

*PLAN OF ACTION ON COOPERATION
BETWEEN
HEALTH CANADA OF THE
GOVERNMENT OF CANADA
AND
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OF THE
GOVERNMENT OF THE UNITED STATES OF AMERICA*

Under the terms of the Memorandum of Understanding (MOU) between Health Canada of the Government of Canada and the Department of Health and Human Services of the Government of the United States of America (hereafter referred to as "the Participants") signed at Geneva, Switzerland, on 13 May 2002, on the principle that our common objective is to raise the health status of First Nations and Inuit people in Canada and American Indians and Alaska Natives in the United States of America (U.S.A.) by improving our approaches to health issues, identifying and reinforcing best practices, and sharing our knowledge and learning experiences, thereby strengthening our individual approaches to issues within the context of our respective countries, the Participants have resolved to sign the following Plan of Action for the period 1 November 2004 to 30 September 2005.

1. Main Areas of Cooperation:

- a. Behavioral Health
 - Suicide Prevention and*
 - Fetal Alcohol Spectrum/Syndrome Disorder.**
- b. Research.*
- c. Personnel Exchanges.*

2. Means of Cooperation:

- a. Meetings and teleconferences of Liaison Officers and designates.*
- b. Meetings and teleconferences of Working Groups.*
- c. Joint projects, study tours, workshops, seminars, and conferences.*
- d. Joint research on agreed subjects through respective national research organizations.*

3. Activities:

- a. Hold one meeting and two teleconferences of Liaison Officers (Assistant Deputy Minister of First Nations and Inuit Health Branch and Director of Indian Health Service) to reaffirm commitment to MOU activities, assess progress, and resolve any outstanding issues.*
- b. Hold meetings and teleconferences of Liaison Officer designates as appropriate to assess ongoing implementation and explore potential areas of future cooperation.*
- c. Develop an MOU communications plan to raise awareness among stakeholders in Canada and the U.S.A. of opportunities available and progress being made to carry out activities related to the MOU.*
- d. Hold one meeting of main disciplines (nurses, medical doctors, community health practitioners, etc.) from Canada and the U.S.A. with the view of developing short-term personnel exchanges.*
- e. Reciprocate on Epi-center study tour to the U.S.A. in 2004 with a similar study tour to be hosted by Canada.*
- f. Hold two Working Group meetings in each Main Area of Cooperation and periodic teleconferences to further development of joint projects.*
- g. Develop a joint International Suicide Prevention Web site to increase communication and access to knowledge about suicide and suicide prevention in Indigenous communities in Canada and the U.S.A.*
- h. Conduct an International Suicide Prevention scan to identify existing and desired services/programs, and identify areas to collaborate and exchange knowledge in suicide prevention in the U.S.A. and Canada.*
- i. Prepare for and hold the International Conference on Indigenous Suicide in the Americas.*
- j. Develop a joint Web site for sharing knowledge on Fetal Alcohol Spectrum/Syndrome Disorder.*

- k. Conduct a joint Fetal Alcohol Spectrum/Syndrome Disorder preferred practices/best practices scan in Canada and the U.S.A. to identify gaps and areas for joint projects.*
- l. Develop and begin one joint project in Fetal Alcohol Spectrum/Syndrome Disorder.*
- m. Facilitate the development of one joint research project.*
- n. Facilitate the development and implementation of a short (e.g., 2-week) program for Aboriginal scholars in Aboriginal health research.*
- o. Through the above activities, seek out opportunities for leveraging direct linkages and cooperation between First Nations and American Indians, and Inuit and Alaska Natives.*
- p. Develop other Main Areas of Cooperation as resources permit.*

4. Timetable of Cooperation:

- a. In 2004 and early 2005, the Participants will hold Working Group and Liaison Officer designate meetings to finalize programs of work in each Main Area of Cooperation, begin implementing specific cooperative projects, and adopt methods to evaluate cooperative activities.*
- b. In mid-2005, all projects will be underway.*

5. Administrative Arrangements for Joint Projects:

- a. Each Participant intends to fund its own activities subject to the availability of appropriated funds, personnel, and other resources.*
- b. Resourcing of joint projects will be shared, with amounts to be determined on a case-by-case basis.*

Signed at the National Institutes of Health, Bethesda, Maryland, on September 20, 2004, in duplicate in English and French, all texts being equally authentic.

Charles W. Grim, DDS

Dr. Charles Grim, Director, Indian Health Service, for the Department of Health and Human Services of the Government of the United States of America

Ian Potter

Ian Potter, Assistant Deputy Minister, First Nations and Inuit Health Branch for Health Canada of the Government of Canada