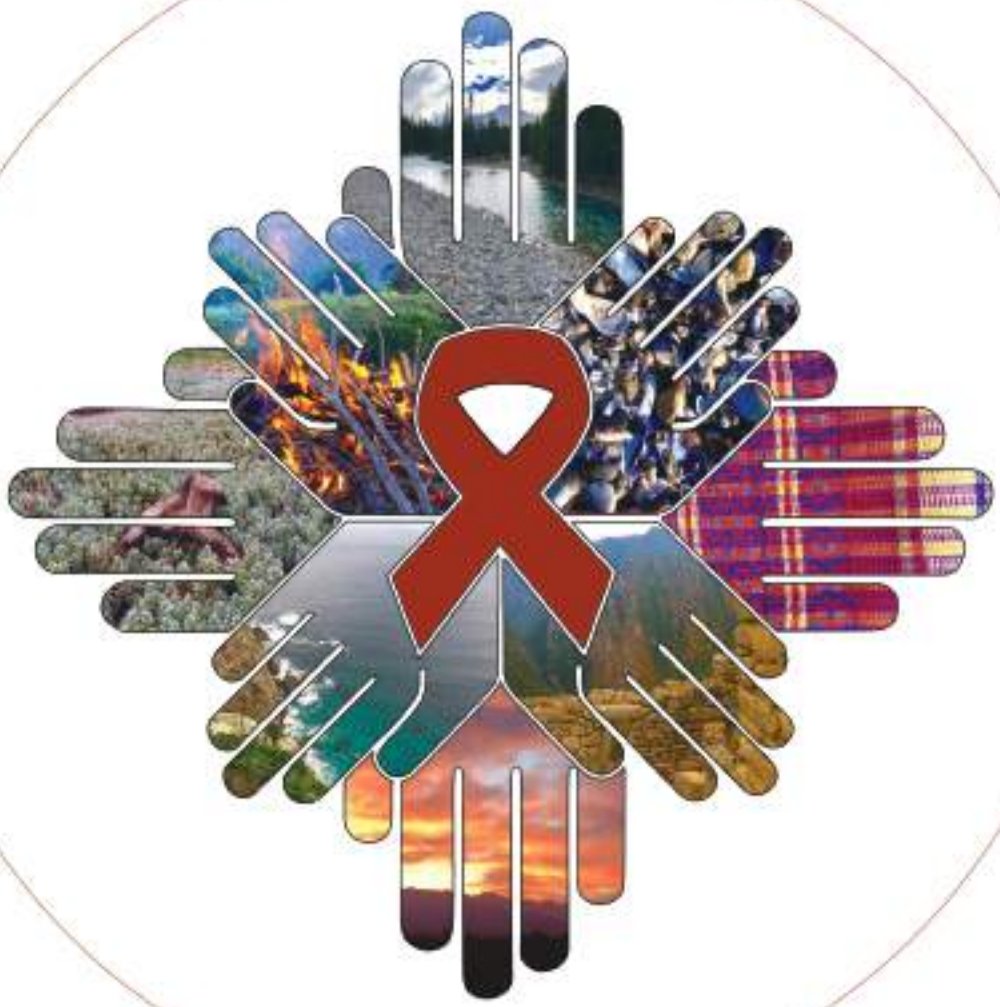
IIWGHA

The International Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2018 to 2024



The International Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2018 to 2024

International Indigenous Working Group on HIV & AIDS

International Indigenous HIV and AIDS Community

Purpose Statement

This document has been developed for International Indigenous HIV and AIDS Community (IIHAC) and the International Indigenous Working Group on HIV and AIDS (IIWGHA) and is intended to be used by Indigenous organizations and communities, policy makers and governments around the world as a response to the impacts of HIV and AIDS experienced by Indigenous Peoples.

This is intended to be a living document and can be adapted over time and across international regions, nations, and cultural contexts to ensure it is relevant and responsive to community needs. Many Indigenous Peoples share a teaching to "take only what you need and leave the rest." The strategic objectives and activities below have been developed with this teaching as a guiding principle. Furthermore, there is great diversity across Indigenous communities and experiences, which can change rapidly within social and political climates. This document is intended to be adapted based on those changes that may occur, in order to create impacts for Indigenous communities and Indigenous Peoples living with HIV and AIDS.

The strategic objectives and activities were also intentionally developed to be high-level and measurable. The activities provide examples of ways to fulfil each objective and are not exhaustive as to possible actions to take. The short, medium, and long-term outcomes listed within the objectives are similarly examples of what is hoped each one achieves. These high-level outcomes may be adapted and used to generate measures and indicators to assess progress towards each objective.

Vision and Mission

The vision for this strategic plan is to see healthy thriving Indigenous communities that will end AIDS through self-determination, justice, and human rights.

The mission for this plan is:

- To coordinate a unified response for Indigenous communities responding to HIV and AIDS
- To foster Indigenous solidarity through global collective action and leadership, wise practices and policies that make a positive difference
- To value diversity and honour all voices.

