

THE TORONTO CHARTER – DRAFT ONLY

Indigenous Peoples' Action Plan on HIV/AIDS 2006

PREAMBLE

This Charter is a call to action directed at people who influence and make decisions about the provision of HIV/AIDS services for Indigenous Peoples around the world.

The Charter was formulated by Indigenous Peoples throughout the world and is intended to support agencies working in HIV/AIDS to develop programmes that will make a real difference to Indigenous Peoples and the communities from which they come.

KEY PRINCIPLES

Acknowledge that Indigenous Peoples have shared experiences relating to the AIDS epidemic and its impacts on our communities

Affirm that the AIDS epidemic continues to have a devastating effect on our communities.

Acknowledge that Indigenous Peoples have inherent rights which guarantee them good health and well-being

Acknowledge that the changing patterns of the HIV/AIDS epidemic are placing Indigenous Peoples at increased risk of HIV infection

Recognise that Indigenous Peoples have the right to determine their own health priorities

Reaffirm that Indigenous Peoples have the right to control all aspects of their lives, including their health

HIV/AIDS AND INDIGENOUS PEOPLES

Three decades into the HIV/AIDS epidemic Indigenous Peoples are adversely affected by this epidemic.

The epidemic is having a profound effect on families and communities from which we come.

In some countries, Indigenous Peoples have disproportionately higher rates of HIV infection than non-Indigenous people.

The impact of HIV/AIDS on Indigenous Peoples is compounded by a range of socio-cultural factors that place Indigenous Peoples at increased risk of HIV/AIDS.

It is essential that HIV/AIDS data on indigenous peoples be collected in a manner that is respectful of the needs of Indigenous Peoples as identified by Indigenous Peoples themselves.

RIGHT TO HEALTH AND WELL-BEING

Indigenous Peoples have a holistic view of health which includes physical, social, mental, emotional and spiritual dimensions all of which need to be considered and emphasized as a basis for defining approaches to Indigenous Peoples' health.

Indigenous Peoples have the right to a state of health that is at least equal to that of other people.

Governments are responsible for ensuring equitable access to health services and equitable health outcomes for all citizens.

Governments must be committed to consulting with Indigenous Peoples in order to ensure that health programmes meet the needs of Indigenous Peoples.

Health and social programmes for Indigenous Peoples must provide culturally appropriate service and delivery. Programmes need to incorporate and integrate traditional healers and systems where appropriate.

Indigenous Peoples must be able to have access to their own languages in the provision of health and social services.

Health and social programmes must be disseminate and communicate information about the prevention and treatment of HIV/AIDS that is relative to the reality in which Indigenous Peoples live.

RECOMMENDATIONS

Ensure the central participation of Indigenous Peoples in all programmes related to the prevention of HIV and programmes for the care and support of Indigenous Peoples living with HIV/AIDS.

Provide adequate resources to Indigenous Peoples to design, develop and implement HIV/AIDS programmes.

Increase current resources so that Indigenous communities can respond in a timely and effective way to the demands placed on communities by the AIDS epidemic.

Ensure the process of participation of Indigenous Peoples in United Nations forums is strengthened so their views are fairly represented.

Incorporate this Charter in its entirety in all policy pertaining to Indigenous Peoples and HIV/AIDS.

Monitor and take action against any States whose persistent policies and activities fail to acknowledge and support the integration of this Charter into State policies relating to HIV/AIDS.

APPENDIX ONE: BACKGROUND INFORMATION

Indigenous Peoples – Health Rights are Human Rights

At the beginning of the 21st century, the inherent right to survival and well being of Indigenous Peoples continue to be under serious threat. Many national governments continue to refuse to recognize, respect, protect and promote the fundamental human rights of Indigenous Peoples to health, cultural knowledge, practices, identity, land and self-determination.

The following three articles of the Declaration on the Rights of the World's Indigenous Peoples demonstrate the minimum standards we seek, standards of equality in health and healthcare that must apply to the HIV/AIDS pandemic and Indigenous Peoples:

*Article 22: Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, **health** and social security.*

*Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining **health**, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions.*

Article 24: Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

THIS INITIATIVE

The Toronto Charter – Indigenous Peoples' Action Plan on HIV/AIDS was formulated from a series of meetings of Indigenous Peoples in New Zealand, Australia, Canada and the United States as well as extensive consultation with Indigenous Peoples in other parts of the world. The meetings took place over a six month period from March to August 2006 beginning in New York City and ending in Toronto at the 16th International AIDS Conference. Other meetings took place in Adelaide (Australia), Wellington (New Zealand) and Anchorage (USA). Consultation with other Indigenous Peoples took place electronically.

The Toronto Charter is based on ongoing efforts by Indigenous peoples at the local, national and international level to ensure equality in health care access and treatment as well as respect for our distinct cultures and histories.

The Toronto Charter has not only had diverse direct input, but has looked at a variety of declarations and initiatives being championed by Indigenous nations, communities and organizations globally.

The Toronto Charter is designed to provide our allies, HIV/AIDS agencies, governments, non-governmental organizations and international agencies with recommendations for working with Indigenous Peoples.

INDIGENOUS PEOPLES IN THE INTERNATIONAL CONTEXT

In 2006, there is a primary concern for our survival. Many of us still consider ourselves to be colonized under international law, while millions more live under the ongoing threat of cultural and physical genocide. The links between the loss of land, loss of tradition, economic structures, environmental degradation, and poor health conditions cannot be refuted.

