
MEMORANDUM OF UNDERSTANDING

BETWEEN THE

**NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
(NACCHO)
ABN 89 078 949 710**

AND THE

**THE UNIVERSITY OF NEW SOUTH WALES ACTING THROUGH THE
NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH
(NCHECR)
ABN 57 195 873 179**

UNSW



NATIONAL ABORIGINAL COMMUNITY
CONTROLLED HEALTH ORGANISATION
NACCHO

1.0 THIS MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding outlines a relationship of cooperation between NACCHO and NCHECR (Members). Through collaborative research and development of a comprehensive evidence base to guide effective policy, both organisations are committed to facilitating better outcomes for Aboriginal people and communities with, or at risk of contracting sexually transmissible infections and blood borne viruses. Additionally, the parties will work together to enhance the ability of Aboriginal Community Controlled Health Services (ACCHS) ability to deliver and participate in STI and BBV research and programs.

2.0 THE MEMBERS OF THIS MOU

NACCHO

The **National Aboriginal Community Controlled Health Organisation (NACCHO)** is the peak national body in Aboriginal health and represents over 130 ACCHS which are primary health care services initiated, planned and managed by local Aboriginal communities to deliver high quality, holistic, and culturally appropriate health care.

NACCHO's primary roles are to:

- Advocate for increased resourcing in Aboriginal health, to a level commensurate with need;
- Advocate for the effectiveness and cultural validity of national policies, programs and initiatives in Aboriginal health; and
- Facilitate capacity-building in Aboriginal communities.

NCHECR

The **National Centre in HIV Epidemiology and Clinical Research (NCHECR)**, a part of the Faculty of Medicine, University of New South Wales, has national responsibilities in the coordination of epidemiological surveillance and clinical trials related to HIV/AIDS and hepatitis C in Australia and over recent years has become increasingly involved in projects related to sexually transmitted infections and has developed an Aboriginal and Torres Strait Islander Health Program. NCHECR manages its core grant from the Department of Health and Ageing as well as grants from a variety of sources.

3.0 PRINCIPLES OF THIS MOU

This Memorandum of Understanding is based on the following principles:

- The health of Aboriginal peoples and Torres Strait Islanders is a national priority.
- Improved health outcomes for Aboriginal peoples will be achieved when Aboriginal peoples and their ACCHS are empowered to act on their own behalf, and when Aboriginal peoples' reduced access to mainstream and Indigenous-specific health resources is eliminated.
- Aboriginal peoples have a fundamental right of ownership over their own lands, culture, knowledge and information.

- The value of collecting and recording Aboriginal health information is fully realised only when that information is shared with Aboriginal peoples and their representative bodies and used to benefit them. Due regard must be given to how information will be analysed and how it will be used and sensitively reported so that the information does not have unintended repercussions or consequences for the Aboriginal population.
- Consent of the NACCHO Board is needed for the collection and use (analysis, interpretation and reporting) of *national* health and health related community information, if it involves ACCHS and where any one or more of the following may apply:
 - o Aboriginality is a key determinant
 - o Data collection is explicitly directed at Aboriginal peoples
 - o Aboriginal peoples as a group are to be examined in the results
 - o The information has an impact on one or more Aboriginal communities.
- Data are collected in a manner consistent with National Data Principles and NACCHO Data Protocols that require Aboriginal peoples and their representative bodies (NACCHO) to act as custodians of the data and with the Privacy Act 1988 and relevant state and territory legislation,.
- NACCHO and NCHECR are committed to the Australian Code for the Responsible Conduct of Research and to NHMRC's "Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research 2003", which refer to the need to conduct research in Aboriginal cultures in a manner that is sensitive to the values and requirements of the communities, particularly spirit, integrity, reciprocity, respect, equality, survival and protection and responsibility.
- Capacity building within ACCHS and Aboriginal and Torres Strait Islander communities is an important element of NCHECR's engagement in Aboriginal health issues.

This MOU is also based on recognition of the following principles:

- **Self determination.** This MOU should adhere to the principles endorsed in the National Aboriginal Health Strategy (1989). In particular the principles of Aboriginal self-determination, a collaborative approach and the importance of intersectoral co-operation are emphasised. This will serve to enhance and support the concept, practice and endeavours of Aboriginal community control in health service delivery.
- **Holistic approach.** This MOU acknowledges that individual health is closely linked to the general well-being of the Aboriginal and Torres Strait Islander communities. Therefore it is important to address Aboriginal health, being mindful and inclusive of the social, cultural, emotional, spiritual and other health experiences of Aboriginal people using a holistic health approach.
- **Mutual respect, trust and transparency.** Both organisations will strive to share relevant data and resources in order to build trust and meet common goals. Each organisation understands and respects the role and vision of the other organisation. Each organisation respects cultural differences in the other organisation. Each

organisation will use all reasonable endeavours to progress the strategies used for this MOU.

- **Sustained outcomes.** This MOU will underpin an ongoing and formal relationship between the organisations. The parties will meet regularly to evaluate progress at an operational and strategic level. Both organisations will contribute to the development, implementation, and evaluation of projects according to the availability of resources and organisational expertise.
- **Equal members.** Each organisation is an equal member and will contribute equally throughout this collaboration.
- **Mutual benefit.** This MOU provides for the mutual benefit of facilitating culturally appropriate epidemiological and clinical research pertinent to the Aboriginal community, within a sexual health and blood-borne virus context.
- **Enhancing research capability and capacity of Aboriginal Community Controlled Health Services and people.** This MOU aims to facilitate increased capacity of Aboriginal people to participate in culturally valid, ethical and scientifically sound research. This will be done by ensuring an Aboriginal person is appointed in a substantive role within each project and that Aboriginal people have pivotal roles in all phases of the project.
- **Ownership.** Aboriginal people have a fundamental right of ownership over their own knowledge and information.

4.0 THE SCOPE OF THIS MOU

This MOU will serve to enhance activities relating to sexual health and BBV research conducted by NCHECR including but not limited to:

- Health service research, monitoring and evaluation
- Clinical research
- Social and behavioural research
- Surveillance data including the production of an Annual Surveillance report relating to Aboriginal and TSI people
- Specific projects involving ACCHSs in the delivery of STIS and BBVs
- Enhancing capacity of state and territory Affiliates and ACCHSs in delivery of sexual health and BBV programs, through workforce development initiatives provided to NACCHO sexual health policy officers and program coordinators
- Providing advice to the NACCHO Board upon request on aspects of sexual health research, surveillance and evidence

This MOU does not create a legal relationship between the Members and is not intended to be legally binding. The purpose of this document is to express the intention of the Members to work collaboratively to achieve the objectives outlined in this document, in accordance with the shared values stated in this MOU.

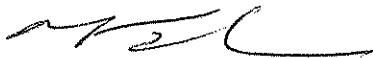
5.0 IMPLEMENTATION OF THIS MOU

- NCHECR and NACCHO agree to work cooperatively and acknowledge and agree to respect each other's perspective and value each other's contributions and knowledge base.
- NACCHO and NCHECR will establish a consultative body which will meet at least six monthly to discuss issues of mutual concern. In addition, there will be consultation processes as those issues arise.
- NCHECR will provide regular reports to the NACCHO Board on progress of activities relating to this MOU
- NCHECR and NACCHO Board members will meet upon request or every 6 months to review the progress of this MOU
- NCHECR and NACCHO will oversee, promote, support and facilitate the development of collaborative efforts (at all levels) between their respective stakeholders
- NCHECR and NACCHO may make appropriate complementary media statements on identified issues as agreed between the Members and ensure that good news stories are given a high media profile.

Duration of Memorandum

This Memorandum of Understanding will operate, unless otherwise agreed between the parties in writing, until 30 March 2010.

Executed by NACCHO

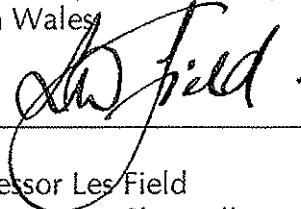


Dr Mick Adams
Chairperson, National Aboriginal
Community Controlled Health
Organisation

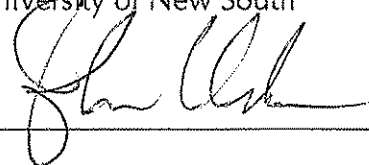


Ms Dea Thiele-Delaney
Chief Executive Officer
National Aboriginal
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Executed by the University of New
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Professor Les Field
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