Values and Guiding Principles

At the core of this Plan are the values and principles to support the Greater Involvement and People Living with HIV and AIDS (GIPA), and Meaningful Engagement of People Living with HIV and AIDS (MEPA), whereby Indigenous Peoples are consulted, collaborated with, and meaningfully included at all phases of work, from conception to completion. Historically the greater involvement of people living with HIV and AIDS has been present throughout the HIV and AIDS movement. Generally, the successes and the trials and errors of GIPA can be seen with the incredible positive outcome for people living with HIV; still being alive. However, along the way, many advocates living with HIV have been over extended and over utilised, burnt out and dis-communicated along the way. As with everything new, realizing limitations begins with the individual, the family and the community, which brings us to Indigenous world view. When involving an Indigenous person living with HIV you are not only involving an individual you are involving a family and a community.

THE GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV (GIPA)

What we know about international Indigenous GIPA

- HIV in itself is not a skill set. We recognise that family and community are impacted by HIV. Yet living with HIV does not automatically give us the skill set needed.
- Indigenous Peoples are born and chosen for certain roles, not all can be advocates, or have the skill set involved at every level. We appreciate and nurture everyone's aptitudes.
- Indigenous Peoples do not think in individualistic terms – this is a colonised concept and function that was imposed.
- GIPA must not be tokenistic, it needs to be meaningful and we encourage the development of Indigenous leaders who are living with HIV to engender a strong influential voice.
- Indigenous GIPA must also incorporate values and principles intrinsic to our identity. For example: consultation with Elders, inclusion of Elders, and direction from Elders.
- Keeping a balance of body, mind, spirit and community is important to Indigenous Peoples. Exploitation of any of these will disrupt wellness.
- GIPA for Indigenous Peoples is about leadership; having the right leaders, with the right support behind us. Maintaining a level of trust, a mandate, and support from the community, and the collective experience of other Indigenous persons living with HIV is imperative.
- It is imperative to be strategic about developing and maintaining leaders.
- We must have clear advocacy goals when discussing and promoting Indigenous GIPA.
- To maintain strong commitment and involvement we must create catchments of Indigenous persons living with HIV able to work at all areas from grassroots to influencing policy development.
- We must represent key affected populations within our supportive groups of Indigenous persons living with HIV. It is essential that we hold responsibility not only for Indigenous peoples, but for the key affected populations as well.
- GIPA leadership means gathering input of others' opinions that may not necessarily be congruent with our own. We need to be able to differentiate between community opinions and personal opinions and express them all.

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 information on HIV and other sexually transmitted and blood borne infections.

CAAN Mandate and Mission

The Canadian Aboriginal AIDS Network (CAAN) is a not-for-profit coalition of individuals and organizations which provides leadership, support and advocacy for Aboriginal people living with and affected by HIV and AIDS, regardless of where they reside.

CAAN Philosophy

The philosophy of this agency is that all Aboriginal people deserve the right to protect ourselves against infectious disease. Education and prevention is focused on empowerment as Aboriginal people are encouraged to learn about the risks of HIV and AIDS and protect ourselves accordingly. To provide Aboriginal people with accurate and up-to-date information about the nature of the disease, the risks of contracting it, and the issues of care/treatment and support for those infected is the challenge that CAAN employees and directors face each day of their involvement with the agency.

Goals and Objectives Of CAAN

The goals and objectives of the agency are:

1. To provide accurate and up-to-date information about the prevalence of HIV in the Aboriginal community and the various modes of transmission.
2. To offer leaders, advocates and individuals in the AIDS movement a chance to share their issues on a national level by building skills, education/awareness campaigns, and acting in support of harm reduction techniques.
3. To facilitate the creation and development of regional Aboriginal AIDS service agencies through leadership, advocacy and support.
4. To design materials which are Aboriginal specific for education and awareness at a national level, and to lessen resource costs of underfunded, regional agencies by distributing and making available these materials wherever possible.
5. To advocate on behalf of Aboriginal people living with HIV or AIDS (APHA's) by giving them forums in which to share their issues and to facilitate the development of healing and wholeness strategies among the infected Aboriginal population.
6. To build partnerships with Aboriginal and Non-Aboriginal agencies which address the issues of Aboriginal people across jurisdictions, thereby improving the conditions in which Aboriginal people in Canada live through a continuous and focused effort.

Spirit and Vision Of CAAN

CAAN is a national Aboriginal organization and as such is committed to addressing the issues of HIV within a Native context. Although the beliefs of Aboriginal people vary widely from region to region and from person to person, the agency has made a commitment to conduct its activities in a spirit of Native wholeness and healing. This disease can only be overcome by respecting our differences and accentuating our unity of spirit and strength.

PRINCIPLES OF PARTICIPATORY AND COMMUNITY-BASED WORK

Ultimately, the principles of participatory and community-based work are integral to meaningful engagement, where Indigenous individuals and communities are co-contributors rather than subjects with knowledge to exploit. As such, the requirement for free, prior and informed consent as outlined in the UN Declaration on the Rights of Indigenous Peoples and working in good faith to respect and benefit Indigenous individuals, communities and Nations around world is an essential guiding principle for this Plan.