Everywhere in the world our right to self-determination is compromised or non-existent. The daily threat of ethnic violence, repression and the lack of essential health and welfare services continue to constitute major issues for our peoples. There is continuing discrimination of Indigenous peoples in national health policies and access to health care.

The special health needs of Indigenous women and children are not being addressed. These two groups lag behind all others, worldwide, in the social markers that are antecedent to the proliferation of HIV/AIDS. Social inequalities, especially for women and children, prevent HIV/AIDS intervention and access to care.

While national governments have not met the challenges of the inequities suffered by Indigenous peoples, international organizations and agencies have **not** provided the required relief. Although the Global Fund, UNAIDS, and the World Health Organization should be organizing efforts to ensure that Indigenous peoples are included in funding distribution, participation, and process, there has been a woeful lack of activity in the past ten years.

By way of example, the Global Fund distributes funding only to countries or organizations sanctioned by the Country Coordination Mechanism (CCM). It will not fund regional and local community health care systems which, especially for Indigenous communities, are frequently more knowledgeable about how and where to focus resources. The CCM system only ensures that discrimination in funding and access will continue for Indigenous peoples whose needs exist quite independent of any "country coordination mechanism." The CCM is to be made up of *"broad representation from governments, NGOs, civil society, multilateral and bilateral agencies, and the private sector. . . they should be chaired by a senior government official ..."* Setting up the CCM to include, and most likely to be lead by government officials, in many countries will only set the stage for continued discrimination of Indigenous peoples.

This is the landscape in which we work. With this in mind, we respectfully submit the following recommendations to assist agencies and organizations in their approach, implementation, and funding of Indigenous health initiatives related to HIV/AIDS, as well as other health issues, and to direct NGOs, civil society, intergovernmental agencies and health care institutions as to how they can help the cause of Indigenous peoples:

SELF-DETERMINATION

- Make participation full and equal, being mindful of Indigenous peoples right to self-determination and sovereignty, and their equality as cultural groups and as peoples
- Ensure Indigenous representation and full participation in development and planning related to health issues, policy and initiatives.
- Call on governments who have treaties with Indigenous peoples and nations to respect the spirit and intent of these international agreements which often outline the relationship between Indigenous peoples and others regarding health care and access.
- The socio/political system of Indigenous peoples must be recognized and acknowledged.
- UN agencies, including the Global Fund, need to change the funding process and access to all other resources in recognition of Indigenous peoples sovereignty, self-government, self-determination and unique political and cultural status.

GUIDELINES FOR CONSULTATIONS WITH INDIGENOUS NATIONS, COMMUNITIES AND PEOPLES

- Obtain free, prior and informed consent of Indigenous communities and individuals.
- Honor all culture-specific local rules, requirements, and ethics.
- Organize, design and carry out research or health programs in a manner which is mutually respectful, beneficial, and acceptable to both parties. The relationship should be one of joint collaboration, with an express effort to balance responsibility between agencies and Indigenous peoples.
- "Collaborative research" carries the implication that the entire process from planning to reporting will be transparent and accessible to all parties involved.
- Ensure that the rights and responsibilities of all parties are respected. Agencies should set up ethics committees or watchdog groups. Such committees must have a voice in any ethical issue and approval procedures pertaining to proposed research projects or health initiatives. Health research must adhere to the customary laws and ethics of the Indigenous peoples involved, which may require the establishment of additional protocols to minimize harm to the collectivity or to individuals.
- Acknowledge intellectual property rights. Agencies must practice transparency regarding potential economic benefits of any research or knowledge of Indigenous healing practices.

THE HEALTH OF INDIGENOUS NATIONS

- In addressing the health of Indigenous communities, nations and individuals, the abuse and exploitation of Indigenous lands, resources and environment must be addressed.
- Accordingly, the Declaration on the Rights of the World's Indigenous Peoples, as proposed by Indigenous delegations to the United Nations, must be passed immediately by the General Assembly and its tenets

observed in every aspect of relations between Indigenous and non-Indigenous peoples.

- As set forth in the Declaration, governments must stop the use of Indigenous peoples' lands for military testing, toxic by-product storage and nuclear and industrial exploitation, which adversely affect the health of Indigenous peoples.
- Assess the globalization impact on Indigenous health by environment degradation, rights violation and forced relocation.
- Bring pressure to bear on governments to address the relationship between poverty and ill health, such as ensuring adequate nutrition and housing, as currently being targeted by the United Nations under the Millenium Development Goals.

Historically, Indigenous Peoples have suffered dramatically from the effects of diseases to which we had no physical immunity – small pox and influenza killed tens of thousands of our people and contributed to the near annihilation of our cultures. For Indigenous health activists in the 21st century, it is our intent to ensure that we do not now suffer from information immunity. We are, all of us, working to communicate the issues to our elders and leaders who set the tone for our struggle against any oppression, physical or political. We are working to combat issues of isolation and ignorance regarding the existence and needs of Indigenous peoples, as well as our unique position in the international family of nations. We are communities with the least resources, willingly struggling to ensure the survival of our peoples.

To confront and overcome these challenges we need:

- 1) information, and
- 2) resources.

The International AIDS Society, the organisers of the international AIDS conferences, has the opportunity to provide us with both but we need the help of international UN agencies charged with this responsibility.

We need their support and cooperation in understanding our unique circumstances.

We need their ability to see what we can offer the world through our differing worldview, while opening the mechanisms of international advocacy to creative programs sensitive to the different ideologies and lifeways of indigenous nations, communities, organizations and individuals.