# Our three priority areas

1



## **STRENGTHEN OUR COLLECTIVE VOICE FOR SYSTEMS CHANGE**

Support our members and partners to influence decision makers at provincial, regional, and local levels on policy matters that affect the vitality and sustainability of the HIV service sector. (See page 14)

2



## **NURTURE OUR COMMUNITY**

Enhance connectivity and resiliency in our sector by strengthening collaboration, knowledge-sharing, and support. (See page 16)

3



## **FUTURE-PROOF OUR SECTOR**

Build our network's capacity to ensure our collective sustainability and vitality with initiatives that will diversify funding sources, demonstrate our impact, and develop our capacity to adapt to evolving financial, political, workforce, and organizational pressures. (See page 18)

# Strengthen our collective voice for systems change



**71%**

Our network told us the top issue facing ASOs over the next 3 years is **organizational capacity and sustainability**.



**51%**

A further 51% of people surveyed in our network said that **tailoring services to specialized populations** is a top priority over the next 3 years.

# About this priority

Support our members and partners to influence decision-makers at provincial, regional, and local levels on policy matters that affect the vitality and sustainability of the HIV service sector and the communities our members serve.



## NEXT STEPS

Other issues and directions that our network has identified as worthy of OAN's collective voice to take up with policy-makers include:

- Aging with HIV and related issues (e.g., access to safe and non-stigmatizing housing, home care, PSWs, long-term care)
- Access to HIV medications for prevention and care, universal pharmacare
- Safe consumption sites and harm reduction
- Supporting marginalized communities outside cities



*Illustration by D. Taschereau-Mamers / DTMstudio.ca*

## TO DO THIS WE WILL:

- 1 Develop an advocacy framework for OAN.** This framework will identify OAN's roles and priorities on systemic issues. It will provide a framework for collectively identifying the priorities our network will take on and in which contexts (i.e., provincial, regional, local levels). The framework will align with the provincial Action Plan.
- 2 Use the advocacy framework to identify priority directions and issues** requiring our collective action.
- 3 Put the advocacy framework into action.** The framework will help us create a roadmap to influence decision-makers and leaders on systemic issues. Our roadmap will identify key audiences for our advocacy work and our chosen tactics for influencing change (i.e., knowledge translation tools and training for ASOs, events with policymakers, media kits, etc.).
- 4 Collaborate with relevant partners** who can share data and other resources that will strengthen our messages, and who can push our resources and messages further.
- 5 Equip ASO members and PHAs with tools to advocate** effectively in their local contexts.

STRATEGIC PRIORITY #2

# Nurture our community





# About this priority

Enhance connectivity and resiliency in our sector by strengthening collaboration, knowledge-sharing, and support.

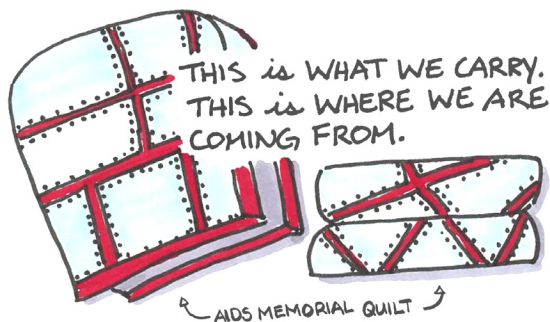


Illustration by D. Taschereau-Mamers / DTMstudio.ca

## NEXT STEPS

Members of our network mentioned ideas for enhancing our community-building work through:

- Regular support meetings for EDs to discuss ad-hoc issues and facilitate peer support
- Provide more opportunities for ASO staff at all levels (not only EDs) to connect, learn, and collaborate
- Bring together community members across generations to learn from one another

## TO DO THIS WE WILL:

- 1 Enhance and expand our member engagement opportunities.** Ensure that caucuses and committees provide a consistent feedback loop that supports collaborative planning. Pursue opportunities to enhance and expand existing skill-building programs, such as PLDI, and grow new or burgeoning venues for community and communication.
- 2 Strengthen member organizations' capacity for communication and community-building.** Provide guidance, tools, and training, and convene communities of practice focused on supporting ASOs to build their capacity for community-building and systems change through high-impact communication tactics, such as effective use of social media, traditional media, and partner-developed campaigns.
- 3 Ground community-building work in our sector's diverse voices,** including Black and Indigenous communities, and communities of colour. Strengthen initiatives and platforms that support intergenerational knowledge sharing of the AIDS movement and our social justice foundations. Support the updating of the Ontario Accord and Living & Serving and collaborate on the roll-out of these guiding documents. Support deeper PHA delegate engagement, including Black and Indigenous PHA delegates.
- 4 Clarify our role in relation to other community leaders.** Establish a responsibility matrix that outlines where OAN has a leadership role versus a support and informational role relative to partner organizations. Work with capacity building partners to ensure clear communication about capacity building roles in the sector.

# Future-proof our sector



# About this priority

Build our network's capacity to ensure our collective sustainability and vitality with initiatives that will diversify funding sources, demonstrate our impact, and develop our capacity to adapt to evolving financial, political, workforce, and organizational pressures. To do this, we will:

## NEXT STEPS

We heard from our community about the continued need for ASOs and the shifting role of ASOs in the face of new realities such as:

- Older generations aging with HIV and comorbidities in an increasingly underfunded and fragmented healthcare system
- Younger generations growing up with HIV, with compounding health issues as a result of long-term exposure to HIV therapies
- Highly specific needs of populations marginalized and underserved by the healthcare system
- The role for ASOs within health system transformation/reform initiatives (e.g., relationships/partnerships between ASOs, OHTs, primary care, immigration, other social services)



*Illustration by D. Taschereau-Mamers / DTMstudio.ca*

## TO DO THIS WE WILL:

- 1 Expand beyond traditional ways of operating.**  
Convene conversations around more sustainable service delivery models (e.g., partnerships, integrations).
- 2 Enhance ASO fundraising and fiscal capacity.**  
Explore diversification of sector funding to include non-traditional funding sources. Convene ASOs to discuss collective opportunities and to share proven approaches for diversified fundraising. Develop and provide toolkits, training, and other tools to guide ASOs in developing funding and fiscal strategies that will allow them to be adaptable and responsive for years to come.
- 3 Demonstrate our impact.** Support members in using evaluation to demonstrate impact in their communities. Build evaluation and impact measurement into our work (including this strategic plan) so that we are gathering evidence to demonstrate the impact of our work with ASOs. Participate in initiatives led by other bodies (i.e., OHTN, community-based researchers) to grow a body of research that demonstrates our impact.
- 4 Strengthen the sustainability of our organization.** Solidify our internal processes, policies, and procedures so that we are modelling and securing our organization's stability, even through political and leadership transitions.





# Appendices



# SMART Objectives

A critical component of a strategic plan is identifying goals for each strategic priority that support clarity of required actions and accountability processes. These are statements that describe observable changes to be generated by a given time and they are written in such a way that they are Specific, Measurable, Attainable, Relevant and Time-bound (SMART).

These SMART objectives create a structured and accountable link between the three strategic priorities of the OAN Strategic Plan (described within the Strategic Priorities section of the plan) and the concrete actions needed to achieve them. The SMART objectives are the starting point for the Implementation Plan, which outlines the specific activities and timelines required at the operational level.

