Saskatchewan Sexually Transmitted and Blood-Borne Infection Multi-Year Action Plan (STBBI MAP) 2025–30

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Introduction

The Government of Saskatchewan continues to invest in addressing high Sexually Transmitted and Blood-Borne Infection (STBBI) rates through a STBBI Multi-year Action Plan (STBBI MAP). Recent initiatives include:

- Increasing the province's public health capacity to address STBBIs with the goal of early detection and reduced transmission rates.
- Release of the Sexually Transmitted and Blood-Borne Infection (STBBI) Testing Policy.
- Implementing new testing technologies and expanding access to testing.
- Expanding capacity to complete timely follow-up for individuals with STBBIs, paying special attention to at-risk pregnant women.
- Ongoing funding provided to community-based organizations (CBOs) for community support and prevention of HIV/AIDS and other STBBIs.
- Targeted social media campaigns to encourage testing for and taking personal protective measures against STBBIs.
- Developing a solution to make syphilis treatment information available to providers through the eHealth Viewer.

The STBBI MAP provides strategic direction to support collaboration both within the health system and beyond to further address the transmission and impacts of STBBIs on individuals, families, and communities. While STBBIs are not unique to Saskatchewan, our response should be tailored to Saskatchewan; leveraging local strengths to improve the quality of life for all Saskatchewan residents.

Land acknowledgement

We respectfully recognize and acknowledge that the lands on which the STBBI MAP was developed are Treaty 2, 4, 5, 6, 8 and 10 territories, the traditional and ancestral lands of the Dakota, Dene, Lakota, Nakota, Nahkawe (Saulteaux), Nehinaw (Swampy Cree), Nehiyaw (Plains Cree), Nehithaw (Woodland Cree), and homeland of the Métis.

We are committed to moving forward in partnership with First Nation and Métis people in the spirit of reconciliation and collaboration as we work to enhance healthcare for all.

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Acknowledgements

The Ministry of Health gratefully acknowledges the contributions of our partners in the development of the STBBI MAP which include:

- Health system organizations including the Saskatchewan Health Authority (SHA), Indigenous Services Canada (ISC) and the Norther Inter-Tribal Health Authority (NITHA);
- Community-based organizations;
- Public health and communicable disease experts and other health professionals;
- First Nations and Métis Nations Saskatchewan;
- Saskatchewan health and allied health professional associations and regulatory bodies; and,
- Government of Saskatchewan ministries.

Background

STBBIs are among the most widespread and harmful infectious diseases; however, they are largely preventable and treatable. Despite the progress made in preventing and controlling infectious diseases, rates of STBBIs continue to increase in Saskatchewan, and Canada. Undiagnosed and untreated STBBIs lead to serious complications and continued transmission.

The most common reportable STBBIs are caused by bacteria and viruses. They can be spread from person to person through intimate contact (e.g., skin-to-skin, exchange of genital fluids), through contact with blood (e.g., shared drug use, tattooing or piercing equipment), and during pregnancy and childbirth. STBBIs include chlamydia, gonorrhea, syphilis, human immunodeficiency virus (HIV), human papillomavirus virus (HPV), hepatitis B (HBV), and hepatitis C (HCV).

Although these diseases are collectively referred to as STBBIs, each has unique characteristics related to transmission, treatment, and impact. Some STBBIs can be easily treated and cured while others are chronic infections with no cure that can be managed with treatment.

Societal stigma, sensitivity, and misinformation are often attached to topics of sexuality and substance use. These pose significant barriers to individuals accessing accurate and relevant education, preventative care, testing and treatment contributing to poor health outcomes.

STBBIs affect people of all ages and genders. A person with an STBBI can experience pain, psychological distress, certain cancers, immune deficiency, infertility, and adverse birth outcomes such as miscarriage, birth defects, and stillbirth. In addition to the burden on individual health and quality of life, STBBIs also lead to substantial healthcare utilization and related costs.

A cycle of vulnerability occurs when one or more STBBIs are present along with substance-related harms, mental health disorders, poverty, racism, discrimination, homelessness, and/or violence (especially gender-based violence). This cycle makes it more difficult for individuals to access care and preventative services, follow treatment plans, and/or protect themselves from further infections.

