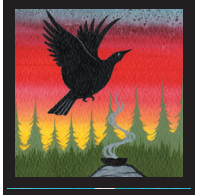
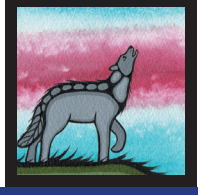
TAKE ME TO YOUR LEADER: a strategy for reaching elected and non-elected Aboriginal Leaders on HIV/AIDS issues.





Written for:

Canadian Aboriginal AIDS Network (CAAN)

Written by:

Native Management Services, Mary Jamieson

Consultation version

THE CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

Organizational Overview

The Canadian Aboriginal AIDS Network is a national, not-for-profit organization:

- Established in 1997
- Represents over 340 member organizations and individuals
- Governed by a national thirteen member Board of Directors
- A four member Executive Board of Directors
- Provides a National forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

Mission Statement

As a key national voice of a collection of individuals, organizations and provincial/territorial associations, CAAN provides leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS. CAAN faces the challenges created by HIV/AIDS in a spirit of wholeness and healing that promotes empowerment, inclusion, and honours the cultural traditions, uniqueness and diversity of all First Nations, Inuit and Métis people regardless of where they reside.

Vision Statement

A Canada where First Nations, Inuit and Métis people, families and communities achieve and maintain strong, healthy and fulfilling lives free of HIV/AIDS and related issues where Aboriginal cultures, traditions, values and Indigenous knowledge are vibrant, alive, respected, valued and integrated into day-to-day life.

Acknowledgements

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Executive Summary

Aboriginal AIDS Service Organizations (AASOs) across Canada have provided leadership in the Aboriginal AIDS movement since the early 1990s. They were organized by Aboriginal people who could see the need to address an epidemic that had the potential to threaten the very stability of Aboriginal communities as with many other health threats Aboriginal people face.

Even with the efforts of AASOs the HIV/AIDS epidemic continues to grow in the Aboriginal population with 23% of positive HIV tests in Canada attributed to Aboriginal people even though Aboriginal people represent only 3.3% of the Canadian population. (PHAC 2005)

To address the need for increased and sustained resources (human and financial) to support the Aboriginal HIV/AIDS movement in Canada, renewed leadership is urgently required. While some Aboriginal political leaders from the national to the local level have come out in support of the work of AASOs on occasion these efforts need to be formalized so that the Aboriginal AIDS Service Organizations are recognized and supported over the long term. Sustained funding is required so that qualified staff are recruited, trained and retained within the AASOs to address the front-line work that is needed on a daily basis. Those within the Aboriginal HIV/AIDS movement, who has taken on a leadership role and who have become experts in their field out of necessity and passion for the work, need to have the time to lead.

This document examines what is needed and why and points a way forward to addressing how issues related to HIV/AIDS in the Aboriginal population of Canada can be elevated to such a level that people, including governments will be compelled to act with greater emphasis.

Surveys, a Leadership Forum and a workshop have been undertaken by the Canadian Aboriginal AIDS Network (CAAN) to determine how best to proceed with a Leadership Strategy. Participants in the studies and dialogue represented First Nations Chiefs, Métis, Inuit, AASOs and Aboriginal People Living with HIV/AIDS and have largely agreed that a strategic approach is needed so that the leadership required to support the movement has the capacity, the degree of understanding and expertise and an established network "to make things happen". The support of Aboriginal political leadership will be required to bring this strategy to fruition.

In summary, recommendations are:

- CAAN serve as the designated "driver" or steward of the Leadership Strategy;
- CAAN meet with the National Aboriginal Political Organizations and NGOs to brief them on the Leadership Strategy;
- Agreements/Accords should clearly articulate the roles and responsibilities of each party, especially relating to sustainable funding that supports a comprehensive response;
- Similar agreements/accords should be undertaken at the regional/provincial/territorial levels.
- In an effort to retain qualified staff policies should be implemented by AASOs that will protect staff from burn out and respect their need to heal themselves.
- In an effort to attract qualified Aboriginal staff, the Summer Student Training Award Program needs to be reinstalled buy CIHR;
- Progress on the Key Milestones should be widely reported and where challenges still exist, new targets and dates should be established.




