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The National Aboriginal Council on HIV/AIDS Report

(April 1, 2006–March 31, 2008)

This document is an account of the National Aboriginal Council's Engagement Opportunities to Advance HIV/AIDS Issues Related to First Nations, Inuit and Métis Communities in Canada.



To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

-Public Health Agency of Canada

This publication is available on the Internet at the following address:
<http://www.phac-aspc.gc.ca/aids-sida/publication>

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THE NATIONAL ABORIGINAL COUNCIL ON HIV/AIDS

The National Aboriginal Council on HIV/AIDS (NACHA) was formed to create a single voice to advise Health Canada and the Public Health Agency of Canada on Aboriginal HIV/AIDS issues. Since May 2001, representatives from First Nations, Inuit, Métis and Aboriginal HIV/AIDS groups have collaborated, in partnership with the Canadian Government, to improve program focus and delivery by facilitating the inclusion of Aboriginal civil society in the policy decision-making process.

Membership

NACHA consists of sixteen (16) members organized into four Caucuses representing First Nations, Inuit and Métis communities and one Community Caucus (Aboriginal HIV/AIDS organizations and community-based Aboriginal organizations involved in HIV/AIDS work). There are alternates for each Caucus which represent Council members, when sitting members are unable to participate.

Nacha's Role

- Increase collaboration between all Aboriginal peoples and all other stakeholders in the Federal Initiative on HIV/AIDS;
- Increase communication on matters pertaining to HIV/AIDS with members of all Aboriginal communities;
- Increase the cost-effectiveness of the Federal Initiative on HIV/AIDS resources;
- Increase cross-cultural awareness and support of NACHA's work by all Aboriginal and non-Aboriginal people; and
- Create one central committee to replace or absorb existing Aboriginal consultative committees under the Federal Initiative on HIV/AIDS.

Message from the Chief Public Health Officer of Canada

As Chief Public Health Officer for Canada, it is my pleasure to acknowledge the National Aboriginal Council on HIV/AIDS (NACHA) for its ongoing commitment to Aboriginal Canadians living with, or affected by, HIV and AIDS and to congratulate you on the release of your 2006-2008 report.

Since May 2001 representatives from First Nations, Inuit, Métis and Aboriginal HIV/AIDS groups have worked closely together in partnership with the Government of Canada to improve program focus and delivery by facilitating the inclusion of Aboriginal civil society in the policy decision-making process. NACHA continues to deliver on its commitment to provide strategic policy advice to Health Canada and the Public Health Agency of Canada (PHAC) on HIV/AIDS issues relating to Aboriginal Canadians. As HIV/AIDS is a devastating disease, which is disproportionately affecting Aboriginal Canadians, NACHA's work becomes all the more significant in our collective efforts to stop its spread and to work towards developing culturally sensitive approaches that respond to the needs of Aboriginal Canadians living with HIV/AIDS, their families, and communities.

NACHA's advice will continue to be important to our ongoing efforts in developing public health policies, which aim to improve health outcomes for Canadians. In particular, NACHA is to be commended for developing a five-year strategic plan to ensure that its activities are supportive of the Federal Initiative to Address HIV/AIDS in Canada and the Aboriginal Strategy on HIV/AIDS in Canada. Closing the gap in health status between First Nations people, Inuit and Métis and other Canadians is a goal shared by governments and Aboriginal partners. PHAC is committed to working with Aboriginal Canadians to improve their health status and will continue to collaborate with stakeholders in developing culturally appropriate solutions that deliver real and measurable results.

Please accept my warmest wishes for continued success.



David Butler-Jones, MD
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Chief Public Health Officer
Public Health Agency of Canada

Message from the Co-Chairs of the National Aboriginal Council on HIV/AIDS

We welcome this opportunity to share activities of the National Aboriginal Council on HIV/AIDS (NACHA) over the past fiscal years 2006-2008. Considerable energy has been devoted to receiving and responding to federal government initiatives that relate to HIV/AIDS and to Aboriginal-specific undertakings.

NACHA has worked diligently to provide advice to government partners from an Aboriginal perspective reflecting the realities that we share and identifying the diversity within our populations.

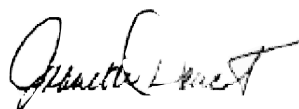
We wish to thank the Public Health Agency of Canada and Health Canada for their ongoing support.

We would also like to thank council members, both past and present, for their continuing efforts and commitment to the cause of HIV and AIDS in First Nations, Inuit, Métis and community populations.

Our Voice is our Power.



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Chair
Community Caucus



Jeanette Doucet
Chair
Inuit Caucus



Margaret Akan
Chair
First Nations Caucus



Rick Kotowich
Chair
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EXECUTIVE SUMMARY

The purpose of this report is to account for NACHA's engagement opportunities to advance HIV/AIDS issues related to First Nations, Inuit and Métis communities in Canada. The report is for the period of April 1, 2006, to March 31, 2008. NACHA is guided by a Terms of Reference and conducts business with various stakeholders in the Aboriginal and non-Aboriginal sectors.

The first part of this document will highlight key activities taken on by NACHA in priority sequence, including a strategy and an analysis of future work plan activities.

In addition, the report reflects the challenges and achievements experienced by NACHA, which includes a section outlining upcoming activities and amendments to current and future work plan initiatives for the 2006-2008 fiscal years.

The final part of this document will provide summaries and recommendations from the First Nations, Inuit, Métis and community caucuses.

