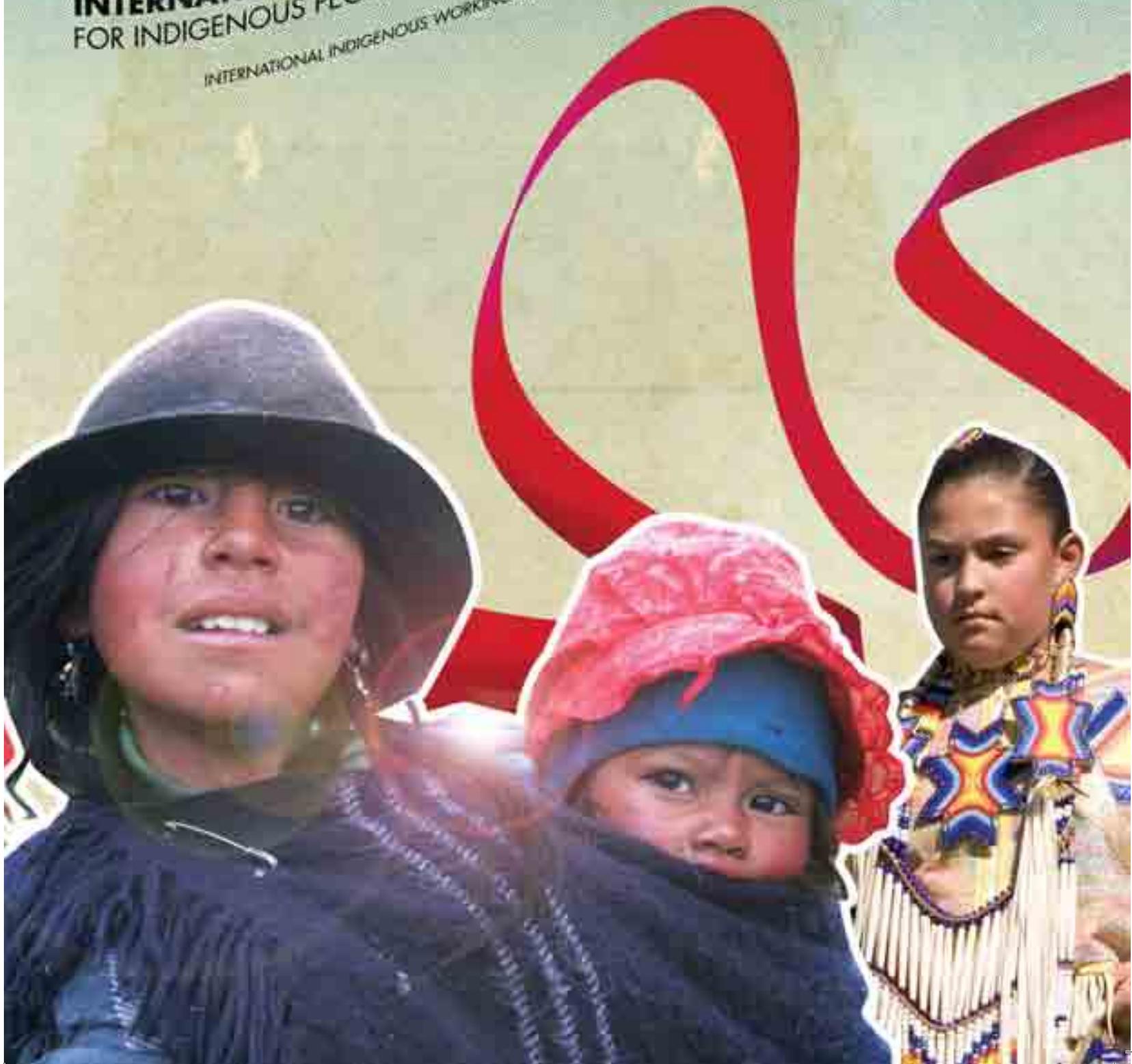




**INTERNATIONAL STRATEGIC PLAN ON HIV & AIDS
FOR INDIGENOUS PEOPLES & COMMUNITIES FROM 2011-2017**

INTERNATIONAL INDIGENOUS WORKING GROUP ON HIV & AIDS (IIWGHA)



INTERNATIONAL INDIGENOUS WORKING GROUP ON HIV & AIDS (IIWGHA)

VISION

The IIWGHA envisions a world where Indigenous communities are empowered to direct the course of their own HIV prevention, care, treatment and support.

MISSION

The IIWGHA's mission is to create an international voice and structure that links Indigenous peoples with their Indigenous leadership, varying levels of governments, AIDS service organizations, cooperatives, and others in a global collective action to lower the disproportionate impact of HIV and AIDS experienced by Indigenous peoples.

