National Aboriginal Council on HIV/AIDS

Strategic Plan

2005–2010

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1.0 Introduction

The following Strategic Plan sets out a vision statement, mandate, priorities and strategic directions to guide the work of the National Aboriginal Council on HIV/AIDS (NACHA) in the provision of policy advice to Health Canada (HC) and the Public Health Agency of Canada (PHAC) over the next five years.

Several key documents influenced the development of the plan, including the following:

- *Strengthening Ties – Strengthening Communities: An Aboriginal Strategy on HIV/AIDS in Canada.* Canadian Aboriginal AIDS Network, 2003.
- *A Proposed Inuit Plan of Action for HIV/AIDS.* Pauktuutit and The Canadian Inuit HIV/AIDS Network, 2001.
- *The Federal Initiative to Address HIV/AIDS in Canada.*

The common theme in all of these documents is the need to take Aboriginal-specific approaches to address HIV/AIDS in the First Nations, Metis and Inuit populations.

Aboriginal people living with and affected by HIV/AIDS face a multitude of diverse challenges that affect their health. As well as barriers to accessing primary health care, Aboriginal people generally face distinct nutritional, housing and economic challenges as well as the problem of social violence.

The Federal Initiative to address HIV/AIDS, or FI as it is commonly known, addresses "knowledge development" and supports increased attention focusing on "*research that provides evidence for population-specific approaches".* Because Aboriginal people are over-represented in the most vulnerable populations, including women, street-involved or homeless individuals, sex trade workers, prisoners, substance users and others, specific approaches are required to take this "Aboriginal reality" into consideration.

2.0 Background

NACHA was formally established in May 2001 to provide advice to HC on HIV/AIDS issues affecting all Aboriginal peoples in Canada and to examine the impact of the disease on Aboriginal communities. The creation of this advisory body was the result of many years of consultation, collaboration and cooperation among the vast spectrum of stakeholders committed to and responsible for HIV/AIDS in their respective constituencies and populations.

NACHA represents four unique groups – Inuit, Métis, First Nations and the HIV/AIDS community (consisting of Aboriginal AIDS organizations and Aboriginal peoples living with HIV/AIDS.) The Council provides HC and PHAC with a means to engage with the Aboriginal community and incorporate its input into decisions affecting Aboriginal people within the context of the FI. The governance structure of the Council, as codified in the terms of reference, has four elected caucus Co-chairs to act on behalf of the Council between scheduled Council meetings or when the Council as a whole cannot be consulted regularly.

Since its inception in May of 2001, NACHA has continuously evolved to best meet the challenges facing the Aboriginal HIV/AIDS community. This evolution has resulted in the development of procedures and structures to ensure that the Council operates effectively and has consolidated the work of several previous committees within HC addressing Aboriginal issues.

Council members are drawn from the Aboriginal community and act as an informal liaison with that community, serving the function of an advisory, communication and coordination mechanism for the federal government. At the same time, NACHA is accountable on a regular basis to the Aboriginal communities it represents at the Biannual Summit.

The Council provides a forum at which Aboriginal issues can be discussed and debated, and through which recommendations can be forwarded to address the HIV/AIDS epidemic within the populations represented at the table and the Aboriginal community as a whole. NACHA has increased awareness of Aboriginal HIV/AIDS issues at the government level. With consistent input from the Aboriginal community, HC and PHAC can make better-informed decisions on issues affecting Aboriginal people under the FI and foster greater cross-cultural understanding among groups sitting on the Council. NACHA recognizes its responsibility to act as one voice for the Aboriginal community, and through consensus decision-making NACHA can have a profound impact on the government policies, programs and services that affect Aboriginal people living with and affected by HIV/AIDS.

3.0 Methodology

In 2004, NACHA undertook an evaluation of its brief history. Many changes resulted from the evaluation, including the revision of NACHA's Terms of Reference and clarification of its role as an *advisor* to government on HIV/AIDS in the Aboriginal population of Canada.

The evaluation also recommended that the development of a three- to five-year strategic plan would serve to focus the work of the Council and to give direction to sub-committees addressing each of the strategic areas. For example, one of NACHA's primary objectives is to "*foster collaboration between Aboriginal people and other CSHA(FI) stakeholders".* NACHA has established "linkages" with other key stakeholders and has engaged in information exchange with various groups, but to date no formal collaborative relations have been established, with the possible exception of the Ministerial Council on HIV/AIDS. Collaboration is critically important, particularly now that the FI requires an integrated response to the HIV/AIDS epidemic across departments and levels of government. The FI articulates "integration" as follows:

"Many people living with and vulnerable to HIV/AIDS have complex health needs and may be vulnerable to other infectious diseases, such as those transmitted sexually or by injection drug use. Federal HIV/AIDS programs will be linked with other health and social programs, as appropriate, to ensure an integrated approach to program implementation. Programs will address barriers to services for people living with or vulnerable to multiple infections and conditions that have an impact on their health. Those affected will play a key role in overcoming these barriers."