Operating budget allocation is referenced in Appendix D.

We invite the reader to pose questions and comments related to our work in both electronic or letter format. Please see Appendix E for particulars.

KEY ACTIVITIES

- 1st National Aboriginal Council on HIV and AIDS Policy Forum, September 18 and 19, 2007, Montreal, QC
- 1st Commissioned Métis Care, Support and Treatment Needs of Métis People Living with HIV/AIDS, paper, Ottawa, ON
- 1st International Indigenous Satellite, the 16th International AIDS Conference, August 2006, Toronto, ON
- NACHA's Endorsement of the Canadian Aboriginal AIDS Network's "Statement on the Meaningful Engagement of Aboriginal People"
- Development of the Template for Advice (Appendix H)
- Translation of the Leading Together: Canada Takes Action on HIV/AIDS (2005-2010) booklet into Inuktitut.

KEY PRIORITIES

Four priorities from NACHA's 2005-2010 strategic plan formed the basis of the 2006-2008 work plan activities.

Priority # 1

Review HIV/AIDS programs and policies and identify and advise government when a more appropriate approach is required to address the diversity of needs.

Priority # 2

Ensure equitable access to resources and information that support HIV/AIDS programs related to prevention, education, care, treatment and support services research.

Priority # 3

Strengthen Aboriginal organizations that currently provide HIV/AIDS services and those which are emerging, and enhance their capacity to meet increasingly complex and challenging needs. Ensure professional HIV/AIDS capacity is developed and strengthened to meet the increasingly complex challenge HIV/AIDS brings.

Priority # 4

Engage the support of Aboriginal leadership, the Ministerial Council on HIV/AIDS and the Canadian public in special efforts to address the growing epidemic within the Aboriginal community. (Please see www.phac-aspc.gc.ca/aids-sida/publication/nacha/pdf/stratplan for the complete Strategic Plan 2005-2010).

NACHA conducts its work with the administrative support of a Secretariat. The Secretariat ensures that NACHA's policy advice on HIV/AIDS issues are reflected in policy and program planning discussions in Health Canada and the Public Health Agency of Canada.

ACTIVITIES UNDERTAKEN

To complete the work undertaken by NACHA, subcommittees were formed. The following narrative describes the activities completed. The activities flow from NACHA's 2005-2010 Strategic Plan.

NACHA convened 5 face-to-face meetings between March 1, 2006, and March 31, 2008, which included a National Policy Forum in Montreal (Appendix A).

Collaboration with Respect to Aboriginal People and HIV/AIDS within PHAC, FNIHB, Correctional Service of Canada and the Ministerial Council on HIV/AIDS:

- NACHA advised the First Nations and Inuit Health Branch (FNIHB) of the need to develop a booklet outlining what is and what is not covered under Non-Insured Health Benefits (NIHB). The issue that triggered this request concerned baby formula, which is currently not covered under the NIHB, for Aboriginal mothers who are HIV positive.
- FNIHB funded 46 Aboriginal people living with HIV/AIDS to attend the 16th Annual International HIV/AIDS Conference held in Toronto in August 2006.
- NACHA established a Working Group to collaborate with PHAC's Surveillance and Risk Assessment Division (SRAD) to advise on ways to make Aboriginal data more user-friendly and to incorporate Sexually Transmitted Infections (STIs) as markers for risk behaviours.
- NACHA participated in the meeting between the Minister and stakeholders regarding a review of the Federal Initiative to Address HIV/AIDS in Canada, in November 2006 and recommended members for the Expert Group who would oversee the process.
- NACHA collaborated with PHAC's Population Section to determine research questions and sources to support an Aboriginal Specific Status Report.
- NACHA received a presentation from Correctional Service of Canada.

Comparative Analysis between the Aboriginal Strategy on HIV/AIDS in Canada for First Nations, Inuit and Métis People: Strengthening Ties –Strengthening Communities, the Federal Initiative to Address HIV/AIDS in Canada, and Leading Together: Canada Takes Action on HIV/AIDS (2005–2010)

- NACHA advised PHAC to fund a comparative analysis between the three strategic planning documents to determine the degree to which they were aligned or complementary. A consultant was contracted to undertake the work and the resulting document can be found at www.caan.ca under the publications link. It was found that the three documents are largely complementary with the exception of targets. A variety of interventions have been undertaken to address the challenges of HIV/AIDS among First Nations, Inuit and Métis communities. Progress is being made; however, more work needs to be done to meet the targets reflected in the Federal Initiative to Address HIV/AIDS in Canada. NACHA will be exploring opportunities to work collaboratively with Health Canada and the Public Health Agency of Canada to identify and promote prevention strategies to reverse the course of this devastating disease.
- It was also recommended that the current national Aboriginal strategic plan be updated, given current trends and emerging issues.

Development of NACHA's Internal Strategic Plan

- NACHA's current Strategic Plan 2006–2011 was developed and approved in 2006. The priorities mirror those of Leading Together: Canada Takes Action on HIV/AIDS (2005–2010).
- The complete plan can be found at www.phac-aspc.gc.ca/aids-sida/publication/nacha/pdf/stratplan

Aboriginal Epi (Epidemiology) Note:

- The first Aboriginal Epidemiology Note was prepared in 2004. It was easily understood by lay people and therefore a useful tool for Aboriginal communities. However, since that time the format and presentation of data have not been standardized making comparison difficult over time. NACHA advised that Surveillance and Risk Assessment Division (SRAD) work to improve Aboriginal data through second-generation studies, such as the M-track (Men who have sex with men) and the I-track (Injection drug users).