- By empowering Indigenous people to reduce the spread of HIV and increase the quality of life by strengthening collaborations between international Indigenous communities, while respecting their autonomy and diversity;
- By increasing culturally appropriate prevention, care, treatment, and support for HIV and AIDS through collective advocacy, education, and sharing of wise practices and socio-culturally relevant evidence;
- By creating opportunities for networking, collaborative advocacy, and resource brokering amongst Indigenous communities; and,
- By creating a global voice and hope for an ideal future for Indigenous people living with and affected by HIV and AIDS.

GUIDING PRINCIPLES

The International Strategic Plan on HIV and AIDS For Indigenous Peoples and Communities from 2011 to 2017 (ISPHA)¹ supports the Greater Involvement of People Living with HIV principle. This strategic plan is also founded in the key principles developed and adopted by Indigenous Peoples throughout the world in the Toronto Charter.² These principles were developed to provide support in HIV and AIDS planning, servicing and programming.

Acknowledge that Indigenous Peoples have shared experiences relating to the AIDS epidemic and its impacts on our communities;

Affirm that the AIDS epidemic continues to have a devastating effect on our communities;

Acknowledge that Indigenous Peoples have inherent rights which guarantee them good health and well-being;

Acknowledge that the changing patterns of the HIV/AIDS epidemic are placing Indigenous Peoples at increase risk of HIV infection

Recognize that Indigenous Peoples have the right to determine their own health priorities; and,

Reaffirm that Indigenous Peoples have the right to control all aspects of their lives, including their health.

¹ United Nations Declaration on the Rights of Indigenous Peoples, adopted in Geneva, September 2007. Available at: <http://www.un.org/esa/socdev/unpfi/en/drip.html>

² Available at: <http://www.aidsalliance.org/includes/Publication/GPG-GIPA-English.pdf>

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INTERNATIONAL STRATEGIC PLAN ON HIV & AIDS
For Indigenous Peoples & Communities from 2011-2017 — July 2011



GOAL

The International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2011 to 2017, is meant to facilitate an international voice and structure that links Indigenous peoples with their governments, AIDS service organizations, cooperatives, and others in a global collective action to lower the disproportionate impact of HIV and AIDS experienced by Indigenous peoples.

Objectives & Activities

There are six key objectives to the strategy, which are based on the input of the IIWGHA members during the Indigenous Satellite gatherings at the International Conference on AIDS, July 2010 in Vienna, Austria.

1. Increase the visibility of the impact of HIV and AIDS in Indigenous communities at the international level;
2. Improve meaningful inclusion of Indigenous Peoples, and Indigenous people living with HIV and AIDS, in research, policy and program development at the national, regional and international level;
3. Work towards the accurate representation of Indigenous peoples in HIV and AIDS epidemiological data within their own countries or regions;
4. Provide capacity building and development to raise HIV and AIDS and Indigenous Peoples as a health priority;
5. Promote Indigenous specific approaches to the social determinants of health
6. Conduct sustainability planning.

OVERVIEW OF THE CANADIAN ABORIGINAL AIDS NETWORK (CAAN) HOST OF THE INTERNATIONAL INDIGENOUS WORKING GROUP ON HIV & AIDS

- Interim host of the International Indigenous Working Group on HIV and AIDS (IIWGHA).
- Established in 1997, CAAN represents over 400 member organizations and individuals governed by a national Board of Directors.
- Provides a national forum for members to express needs and concerns.
- Ensures access to Aboriginal HIV and AIDS-related services by providing relevant, accurate and up-to-date HIV and AIDS information.

CAAN 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 Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS). CAAN faces the challenges created by HIV and 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.



CAAN ACKNOWLEDGMENTS

CAAN is grateful for the guidance of the International Indigenous Working Group on HIV and AIDS (IIWGHA), Aboriginal People living with HIV and AIDS, representatives from Aboriginal AIDS Service Organizations, allied community stakeholders and the Board of Directors who shared their time and wisdom.

A special thank you is extended to the following individuals for their contributions to the Strategic Plan: Ken Clement (Canada), Art Zoccole (Canada), Michael Costello (Australia), Elisa Canqui Mollo (Bolivia), Amaranta Gomez Regalado (Mexico); Robert Foley (United States); Marama Pala (New Zealand); Clive Aspin (New Zealand); Paulina Bol (Guatemala); Willi Morales (Chile); Silvo Ortiz (Brazil); Jessica Yee (Canada); Carlos Enrique Lix (Guatemala); and, Flavio Pereira Nunes (Brazil). A special thank you is also extended to other participants of shaping the strategy, including: Randy Jackson (Canada), Renee Mashing (Canada), Denise Lambert (Canada), Trevor Stratton (Canada), Melissa Deleary (Canada), Geri Bailey (Canada), Nicole Callihoo (Canada), Merv Thomas (Canada), Doris Peltier (Canada) and Tracey Prentice (Canada). Thank you to Carrie Robinson (Canada) for helping to compile input and shape the final document.

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A special acknowledgement to the late LaVerne Monette, previous Executive Director of the Ontario Aboriginal HIV/AIDS Strategy in Canada who was instrumental in formalizing the International Indigenous Working Group on HIV and AIDS.



