



## OAN Federal Election Package 2021

Canada votes on  
September 20th, 2021

This is the time to raise issues with candidates and parties. As we move into the next term of Federal leadership, we hope to generate renewed commitment from political candidates concerning important policy and funding issues, and commitments to preventing Canada from losing its foothold in the fight against HIV/AIDS.

In the coming weeks, Ontario's HIV community has an opportunity to let all candidates, parties and voters know that the HIV/AIDS epidemic in Canada is not over. After 40 years, HIV/AIDS has become a forgotten epidemic. Today, Canada's HIV response needs strong federal leadership and expanded funding commitments to sustain and scale proven-effective community-based programming.

Canada's HIV sector is not well supported by the Government of Canada. In 2019, the House of Commons' Standing Committee on Health (HESA) unanimously recommended that the Government of Canada increase HIV-specific funding to \$100M annually. In December 2020, Senator Rene Cormier introduced a motion in the Senate that called on the Government of Canada to increase HIV-specific funding to \$100M annually. To date, these recommendations have not been realized.

Looking ahead, Canada needs a government that is committed to sustained and effective investments in our HIV response. In order to meet Canada's ambitious UNAIDS targets, achieve treatment access and equity, and limit over-criminalization of HIV, we need enhanced federal commitments to support and fund a strong front-line response as well as strong commitments to community consultation and engagement. Federal leadership must also address a COVID-19 recovery for the HIV/AIDS sector, and the ongoing opioid and overdose crisis including provision of a safe drug supply, and a commitment to evidence-based drug policy.

This toolkit was created with input and support from OAN member and partner organizations.

Scroll on to view the full OAN 2021 Federal Election Package, or visit [oan.red/2021-election](https://oan.red/2021-election) to read the Election Package online.



## Making Our Voice Heard

Like most of our member organizations, the OAN has no political affiliation and must avoid partisan activities. However, we believe it is vital to raise awareness of political issues surrounding HIV/AIDS in Ontario and across Canada.

In 2021, HIV remains a public health emergency. People living with HIV and community-based HIV programs continue to be deeply impacted by our political system and its representatives. This is the time to raise important issues with candidates, parties and voters.

### 2021 Election Package Toolkit

To help our members generate dialogue with parties, and get out the vote, OAN has created this toolkit containing:

1. Key election issues for Canada's HIV response
2. Questions for candidates
3. Status of HIV in Canada and Ontario (Data and Stats)
4. Social media: sharing your message, sample posts and infographics
5. Strategies for getting out the vote
6. Identifying a media spokesperson

Ontario's HIV sector can play an important role in generating conversations and debate and in mobilizing voters. In this short election cycle, we're focusing on a few key issues impacting people living with HIV/AIDS and those working in our sector. They can be found in the Federal Election Issues section of this package.

### Coordinating with our regional partners to facilitate a unified response

The OAN is coordinating with the Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-sida), the Pacific AIDS Network (PAN), the Alberta Community Council on HIV (ACCH), the Canadian AIDS Society (CAS) and others to facilitate a unified response to the election, including the key issues presented herein. To that end, this group is crafting an information release for parties and media detailing HIV-related election issues. It is our hope that this release in addition to this election package will generate discourse and discussion throughout the election cycle.

## Key issues include:

1. Insufficient and stagnated funding for community-based HIV programs.
2. Delivering an anti-racist and equitable HIV response.
3. Treatment access and National Pharmacare.
4. Addressing the drug policy crisis
5. Affirming the health and human rights of sex workers

We recognize that this is not an exhaustive list and understand that our election work will also be inclusive of issues such as: reform the Criminal Code in consultation with the HIV sector (including removing HIV non-disclosure from the reach of sexual assault laws; and meaningful consultation and collaboration with people living with HIV/AIDS in the development of policy and programs (including people who use drugs, sex workers, newcomers and migrant workers, LGBTQ2 people, transgender people, as well as Indigenous and racialized people).

## Mobilize the Message

In a snap election, it is important to collectively amplify the voices and influence of the HIV sector with multiple, complementary activities targeting the parties and candidates seeking public support. Visit our background and resources document (ADD URL) to learn more about the work of other organizations as well as the key issues presented in this federal election package.

The OAN encourages members to connect with your immediate community to let them know the potential impacts of this election and the commitments each party has made to address HIV/AIDS.

## Key Federal Election Issues

1. Canada's community-based HIV/AIDS response is losing ground due to long-stagnated federal funding

Canada is losing its foothold in the fight against HIV. Government officials have not put adequate resources in place to scale proven-effective community-based programs and enable Canada to meet its UNAIDS [targets by 2030](#). To date, [Canada has not met any of the three 90-90-90 targets individually](#). With more than 2,122 new HIV diagnoses reported in 2019, there is little hope of realizing such goals until the HIV response is adequately funded. Additionally, an adequately funded national response to HIV must directly centre and benefit priority populations including GbMSM, transgender people and communities; Indigenous and two-Spirit people and other racialized communities as well as other priority populations.

Since 2003, chronic underfunding of community-based programs that connect people living with and at risk of HIV/AIDS to the care cascade have hindered Canada's HIV response. In 2003, the House of Commons Standing Committee on Health unanimously recommended that Canada double its HIV funding to \$85 million annually. In 2004, the federal government committed to largely reaching this target, with funding to increase gradually to \$84.4 million per year by 2008–09.

However, as outlined in the HIV Legal Network's 2021 [pre-budget consultation brief](#), committed funding increase was halted in 2007 and has since flatlined at roughly \$70 million per year. As a result, year-over-year underfunding has meant that more than \$123 million committed to the HIV response have simply never been delivered. Services and organizations have closed or discontinued programs despite the clear need that exists. On World AIDS Day of 2020, the Senate of Canada adopted a [motion](#) urging the federal government to follow through on this latest recommendation of the Standing Committee with a commitment to increase funding to \$100 million annually. In December 2020, Senator Rene Cormier introduced a motion in the Senate that called on the Government of Canada to increase HIV-specific funding to \$100M annually.

The OAN and several national partners have long been actively advocating to Federal leadership to increase national funding for HIV/AIDS programs. Despite this advocacy work and the Standing Committee recommendations, an annual increase has not been realized, and the federal government has yet to signal that increases in federal funding are forthcoming or under consideration.

## 2. Delivering an anti-racist HIV/AIDS response

Canada is failing Indigenous, Black, and racialized people living with HIV. Decades of government inaction and colonialist policies continue to perpetuate inequitable health and support service systems. As Canada pursues its UNAIDS targets, it risks leaving racialized (BIPOC) people behind. HIV continues to disproportionately affect Indigenous, Black and Latin, South-Asian, East-Asian and other racialized people. In 2019, half of all people diagnosed with HIV (1,242 of 2,122) were Black and Indigenous people. Meanwhile, the federal funding mechanism for HIV support remain prohibitively competitive and are, in essence, unsustainable. Ultimately, this funding structure leaves organizations serving diverse, racialized populations to compete for limited program funding available from a single federal funding envelope.

Federal parties must renew commitments to action toward delivering an equitable response by:

- Formally acknowledging and addressing racial inequality in social service and healthcare delivery settings and addressing disproportionate rates of HIV, HCV, STBBI among racialized and Indigenous people.
- Embedding Truth and Reconciliation in partnership with Indigenous communities and service-users into the work of CBOs.
- Developing a well-funded STBBI strategy for and led by (in meaningful consultation with) Indigenous and racialized people in Canada.

## 3. Treatment Access and National Pharmacare

Too many Canadians living with HIV do not have access to effective treatments. Inconsistent provincial drug coverage programs across the country as well as significant deductibles and co-pays leave many Canadians without access to HIV medication and proven-effective prevention tools such as Pre-Exposure Prophylaxis (PrEP). In their final report, [A Prescription for Canada: Achieving Pharmacare for All \(2019\)](#), the Advisory Council on the Implementation of National Pharmacare recommended the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada. This and other recommendations of the Council have yet to be realized.

It is past time for Canada's Federal government to commit to making treatment access a reality for people living with HIV. This includes a commitment to providing access through future national pharmacare programming and significantly reducing onward transmission of HIV by expanding access HIV treatment and to PrEP.

#### 4. Save lives with evidence-based drug policy

Canada is in a drug policy crisis. Between January 2016 and December 2020, more than 21,000 people died of opioid overdose due to a toxic drug supply. In response, Health Canada's own [Expert Task Force on Substance Use](#) has joined the growing call for decriminalization. Punitive drug laws and drug law enforcement have failed and often cause catastrophic harm. Leaders must act now to save lives by committing to comprehensive harm reduction policies to decriminalize activities related to simple drug possession, and to remove criminal sanctions and all other penalties for personal drug use and for splitting and sharing drugs. This also includes provision of harm reduction services and supplies, including prison-based needle and syringe programs, access to safe supply as well as access to voluntary treatment programs.

The federal government must take immediate steps to implement evidence-based drug policy to protect the health and human rights of people who use drugs.

#### 5. Affirming the health and human rights of sex workers

Canada's Protection of Communities and Exploited Persons Act (PCEPA) forces sex workers to work in a criminalized context and does not protect communities and exploited persons. In practice, this Act reproduces and legitimizes the harmful impacts of the previous sex work offences declared unconstitutional (*Canada v. Bedford*) and adds new offences that leave sex workers vulnerable to human rights violations. The Act further isolates sex workers from supports, makes them vulnerable to exploitation, eviction, and subpar working conditions, and targeted for violence. Migrant sex workers also face the risk of loss of immigration status and deportation.

Leadership must commit to engaging in meaningful consultation with sex workers, including Asian and migrant sex workers, and reflect the community's knowledge and expertise in [developing creative policies](#) that seek to affirm their health, safety, and human rights.

## Issues Backgrounds and Additional Resource Links

**OAN Federal Election Package: Issue Background and Resource Links**

**HIV National Funding Advocacy Resources (National Advocates Group)**

**Legal Network: Work and Related Resources**

# Data and Statistics: Status of HIV/AIDS in Canada and Ontario

The need for a federal response to HIV/AIDS is as crucial as ever. Consider:

- Recent [data \(2019\)](#) indicate there are an estimated 62,050 people living with HIV in Canada.
- Roughly 8,300 people are unaware of their status.
- Of the estimated 62,050 people living with HIV (PLHIV) in Canada at the end of 2018:
  - Nearly half (48.9%) were among gay, bisexual and other men who have sex with men
  - 14.0% were people who inject drugs
  - 3.4% were heterosexuals
  - About one in four PLHIV was female (23.4%)
- Between 2014 and 2019, new HIV infections in Canada rose 11%.
- Since 2014, the number of reported cases of HIV in Canada has been increasing: 2016 (2,159), 2017 (2,150) and 2018 (2,296), and a slight drop in 2019 (2,122).
- The proportion of women represented in new HIV cases in Canada has been consistently rising, from 23.3% in 2016, to 30.2% in 2019.
- The HIV, HCV, STBBI sector is managing multiple pandemics and addressing prevention and care within the context of the opioid/overdose crisis, COVID-19, and profound racial inequities.
- Individuals who are transgender, particularly transgender women, are disproportionately overrepresented. Although Canadian data is limited, a 2015 World Health Organization report summarized global data to conclude that transgender women are 49 times higher than the general population to be HIV positive.
- In Ontario, HIV testing rates have fallen 25% since the beginning of the COVID-19 pandemic.
- While we've made progress in pursuing our UNAIDS targets over the past decade, Canada has not yet met its targets. A recent progress report indicates that 87% of people living with HIV in Canada have been diagnosed and only 85% are on treatment.
- Between January 2016 and December 2020 there have been 21,174 apparent opioid toxicity deaths in Canada. (Yearly breakdown: 2016: 2,825 (first year of surveillance), 2017: 3,916, 2018: 4,389, 2019: 3,830)
- Since the onset of the COVID-19 pandemic, 5,148 apparent opioid toxicity deaths occurred (April to December 2020), representing an 89% increase from the same time period in 2019 (2,722 deaths).

## Insufficient and Stagnated Federal Funding

Canada is losing ground due to insufficient funding and sustainability planning to support the HIV, HCV, STBBI public health response.

- While the need for federal investments is clear, the Government of Canada has steadily eroded its investments in the work of our sector. By 2008/2009 the Federal Government was supposed to have increased annual investments to \$84.4 million. Due to funding cuts, we've experienced a cumulative funding loss of more than \$100 million between 2004 and 2016.
- Over the past year, OAN has been advocating with our national partners to compel Federal leadership to increase national funding for community-based HIV/AIDS programs. To date, the federal government has yet to signal that increases in funding are forthcoming or even under consideration.