International Indigenous Satellite:

- Some NACHA members attended the International Indigenous Satellite held in conjunction with the XVI Annual International AIDS Conference in Toronto in August 2006. Lessons from the Indigenous Satellite urged continued dialogue and focused attention on international HIV/AIDS issues affecting Indigenous populations.

Non-Reserve Fund Evaluation:

- NACHA participated in the evaluation of the Non-Reserve HIV/AIDS Fund, and provided many key recommendations calling for improvement to the way the fund is managed, delivered, and results communicated.
- However, NACHA expressed concern that the recommendation to decentralize the fund may result in fewer resources for Aboriginal AIDS Service Organizations (AASOs) as funds "lumped in with" AIDS Community Action Program (ACAP), effectively means that AASOs would likely have to compete with other AIDS groups for scarce resources. NACHA has requested that local/regional PHAC offices attend NACHA meetings held in their regions to foster improved understanding between ACAP and NACHA.

Emphasis on the Inuit:

- NACHA requested that the Inuit Caucus prepare a presentation on the unique needs of the population they represent so that a greater understanding can be achieved by all members.
- As a result of the presentation, NACHA prepared correspondence directed to FNIHB requesting that its national headquarters facilitate stronger linkages with regional offices and Northern Quebec. NACHA also recommended that increased financial resources be allocated for HIV/AIDS programming in the Nunavik region.
- FNIHB indicated that the province of Quebec and Nunavik currently have a funding relationship. FNIHB is working with Quebec to gain a clearer understanding of the situation. In the meantime, it was suggested that NACHA send the request for increased funding to the community liaison in the Nunavik region.
- NACHA sent a formal invitation to the Northern Secretariat requesting that its members attend future NACHA meetings in an "observer capacity."
- NACHA provided the Inuit Caucus with a Statement of Work to help guide the development of an RFP for a Situational Analysis on the Inuit and HIV/AIDS, much like the Métis situational analysis paper.

Métis Research Paper:

- In response to a request from the Métis Caucus, NACHA undertook a scan on the care, support and treatment needs of Métis people living with HIV/AIDS. The paper also focused on the unique cultural, social and spiritual beliefs of Métis people living with HIV/AIDS and identified gaps in the provision of appropriate services.
- Members of the Métis Caucus coordinated a talking circle that engaged participants at CAAN's 1st CBR Research Conference (Vancouver 2007) in discussing Métis-specific research and responses.

2006 Aboriginal HIV/AIDS Attitudinal Survey:

- FNIHB developed an Attitudinal Tracking Survey to create an overall picture of Aboriginal peoples' awareness, knowledge, attitudes and behaviours related to HIV/AIDS and to isolate patterns of sub-group differences, including demographic and attitudinal patterns. The 2006 Aboriginal HIV/AIDS Attitudinal Survey contributes to overall PHAC and Government of Canada HIV/AIDS priorities.

Status Report on Aboriginal Populations:

- Members of NACHA participated in a two-day consultation with the Population Section of PHAC to advise on areas of research and consultation needed to complete a comprehensive status report on Aboriginal populations.

Adoption of the Statement on Meaningful Engagement:

- NACHA is often requested to send one or two of its members to a variety of meetings, focus groups, and consultations on HIV/AIDS. The practice of having only one or two members attend these sessions excludes critical segments of the Aboriginal population. NACHA agreed that a policy statement be added to its Terms of Reference to advise others on its views on meaningful representation (Appendix F).

Second Generation HIV Surveillance (A-Track):

- NACHA continues to advise PHAC on the "Aboriginal or A-Track" surveillance process. Originally, PHAC proposed that visitors to Aboriginal Friendship Centres and / or Aboriginal health services be invited to participate with their informed consent. Information would be collected using questionnaires and a dried blood spot for HIV testing. NACHA viewed the proposal as problematic for a number of reasons, including the fact that it is currently focused only on urban areas and there is no guarantee that if the HIV virus is prevalent in certain communities, people will be provided with immediate treatment.
- NACHA structured a sub-committee to work with and offer advice to PHAC on the A-Track process.

The National Aboriginal Council on HIV/AIDS Policy Forum:

NACHA held its first Policy Forum on September 18 and 19, 2007 in Montreal, in conjunction with the Canadian Aboriginal AIDS Network's Annual General Meeting. The Policy Forum dealt with issues specific to Canada's three major Aboriginal groups and included cross-cutting sessions that dealt with pan-Aboriginal issues.

Presentations and discussions were centred on the experiences of Canada's three Aboriginal groups—Inuit, Métis and First Nations—and highlighted the social, economic and environmental conditions that place these communities at increased risk of acquiring HIV/AIDS. Participants had an opportunity to discuss the need to broaden the response to address the social determinants of health, which include homelessness, poverty, addictions, violence, limited education, gender inequality, and human rights. Participants also discussed the need for new partnerships and mechanisms to share and translate knowledge into frontline action to fight the epidemic in their communities.

KEY CHALLENGES AND ACHIEVEMENTS

As part of drafting NACHA's Annual Report, members were asked to consider what they felt had been the Council's key challenges and achievements over the past two years. The following represents a summary of members' views:

Challenges

- NACHA's membership has changed slowly and steadily over the past two years both in terms of caucus members and government staff. Members have left NACHA for various reasons and new people stepped forward to fill the caucus and staff positions. These departures mean a loss of knowledge and momentum for NACHA's role, processes, business, past commitments, and ongoing concerns. Managing membership succession planning for the best possible advice and ensuring continuity of the advisory effort requires good orientation and ongoing guidance of new members and the retention of some 'seasoned' players.
- Keeping in touch with "constituents" is challenging when you consider the diversity and wide dispersion of the Aboriginal population in Canada. NACHA must be an avenue for two-way information sharing between government and Canadian citizens and stakeholder agencies. Many members offer their expertise to NACHA in addition, or as part of, regular employment. Time and resources to communicate with constituencies are scarce. Some assistance by the Secretariat may be required to allow members to communicate regularly with constituents about NACHA's developments and news.
- NACHA is committed to pro-actively liaise with Correctional Service of Canada to address the challenges of HIV/AIDS in prison, where First Nations, Inuit and Métis peoples are disproportionately represented.

Achievements

- There has been an increased focus on policy advice. One of the challenges that NACHA faced was to be more than a council and commissioned products that had nothing to do with policy advice needs. While these products were valuable to varying degrees, NACHA almost began to operate as an organization which it is not. Despite a need to be accountable to Summit attendees, there is greater cohesion as a result of this improved focus. There appears to be greater willingness by NACHA to work with other partners like CAAN, who are better positioned to advocate among funding organizations to advance the needs of Aboriginal Canadians.
- Essential tools, such as the Terms of Reference, were approved. Templates were designed and used to give advice to government. Some advice resulted in direct action by government; other matters are ongoing.
- An independent facilitator was contracted for face-to-face NACHA meetings along with a recorder. Tools such as the Record of Decisions and Summary of Action Items are extremely helpful in keeping NACHA focused.
- A Five-Year Strategic Plan was developed and provides focus to NACHA's work and a way to measure progress.

FUTURE DIRECTIONS

- Greater focus on the funding disparities for Aboriginal AIDS Service Organizations among provinces and territories and between on and off reserve populations.
- Greater focus on mitigation policies and strategies that will protect Inuit communities from the spread of HIV/AIDS in the face of the considerable resource development occurring throughout the North.
- Greater focus on communicating with the Aboriginal populations that NACHA members represent.
- Greater focus on tracking the advice and results that NACHA provides to government partners.
- Greater focus on policy directions that potentially will emerge from the Policy Forum held in Montreal on September 18 and 19, 2007.

REFERENCES

1. A Comparative Analysis - Strengthening Ties - Strengthening Communities -An Aboriginal Strategy on HIV/AIDS in Canada for First Nations, Inuit and Métis People CAAN July 2003 and Leading Together, Canada Takes Action on HIV/AIDS (2005-2010).

http://www.phac-aspc.gc.ca/aids-sida/publication/nacha/ca0_e.html

2. NACHA's STRATEGIC PLAN

http://www.phac-aspc.gc.ca/aids-sida/publication/nacha/pdf/stratplan2005-2010_e.pdf

3. NACHA's Public Record of Minutes

<http://www.phac-aspc.gc.ca/aids-sida/publication/index.html#nac>



The Chief Public Health Officer's Address to First Nations, Inuit and Metis Communities

On September 19, 2007, the Agency's Chief Public Health Officer, Dr. David Butler-Jones delivered a keynote address on behalf of the Minister of Health, at the closing banquet of the 1st National Aboriginal Council on HIV/AIDS Policy forum. The event took place in Montreal, Quebec and was organized by the National Aboriginal Advisory Council on HIV/AIDS (NACHA) and the Canadian Aboriginal AIDS Network CAAN).

Dr. Butler-Jones began his address by congratulating CAAN on its 10th anniversary. He acknowledged both NACHA and CAAN's contribution to the Federal Initiative to Address HIV/AIDS in Canada as examples of the kind of partnership between community and public health that are encouraged by the Public Health Agency of Canada.



From left to right: Rick Kotowich, NACHA co-Chair, Metis Caucus; Jeanette Doucet, NACHA co-Chair, Inuit Caucus; Dr. Butler Jones; Margaret Akan, NACHA co-Chair, First Nations Caucus; Kevin Barlow, Executive Director, Canadian Aboriginal AIDS Network; and, co-Chair NACHA Community Caucus.

Emphasizing the Public Health Agency of Canada's commitment to addressing Aboriginal health issues, Dr. Butler-Jones underlined the Agency's current efforts in crafting an Aboriginal Strategy involving a broad consultation process. He urged the audience to continue to pursue efficient ways for all of us to work together to address the causes of health disparities faced by First Nations, Inuit and Métis communities.

A central theme of his comments was the critical role and importance of strategically addressing the social determinants of health, which are fundamental to improving health outcomes. Dr. Butler-Jones stated that it is essential to recognize that everything is connected, "from housing, to education, to clean water, to child development, to employment, to access to promotion, protection, prevention, treatment and care options. If these basics are adequately addressed, it becomes easier to improve health outcomes, and that includes HIV/AIDS in Aboriginal and any other populations." He stressed that strategies to combat HIV/AIDS must take a determinants of health approach into account in order to be effective.

To illustrate this point, he stated that there is, "no coincidence that areas hardest hit by the Tsunami and Hurricane Katrina were also the poorest. ... No surprise that healthy, resilient communities have fewer problems, and when they do face them, they recover faster."

