

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 OCAP; Ownership, Control, Access and Possession 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;

- 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 Workplan.
- 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 sit 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 workplan 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.