THE JOURNEY LEADING TO THE INTERNATIONAL INDIGENOUS WORKING GROUP ON HIV & AIDS

For over two decades, Indigenous Peoples around the world have been on a path leading towards the forming of an International Indigenous Working Group on HIV and AIDS (IIWGHA).

Early collective action began during the International AIDS Conference (IAC) in Montreal, Canada in 1989. The initial leadership was provided by the National Native American AIDS Prevention Center (NNAAPC) in the United States, and by Te Roopu Tautoko Trust in Aotearoa, New Zealand. The first International Indigenous AIDS Conference was hosted in Auckland, New Zealand, in 1991 by Te Roopu Tautoko Trust. The following year, an informal, ad-hoc meeting of International Indigenous Peoples met during the 8th International AIDS Conference in Amsterdam, Holland in 1992. In 1993, they met again at the annual International AIDS Conference located in Berlin, Germany. The Indigenous People who gathered at the

early meetings listed above were considered an ad hoc group, although they were determined to meet at every International AIDS Conference.

In 2005, the International Indigenous Peoples Satellite Planning Committee was formed to plan the next year's Indigenous Satellite conference. By 2006, the working group called themselves the International Indigenous HIV/AIDS Secretariat (IIHAS) and participated in an Indigenous Satellite at International AIDS Conference in Toronto, Canada. The intent was that the IIHAS would continue collective action on recommendations and priorities developed by over 300 participants. Most notably, the Toronto Charter: Indigenous Peoples' Action Plan on HIV/AIDS.

In 2008, the group met again at the Pre-conference of



Indigenous and Afro-Descendent People at the International AIDS Conference in Mexico City, Mexico, which was particularly relevant for the region of Latin America and the Caribbean. It showed the response by our peoples to HIV and AIDS and the crosscutting themes of sexuality and human rights. Finally, there was a unification of the agendas of Indigenous and Afro-descendant peoples in the face of racism and all forms of discrimination.

In July of 2010, the IIWGHA met and conducted strategic planning during the Indigenous Satellite at International AIDS Conference in Vienna, Austria. The IIWGHA's strategic planning has been ongoing to the present. In the current year of 2011, the IIWGHA continues to envision its presence and work at all future International AIDS Conferences held annually around the world. It is necessary that the IIWGHA should be fully supported and

adequately resourced by governments and their stakeholders. The IIWGHA exists to build a unified voice for Indigenous peoples in collective action against HIV and AIDS. The host of the IIWGHA is the Canadian Aboriginal AIDS Network, and there is to be rotating positions among countries. The host organization's primary responsibilities include:

- Developing a strategic plan to address HIV/AIDS among indigenous peoples,
- Organizing future conferences and gatherings,
- Organizing an indigenous-led follow-up to the Policy Dialogue that is driven by an indigenous agenda, and
- Coordinating an indigenous response to the global indigenous HIV/AIDS epidemic.



INTERNATIONAL STRATEGIC PLAN ON HIV AND AIDS

FOR INDIGENOUS PEOPLES AND COMMUNITIES FROM 2011-2017

WHY CREATE AN INTERNATIONAL INDIGENOUS STRATEGIC PLAN?

Indigenous Peoples³ globally experience HIV and AIDS levels that are higher than other populations. Indigenous peoples include very diverse, resilient cultures, and varying levels of autonomy within their countries and communities. However, social determinants of health, especially those unique to Indigenous populations as a direct result of colonization and the continuing systemic effects, put Indigenous people at higher risk of being affected by HIV and AIDS.⁴ For example, social determinants of Indigenous health include: “historic, political, social and economic... community infrastructure, resources, systems and capacities... health behaviours, physical and social environment”.⁵

There has been limited opportunity to come together on an international scale to discuss and strategize about HIV and AIDS, support and share wise practice approaches to decreasing

HIV and AIDS levels, eliminate stigma and discrimination, and to improve the experience of Indigenous people living with and affected by HIV and AIDS. A strategic plan gives purpose behind the activities of the IIWGHA, and local Indigenous groups working towards meaningful inclusion in HIV and AIDS prevention, care, treatment, and support.

This International Strategic Plan brings together feedback of the International Indigenous Working Group on HIV and AIDS (IIWGHA), including discussions during their meeting in July 2010 at the World AIDS Conference in Vienna, Austria. Indigenous peoples from around the world gathered in order to discuss strategizing and future steps towards creating an international presence of Indigenous leaders working in HIV and AIDS.

3 The Concept of Indigenous Peoples. Department of Economic and Social Affairs Division for Social Policy and Development Secretariat of the Permanent Forum on Indigenous Issues, United Nations. 2004. Although the UN does not adopt one definition of “indigenous people”, it accepts the concept given by Jose R. Martinez Cobo in his Study on the Problem of Discrimination against Indigenous Populations: “Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system.

