

ABORIGINAL STRATEGY ON HIV/AIDS IN CANADA

STRATEGY DEVELOPMENT GUIDELINES

INCLUDES:

COMMITTEE TERMS OF REFERENCE

STRATEGY GUIDING PRINCIPLES

COMMITMENTS PLEDGE

KEY STAKEHOLDERS SUMMARY

1 YEAR STRATEGY WORK PLAN

FINAL DRAFT

AUGUST 21, 2001



THIS DOCUMENT IS INTENDED TO BE USED AS A GUIDELINE AND A TOOL FOR THE WORKING GROUP IN DEVELOPING THE ABORIGINAL STRATEGY FOR HIV/AIDS IN CANADA. WE DEDICATE THIS DOCUMENT AND THE FORTHCOMING STRATEGY TO ALL THOSE WITH HIV/AIDS WHO HAVE PASSED ON TO THE SPIRIT WORLD. MAY WE ALWAYS REMEMBER, RESPECT AND HONOUR THEM. MAY THEY ALWAYS GUIDE AND HELP US IN OUR WORK.

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Back Ground Of The Aboriginal HIV/AIDS Strategy in Canada

The Canadian Aboriginal AIDS Network (CAAN) has undertaken to facilitate the development of an Aboriginal Strategy on HIV/AIDS in Canada over the next two years and is being funded for this endeavor under the Canadian Strategy On HIV/AIDS. The strategy will be inclusive of all Aboriginal people and their issues as they relate to HIV/AIDS. Over the years, as the voices of Aboriginal people infected and affected by HIV/AIDS have become stronger and more unified, a number of Aboriginal strategies have developed across the country by those individuals and groups who wished to take a pro-active approach to dealing with HIV/AIDS in their regions. Many of these strategies have proved very effective at providing ways and means of dealing with HIV/AIDS issues among Aboriginal communities, both as they arose and as they have existed in our communities since the beginning of the epidemic. Currently, there are established Aboriginal HIV/AIDS strategies in Ontario, Quebec, Alberta, and British Columbia. Strategies are also being developed in other regions. All are in various phases of development and implementation. From the beginning, though, there has been no established national Aboriginal AIDS strategy to link these regional strategies together and provide policies and a model for response to Aboriginal HIV/AIDS issues at the national level.

The Canadian Aboriginal AIDS Network (CAAN) was nationally incorporated in 1997 and a national office established in Ottawa in 1998. Although from the beginning there was call among CAAN member groups to establish a written framework for a national Aboriginal strategy, it was felt by many involved in the movement at that time that it was too soon – that an official national strategy should be developed from the ground up and be a result of the natural linking together of strategies as they developed in the regions. It is only now that the regional voices have become strong and united enough that a official national strategy is within our reach. Although strategies do not yet officially exist for all regions of Canada, it is at least apparent that the voices of Aboriginal people are being heard across the country, and that these voices are able to speak of on behalf of their people and regions to ensure that no group, individual or issue is over-looked.

So far, the development of this national strategy is in the beginning phases. An Ad Hoc working group that is intended to oversea the development of the strategy was asked to meet in Ottawa on the 8th and 9th of April to discuss strategy development. Applications were submitted to the Canadian Aboriginal AIDS Network to sit on this committee. Due to time constraints and limited response to the call for applications, all those who applied to sit on the committee were brought to Ottawa for the first meeting. At this meeting, participants reviewed the developmental framework document, and discussed composition of the committee. Teleconferences were held in April and May to continue these discussions.

Summary Of The Strategy Development Guidelines

The following is meant to be an outline of the roles and responsibilities of the various arms involved in the development of the strategy and a framework to guide the development of the strategy by the Working Group. This document is to be used as a tool in the event questions of authority and responsibility arise. This framework includes

1. A mandate for each party involved in the project.
2. To whom each party is directly accountable.
3. Methods and means for reporting progress/findings.
4. The composition of each party involved in the project.
5. A breakdown of roles and responsibilities for the project.
6. Guiding Principles for the Working Group and the Strategy.
7. A Commitments Pledge For The Working Group.
8. A List Of Key Stakeholders To Be Involved In The Strategy.
9. A Terms Of Reference For Each Committee.
10. An Evaluation of the Framework Development Process (To Be Included).

Strategy Working Group Guiding Principles

In order to be a member in good standing of the Aboriginal Strategy on HIV/AIDS In Canada Working Group, an individual member shall subscribe to the following principles:

- We honor and respect the commitments of the Strategy Working Group to all Aboriginal people infected, affected and at risk for HIV/AIDS in Canada.
- We recognize the importance and contributions of those living with HIV in developing the strategy in all its phases and its implementation.
- We will first and foremost show respect and honor for all Aboriginal beliefs, practices and customs and shall act with pride and dignity that Aboriginal heritage demands.
- We will be committed to ensuring that Aboriginal people will be afforded no matter the cost to a better quality of health, life and wellness.
- We will be committed to the principles of OCAP. (Ownership, Control, Access and Possession) of information and programs by Aboriginal people.
- We will support unity amongst all Aboriginal people regardless of where they reside and without distinctions which may be drawn between Status and Non-Status individuals or amongst Métis, Indian, or Inuit people.
- We will support and work towards achieving the stated aims and objectives of the Strategy.
- We honor diversity, will be forthright in expressing our views on particular issues and respectful of the opinions of other Working group members, stakeholders and all Aboriginal groups.
- We encourage people to bring grievances, comments, or complaints relating to the Working Group to the attention of the Working Group Secretariat.
- They must endeavor to work in a cooperative manner with working group colleagues, strategy partners, stakeholders and individuals to solve problems of mutual concern.
- We will endeavor to work in a cooperative manner with other groups and organizations, be they Aboriginal or non-Aboriginal, in order to develop a society of equal opportunity for all people and respect for all living things.

- We honor and respect the commitments of the Strategy Working Group to the stakeholders.
- We will always remember who we are. We will keep a grassroots approach and remember our communities.

The Aboriginal Strategy On HIV/AIDS In Canada Working Group

MANDATE

To provide leadership, direction and expertise from a holistic perspective in all areas in the development and make recommendations for implementation of the Aboriginal Strategy on HIV/AIDS in Canada, drawn from our past, present and future involvement in our Aboriginal communities.

TO WHOM IS THE WORKING GROUP ACCOUNTABLE

the communities and individuals whom we serve
The key stakeholders of the strategy

COMPOSITION (Not Finalized)

- 3 Aboriginal People living with HIV/AIDS.
- 3 Aboriginal political organization representatives.
- 3 Aboriginal HIV/AIDS community representatives.
- 4 established Aboriginal regional HIV/AIDS strategies (BC, AB, ON, QC).
- 3 representatives from the Canadian Aboriginal AIDS Network.
- 2 representatives from Health Canada.

The Working Group shall be made up of representatives of Inuit, Metis and First Nations populations.

ROLES AND RESPONSIBILITIES

- To develop a mission statement and the goals of the Strategy.
- To provide direction and vision for the strategy.
- To assist in the development of positions on various issues under the strategy, including issues as they arise.
- To approve all versions of the strategy before it is released to the stakeholders groups and the public.
- To choose, in cooperation with CAAN and the Strategy coordinator, the method, manner, content and design of the written strategy and its presentation and distribution from initial development through to completion.
- To publically promote the strategy and speak on its behalf.
- To support the Strategy Coordinator and the CAAN office in all matters as regards the successful completion of the strategy.
- To provide expertise on issues as they affect the development of the strategy based on their experience and affiliation.

- To report the progress and strategy development to the annual stakeholders summit.
- To invite experts in various areas or issues as they are developed under the strategy to sit on the working group.
- To approve all minutes of the working group.

ACCOUNTABILITY METHODS

- Publication of Working Group Minutes in the CAAN newsletter and on the internet (to be undertaken by Strategy Coordinator).
- Meeting semi-annually with the Stakeholders of the strategy.
- Supporting the Working Group Secretariat in the execution of his duties.
- Publicizing individual e-mail address and their affiliations on the internet as contacts and spokes people for the strategy.
- Publicizing the names of all individuals on the working group.