NACHA decided that this would be an ideal time to develop its Five Year Strategic Plan and contracted Mary Jamieson (Native Management Services) to facilitate the process. A Committee was selected from the NACHA membership to work with the consultant throughout the development.

After a thorough document review, several distinct emerging priorities were identified. The consultant developed a framework for the Strategic Plan, and all NACHA members were asked for their input. On the basis of this discussion, drafts of the plan were prepared and revised as necessary. In March 2005, a one-day session was held by the Committee to finalize the plan for acceptance by the whole of NACHA. The plan was presented to the members, and final revisions were undertaken according to their input.

4.0 Context

- The Federal Initiative to Address HIV/AIDS in Canada (2005) aims to be "population-specific" and prioritizes the needs of the most vulnerable populations. The Aboriginal population in Canada has experienced the most rapid growth in the HIV/AIDS epidemic when compared with any other population in the country. It is now estimated that one Aboriginal person is infected with the virus every day. Aboriginal women and youth are particularly vulnerable. Given that the health status of Aboriginal people has not improved since the Royal Commission Report on Aboriginal Peoples was released in 1996, this state of affairs is of great concern.

- The determinants of health, including adequate housing and nutrition, safe drinking water, and social and spiritual well-being, are lacking in the Aboriginal population, and this also contributes to the epidemic.

- The migration of Aboriginal people to other communities and urban centers in search of employment, educational opportunities and the chance to join their friends and families often results in jurisdictional and other barriers to their ability to access support services and assistance. In addition, it is difficult to track the services (particularly health services) they may have received elsewhere.

- Aboriginal people are over-represented in the homeless population and have little choice but to turn to the sex trade to sustain themselves. Additionally, they are over-represented in prisons across Canada, where they are vulnerable to HIV/AIDS. After release, they often become a vehicle for the spread of HIV to the Aboriginal community.

- Aboriginal AIDS service organizations (ASOs) are on the front line of the epidemic but often feel isolated and marginalized within the broader Aboriginal community. Some Aboriginal leaders are still in denial that the epidemic exists within the population, and therefore political support is not always forthcoming. Aboriginal ASOs are put in the unenviable position of trying to serve the needs of their clientele while at the same time continually needing to convince their leaders that HIV/AIDS should be a priority, along with safe drinking water, decent housing and proper nutrition. To enable Aboriginal ASOs to address these challenges and needs, sustained operational funding is required so that staff can stay focused on the quality of the service they provide. NACHA's role in this context is to keep HIV/AIDS at the forefront of the government agenda (including Aboriginal governments and non-government organizations) through ongoing communication within the Aboriginal community and by building its own credibility as a national advisor on the subject.

- There is a critical need to develop the knowledge required to tackle the epidemic given the “Aboriginal reality”. Evidence-based research, driven by the Aboriginal community, must be supported so that emerging trends are identified and appropriate linkages and resources can be secured.

- The Ministerial Council on HIV/AIDS and the Canadian Aboriginal AIDS Network (CAAN) are important partners in their support of NACHA.

- The Canadian public must be made aware that Aboriginal people suffer from the HIV/AIDS epidemic in this country and that the growth of the disease mirrors that of many African countries, particularly with respect to women. This is not to detract from efforts in African countries but, rather, to raise awareness of what is happening in Canada so that funding can be justified to the Canadian public. Links must be made between HIV/AIDS and the social issues that plague Aboriginal communities, the determinants of health that are factors in the disease and the potential for devastating economic impacts on already fragile Aboriginal economies.

- Finally, because the “Aboriginal reality “ is different from mainstream populations, Aboriginal people must be involved in setting realistic performance measures and indicators against which progress can be measured, and be in a position to communicate these indicators to Aboriginal service providers and program designers. Aboriginal people living with HIV/AIDS (APHAs) must be engaged in developing their own criteria of the success of any HIV/AIDS-related program or service designed to meet Aboriginal needs. All programs and services must be evaluated regularly to allow for shifts in programming to meet emerging needs, ensure accountability and share best practices.

5.0 NACHA's Mandate, Vision and Objectives

5.1 Mandate

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

5.2 Vision

The Council will advise on policy matters under the Federal Initiative to Address HIV/AIDS in Canada 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.

5.3 Objectives

- To foster collaboration between Aboriginal peoples and other stakeholders in the FI;
- To communicate with Aboriginal communities;
- To ensure that cost-effective measures are taken with the necessary resources targeting Aboriginal peoples and the overall FI;
- 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 HC and PHAC regarding policy issues within the FI.

- To provide timely policy advice to HC and PHAC on matters relating to Aboriginal HIV/AIDS resources.

6.0 Priorities and Strategies (2005–2010)

Preamble

In recognition of the diversity within the Aboriginal population, the social, economic, spiritual, mental and physical determinants of health, the history of abuse and neglect, and the growing HIV/AIDS epidemic within the population, NACHA sees its role as critical in providing a strong and knowledgeable voice on HIV/AIDS on behalf of the Aboriginal people of Canada.

- *Aboriginal peoples are over-represented in the HIV epidemic in Canada.*
- *Aboriginal peoples make up a growing percentage of positive HIV test reports and reported AIDS cases.*
- *Injecting drug use continues to be a key mode of transmission in the Aboriginal community.*
- *HIV/AIDS has a significant impact on Aboriginal women.*
- *Aboriginal peoples are being infected with HIV at a younger age than non-Aboriginal peoples.*[1]

[1] HIV/AIDS Epi Update – May 2004. *HIV/AIDS Among Aboriginal Peoples in Canada: A Continuing Concern. Public Health Agency of Canada*

NACHA'S Priorities for Supportive Policy Advice

Priority #1. Review HIV/AIDS programs and policies, and identify and advise PHAC and HC when a more appropriate (defined by NACHA) approach is required to address the diversity of needs within and among Aboriginal communities.

Related Strategies

1.1 NACHA has a vital role to play in providing timely and accurate advice to PHAC and HC with respect to promoting and enhancing policies, programs and services that are responsive to the following:

- the growing epidemic within the population of Aboriginal women

- the homeless population of Aboriginal people

- Aboriginal prisoners
- the mental health issues faced by Aboriginal people
- the jurisdictional challenges faced by Aboriginal people
- the migratory challenges faced by Aboriginal people
- the needs of those engaged in the sex trade and street-involved people
- the needs of Aboriginal people who use injection drugs
- the needs of Aboriginal men who have sex with men and 2-spirited men
- the needs of Aboriginal youth
- the needs of Aboriginal seniors
- the needs of Aboriginal people who use substances
- other emerging vulnerable Aboriginal populations.

1.2 NACHA has a vital role to play in continuing to provide advice to PHAC and HC, using its “issue template” as a means of raising current and unresolved issues and challenges, and as a rationale for the commissioning of additional research when required.

1.3 NACHA has a role in receiving and advising on reports about programs and policies under the FI.

Priority #2. Advise on matters that are important in ensuring equitable access to resources and provide information that supports HIV/AIDS-related prevention, education, care, treatment, and support services and programs within and among Aboriginal communities and in the broader context.

Related Strategies

NACHA has a vital role to play in providing advice to PHAC and HC that will promote and enhance:

2.1 Identification of and response to jurisdictional barriers and challenges that prevent comprehensive and coordinated prevention, diagnosis, care, support and treatment for all Aboriginal communities;

2.2 Assistance to Aboriginal organizations to enable greater access to HIV/AIDS services that are non-judgmental, inclusive and based on a harm reduction model;

2.3 Support performance measurements that reflect the Aboriginal reality and that are achievable and measurable;

2.4 Involve Aboriginal PHAs in program and service design, and evaluation of the outcomes;

2.5 Support comprehensive evaluation of federal HIV/AIDS policies, programs and services.

Priority # 3. Enable Aboriginal organizations that currently provide HIV/AIDS services and those that are emerging to increase their capacity to meet ever more complex and challenging needs.

Related Strategies

NACHA has a role to play in advising and encouraging PHAC and HC to support the following strategies:

3.1 Sustained operational funding for current and emerging Aboriginal HIV/AIDS ASOs for periods of up to three years with renewal and expansion based on a comprehensive evaluation;

3.2 Inclusion of adequate training/professional development funds in operational funding;

3.3 Inclusion of research funds in the budgets of Aboriginal ASOs to conduct needs assessments and Aboriginal PHA focus group sessions, and to identify the best practices and design of innovative approaches to addressing emerging challenges;

3.4 Identification to government of solutions to the problem of administrative practices that tend to delay action at the service delivery level.

Priority # 4. Engage the support of Aboriginal leaders, the Canadian Aboriginal AIDS Network, the Ministerial Council on HIV/AIDS, the FPT Advisory Committee on HIV/AIDS, PHAC, HC, Federal/Provincial/Territorial governments and organizations, and the Canadian public in collaborative efforts to address the growing epidemic in the Aboriginal community.

Related Strategies

NACHA has a role to play in sustaining partnerships, strengthening its own credibility, optimizing its own voice and advising government on how best to communicate the depth and breadth of the HIV/AIDS epidemic in the Aboriginal population to the Canadian public.

4.1 Undertake periodic reviews of NACHA's performance in terms of how NACHA identifies, prioritizes and communicates issues to government and within the Aboriginal community; review the results achieved; and take action to address any shortcomings, if necessary.

4.2 Establish linkages and supportive collaborative efforts with appropriate federal departments, Councils and agencies to address issues of mutual concern.

4.3 Support research and key messages that illustrate the interconnectedness of HIV/AIDS in the Aboriginal community, the history of social issues, determinants of health, traditional knowledge and practices, and the potential for negative socio-economic and community impacts on the Aboriginal population if action is not taken.