



10 Point Statement

International Indigenous leaders in the HIV and AIDS community come from different corners of the world, yet exemplify a shared heart, shared mind, and shared passion for working in the joint fight against HIV and AIDS. For more than three decades, Indigenous leaders from around the world have been on a path towards the formation of the International Indigenous HIV and AIDS Community (IIHAC) whose mission is to create an international united voice for Indigenous communities responding to HIV and AIDS. This statement has been developed by the IIHAC and is intended to be used by Indigenous organizations and communities around the world as a response to HIV and in advocacy related to impacts of HIV and AIDS experienced by Indigenous peoples.

“We are responsible for each other and ourselves” – Alutiq Cultural Value, Kodiak, AK, United States.

The 10 points in this document create a plan of advocacy and action that supports IIHAC's five core strategic issues and the worldviews of Indigenous peoples around the world:

-  **To facilitate** a unified international voice and structure that links Indigenous peoples with their governments, service organizations, and others in a global collective action to lower the disproportionate impact of HIV and AIDS experienced by Indigenous peoples.*
-  **To increase quality of communication,** collaboration, and partnerships within and outside of international HIV and AIDS organizations serving Indigenous peoples.
-  **To engage** in culturally responsive research and policy using Indigenous research methods and ethical protocols to inform policy and advocacy initiatives.
-  **To develop** social mobilization capacity among Indigenous peoples and communities to lead and be meaningfully involved in community action against HIV and AIDS from an Indigenous and strengths-based perspective.
-  **To ensure equitable access** to resources and treatment for Indigenous peoples living with HIV and AIDS in every community.

This statement aligns with the UNAIDS goal of ending AIDS by 2030 along with IIHAC's goal of achieving healthy and thriving Indigenous communities empowered through self-determination, justice, and human rights with the following points.

1. HIV and AIDS affects everyone

– Indigenous Peoples demand a transparent review of equity in resources for prevention, treatment and response programs and policy by all countries. Resources must match the need as we continue to be disproportionately impacted by HIV as a key affected population.

2. Indigenous populations matter

– National Governments with Indigenous populations must recognize that Indigenous People are a key affected population. Countries, donors, the international community and the UN must include and support funding for an Indigenous peoples' response to HIV and AIDS – ending AIDS by 2030 will be impossible if indigenous peoples are left behind.

3. Accurate data and indigenous-driven research are essential

– Nation states must work toward the accurate representation of Indigenous peoples in all HIV and AIDS epidemiological data. Collection and analysis of indigenous – specific epidemiology is vital to adequately address HIV and AIDS in this small and often overlooked key affected population. Action using epidemiologic data should be collaborative with indigenous populations and driven from the community themselves.

“When we know our own numbers, we can in control of our own story – and it is not dangerous anymore” – Trevor Stratton, (Mississaugas of the New Credit First Nation) Canada

*Indigenous peoples live on all continents, from the Arctic to the Pacific, via Asia, Africa and the Americas. There is no singularity



4. “Getting to zero” means addressing equity

– UNAIDS has set the goals of:

- 90% of people living with HIV diagnosed by 2020
- 90% of diagnosed people on antiretroviral treatment by 2020
- 90% of people in treatment with fully suppressed viral load by 2020

Outcomes in prevention and treatment in Indigenous communities should reach national and world targets, not lowered targets. To get to zero, we must address the 10-10-10 in the 90-90-90. It is important to know who they are, and where they are, so we can help the most vulnerable. UNAIDS global targets will not be achieved if indigenous communities are ignored.

5. Indigenous health and rights in all policy

– To this day, Indigenous People face individual and societal challenges built on a legacy of historical and ongoing inequities and racism. IIHAC calls on all nations to implement recommendations in the UN Declaration on the Rights of Indigenous Peoples. All countries must identify and eliminate discriminatory laws, policies and practices that adversely affect all Indigenous peoples living with HIV and AIDS. Policies must address stigma, discrimination, self-determination and racism, and ensure housing, educational and economic opportunities that supports building resilience for indigenous communities.

6. Guarantee access to treatment for all

– Stigma and racism continue to restrict Indigenous Peoples access to treatment, care, and support, which are essential for Indigenous people living with HIV and Indigenous key affected populations. Access must be transparent, open and attainable for all Indigenous Peoples – including ancestral knowledge and traditional medicine and doctors.

7. Indigenize the prevention movement

– Culturally relevant and community-driven prevention strategies viewed through an Indigenous lens must remain central to the Indigenous response in order to successfully integrate a variety of evidence-based, behavioural, biomedical and structural interventions – such as PrEP and TasP. *

8. Finance a comprehensive Indigenous HIV and AIDS response

– Resources must match the need for Indigenous Peoples to design, develop and implement HIV and AIDS programmes. Countries, donors, the international community and the UN must include and support funding for an Indigenous peoples' response.

9. Support Indigenous community-based responses and leadership

– A positive difference is possible when there is an investment in our strong and resilient communities, but resources are often scarce. Indigenous-led health services, community mobilization, and monitoring play key roles in the response. Indigenous communities will continue to engage key affected populations in our response, such as men who have sex with men, transgender people, sex workers, prisoners and people who use drugs. Central to the response is the Greater Involvement of People living with (HIV) and AIDS (GIPA*).

10. Ensure collective leadership and accountability

– There must be robust commitment and accountability mechanisms to ensure that Indigenous communities are receiving the commitment made by supporting world declarations and documents.

As we look to the horizon, where the future and present come together to create a better tomorrow, Indigenous peoples bring a unified voice – reflecting the wisdom, life experiences and the desire to live a good life while responding to HIV and AIDS.

The IIHAC envisions a world where Indigenous communities are empowered to direct the course of their own HIV prevention, care, treatment and support. The IIHAC's mission is to create an international voice and structure that links Indigenous peoples with their Indigenous leadership, varying levels of governments, AIDS service organizations, cooperatives, and others in a global collective action to lower the disproportionate impact of HIV and AIDS experienced by Indigenous peoples. For more information please contact trevor@caan.ca or go to www.iiwgha.org

* PrEP(Pre-exposure prophylaxis)- For more information please visit: <http://www.who.int/hiv/topics/prep/en/>

TasP (Treatment as Prevention)- For more information please visit: http://www.who.int/hiv/pub/mtct/programmatic_update_tasp/en/

* http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf