

**Written Submission for the Pre-Budget
Consultations in Advance of the Upcoming
Federal Budget**

Canadian Aboriginal AIDS Network (CAAN)



August 2020

Recommendations

Recommendation 1: We call on the Federal Government to invest \$1 million per year for five years in the Canadian Aboriginal AIDS Network (CAAN) to strengthen long-term core operations.

Recommendation 2: We call on the Federal Government to recognize Indigenous self-determination reflected through peer-led HIV anti-stigma work that reclaims the inherent values and rights to life and wellness for all Indigenous people of the land, including those living with, and affected by, STBBI.

Recommendation 3: We call on the Federal Government to partner with CAAN in high level policy development in response to pandemics - especially COVID-19 - that impact Indigenous people, including people living with HIV and HCV, to ensure that Indigenous protocols are incorporated into the national response.

Submission

About CAAN

Since 1997, CAAN has been a leader in advocating for the well-being of Indigenous people living with HIV in Canada and around the world. We ground our work in Indigenous-centred and strengths-based research and policy through a social determinants of health framework, and through a gender-based analysis view. We do this all by honouring our traditional protocols.

We currently run 13 projects, ranging from Youth leadership platforms to research about weaving the wisdom of HIV Olders, who are long term survivors who understand living well with HIV. We also run a community-based research collaborative centre (the AHA Centre), which supports HIV and HCV projects across Canada, sharing wise practices with our Indigenous and non-Indigenous partners. Our core work is supported by managers in policy and communications and is guided by directors in programming and research. Our CEO, Margaret Kisikaw Piyesis, has a long history of, and reputation for, responsible and ethical leadership in the Indigenous HIV movement in Canada.

In 2016, many HIV organizations had their federal funding drastically cut or eliminated from the HIV and Hepatitis C Community Action Fund of the Public Health Agency of Canada. CAAN was significantly impacted, wherein we received only 60% of previous funding levels and had to respond by reorganizing program staff to shorter-term projects to provide continuity to the communities we serve. This left CAAN in a constant cycle of seeking short-term grants and to realign program outcomes to increase sustainability over the long-term.

Recommendation 1: We call on the Federal Government to support the Canadian Aboriginal AIDS Network (CAAN) through investment in CAAN's long-term core operations, with \$1 million per year for five years.

Public health investments in prevention and education, testing and linkages to appropriate care and treatment are demonstrated to be effective. This is well known from the HIV/AIDS response - the lessons learned from decades of work responding to HIV/AIDS offer important insights for the response to COVID-19. Adapting CAAN activities to the public health contexts of physical and social distancing requires an investment in operations to ensure an ongoing and robust response to HIV, HCV and STIs which will serve good health outcomes in the context of COVID-19.

With stability in funding, CAAN will be able to make targeted investments in successful initiatives – and identify new opportunities - that improve the lives of Indigenous people and communities affected by HIV and HCV. Going beyond the UNAIDS' 2020 targets of 90-90-90 (reducing the number of new infections, increased linkage to care and greater retention in care), our work enhances community development and honours our Indigenous protocols. Indigenous people have the solutions for the issues that Indigenous peoples face: an investment in CAAN is an investment in Indigenous people of the land.

As a cost-benefit analysis, investing in CAAN's longer term core operations will reduce the socioeconomic pressure upon public expenditures such as healthcare, justice, and education. Quality of life is improved at the level of individuals, communities, and nations. CAAN's long history of resilience in the face of unsustainable and inadequate financial realities is indicative of our capacity to do even more when we are sufficiently resourced. CAAN's expertise is also an invaluable resource to our partners, whose work has benefitted from, and will continue to benefit from, the knowledge and skills that we offer. Investment in CAAN means sustainability with our regional, provincial and national partners, including health and social service organizations, universities and research units, governments and policymakers, people living with or affected by HIV, and Elders and Knowledge Holders.

Weaving together the work of CAAN and its partners will result in mutual reciprocity through the transparent and accountable coordination of resources, enhanced knowledge translation, and stronger partnership development.

Recommendation 2: We call on the Federal Government to support peer-led HIV anti-stigma work that improves quality of life for Indigenous people living with, and affected by, STBBI.

We honour the UNAIDS' GIPA Principles¹, which affirms that people living with HIV must be meaningfully engaged in this work and, by extension, those with living experience related to our areas of focus. Resources to support Peer-led initiatives, such as anti-stigma programs and projects, improves quality of life for individuals and families affected by HIV, HCV and STIs while also reducing new infections at the broader population level. This will require the resources to construct and implement social marketing strategies and adapt our anti-stigma work to online platforms, which will include skills-building in wise practices for virtual gatherings, and capacity-building to adapt to an online way of working. This allows us to strengthen caucuses for people with living experience, ensuring that they have the tools and skill sets to lead this work with support from CAAN. Pivoting to greater online work also protects the health of people with compromised immune systems, who must be cautious about contracting COVID-19, and among the general population, who must be cautious about preventing the transmission of COVID-19.

Recommendation 3: We call on the Federal Government to identify and offer CAAN access to higher level policy work as appropriate, such as HCV and TB, to better advocate for Indigenous peoples living with, and affected by, these health issues.

CAAN works through a social determinants of health lens to bring Indigenous perspectives to the forefront of HIV advocacy. Our expertise is invaluable to provincial and national HIV, HCV and TB platforms that advocate for change, and CAAN must continue to be part of the policy-making

¹ UNAIDS Policy Brief: The Greater Involvement of People Living with HIV (GIPA):
https://www.unaids.org/en/resources/documents/2007/20070410_jc1299-policybrief-gipa_en.pdf

landscape. This will require strategic opportunities in which CAAN will lead initiatives that impact Indigenous people living with HIV, who are a culturally and geographically diverse population. This connects back to our first recommendation, whereby core support affords us the resource stability to engage with meaningful, high level policy development. This includes expanding our reach with HCV and creating relationships to engage with TB advocacy. With this third and final recommendation, CAAN is prepared for the opportunities to identify and engage with the right seat at the right tables.

*“While fast-tracking the AIDS response in order to reach these targets will require additional investment and focused efforts, not reaching these targets would be a set-back to the AIDS response and the current grasp we have on the epidemic would begin to slip as new infections and deaths would outpace the response. In addition, investing in the epidemic now would help save money over the long term — UNAIDS estimates that \$24 billion would be saved.”*²

² <https://www.pedaids.org/2014/11/20/unaid-issues-new-fast-track-strategy-to-end-aids-by-2030/>