In terms of HIV/AIDS specifically, evidence clearly identifies that First Nations, Métis and Inuit account for a disproportionately high percentage of those living with HIV/AIDS. As a result, the Federal Initiative to Address HIV/AIDS in Canada is committed to a long-term comprehensive, collaborative approach to fighting HIV/AIDS. Support for the Federal Initiative, for HIV/AIDS programming in general, for aboriginal health, and for addressing determinants of health in all Canadians are all priorities for the Agency.

The National Aboriginal Council on HIV/AIDS established in 2001, is a national advisory body providing advice to the Public Health Agency of Canada and Health Canada on HIV/AIDS issues related to First Nations, Inuit and Métis communities in Canada.

The Canadian Aboriginal AIDS Network is a non-profit coalition of individuals and organizations which provides leadership and support for Aboriginal peoples living with, and affected by HIV/AIDS whether they reside on or off-reserve. Both these organizations are supported under the Federal Initiative to Address HIV/AIDS in Canada.

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The National Aboriginal Council on HIV/AIDS Terms of Reference

Dedication

Our work is guided by the legacy of those who have gone before us, and the impact of our decisions on those yet to come

Mandate

To act as an advisory mechanism providing policy advice to Health Canada and the Public Health Agency of Canada and other relevant stakeholders about HIV/AIDS and related issues among all Aboriginal (Inuit, Métis and First Nations) Peoples in Canada.

Purpose

The National Aboriginal Council on HIV/AIDS (The Council) is a mechanism for the development and coordination of shared actions between the Federal Initiative to Address HIV/AIDS in Canada (Federal Initiative) and Aboriginal communities working on HIV/AIDS issues. This will ensure that Health Canada and the Public Health Agency of Canada and its representatives will have effective and efficient access to policy advice regarding Aboriginal HIV/AIDS and related issues, as they affect those in our communities.

Objectives

- To foster collaboration between Aboriginal peoples and other Federal Initiative stakeholders;
- To communicate with Aboriginal communities;
- To ensure cost effective measures are taken by Federal Initiative resources targeting Aboriginal peoples and the overall Federal initiative;
- To serve as one mechanism to increase cross-cultural awareness and support between Aboriginal and non-Aboriginal people and organizations around HIV/AIDS and related issues;
- To function as an advisory body by acting in a consultative capacity to Health Canada and the Public Health Agency of Canada regarding policy issues within the Federal Initiative;
- To provide timely policy advice on matters relating to Aboriginal HIV/AIDS resources to Health Canada and the Public Health Agency of Canada.

Guiding Principles

As members of the Council, we are committed to the following principles of Unity, Common Values, and Vision.

Statements of Unity

- We are committed to Aboriginal people living with and/or affected by HIV/AIDS.
- We are committed to ensuring prevention, education and harm reduction approaches for Aboriginal peoples, families and communities, and populations at risk for HIV infection;
- We agree to work together;
- We are committed to support each other;
- We are committed to a safe environment for open and honest dialogue;
- We are committed to promoting the principles of Ownership, Control, Access and Possession (OCAP), among and regarding Aboriginal peoples;
- We are committed to a Council that encourages growth and supports regeneration, mentoring and capacity building;
- We are inclusive of all three Aboriginal peoples in Canada regardless of how residence, geography, jurisdiction and status are defined.

Statements of Values

- We are committed to the values of equity, respect, diversity, autonomy, equality, meaningful support and balance among each population represented by the Council;
- We are committed to achieving equal Aboriginal representation for all three Aboriginal peoples;
- We recognize and promote holistic approaches to HIV/AIDS work in our communities based on traditional and contemporary Indigenous knowledge and worldviews; and
- We recognize the variety of approaches to HIV/AIDS work in our communities and honour and respect the diversity of these approaches, including the models of harm reduction.

Statements of Operational Values

- We are guided by our experience with HIV/AIDS and related issues; not by our affiliations.
- We will maintain flexibility and adaptability in implementing, monitoring and evaluating our yearly Work plan.
- We shall be solution and outcome focussed.
- We will review financial updates of the resources available to the Council, in collaboration with the Secretariat to ensure prudent use of public funds.

Vision

- The Council will advise on policy matters under the Federal Initiative as they relate to Aboriginal peoples;
- The Council will support effective collaboration and communication between Federal/Provincial/Territorial and Aboriginal governments, as well as Aboriginal individuals and organizations;
- The Council will examine and advise on key policy issues to ensure equitable access to comprehensive HIV/AIDS programs, services and resources available within an appropriate set of standards for Aboriginal peoples in Canada.

Membership

The Council

The Council is an advisory and multi-disciplinary group that consists of sixteen (16) members with equal representation (four each) from First Nations, Inuit and Métis and a Community Caucus. The Community Caucus members will represent Aboriginal HIV/AIDS organizations and community-based Aboriginal organizations involved in HIV/AIDS and shall be chosen from the community caucus at the bi-annual Aboriginal summit on HIV/AIDS. There shall be alternates for each Caucus that can represent Council members from within said Caucus, when Council members are unable to participate.

Ex Officio Members

Representatives from the First Nations and Inuit Health Branch (FNIHB), Health Canada, and the HIV/AIDS Policy, Coordination and Programs Division, Public Health Agency of Canada (PHAC) will be sitting as ex officio members at face-to-face Council meetings.

