



Hon. Lena Metlege Diab, Minister of Immigration, Refugees and Citizenship

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April 14, 2026

Re: Changes to the Interim Federal Health Program (IFHP)

Dear Minister Diab,

I am writing to you in my role as the Chief Executive Officer of the Alliance for Healthier Communities. The Alliance for Healthier Communities is the voice of a vibrant network of community-governed, inter-professional primary health care organizations who provide comprehensive healthcare to those who face the most barriers to accessing care, including refugees, asylum claimants and applicants, as well as other newcomers to Canada.

Minister, I write to you today out of deep concern for the changes to the Interim Federal Health Program (IFHP) announced by your government on January 27. The changes your government announced will put in place new co-payments for medications and supplemental services (including counselling, physiotherapy, vision, and dental care) under the Interim Federal Health Program (IFHP). The policy introduces barriers to care for refugees, echoing measures enacted by the federal Conservative government in 2012. Even modest copayments for medications and health services will be unaffordable to many, and individuals may delay or forgo care with potentially devastating health consequences.

Most refugees arrive in Canada with very little to no financial means, often having fled war, persecution, or displacement. Many resettled refugees have complex medical needs or have suffered trauma yet are ineligible for provincial drug coverage or social assistance for one year. The IFHP provides the necessary health coverage refugees could not otherwise afford. Therefore, these cuts are incredibly shortsighted, and may lead to:

- Failure to access medications for preventative or acute care, or to treat chronic conditions, such as diabetes and heart disease, may lead to deterioration in health conditions and increased emergency department (ED) visits and hospitalizations
- Untreated infectious diseases, including HIV and hepatitis, may increase risks to both individual and community health
- Barriers to coverage for vision care and eyeglasses, or for assistive mobility devices, may hinder ability to study and work
- Unmanaged dental infections could result in complications, leading to emergency department visits and hospitalizations
- Limited access to mental health services may slow integration into Canadian society and impede the ability to contribute
- Difficulties accessing contraception and prenatal treatments pose significant risks to women's health.

Minister, we call on your government, and the Prime Minister, to reverse the decision to introduce these co-payments, which will impose hardship on already vulnerable refugees and ultimately increase system costs. Other countries choose to punish refugees for crises not of their making, but Canada must hold to the middle power values Prime Minister Carney speaks of often on the world stage. Canada must remain a refuge to those in the world who need a place to go, and that door hinges on policies like the IFHP.

Back in 2012, it took four years, and a change in government, to ensure that refugees and asylum claimants could access the care they needed, to prevent medical issues from worsening. It took four years and a change in government for the voices of doctors and allied providers that encompassed 20 national health associations and provincial governments from across the political spectrum to be heard. It took a federal court decision that deemed cuts to IFHP to be a violation of the Charter of Rights and Freedoms.

This time, let's do the right thing. Reverse this decision. Ensure that the world knows who Canada is, and that when others close their doors, ours are open to anyone in need.

Sincerely,



Sarah Hobbs

CEO, Alliance for Healthier Communities

Cc:

Rt. Hon. Mark Carney, Prime Minister
Hon. Marjorie Michel, Minister of Health
Yasir Naqvi, MP Ottawa Centre
Evan Solomon, MP Toronto Centre
Aslam Rana, MP Hamilton Centre
Chris Bittle, MP St. Catharines