## 1 STRENGTHEN OUR COLLECTIVE VOICE FOR SYSTEMS CHANGE

### 1.1 Develop tools and processes to advance our network's collective priorities.

1. By September 2025, develop an advocacy framework for OAN. This framework will:
  - Establish processes to identify potential collective advocacy priorities annually (e.g. periodic membership surveys and discussions).
  - Identify OAN's role within agreed upon priorities at provincial, regional, and local levels.
  - Include clear communication expectations about the process, decisions, impacts, and monitoring insights, as well as communicating how and where work might continue for issues not prioritized for OAN work in a given year.
2. By December 2025, establish a committee and use the advocacy framework to identify priority directions and issues requiring our collective voice through April 2027.
3. By March 2028, use the advocacy framework to develop a roadmap to influence decision-makers and leaders on identified systemic issues.
  - The roadmap will identify key audiences for our advocacy work and our chosen tactics for influencing change (i.e. knowledge translation tools and training for ASOs, events with policymakers, media kits, etc.).
  - OAN will use the advocacy framework for annual planning for 2027/2028 onward.
  - Throughout the process, OAN will collaborate with relevant partners who can share data and other resources that will strengthen our messages, and who can push our resources and messages further.
  - Throughout the process, OAN will have equipped network members and PHAs with tools to advocate effectively in their local contexts.

## 2 NURTURE OUR COMMUNITY

### 2.1 Develop tools and processes to advance our network's collective priorities.

1. By March 2028, ensure that working groups (and any existing caucuses) provide a consistent feedback loop that supports collaborative planning.
2. By March 2026, complete a review to identify opportunities to enhance and expand existing skill-building programs.
3. By March 2028, identify at least 2 new or emerging methods for community engagement and communication, pilot their use, and evaluate their effectiveness in improving member connection.

### 2.2 Strengthen member organizations' capacity for communication and community-building.

1. By December 2025, assess members' needs related to their communication and community-building efforts, and have a high-level plan in place to respond to these needs. The plan will identify initiatives, activities, and tactics related to communication and community-building that have potential to be high impact (including partner-developed campaigns) and where members need support (guidance, toolkits, training) to put this work into motion.
2. By March 2026, augment OAN's own internal capacity to deliver the identified supports to member organizations.
3. By September 2026, launch capacity-building work with members focused on ASOs' communication and community-building needs.

### 2.3 Deepen community-building work in our sector's diverse voices, including Black and Indigenous communities and communities of colour.

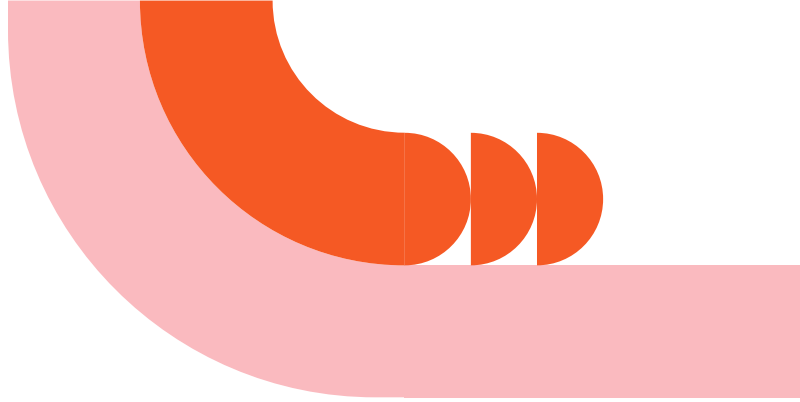
1. By March 2027, collaborate with capacity building partner organizations to develop a plan to strengthen initiatives that support intergenerational knowledge sharing of the AIDS movement and our social justice foundations.
2. By March 2028, convene at least one intergenerational knowledge sharing initiative outlined in the plan.
3. By December 2025, provide the required support and leadership across the PHA Advisory Committee, staff,

and Board for completion and dissemination of the updated Ontario Accord and Living & Serving guidelines.

4. By December 2025, engage with OODP to ensure alignment and leveraging of the work with OODP organizational development GIPA/MEPA capacity building support for member organizations throughout the strategic planning cycle.
5. By December 2025, provide implementation and accountability support for member organizations to use the new PHA delegate package through the end of the strategic planning cycle.

### 2.4 Clarify our role in relation to other community leaders in the HIV sector.

1. By March 2027, convene with capacity building partner organizations (CATIE, OODP, OHTN) to develop a responsibility matrix that outlines where OAN has a leadership role versus a support and informational role relative to partner organizations.
2. Throughout the strategic plan cycle, collaborate with capacity building partners to ensure clear communication about their distinct roles in the sector. This will include sharing the process and insights arising from the responsibility matrix developed in 2.4.1.



### **3 FUTURE-PROOF OUR SECTOR**

#### **3.1 Host conversations about sustainable service delivery models (partnerships, integrations).**

1. By end of March 2026, host (or co-host) at least two network-wide roundtable discussions focused on identifying collaborative service delivery models for ASOs (e.g. co-location, integration, formal partnerships, back-office integration, collaborative arrangements with OHTs, etc.).
2. By March 2026, work with partners to develop criteria that help member organizations assess and identify readiness to explore new sustainable service delivery models (partnerships, etc.).
3. Throughout the strategic planning cycle, use member engagement opportunities to intentionally discuss, review and support work in this area, inviting relevant partner organizations to participate as appropriate.
4. By March 2028, contribute to developing resources to support ASOs in understanding and adopting two new types of collaborations in the ASO sector.

#### **3.2 Enhance ASO fundraising and fiscal capacity.**

1. By March 2026, convene ASOs to discuss new approaches to obtain non-traditional funding with key innovators in public sector approaches.
2. By March 2026, host fundraising and fiscal capacity training workshops and develop a leading practices toolkit with sector leaders to distribute to all member ASOs.

#### **3.3 Demonstrate our impact.**

1. Throughout the strategic planning cycle, engage partner organizations with expertise in evaluation and organizational development to support ASOs in developing their capacity to evaluate the impact of their programs, services, and activities.

#### **3.4 Strengthen the sustainability of our organization.**

1. By 2028, review and update all core policies and procedures (governance, financial controls, HR policies etc.).
2. By December 2026, develop a leadership succession plan utilizing the OODP Leadership Succession Planning Resource or similar tool.



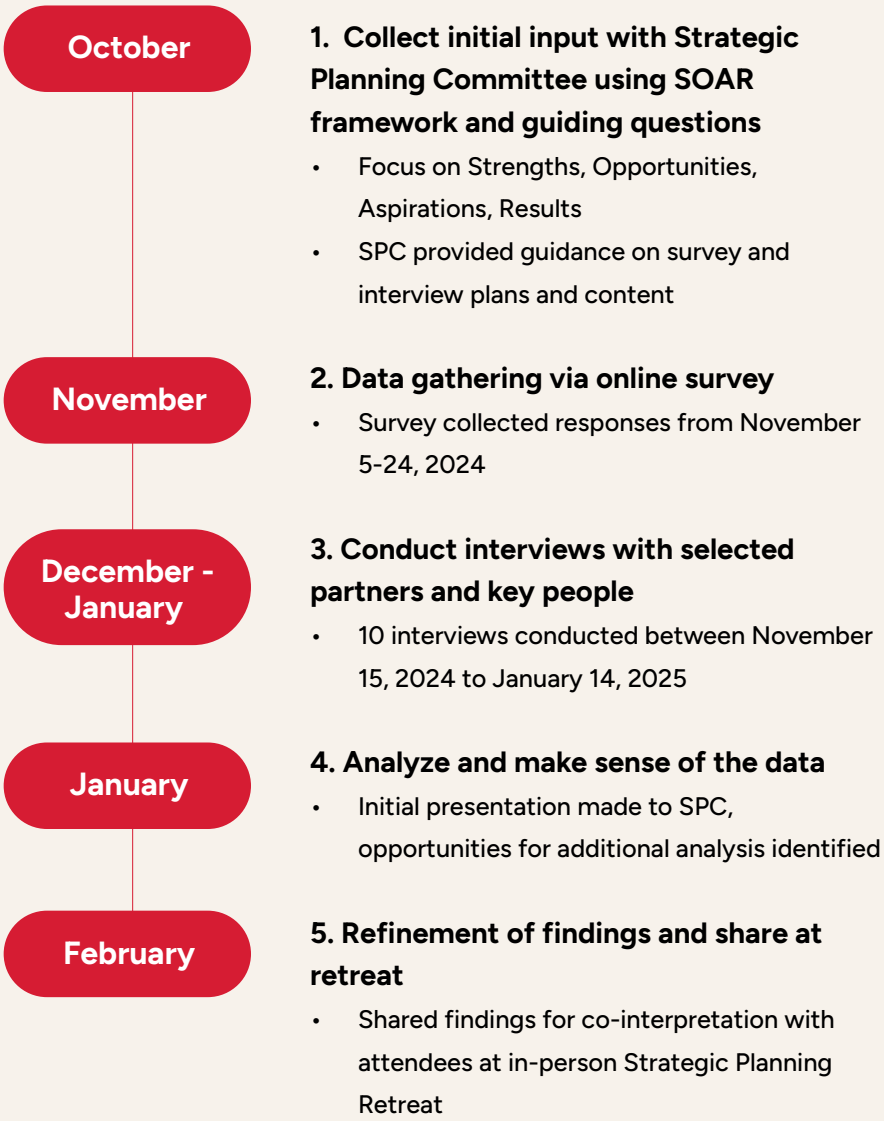
# Environmental Scan Details

## About the environmental scan

### AT A GLANCE

**Purpose:** To gather data to inform the OAN’s strategic plan.

**Scope and methods:** Survey of OAN members/affiliates and interviews with key partners, conducted Nov 2024-Jan 2025.



## ABOUT THE INTERVIEWS & METHODOLOGY

<b>Purpose / objective of the interviews</b>	<ul style="list-style-type: none"> <li>To gather input to inform OAN's strategic planning, used in conjunction with other data gathered through a survey of the network/partners, as well as insight from OAN's Strategic Planning Committee into the political, economical, social, and technological context.</li> </ul>
<b>Details</b>	<ul style="list-style-type: none"> <li>10 interviews, all 30-45 minutes in duration</li> <li>Conducted over web call by Cathexis senior consultants</li> <li>Interviews were audio-recorded and consultants prepared summary notes as the basis for analysis</li> </ul>
<b>Who was invited</b>	<ul style="list-style-type: none"> <li>The list of interviewees was identified by the Strategic Planning Committee. Interviewees were purposefully selected for their knowledge of the Ontario HIV/AIDS sector, relationship to OAN, and/or their organization's role in the sector. These included OAN partner organizations and ASOs, funders, and OAN staff.</li> </ul>
<b>Who participated</b>	<ul style="list-style-type: none"> <li>1 funding organization (2 participants)</li> <li>1 OAN staff member</li> <li>8 partner organizations / ASOs (9 participants total) including: People With AIDS Foundation, Black Cap, ACAS (Asian Community AIDS Services), ASAAP (Alliance for South Asian AIDS Prevention), OAHAS, Elevate NWO, Regional HIV/AIDS Connection, OODP</li> <li>2 interviewee self-identified as a PHA. PHA identification was not explicitly asked of interviewees, so the HIV/AIDS status of other interviewees is not known.</li> </ul>
<b>Key dates</b>	<ul style="list-style-type: none"> <li>Invitations issued to participate in interviews: November 15, 2024</li> <li>Interviews complete: January 14, 2025</li> <li>Analysis and co-interpretation of findings with Strategic Planning Committee: Dec 17, 2024-Jan 15, 2025</li> </ul>
<b>Strengths of the data</b>	<ul style="list-style-type: none"> <li>The interviews provide in-depth, nuanced perspectives capturing the lived experiences, opinions, and challenges faced in the sector that complements other data collected via a survey of the network.</li> <li>The interview selection aimed to include the views of people closely engaged with groups frequently underrepresented in OAN's engagement efforts.</li> </ul>
<b>Limitations of the data</b>	<ul style="list-style-type: none"> <li>Interviewees expressed a range of viewpoints and were purposefully selected for the uniqueness of their positions. As a result, it should not be expected that there will be a quantifiable saturation of viewpoints (many points summarized here were expressed by a single individual). This diversity of opinions reflects the approach taken in this strategic planning process, to consider multiple perspectives.</li> <li>Interview data might overrepresent some perspectives and underrepresent others as a result of biases in selection.</li> </ul>



# INTERVIEW QUESTIONS

## About you

1. Please briefly tell us about your role with regard to the HIV sector, and your connection to OAN.

## Context – the Ontario HIV sector

2. Which issues is the HIV sector currently grappling with?
3. Thinking ahead to the next 3 years or further out, what are some emerging issues that the sector is likely to face?
4. What's your vision for the HIV service sector in Ontario? What time horizon are you thinking of?
5. What should the role be for OAN in this vision? What should the Ontario HIV sector be working on now to be well positioned to fulfill this vision?

## OAN's strengths, opportunities, aspirations

6. From your perspective, what does OAN as an organization excel at?
7. What are some growth areas for OAN? What external opportunities can it leverage? Which partnerships does it need to develop or focus on?
8. Thinking to 2028, what's your vision for OAN? What would you like to see it achieve or make progress on by 2028?
9. How can we tell whether OAN moved the needle at all on this? What would it look like if OAN is on its way to achieving this?

