

**IUCH HIV/STD WORKING GROUP MEETING**  
**XI ICCH, Harstad, Norway**  
**June 7, 2000**

**Participants:**

Alison Bell, CDC Arctic Investigations Program, Anchorage, Alaska, USA  
Catherine Carry, Pauktuutit Inuit Women's Association of Canada, Ottawa, Ontario, Canada  
Wendy Craytor, State of Alaska HIV/STD Program, Anchorage, Alaska, USA (Chair)  
Susan Jones, State of Alaska HIV/STD Program, Anchorage, Alaska, USA  
Pamela Orr, University of Manitoba, Winnipeg, Manitoba, Canada  
Flemming Stenz, Chief Medical Officer, Greenland  
Wadieh Jacoub, Health Canada, Medical Services Branch, Alberta Region, Edmonton, Alberta, Canada

**Summary Points from the Discussion:**

- HIV prevalence is low among the populations (aboriginal and other) in those areas represented at the Working Group Meeting (although the prevalence is not precisely known).
- STD prevalence (especially Chlamydia) is not low in these populations/areas.
- All areas are moving toward a broader, more inclusive message regarding prevention of HIV, STD, unintended pregnancy, and hepatitis C.
- Injection drug use is an important factor in HIV transmission, especially for women (their own or their partners' injection behavior) in all areas except Greenland and for Inuit communities in Arctic Canada. Treatment for injection drug use is necessary to address risk behavior for other health problems but the success rates for such treatment are not high.
- Access to free HIV medications is good in Greenland, Canada, and Alaska for most aboriginal/indigenous populations (some fall through the cracks).
- All areas represented recommend universal prenatal HIV screening (some to the point of "negative consent").
- HIV cases are among older individuals rather than youth in Greenland (40+ years) and Alaska (76% are 30+ years).
- Correctional facilities in Canada and Alaska are an important area of focus both for HIV prevention activities and discharge planning for HIV care.
- Health Services Canada (HSC) Alberta is adopting a strong harm reduction approach for access to sterile syringes with support from First Nations' Health Directors (community leaders). This strategy also addresses reducing risk for hepatitis C infection. HIV prevalence in some Aboriginal populations in Canada is suspected to be increasing, particularly in relation to IDU transmission. In some STD clinics in Alberta, 25% of new HIV diagnoses are among Aboriginals (disproportionate to their 3-5% representation in Alberta's population).

- HSC Alberta is making female condoms available for distribution in the Region, and they are available free of charge to women in FN communities. The female condom has yet to receive wide acceptance and use (although these are increasing).
- The Inuit Women's Association (Ottawa) has educational materials for community health education available specifically for aboriginal communities. Most volumes in this multi-part series are now available on their website <[www.pauktuutit.on.ca](http://www.pauktuutit.on.ca)>.
- Partner notification/contact tracing activities conducted by Public Health personnel are important services in Canada and Alaska, but are not yet widely offered in Greenland. (Nearly 20% of newly reported Alaska HIV/AIDS cases in 1999 were diagnosed through partner notification activities.)
- All areas represented reported high levels of sexual risk behavior, especially among young people.
- In Canada and Alaska, the social contexts of HIV positive peoples' lives are often complex and many infected individuals are quite socially disadvantaged/marginalized.
- Alaska has identified a growing need for effective HIV prevention approaches to assist infected individuals (who are fortunately living longer, healthier lives) to avoid transmitting HIV to sexual and injecting partners.

Respectfully submitted,

Wendy Craytor  
Chair