

Indigenous Leadership in HIV/AIDS

The right to equitable and accessible health care “for all people without discrimination” is the guiding force behind Indigenous responses to HIV/AIDS. Indigenous-led development of wise prevention practices is realized through the implementation of MIPA (the meaningful involvement of people living with HIV/AIDS) and, it must address the social determinants of health to promote health equity for Indigenous people, families, and communities.

GIPA: The Greater Involvement of People Living with HIV/AIDS

As GIPA’s guiding principle, people living with HIV/AIDS must be involved from beginning to end, in all public actions, programs, and research/policy initiatives. Achieving GIPA requires a commitment to inviting participation while assessing both what is needed and what people have to offer. Putting GIPA into practice can require situation-specific training, mentoring, and evaluation.

- GIPA is a rights-based approach and is recognized internationally as “good practice.”
- GIPA removes barriers and does not separate people living with HIV/AIDS from those working on HIV/AIDS responses, reducing stigma, and increasing opportunities for collaboration.
- GIPA recognizes unique and valuable contributing perspectives.
- GIPA empowers through participation.

Prevention: Everyone Benefits

A GIPA level of commitment can be challenging to sustain in that sometimes efforts to practice

GIPA fall short and result in tokenism. To address this challenge, the Meaningful Engagement of People Living With HIV/AIDS principle was developed (MEPA), valuing inclusion over exclusion, and then was further refined as MIPA to include integrity and the embodiment of self-determination. The progression of MIPA’s guiding principles has focused on ensuring that participation is genuine, has an impact, and enriches all of the people involved and the work.

An IPHA (Indigenous People Living with HIV/AIDS) led development of prevention initiatives is essential to adequately address HIV/AIDS transmission in Indigenous communities, as this approach:

- Sensitizes and validate research, treatment models and service delivery that addresses the ongoing impacts of colonization, discrimination, poverty, and stigma.
- Delivers peer-led education that brings credibility and value to the community.
- Empowers those most impacted by creating opportunities for people to be part of their own solutions in their own communities and removing the paternalism in service delivery systems.
- Informs and improves the efficacy of Safer Sex Practices, Harm Reduction, and De-Stigmatization of HIV initiatives.



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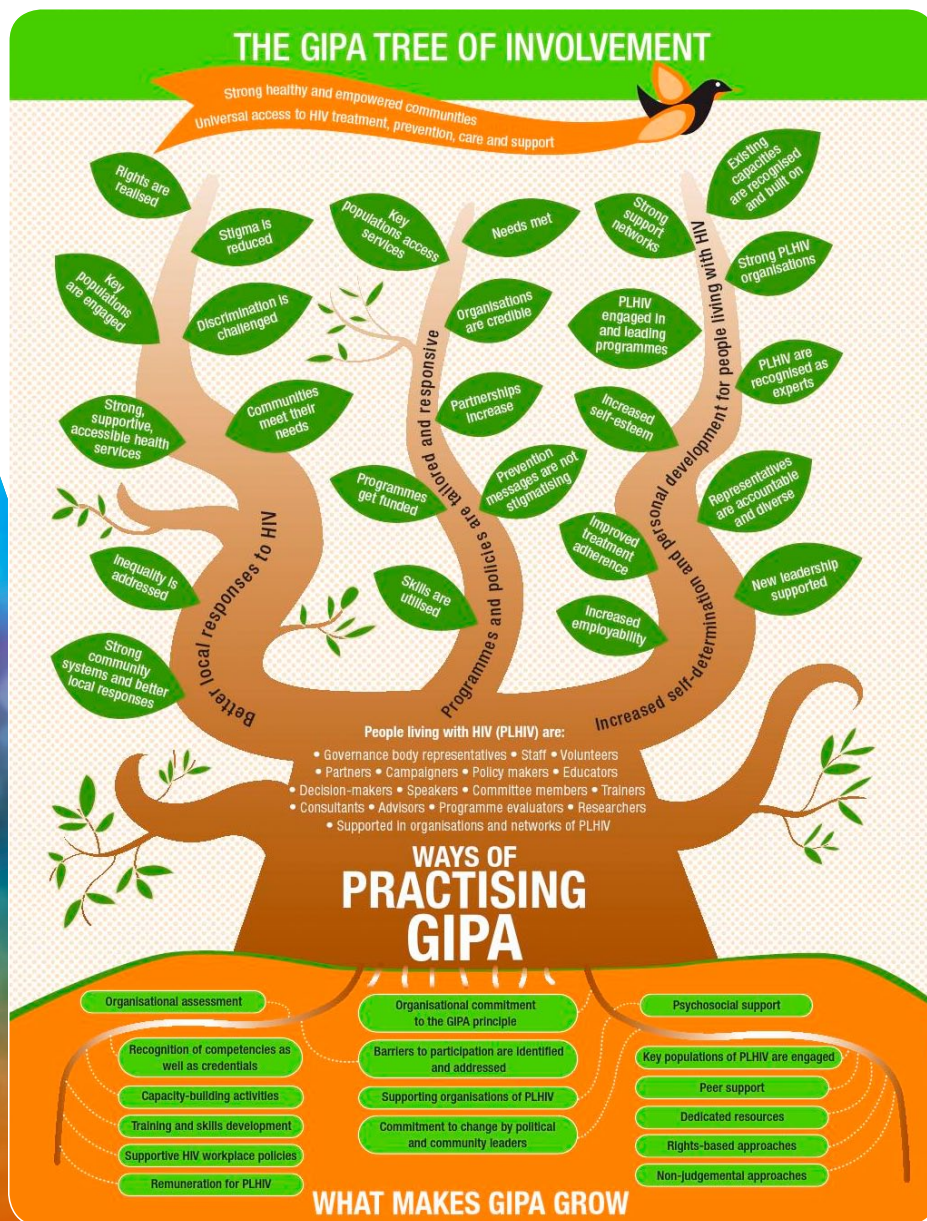


INFO SHEET – Indigenous Leadership in HIV/AIDS

Examples of IPHA GIPA/MIPA Leadership

- Participation in the development and monitoring of HIV related policies and impact social policy reform.
- Contribution to strategic planning and program development from initial project, conception, design, and implementation to the monitoring and evaluation of activities.
- Leadership through membership on Board of Directors, Executive Committees and other Governing bodies.
- Employment in organizations that directly serve IPHAs and people at risk for the acquisition of HIV.
- Develop capacity through the delivery of training and peer education, and by filling consultative/ advisory roles.

- Advocacy through speaking campaigns and public events to increase the accessibility of service and mobilize resources, particularly in law reform and research inclusion.



Reference: Taken from GIPA good practice guide. Downloadable at: www.aidsalliance.org/Publicationsdetails.aspx?Id=90524 and www.gnplus.net/en/resources/empowerment-of-people-living-with-hiv-a-their-networks/item/47-good-practiceguide