1.0 Background

In 2006, CAAN's Community Mobilization Tool Kit, *Making It Our Own Way* (MIOW) was released to support the Aboriginal HIV/AIDS movement in Canada. In response to the growing epidemic of HIV/AIDS in the Aboriginal community, CAAN sought out ways to engage more and more people in addressing the challenges this fully preventable disease posed for the Aboriginal population. In 2005, the Public Health Agency of Canada reported that Aboriginal people represented 23% of HIV positive test reports (where ethnicity is reported) while comprising 3.3% of the Canadian population. This number has steadily increased with 1.2% of AIDS cases being Aboriginal before 1993 and 3.4% in 2003.

In developing the MIOW Tool Kit, CAAN surveyed a number of First Nations Chiefs and other leaders, as well as those engaged in the Aboriginal HIV/AIDS movement. The purpose of the surveys was to determine the level of awareness elected leadership had about HIV/AIDS and its growth in the community and to determine what was being done to prevent the spread of the disease and to address the challenges posed by HIV to Aboriginal people living with HIV/AIDS (APHAs) their families and their communities. The MIOW Tool Kit provides a number of ideas and strategies to mobilize the Aboriginal community and incorporates a section that addresses the involvement of the elected leadership directly. The Aboriginal Strategy on HIV/AIDS in Canada (ASHAC) also offers discussion directed toward leadership.

HIV/AIDS, like other epidemics faced by the Aboriginal community has the potential of undermining the stability of the family and the community and as such requires urgent and sustained attention. It is well known that Aboriginal elected leadership have a long list of other potentially life-altering issues to deal with including, clean drinking water, family violence, diabetes, etc. In light of this, Aboriginal AIDS Service Organizations (AASOs) have largely remained on the front-lines of the battle against HIV/AIDS and have assumed a leadership position on behalf of the Aboriginal population. However, there is a need to strengthen this advocacy role so AASOs are able to attract, recruit, train and retain qualified Aboriginal people to provide much needed services. At the same time, it is important that senior management and other leadership within the Aboriginal HIV/AIDS movement are provided with the time to devote more of their energies to networking, partnering and leading.

It is also important to understand the vital role that APHAs play in the HIV/AIDS movement. They create an understanding of the disease and put a face on the epidemic. They continuously remind us that we should not judge them but support them as a part of the Aboriginal circle. Without them the circle becomes weak and thus, we all become weak. CAAN endorses the GIPA principle in its work as follows:

> "The principle of the Greater Involvement of People Living with HIV/AIDS (GIPA) that was formally recognized at the 1994 Paris AIDS Summit, when 42 countries agreed to support an initiative to "strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organizations". They added that, "by ensuring their full involvement in our common response to the pandemic at all—national, regional and global—levels, this initiative will, in particular, stimulate the creation of supportive political, legal and social environments".[1]

CAAN not only endorses greater involvement but has entrenched meaningful engagement through its structure by having an APHA Advisory Committee; an APHA Advocate position; an annual APHA

Caucus; APHA Gatherings and APHA seats on its Board of Directors. In addition, APHAs sit on all steering committees and working groups.

Findings from research done to support CAAN's Community Mobilization Tool Kit indicated the following:

> "When comparing the mainstream HIV/AIDS movement in Canada to the Aboriginal HIV/AIDS movement, some differences become apparent. One difference is the mainstream movement's provocative and 'in your face' awareness campaigns and initiatives….Often mainstream published papers and documents describe opponents to be confronted when doing HIV/AIDS [work] while the Aboriginal movement tends to take the position that leaders need to be reached emotionally. The use of personal testimony has great impact on Aboriginal individuals as story-telling is a time honoured tradition. Those who have lived what they are teaching are very highly respected in Aboriginal communities. For example, an Aboriginal person living with HIV telling the community about their life experience often motivates Aboriginal individuals and communities to mobilize and advocate around HIV/AIDS issues."[2]




