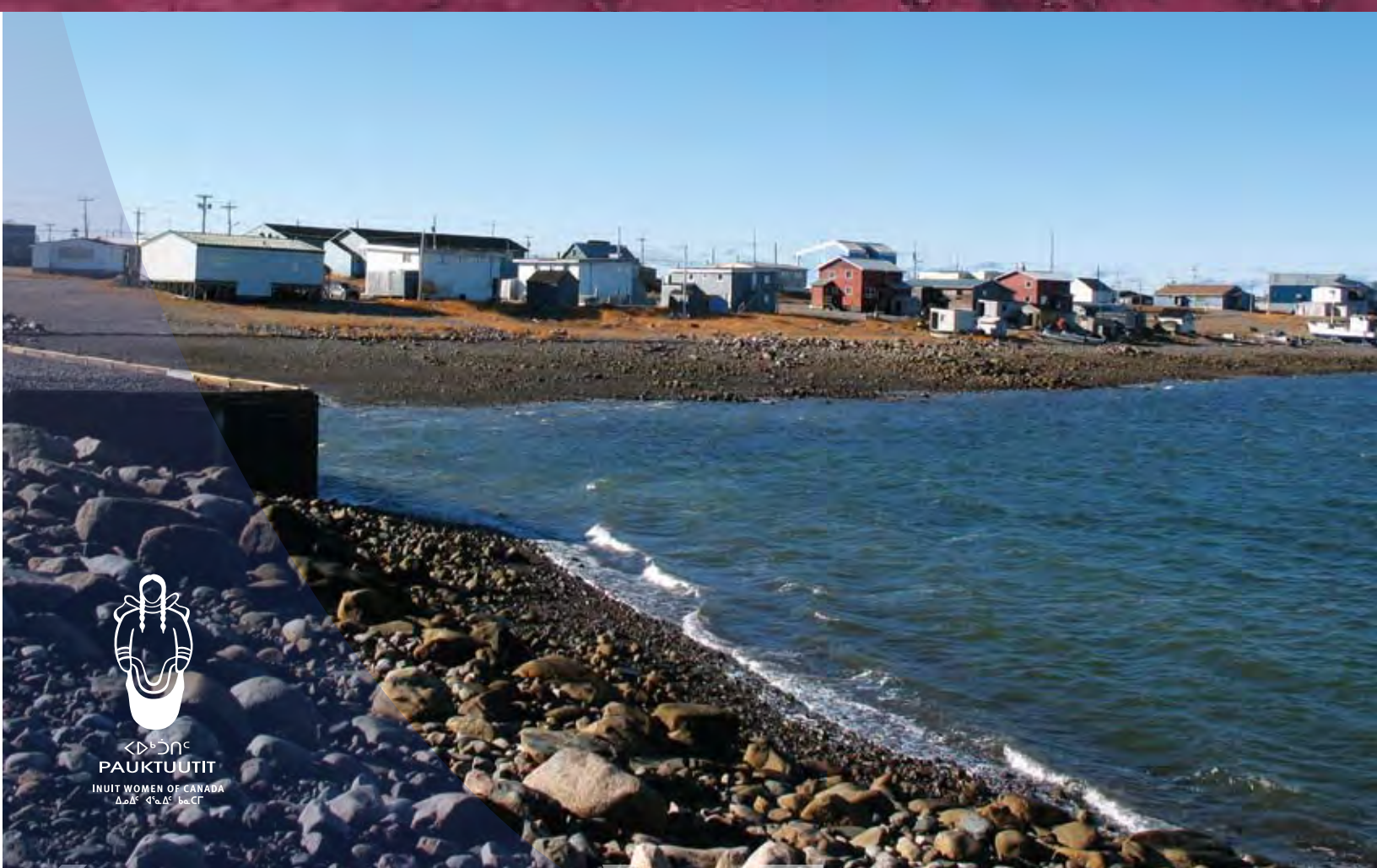


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ᐱᓄᓴᓪ ᑖᑦᓄᓴᓪ ᐅᓄᑕᑦᑖᑦ INUIT WOMEN OF CANADA

25
CELEBRATING 25 YEARS
OF ACCOMPLISHMENT

INUIT FIVE-YEAR STRATEGIC PLAN ON SEXUAL HEALTH

2010 – 2015



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PAUKTUUTIT
INUIT WOMEN OF CANADA
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The development of this strategic plan was guided primarily by the results of focus group sessions conducted by Pauktuutit and by the outcomes of the National Inuit Policy Forum on Sexual Health held in Iqaluit, Nunavut, on October 6–8, 2009. This event was organized by Pauktuutit and the Canadian Inuit HIV/AIDS Network (CIHAN), which functions as a consultative group to Pauktuutit on matters pertaining to HIV/AIDS prevention, care, and treatment. The policy forum was made possible with financial support from Health Canada (the Public Health Agency of Canada (PHAC) and First Nations and Inuit Health Branch (FNIHB).