REPORTING METHODS

Minutes of all proceedings to be filed with the Canadian Aboriginal AIDS Network office, and made available, upon working group approval, to the general public both through the internet and publication in the CAAN newsletter.

TIME COMMITMENTS

- One (1) teleconference meeting per month.
- Three (3) face-to-face meetings per year.
- Two (2) stakeholder meetings per year.

The Strategy Emerging Issues Committee

MANDATE

Establish, introduce and prioritize emerging issues and trends into each working group agenda through the Working Group Secretariat, for coordination into established Aboriginal AIDS Service Organizations (ABORIGINAL AIDS SERVICE ORGANIZATIONS (AASO's)) in regional and provincial strategies.

DIRECTLY ACCOUNTABLE TO

The Strategy Working Group.

REPORTING METHODS

Minutes of all proceedings to be submitted to the Working Group for review (corrections and approval) at Working Group meetings.

COMPOSITION

Three (3) members of the working group.

ROLES AND RESPONSIBILITIES

- Meet on an ad hoc basis to discuss emerging issues that need to be introduced to the working group.
- Establish on-going mechanism to address emerging issues in vulnerable Aboriginal populations as they arise in regional and provincial counterparts.
- identify and monitor outbreaks and epidemics and report established findings to the working group.
- surveillance and tracking system mechanism (e.g.: monitor epi updates from health Canada, collect anecdotal evidence from communities, etc.)

The Strategy Working Group Secretariat

MANDATE

To provide practical, technical and logistical assistance to the Working Group and Strategy Coordinator in developing agendas for meetings, planning stakeholders summits, and maintaining communications and conducting follow-ups between the various arms of the project.

DIRECTLY ACCOUNTABLE TO:

The Working Group.

REPORTING METHODS

Maintain regular communications (updates and progress reports) between the Strategy Coordinator, Working Group and the CAAN office.

COMPOSITION

The Working Group Secretariat shall be appointed by the Working Group.

ROLES AND RESPONSIBILITIES:

- to work with the strategy coordinator to set agendas for the Working Group meetings.
- to facilitate, along with the chair person, the meetings of the Working Group.
- to maintain and facilitate communication between the various arms of the project.
- record Working Group directions and work them into the strategy.
- to keep accurate minutes of Working Group and Emerging Issues Committee meetings.
- to arrange publication of those minutes upon committee approval with the NAAS coordinator.

CANADIAN ABORIGINAL AIDS NETWORK

MANDATE

To facilitate and provide leadership, coordination and direction the project

DIRECTLY ACCOUNTABLE TO

The CAAN member groups, individual members, partners, community stakeholders, and the funders of the project.

REPORTING METHODS

- Minutes of all proceedings to be kept on file for easy public access.
- Fiduciary reporting to funders.

COMPOSITION

The CAAN Office staff, (including, but not limited to, the Executive Director, and the national projects coordinator, and consultants working on the project.)

ROLES AND RESPONSIBILITIES

- Provides approval and direction on all aspects of the project.
- Approve all budget decisions and all correspondence related to the project.
- Work closely with the Secretariat, Working Group and Strategy Coordinator to achieve the timely, efficient and successful delivery of the strategy.
- Provide monthly progress reports to Health Canada on project development.
- Arrange for travel of consultant when needed.
- Directly monitor the work and progress of the Strategy Coordinator.
- To arrange for printing, translation, and distribution of the strategy once it is completed, pilot tested and approved by the community representatives and stakeholders.
- To ensure funding for the project is available at all stages of execution.
- To seek approval from CAAN Executive Director on all budget decisions, and to notify the ED of all variances from projected budget, both foreseeable and unforeseeable as soon as they become apparent.
- Keep a projected and actual budget based on expenditures to date.
- To produce an unaudited financial report once the project is completed.
- to conduct an evaluation of strategy development and publically document successes and needs for improvements to the process.

Strategy Coordinator

MANDATE

To produce the deliverables of the strategy in a timely and efficient manner.

DIRECTLY ACCOUNTABLE TO

The Executive Director and National Projects Coordinator of the Canadian Aboriginal AIDS Network.