First Nations, Inuit, and Métis peoples, collectively referred to in Canada as Indigenous Peoples, generally share a holistic view of health that entails a balance between spiritual, emotional, mental, and physical aspects. This balance has been disrupted by racism, discrimination, and loss of language, culture, identity, and land-based connections. As a result, Indigenous Peoples are disproportionately impacted by STBBIs.

The prevention and treatment of STBBIs is complex given that transmission is rooted in individual circumstances and behaviours which are influenced by social, economic, and environmental factors. Addressing STBBIs requires the collaboration of individuals, families, communities, the health sector, and non-health sector partners to address the underlying factors and issues related to STBBI prevention and treatment.

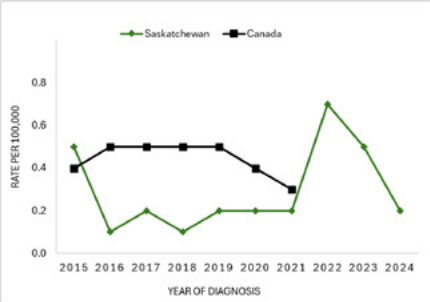
The Saskatchewan context

Saskatchewan's STBBI rates are consistently among the highest in Canada (Figure 1). Although STBBIs are widely spread across the province, northern Saskatchewan has the highest infection rates.

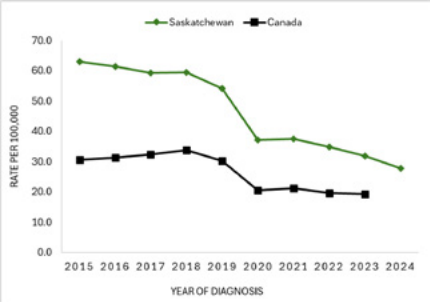
Figure 1. STBBIs – Saskatchewan and Canada, 2015-2024

Source: Saskatchewan Ministry of Health, 2025.

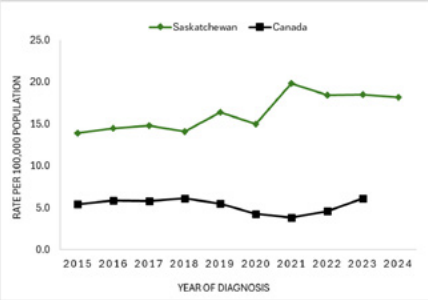
Acute Hepatitis B



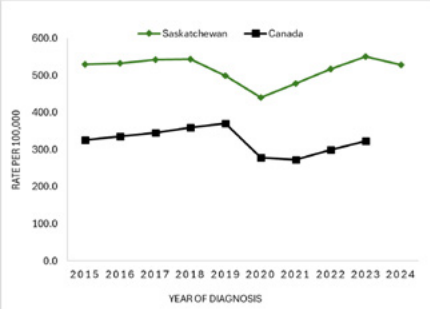
Hepatitis C



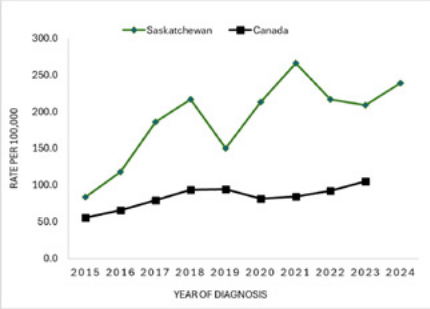
HIV



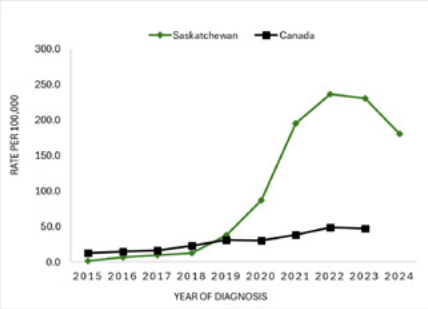
Chlamydia



Gonorrhea



Syphilis (all stages)



Public Health Agency of Canada publishes additional national data at *https://health-infobase.canada.ca/stbbi/*.