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Kivalliq Inuit Association	NWT Sexual Health Program, Yellowknife	Community Acquired Infections Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada
Qikiqtani Inuit Association	Canadian Aboriginal AIDS Network (CAAN)	HIV/AIDS Policy, Coordination and Programs Division, Centre for Communicable Diseases and Infection Control
Nasivik Centre for Inuit Health and Changing Environments	Canadian AIDS Treatment Information Exchange (CATIE)	
Nunatsiavut Government Department of Health, Education, Social and Economic Development	National Aboriginal Council on HIV/AIDS (NACHA)	
Nunavik Regional Board of Health and Social Services (NRBHSS)	Native Youth Sexual Health Network (NYSHN)	
Nunavut Tunngavik Incorporation (NTI)		
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INUIT FIVE-YEAR STRATEGIC PLAN ON SEXUAL HEALTH
2010 – 2015

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CELEBRATING 25 YEARS
OF ACCOMPLISHMENT

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INTRODUCTION

Pauktuutit Inuit Women of Canada, the national representative organization of all Inuit women in Canada, works to foster greater awareness of the needs of Inuit women, to advocate for equality and social improvements, and to encourage the participation of Inuit women in the community, regional, and national life of Canada. This *Inuit Five-Year Strategic Plan on Sexual Health* sets out a vision statement, mandate, priorities, and strategic directions that will guide how Pauktuutit will collaborate with the Public Health Agency of Canada (PHAC) and other stakeholders over the next five years with respect to Inuit sexual health.

As a management tool, this strategic plan serves to focus Pauktuutit's efforts to promote safe and healthy Inuit communities. There is a need to respond to the changing health, social, and economic environment and for Pauktuutit to adjust its goals and activities accordingly. The effort is to clearly identify fundamental priorities that will guide how the organization focuses on the future with respect to HIV/AIDS, Hepatitis C and sexually transmitted infections (STIs) in general, and to the knowledge, attitudes, and behaviours that increase the risk factors among Inuit.

The development of this strategic plan is guided primarily by the results of focus group sessions conducted by Pauktuutit and by the outcomes of the National Inuit Policy Forum on Sexual Health held in Iqaluit, Nunavut on October 6–8, 2009. This event was organized by Pauktuutit and the Canadian Inuit HIV/AIDS Network (CIHAN), which functions as a consultative group to Pauktuutit on matters pertaining to HIV/AIDS prevention, care, and treatment. The policy forum was made possible with financial support from the Public Health Agency of Canada (PHAC).

The National Inuit Policy Forum on Sexual Health provided an opportunity for community health and social service providers, medical professionals, government representatives, educators, Elders, Aboriginal non-governmental organizations (NGOs) and youth to share information and experiences about their work on HIV/AIDS and sexual health in general. Importantly, the participants had an opportunity to identify the priorities for future work and the gaps in existing knowledge, programs and services. These fall within five broad categories of care, collaboration, prevention, promotion, and research, and serve as the fundamental structure underlying this strategic plan.

The development of this strategic plan also was guided by the input of CIHAN members. Their comments and insights provided critical input into the priorities and outcomes of the Plan.

Inuit face particular challenges with respect to HIV/AIDS and STIs. There is a need to address the unique geographic, cultural, and linguistic characteristics of Inuit. Sex, for example, is a taboo topic that many Inuit are not comfortable talking about, especially between generations. There also are important demographic factors to consider. The Inuit population is young, with a median age of only 22 years. According to the 2006 Census, 31 percent of the Inuit population is under 24 years of age. Though the current rates of HIV infection among Inuit is unknown, high birth rates and the very high rates of STIs in the Arctic are strong indicators of high-risk behaviours, especially among Inuit youth. There is a requirement for ongoing Inuit-specific prevention and education initiatives. This strategic plan is a set of options and goals about what to do, why do it, and how to do it in order to meet the challenges of Inuit sexual health over the next five years.

GOVERNANCE

Since it was incorporated in 1984, Pauktuutit has proven to be a dynamic national Inuit organization that has a reputation for researching, developing, and implementing projects and initiatives that meet the diverse needs of Inuit women, their families, and their children. The organization has the expertise to deliver timely and cost-effective initiatives.

Pauktuutit has a reputation for enhancing capacity and community awareness, and for delivering community-level tools and resources. Many initiatives do not fall neatly under the heading of 'women's issues' since many activities are not limited solely to gender. For example, HIV/AIDS and sexual health are multi-faceted problems where the solutions are not gender specific — the solutions lie with the entire community. Often Pauktuutit's work has been groundbreaking in that it broaches subject areas that have not been addressed by other Inuit organizations. Sexual health is a case in point.

Pauktuutit has strong democratic roots. It is governed by a 14-member Board of Directors, representing all Inuit regions in Canada, as well as providing the perspective of youth and urban Board members to Pauktuutit's activities to implement its mandate. Only Inuit women are eligible for Board membership. The Board is supported by a staff in Ottawa of approximately 10–15 individuals with a broad range of subject matter expertise, as well as administrative and financial expertise.

Pauktuutit's strategy is to build community networks and advisory bodies that embrace broad and comprehensive Inuit input and expertise. This strategy ensures that the differing socio-economic and regional circumstances of Inuit are captured and incorporated during program and project development. The resulting initiatives are guided by Inuit women to meet their needs and those of their families and communities.

In terms of sexual health, Pauktuutit passed a resolution during its 1984 Annual General Meetings (AGM) calling attention to Inuit sexual health issues and to the need for action. There was a need for information and educational materials on sexual health that met the needs of Inuit communities. A 1990 AGM resolution called for an AIDS workshop in the North. In May 1995, Pauktuutit conducted the first National Inuit HIV/AIDS and Sexually Transmitted Infections Workshop. It served to raise awareness among Community Health Representatives (CHRs) about the issues and the risk behaviours associated with HIV/AIDS and STIs. In 1998, with financial support from Health Canada, Pauktuutit began a pan-Arctic HIV/AIDS prevention program that produced and distributed HIV/AIDS-related materials in English and Inuktitut. Pauktuutit also established the CIHAN to guide its HIV/AIDS programming in the Inuit regions and with particular Inuit groups.

CIHAN functions as a consultative group to Pauktuutit's sexual health program on matters pertaining to HIV/AIDS prevention, care and treatment among Inuit. CIHAN is Pauktuutit's window on the regions and its pulse on Inuit communities. In this way, CIHAN helps to facilitate Pauktuutit's outreach to Inuit communities and groups. CIHAN also functions as a mechanism to share information on HIV/AIDS across all regions.

Together Pauktuutit and CIHAN work to:

- Raise awareness.
- Produce and distribute newsletters, posters, CDs, and training videos.
- Develop Web-based information.

- Train front-line health workers.
- Support AIDS fairs and walks in Inuit communities.
- Attend meetings to share information and encourage cooperation on sexual health.
- Serve as advocates for Inuit at the national and regional levels.

Pauktuutit serves as CIHAN's secretariat, and in return, CIHAN serves as Pauktuutit's window on the regions, helping to facilitate Pauktuutit's outreach to Inuit communities and groups. Pauktuutit provides CIHAN with financial and administrative support and assists Network members to share information.

Pauktuutit's work has expanded beyond HIV/AIDS to include other sexual health matters. As with other facets of Inuit health, sexual health must be approached holistically. Factors that can foster an HIV/AIDS epidemic can be linked to the same factors that foster high teenage pregnancy rates and high rates of STIs. Social determinants of health such as health services, adequate housing, proper nutrition, economic opportunities, and various forms of violence and abuse are also factors that influence the sexual health of individuals and communities.

Currently, Pauktuutit's sexual Health program is composed of the following components:

- Arctic Youth HIV/AIDS and Hepatitis C Fairs.
- Sexual Health Symposiums.
- Building Supportive Communities.
- CIHAN.

STRATEGIC DIRECTIONS

MISSION

The mission of the *Inuit Five-Year Strategic Plan on Sexual Health (2010–2015)* is to prevent the further spread of sexually transmitted infections (STIs) and sexually transmitted blood-borne infections (STBBIs) among all Inuit in Canada. By adopting a holistic approach, Pauktuutit and CIHAN will foster knowledge, awareness, attitudes and healthy behaviours about sexual health in a culturally appropriate manner for the benefit of all Inuit and health service providers.

VISION

The sexual health program envisions Inuit women, their families, and their communities having the knowledge and awareness about the dangers of HIV/AIDS, Hepatitis C, and other sexually transmitted infections so that all Inuit can enjoy healthy and safe reproductive lives.

VALUE STATEMENT

Holism

The strategic plan adopts a population health approach that addresses the underlying determinants of health and the underlying causes of illness. Inuit sexual and reproductive health must consider the non-medical determinants of health — social, economic, political, and environmental conditions that affect the physical, mental, and spiritual lives of Inuit.

Partnerships

Partnerships are needed to maximize the reach and success of sexual health programming. Potential partners include various levels of governments, health boards and health departments, school boards, various Inuit organizations and communities, NGOs, and Aboriginal and non-Aboriginal HIV/AIDS organizations.

Inclusion

Inclusion of Elders, youth, and men during program design and delivery is essential to increase the reach and effectiveness of sexual health promotion and prevention activities.

GOALS

The goal of the *Inuit Five-Year Strategic Plan on Sexual Health (2010–2015)* is the same as those of CIHAN. This is to prevent the spread of HIV/AIDS among the Inuit population of Canada through a wide range of preventive measures aimed at empowering individuals and groups to make healthy choices. Pauktuutit's sexual health program shares this same goal.