2.0 Methodology

Two consultants worked on this initiative. Mary Jamieson of Native Management Services had the lead and was assisted by Trevor Stratton. In drafting this document, findings from surveys done to support MIOW were reviewed and an online search of relevant documents was undertaken. In addition, two new survey instruments were created. The first survey examined the degree to which Aboriginal organizations and agencies had implemented an HIV/AIDS Strategy and how their leadership demonstrated support for issues related to HIV/AIDS. The second survey looked at the Aboriginal AIDS Service Organizations themselves to determine human resource needs to support a leadership strategy.

In other words: Do AASOs require training to support an advocacy campaign/strategy? Do AASOs have the time and resources to take on this work? Do they themselves have an HIV/AIDS Strategy in place and if not what is needed for this to be undertaken?

The number of respondents to the surveys was low however a short timeframe may have been a factor. There was enough input to enable the consultant to develop a Power Point Presentation for further input by invited participants at a Leadership Forum held in Vancouver on February 13, 2007 prior to the CAAN Wise Practices Research Capacity Building Conference.

The participants represented Regional AASOs, APHAs, National Aboriginal Organizations, including the Assembly of First Nations, National Indian and Inuit Community Health Representatives' Organization, Métis, Inuit, and First Nations individuals, National Aboriginal Council on HIV/AIDS and government. In all twenty-three (23) key stakeholders from across Canada participated in the Leadership Forum and addressed the following questions:

- What do we hope to achieve with a Leadership Strategy?
- By what date? What are the Milestones?
- How will we measure progress?
- Who should drive (manage) the Strategy?
- What instruments are required to ensure buy in to the Strategy? (MOUs, Accords, Partnership Agreements etc)
- How can the Strategy assist at the local and regional levels?

Following this stakeholder meeting, the consultants prepared and delivered a brief paper for further input of participants at the CAAN Conference through a workshop entitled Take Me to Your Leader.




3.0 Context

While Aboriginal Political Organizations often pass resolutions supporting additional work or funding to address issues related to HIV/AIDS, few put these words into action beyond this. Some of the reasons for this may include:

- A myriad of other issues to address including, lands and resources, safe drinking water, housing and homelessness, education, employment, economic development
- Competing health issues such as diabetes, cancer, heart disease, FASD
- Lack of understanding of how HIV/AIDS impacts and will impact the community
- Stigma and discrimination.

Another reason for this seeming inaction may be that Aboriginal AIDS Service Organizations have not appropriately briefed Aboriginal leadership or provided the tools they need to take action on the issue. Perhaps AASOs have not been specific enough in their requests for advocacy support.

In terms of the non-Aboriginal Political Leadership, most do not see HIV/AIDS as an issue within the Aboriginal population largely due to the fact that there are few advocacy measures taken to enlighten them. As a result, the resources needed to address the issues at the local, regional and national levels are not forthcoming. They are largely unaware of the fact that while Aboriginal people comprise 3.3% of the population, they comprise 23% (or more) of those testing positive to HIV. (2005)

Aboriginal AIDS Service Organizations (AASOs) have been placed in a position where they not only serve Aboriginal people as front-line workers, they are also required to advocate on behalf of the Aboriginal HIV/AIDS movement as a whole. These advocacy measures include:

- Working to access and maintain funds to address HIV/AIDS issues in the Aboriginal community amidst competing non-Aboriginal agencies and groups
- Trying to secure long term operational funding to support their core operations while they try to stay ahead of changing trends and a growing epidemic
- Demonstrating how HIV/AIDS is unique in the Aboriginal community due to a family centered and holistic approach to care and support
- Advocating on behalf of traditional medicine and healing practices
- Upholding the OCAP principle (Ownership, Control, Access and Protection) when it comes to research into HIV/AIDS in the Aboriginal community
- Participating in Committees and Boards, Aboriginal and non-Aboriginal, local, regional, national and international to ensure that the voice of Aboriginal people living with HIV/AIDS, their families and their communities are heard
- Protecting limited and stretched human resources from burn-out due to overwork, grief and loss.