REPORTING METHODS

Weekly reports to the CAAN office, the working group secretariat, and updates as needed.

ROLES AND RESPONSIBILITIES

- To attend all meetings of the Working Group and Emerging Issues Committee for input and guidance.
- To carry out all directives of the CAAN office in relation to the project, based on the recommendations of the working group.
- To prepare all materials related to the project.
- To ensure active community participation in the projects by coordinating meetings with the secretariat and stakeholders.
- To liaise with the Working Group, Emerging Issues Committee, Secretariat, and the CAAN office to gain input for project logistics.
- To Provide coordination of events related to the project, such as presentations, workshops, etc.
- To prepare all drafts of the strategy for approval by the dates specified in the contract.
- To prepare and deliver the final copy of the strategy to the CAAN office by the date specified in the contract. To present and discuss the project as directed by the CAAN office coordinator.
- To produce a final report upon completion of the project.
- To monitor progress.
- To chart the draft.
- To respect dead-line forecasts.

List Of Key Stakeholders In The Aboriginal Strategy On HIV/AIDS In Canada

Note: The process of involving stakeholders in the process is on-going and part of the mandate of the working group. Below are listed the categories for inclusion as organizational stakeholder process, which will be present at the bi-annual stakeholder's meeting identified in the project work plan. For information on how to identify yourself as a stakeholder in the strategy, call the Canadian Aboriginal AIDS Network toll-free at 1-888-265-CAAN.

NATIONAL ABORIGINAL POLITICAL GROUPS

Groups that advocate for Aboriginal people on a national level (Eg, Assembly Of First Nations, The Métis National Council.)

REGIONAL POLITICAL GROUPS

Regional organizations the advocate for Aboriginal people on a regional basis, such as regional friendship center associations, Métis coalitions and Inuit health boards.

COMMUNITY POLITICAL GROUPS

Organizations and individuals that advocate and set policies for Aboriginal people on a community level, such as specific urban friendship centers and Inuit and Métis community centers.

ABORIGINAL HEALTH GROUPS

Organizations committed to advocating on various health issues for Aboriginal people, including general health mandates and specific AIDS related mandates.

National

Aboriginal Health Advocacy organizations that have a national mandate, such as Aboriginal nurses and doctor's associations, the Canadian Aboriginal AIDS Network, etc.

Regional/Provincial /Territorial

Aboriginal Health Advocacy organizations that have a regional mandate, such as the Red Road HIV/AIDS Network and the Circle Of Hope HIV/AIDS Strategy in Quebec.

Community Based Organizations (Grass-Roots)

Community-specific health and/or AIDS organizations, such as the Tree Of Creation project in Edmonton and Healing Our Nations in Nova Scotia.

Commitments Pledge From the Strategy Working Group

1. All committee members are to provide their vision and expertise to the development and implementation of the Strategy.
2. All members will have their voices heard on behalf of their organization and/or the needs and concerns of their community.
3. All members are responsible for working in cooperation and collaboration with the Canadian Aboriginal AIDS Network and its members, partners and staff.
4. All working group members are responsible for meeting the time lines of reports and tasks as determined by the Canadian Aboriginal AIDS Network and the Working Group Secretariat.
5. All members are responsible for attending full meetings of the Strategy or ensuring that fully informed alternatives attend in their place.
6. Advocate and lobby governments to provide funding for transportation, accommodation and related expenses to attend meetings.
7. All Working Group members must in principle support, endorse and validate the strategy and its goals and objectives.

Advisory members

The participation of non-voting advisory members will be sought on an as needed basis.

I, _____, have read these commitments, understand them, and agree to uphold these commitments to the best of my ability as a Working Group member of The Aboriginal Strategy On HIV/AIDS In Canada.

