



**International Indigenous Pre-Conference  
on HIV & AIDS  
July 20 & 21, 2012**

**TO SEE AND BE SEEN**

**Sheraton Four Points, 1201 K Street N.W. Washington, District of Columbia, 20005, USA**

**PRE-CONFERENCE ANNOUNCEMENT**

The International Indigenous Working Group on HIV & AIDS (IIWGHA) is pleased to announce the International Indigenous Pre-conference on HIV & AIDS, TO SEE AND BE SEEN, which will precede the International AIDS Conference also held in Washington from July 22 to 27, 2012. The Pre-conference is to be held on July 20 and 21, 2012 at the Sheraton Four Points, 1201 K Street N.W in Washington, DC.

The overall goal of the Pre-conference is to increase the visibility of HIV & AIDS in Indigenous communities. HIV & AIDS is disproportionately distributed across global populations, as it hits hardest in areas where structural, economic, and development challenges are greatest and it is especially evident within the Indigenous populations.

The International Indigenous Pre-conference on HIV & AIDS is an innovative knowledge exchange forum where Indigenous service providers, researchers, policy makers, community leaders and Indigenous People living with HIV & AIDS come together to share and learn. Unique and culturally appropriate wise-practices in HIV & AIDS will be explored with the aim to increase the visibility of HIV & AIDS in Indigenous communities.

**For more information please contact:**

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**INDIGENOUS PATHWAYS TO LEARNING (Conference Tracks)**

**PATHWAY A LIVED EXPERIENCES OF INDIGENOUS PEOPLE LIVING WITH HIV & AIDS**

This track embraces the policy of Greater Involvement of People living with AIDS (GIPA) and will focus specifically on the engagement of Indigenous people living with HIV & AIDS in the areas of policy making, programme development and implementation, leadership, support, group networking and sharing, advocacy, campaigns and public speaking, personal, treatment and preparedness. Abstracts for this track may address (but are not limited to) how to share the stories of Indigenous people living with HIV & AIDS, frameworks for effective and meaningful engagement and inclusion, or grassroots organizing.

**PATHWAY B CULTURAL AND WISE PRACTICES**

This track addresses how to effectively engage in Indigenous-specific approaches to HIV prevention. Wise practices are those which balance the unique qualities of an organization or community with the practices that it has in common with others, and cultural practices refers to those activities, approaches, frameworks, or programs that address HIV prevention in a culturally relevant and appropriate manner that encompasses Indigenous worldviews. Abstracts for this track may address (but are not limited to) social determinants of health, cultural relevance, risk and protective factors, use of traditional practices, cultural adaptations, innovative programming, or any combination thereof.

**PATHWAY C INDIGENOUS POLICY AND ADVOCACY**

This track focuses on the growing importance of policy decision on HIV prevention, care and treatment. Now more than ever, action on behalf of leadership or community representatives impact local methods of preventing HIV and caring for people. It is the desire of the IIWGHA to increase Indigenous participation in policy decisions and help Indigenous communities to respond to HIV & AIDS. Abstracts should focus on models or examples of successful policy and legislation development, methods for garnering Indigenous input to inform policy and program development, resource allocation to support advocacy efforts, leveraging instruments of human rights and Indigenous health (such as the Toronto Charter), and the relationships between political, economic, and social systems that impact HIV.

**PATHWAY D RESEARCH, EPIDEMIOLOGY AND SURVEILLANCE**

Track D encompasses a wide range of HIV & AIDS collected and analysed data on Indigenous peoples reported in a manner that is respectful of the needs of Indigenous Peoples as identified by Indigenous Peoples themselves. Abstracts discussing capacity building for Indigenous research, models of Indigenous research, community trust-building, advocacy for surveillance activities, sharing Indigenous research appropriately, epidemiological and surveillance systems, and socio-culturally relevant evidence are encouraged.