Ultimately, the principle of cultural safety is of utmost importance when working with Indigenous Peoples and communities internationally; the onus is on the individual with the actual or perceived power in the working relationship to establish a relationship that recognizes the strengths and vibrancy of Indigenous Peoples, while respecting and upholding Indigenous voices, ways of knowing, ancestral understandings, Elders, and knowledge keepers.[1]

Additional core values for this Plan that were identified at the Strategic Planning Session at the 2016 International AIDS Conference include:

- Culture, cultural values and Indigenous knowledge
- Self-determination (nothing about us without us)
- Relationships and intersectionality
- Equitable access to resources and treatment
- Human rights and gender equality
- Harm reduction and non-judgemental provision of services

[1] The principles guiding this Plan were adopted from the IIWGHA Sowing Seeds research project; a collaborative project of international Indigenous leaders to develop an ethical protocol for engaging Indigenous Peoples in HIV research

POPULATIONS MOST AFFECTED BY HIV

UNAIDS reports that "since 2010, the annual global number of new HIV infections among adults (15 years and older) has remained static, at an estimated 1.9 million. Members of key populations, including sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men, and their sexual partners accounted for 45% of all new HIV infections in 2015.

In some countries and regions, infection rates among key populations are extremely high—HIV prevalence among sex workers varies between 50% and 70% in several countries in southern Africa. One study from Zimbabwe found HIV prevalence rates of 27% for male inmates, 39% for female inmates and 60% for sex workers, with 9.6% of these getting newly infected between 2009-2014. New infections among gay men and other men who have sex with men have been increasing in all regions in recent years. Across countries, key populations are between 10 and 50 times in greater risk of HIV infection compared to other adults.

Criminalization and stigmatization of same-sex relationships, sex work and drug possession and use, and discrimination, including in the health sector, are preventing key populations from accessing HIV prevention services. Effective government support and community-based and implemented HIV prevention and treatment programmes that provide tailored services for each group are currently too few and too small to result in a significant reduction in new infections. In order to achieve the target of reducing new HIV infections among key populations by 75% by 2020, a large-scale increase of programmes and the creation of an enabling social and legal environment are needed."[2]

Resolution adopted by the UN General Assembly on the June 8, 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030
Key Populations named in Articles 42 and 62

Article 42 - Note with alarm the slow progress in reducing new infections and the limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response, based on the local epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa, are more than twice as likely to become HIV-positive than boys of the same age, and noting also that many national HIV prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants and key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are 5 times more likely to be living with HIV than adults in the general population."

Article 62 - Commit to eliminating barriers, including stigma and discrimination in health-care settings, to ensure universal access to comprehensive HIV diagnostics, prevention, treatment, care and support for people living with, at risk of and affected by HIV, persons deprived of their liberty, indigenous people, children, adolescents, young people, women, and other vulnerable populations.

[2] http://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161121_keypopulations

BACKGROUND

As Indigenous peoples representing a rich diversity of cultures and traditions, we envision a world where Indigenous communities are empowered to direct the course of their own HIV prevention, care, treatment and support. We are able to do this based on a shared a worldview that affirms “Indigenous Peoples are equal to all other peoples, while recognizing the right of all peoples to be different, to consider themselves different, and to be respected as such”

International Indigenous leaders in the HIV and AIDS community come from different regions of the world, yet exemplify a shared heart, shared mind, and shared passion for working in the joint fight against HIV and AIDS. They are further committed to grounding their efforts in an Indigenous context and are rooted in the holistic work of their local regions. The value and principle of holism is common among Indigenous Peoples globally; for Indigenous Peoples, often there exists a profound relationship with the land, as the land provides for humans physically, emotionally, and spiritually. For many Indigenous Peoples, the land is central to their culture, identities, and ways of knowing, and caring for the land and water is thus an essential responsibility. To honour holism means living in balance and harmony with all of the elements integral to Indigenous traditions and ways of knowing. While Indigenous peoples have a common position in most societies as being a minority group, there are vast differences that make each Indigenous lens unique to specific regions and peoples. Indigenous leaders globally have varying experiences, political climates, and perspectives on the fight against HIV and AIDS.

In many cases, Indigenous Peoples experiences and perspectives may be rooted in the different relationships that Indigenous communities have with their governments, which are linked to the different ways that colonialism and oppression have impacted Indigenous communities. Despite the legacy of historical colonialism and current colonial policies in which Indigenous Peoples have and continue to endure, Indigenous Peoples globally are culturally resilient, having fought to maintain their cultural values and ways of knowing and resisting oppressive assimilation policies. This strategic plan considers an intersectional framework to understand the layered inequities that Indigenous Peoples face globally (e.g., oppression, colonialism, racism, political environments).

The worldview that we share cannot be defined by the particular story of any one Indigenous society. Every Indigenous group or clan has a story of their beginnings, of a Creator Being or Beings who rose to create the landscape; while there are numerous variations of the story, the theme remains the same. Perhaps above all, an Indigenous worldview holds that the land is sacred and is the “great mother of all humanity”. The land is the great teacher, suggesting the notion of caring for something that is outside ourselves and that exists for all time.