“This historical continuity may consist of the continuation, for an extended period reaching into the present of one or more of the following factors:

- a) Occupation of ancestral lands, or at least of part of them;
- b) Common ancestry with the original occupants of these lands;
- c) Culture in general, or in specific manifestations (such as religion, living under a tribal system, membership of an indigenous community, dress, means of livelihood, lifestyle, etc.);
- d) Language (whether used as the only language, as mother-tongue, as the habitual means of communication at home or in the family, or as the main, preferred, habitual, general or normal language);
- e) Residence on certain parts of the country, or in certain regions of the world;
- f) Other relevant factors.

“On an individual basis, an indigenous person is one who belongs to these indigenous populations through self-identification as indigenous (group consciousness) and is recognized and accepted by these populations as one of its members (acceptance by the group).

“This preserves for these communities the sovereign right and power to decide who belongs to them, without external interference”.

4 Social Determinants of Health: Canadian Perspectives. Dennis Raphael. 2004. Suggests that social determinants of health include Aboriginal [Indigenous] status, early life, education, employment, security & working conditions, food security, health care services, housing, income, social safety net & social inclusion.

5 Health inequalities and social determinants of Aboriginal Peoples’ Health. Charlotte Loppie and Fred Wien, National Collaborating Centre for Aboriginal Health. 2009. Available at: http://www.nccah-cnca.ca/docs/social%20determinates/NCCAHLoppie-Wien_Report.pdf



INDIGENOUS EPIDEMIOLOGICAL INFORMATION

Currently, comprehensive global epidemiological HIV and AIDS information as it relates to Indigenous peoples has not been developed. It is truly difficult to make broad global statements about the state of HIV in Indigenous communities, as research and accurate data collection is difficult, complex, and often compromised. Canada, Australia and the United States provide the most data, and Botswana, Central and South America, the Democratic Republic of Congo, Denmark, Namibia, New Zealand, and Tanzania provide some data. Part of this strategy encourages the sharing of wise practices from countries that already collect epidemiological data with a focus on ethnicity with those countries that are still developing this resource.⁶

The countries that already collect epidemiological data indicate different trends in the HIV and AIDS epidemic among Indigenous populations as compared to other exposure categories. In Canada, higher rates of heterosexual HIV transmission is reported, however, surveillance reports in New Zealand, Australia, and the United States indicate that HIV rates among men who have sex with men are the highest among the Indigenous populations compared to non-Indigenous populations within their countries. Another type of HIV transmission that is very high among indigenous peoples in Canada and the United States is through injection drug use (IDU). Various risk factors contribute to the

⁶ See page 4 of Indigenous Peoples & HIV/AIDS: Policy and practice implications of work to date, a final report prepared by Tracey Prentice and Randy Jackson of Canada on March 26, 2010.



transmission of HIV among indigenous peoples, including “involvement in sex work, incarceration, drug use, sexual violence, and stigma and discrimination”.⁷

Particularly, women and youth are an outstanding concern among indigenous populations worldwide because rates of HIV and AIDS infection among indigenous women and youth, as compared to those within non-indigenous populations, are disproportionately higher. A compounding factor is the legacy of colonialism and trauma, socio-economic and legal inequality that indigenous women continue to experience.⁸

It has been reported that there is a negative impact for countries that do not collect HIV and AIDS data with a focus on ethnicity (legal status, registration, and/or government identification of indigenous peoples, tribal and/or ethnic groups). The resulting impact involves a gap not only in data, but prevention, research, care, treatment and support. Further, it has been suggested that the history of systemic discrimination and racism that Indigenous people around the world have undoubtedly experienced compounds the effect of this gap in data collection and the resulting impact on the health of Indigenous peoples.⁹

⁷ See footnote 4.

⁸ See footnote 4.

⁹ See page 5 of Indigenous Peoples & HIV/AIDS: Policy and practice implications of work to date, a final report prepared by Tracey Prentice and

INTERNATIONAL INDIGENOUS HEALTH & POLICY

Several key dialogues, international instruments, policies, legal frameworks and recommendations have provided direction for this International Strategic Plan on HIV and AIDS, including:

- The Toronto Charter – Indigenous Peoples Action Plan on HIV/AIDS 2006, particularly, ensuring central participation of Indigenous people in HIV prevention, programs, policy and actions.
- The Greater Involvement of People Living with HIV (GIPA) Principles reinforcing that Indigenous Peoples living with HIV and AIDS are included in all aspects of information collection and research conducted about them
- The Millennium Development Goals of United Nations Programme on HIV and AIDS (UNAIDS); particularly goal six of “combating HIV and AIDS” at the international level.¹⁰
- The Vienna Declaration, as it advocates for the reorienting of drug policies on evidenced-based and human rights approaches in order to lower incidences of HIV infection.¹¹

This strategy’s objectives and activities specifically overlap with the recommendations arising out of several key dialogues, the same dialogues that developed the IIWGHA itself: the International Indigenous Peoples Satellite at AIDS 2006 (Toronto, Canada); The Indigenous and Afro-Descendant Peoples Pre-Conference at AIDS 2008 (Mexico City, Mexico); and, the 5th International Policy Dialogue on HIV and AIDS and Indigenous Persons (Ottawa, Canada) on October 20th, 2009. A synthesis of recommendations and priorities from each of these key dialogues can be found in Indigenous Peoples & HIV/AIDS: Policy and practice implications of work to date, a final report prepared by Tracey Prentice and Randy Jackson of Canada in March 2010.