There are a number of opportunities that will support the success of the STBBI MAP, including:

- Strong partnerships between health care and human service organizations;
- Alignment with other provincial strategies that can be leveraged; and
- Legislative, and regulatory frameworks to support the actions.

The STBBI Multi-Year Action Plan

The STBBI MAP provides a strategic, focused, and coordinated approach for health system partners to work together provincially and at the community level to reduce the rates of STBBIs in the province.

Overarching Goals

- Reduce the incidence of STBBIs in Saskatchewan;
- Improve access to testing, treatment and ongoing care and support; and,
- Reduce stigma and discrimination that create vulnerabilities to STBBIs.

Development and implementation

The STBBI MAP is informed by the review of research and evidence-based practices, the pan-Canadian STBBI Framework for Action, national and international best practice, and consultations with provincial partners.

Collaboration with diverse partners is essential to the successful implementation of the STBBI MAP and meeting provincial goals. Incorporating a broad range of perspectives is a key strength of this action plan.

Foundational guiding principles

The following principles are foundational to the success of the STBBI MAP in reducing infection rates and improving related health outcomes for Saskatchewan residents. These principles must be integrated into all actions.

- Recognize the social determinants of health[1] as a root cause of vulnerability to STBBIs.
- Commit to focused and meaningful efforts toward Truth and Reconciliation.
- Address stigma at system, policy, and provider levels to ensure all individuals feel safe, respected and free from judgment or discrimination when accessing services.
- Standardize provincial approaches while allowing adaption to meet local needs.
- Use trauma-informed and culturally relevant approaches in service provision.
- Provide person-centered, holistic care that recognizes the unique needs, strengths, and resilience of individuals, particularly those disproportionately affected[2].
- Implement evidence-informed strategies supported by surveillance data to address identified gaps and develop effective programs, policies, and innovative interventions.
- Utilize continuous quality improvement methods in monitoring and evaluation..

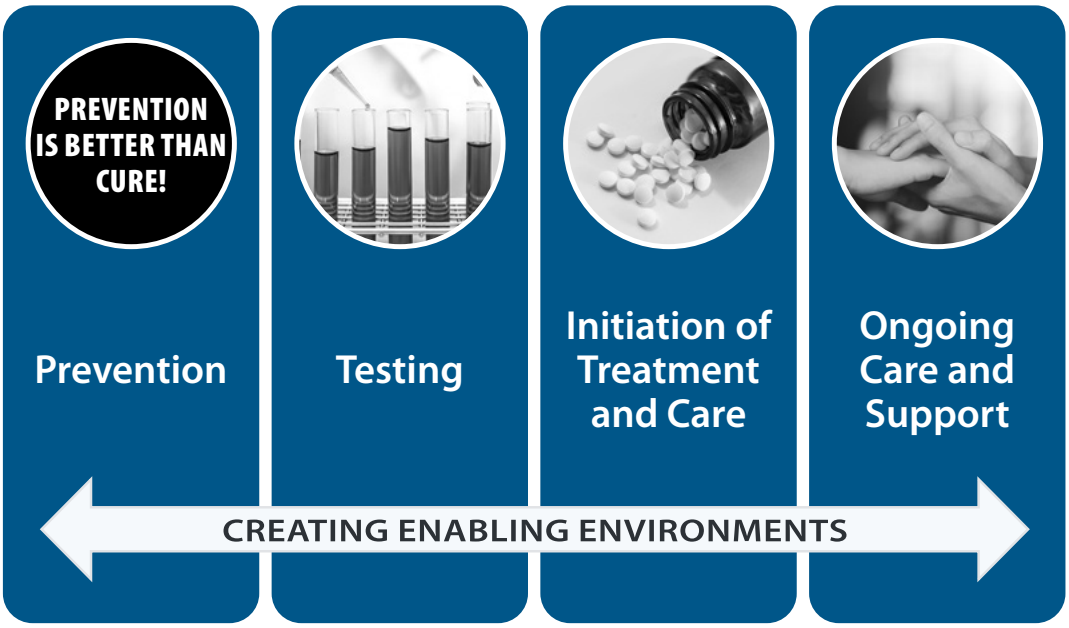
[1]Social and economic situation, education, access health care, experiences of racism, stigma, exclusion, discrimination, and marginalization.