- Current funding levels do not align with the considerable ambitions of the 2019 federal Five-Year [Action Plan on Sexually Transmitted and Blood-Borne Infections](#) (STBBIs) set by the federal government. Indeed, this report does not include budgetary commitments or indicate new investments to adequately mount the Action Plan.
- As HIV and other STBBI rates rise in Canada, an increased service demand and economic burden is placed on individuals, CBOs, and local health units.
- Increasing national HIV diagnosis rates are problematic for the sustainability of CBOs as they result in recurring costs associated with an increased demand for care and support services.
- Without adequate funding, CBOs will continue to be limited in their ability to meet Canada's HIV, HCV, STBBI national targets, and deliver a successful national prevention strategy that includes:
  - Widely accessible HIV and STBBI testing.
  - Linkages to care in rural and remote communities.
  - Safer drug use programs and education.
  - [PrEP availability](#) for at-risk populations.
  - Primary and secondary prevention strategies scaled to meet population demand
  - Delivery of a common approach addressing key populations disproportionately affected by HIV.

## In 2019, racialized Canadians were disproportionately impacted by HIV infection rates

Number and percentage distribution of HIV cases (all ages) by sex and race/ethnicity, Canada, 2019 ([LINK](#)):

- African, Caribbean, Black (ACB) 25.5%
- Indigenous (First Nations, Metis, Inuit, Indigenous not otherwise specified) 24.7%
- Latin American 7.3%
- Asian 5.1%
- South Asian/West Asian/Arab 4.8%
- White 30.7%
- Other 2.0%
- Black and Indigenous people make up roughly [3.5%](#) and [4.9%](#) of Canada's population, respectively.

## Ontario's most marginalized communities carry the burden of the HIV epidemic

[In 2019](#), Ontario recorded 687 first-time HIV diagnoses in Ontario, down from 738 in 2018. Breaking down the percent of diagnoses by priority populations\* and sex:

- 53.6% of first-time diagnoses were in gay, bisexual and other men who have sex with men
- 15.1% were in African, Caribbean and Black males
- 11.9% in African, Caribbean and Black females (Within the gay, bisexual and other men who have sex with men priority population, 15% of first-time HIV diagnoses were also identified as being part of the African, Caribbean and Black priority population)
- 7.9% in males who inject drugs



- 4.3% in females who inject drugs
- 2.9% in Indigenous males
- 2.0% in Indigenous females

## Questions for Candidates

To help members engage with political hopefuls on the campaign trail, we've crafted a number of questions for candidates related to each key election issues.

### Stagnated Federal Funding HIV/AIDS Community-based programs

1. Will your party commit to collaborating with HIV organizations in Canada to restore the diverted and lapsed resources needed to address the gaps in Canada's HIV response and adequately fund the federal action plan on HIV?
2. Canada's national HIV response has been chronically underfunded. Governments have diverted funds earmarked for the national HIV/AIDS response totalling some \$100 million. Meanwhile, significant decreases in new HIV transmissions are being seen in many other countries with comparable health care systems to Canada's. What is your commitment to deepening the Federal government's investment in the HIV epidemic in Canada and will your party keep this commitment?
3. Forty years on, HIV and AIDS remains a public health emergency. Canadians living with HIV continue to face stigma and must seek care within an inequitable and colonial health and support systems. The COVID-19 pandemic has demonstrated Canada has the resources and infrastructure and capacity to launch a public health response that can expeditiously mobilize public health systems to significantly limit virus transmission in less than two years. How will your government apply the lessons learned during the COVID-19 pandemic to accelerate Canada's HIV response and eliminate new HIV infections?
4. Canada's HIV sector is not well supported by the Government of Canada. In 2019, the House of Commons' Standing Committee on Health (HESA) unanimously recommended that the Government of Canada increase HIV-specific funding to \$100M annually. In December 2020, Senator Cormier introduced a motion in the Senate that called on the Government of Canada to increase HIV-specific funding to \$100M annually. Do you join Canada's HIV sector in asking the Government of Canada and its Health Minister to make this commitment? And, if so, how will you support calls to immediately increase HIV funding?
5. The Government of Canada recently committed to international targets to ensure that 95% of those living with HIV are diagnosed, 95% are on treatment, and 95% are virally suppressed by 2030. At this time, Canada is well below these targets. How will you and your party be involved in achieving these targets and how will you work with Canada's HIV sector to ensure our success?

# Delivering an anti-racist HIV response

Will your government affirm and/or renew its commitments to delivering an equitable response by:

- Formally acknowledging and addressing racial inequality in social service and healthcare delivery settings and addressing disproportionate rates of HIV, HCV, STBBI among racialized and Indigenous people.
- Embedding Truth and Reconciliation in partnership with Indigenous communities and service-users into the work of community-based organizations.
- Developing a well-funded HIV and STBBI strategy for and led by (in meaningful consultation with) Indigenous and racialized people in Canada.
- Addressing disparities and health inequities in small urban/rural/remote settings.