## Closing

10. Is there anything else you wish to emphasize, or anything else you want to share?

# ABOUT THE SURVEY & METHODOLOGY

<b>Purpose / objective</b>	<ul style="list-style-type: none"> <li>• Gather input to inform OAN's strategic planning from people who hold an interest in the strategic direction of OAN</li> <li>• The survey invited input on issues affecting the sector, and priorities for OAN for the next three years.</li> </ul>
<b>How administered</b>	<ul style="list-style-type: none"> <li>• Online survey sent via an open-access link</li> <li>• Hosted on Qualtrics, an online survey platform. All data remained in Canada.</li> <li>• Anonymous responses (i.e., not linked to contact information or personal identifiers).</li> </ul>
<b>How distributed and intended audience</b>	<ul style="list-style-type: none"> <li>• OAN shared communications directly with the main contact at member organizations, OAN staff, partner organizations and affiliates, people who have participated in the PLDI</li> <li>• The total number of people eligible for the survey was unknown but estimated at 500</li> <li>• Key exclusions: Clients of HIV/AIDS service organizations (ASOs), unless they also belong to one of the above listed groups.</li> </ul>
<b>Total respondents</b>	<ul style="list-style-type: none"> <li>• 146 (estimated 29% of eligible respondents)</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>• Data managed and analyzed by Cathexis</li> <li>• The enclosed summary was shared with OAN's Strategic Planning Committee for co-interpretation</li> </ul>
<b>Key dates</b>	<ul style="list-style-type: none"> <li>• Launch: Nov 5, 2024</li> <li>• Close: Nov 24, 2024</li> </ul>
<b>Strengths, limitations, &amp; cautions</b>	<ul style="list-style-type: none"> <li>• Participation by Executive Directors of ASOs was strong (23 responded) but not comprehensive.</li> <li>• The survey received just two responses from EDs in the Eastern region (although several from those identifying as Senior Management in the Eastern region).</li> <li>• Executive Directors views were generally aligned with the overall findings, with a few exceptions.</li> </ul>

## SURVEY QUESTIONS

**What is your connection to OAN? *Select all that apply***

- I am staff or a volunteer for a member or affiliate organization of OAN
- I am a staff member or board member at OAN
- I participate in an OAN working group or advisory committee
- I've participated in the Positive Leadership Development Institute (PLDI)
- I have a connection not listed here: [Please specify] - Text

**What's your role at the organization that is a member of OAN? *Select the option that best describes your role. Select one option***

- Executive director (or equivalent)
- Senior management
- Board member
- Frontline service delivery
- Administrative or support
- PHA advisory committee

**Please feel free to tell us if you identify as any of the following. Knowing this will help us understand the diversity of voices that provided input.**

***Answering is optional.***

- Person living with HIV/AIDS
- African, Caribbean, Black
- Gay
- Incarcerated
- Indigenous (First Nations, Inuit, Métis)
- Newcomer
- Person of Colour
- Person who uses drugs (PWUD)
- Person with a disability
- Transgender
- Woman
- 2 Spirit
- Queer, bisexual, and/or non-binary
- Identity not listed here [please specify]
- None of the above
- Identity not listed here [please specify] - Text

**Do you also identify as a person aging with HIV?**

- Yes
- No

**What are the first 3 digits of your postal code? *open***

**Which of the following do you anticipate will be a top issue facing your organization in the next 1-3 years? (*Options Shown in random order*)**

- Organizational capacity & sustainability (staffing, funding, meeting service demands, etc.)
- Tailoring services to specialized populations (e.g., youth, 2SLGBTQ+, newcomers, racialized communities, people who use drugs, incarcerated people, people aging with HIV)
- Policy or regulatory changes
- Stigma and discrimination
- Addressing equity, diversity, and inclusion (EDI), including anti-Black and anti-Indigenous racism
- Access to healthcare and medication for clients
- Technological changes (e.g., adapting to and using digital tools, AI)
- Partnerships and collaboration with other organizations
- Something else not listed here: [Please specify] - Text

**You mentioned that tailoring your services to specialized populations will be a top issue in the next 1-3 years. Please tell us which populations you're thinking of. *Select all that apply. Only shown to those where Anticipated needs = Tailoring services. Shown in random order.***

- Youth
- 2SLGBTQ+
- Newcomers
- African, Caribbean, and Black
- Indigenous (First Nations, Inuit, Métis)
- People aging with HIV
- Sex workers
- People who use drugs
- Incarcerated people
- A population not listed here: [Please specify] - Text

**Where do you think OAN's relationship-building and impact work should focus over the next three years? (Options: Top priority, High priority, Medium priority, Low/no priority, No opinion)**

- Work with partners, including the media, to raise awareness of HIV/AIDS and the work of AIDS service organizations (ASOs).
- Strengthen networking opportunities for Executive Directors, managers, and frontline workers at ASOs.
- Enhance guidance that supports organizational capacity (e.g., tools, training, and direct administrative support to ASOs to help them grow and improve).
- Establish a leadership program for ASOs to support and engage new board members, Executive directors, and senior leadership, and empower people living with HIV/AIDS serving on boards.
- Push for GIPA/MEPA (Greater Involvement/Meaningful Engagement of People Living with HIV and/or AIDS) in decisions that impact their care and support.
- Prioritize advocacy for marginalized groups, including newcomers, people who use drugs, people facing mental health challenges, people with experience of incarceration, sex workers, racialized communities, people aging with HIV/AIDS. Work closely with gov
- Offer ASOs more targeted support to serve marginalized groups, including newcomers, people who use drugs, people facing mental health challenges, people with experience of incarceration, sex workers, racialized communities, and people aging with HIV/AIDS.
- Continue to build connections outside the Greater Toronto Area to expand opportunities for OAN presence.
- Clarify roles of OAN and key partners.
- Facilitate discussions on the future of the HIV sector. Work with partners to identify roles and capacity to respond to different areas of care (e.g., aging) and the evolving political/health care landscape.
- Partner to build capacity of the AIDS sector to respond to evolving/emerging areas of care and the political/health care landscape.

**Optional: Use this space to add any further thoughts about OAN's strategic priorities for external relationship-building and impact work. (open response)**

**How important are the following areas for OAN to focus on in the next three years?**

**(Options: Top priority, High priority, Medium priority, Low/no priority, No opinion)**

- Develop skills of OAN staff and board members through leadership training, governance development, and media training.
- Create more opportunities to engage member organizations. Offer additional working groups or alternative platforms for collaboration and discussion.
- Advance OAN's equity, diversity, and inclusion (EDI) efforts internally. Build stronger connections with under-represented communities, including sex workers, Indigenous people, racialized groups, and incarcerated folks. Make specific organizational commitments to addressing anti-Black and anti-Indigenous racism.
- Strengthen commitments within OAN to GIPA and MEPA (Greater Involvement/Meaningful Engagement of People Living with HIV and/or AIDS). Increase opportunities for people living with HIV/AIDS to actively participate in OAN's governance, operations, and working groups

**Use this space to add any further thoughts about strategic priorities for OAN's internal governance and operations. (open response)**