PRIORITIES

A fundamental element of all priorities outlined in this five-year strategic plan is the need for collaboration. All actions require working relationships with community-based organizations and with territorial, provincial, and national organizations, agencies and government departments. There is a need to establish a cooperative network to share information and planning. The result will be the effective exchange of information, the identification of best practices, the sharing of resources, the elimination of unnecessary duplication, and ultimately the engagement of a broad spectrum of organizations, associations, and groups that can reach the entire Inuit population and promote sexual health.

Awareness

Fundamental to preventing the spread of STIs and STBBIs among Inuit in Canada is the need for greater awareness. To be effective, this requires a wide range of players to reach the entire Inuit audience. Greater awareness, however, also is needed at the institutional level — among local, regional, provincial, territorial and federal services, organizations, agencies, businesses and governments. There is a need to ensure awareness about Inuit sexual health issues and about the unique circumstances and needs of Inuit. As such, this strategic plan not only seeks to engage the individual — to raise awareness among Inuit, including targeted groups such as Elders and men — but to engage institutions in terms of understanding sexual health issues, Inuit needs and circumstances, and to foster their engagement in this strategic plan.

Promotion

There is need to identify existing tools and resources — including human resources — that can be shared among partners. As well, there is a need to develop additional tools and resources that will support the work of educators, front-line workers, interpreters/translators and other stakeholders. These tools and resources will advance the promotion of healthy and safe sexual and reproductive lives. These activities require a collaborative effort at the regional, territorial/provincial and national levels in order to promote information exchange.

Prevention

Harm reduction is a growing priority within some Inuit regions and communities. There is a need for practical protocols and policies to reduce the consequences associated with growing drug use, home tattooing and other high-risk activities taking place in some Inuit regions. Safer sex education for Inuit teen and pre-teen students is required and the distribution of free condoms is advocated.

Screening and Care

Overcoming the fear of testing for STIs and STBBIs, ensuring that Inuit of both sexes regularly seek screening and that such facilities are available to them, and ensuring that screening is anonymous are important for Inuit to live healthy and safe reproductive lives. Counselling and support services for those who test positive are needed throughout the Arctic. As well, people living with HIV/AIDS (PHAs) must have accepting and supportive communities so they can come home to the Arctic.

Surveillance and Research

There is a fundamental need for Inuit-specific data. This requires a dialogue with territorial and provincial statistical agencies and with Statistics Canada.

CURRENT OPERATING ENVIRONMENT

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND LIMITATIONS

A brief review of Pauktuutit's strengths, weaknesses, opportunities, and limitations (a modified SWOT analysis) will demonstrate that the organization is well situated in terms of meeting the priority objectives detailed in this strategic plan.¹ It is important to identify the weaknesses and limitations faced by Pauktuutit in order to better strategize for the successful outcome of the strategic plan. Many of the weaknesses and threats are not unique to Pauktuutit, but are shared by many Aboriginal and HIV/AIDS organizations.

Strengths

Since it was incorporated in 1984, Pauktuutit has proven to be a dynamic national Inuit organization that has a reputation for researching, developing, and implementing projects and initiatives that meet the diverse needs of Inuit women, their families, and their communities. The organization has the expertise to deliver timely and cost-effective initiatives. Areas of strength for Pauktuutit include:

- Reputation for groundbreaking work on matters that have not been addressed by other Inuit organizations.
- Reputation for enhancing community capacity and awareness, and for delivering community-level tools and resources.
- Record of addressing many health, social, economic, and traditional issues that are not limited solely to gender. For example, HIV/AIDS and sexual health are multi-faceted problems where the solutions are not gender specific — the solutions lie with the entire community.
- The capacity and commitment to partner with Inuit women and with a wide variety of organizations. This strength includes:
 - Priority to work with, and develop capacity among, women from 'grassroots' Inuit communities.
 - Projects often operate under the guidance of Advisory Committees composed of qualified and experienced people who have a critical role in the successful execution of programs.
 - Past partnerships have been with Indian and Northern Affairs Canada (INAC), Health Canada, Status of Women Canada, PHAC, and a number of other federal departments, territorial, and provincial governments.
 - Close working relationships with Aboriginal organizations including the Inuit Tuttarvingat at the National Aboriginal Health Organization (NAHO), Inuit Tapiriit Kanatami (ITK), Inuit land claim organizations, Regional Inuit Associations (RIAs), status of women councils and various First Nation and Métis organizations

1. A SWOT analysis refers to strengths, weaknesses, opportunities, and threats. However, the word "threats" has stronger negative connotations within Inuit culture and therefore the word "limitations" is preferred.