## Addressing HIV Stigma

1. HIV continues to be a highly stigmatized disease. In all instances the stigma and discrimination associated with HIV has a direct and negative impact of the health and wellbeing of all those living with and affected by HIV. This stigma also affects people's willingness to be tested and (if needed) to seek treatment and support. Fear of criminalization for failure to disclose HIV prior to any sexual contact prevents people from coming forward to test and drives the epidemic underground. Stigma can also affect public policy and support for HIV prevention initiatives, particularly harm reduction services. How can your government address HIV-related stigma and discrimination in meaningful ways?

## Harm Reduction

1. Canada's overdose epidemic is a national crisis. More than 21,000 Canadians have died of overdose since 2016. What is your commitment to ensuring that supervised consumption and harm reduction services, are available in every community?
2. Will your party adopt the following necessary steps to address the overdose crisis?
  - a. Fully decriminalize activities related to simple drug possession, removing criminal sanctions and all other penalties (administrative or otherwise) for personal drug use and for splitting and sharing drugs.
  - b. In meaningful consultation with people who use drugs, implement various options for ensuring a safe supply of controlled substances to those who are otherwise at risk of potentially fatal overdose or other serious injury from a toxic illegal drug market.
3. Given the overwhelming evidence regarding the effectiveness of prison-based needle and syringe programs (PNEP), will your party:
  - a. Support their continued implementation in Canada's federal prisons;
  - b. Promote transparency about the status of PNEP operations; and

- c. Commit to consulting with prisoners, researchers, and community organizations with expertise in prison health to fix fundamental problems with the current program so that prisoners who need this health service can gain effective access?

## Treatment Access and National Pharmacare

1. A significant number of Canadians living with HIV do not have access to effective treatments. Inconsistent provincial drug coverage programs across the country as well as significant deductibles and co-pays leave many Canadians without access to HIV medication and proven-effective prevention tools such as Pre-Exposure Prophylaxis (PrEP). Will your party commit to implementing the recommendations provided in the final report of the Advisory Council on the Implementation of National Pharmacare, in particular, recommendation one? (“The council recommends the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada,”)
2. Will your party make a commitment to equitable drug and treatment access by addressing the recommendations put forth in the [final report](#) (2019) of the Advisory Council on the Implementation of National Pharmacare, specifically recommendation one. “The council recommends the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada,” and recommendations 13 and 14 concerning Indigenous Engagement?

## Criminalization of HIV non-disclosure

1. People living with HIV currently face a maximum penalty of lifetime imprisonment for aggravated sexual assault and a lifetime designation as a sex offender for not disclosing their HIV status to sexual partners, even in cases where there is little or no risk of transmission. This means a person engaging in consensual sex that causes no harm, and poses little or no risk of harm, can be prosecuted and convicted. Does your party commit to implementing the recommendations of the Standing Committee to:
  - a. Reform the Criminal Code in consultation with the HIV sector (including removing HIV non-disclosure from the reach of sexual assault laws); and
  - b. Engage with provincial counterparts to develop improved, and consistent, prosecutorial policy across the country?

## Sex Workers’ rights

1. Will your party support the repeal of all sex work-specific criminal laws, including the Protection of Communities and Exploited Persons Act, and consult with sex workers to develop a holistic vision of law reform that will improve their health and safety?

# Social Media

In this time of physical distancing, social media allows us to engage a larger audience and generate conversation about issues impacting people living with HIV/AIDS and the work happening in our sector.

We've created a few simple infographics and Facebook Frames and to help you promote some key election issues and to remind your audience of the urgent importance of voting.

While it's important to share key messages, statistics, and data trends, personal stories and images are much more effective in generating votes.

Use your social media to encourage your audience to share their personal stories. This can include asking your audience to:

- Tell others why they're voting for HIV-supportive candidates and parties and asking others to do the same.
- Share stories about living with HIV, delivering HIV services and programs, and policies that impact people living with HIV.