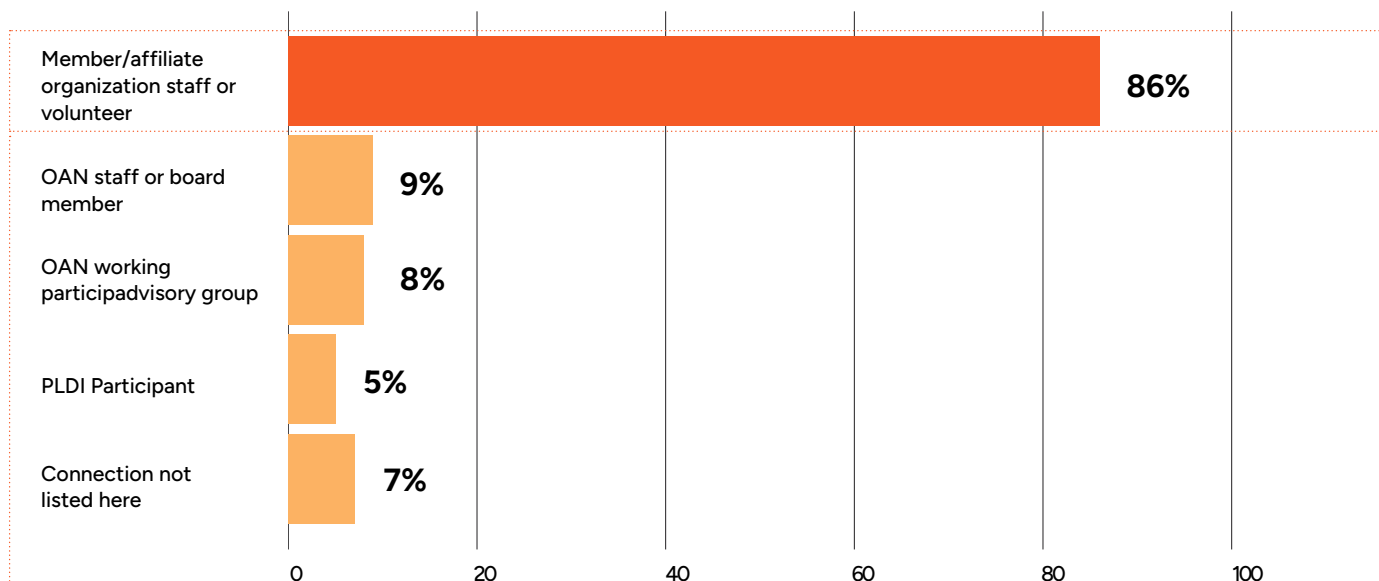
**Looking into the future, what's your hope for OAN? What lasting impact do you want OAN to have on the organizations and communities it serves? (open response)**

**Looking into the future, what's your hope for OAN? What lasting impact do you want OAN to have on the organizations and communities it serves? (open response)**

# Survey Responses

## PROFILE: MOST SURVEY RESPONDENTS HAVE A ROLE WITH MEMBER OR AFFILIATE ORGANIZATIONS

[n=146]

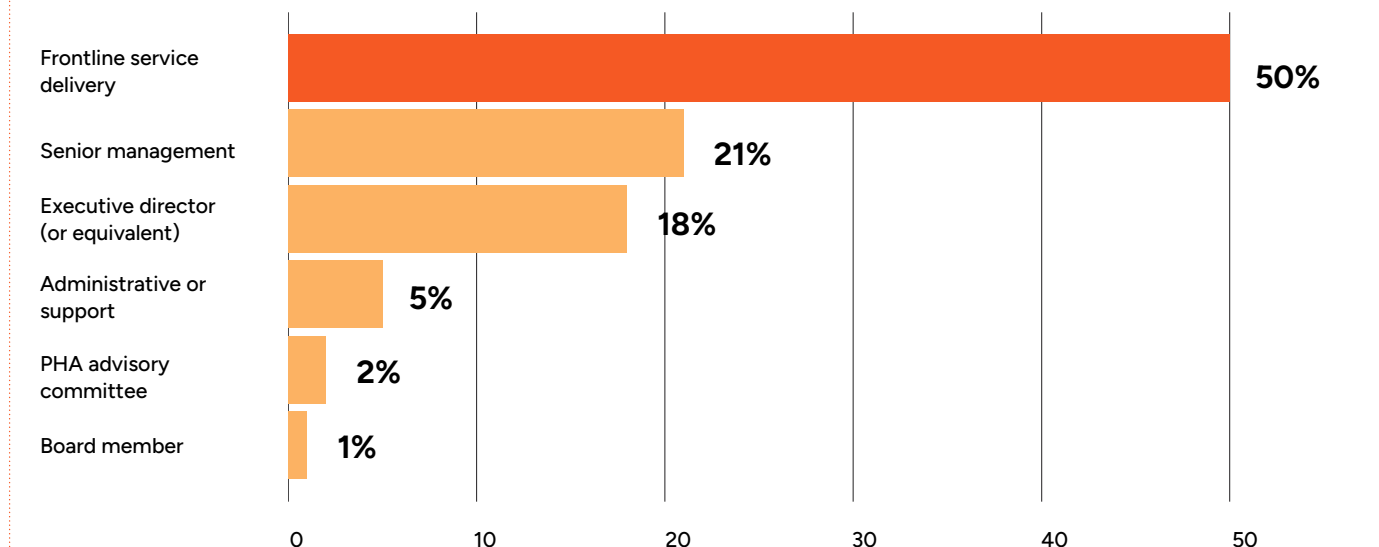


Source questions: What is your connection to OAN? And "What's your role at the organization that is a member of OAN? Select the option that best describes your role. [Asked only of those saying I am staff or a volunteer for a member or affiliate organization of OAN.]

## PROFILE: HALF OF RESPONDENTS FROM MEMBER ORGANIZATIONS WORK IN FRONTLINE SERVICE DELIVERY

23 Executive Directors participated - representing about half of member organizations.

[n=126]

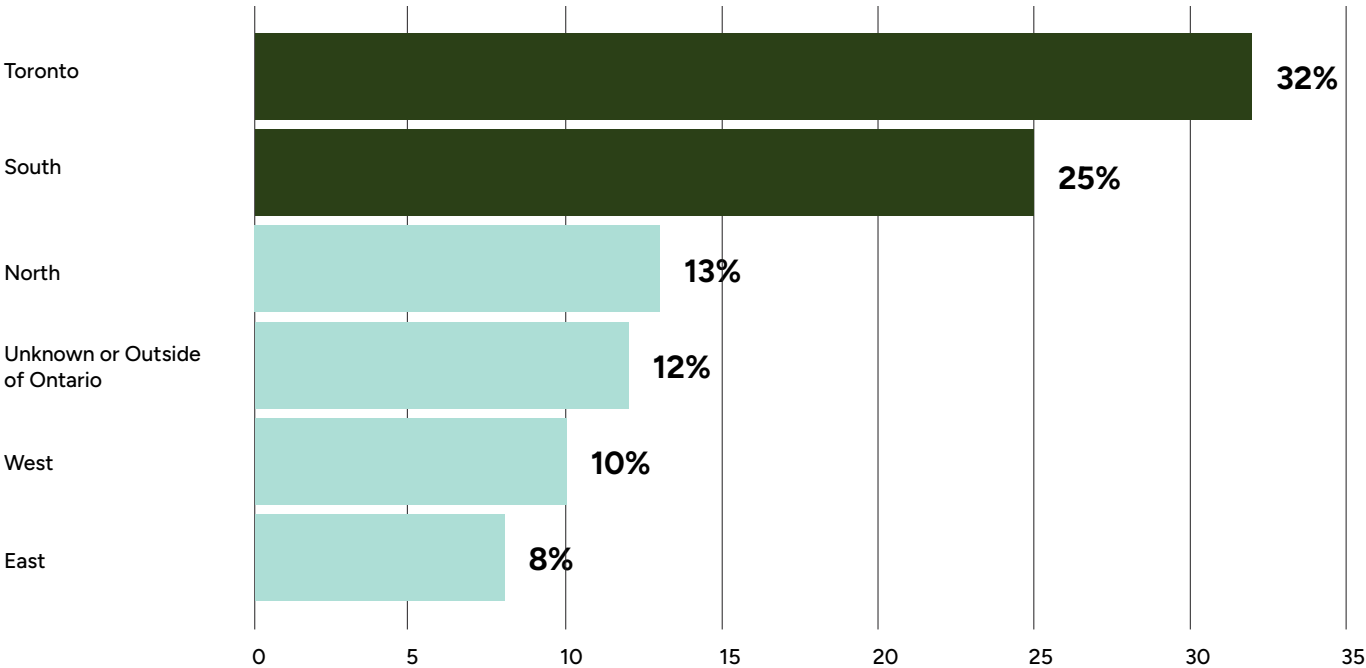


Note: The survey was sent via open (anonymous) link to member and affiliate organizations, and shared at a leadership symposium.

