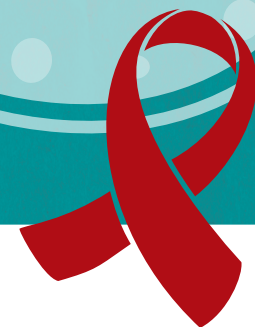
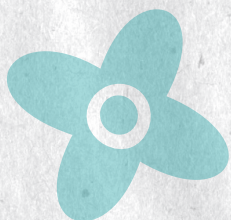


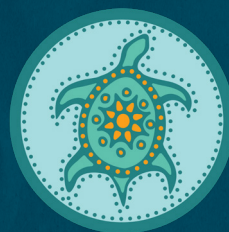
About CAAN Communities, Alliances, & Networks.

In 1991, a panel of Indigenous people living with HIV spoke at the Health Canada National Conference and laid seeds for the creation of the Canadian Aboriginal Aids Network (CAAN). In 1994, the Indigenous ASOs partnered with the Canadian Aids Society (CAS) to undertake governance development and CAAN was eventually incorporated as a national, non-profit of Indigenous Aids service organization (ASO) in 1997.

Since then, CAAN has been providing a national forum for Indigenous Peoples to holistically address HIV/AIDS, HCV, STBBIs, TB, mental health, aging and related co-morbidity issues. We provide accurate and up to date resources on these issues in a culturally relevant manner. Our work is grounded in Indigenous-centered and trauma-informed research and policies, promoting a Social Determinants of Health Framework.



**Implementing
Meaningful
Engagement**
of People Living with
HIV/AIDS (MIPA)



To Learn More

Visit our website www.caan.ca to access our information sheets that provide wise and promising practices recommendations to implement in your services.



The Meaningful Engagement of People Living with HIV/AIDS (MIPA)

The Indigenous-led development of wise prevention practices are realized through the implementation of MIPA. It's acknowledges people living with HIV/AIDS must be involved in programs, research, policy initiatives, and public actions.

MIPA values inclusion. It's guiding principles focus on ensuring IPHAs (Indigenous People Living with HIV/AIDS) receive genuine participation opportunities with meaningful engagement that enriches all parties involved in its work.

What are the benefits of IPHA led prevention initiatives?

An IPHA led development of prevention initiatives is essential to address HIV/AIDS transmission in Indigenous communities, as this approach:

- Delivers peer-led education that brings credibility and value to communities.
- Empowers IPHAs by creating opportunities for them to be apart of their own solutions in their own communities.
- Informs and improves the efficacy of harm reduction, safer sex practices, and destigmatization of HIV initiatives.
- Sensitizes and validates research, treatment models, and service delivery that addresses stigma, poverty, discrimination, and the ongoing impacts of colonialism.

Examples of IPHA MIPA Leadership:

- Membership on Board of Directors, Executive Committees, and other Governing Bodies.
- Opportunities to develop and monitor of HIV related policies and impact social policy reform.
- Speaking at campaigns and public events to advocate for service accessibility and resource mobility.
- Participation in planning and program development (from project, conception, design, monitoring and evaluation).
- Employment in organizations that directly serve IPHAs and people at risk for HIV.
- Develop capacity through the delivery of training and peer education, and by filling consultative/advisory roles.