It should also be stated that in spite of the challenges AASOs have made a good deal of headway in the Movement.

- AASOs are innovative in their approaches to reach out to the Aboriginal community while building on and respecting traditional values and beliefs (Harm Reduction)




- AASOs have undertaken research in the Aboriginal community that informs government policy and influences the HIV/AIDS agenda
- AASOs have conducted research that ensures that the prevention messages they develop have a positive impact in the Aboriginal population they serve
- AASOs have developed Strategies to guide their own organizations and other community-based groups
- AASOs have been successful in working with other indigenous people to focus attention on HIV/AIDS in the world's indigenous population with the International AIDS community.

During the Leadership Forum in Vancouver, it was noted that "the Aboriginal HIV/AIDS leadership is in the room." AASOs have assumed a leadership position on HIV/AIDS and continue to advocate on behalf of APHAs, services and care within the Aboriginal community, inter-jurisdictional issues, holistic approaches to HIV/AIDS including consideration of the determinants of health and many other issues related to the epidemic. So why add on another layer of work to the AASOs in implementing a strategy to engage elected Aboriginal leadership?

"CAAN is often asked to participate in a number of consultations and advocacy efforts as they relate to HIV/AIDS. Ensuring Aboriginal community-based organizations and individual members have appropriate information and capacity to effectively contribute has been an ongoing challenge for CAAN and results in overburdening those who possess the knowledge and skill to take on the responsibility."[3]

What may be needed is an agreement between Aboriginal Political Organizations that clearly endorses AASOs as the Aboriginal experts on HIV/AIDS in the Aboriginal population and that supports allocated resources needed by AASOs to strengthen their leadership function.

The Leadership Forum also indicated that CAAN should be given responsibility to drive the Leadership Strategy because of their established network, expertise and capacity and that this document be "iterative" in its approach in that it is not considered complete without further input by AASOs across the Country. (Much like the approach used with ASHAC).




4.0 Key Findings

- Most Aboriginal Political Organizations and Aboriginal NGOs do not have a Strategy to address HIV/AIDS per se nor do they have policies that recognize the special needs of employees who may be living with HIV/AIDS. There are exceptions including, the Assembly of First Nations has both an Action Plan and an Implementation Framework and Pauktuutit Inuit Women of Canada through the Canadian Inuit HIV/AIDS Network oversees an Inuit HIV/AIDS Action Plan.

- Some Aboriginal Organizations and community groups, outside of and those directly involved in the HIV/AIDS movement have utilized the ASHAC (Strengthening Ties- Strengthening Communities: An Aboriginal Strategy to Address HIV/AIDS in First Nations, Métis and Inuit Communities). The Strategy developed by CAAN, to help to guide Aboriginal communities in their efforts to address the epidemic has been used in various communities across Canada.

- In 2003, CAAN succeeded for the first time in having National Chief Phil Fontaine, Assembly of First Nations; President Clement Chartier, Métis National Council; and President Veronica Dewar, Pauktuutit Inuit Women of Canada speak at a press conference on Aboriginal AIDS Awareness Day, December 1st (which has since been expanded into Aboriginal AIDS Awareness Week, December 1-5). Press Conferences have been held since featuring Vice Chiefs and Vice Presidents of these same organizations. These efforts have been complemented with Public Service Announcements on APTN, radio and print on Aboriginal AIDS Awareness Week.

A literature review conducted online with respect to engaging leadership in the HIV/AIDS movement revealed the following relevant points:

- A Discussion Paper prepared by Martin Spiegelman Research Associates for the Ministerial Council on HIV/AIDS indicated the following: "Building a population health framework for HIV/AIDS requires strong, committed, non-partisan leadership at the highest levels in the community and in governments across the country. This leadership must embed the population health concept within a social justice agenda."[4]

- In the fall of 2005, a Conference was held in Auckland, New Zealand to address the HIV/AIDS crisis in the South Pacific. Leading up to the conference it was noted that: "HIV/AIDS in the South Pacific is insidiously working its way into isolated communities with an infection rate that threatens cultural, economic, and community stability… The Pacific is notorious for sweeping issues under the carpet, particularly issues that challenge the cultural fabric of the Pacific way of life. Homosexual practice, violence against women, and, the inability of women in some cultures to say no to sex are paramount concerns among a Pacific patriarchal code that prevents an open and honest debate on HIV/AIDS from occurring – a debate that is essential should the South Pacific have a chance at beating the HIV epidemic and not fall into a figurative abyss titled HIV/AIDS.