## Hashtags

Hashtags help others to find your posts and join in the conversation. Here are a few hashtags to use include and share in your social media this election cycle. post: #Cdnpoli #elxn2021 #Elxn44 #CanadaVotes2021 #ItsOurVote #ForwardForEveryone #ONHIV #HIVAdvocacy #HIVote #HIV #DrugDecrim #DrugDecrimSavesLives #SmashStigma #FundtheFight

## Sample Social Media Posts

To help get the conversation started, we're sharing a few sample posts to share with your audience on social media platforms including Twitter, Facebook, Instagram and LinkedIn.

- To end the HIV epidemic in Canada, we need to make investments in 100% coverage of drugs for treatment of HIV and prevention tools like PrEP.
- Not all provinces fully cover HIV prevention and treatment medications. Canadians need national pharmacare to ensure medication access for all.
- To keep up the fight against HIV in Canada, we need increased Federal investments in community-based prevention and early diagnosis programs.
- Canada is failing Indigenous, Black, and racialized people living with HIV. Leaders must commit to addressing racial inequality in social service and healthcare delivery settings.
- HIV continues to disproportionately impact Indigenous and racialized people. It's time for a well-funded STBBI strategy for led by Indigenous and racialized people.
- To end the HIV epidemic in Canada, we need evidence-based drug policy that includes harm reduction and access to safe supply.

- Canada is facing a drug policy crisis. Between 2016 and 2020, more than 21,000 people died of opioid overdose due to a toxic drug supply. We need evidence-based drug policy now.
  - Funding community-based programs and AIDS Service Organizations (ASOs) provides a return on investment of \$5 savings for every dollar spent.
  - Canada has yet to meet its UNAIDS targets to end new HIV infections Canada needs federal support and investment to end new HIV infections by 2030!
- I Voted! Social Media Graphics

## To help get out the vote, the OAN has created:

- A 2021 infographic that we suggest you attach to emails and print and display prominently in your agency and on social media pages.
- Branded "I voted" Facebook frames.

## Getting Out the Vote (In-person or by Mail)

Help get out the vote by ensuring your community members can cast their votes on September 20, 2021.

If you haven't already done so, consider contacting community members on election day (or leading up to it) to ask if they have voted.

1. If not, remind them how important it is to do so.
2. If yes, provide them a branded "I voted" shareable for their social media filter so their networks will do the same.
3. If they need assistance (getting to the polls, for example), offer it if you have the resources.

## Get Registered to Vote

Ask community members if they are registered with [Elections Canada](#) and encourage them to [vote early](#).

If you are a newcomer to Canada or work with newcomers go [here](#) to learn more from settlement.org.

## Voting by Mail

This year, more people than ever will be casting their votes by mail. Visit this [step-by-step guide](#) to support community members to cast their vote by mail.

## Other ways to vote: In-person and Advanced Polls

Learn more about option for how to cast a vote in this election.  
Learn more about accessible voting for people with disabilities.

## Other Suggested Strategies

There are a number of opportunities we urge you to consider in raising HIV issues during this election:

1. If you are unsure who your local candidates are, go [here](#) to find out.
2. Urge community members to ask candidates about their commitments to the fight against HIV/AIDS (some suggested questions follow). You could use newsletters, emails, meetings or social media to spread the word.
3. Write letters to the editor urging voters to consider candidate's commitment to the fight against HIV/AIDS.
4. Have a Board member or supporter attend all-candidates debates to ask questions (note that in most formats people are only allowed one question each). You may want to write several questions down in advance so that you are ready.
5. If you are unsure when candidate debates will take place, reach out to your local candidate's office for details. Once you have confirmed debate dates share the time and location with your members. Consider meeting up with members at debates and coordinating your response.
6. Write or email candidates in your area asking their response in writing to the questions (in this case you should feel free to add background information).
7. Remind, remind, remind! It often takes several reminders to get folks out to vote. Create a schedule for social media posts and emails with a building narrative to encourage action. ("Only 10 days until the election", etc.)

## Speaking to Media: Designated Spokesperson(s)

Identify your agency's media spokesperson as soon as possible. That person will represent your agency to news outlets and other media and speak on local, provincial, and national HIV-related issues.

If your agency does not have or wish to designate a media spokesperson, feel free to direct media questions and interview requests to:

Shannon Ryan  
Executive Director  
Ontario AIDS Network  
[sryan@oan.red](mailto:sryan@oan.red)

## Questions about this toolkit?

Send questions related to this election package to Kate PALBOM, Manager of Policy and Advocacy, OAN, [kpalbom@oan.red](mailto:kpalbom@oan.red).