[2]Those negatively impacted by drug use, sexual practices which increase vulnerabilities, racism, experience in corrections, inadequate housing, mental illness, being unhoused, new Canadians from countries with endemic STBBI prevalence.

Core pillars

A comprehensive approach that addresses the core pillars is required to achieve the overarching goals.

Figure 2.
Core Pillars



Prevention

Prevent new sexually transmitted and blood-borne infections and reduce disparities and health inequities among people living with STBBIs.

- Apply a health-promotion approach for STBBI prevention, including policies and programs that enhance public awareness and knowledge related to sexual health education while promoting healthy behaviors that reduce risk.

Testing

Enable timely diagnosis and treatment by ensuring Saskatchewan residents receive STBBI testing as outlined in provincial or national guidelines.

- Increased testing, early diagnosis, and linkage to care and treatment helps reduce complications of infection, halt transmission, and lower STBBI rates.

Initiation of treatment and care

Improve health outcomes, reduce transmission rates, and enable better quality of life by ensuring Saskatchewan residents receive STBBI treatment as outlined in provincial or national guidelines.

- Treatment objectives depend on the specific pathogen and whether the infection is curable (e.g., bacterial and HCV) or chronic and manageable (e.g., HIV).

Ongoing care and support

Promote overall well-being, manage long-term impacts of infections and reduce stigma by providing patients with seamless, multidisciplinary, multi-sectoral care and support.

- Services should be extended along the health care continuum and supported by other sectors like social services (e.g. utilize street outreach teams for distributing self-test kits). "Wraparound" care models contribute to more effective, comprehensive and seamless care and support.

Creating enabling environments

Ensure equitable access and increase the uptake of STBBI services.

- Ensure legislation and regulation, policies and structural requirements are in place to support implementation of initiatives and activities within each of the core pillars. Because stigma remains a barrier, focused efforts and initiatives are required to reduce the negative attitudes, beliefs and discrimination at individual, system, and societal levels.

Actions to be implemented based on local need and opportunity

Targeted and coordinated actions are needed to reduce STBBI rates and improve the related health outcomes for Saskatchewan citizens. A comprehensive approach requires that the Actions (**Appendix A**) encompass all core pillars. Health sector plans must be developed in collaboration with partners and communities and be in alignment with the STBBI MAP. The actions, outlined below, will be delivered upon over the next five years.

Initial Focus

The following actions will be the initial focus:

- Implement provincial STBBI testing policy of universal, comprehensive testing in high-yield settings.
- Strengthen initiatives to prevent perinatal (from mother to baby) STBBI transmission.

Sequenced Priority Actions

The following actions are considered high impact and serve as the priority focus for health system partners:

- Provide more options for STBBI testing, treatment and ongoing care and support both in the community and at home.
- Establish a provincial STBBI clinical pathway to guide patients through testing, treatment and care and reduce the number of people being lost to follow-up.
- Develop, deliver and normalize comprehensive, age-appropriate sexual health education programs that promote healthy sexuality and prevention of STBBIs.
- Make self-test kits and prevention supplies widely available at no cost.

Further Actions

Further actions to be delivered over the next five years:

- Expand education programs for health care providers to increase routine, comprehensive, stigma-free, and evidence-based sexual health services.
- Promptly identify, investigate, and respond to outbreaks and clusters of STBBIs with targeted interventions.
- Integrate STBBI testing and treatment information into the provincial electronic health record.
- Facilitate access to data and reports on provincial STBBI rates and trends to inform health care providers and the public.
- Broaden ownership and accountability for STBBIs by involving partners in education, social services, and correctional services.

The Ministry will collaborate with system partners to develop an implementation plan and performance indicators that will guide and support the successful delivery of the STBBI MAP.