The Summit

Council members are chosen at the National Aboriginal Summits on HIV/AIDS held every two years. Summits are held to share information and knowledge about the Aboriginal HIV/AIDS movement in Canada. Individuals who are invited to attend the Summit will be asked to participate in one of the four caucuses at the Summit: Community, First Nations, Inuit and Métis, who will then meet and select their representatives to the Council. The membership selection process for the council is autonomous to each caucus. The co-chairs, in partnership with Health Canada and the Public Health Agency of Canada, will invite participants.

Summit Caucuses

Caucuses are strongly encouraged to support the inclusion of Aboriginal people living with HIV/AIDS within their council membership selections. Caucuses are also encouraged to consider members whose combined skills, knowledge, abilities and experience will enhance representation.

Terms of Appointment

Council member terms of office shall be in effect from Summit to Summit. Participants have the option of extending their term at the Summit.

Qualities of Council Members

The following is a list of skills, qualities, abilities, knowledge and experience caucuses are encouraged to consider when choosing representatives for the Council.

- Strong capacity to effectively deal with a wide variety of political and non-political organizations;
- Able to actively participate and effectively communicate ideas;
- Strong expertise in HIV/AIDS policy / program development;
- Ability and willingness to travel;
- Knowledge and respect of Aboriginal diversity, governance and history;
- Knowledge and respect for sexual and spiritual diversity; and
- Commitment to collaboration and cooperation.

Responsibilities of Council Members

- To provide informed policy advice to other members of the Council, Health Canada and the Public Health Agency of Canada based on broad consultation with the populations they represent; and
- To recognize that, within the confines of the Council, individuals may represent a specific Caucus, but when communicating externally about Council decisions, they represent the entire Council.

Accountability of the Council

- The Council is collectively accountable to the Aboriginal population at large through the National Aboriginal Summit on HIV/AIDS and the Federal Initiative structure;
- The Council is collectively responsible to Health Canada and the Public Health Agency of Canada and other stakeholders (e.g. Canadian population, etc.) as determined by the Council;

- Council members are individually accountable to the caucus whose interest they represent on the Council; and
- Council members are individually accountable for broad-based communication and consultation with relevant organizations, peoples and/or systems.

Decision Making

Wherever possible decisions will be made by consensus (see NACHA glossary), cooperation and compromise. When consensus cannot be reached, a vote will be called. Voting will be based upon a quorum of 50% + 1 or nine (9) people. A vote will be carried by a 75% majority of those council members present. (This calculation will be rounded up to the nearest number.) Minority concerns will be noted and respected for the record.

Evaluation

- That we include all three Aboriginal people in our evaluations of the effectiveness of the council. We will strive to provide opportunities so that interested Aboriginal people can participate in an evaluation process that relates to the effectiveness of the Council.
- The work of the Council will be evaluated based on the work plan of the Council, as deemed necessary.
- A periodic review of these Terms of Reference will be undertaken when deemed necessary, and shall occur within a three year period from any previous evaluation.

Attendance

Council members are asked to attend as many meetings of the Council as possible in the term of their appointment.

Membership Review

Council members who miss two (2) meetings consecutively without a valid reason shall have their membership reviewed by a special meeting of their caucus at the end of the second meeting missed.

Proxy and Observers

- There shall be alternates from within each Caucus who may represent Council members who cannot participate from said Caucuses. Teleconference participation with individual caucuses for the purposes of decision-making constitutes active participation.
- No observers shall be designated to replace Council members at any time during council meetings.
- There will be no observers present at the meetings of the Council unless invited by the Council.
- Personal caregivers for Council members may attend Council meetings to provide care, and do not have a participatory role at Council meetings.

Secretariat

Secretariat and other administrative duties for the Council on HIV/AIDS shall be provided by the Public Health Agency of Canada and Health Canada.

Appointment of Co-Chairs

The appointment of Co-Chairs for the Council shall be made at the complete discretion of the individual caucuses.

Spokespersonship

Public forum and meeting spokespersonship shall be determined by the Council, with proper briefing and preparation provided with assistance from the Secretariat.

Meetings

- Face-to-face meetings of the Council are to be held as budget permits and shall occur not less than once per year. Council teleconferences are held on a monthly or as-needed basis.
- Elders from the host territory will be invited to Council meetings to provide spiritual guidance to Council members and shall be able to participate in discussions.

**National Aboriginal Council on HIV/AIDS
Budget Allocation
April 2006 – March 2008**

NACHA's Operating Budgets

Fiscal Year	Amount
2006 -2007	\$156, 000
2007-2008	\$162, 000

The budget allocations represent joint funding commitments by the First Nations and Inuit Health Branch (FNIHB) of Health Canada and the Public Health Agency of Canada (PHAC) in support of NACHA's mandate to provide strategic policy advice to Health Canada and the Public Health Agency of Canada.

Operationally, these budgets proportionally support activities in the following three main areas:

Meeting coordination accounts for 60% of the total expenditure and include items such as hospitality, travel, and hotel accommodation.

Professional expenses account for 20% of the total expenditure, such as service contracts for meeting facilitation, environmental scans, data gathering and analysis, and position papers to inform policy advice.

Operating expenses account for 20% of the total expenditure and includes items such as courier services, French and Inuktitut translations, and teleconferences.

For each fiscal year approximately \$25,000 is allocated by the Surveillance and Risk Assessment Division (SRAD), to support Aboriginal surveillance initiatives.