- Capable of participating in policy-level discussions that ensure regional, community, and gender-specific issues are articulated.
- Capable of delivering a broad range of information and educational material that is culturally appropriate and sensitive to regional differences.
- The majority of the 10 CIHAN members are Inuit representing each of the six Inuit regions, as well as urban Inuit, Elders, youth, and those living with HIV/AIDS. CIHAN members ensure Inuit-specific HIV/AIDS-related needs are accurately represented in discussions about HIV/AIDS with various stakeholders and government departments.

Weaknesses

- There are no HIV/AIDS service organizations in the Inuit regions and this restricts Pauktuutit's ability to immediately establish collaborative efforts to prevent the spread of STIs and STBBIs among Inuit at the community level.
- Lack of financial support is a limiting factor. Generally, projects are financed on an annual project-by-project basis. An investment in human resource capacity may be lost once a project is complete.
- Loss of staff to other organizations and governments after there has been an investment in building staff capacity. Staff members may be targeted by other employers who constantly seek skilled Inuit and who can offer secure full-time employment.
- Staff turnover can have a major impact on programming capacity. Within a small organization considerable knowledge becomes invested in the staff. As staff work closely together and know the ins and outs of the project, staff turnover can result in considerable disruptions and delays.
- Working with Northern communities takes time, patience, and flexibility as unforeseen circumstances can arise and disrupt planning. Weather and local community events and crises can delay the planned arrival of individuals for meetings, workshops, symposiums or forums. Pauktuutit must always be prepared to adjust programs and plans on short notice. This, however, can take a toll on staff in terms of long working hours, pressure and stress.

Opportunities

- Positive relationships have been established with different federal, provincial, and territorial government departments on a wide-range of topics and projects. These can serve as opportunities for future partnerships and sources of financial support.
- The Federal Initiative to Address HIV/AIDS in Canada supports strong partnerships and engagement with non-governmental organizations and community partners. PHAC, Health Canada, the Canadian Institutes of Health Research (CIHR), and Correctional Service Canada are key federal departments involved in Canada's response to HIV/AIDS. These departments and agencies offer a significant opportunity for advancing the Inuit *Five-Year Strategic Plan on Sexual Health*.
- The Inuit Relations Secretariat (IRS) within INAC is the government's primary point of contact for Inuit governments, organizations, and individuals. The Outreach and Liaison Unit of the IRS can serve as an important liaison in support of the strategic plan.

- Partnerships with territorial and provincial governments and with the Inuit land claims organizations offer opportunities for partnerships and support. Potential partners and collaborators include:
 - Inuit Tapiriit Kanatami (ITK)
 - Inuit Tuttarvingat of the National Aboriginal Health Organization (NAHO)
 - Inuvialuit Regional Corporation
 - Kitikmeot Inuit Association
 - Kivalliq Inuit Association
 - Nasivik Centre for Inuit Health and Changing Environments
 - National Indian and Inuit Community Health Representatives Organization (NIICHO)
 - Nunatsiavut Government Department of Health, Education, Social and Economic Development
 - Nunavik Regional Board of Health and Social Services (NRBHSS)
 - Nunavut Tunngavik Incorporation (NTI)
 - Qikiqtani Inuit Association
 - Qullit Nunavut Status of Women Council
 - Society of Gynecologists and Obstetricians of Canada (SOGC)

- HIV/AIDS organizations hold potential opportunities to advance the *Inuit Five-Year Strategic Plan on Sexual Health*:
 - Canadian Aboriginal AIDS Network (CAAN)
 - Canadian AIDS Society (CAS)
 - Canadian AIDS Treatment Information Exchange (CATIE)
 - Canadian Federation for Sexual Health
 - Canadian HIV/AIDS Information Centre, Canadian Public Health Association
 - Canadian HIV/AIDS Legal Network
 - Canadian HIV/AIDS Trials Network (CTN)
 - Canadian Treatment Action Council (CTAC)
 - Canadian Working Group on HIV and Rehabilitation (CWGHR)
 - Interagency Coalition on AIDS and Development (ICAD)
 - National Aboriginal Council on HIV/AIDS (NACHA)
 - Native Youth Sexual Health Network (NYSHN)
 - Sex Information and Education Council of Canada (SIECCAN)

Limitations

- There are limited resources allocated to sexual health and no dedicated staff working on sexual health alone. There are public health departments in some communities but sexual health is not addressed on a consistent basis.
- Sexual health may receive low priority and may face competing and pressing health issues. In the North the responsibility for sexual health may shift solely to CHRs, who are over-burdened with health promotion and prevention activities covering a wide-range of health-related topics.
- Culturally, Inuit are uncomfortable talking about sexual matters. There is a need to overcome this taboo in order to promote greater awareness. The taboo has an impact on raising awareness across generations and on inter-generational dialogue within the family.
- The Inuit population is young. This demographic characteristic may not be reflected in communication strategies originating from southern Canada. Health promotion must be adjusted to the unique Inuit demographic profile.
- There is a digital divide in the North where Internet access is less common than elsewhere in Canada. As such, the growing trend to emphasize the Internet and social media as a communication strategy for sexual health may not reflect the realities of the North.

PRIORITIES AND ACTIONS

AWARENESS

Fundamental to preventing the spread of STIs and STBBIs among Inuit in Canada is the need for greater awareness. To be effective, this requires a wide range of players to reach the entire Inuit audience. This Strategic Plan not only seeks to engage the individual but to engage institutions in terms of understanding sexual health issues, Inuit needs and circumstances, and to foster their engagement in this strategic plan.



ACTION**OUTCOME**

Engage Inuit Males: Engage Inuit males in sexual health dialogue. Initiate a poster campaign that targets Inuit men and raise awareness.

- Timeframe: Ongoing.
- Potential partners: Hunter/Trapper Associations, Legions, Elder Centres, and CIHAN.

- Poster campaign.
- Encourage more Inuit men to become CHRs, to participate in program development, and to act as role models.
- Encourage powerful/Influential male leaders to engage in social issues.
- Actively engage Inuit male-oriented organizations in sexual health promotion.
- Promote higher rates of Inuit males visiting clinics.
- Promote greater male involvement in self-care.

Role of Elders: Develop Elder-specific material to raise awareness about the need for them to become engaged in sexual health awareness. Need to include Elders in a meaningful way (i.e. not one Elder for 50 youth).

- Timeframe: Year one and ongoing.
- Potential Partners: CATIE, CAAN, provincial/territorial governments and Elder Centres.

- Develop and distribute culturally appropriate, Elder-specific awareness material.
- Increase participation of Elders during AIDS walks and other events. Increased number of Elder participants during knowledge exchange sessions.

Harm Reduction Initiative: Increase harm reduction activities in Inuit regions. Address risk behaviours including those associated with drug use.

- Timeframe: Year two and three.
- Potential Partners: Provincial and territorial health departments, Land Claim Organizations, NRBHSS, NYSHN, CAAN, CATIE, and PHAC.

- Provide free condoms in public washrooms.
- Adapt CAAN community readiness material to Inuit regions.
- Greater sharing of harm reduction strategies and tools across Inuit regions.
- Increased harm reduction messages appropriate to Inuit audiences.

School Kits: Prepare travelling school kits containing visual and hands-on tools about sexual health and risk prevention using a model developed by NRBHSS.

- Timeframe: Year two and ongoing.
- Potential Partners: Departments of Education, NRBHSS, CATIE, and CIHAN.

- Inventory of school kits available for loan to schools in Inuit regions.
- Assemble additional school kits.
- Established network for distributing school kits between Inuit regions to complement school curricula and for community events such as AIDS Fairs, etc.

Dedicated Sexual Health Coordinators:

Promote the establishment of dedicated sexual health coordinators in each Inuit region.

- Timeframe: Year four and five.
- Potential Partners: CIHAN, Territorial, and regional health departments.

- Region-wide coordination of sexual health promotion activities.
- More AIDS Walks and Fairs.
- Reduced homophobia and community stigma towards testing and PHAs.
- Reduced misconceptions about the transmission of HIV/AIDS and STIs.
- Increased awareness using age, gender, and culturally appropriate programs, services, and educational resources.

PROMOTION

There is need to identify existing tools and resources that can be shared among partners and to develop tools and resources that will support the work of educators, front-line workers, interpreters/translators and other stakeholders. These activities require a collaborative effort at the regional, territorial/provincial and national levels in order to promote information exchange.

ACTION	OUTCOME
<p>Environmental Scan: Conduct a review of existing sexual health-related services and resources available in the North. Identify who is doing what, and what can be shared or adapted to other Inuit regions.</p> <ul style="list-style-type: none"> • Timeframe: Year one. • Potential Partner: PHAC, regional health boards. 	<ul style="list-style-type: none"> • Identify medical and social services that address sexual health in all Inuit regions. • Develop an inventory of educational and awareness material relevant to sexual health. • Identify best and/or promising practices. • Identify key human resources working on sexual health in the North (local/regional experts, interpreters/translators, outreach workers). • Review existing and accepted Inuktitut terminology on the topic of sexual health. • Identify duplications in service and activities. • Identify potential partnerships for sharing of resources, etc.
<p>Language Workshop: Conduct a three-day workshop to address Inuktitut language barriers with respect to HIV/AIDS, STIs, and develop new reproductive health terminology. Medical interpreters/translators, Elders, language experts from each region, HIV/AIDS and sexual health experts and CIHAN members can establish shared meaning for terms for each Inuktitut dialect.</p> <ul style="list-style-type: none"> • Timeframe: Year one. • Potential partners: CATIE, CAAN, NYSHN, Nunavut Government's Department of Culture, Language, Elders, provincial/territorial governments and northern colleges. 	<ul style="list-style-type: none"> • Remain up-to-date on the Inuktitut meaning of complex terminology. • Avoid inappropriate terminology. • Develop regionally specific glossaries of Inuktitut terminology. • Clarify what terms mean in each dialect. • Establish commonly shared meaning of key terms and concepts. • Revise Inuktitut language educational and awareness material to reflect the newly developed standardization.
<p>Information Clearinghouse: Establish a clearinghouse for information related to Inuit sexual and reproductive health.</p> <ul style="list-style-type: none"> • Timeframe: Year two and ongoing. • Potential Partnerships: CATIE, PHAC, FNIHB, and CIHAN. 	<ul style="list-style-type: none"> • Complete an inventory of relevant sexual health educational and awareness resources. • Centrally house electronically based resources for access by educators, health service providers, HIV/AIDS organizations, policy-makers, and community-based organizations, etc. • Develop a resource pointer that provides the location and contact information of holders of relevant resources. • Increase the exchange of knowledge.