In addition to the recommendations and priority setting that shaped the creation of IIWGHA, and of this strategic plan, Indigenous people are supported by several international instruments on human rights and indigenous health. Indigenous peoples around the world have worked and advocated diligently towards formal and substantive equality and to have their human rights, freedom and security recognized at an international scale. Although international and human rights instruments are not adopted or legally enforceable in every country, they do create a strong obligation and pressure on countries to support Indigenous peoples. In particular, to collect epidemiological data about the HIV and AIDS epidemic among Indigenous peoples and for Indigenous people to be meaningfully involved in data collected and reported about them.

The following international human rights instruments also protect Indigenous peoples’ individual human rights:

- Universal Declaration of Human Rights;
- International Covenant on Economic;
- Social and Cultural Rights;
- Convention on the Elimination of All Forms of Discrimination against Women; and
- Convention on the Rights of the Child.

Other instruments have been enforced that work to protect Indigenous collective rights. For example, support for Indigenous Social Security and Health, outlined by the International Labour Organization Convention 169 Articles 24-25, to support equal rights to culturally relevant and community based HIV and AIDS prevention, testing, treatment and support.¹²

Further, a compatible and reinforcing instrument, The United Nations Declaration on the Rights of Indigenous Peoples, supports:¹³

Article 21 that Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security. It calls for countries to take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

Article 23 that Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24 that Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without discrimination, to all social and health services. It supports Indigenous peoples’ equal right to the enjoyment of the highest attainable standard of physical and mental health. It states that countries shall take necessary steps to progressively and fully realize this right.

¹⁰ Goal 6 of the Millennium Development Goals, adopted in New York by the High-level Plenary Meeting of the General Assembly, United Nations Summit, September 20-22, 2010. Available at: <http://www.un.org/millenniumgoals/aids.shtmlf>

¹¹ Vienna Declaration was jointly drafted by the International AIDS Society, International Centre for Science in Drug Policy, and the BC Centre for Excellence in HIV/AIDS, 2010. Available at: http://org2.democracynaction.org/o/6452/p/dia/action/public/?action_KEY=2794

¹² International Labour Organization Convention 169 on Indigenous and Tribal Peoples, adopted in Geneva, June 1989. Available at: <http://www.ilo.org/ilolex/cgi-lex/convde.pl?C169>

¹³ United Nations Declaration on the Rights of Indigenous Peoples, adopted in Geneva, September 2007. Available at: <http://www.un.org/esa/socdev/unpfi/en/drip.html>



OBJECTIVES

THESE SIX OBJECTIVES, AND SUGGESTED ACTIVITIES TO ACHIEVE THESE OBJECTIVES, ARE DESIGNED TO PROVIDE DIRECTION AND GUIDANCE ABOUT HIV AND AIDS AMONG INDIGENOUS PEOPLE TO GOVERNMENTS AND LEADERSHIP OF ALL LEVELS, HIV AND AIDS SERVICE ORGANIZATIONS, COOPERATIVES, AND INDIGENOUS COMMUNITIES AROUND THE GLOBE.

OBJECTIVE #1:

INCREASE THE VISIBILITY OF THE IMPACT OF HIV AND AIDS IN INDIGENOUS COMMUNITIES AT THE INTERNATIONAL LEVEL.

ACTIVITIES FOR OBJECTIVE #1 INCLUDE:

- Engage with domestic Indigenous organizations and Indigenous communities, in respective countries, to assist in the promotion of international HIV and AIDS work;
- Increase Indigenous inclusion with the International AIDS Society, United Nations Programme on HIV and AIDS (UNAIDS), the World Health Organization, Cooperatives and other international agencies;
- Develop international resources (fact sheets, communiqués, summaries, papers, relevant and up-to-date statistics), including documents that highlight international Indigenous issues and can be used as a template among countries;
- Ensure Indigenous workshop streams are part of International AIDS Conferences;
- Include targeted messaging for diverse groups that populate “Indigenous Peoples” including: Elders, men who have sex with men, heterosexual women and heterosexual men, two-spirited, gay,

lesbian and transsexual people, youth, people who inject drugs, people within the prison system and other unique groups;

- Develop a communications and social marketing strategy for the IIWGHA to raise visibility of HIV and AIDS issues among Indigenous Peoples globally;
- Engage high profile spokespersons to advocate on behalf of Indigenous People and the IIWGHA about HIV and AIDS;
- Advocate for opportunities for Indigenous people to investigate within their own communities, be consultants to their own community leaders and develop indigenous-driven health policies and multiculturalism to eradicate HIV and AIDS;
- Support the attendance and participation of Indigenous peoples during international AIDS conferences and meetings;
- Advocate for Indigenous HIV and AIDS issues nationally, regionally and internationally; and,
- Create workshops, radio talk shows and media about health care for communities, parents, women, men, children, youth and other marginalized groups that incorporate Indigenous languages and culture.