- Back in 1986 the Ugandan political leadership publicly supported HIV/AIDS awareness campaigns within their country.

- Dr. Trevor Cullen, of the Edith Cowan University said: "This proved a key factor in quickening a substantial community response towards fighting the disease. The same is not true of many Pacific




countries that either through ignorance of the impending reality or fear of negative publicity were unable to galvanize public support. "It was left to outsiders, namely NGOs to do their best. Many have undertaken admirable initiatives and projects."[5]

- While the AFN has an Action Plan and an Implementation Framework to help to guide First Nations in actions needed to address HIV/AIDS, those interviewed to support CAAN's Community Mobilization Tool Kit "were hard pressed to come up with examples of elected Aboriginal leaders strongly advocating around HIV/AIDS issues."[6]

- At the XV International AIDS Conference in Bangkok, Thailand, 2004 a Leadership Program was planned due to the inaction of many leaders from a variety of sectors taking little or no action to address the epidemic as follows:

"Despite the growth in global commitment to the fight against HIV/AIDS, a critical mass of leadership has yet to develop. Many concerned leaders attend meetings on HIV/AIDS, but follow-through is often lacking. Leaders in one sector often lack partners in other sectors that are critical to an effective response. The Leadership Programme seeks to generate leadership that is stronger, sustained, more diverse, and more passionate.

Leaders from all sectors and in all parts of the world will be invited and they will include: Leaders from Governments, multilateral and international institutions, community, people living with HIV/AIDS, NGOs, youth, women, religious institutions, scientific community, the private sector, media, entertainment industry, as well as political leaders, artists, intellectual leaders, and sports personalities. The Leadership Programme has been structured to reinforce the need for leaders to increase commitment in five key areas:

- Supportive policies
- Scaled up programme in prevention, care and treatment
- Increased human and financial resources
- Mobilizing their peers in the response
- Accountability"[7]

- In terms of the Inuit living in the far north, low HIV/AIDS prevalence rates have resulted in a focus on a prevention approach. If the numbers are truly low, it is right to want to keep them this way. As there are no Inuit Aboriginal Service Organizations, this pro-active approach is a proper use of resources. It should be noted that many Inuit HIV/AIDS advocates believe the true figures may be higher in the Inuit community who likely get tested in the south and may not be identified as Inuit on the testing reports.

- Low prevalence rates have been experienced in Middle Eastern and North African (MENA) countries.

"Overall, the challenge lies in how to galvanize the political and social leadership of MENA countries (given the low prevalence levels) into recognizing the seriousness of the threat and the importance of a pro-active approach. The experience of Eastern Europe and Central Asia (ECA) here is quite instructive. Ten years ago, scant attention was paid to the threat posed by HIV/AIDS in ECA, and now, the region is facing alarming rates of incidence. The lesson for MENA is that complacency now has enormous hidden costs which will be realized only in the future.

One major concern about HIV/AIDS in the region is the level of information about HIV prevalence rates and the reliability of the data. Inadequate surveillance system, which is a universal weakness in the region, can overlook outbreaks in marginalized, high risk groups. A Multisectoral and society-wide response involving several government ministries, different agencies, civil society organizations, the private sector and the community itself is needed to:

- Improve HIV/AIDS surveillance systems and obtain up-to-date accurate data on the extent of the problem in the region;
- Identify socioeconomic and cultural factors which may be contributing to the spread of the epidemic;
- Break the silence around the disease;
- Overcome the fear and stigma associated with the epidemic; and
- Monitor trends for appropriate action.