ACTION ↓	OUTCOME ↓
<p>Professional Forum: Establish an Internet-based focal point for sexual and reproductive health and for related contacts.</p> <ul style="list-style-type: none"> • Timeframe: Year two and ongoing. • Potential Partners: NAHO, PHAC, CAAN, CATIE. 	<ul style="list-style-type: none"> • Online forum where front-line workers, health professionals, AIDS organizations, etc., can exchange information. • Resource pointer of who is doing what where (Inuit resource people). • Website where front-line workers, health professionals, AIDS organizations, etc., can find resources such as clinical information, fact sheets, promotional material, guidelines and protocols, and surveillance data, etc. • Central electronic distribution point for sexual and reproductive health-related information and resource materials. • Better communication and information exchange between regions and organizations.
<p>Age-Specific Information Initiative: Develop health promotion material that is sensitive to generational differences and to the respective comfort levels with respect to the topic of sex. Material that engages Inuit youth will differ from the material appropriate for Inuit adults and Elders.</p> <ul style="list-style-type: none"> • Timeframe: Dependant of the results of the Environmental Scan. • Potential Partners: CIHAN, CATIE, CAAN, and CLEY (Nunavut) 	<ul style="list-style-type: none"> • Develop and distribute education and awareness information that separately targets youth, young parents, older adults, and Elders. • Increased dialogue between Inuit generations on the topic of sex and sexual health. • Active engagement of Inuit parents in the sexual education of their children.
<p>Mining and Resource Extraction Industry Initiative: Develop information material that targets migrant and Northern mine workers. Prepare packages that sensitize resource industry workers to Inuit culture and inform about the dangers of spreading HIV/AIDS and STIs within Inuit communities.</p> <ul style="list-style-type: none"> • Timeframe: Year two and ongoing. • Potential Partners: ITK, NAHO, CAAN, CATIE, land claim organizations and industry. 	<ul style="list-style-type: none"> • Develop and distribute material that can be included in orientation packages provided to non-northern/transient workers in the resource extraction industry. • Increased knowledge and respect towards Inuit community members. • Reduced incidence of STIs and STBBIs stemming from transient workers. • Eliminate transient workers as suppliers and users of illegal drugs within Inuit communities.



PREVENTION

Harm reduction is a growing priority within some Inuit regions and communities. There is a need for practical protocols and policies to reduce the consequences associated with growing drug use and other high-risk activities taking place in some Inuit regions.

ACTION	OUTCOME
<p>Address Testing Stigma: Overcome the fear among some Inuit to get tested for STIs and STBBIs.</p> <ul style="list-style-type: none"> • Timeframe: Year two and three. • Potential Partners: CATIE, CAAN, territorial and regional health departments. 	<ul style="list-style-type: none"> • Confidential/anonymous testing and safe access for all Inuit in all regions. • Better testing protocols within testing facilities. • Trained nurses and health workers who understand the importance of privacy and anonymity. • Reduced stigma about testing. • Pre- and post-counselling support for those testing positive.
<p>Co-Infection Initiative: Promote awareness and develop Inuit-specific protocols and material that address the issues of co-infection.</p> <ul style="list-style-type: none"> • Timeframe: Year four and five. • Potential Partners: CAAN, CATIE, NAHO, McGill University, and Elders. 	<ul style="list-style-type: none"> • TB screening includes HIV testing. • Greater awareness among Inuit about the links between HIV, STIs, and the hepatitis viruses.

SCREENING AND CARE



It is important to overcome the fear of testing for STIs and STBBIs and ensure that Inuit of both sexes regularly seek screening. The availability of facilities, anonymous testing and counselling and support services is important for Inuit to live healthy and safe reproductive lives.