# REGIONAL DISTRIBUTION: MOST SURVEY RESPONDENTS ARE FROM TORONTO AND SOUTH ONTARIO

Based on survey respondents' own postal code provided.

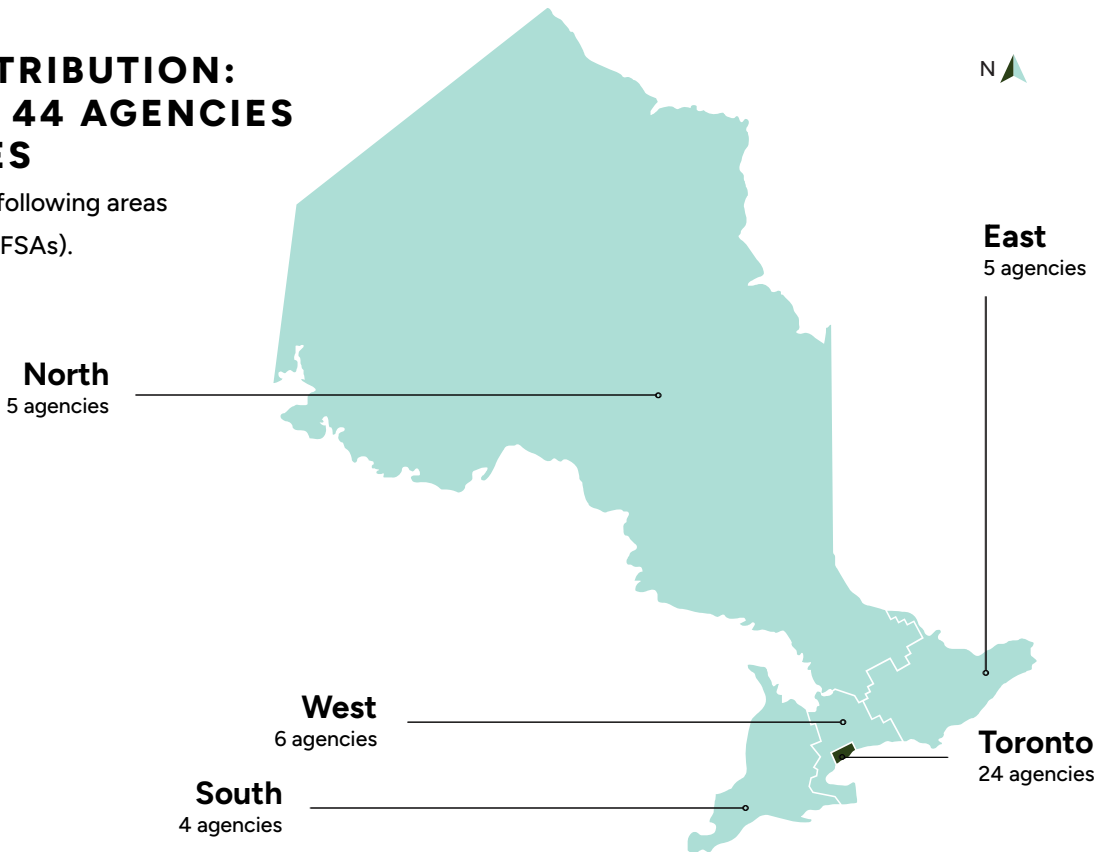
[n=146]



Source question: What are the first 3 digits of your postal code?

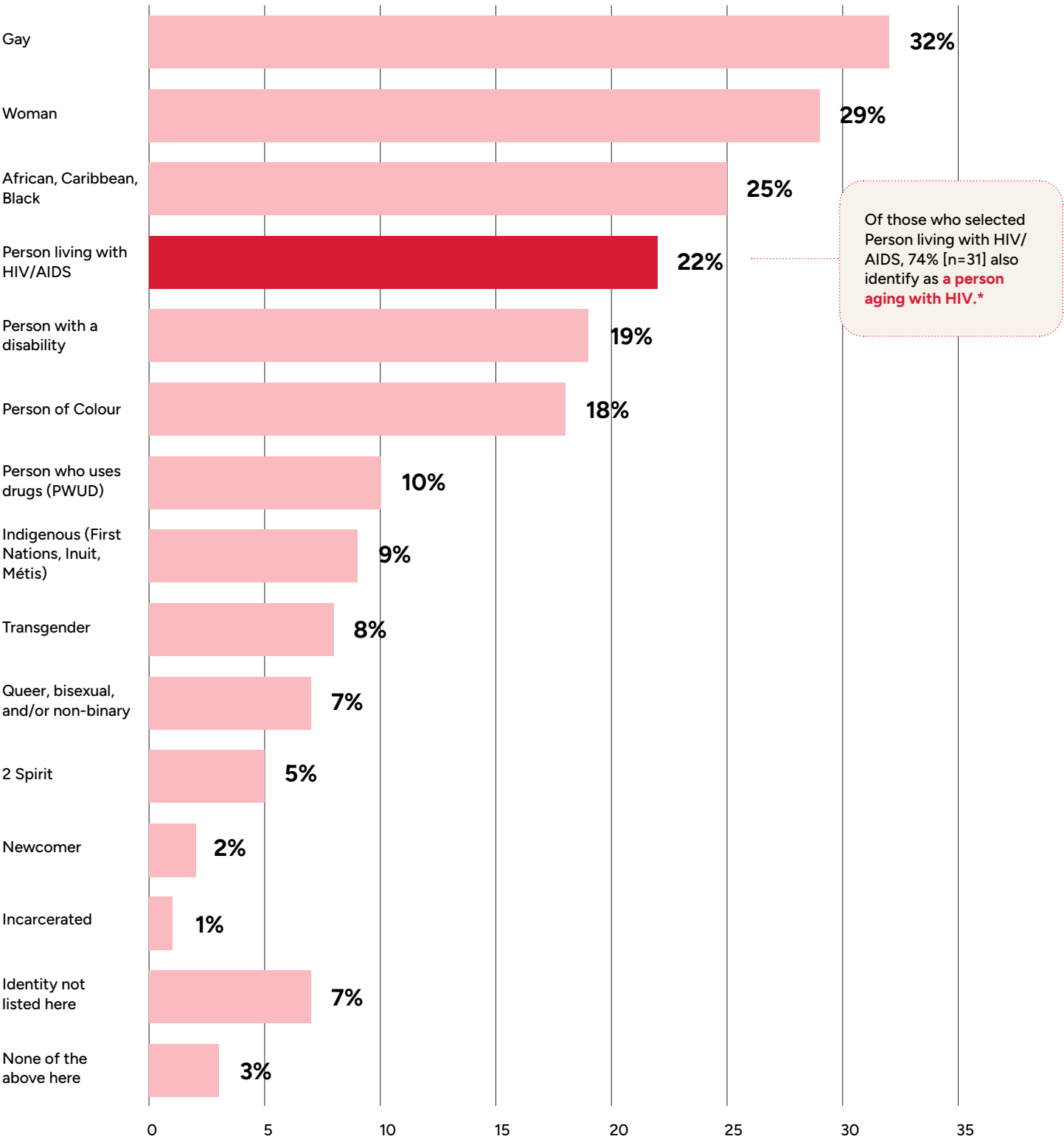
## REGIONAL DISTRIBUTION: MAP OF OAN'S 44 AGENCIES AND AFFILIATES

They are distributed in the following areas (according to Canada Post FSAs).



# IDENTITIES: SURVEY RESPONDENTS HOLD VARIOUS IDENTITIES, WITH OVER ONE IN FIVE BEING A PHA

[n=146]

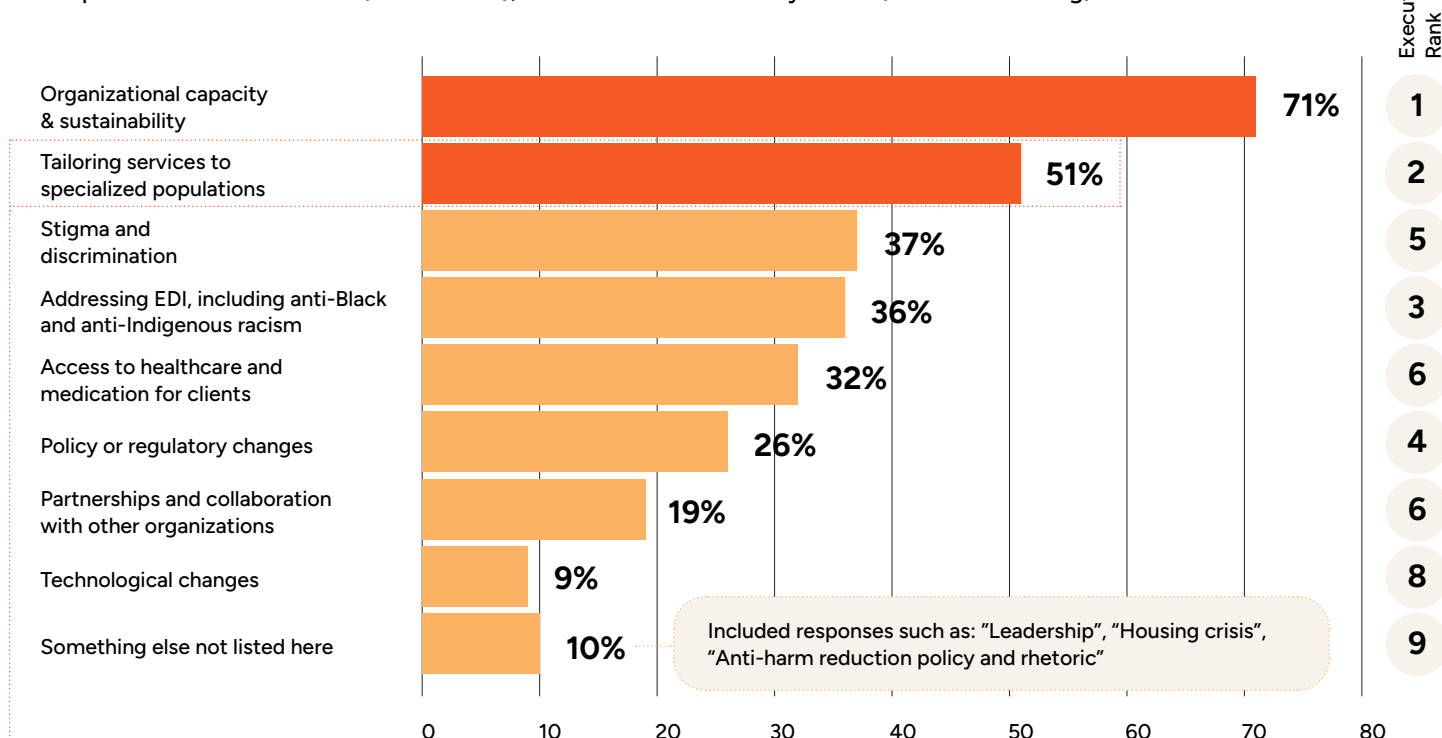


Source question: Please feel free to tell us if you identify as any of the following. Knowing this will help us understand the diversity of voices that provided input. Answering is optional.



## ISSUES: ORGANIZATIONAL CAPACITY AND SUSTAINABILITY AND TAILORING SERVICES TO SPECIALIZED POPULATIONS ARE THE TOP ISSUES FACING ASOS OVER THE NEXT 1-3 YEARS

Respondents overall: n=146 (shown as %); Executive Directors only: n=23 (shown as ranking)

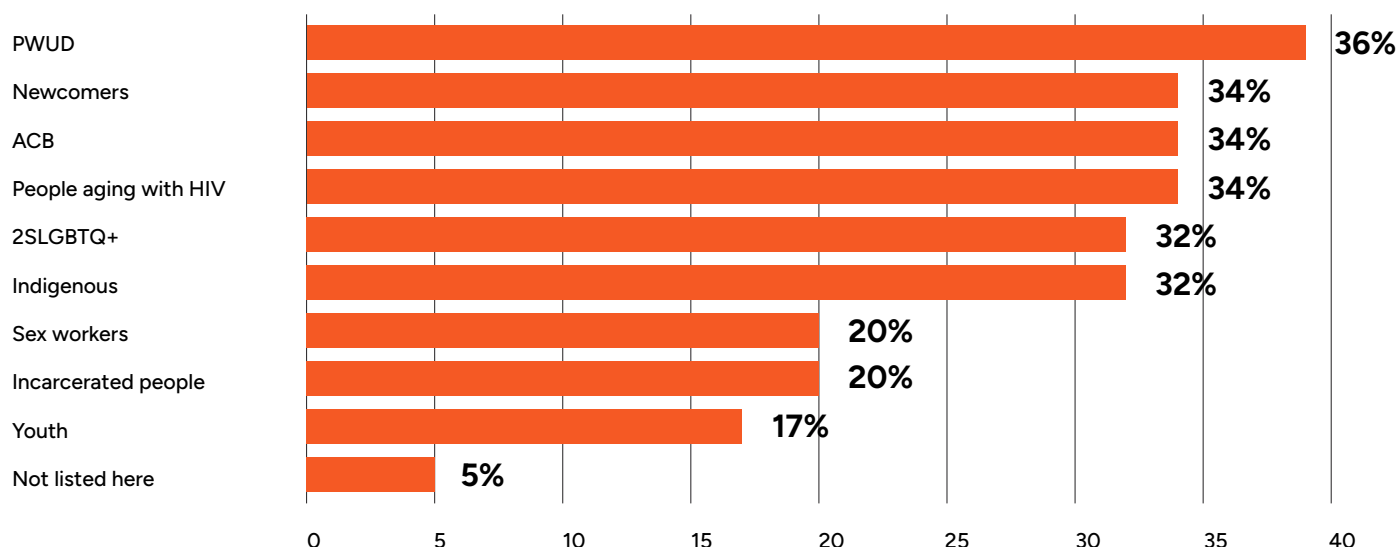


Source question: Which of the following do you anticipate will be a top issue facing your organization in the next 1-3 years?