All of these actions require strong political will and commitment to create an enabling environment for them to take place."[8]

- At a National HIV/AIDS Leadership Forum (date unknown) held in Regina and co-hosted by the AFN and the Federation of Saskatchewan Indian Nations, an epidemic was predicted and the need for community mobilization and additional resources were discussed. In addition, the Cost to Communities was highlighted as follows:

  "Along with the enormous cost to individuals and families…the costs for supporting someone with HIV are estimated to be over $50,000 per year and Deleary (Director of Health AFN) said that these costs have to be taken into account when negotiating health transfer agreements."

Surveys with Aboriginal AASOs prior to the Focus Group on Leadership held in Vancouver were asked the extent to which Aboriginal political organizations support their work. Some examples include:

- Healing Our Nations in the Atlantic Region is directly supported by First Nations Chiefs. Every four years they pass a resolution at the Atlantic Policy Congress to funnel funding from individual First Nations to Healing Our Nations.
- The Ontario Aboriginal HIV/AIDS Strategy is guided by a Board of Directors comprised of representatives from the Ontario Native Women's Association, The Ontario Métis and Non-Status Association and members of the affected communities i.e. 2-Spirited People, Women living with HIV/AIDS, transgendered Aboriginal people etc.
- Healing Our Spirit in British Columbia is recognized as an organization responsible for the delivery of specific services related to HIV/AIDS by an MOU signed with the Province of BC and key Aboriginal political organizations.

When respondents were asked why Aboriginal leadership was not engaged in the HIV/AIDS movement and actively supportive of the work being done they said:

- There are too many competing interests (Health and Social issues)
- Distrust
- Jurisdictional gridlock
- Stigma, discrimination and fear.




When asked what AASOs need to engage leadership (Aboriginal and mainstream) to ensure support for the Aboriginal HIV/AIDS movement they said:

- Professional development/training
- A Strategy to help guide their work
- Additional human and financial resources.

When respondents were asked what was needed to get HIV/AIDS on to the "radar screens" of Aboriginal leadership they said:

- After an election, both at the community or regional level, meet with the newly elected leadership and explain the work of the AASO and the support that is needed to continue the work.
- Show the impact that IDU is having in the Aboriginal community, highlighting how this is reflected in the HIV/AIDS infection rate in Canada.
- Attend Chief's Summits and circulate current fact sheets and suggestions about how Chiefs can be supportive of AASOs.




5.0 Leadership Strategy

Purpose:
The Aboriginal HIV/AIDS Leadership Strategy is intended to assist AASOs and other Aboriginal organizations in developing and implementing advocacy measures on their own behalf or in support of Aboriginal leaders both elected and non-elected.

Advocacy measures when properly designed and channeled can result in:

1. Acknowledgement within the Aboriginal community that HIV/AIDS is another serious health issue for Aboriginal people and is both a direct and indirect result of colonization efforts, the residential school and foster care experience (including the 60's scoop) and threatens the stability of already fragile Aboriginal families and communities.

2. Clear statements of the roles and responsibilities of key stakeholders within the Aboriginal HIV/AIDS movement so that voices are not fragmented but rather are cohesive in the struggle to fight the epidemic.

3. Increased and sustained human and financial resources for AASOs to support (among other pressing needs) reasonable competitive salaries for work that requires a diverse and specific skill set.

4. Sustained networks of AASOs to facilitate peer support, capacity building, training and sharing of wise practices.

5. Supportive policies and programs within Aboriginal communities to prevent the spread of HIV/AIDS and to care, support and treat those living with HIV/AIDS.

6. Accountability for the actions taken or not taken to address the HIV/AIDS epidemic.

Strategies:
CAAN's resource Making It Our Way (www.caan/english/publications.htm) provides a number of ideas and strategies for engaging Aboriginal leadership at the community level including, Chiefs and Councils, Sports Athletes, Community-based agencies such as Health Authorities, CHRs, Day Care Providers, Police, Addictions Workers, Family Violence Coordinators etc.