However, this relationship no longer exists in all too many Indigenous societies around the world. In Africa, for example, “the overall characteristics of groups identifying themselves as Indigenous Peoples are that their cultures and ways of life differ considerably from the dominant society, and that their cultures are under threat, in some cases to the point of extinction. A key characteristic for most of them is that the survival of their particular way of life depends on access and rights to their traditional lands and the natural resources thereon”. As a result of cultural genocide, colonialism, racism, war and other atrocities, Indigenous peoples—not just in Africa but on all continents—have lost the right to determine their own fate.

This affects all aspects of life for Indigenous Peoples the world over. This has to be seen in relation to the general marginalisation from which Indigenous Peoples suffer economically and politically. On top of this, Indigenous Peoples often live in remote areas where they are easily forgotten. As Indigenous Peoples receive little political attention and prioritisation, and as they to a large extent suffer from impoverishment and low literacy rates, their health situation is in many cases extremely critical”.

In an Indigenous worldview, community strategies to promote the collective well-being of society are based on values such as reciprocity, consensus building, equity, intergenerational solidarity; there is value in the community’s ability to determine its own fate. The collective as represented by the community has historically been prioritized over individualism. Individuals of course have the freedom to make choices based on their own well-being, but it has always been understood that those choices have an impact on the community as a whole and affect everything else in the surrounding environment. The environment is part of the web of creation, and humans are but one element in that web.

The priority Indigenous people place on collective impact is seen today in many mechanisms such as restorative justice and models for health care. This shared Indigenous worldview propels us 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.

HISTORY OF INDIGENOUS RESPONSE TO HIV

For three 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) and the International Indigenous HIV & AIDS Community (IIHAC).

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 peoples 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: An 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. Since finalizing the International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2011-2017, IIWGHA has hosted an Indigenous Peoples Networking Zone in the Global Village of International AIDS conferences and International Indigenous Pre-conferences in the USA (AIDS 2012), Australia (AIDS 2014) and South Africa (AIDS 2016).

The International Indigenous HIV & AIDS Community (IIHAC) was incorporated in March of 2015 to address a priority contained within the original International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2011-2017. Objective 6 was titled: Conduct Sustainability Planning which instructed IIWGHA to develop and launch an international Non-Governmental Organization (NGO).

The incorporation of IIHAC was necessary to alleviate restrictions inherent to IIWGHA's designation as a project within a national HIV organization, CAAN. For example, in order to officially engage in full partnerships with many UN agencies, other international NGOs and international network funders, incorporation is essential. During the first year of this current Strategic Plan, IIHAC and IIWGHA will enter into high-level discussions about the roles of each entity and the division of labour with the understanding that governments, UN agencies, other AIDS service organizations and the private sector all have a role to play in achieving the goals and objectives contained herein.

To prepare for a second strategic plan, the IIWGHA and IIHAC once again engaged in strategic planning in Durban, South Africa, in Ottawa, Canada and through electronic communication which has been ongoing to the present. In the current year of 2018, the IIWGHA and IIHAC continue to envision their presence and work at all future International AIDS Conferences held annually around the world.

STRATEGIC PLANNING METHODOLOGY

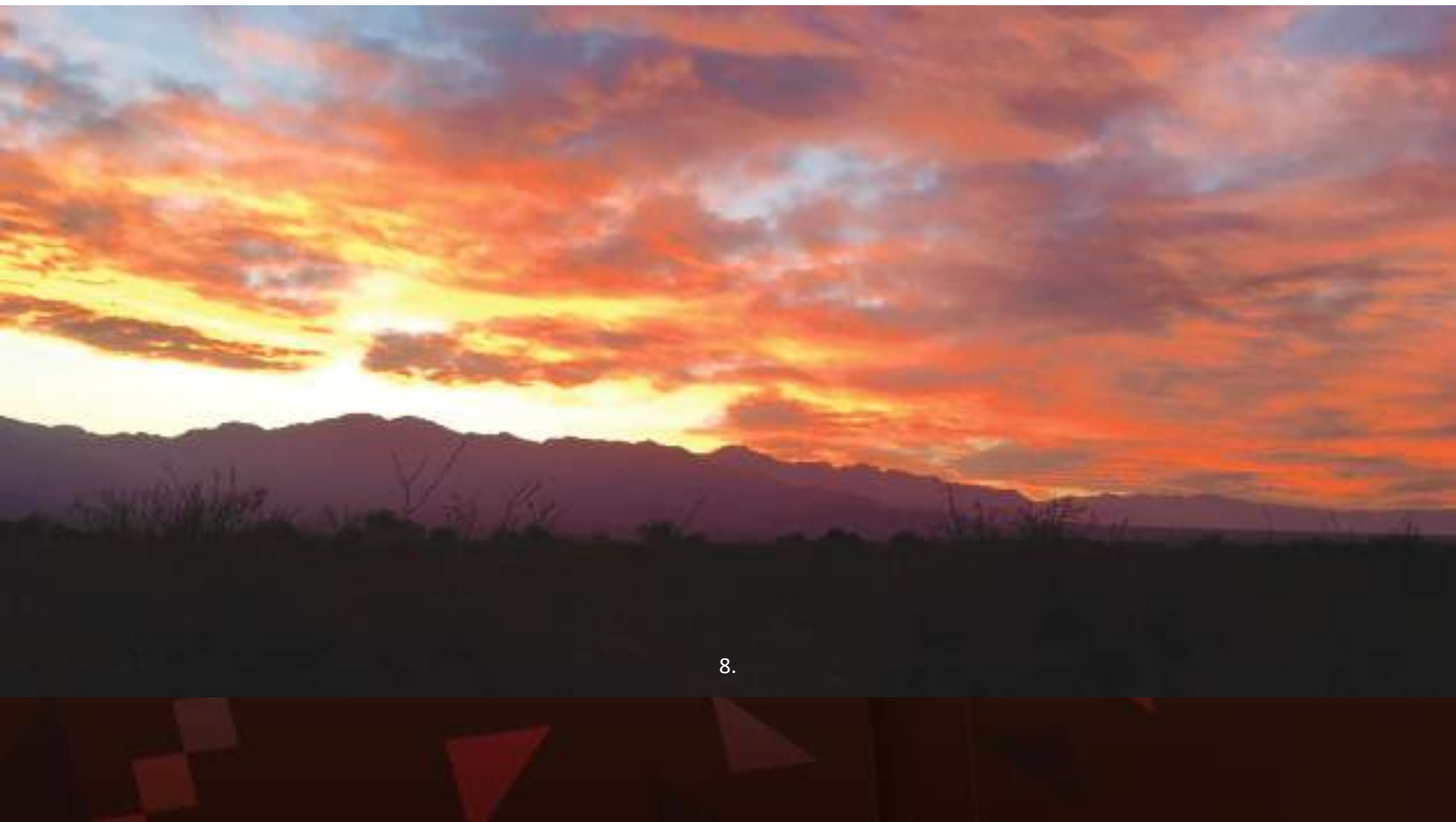
The International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2018 to 2024 was developed in an exhaustive process that unfolded over a year and a half by evaluating the old strategic plan, holding strategic planning sessions with IIWGHA Leaders, IIHAC Board Members and others as well as circulating drafts of the document through email for feedback and contributions from Indigenous experts.

Strategic Plan Evaluation – September 14, 2016: The objectives of the strategic plan evaluation report were to assess the degree to which the strategic objectives of IIWGHA were met, and to assist IIWGHA and IIHAC in understanding the successes and challenges of progressing towards the next Indigenous Strategic Plan. Data for this evaluation were collected through interviews and online surveys with IIWGHA and IIHAC leaders. The surveys and interviews were conducted in both English and Spanish. Data were gathered from multiple sources, using a mix of quantitative and qualitative methods such as from documents, interviews and surveys. This work was participatory, where the evaluation team and the IIWGHA evaluation committee met prior to launching the data collection to discuss and confirm the scope, review the methodology, and provide feedback of the data collection tools.

Durban International AIDS Conference - July 14 - 15, 2016: A two-day strategic planning session was held on July 14 and 15, 2016 in Durban, South Africa to discuss priorities and foci for IIWGHA and IIHAC for their next strategic planning cycle. The strategic planning attendees were asked questions that focused on what worked, what didn't work, and their key insight from the strategic planning sessions. Teamwork and collaboration was an effective process to compete the components of the strategic plan. The sessions included fun aspects such as songs, activities and encouraged laughter. The "Living Tree" analogy for strategic planning was a successful activity that allowed attendees to work collaboratively. The analogy allowed them to break down their thoughts to be more manageable and gave a clear picture of what was being created. Participants noted the collaboration of countries that came together to work toward the same goal and the importance of meeting face-to-face however, only 6 IIWGHA Leaders were able to travel to Durban and many of the participants were from Canada.

Draft Framework of Strategic Plan – March and April 2017: The Leaders of IIWGHA and IIHAC reviewed drafts of the framework of the strategic plan providing feedback and comments through email exchanges in preparation for a face-to-face meeting planned for Ottawa, Canada in July of 2017.

Strategic Planning Session in Ottawa – July 13, 2017: A face-to-face meeting of the majority of the Leaders of IIWGHA and IIHAC Board Members convened in Ottawa, Canada for a full day strategic planning session to review past evaluations of the work of IIWGHA and to examine the draft outline and address any gaps in the document.



LEGAL INTERNATIONAL INSTRUMENTS

This strategic plan is intended to contribute to recommendations, mandates, and goals that have been established on an international stage. Specifically, it responds to the United Nations Sustainable Development Goals, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Toronto Charter: Indigenous People's Action Plan on HIV/AIDS 2006, the International Labour Organization Convention 169 (ILO C169), and the UNAIDS On the Fast-Track to End AIDS, 2016-2021 Strategy.

- United Nations Sustainable Development Goals were adopted in 2015 to continue the work of the Millennium Development Goals. The HIV and AIDS targets were incorporated into Goal 3: Ensure healthy lives and promote well-being for all ages. To achieve this goal, target 3.3 strives to end the HIV and AIDS epidemic and ensure universal access to treatment by 2030.

- The Denver Principles 1983 as it asserts the human rights of all people living with HIV.

- The Ottawa Charter 1986 adopted internationally to support the rights of communities to develop their own AIDS response and Health promotion.

- The Paris Declaration 1994 that a commitment was made by our country leaders to make HIV a priority, and to incorporate the greater and meaningful involvement of people living with HIV and AIDS.

- UNDRIP was adopted by the UN in 2007 and protects rights that "constitute the minimum standards for the survival, dignity and well-being of the Indigenous Peoples of the world" (Article 43). The 46 articles in UNDRIP outline Indigenous Peoples' collective and individual rights to their cultures, customs, languages, religions, economies, social and political institutions, nationalities, self-determination, freedom from discrimination, and to use their lands, territories, and resources. It is important to note that UNDRIP enshrines human rights, and does not override the treaties and agreements within individual states.

- Toronto Charter: Indigenous Peoples' Action Plan on HIV/AIDS 2006 is an international call to action that was developed and formulated by Indigenous Peoples around the world. It is directed at decision makers and influencers of HIV and AIDS services for Indigenous Peoples and supports agencies that make a difference in serving Indigenous Peoples and communities. It acknowledges and affirms the shared, specific, and unique experiences and impacts Indigenous Peoples face in relation to HIV and AIDS and lists Indigenous Peoples' rights in this context. The Toronto Charter recommends ensuring and strengthening central participation of Indigenous Peoples, providing adequate and current resources to respond to HIV and AIDS, incorporating the Charter into all Indigenous and HIV and AIDS policy, and monitoring and taking actions against states that persistently fail to acknowledge and support the integration of the Charter in their policies.

- International Labour Organization: Indigenous and Tribal Peoples Convention, 1989 (No. 169) is the 76th session of the International Labour Organization Convention, convened in Geneva on June 7th, 1989. This session, the Indigenous and Tribal Peoples Convention, 1989, is a foundational document as it is a major binding international convention focusing solely on the rights of Indigenous Peoples and serves as the precursor to UNDRIP. It is a framework for empowerment and covers a range of human rights issues that Indigenous Peoples internationally face such as inequities within the realms of employment, vocational training and industries, social security and health, education, and land.

- UNAIDS On the Fast-Track to End AIDS, 2016-2021 is strategy with the vision to end AIDS by 2030. The strategy builds on the UNAIDS 2011-2015 Strategy and calls to action accelerated efforts to end AIDS and reach the 90-90-90 treatment targets: by 2020, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy, and; by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. Included in the 2016-2021 strategy are 20 fast-track targets, of which the 90-90-90 initiative is Target 1.[3] The strategy also includes 17 new sustainable development goals that are persons-centered, and the strategic directions to achieve fewer than 500,000 people newly infected with HIV; fewer than 500,000 people dying from AIDS-related causes, and; the elimination of HIV-related discrimination by 2020.

While neither of the UN development goals feature an Indigenous-specific focus with respect to HIV and AIDS, they are global agreements with goals and targets that are integrally relevant to the social, health and economic disparities faced by Indigenous Peoples internationally. Indigenous Peoples internationally have expressed disappointment with the 2030 agenda, noting glaring gaps and a lack of cultural sensitivity with respect in referencing Indigenous Peoples across goals related to health. To this end, we call upon each country with an Indigenous population to utilize this strategic plan alongside the aforementioned foundational documents as an integrated and holistic response to incorporate their own 90-90-90 initiatives.

[3] The additional 19 targets can be found in the UNAIDS On the Fast-Track to end AIDS, 2016-2021 Strategy

STRATEGIC OBJECTIVES

These five objectives and suggested activities to achieve these objectives, are designed to provide direction and guidance about HIV and AIDS among Indigenous Peoples to governments and leadership of all levels, HIV and AIDS service organizations, cooperatives, and Indigenous communities around the globe.

1. To facilitate a unified international voice and structure that links Indigenous Peoples with their governments, service organizations, and others in a global collective action to lower the disproportionate impact of HIV and AIDS experienced by Indigenous Peoples.

a. Activities

i. Work in collaboration with Indigenous nations, organizations, and communities to:

1. Advocate and support communities in communicating with government(s)
2. Advocate and support Indigenous Peoples internationally to live dignified lives, free of discrimination
3. Raise awareness and messages within government and mainstream HIV and AIDS organizations on the realities that Indigenous Peoples living with HIV and AIDS internationally face and the importance of being recognized as a key population
4. Engage with civil society, communities and Nation states
5. Develop appropriate nation-specific media
6. Adhere to the GIPA and MEPA guiding principles.

b. Outcomes

i. Short term: Increased awareness of relevant international stakeholders
ii. Medium term: Increased collaboration with international stakeholders
iii. Long term: The presence and inclusion of a unified international voice

2. To increase quality of communication, collaboration, and partnerships within and outside of international HIV and AIDS organizations serving Indigenous Peoples.

a. Activities

- **i.** Increase international Indigenous leadership representation on key international forums to communi cate and advocate for Indigenous Peoples as a key population (e.g., IIHAC, UNAIDS, Global Fund, BODs)
- **ii.** Advocate for the inclusion of Indigenous Peoples, communities, and issues in mainstream HIV and AIDS resources, publications, initiatives, and organizational governance structures
- **iii.** Form partnerships with civil society to reduce discrimination of Indigenous peoples living with HIV and AIDS
- **iv.** Share wise practices and lived experiences in communicating with government, civil society and other HIV and AIDS organizations
- **v.** Asset mapping of contacts within different organizations to access resources or audiences to share information and messaging
- **vi.** Establish a dissemination knowledge translation framework for Indigenous HIV and AIDS organizations, and Indigenous Nations and communities impacted by HIV and AIDS

b. Outcomes

- **i.** Short term: Increased knowledge of existing partnerships and communication models
- **ii.** Medium term: Increased quality of communication, collaboration and partnerships
- **iii.** Long term: Increased networks of communication, collaboration and partnerships are established

3. To engage in culturally responsive research and policy using Indigenous research methods and ethical protocols to inform policy and advocacy initiatives.

a. Activities

i. Engage in research on self-determined Indigenous-specific topics related to Indigenous Peoples living with HIV and AIDS (e.g., harm reduction and new technologies and other emerging topics from an Indigenous lens)
ii. Engage Indigenous communities with all research while upholding reciprocal methods of information sharing and ownership of data
iii. Increase opportunities for Indigenous Peoples to do research to develop capacity, such as mentorship opportunities
iv. Use research to empower and advocate for Indigenous Peoples living with HIV and AIDS
v. Research 90-90-90 and what it means for Indigenous Peoples

b. Outcomes

i. Short term: Increased understanding of Indigenous research methods and ethics
ii. Medium term: Increased amount of, and quality of Indigenous research being conducted
iii. Long term: Increased policy and advocacy initiatives informed by Indigenous research

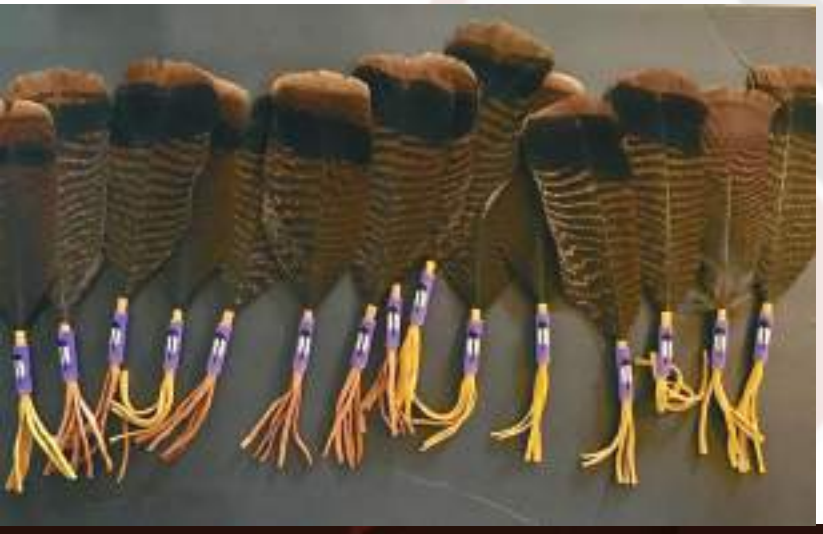
4. To develop social mobilization capacity among Indigenous Peoples and communities to lead and be meaningfully involved in community action against HIV and AIDS from an Indigenous and strengths-based perspective.

a. Activities

i. Provide equitable opportunities for Indigenous Peoples living with HIV and AIDS to become leaders, educators and activists, such as through education, training, or supporting participation at HIV and AIDS-related conferences
ii. Increase knowledge translation and exchange around HIV and AIDS-related conferences or events, such as on updates around global policy directions to support communities to plan according action
iii. Build communities of practice to support peer mentoring across communities who are leading or learning how to mobilize community action
iv. Educate mainstream society about the strengths and needs of Indigenous peoples living with HIV and AIDS

b. Outcomes

i. Short term: Increased knowledge of current capacity and opportunities to develop capacity for the purpose of creating community action
ii. Medium term: Increased engagement in capacity development opportunities and community action initiatives
iii. Long term: Indigenous communities are leading action against HIV and AIDS, and are in positions to improve the health picture of their own people



5. To ensure equitable and appropriate access to resources and treatment inclusive of holistic methods that respects and honours the choice of Indigenous peoples living with HIV and AIDS in every community.

a. Activities

- **i.** Develop relevant and empowering resources with and for Indigenous communities, that also take into consideration harm reduction and new technologies
    1. Develop regional resources that highlight Indigenous context and rights that can be shared internationally
    2. Develop resources on Indigenous cultural protocols, cultural safety in the context of Indigenous HIV and AIDS, and need to be recognized as a key population
- **ii.** Increase the availability and accessibility of resources and treatment in Indigenous communities
- **iii.** Research and promote wise holistic practices in community-based treatment for HIV and AIDS among Indigenous Peoples, and advocate for funding to implement treatment models
- **iv.** Review and evaluate opportunities to synthesize Indigenous traditional and western approaches of treatment to improve the quality of life and wellness for Indigenous Peoples living with HIV and AIDS

b. Outcomes

- **i.** Short term: Increased awareness of available and accessible resources and treatment
- **ii.** Medium term: Increased accessibility to resources and treatment
- **iii.** Long term: Indigenous peoples living with HIV and AIDS in every community have access to the resources and treatment that they need

TEN POINT STATEMENT

This statement has been developed by the International Indigenous Working Group on HIV & AIDS (IIWGHA) and the International Indigenous HIV & AIDS Community (IIHAC) and is intended to be used by Indigenous organizations and communities around the world as a response to HIV and in advocacy related to impacts of HIV and AIDS experienced by Indigenous peoples.

The 10 points in this document create a plan of advocacy and action that supports IIHAC's five core strategic issues and the worldviews of Indigenous peoples around the world.

This statement aligns with the UNAIDS goal of ending AIDS by 2030 along with IIHAC's goal of achieving healthy and thriving Indigenous communities empowered through self-determination, justice, and human rights with the following points.

1. HIV and AIDS affect everyone

– Indigenous Peoples demand a transparent review of equity in resources for prevention, treatment and response programs and policy by all countries. Resources must match the need as we continue to be disproportionately impacted by HIV as a key affected population.

2. Indigenous populations matter

– National Governments with Indigenous populations must recognize that Indigenous People are a key affected population. Countries, donors, the international community and the UN must include and support funding for an Indigenous peoples' response to HIV and AIDS – ending AIDS by 2030 will be impossible if indigenous peoples are left behind.

3. Accurate data and Indigenous-driven research are essential

– Nation states must work toward the accurate representation of Indigenous peoples in all HIV and AIDS epidemiological data. Collection and analysis of indigenous-specific epidemiology is vital to adequately address HIV and AIDS in this small and often overlooked key affected population. Action using epidemiologic data should be collaborative with indigenous populations and driven by the community themselves.

4. "Getting to zero" means addressing equity

– UNAIDS has set the goals of:

- 90% of people living with HIV diagnosed by 2020
- 90% of diagnosed people on antiretroviral treatment by 2020
- 90% of people in treatment with fully suppressed viral load by 2020

Outcomes in prevention and treatment in Indigenous communities should reach national and world targets, not lowered targets. To get to zero, we must address the 10-10-10 in the 90-90-90. It is important to know who they are, and where they are, so we can help the most vulnerable. UNAIDS global targets will not be achieved if indigenous communities are ignored.

5. Indigenous health and rights are to be included in all policy

– To this day, Indigenous People face individual and societal challenges built on a legacy of historical and ongoing inequities and racism. IIHAC calls on all nations to implement recommendations in the UN Declaration on the Rights of Indigenous Peoples, All countries must identify and eliminate discriminatory laws, policies and practices that adversely affect all Indigenous peoples living with HIV and AIDS. Policies must address stigma, discrimination, self-determination and racism, and ensure housing, educational and economic opportunities that supports building resilience for indigenous communities.

6. Access to treatment should be guaranteed for all

– Stigma and racism continue to restrict Indigenous Peoples access to treatment, care, and support, which are essential for Indigenous people living with HIV and Indigenous key affected populations. Access must be transparent, open and attainable for all Indigenous Peoples – including to ancestral knowledge and traditional medicine and doctors.

7. Indigenizing the prevention movement is essential

– Culturally relevant and community-driven prevention strategies viewed through an Indigenous lens must remain central to the Indigenous response in order to successfully integrate a variety of evidence-based, behavioural, biomedical and structural interventions - such as PrEP and TasP.[4]

8. Financing of a comprehensive Indigenous HIV and AIDS response required

– Resources must match the need for Indigenous Peoples to design, develop and implement HIV and AIDS programmes. Countries, donors, the international community and the UN must include and support funding for an Indigenous peoples' response.

9. Indigenous community-based responses and leadership must be supported

– A positive difference is possible when there is an investment in our strong and resilient communities, but resources are often scarce. Indigenous-led health services, community mobilization, and monitoring play key roles in the response. Indigenous communities will continue to engage key affected populations in our response, such as men who have sex with men, transgender people, sex workers, prisoners and people who use drugs. Central to the response is the Greater Involvement of People living with (HIV and) AIDS (GIPA[5]).

10. We must ensure collective leadership and accountability

– There must be robust commitment and accountability mechanisms to ensure that Indigenous communities are receiving the commitment made by supporting world declarations and documents.

As we look to the horizon, where the future and present come together to create a better tomorrow, Indigenous peoples bring a unified voice – reflecting the wisdom, life experiences and the desire to live a good life while responding to HIV and AIDS.

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[4] PrEP(Pre-exposure prophylaxis)- For more information please visit: http://www.who.int/hiv/topics/prep/en/
TasP (Treatment as Prevention)- For more information please visit: http://www.who.int/hiv/pub/mtct/programmatic_update_tasp/en/

[5] http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf

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