Please select the top three issues. (If you're not directly involved with an AIDS service organization, please answer based on what you think will impact the AIDS sector overall.)

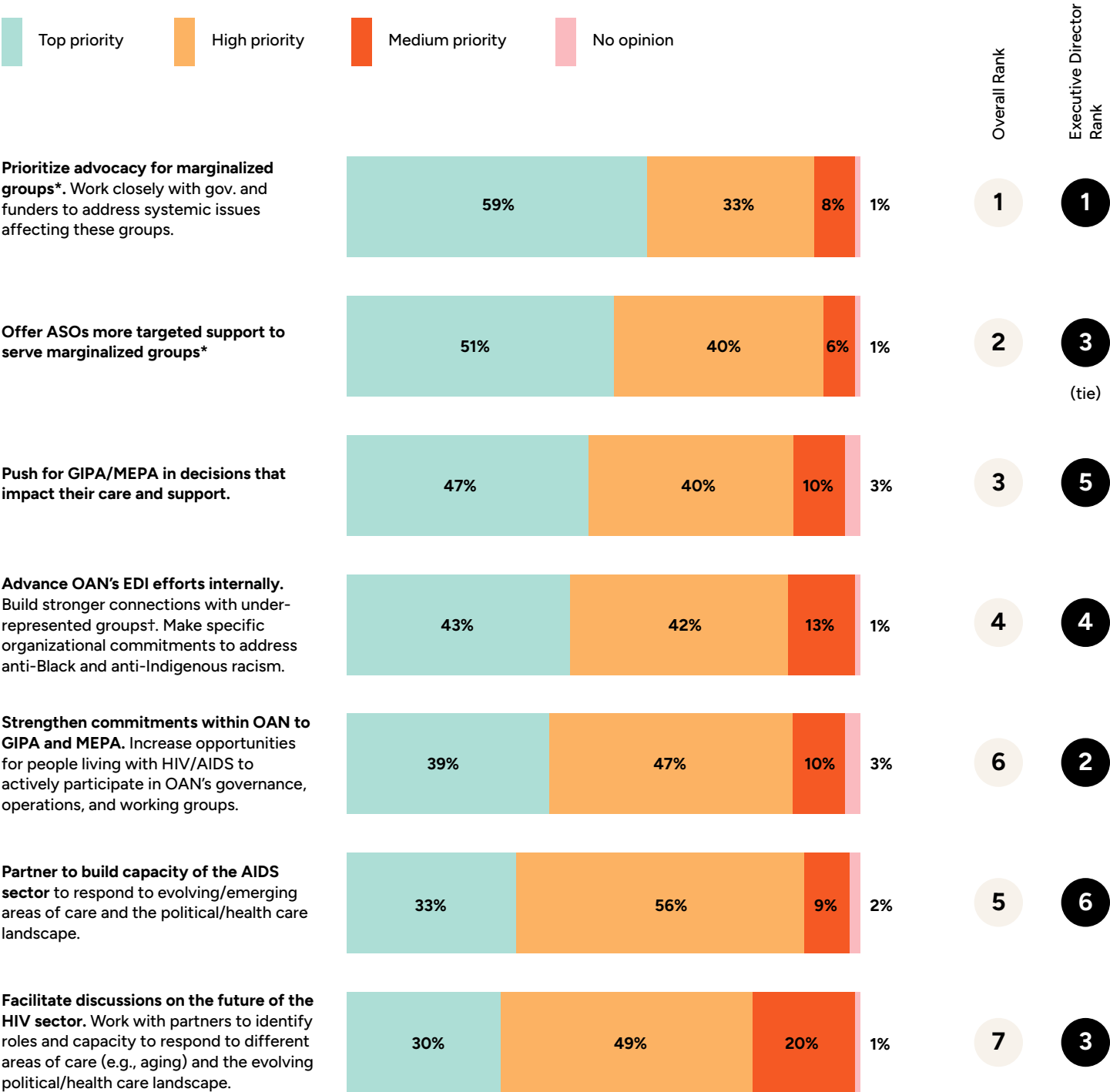
## ISSUES: THE FOLLOWING POPULATIONS ARE PRIORITIES FOR TAILORING SERVICES OVER THE NEXT 1-3 YEARS

[n=74]



MEMBERS’ PRIORITIES FOR OAN: OUR NETWORK RATED THESE AS THE HIGHEST PRIORITIES FOR OAN OVER THE NEXT 1-3 YEARS

[n=146]



\*Marginalized groups include newcomers, people who use drugs, people facing mental health challenges, people who experienced incarceration, sex workers, racialized groups, people aging with HIV/AIDS.  
† Under-represented groups include sex workers, Indigenous people, racialized groups, and incarcerated folks.

Source questions: Where do you think OAN's relationship-building and impact work should focus over the next three years? / How important are the following areas for OAN to focus on in the next three years? Ranking based on overall point score (Top = 3; High = 2, Medium = 1, Low/No + No opinion = 0)

## APPENDIX C

# Glossary

**2SLGBTQ+:** Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others

**ACCHO:** African and Caribbean Council on HIV/AIDS in Ontario

**AI:** Artificial Intelligence (mentioned in survey context)

**ASO(s):** AIDS Service Organization(s)

**CATIE:** Canadian AIDS Treatment Information Exchange

**EDI:** Equity, Diversity, and Inclusion

**ED:** Executive Director

**GIPA:** Greater Involvement of People Living with HIV/AIDS

**GMSH:** Gay Men's Sexual Health Alliance

**MEPA:** Meaningful Engagement of People Living with HIV/AIDS

**OAN:** Ontario AIDS Network

**OHTN:** Ontario HIV Treatment Network

**OODP:** Ontario Organizational Development Program

**PHA(s):** Person/People Living with HIV/AIDS

**PLDI:** Positive Leadership Development Institute

**PSW:** Personal Support Worker

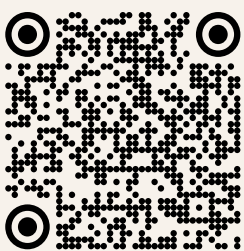
**PWUD:** People Who Use Drugs

**SOAR:** Strengths, Opportunities, Aspirations, Results

**SPC:** Strategic Planning Committee

**STBBIs:** Sexually Transmitted and Blood-Borne Infections

**WHAI:** Women & HIV/AIDS Initiative



Visit our website  
to see a full list of  
Ontario AIDS Network  
members.

[ontarioaidsnetwork.ca](https://ontarioaidsnetwork.ca)

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