In addition to these strategies:

At the Local Level:

- A "kinship approach" to raising awareness, empathy and action is proposed. Family centered discussions and a door to door dialogue with Aboriginal neighbors is suggested. The message should highlight the fact that HIV/AIDS is the latest assault on our communities and therefore individuals who have acquired the disease should not be judged or considered in isolation from the rest of the community. HIV/AIDS poses a very real threat to the stability of the family, the community and the nation.




- In Aboriginal communities or among Aboriginal individuals who vote in either mainstream or Aboriginal elections, encourage people to ask candidates about their degree of awareness about the Aboriginal HIV/AIDS epidemic and what actions they propose to take about it. Encourage those to vote in favor of candidates with a strong conviction to address the issue and measure their performance if and when they are elected.

At the Regional/Provincial/Territorial Level:

- Where AASOs and/or Regional Strategies have a Leadership Strategy in place, encourage them to take stock of what has or has not been accomplished and renew relevant initiatives.

- Where AASOs and /or Regional Strategies do not have a Leadership Strategy in place encourage them to develop one that responds directly to the challenges they face. For example, if core funding (sustained operational funding)is an issue develop strategies that target Municipal, Provincial and/or Territorial Governments with the facts about the HIV/AIDS epidemic, the unique challenges within the Aboriginal population and needs of the Aboriginal population that go unaddressed by mainstream ASOs and others.

- Work with Aboriginal elected leadership to acknowledge regional AASOs as "the experts" in providing services to Aboriginal people with respect to HIV/AIDS and sign agreements/MOUs that articulate Aboriginal political support.

- Enlist the help of Aboriginal elected leadership or others with influence to encourage government to support regional Aboriginal HIV/AIDS organizations as "the experts" in providing HIV/AIDS services to Aboriginal people.(Provide support to Aboriginal leadership by drafting briefing notes and speeches on their behalf).

- Account for progress on addressing issues related to HIV/AIDS at Aboriginal AGMs within the region.

- Identify specific regional issues for action at the National level.

At the National Level:

- Engage "a Champion" or more than one to act as a "recognizable leader" in the face of HIV/AIDS. Just as National Chief, Phil Fontaine became the champion for the rights of the survivors of residential schools, the same approach is necessary to elevate the issue of HIV/AIDS. HIV/AIDS is linked to sexual abuse and other health issues and should be recognized as such.

- Provide briefing notes on a regular basis to National Aboriginal Leadership advising them of key issues and how they can act.

- Engage in Population Specific Campaigns such as one that addresses HIV/AIDS and Aboriginal women and meet with groups like the Native Women's Association of Canada and Pauktuutit Inuit Women of Canada to obtain their support for action by CAAN and Provincial/Territorial AASOs. Seek endorsement from these groups (through an Agreement or MOU) and develop speaking




points for their leadership that will consistently support and recognize AASOs as "the experts" in issues related to HIV/AIDS in the Aboriginal community. A similar approach is proposed for: the National Association of Friendship Centers (particularly with respect to street involved Aboriginal people, homeless people, youth, IDU); Congress of Aboriginal People (particularly with respect to access to Aboriginal-specific services, Corrections etc); Métis National Council (particularly with respect to access to Métis-specific issues, Corrections, IDU, youth, street-involved etc) and the Assembly of First Nations (with respect to all of the foregoing as well as, care, support and treatment for APHAs at the First Nations level). It will be important in all of these instances to build a package that will demonstrate how leadership will benefit if CAAN and other AASOs assume leadership for HIV/AIDS in the Aboriginal community.

- Account for progress at National AGMs.

- Nominate an Aboriginal woman living with HIV/AIDS that has taken on a leadership role for a National Aboriginal Achievement Award to raise the profile of the subject.

- Undertake research on "the cost of doing nothing" both in financial and human terms.

- Design and implement a training/capacity building program to support advocacy measures such as; writing speaking points, briefing notes and key messages and develop templates for writing to MPPs, MPs, Ministers etc.