OBJECTIVE #2:

IMPROVE MEANINGFUL INCLUSION OF INDIGENOUS PEOPLES, AND INDIGENOUS PEOPLE LIVING WITH HIV AND AIDS, IN RESEARCH, POLICY AND PROGRAM DEVELOPMENT AT THE NATIONAL, REGIONAL AND INTERNATIONAL LEVEL.

ACTIVITIES FOR OBJECTIVE #2 INCLUDE:

- Adopt the Toronto Charter and its guiding principles as a foundational document and important advocacy tool;
- Operate with inclusion of the United Nations Declaration on the Rights of Indigenous Peoples, and the International Labour Organization Convention 169 as a guiding and protective instruments;
- Advocate for the adoption by national governing bodies of the Toronto Charter, Greater Involvement of People Living with HIV and international instruments supporting Indigenous human rights and health;
- Ground work in Indigenous knowledge, Indigenous concepts of health, and Indigenous wise practices;
- Promote and create awareness of IIWGHA to national and international research bodies;
- Discuss and share wise practices in research, policy and program development;
- Inform each country's national research centres about the IIWGHA and insist that they include Indigenous people, communities and issues in their publications and initiatives;
- Develop IIWGHA as an international filter for all international and national reports on HIV and AIDS and

Indigenous Peoples and communities;

- Create opportunities for partnership between Indigenous communities and government officials;
- Strengthen and create cultural sensitivity in existing health units, and with existing health policy and practice, in countries with Indigenous populations;
- Advocate that governments commit to ensuring Indigenous peoples have equal access to basic health services;
- Develop reports of cultural protocols and cultural relevance for main authorities dealing with Indigenous communities and health facilitators;
- Develop relationships with Indigenous educational institutions promoting HIV as a priority and building a collaborative of Indigenous researchers;
- Develop an alliance of Indigenous researchers and Indigenous people living with HIV and AIDS by creating opportunities for their involvement.
- Support research about: HIV impact on social and economic environment of Indigenous peoples; mental health; traditional stories and songs on procreation; cultural implications of reproductive rights and breast-feeding; genetics and whether HIV and HIV medication affects Indigenous peoples differently; and other research.





OBJECTIVE #3:

WORK TOWARDS THE ACCURATE REPRESENTATION OF INDIGENOUS PEOPLES IN HIV AND AIDS EPIDEMIOLOGICAL DATA WITHIN THEIR OWN COUNTRIES OR REGIONS.

ACTIVITIES FOR OBJECTIVE #3 INCLUDE:

- Collect and share comparative epidemiological data and socio-culturally relevant evidence on various Indigenous populations worldwide;
- Share wise practices on comparative epidemiological data and socio-culturally relevant evidence on various Indigenous populations;
- Promote and encourage each country to develop accurate and internationally relevant data;
- Strongly advocate for governments to collect separate ethnic and epidemiological data;
- Leverage international instruments and take a human rights approach to advocate that Indigenous peoples from every country deserve information about their population's health and HIV and AIDS incidences. (United Nations Declaration on the Rights of Indigenous Peoples, International Labour Organization Convention 169 & UNAIDS Millennium Development Goals);
- Build the capacity of IIWGHA members and governing systems to advocate for and create processes that accurately capture and share Indigenous epidemiological data and socio-culturally relevant evidence;
- Support the collection of ethnic data by Indigenous

epidemiologists;

- Support capacity building, trust-building, advocacy and sharing when capturing Indigenous epidemiological data and socio-culturally relevant evidence;
- Support opportunities for meaningful involvement of indigenous people living with HIV and AIDS in epidemiological data collection;
- Advocate for meaningful dialogue about HIV and AIDS between Indigenous nations and government health officials, Cooperatives, members of Indigenous and other organizations;
- Consider short and long term processes and results as they impact Indigenous communities when tracking Indigenous communities using epidemiological data;
- Promote wise practices for monitoring commitments and projects that track epidemiological data within Indigenous communities; and,
- Insist that data collection account for the impact that one HIV diagnosis has on an entire Indigenous family and community, which is then affected by HIV; and,
- Insist that data captured should consider a variety of factors in relation to the data, including: ignorance, education, knowledge, services, support, acceptance, social determinants of health, morbidity factors, co-morbidities and vulnerabilities to other diseases.

OBJECTIVE #4:

PROVIDE CAPACITY BUILDING AND DEVELOPMENT TO RAISE HIV AND AIDS AND INDIGENOUS PEOPLES AS A HEALTH PRIORITY.

ACTIVITIES FOR OBJECTIVE #4 INCLUDE:

- Promote and be involved in projects that provide capacity and financial support for the ongoing development of the IIWGHA;
- Advocate for the involvement of Indigenous people in decision-making about HIV and AIDS at all levels and in all countries;
- Encourage national and Indigenous health leaders to declare HIV and AIDS among Indigenous populations a priority within their country;
- Support the advocacy efforts of Indigenous leaders and local governments to establish HIV and AIDS as a priority among their communities, peoples, countries, and regions through the provision of tools, wise practices, and relevant frameworks;
- Educate, support and build capacity of targeted groups to be educated and educate others about HIV and AIDS. For example: Elders, men who have sex with men, heterosexual women and heterosexual men, two-spirited, gay, lesbian and transsexual people, youth, people who inject drugs, people within the prison system and other unique groups.
- Seek out diverse funding, including both public and private, to support strategies adopted and advocated for on behalf of and by Indigenous communities;
- Recognize that many countries have no support or recognition from their governments and provide them with international support, where possible, and advocate on their behalf through the

IIWGHA;

- Advocate for the creation of national strategies for indigenous peoples and HIV and AIDS worldwide and work toward including these national indigenous strategies into this International Strategic Plan on HIV and AIDS as the IIWGHA develops;
- Recognize that developing Indigenous specific social determinants of health and bettering services, information and treatment will build the capacity of Indigenous people to lower HIV and AIDS incidences among their peoples and communities;
- Encourage the development of culturally relevant health services such as Indigenous midwives, therapists, orthodontics, health trainers, herbalists and other indigenous knowledge;
- Promote and work with agencies that support Indigenous people, and Indigenous people living with HIV and AIDS, to work and study at the community, national, regional and international level in areas such as: HIV, nursing, medicine, research, counseling, epidemiology, genetics, HIV education, social work.
- Develop training programs, based on Indigenous paradigms, to develop Indigenous persons living with HIV and AIDS to become activists, advocates, educators, public spokespersons and HIV protagonists.

OBJECTIVE #5: PROMOTE INDIGENOUS SPECIFIC APPROACHES TO THE SOCIAL DETERMINANTS OF HEALTH.

ACTIVITIES FOR OBJECTIVE #5 INCLUDE:

- Educate international communities that Indigenous peoples have a right to advocate for their own health and the role the social determinants play in the AIDS epidemic;
- Develop and promote indigenous-specific social determinants of health frameworks to highlight the need to address overlapping vulnerabilities that Indigenous people face making them more susceptible to HIV;
- Respect the cultural traditions of Indigenous people within their respective countries;
- Promote trust-building between Indigenous nations and their respective countries by working with Indigenous nations to alleviate unmet social determinants of health, poverty, oppression, social exclusion, and the systemic effects of racist and sexist policies and laws;

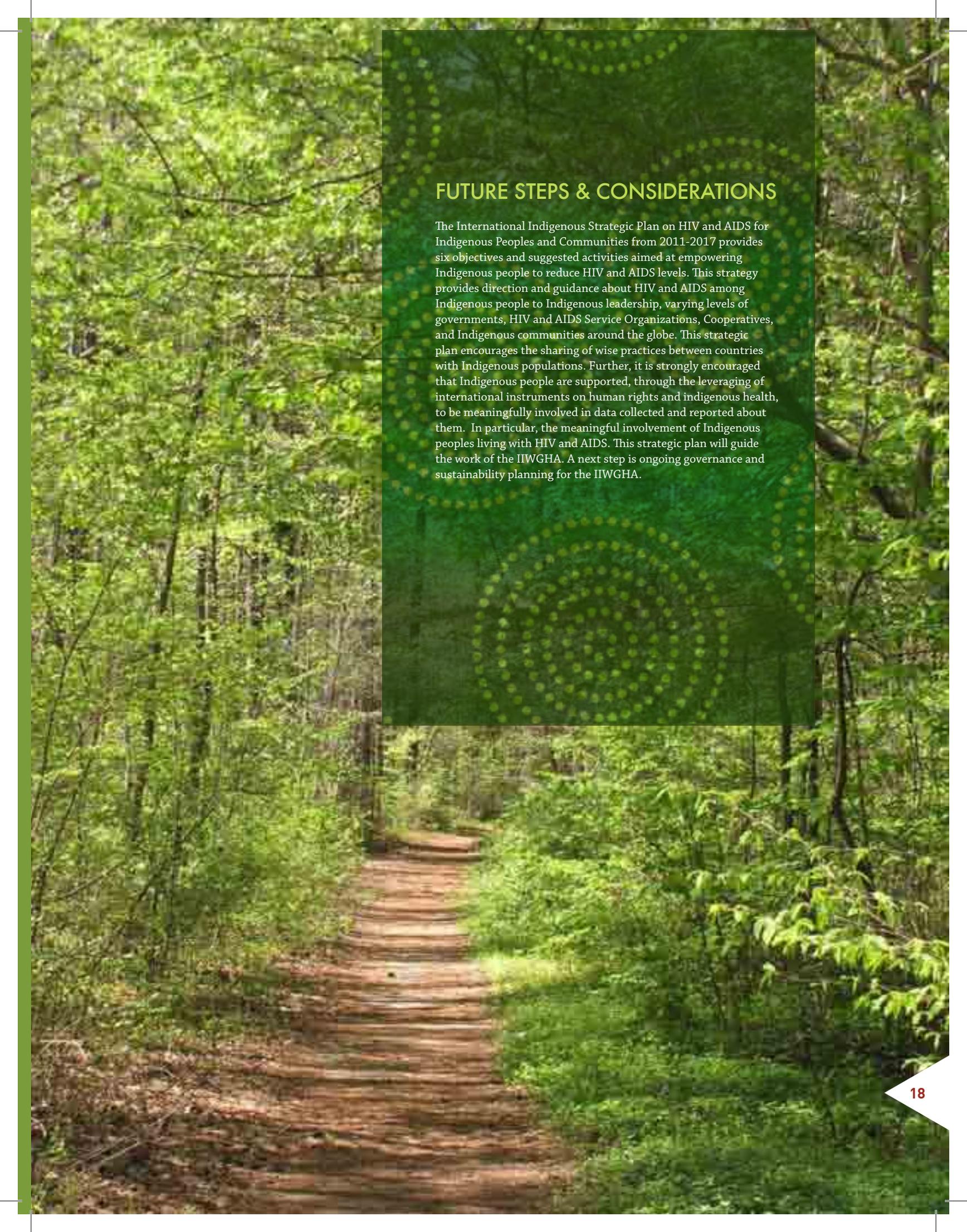
- Encourage the exercise and appropriate sharing of Indigenous knowledge and practices in both the activities of IIWGHA and its members, and the acceptance of such practices by non-Indigenous governing structures;
- Encourage HIV and AIDS Service organizations to partner with Indigenous communities in order to develop and promote culturally relevant information and approaches;
- Research and determine other agencies in health that are developing approaches to social determinants of health in order to develop relationships with them. If possible, share information and skills to avoid duplication of services and integrate HIV into their approach, spreading knowledge and education widely; and,
- Develop and distribute a guide for how to increase visibility of Indigenous HIV and AIDS issues, including social determinants, so Indigenous peoples and communities can participate in their own research, policy and program development at all levels.

OBJECTIVE #6: CONDUCT SUSTAINABILITY PLANNING. PROVIDE CAPACITY BUILDING AND DEVELOPMENT TO RAISE HIV AND AIDS AND INDIGENOUS PEOPLES AS A HEALTH PRIORITY.

ACTIVITIES FOR OBJECTIVE #6 INCLUDE:

- Ensure that Indigenous HIV and AIDS issues are presented at international, national, regional and community level conferences and events on HIV and AIDS and Indigenous Health and beyond;
- Design short term and long term planning with input from Indigenous peoples about HIV and AIDS;
 - Build a database of all HIV, Indigenous and Health conferences (sexual health, reproductive health) nationally, regionally and internationally and make available on IIWGHA website and other networking sites.
 - Encourage registration and participation of Indigenous IIWGHA members at International World AIDS Conferences;
 - Encourage Indigenous youth involvement in International HIV and AIDS work and recognize that they are future leaders;
 - Encourage the development of legal and policy frameworks within Indigenous communities based on their respective countries and cultures by setting a goal of reaching international human

- rights obligations politically, economically and culturally.
- Develop and launch IIWGHA into an International NGO.
 - Promote the IIWGHA by presenting verbal, written or personal messages during conferences and events;
 - Ask for sponsorship and create fundraising methods to ensure wide representation of the IIWGHA at conferences and events.
 - Have a continuous presence at each conference, with IIWGHA community booths, spaces, visual arts and exhibitions, market to fundraise through the sale of cultural items, IIWGHA resources and other materials.
 - Create banners, display items, cards, postcards, lanyards, bracelets, promotional items for IIWGHA, as well as new ways to draw attention the issue of HIV and AIDS in Indigenous communities.
 - Prepare a resource 'kit' prepared and available to IIWGHA and everyone working in HIV and AIDS.



FUTURE STEPS & CONSIDERATIONS

The International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2011-2017 provides six objectives and suggested activities aimed at empowering Indigenous people to reduce HIV and AIDS levels. This strategy provides direction and guidance about HIV and AIDS among Indigenous people to Indigenous leadership, varying levels of governments, HIV and AIDS Service Organizations, Cooperatives, and Indigenous communities around the globe. This strategic plan encourages the sharing of wise practices between countries with Indigenous populations. Further, it is strongly encouraged that Indigenous people are supported, through the leveraging of international instruments on human rights and indigenous health, to be meaningfully involved in data collected and reported about them. In particular, the meaningful involvement of Indigenous peoples living with HIV and AIDS. This strategic plan will guide the work of the IIWGHA. A next step is ongoing governance and sustainability planning for the IIWGHA.