Conclusion

Saskatchewan’s STBBI MAP acknowledges the concerted efforts that are already underway and focuses on additional efforts that need to be phased in and expanded over time to reduce the rates of STBBIs in the province. Continued collaboration between health and non-health sector partners is necessary to ensure coordination and alignment of priorities. The STBBI MAP reflects the Government of Saskatchewan's focus on creating enabling environments and improving access to the continuum of care including prevention, diagnosis, treatment, and support.

Appendix A

	Actions	Enabling Environment	Prevention	Testing	Initiation of Tx and Care	Ongoing Care and Support
Initial Focus	• Implement **provincial STBBI testing policy** of universal, comprehensive testing in high-yield settings.	✔	✔	✔		
	• Strengthen initiatives to **prevent perinatal** (from mother to baby) STBBI transmission.	✔	✔	✔	✔	✔
Priority Actions	• Provide **more options** for STBBI testing, treatment and ongoing care and support both in the community and at home.	✔		✔	✔	✔
	• Establish a provincial **STBBI clinical pathway** to guide patients through testing, treatment and care and reduce the number of people being lost to follow-up.	✔	✔	✔	✔	✔
	• Develop, deliver and normalize comprehensive, age-appropriate **sexual health education programs** that promote healthy sexuality and prevention of STBBIs.	✔	✔			
	• Make **self-test kits and prevention supplies** widely available at no cost.	✔	✔	✔		
Further Actions	• Expand **education programs for health care providers** to increase routine, comprehensive, stigma-free, and evidence-based sexual health services.	✔	✔		✔	
	• Promptly identify, investigate, and respond to **outbreaks and clusters** of STBBIs with targeted interventions.	✔		✔	✔	
	• **Integrate STBBI testing and treatment information** into the provincial electronic health record.	✔		✔	✔	✔
	• Facilitate **access to data and reports** on provincial STBBI rates and trends to inform health care providers and the public.	✔				
	• **Broaden ownership and accountability** for STBBIs by involving partners in education, social services, and correctional services.	✔				

Glossary of Terms

Case management: Case management is an approach in health care in which a case manager assists a client coordinate and navigate their healthcare goals. This approach is beneficial for clients with complex needs who may not be successful in independently meeting their health-care and related needs.

Clinical pathway: A clinical pathway is a standardized approach for patients and providers to navigate conditions from prevention to assessment and clinical management. A pathway includes the patient journey as well as the care providers' clinical processes that support the management of all aspects of the patient care plan.

Culturally sensitive: Respecting cultural differences. It involves interacting in a way that is polite and respectful of a patient's culture.

High-yield settings: Settings where people are diagnosed at higher rates compared to the general population. This may include addiction services or treatment sites, correctional facilities, and homeless shelters as people in these settings are more likely to have engaged in behaviours that are at higher risk for STBBI transmission. Emergency departments may have higher diagnostic rates, potentially due to individuals without a primary care provider seeking care.

Multidisciplinary: involves individuals from different disciplines working together. This may include physicians, nurses, pharmacists, social workers, addictions counsellors, among others.

Multisectoral: involves the collaboration of multiple sectors in a coordinated manner to address a complex issue. This approach draws on the resources and expertise of various sectors to achieve a common goal. Sectors may include education, social services, corrections, policing and health, among others.

Prevention supplies: supplies that are used in the prevention of STBBIs. This includes such things as condoms, dental dams and lubricant. They may also include biomedical interventions such as vaccines and medications that can prevent the spread of STBBIs (for example HIV pre- and post-exposure prophylaxis).

Stigma-free: an environment or interaction that is free of discrimination. Action must be taken at multiple levels to be considered stigma free. This includes individual and interpersonal, institutional or organizational and population.

Trauma-informed: Trauma-informed care is both an intervention and organizational approach that considers how individuals' behaviours may be influenced by trauma. Trauma-informed care can provide a greater sense of safety for clients who have histories of trauma.

Universal testing: routinely offering testing to all individuals within a specific population, regardless of perceived risk factors. This increases the possibility of early detection and treatment, helps to prevent or limit complications and lessens potential for transmission.

"Wraparound" care: developing an individualized plan that brings together a complement of care or service providers to address the various needs of an individual or family.