At the International Level:

- Utilizing the Toronto Charter, undertake a letter-writing campaign to the United Nations that exposes the threat that HIV/AIDS poses to the Aboriginal community in Canada and to Indigenous communities' world wide.

- Write to Stephen Lewis, Bill Clinton and Bill Gates to argue the case for more concrete and sustained action on HIV/AIDS in the Aboriginal community of Canada.

- Share results with Indigenous communities' world wide.

- CAAN has also formed an International Indigenous HIV/AIDS Secretariat to raise attention across borders and work toward future International AIDS Conferences to ensure Indigenous issues are addressed.

6.0 Key Milestones

Level	Activity/Result	Timeline
Local Level	Set aside one week every year (leading up to June 21- Aboriginal Day) to meet with local leadership both elected and non-elected to urge support for the Aboriginal HIV/AIDS movement. CAAN could assist by providing current data and key messages to be used.	Annual
Regional/ Provincial/ Territorial	-Set aside one week every year (Leading up to June 21-Aboriginal Day) to meet with PTOs, Government leadership etc to advocate for equitable human and financial resources to support AASOs -Report results on June 21	On-going but a concerted and focused effort once per year.
National Level	Work to sign an Accord/Agreement/MOU with National Aboriginal Political Organizations and NGOs that articulates AASOs role as the leaders in the fighting the Aboriginal HIV/AIDS epidemic in Canada.	Report progress on December 1, 2007 the launch of Aboriginal AIDS Awareness Week, December 1-5
International Level	Report progress made through all efforts to engage leadership at all levels.	International AIDS Conference in Mexico, 2008 and beyond
All Levels	Report progress to all levels.	Aboriginal AIDS Awareness Week December 1-5, 2010.

7.0 Recommendations

- CAAN, as the designated "driver" or steward of the Leadership Strategy should circulate the Strategy document to all AASOs and those who participated at the Leadership Forum and workshop in Vancouver for any further input, additions and/or revisions.
- CAAN should meet with the National Aboriginal Political Organizations and NGOs to brief them on the Leadership Strategy and the need to support AASOs in their efforts to provide leadership to the Aboriginal HIV/AIDS movement. The briefings should lead to the signing of an agreement/accord designating AASOs as "the experts" and leaders in the field.
- Agreements/Accords should clearly articulate the roles and responsibilities of each party and should include, in part, an undertaking on the part of National Aboriginal Political Organizations and NGOs to advocate for increased funds for AASOs to facilitate recruitment, training and retention of qualified staff so that senior staff can more actively engage in the leadership function. In addition, National Aboriginal Political Organizations and NGOs should advocate for sustained operational funding for AASOs so that staff are focused on prevention of HIV/AIDS and the care, treatment and support of APHAs and their families rather than on organizational stability.
- Similar agreements/accords should be undertaken at the regional/provincial/territorial levels.
- In an effort to retain qualified staff policies should be implemented by AASOs that will protect staff from burn out and respect their need to heal themselves.
- In an effort to attract qualified Aboriginal staff, the Summer Student Training Awards Program once offered by Health Canada before their Research function was transferred to CIHR should be reinstated so as to allow AASOs an opportunity to introduce undergraduates to the field of HIV/AIDS.
- The achievement of progress on the Key Milestones should be widely reported and where challenges still exist, new targets and dates should be established.

Footnotes

1 2004 Report on the Global AIDS Epidemic

2 Final Report: Reporting on Advocacy and Community Mobilization in Aboriginal Communities and Organizations, Trevor Stratton CAAN, 2005.

3,4 IBID

5 Determinants of Health, PHAC, 2002

6 Time Runs Out on South Pacific HIV/AIDS Crisis, Scoop Investigation, June 2005.

7 Final Report: Reporting on Advocacy and Community Mobilization in Aboriginal Communities and Organizations, Trevor Stratton CAAN, 2005.

8 AIDS 2004 – XV International AIDS Conference July 2004, Bangkok Thailand

9 The World Bank Group HIV/AIDS (AIDS Regional Update: Middle East and North Africa) August 2006