NACHA's Website and Contact Information

http://www.phac-aspc.gc.ca/aids-sida/fi-if/national_e.html

Public Health Agency of Canada Website and Contact Information

<http://www.phac-aspc.gc.ca/>

NACHA Secretariat

HIV/AIDS Policy, Coordination and Programs Division
Centre for Infectious Disease Prevention and Control
100 Eglantine Driveway, Building No.6
Public Health Agency of Canada
Address Locator 0601A, Tunney's Pasture
Ottawa, Ontario K1A 0K9

Statement on Meaningful Engagement of Aboriginal People

"This statement is to clarify that while CAAN respects the decisions of its members (individual and organizational) to make alignments wherever they see necessary, that Aboriginal groups continue to be in need of critical elements in any partnership negotiations that may be formed with the non-Aboriginal community. These are:

Recognition and acceptance that Aboriginal people possess Treaty and Aboriginal Rights, and are not classified as a visible minority. The right to self-determination is key to addressing negative impacts of government sanctioned assimilation policies (Residential Schools, etc). Aboriginal people have parallel systems which must be recognized.

Aboriginal people require adequate resources (not based on per capita formulas) to design, deliver and control culturally appropriate and relevant programs and services.(www.caan.ca)

Individual Aboriginal people have all the rights and freedoms available to anyone to choose which programs and services they access. This right to choose does not diminish the right to have Aboriginal-specific programs/services also available. As some Aboriginal people become involved with non-Aboriginal service providers, they do so as individuals and not as an official representative of the Aboriginal population.

Aboriginal people come from diverse backgrounds and are not one homogenous group. This diversity is found within First Nations; between First Nations, Inuit and Métis. Some are based on risk behaviour, gender imbalances, sexual orientation, social status, historical issues and often result in minorities within a minority, some of which are compounded by environmental factors, e.g. Correctional Institutions.

There can be competing interests when considering partnerships. This can include perceptions that a larger organization may want to absorb the smaller group, or, that the larger group may see loss of funding as a threat. Both are valid that need to be openly discussed in order to better understand how to work together. It must be clear that what has contributed to many social challenges for Aboriginal people are based on non-Aboriginal society in general, backed by government policy, which sought to define both the problem and the solution for Aboriginal people, not in partnership with.

Aboriginal people have distinct worldviews that govern how our societies are structured. Cross-cultural efforts are but one way of helping to bridge this divide.

Aboriginal people often face many challenges which result in inequities that are not easily overcome. These "lived experiences" must be treated as the common ground, which binds Aboriginal people together and who are the experts in their own communities and affairs. True and lasting solutions will only come from within the Aboriginal population.

Aboriginal people must be full and equal partners in any relationship, and have the right to insist that community/cultural protocols and codes of conduct are respected. Skills transfer in some cases must be considered between Aboriginal and non-Aboriginal partnerships so that Aboriginal people can advance the work themselves.

Partnerships are often times necessary and need to be negotiated with respect and a true willingness to realize mutual objectives without dictating the process or outcomes.

Non-Aboriginal organizations do provide services to Aboriginal people. These need to be fairly assessed to determine: 1) whether these services are better delivered by an Aboriginal organization and if so, under what conditions; or 2) how best to collaborate with Aboriginal groups so that services provided by non-Aboriginal groups have proper referral systems, Aboriginal staffing, Aboriginal involvement and autonomy.

A corner stone of community development is the meaningful involvement, at all stages, of the community being targeted. "

List of Commonly Used HIV/AIDS Terms and Acronyms

AASO - Aboriginal AIDS Service Organization

AFN - Assembly of First Nations - National Political Organization representing First Nations.

Affected - To experience the consequences of HIV, either directly through friends or family, or indirectly, through economic, social, or political instability caused by the virus being present in your community.

AIDS - Acquired Immune Deficiency Syndrome - the syndrome caused by the HIV virus. Also known as late stage HIV disease.

APHA - Aboriginal Person Living With HIV/AIDS

ART - Anti-Retroviral Therapy - western medicines (drugs) developed that affect and inhibit on a human cellular level the replication of HIV.

ASO - AIDS Service Organization - An organization providing AIDS services.

CAAN - Canadian Aboriginal AIDS Network - A national Aboriginal non-governmental HIV/AIDS organization

Canadian HIV/AIDS Legal Network - A national non-governmental HIV/AIDS organization.

CAP -- Congress of Aboriginal Peoples - A national Aboriginal political organization

CAS - Canadian AIDS Society - A national non-governmental AIDS organization

CATIE - Canadian AIDS Treatment Information Exchange - A national HIV/AIDS treatment information program.

CBR - Community Based Research - National research policy that promotes community involvement of the design, implementation and use of data from research initiatives.

CIDPC - Centre for Infectious Disease Prevention and Control - A department at Health Canada

CIHR - Canadian Institute of Health Research

CIHAN - Canadian Inuit HIV/AIDS Network - A national Inuit HIV/AIDS network

Consensus - to agree collectively as a Council on a decision

CPHA - Canadian Public Health Association - A non-governmental advocacy organization that monitors various health issues in Canada and provides independent health information to Canadians. Also home to the HIV/ AIDS Clearinghouse - a national mega-project that maintains depository of information related to AIDS and HIV.

CSC - Correctional Services of Canada - a government department responsible for maintaining Canada's federal correctional system.

CTN - Canadian HIV/AIDS Trials Network - a national non-governmental network that monitors and sets ethical standards for clinical trials of HIV/AIDS drugs in Canada.

