

Lessons Learned Responding to HIV, tuberculosis, and hepatitis C in Indigenous Communities Globally



This summary report shares lessons learned from a first look at global efforts in responding to global HIV, tuberculosis (TB), and hepatitis C (hep C) in Indigenous communities that aim to improve their good health today and the

health of generations to come. While there is a particular need for more quantitative data, it is recommended that data collection processes take a strength-based, participatory approach with realistic targets and various measures of success.

The Office of International Affairs for the Health Portfolio (OIA) at the Public Health Agency of Canada (PHAC) invited CAAN/IIWGHA to submit a funding request under the International Health Grants Program (IHGP). The *Documenting Lessons Learned and Measuring Progress Towards Global HIV, TB, and Hep C Targets in Indigenous Communities* Project was initiated in response to the disproportionate rates of HIV, TB, viral hepatitis (including hepatitis B and C), and sexually transmitted infections (STBBIs) in Indigenous communities.

This report blends and amplifies the experiences and viewpoints of Indigenous persons, policy makers, programme developers, and researchers from across the globe - through the sharing of lessons learned and of wise and promising models of care - for translating these lessons into effective policies and programmes. This includes concrete recommendations for advancing work toward global targets on HIV, TB, and hep C.

Key Steps:

- Establish an internal Working Group to oversee project development and implementation;
- Gather and synthesize information to develop a foundational document/discussion paper that highlights wise and promising practices in Canada and throughout the world;
- International Indigenous Policy Dialogue in Ottawa, Canada with international and domestic delegates to facilitate knowledge exchange and identify key recommendations;
- Evaluation report with key recommendations showing processes and outcomes for Canada and partners to advance work around HIV, TB, and hepatitis C global targets;
- Disseminate and transfer knowledge by preparing the foundational document report, highlights of the Policy Dialogue discussion, program and policy templates and make recommendations for next steps that require leadership through a variety of mechanisms.

The literature review found that in many parts of the world, Indigenous peoples experience significant health disparities. In those countries with robust epidemiology collection processes, it is clear that Indigenous peoples are disproportionately affected by a range of diseases. These include HIV, STBBIs, TB, hep C and hep B, with Indigenous peoples having higher rates of these diseases when compared with their non-Indigenous counterparts in the same country.



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INFO SHEET – Lessons Learned Responding to HIV, tuberculosis, and hepatitis C in Indigenous Communities Globally

Only by working together to develop ways of addressing challenges to good health can Indigenous Peoples and their allies build robust systems to collect data and monitor progress. Ensuring access to appropriate health care and providing access to culturally responsive testing, treatment and care is essential to leave no Indigenous person behind. This includes conducting research using decolonising methodologies and building strong far-reaching international networks of Indigenous peoples to monitor data on HIV, TB, viral hepatitis and STBBIs.

Indigenous peoples make up a significant portion of the world's population living on ancestral lands for many thousands of years. Indigenous traditions and ancestral knowledge thrive in the face of adverse events caused by colonisation. Indigenous lived experience today have been built on resistance to the impact of colonialization.

Recommendations for Action

1. Operating from decolonized lens, an **Indigenous worldview** is paramount.
 - Provide information so that Indigenous peoples can manage their health in a holistically sound manner.
2. Promote **self-management processes** that build self-determination.
 - A person-centered approach, in which individuals are encouraged to choose treatment and care options that best suit their needs and preferences.
3. Seek new and innovative ways of promoting good health by disrupting the status quo.
 - Paradigm shift, where a **human rights and intersectional approach** is taken to break down barriers to access to ensure equitable health outcomes.
4. Build **national and international alliances** that contribute to the good health of Indigenous peoples.
 - Align national and international infection-related strategic documents closely with the principles of Indigenous knowledge and documentation such as this report.
5. Share **ancestral knowledge** in a way that benefits Indigenous peoples.
 - Traditional knowledge must be respected as equally valuable as western knowledge.
6. **Provide resources** to Indigenous communities so that they can develop and implement processes that address their health priorities.
 - Successful programs require long-term funding, not only on a pilot project basis.
7. **Identify wise practices** that contribute to the good health of Indigenous peoples and communities.
 - Data are vital in determining community action. Significant efforts and resources need to be devoted to capacity building in data collection, especially at the community level.

Find the full report at:

<http://www.iwgha.org/iwgha/wp-content/uploads/2019/05/DLL-Report-July-19-2018-final.pdf>