ACTION	OUTCOME
<p>Counselling, Treatment, and Support: Pre- and post-counselling and treatment services are needed for Inuit who test positive for STIs and STBBIs.</p> <ul style="list-style-type: none"> • Timeframe: Year three and ongoing • Potential Partners: CATIE, NAHO, CIHAN, and CAAN 	<ul style="list-style-type: none"> • Community acceptance of Inuit living with HIV/AIDS. • Establish care, treatment, and support systems. • Better treatment plans, compliance and patient outcomes.
<p>Medical Protocols: Promote access to screening and testing. Establish routine testing for HIV/AIDS, Hep C, and STIs.</p> <ul style="list-style-type: none"> • Timeframe: Year four and five. • Potential Partners: CATIE, Territorial Chief Medical Officers. 	<ul style="list-style-type: none"> • Greater rates of HIV/AIDS, Hepatitis C, and STI testing within Inuit regions. • Reduced stigma about testing.
<p>Utilize New Treatments: Ensure accurate and up-to-date information is available about new treatments and procedures. Develop Inuktitut language fact sheets/information sheets for distribution.</p> <ul style="list-style-type: none"> • Timeframe: Year four and five. • Potential Partners: CATIE and CIHAN. 	<ul style="list-style-type: none"> • Distribute up-to-date information about HIV/AIDS and STBBIs screening and treatments to health service providers in the North.



SURVEILLANCE AND RESEARCH

There is a need for Inuit-specific data. This requires a dialogue with territorial and provincial statistical agencies and Statistics Canada as well as for Inuit agencies to effectively use this data.

ACTION 	OUTCOME 
<p>Capacity Building and Knowledge Translation: Field-test Pauktuutit's Ajjigaunngittuq handbook on strengthening the capacity of front-line workers and health service providers in the North.</p> <ul style="list-style-type: none"> • Timeframe: Year one. • Potential Partners: CIHAN, CAAN, CATIE 	<ul style="list-style-type: none"> • Improved care and support to urban Inuit who are affected or infected with HIV/AIDS. • Improved support group networking. • Improved PHA self care.
<p>Inuit-Specific Data Initiative: Liaise with federal and provincial/territorial statistics agencies to identify and collate Inuit-specific data on HIV/AIDS, STIs, and STBBIs.</p> <ul style="list-style-type: none"> • Timeframe: Year two and three. • Potential Partners: Statistics Canada, PHAC, NAHO, and CIHAN 	<ul style="list-style-type: none"> • People trained in each region to collect and understand statistics. • Improve program design. • Improved regional response to HIV/AIDS and STIs.



SUMMARY OF PRIORITIES, ACTIONS, TIMEFRAMES, AND POTENTIAL PARTNERSHIPS

INUIT FIVE-YEAR STRATEGIC PLAN ON SEXUAL HEALTH 2010–2015
Summary of Priorities, Actions, Timeframes, and Potential Partnerships/Collaborations

Year 1	Year 2	Year 3	Year 4	Year 5
AWARENESS				
Engage Inuit Males → Partnerships: Hunter/Trapper Associations, Legions, Elder Centres, CIHAN				
Role of Elders → Partnerships: CATIE, CAAN, Elder Centres				
Harm Reduction Initiative → Partnerships: NRBHSS, NYSHN, CAAN, CATIE, PHAC				
School Kits → Partnerships: Departments of Education, NRBHSS, CATIE, CIHAN				
Dedicated Sexual Health Coordinators → Partnerships: CIHAN, provincial/territorial governments, regional health departments				
PROMOTION				
Environmental Scan → Partnerships: PHAC, Regional Health Boards				
Language Workshop → Partnerships: CATIE, CAAN, NNYSHN, northern colleges				
Information Clearing House → Partnerships: CATIE, PHAC, FNIHB, CIHAN				
Professional Forum → Partnerships: PHAC, CAAN, CATIE, NAHO				
Age-Specific Information Initiative → (Timeframe dependant on the results of the Environmental Scan) Partnerships: CIHAN, CATIE, CAAN, provincial/territorial governments				
Mining and Resource Extraction Industry Initiative → Partnerships: ITK, NAHO, CAAN, CATIE, land claim organizations and industry				





Continued

Year 1	Year 2	Year 3	Year 4	Year 5
PREVENTION				
	Address Testing Stigma → Partnerships: CATIE, CAAN, provincial/territorial governments, regional health departments			
			Co-Infection Initiative → Partnerships: CAAN, CATIE, NAHO, McGill University, Elders	
SCREENING & CARE				
		Counselling, Treatment, and Support → Partnerships: CATIE, NAHO, CIHAN, CAAN		
			Medical Protocols → Partnerships: CATIE, Provincial and Territorial Chief Medical Officers	
			Utilize New Treatments → Partnerships: CATIE, CIHAN	
SURVEILLANCE & RESEARCH				
Capacity Building and Knowledge Translation → Partnerships: CIHAN, CAAN, CATIE				
	Inuit-Specific Data Initiative → Partnerships: Statistics Canada, PHAC, NAHO, CIHAN			