Dated: Day: ___ Month: ___ Year:2001

Terms Of Reference For the Strategy Working Group (Not Finalized)

1. Quorum of the Working Group will be two-thirds (2/3) of all members. Roll call will be taken in order to determine if quorum exists at any point during the Working Group meetings.
2. All matters of business placed before the Working Group will be dealt with by motion.
3. Motions may be dealt within two ways:
 - a) **VOTING:** Each member will have one vote. All votes will be by show of hand or, if warranted, by secret ballot. A majority of votes will decide any questions with the exception of motions to rescind, and challenges of a ruling chair, all of which require two-thirds (2/3) majority. In the event of a tie, the Chair will cast the deciding vote. Motions which are approved, with no opposition, may be said to have been passed unanimously.
 - b) **CONSENSUS:** Following a motion directing question to be decided by consensus, the Chair will hear all concerns raised by members. When the Chair has decided that all concerns have been raised, and that there is a general will to proceed in a particular way on a question, consensus will be deemed to have been achieved.
4. For recording purposes, all speakers must identify themselves and state their name, member group organization or other organization before addressing the Chair Person or the Working Group.
5. The governing principles of respect, honesty, openness, truth, transparency and accountability shall be upheld by all those who are present at the Working Group meetings.
6. Observers and advisors are encouraged to participate in the Working Group meetings and the seminars but only voting members may introduce and vote on motions and resolutions at the Working Group meetings.
7. Members not in attendance at the Working Group meetings and who have appointed no official replacement will not be entitled to hold votes by proxy.
8. Bourinot's Rules of Order will govern the proceedings at any meeting of the Strategy Working Group.
9. Youth delegates must be eighteen years of age or older to vote and must be present in the

assembly room to vote.

10. No alcohol or drugs will be allowed (will not be tolerated) in the Working Group meeting rooms. No one under the influence of alcohol or drugs will allowed in the Working Group meeting rooms.
11. Observers and advisory members shall advise the chairperson of their presence prior to the beginning of the meeting.

Terms Of Reference For The Emerging Issues Committee

The Emerging Issues Committee is appointed by the Working Group at the first meetings of the group. It must consist of at least three (3) people, one of whom acts as the Chair of the Committee.

1. Quorum of the Emerging Issues Committee must be 100% of all members.
2. All matters of business placed before the Emerging Issues Committee will be dealt with by motion.
3. Motions must be dealt with by consensus. (See Working Group Terms Of Reference - Page 14)
4. Members not in attendance at the meetings and who have appointed no official replacement will not be entitled to exercise votes by proxy.
5. The governing principles of respect, honesty, openness and truth are expected be upheld by all those who are present at the Emerging Issues Committee meetings.

Strategy 1st Year Work Plan

The following work plan does not include monthly teleconferences of Working Group or the Emerging Issues Committee, which meet on an as needed basis.

April 8 th - 9 th , 2001	Meeting To Discuss Framework.
April - May - June - July 2001	Identifying Issues and Priority Areas To Include In Strategy through teleconferences and e-mail.
August 2001	2nd Face To Face Meeting Of Working Group To roll up Issues and Priority development phase. Review Regional Strategies and Models For Strategy Development.
September 2001 - December 2002	Draft Strategy Development.
January 2002	3 rd Face-To-Face Meeting Of Working Group for Presentation of Draft Strategy.
February 2002	Revision Of Draft Strategy Based on Working Group Feedback.
March 2002	Presentation Of Draft Strategy To Key Stakeholders.

Glossary

AASO - Aboriginal AIDS Service Organization.

Aboriginal - Indigenous peoples in Canada, including Inuit, Métis, and First Nations (Status and Non-Status).

AIDS - Acquired Immune Deficiency Syndrome.

APHA - Aboriginal person Living With HIV/AIDS.

CAAN - Canadian Aboriginal AIDS Network.

EIC - Emerging Issues Committee.

OCAP - Ownership, Control, Access and Possession. Refers to the status Information and programs intended to benefit Aboriginal people In Canada and that these programs should be run under the Principle of OCAP, meaning that they are owned, controlled, Accessed and Possessed by Aboriginal People for Aboriginal people. The Aboriginal Strategy On HIV/AIDS In Canada Is Committed to The Principle of OCAP.

STRATEGY - National Aboriginal AIDS Strategy, Now Changed to the Aboriginal Strategy On HIV/AIDS Canada.

WG - Working Group (Of the Aboriginal Strategy On HIV/AIDS In Canada).