DM - Deputy Minister - The Canadian Deputy Minister of Health

EPI - short form meaning epidemiological or referring to epidemiological data - the collection and study of information about the prevalence and incidence of a disease

Elder - A person that carries Aboriginal heritage, cultures and traditions.

First Nations - The Indian people of Canada both status and non-status.

FNIHB - First Nations and Inuit Health Branch

F/P/T-AIDS - Federal/Provincial/Territorial Committee on HIV/AIDS

HBV - Hepatitis B Virus - a virus that attacks the liver. Related, though considered not as severe, as Hepatitis C.

HC - Health Canada

HCV - Hepatitis C Virus - a virus that attacks the liver and for which there is no known cure. Prolonged and acute Hepatitis C infection can often result in liver disease and cirrhosis. The virus is passed on through blood to blood activities, such as sharing needles and unprotected sexual intercourse.

HIV - Human Immunodeficiency Virus - the virus that causes AIDS

HepC - short for Hepatitis C

IDU - Injection Drug User

Indigenous - refers generally to the original peoples of any land, country or geographic area

Infected - refers to an individual living with HIV disease.

Innu - the Nescapi and Montagnais First Nations peoples who live in Quebec and Labrador.

Inuit - Canada's Aboriginal peoples of the Arctic.

Inuk - singular form of Inuit. Use Inuk when speaking of one Inuit person.

Inuktutut - language of the Inuit.

ITK - Inuit Tapiriiksat Kanatami - the national political organization for Inuit in Canada

Jurisdiction - lit., authority and control of a particular land base, service, municipality, territory, country or government. In the Aboriginal community jurisdiction may also refer to issues of Aboriginal identity, culture, language, treaty rights, land claims and/or self-determination.

LCDC - Laboratory Centre for Disease Control - A department at Health Canada.

LIHC - Labrador Inuit Health Commission

LMN - Labrador Métis Nation

MC - Ministerial Council on HIV/AIDS - Council that advises the Minister of Health on all issues related to HIV/AIDS.

Métis: Peoples of mixed first nations and European ancestry.

Microbicides - protective jellies or creams used in the vagina or rectum during sexual intercourse that reduce risk of HIV or other sexually transmitted infections. (STI's)

MNC - Métis National Council - a national Aboriginal political organization representing Métis in Canada.

MNCW - Métis National Council of Women - a national Aboriginal political organization representing Métis women in Canada.

MOU - Memorandum of Understanding

NACHA - National Aboriginal Council on HIV/AIDS

NAHO - National Aboriginal Health Organization

NEP - Needle Exchange Program

NGO - Non-Governmental Organization - A community organization created to promote or advocate for specific issues that is independent from government organizations.

NHRDP - National Health Research and Development Program - A Health Canada Research Department now operating through the Canadian Institutes of Health Research (CIHR)

NIICHO - National Inuit and Indian Community Health Representatives Organization - A national organization that represents community health representatives among Inuit and First Nations across Canada.

NIHB - Non-Insured Health Benefits

NIYC - National Inuit Youth Council

NS - Northern Secretariat

NWAC - Native Women's Association of Canada - A national Aboriginal political organization representing Aboriginal women in Canada.

NWT - North West Territories

Nunavut - Inuit region in the North
Nunavik - Inuit region in Quebec

OCAP - Ownership Control Access and Possession - national policy governing the ownership and use of information produced on Aboriginal people to be owned, controlled, accessed and possessed by Aboriginal people.

Pauktuutit Inuit Women's Association - a national Inuit women's health organization

PCAP - Prevention And Community Action Program - A national funding program at Health Canada. The 1.2 million dollars dedicated under the CSHA to urban and off-reserve Aboriginal HIV/AIDS issues is administered through this program.

PH - Population Health - A Department at Health Canada

PHA - Person Living With HIV/AIDS

Population-based/Population-specific - initiatives that address issues unique to a group of people

PPHB - Population and Public Health Branch - A department at Health Canada.

Prophylaxis - Any preventative measure. In HIV/AIDS, usually means preventative treatment for opportunistic infections in people who are HIV positive, such as medications given to positive patients to prevent pneumonia. Also, treatment given to those assumed exposed to HIV but before evidence of sero-conversion.

RCAP - Royal Commission on Aboriginal Peoples

Reserve - a First Nations community

RFP - Request for Proposals

RHA - Regional Health Authority

RIA - Regional Inuit Association

Sex - the two divisions of an organism distinguished as male or female

SIS - Safe Injection Site

STD - Sexually Transmitted Disease

STI - Sexually Transmitted Infection

2-Spirit - Individuals of Aboriginal descent who, either by behaviour, sexual preference, belief or practise, identify outside of the traditional characteristics of their sex.

Symptomatic - a person who has HIV and shows signs of AIDS.

TB - Tuberculosis - an infectious disease, caused by a bacteria, that affects the human lungs and lower respiratory system.

TB - Treasury Board Of Canada - a government department that sets financial policy and standards for all government departments, responsible for establishing Treasury Board Guidelines

UN AIDS - A United Nations special department that monitors and attempts to deal with the HIV/AIDS pandemic across the planet.

UNGASS - United Nations General Assembly Special Sessions on HIV/AIDS

Universal Precautions - standardized, routine precautions taken by health professional to protect themselves against HIV.

World-Wide-Web - Information resource accessed by the Internet.

Youth - young people, usually means under the age of twenty five.

**NACHA
Template for Advice**

Date:

Issue:
Implication:
Basis of Evidence:
More Research Required:
NACHA's Advice: