



Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project

Environmental
Scan Report

DA Falconer & Associates
October 2005



Intergovernmental
Commission on Africa
and Development



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Appendix A: National Steering Committee Terms of Reference

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GLOSSARY OF ACRONYMS

ACCHO – African and Caribbean Council on HIV/AIDS in Ontario

ACHES – African Community Health Services

AHT – Anonymous HIV Testing

AIDS – Acquired Immune Deficiency Syndrome

APAA – Africans in Partnership Against AIDS

ASO – AIDS Service Organization

Black CAP – Black Coalition for AIDS Prevention

CIDPC – Centre for Infectious Disease Prevention and Control

HETF – HIV Endemic Task Force

HIV – Human Immunodeficiency Virus

ICAD – Interagency Coalition on AIDS and Development

MSM – Men who have Sex with Men

NSC – National Steering Committee

PHA – Person Living with HIV/AIDS

PHAs – People Living with HIV/AIDS

PHAC – Public Health Agency of Canada

PI – Principal Investigator

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infection

EXECUTIVE SUMMARY

Background

The objective of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project is to conduct preliminary research that will contribute to the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities. The project is funded by the Public Health Agency of Canada (PHAC) through the Interagency Coalition on AIDS and Development (ICAD), a national HIV/AIDS organization. The project is a partnership of the organizations represented on the National Steering Committee (NSC). It was developed in response to the disproportionate number of Black people testing HIV positive and to the need identified, Canada-wide, by AIDS service organizations (ASOs) of how to best respond to the increasing number of Black people for HIV/AIDS services.

At the start of the project, the National Steering Committee discussed, in detail, the target population for the project and the strategy. Initially, the language used was “people from countries where HIV is endemic (HIV-endemic countries)”¹ which meant focussing on Black people from Sub-Saharan Africa and the Caribbean. The NSC determined this to be too limiting for a national HIV/AIDS strategy as a significant number of Black people, such as those born in Canada, would not be represented/reflected. It was decided that the project and any resulting strategy would need to encompass the diversity of Black people in Canada, thus the naming of Black Canadian, African and Caribbean communities.

This report represents the completion of one component of the project, the environmental scan, which was conducted from June to August 2005. Information was collected through documentation reviews, surveying of AIDS service organizations by way of the membership of ICAD and the Canadian AIDS Society, internet searches, and communication via telephone and email. The report summarizes the findings of the scan and offers recommendations for the second component of the project, a national consultation to enhance a framework for the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities. Throughout the report, references to Black people/communities will mean Black Canadian, African and Caribbean people/communities.

Key Findings

In Canada, the number of positive HIV tests continues to increase and more women have tested HIV positive in recent years. Men who have sex with men (MSM) continued to represent the highest number and proportion of positive HIV tests. When reviewing the data on positive HIV tests, with ethnicity known, Aboriginal and Black peoples were overrepresented. According to the 2001 Census, Aboriginal peoples made up 3.3% of the Canadian population yet in 2004, they were 21.4% of positive HIV tests where ethnicity was known. This represented an increase from 1998 when the proportion was 18.6%. For Black people, who made up 2.2% of the Canadian population in 2001, they were 12.1% of the positive HIV tests in 2004. Again, this represented an increase from 1998 when the proportion was 5.3%.

¹ HIV-endemic is an epidemiologic term that refers to countries or populations where there is a high prevalence of HIV infection in the general population (i.e. generally greater than 1%) and the predominant mode of transmission is heterosexual contact. Currently, most countries in the Caribbean and Sub-Saharan Africa have been classified as HIV-endemic.

With regards to AIDS cases in 2004, women represented a growing proportion of the AIDS diagnoses in Canada and MSM continued to represent the highest number and proportion of AIDS diagnoses. Aboriginal and Black people also continued to be overrepresented in the proportion of AIDS diagnoses. While the number of AIDS diagnoses has decreased over the years, the proportion attributed to Aboriginal and Black peoples have increased. In 2004, Aboriginal peoples represented 14.8% and Black people represented 15.5% of AIDS cases where ethnicity was known.

It should be noted that the number of positive HIV tests and consequently AIDS cases for Aboriginal and Black peoples are most likely understated as they do not include data from Ontario and Québec where 27.4% of Aboriginal and 85.1% of Black peoples lived in Canada in 2001.

At the provincial/territorial level, Ontario has done extensive work to document the situation of HIV/AIDS among Black people. While other provinces/territories have not analyzed the situation to the same degree as Ontario, statistics on HIV/AIDS in Black communities have been published by Québec, British Columbia, Alberta, Saskatchewan, Nova Scotia and Manitoba.

The Black communities in Canada are a collection of ethnically, culturally, linguistically, religiously diverse communities comprised of people of Black African descent who were born primarily in Africa, the Caribbean or Canada. The Black communities include people who have been many generations in Canada, are established immigrants or are recent newcomers. This composition signifies that the Black communities in Canada are transnational communities with roots and links both in Canada and globally.

There are currently five (5) organizations primarily focussed on HIV/AIDS in Black communities. Four (4) of the organizations are in Toronto (African Community Health Services, Africans in Partnership Against AIDS, Black Coalition for AIDS Prevention, and People to People Aid Organization Canada) and the fifth, Groupe d'action pour la prevention de la transmission du VIH et l'éradication du Sida, is located in Montreal.

In reviewing the current HIV/AIDS projects targeting the Black communities, thirty-nine (39) projects were identified; one (1) in Nova Scotia, two (2) in Québec, thirty-two (32) in Ontario, three (3) in Alberta, and one (1) in British Columbia. A contributing factor to the large number of projects in Ontario is the availability of funding from the City of Toronto for HIV/AIDS initiatives. Nineteen (19) of the identified projects are funded by the City of Toronto.

Fifteen (15) reports and fourteen (14) current research projects that address HIV/AIDS in the Black communities were identified. The majority of the reports noted were produced between 2001-2005, except the landmark *Community AIDS Education for the African Nova Scotian Community: Needs Assessment Report* which was produced in 1993. Almost all of the research projects identified are taking place in Ontario or Québec.

Over the past few years, there has been an increasing recognition by some governments that the disproportionate number of Black people testing HIV positive needs to be addressed with focussed attention and resources. This acknowledgement comes from years of community mobilization and advocacy. It has been at the community level that organizations first experienced the increased numbers of Black people requiring HIV/AIDS programs and services.

At the federal level, Black people (people from countries where HIV is endemic) have been named in the government's key HIV/AIDS policy document, *The Federal Initiative to Address HIV/AIDS in Canada*. This naming has also occurred in the pan-Canadian response document *Leading Together: An HIV/AIDS Action Plan for All Canada*. At the provincial/territorial level, some of the provinces with HIV/AIDS strategic plans do mention the disproportionate number of Black people who have tested HIV positive. In Ontario, the *Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries Where HIV is Endemic* is a complementary document which is also an appendix of the provincial HIV/AIDS strategy. This document was produced by the African and Caribbean Council on HIV/AIDS in Ontario/ HIV Endemic Task Force. At the municipal level, the cities of Toronto, Ottawa and Montréal all provide funding specifically for HIV/AIDS initiatives targeting the Black communities.

Analysis

From the environmental scan, the following interconnected key themes emerged:

1. Addressing the increased number of positive HIV tests and AIDS diagnoses for the Black communities will require focused action.

There are numerous and complex factors that put Black people at risk for HIV infection and inform their reality of living with HIV/AIDS. Among the factors are the experiences and impact of racism combined with other forms of discrimination, such as those based on gender, sexual orientation and socio-economic status, as these affect access to information, resources and services, as well as limit one's ability to have or make choices. As a result, any intervention aimed at reducing the risk of HIV infection or addressing the needs of Black people living with HIV/AIDS must acknowledge and account for these factors if it is to be responsive and have impact.

Initiatives – programs, services, policies – must also be tailored given the diversity of the Black communities across Canada. The reality for third and fourth generation Black people in Halifax are different from those of African and Caribbean immigrants in Toronto or Calgary; just as the reality for two HIV positive Black people in the same city may differ based on their different stages in the immigration process.

The issue of immigration warrants some attention for various reasons, including how it informs stigma and discrimination, and how it links to the need to address relating legal, ethical and human rights issues. People living with HIV/AIDS who are at different stages in the immigration process prior to getting landed immigrant status often do not seek treatment or support until they are very ill and in crisis. At this time, the care they require needs to be specialized yet they are often unable to afford such care due to lack of health insurance coverage. Research has shown that three-quarters of people living with HIV/AIDS who are immigrants and refugees will eventually get status and coverage given proper and timely legal support.² It is of critical importance to note that despite the perception of immigrants and refugees coming to Canada

² The Committee for Accessible AIDS Treatment HIV/AIDS & Immigration Forum Notes, May 10, 2004.

with HIV, the evidence have shown otherwise as a substantial proportion of HIV infection occurs after residence in Canada has been established.³

The increased number of positive HIV tests in the Black communities has a particular character in that these diagnoses tend to be at a later stage in HIV infection. This means that Black people are not testing early which limits their opportunities for care, treatment and support, and it gives rise to the increased AIDS diagnoses. An identified contributing factor to the late testing for HIV in the Black communities has been the fear of what will happen to the information and the stigma and discrimination that may result. A response that is needed is the encouragement of testing early coupled with being able to test anonymously, however anonymous HIV testing facilities are limited across Canada.

The varying availability of anonymous HIV testing facilities across the country is indicative of the differences that exist in government policy responses to HIV/AIDS across the country. While the majority of the provinces and territories, as well as the federal government, have an HIV/AIDS strategic plan, there are still some without. As a result, the investment of resources to address HIV/AIDS through the allocation of targeted funding is as varying as the policy responses. While efforts are currently underway to enhance the policy response around HIV/AIDS at the provincial, territorial and federal levels, there is a need to ensure that the responses include the necessary resources for effective program implementation. There is also a need to ensure that the responses address the disproportionate number of positive HIV tests and AIDS diagnoses for the Black communities.

As a transnational population, the Black communities in Canada are intricately linked to Black communities globally. As a result, addressing HIV/AIDS in the Black communities in Canada needs to incorporate this reality through the sharing of experiences and lessons learned. It also means utilizing and building on the materials and tools developed to respond to the specificity and diversity within the Black communities.

2. There is a need to build the capacity of Black Canadian, African and Caribbean communities, as well as a range of service providers, to better respond to HIV/AIDS.

The core of the response to HIV/AIDS in the Black communities lies within the communities themselves. The knowledge, experience and skills are there but are often untapped or underutilized. Over the years, a few specific organizations have been established to address HIV/AIDS in the Black communities. These organizations are under-resourced, particularly given the demands placed on them. They nevertheless persevere to respond to the demands as best as they can while also making the links with the global pandemic. Strengthening these organizations must be priority in the national response to HIV/AIDS in the Black communities.

Organizational capacity building must also be extended to “mainstream” organizations that provide programs and deliver services to address HIV/AIDS in the Black communities and to other organizations that focus on the Black communities but may not address HIV/AIDS. This will require training, tools and support. Significantly, it will also require partnerships and community engagement to be effective and to produce results.

³ Robert S. Remis and Maraki Fikre Merid, *The Epidemiology of HIV Infection Among Persons From HIV-Endemic Countries in Ontario: Update To December 2002 Summary of Findings*, Prepared for the African and Caribbean Council on HIV/AIDS in Ontario, September 2004.

In addition to building the capacity of organizations, there is a need to also build the capacity of individuals to play an active and meaningful role in the response to HIV/AIDS in the Black communities. Black people living with HIV/AIDS, as well as those affected and vulnerable, need to be involved in all aspects, from design to evaluation, of the projects, programs and services targeted to them. This involvement must be nurtured, affirmed and supported.

3. Various types of research is necessary to better understand the issues related to HIV/AIDS and Black communities, as well as to inform policies, programs and services.

Limited research has been undertaken on HIV/AIDS and the Black communities. What is required includes social, behavioural, epidemiological and psychological studies. A framework for enhancing the research capacity could include:

- Knowledge development – developing understandings and tools;
- Knowledge delivery – building skills and integrating understandings, tools and skills into practice; and
- Knowledge exchange – stimulating interactions, building relationships and working together.

A significant challenge in the research agenda for addressing HIV/AIDS in the Black communities is getting better surveillance data around “ethnicity” in Canada. The issues around producing better surveillance data are numerous as they range from how best to engage community members when they come in for testing, to how best to name “ethnicity” markers, to how to enhance collaboration and cooperation between the provinces, territories and federal government.

4. There is a need for coordination to maximize impact.

As documented in this Environmental Scan Report, there are numerous projects, initiatives and research activities underway specific to HIV/AIDS and the Black communities in Canada. In some cases, individuals and organizations may know of each other but in general, this is not the reality. Most of the work being done is occurring in isolation, with limited or no link to other work being done in other cities or provinces.

To have a link, however, requires attention and resources. Specific effort is needed to share information, bring people together and take joint action. In order to have the most impact in addressing HIV/AIDS in the Black communities, the links must be made, the information must be shared, the people must be brought together and the joint action must be taken.

Recommendations

Based on the findings of the environmental scan and a review of *Strengthening Ties-Strengthening Communities: An Aboriginal Strategy on HIV/AIDS in Canada (2003)*, it is recommended that the framework for consultation in the next phase of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project contain the following key components, with consideration of the transnational nature of the Black communities:

1. Continuum of Prevention, Care, Treatment and Support;
2. Community Development and Capacity Building;
3. Research;
4. Coordination and Administration.

These components should be rooted in defined principles, such as access, accountability, collaboration and partnerships, community engagement, and equity.

It is also recommended that the components of the framework demonstrate alignment with *Leading Together: An HIV/AIDS Action Plan for All Canada* which is expected to be released in Fall 2005. As *Leading Together* "will set out a plan for strengthening and expanding HIV/AIDS policy, programming and research in Canada," and "it is a call to action for all Canadians and all sectors of society to become aligned in the HIV/AIDS response," it will be important for any national HIV/AIDS strategy for Black Canadian, African and Caribbean communities to be a part of this picture.

Next Steps and Conclusion

As the completion of this environmental scan was only one component of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project, the next step is for the National Steering Committee to confirm the framework for the consultation which will take place at the 5th Canadian HIV/AIDS Skills Building Symposium in Montréal in October 2005.

Following the consultation and completion of this project, dedicated effort will need to be made to ensure the timely development of a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities. It is clear from the findings of the environmental scan that such action is needed. Given the path that has been cleared by the Aboriginal communities, it will be important to learn from their experiences while honouring their accomplishments. By so doing, Black Canadian, African and Caribbean communities will be creating new paths to reduced HIV transmissions and enhanced quality of life for Black people living with HIV/AIDS.

1.0 INTRODUCTION

The objective of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project is to conduct preliminary research that will contribute to the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities. The project is funded by the Public Health Agency of Canada (PHAC) through the Interagency Coalition on AIDS and Development (ICAD), a national HIV/AIDS organization. The project is a partnership of the organizations represented on the National Steering Committee (NSC). It was developed in response to the disproportionate number of Black people testing HIV positive and to the need identified, Canada-wide, by AIDS service organizations (ASOs) of how to best respond to the increasing number of Black people for HIV/AIDS services. To initiate the project, the National Steering Committee was established with representatives from across the country and to carry out project implementation, a consultant, Dionne A. Falconer of DA Falconer & Associates, was engaged.

At the start of the project, the National Steering Committee discussed, in detail, the target population for the project and the strategy. Initially, the language used was “people from countries where HIV is endemic (HIV-endemic countries)”⁴ which meant focussing on Black people from Sub-Saharan Africa and the Caribbean. The NSC determined this to be too limiting for a national HIV/AIDS strategy as a significant number of Black people, such as those born in Canada, would not be represented/reflected. It was decided that the project and any resulting strategy would need to encompass the diversity of Black people in Canada, thus the naming of Black Canadian, African and Caribbean communities.

This report represents the completion of one component of the project, the environmental scan. It summarizes the findings of the scan and offers recommendations for the second component of the project. Throughout the report, references to Black people/communities will mean Black Canadian, African and Caribbean people/communities.

⁴ HIV-endemic is an epidemiologic term that refers to countries or populations where there is a high prevalence of HIV infection in the general population (i.e. generally greater than 1%) and the predominant mode of transmission is heterosexual contact. Currently, most countries in the Caribbean and Sub-Saharan Africa have been classified as HIV-endemic.

2.0 PROCESS

The project has two key components: (1) an environmental scan to identify current activities and initiatives to address HIV/AIDS issues for Black Canadian, African and Caribbean communities; and (2) a national consultation to enhance a framework for the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities. During the course of the study, the scope of the environmental scan was expanded to include activities and initiatives that while not current, were of relevance. The environmental scan was conducted from June to August 2005.

2.1 *National Steering Committee*

The National Steering Committee is responsible for providing guidance, direction, technical advice and support, linkages to appropriate persons and/or organizations, planning advice for the national consultation, and input into and review of specific documents drafted (see Appendix A for the Committee's Terms of Reference).

2.2 *Information Gathering Methods*

Information was collected through documentation reviews, surveying of ASOs by way of the membership of ICAD and the Canadian AIDS Society, internet searches, and communication via telephone and email.

2.3 *Limitations of the Process*

This report does not attempt to comprehensively document all current or relevant activities and initiatives to address HIV/AIDS issues for Black Canadian, African and Caribbean communities because:

- The timeframe and budget for the completion of the study restricted the methods that could be used to compile the information.
- An attempt was made to ensure that the current or relevant activities and initiatives were representative of those available; however, this was not possible, as not all of the individuals and organizations contacted volunteered to participate.

In spite of these limitations, there is confidence that the findings presented in this report reflect most of the current or relevant activities and initiatives to address HIV/AIDS issues for Black Canadian, African and Caribbean communities.

3.0 FINDINGS

3.1 HIV/AIDS in Canada

While surveillance data has its limitations, particularly its understatement of the magnitude of the HIV/AIDS epidemic, the available data does provide a snapshot of the epidemic and allows for the observation of patterns and trends in the epidemic.

From 1985 to 2004, there were 57,674 positive HIV tests reported. Between 2000 and 2004, positive HIV tests increased from 2,111 to 2,529, a rise of 20%. During this period, close to one third of all positive HIV tests were attributed to the heterosexual exposure category which represents a growing number and proportion of positive HIV tests. In 2004, a breakdown of this proportion by the three heterosexual subcategories showed 7.6% among persons from an HIV-endemic country, 12.3% among persons who had heterosexual contact with someone who was either HIV-infected or at increased risk for HIV, and 10.5% among those with heterosexual sex as the only identified risk. Over one quarter of the positive HIV tests in 2004 were among women, a significant increase given that prior to 1995, women represented less than 10% of the positive HIV tests. Men who have sex with men (MSM) continued to represent the highest number and proportion of positive HIV tests. When reviewing the data with ethnicity known, Aboriginal and Black peoples were overrepresented in the positive HIV tests. According to the 2001 Census, Aboriginal peoples made up 3.3% of the Canadian population yet in 2004, they were 21.4% of positive HIV tests where ethnicity was known. This represented an increase from 1998 when the proportion was 18.6%. For Black people, who made up 2.2% of the Canadian population in 2001, they were 12.1% of the positive HIV tests in 2004. Again, this represented an increase from 1998 when the proportion was 5.3%.⁵

Table 1: Comparison of positive HIV test reports between selected ethnic groups, 1998 to June 30, 2004

	White	Aboriginal	Black
Gender	<i>n</i> = 2,708	<i>n</i> = 1,007	<i>n</i> = 370
Female	16.7%	45.0%	49.5%
Age	<i>n</i> = 2,713	<i>n</i> = 1,009	<i>n</i> = 371
20-29	16.8%	26.5%	33.2%
30-39	37.3%	39.4%	42.9%
40-49	29.9%	23.5%	13.7%
Exposure category	<i>n</i> = 2,605	<i>n</i> = 979	<i>n</i> = 357
Men who have sex with men	40.8%	6.9%	6.7%
Injecting drug users	32.6%	59.4%	5.9%
Heterosexual	21.4%	27.6%	84.5%

Source: Public Health Agency of Canada, "HIV/AIDS Epi Updates," May 2005: 48.

From 1985 to 2004, there were 19,828 AIDS diagnoses reported; however, this figure did not include data from Québec for 2004. Adult females represented a growing proportion of the AIDS diagnoses in Canada. Prior to 1994, only 6.2% of AIDS diagnoses were among adult females; however, this increased to over 20% in 2003-2004. There was also an increase in the three heterosexual exposure subcategories between 1994 and 2004, and a decrease in MSM AIDS diagnoses. As in the case of positive HIV tests, MSM continued to represent the highest number and proportion of AIDS diagnoses. Aboriginal and Black people

⁵ Public Health Agency of Canada, *HIV and AIDS in Canada: Surveillance Report to December 31, 2004*, April 2005.

also continued to be overrepresented in the proportion of AIDS diagnoses. While the number of AIDS diagnoses has decreased over the years, the proportion attributed to Aboriginal and Black peoples have increased. In 2004, Aboriginal peoples represented 14.8% and Black people represented 15.5% of AIDS cases where ethnicity was known.⁶

It should be noted that the number of positive HIV tests and consequently AIDS cases for Aboriginal and Black peoples are most likely understated as they do not include data from Ontario and Québec where 27.4% of Aboriginal and 85.1% of Black peoples lived in Canada in 2001.⁷

In 1999, *The HIV/AIDS Epidemic Among Persons from HIV-endemic Countries in Ontario, 1981-98: Situation Report* by Robert S. Remis and Elaine P Whittingham was produced. Using statistical modelling of available data, this seminal report highlighted:

- Approximately 2,346 persons from HIV-endemic regions and resident in Ontario were living with HIV infection as of December 1998 (1,491 from the Caribbean and 855 from sub-Saharan Africa).
- More HIV-infected persons were born in the Caribbean, though prevalence rates⁸ were higher for the sub-Saharan African countries.
- The annual rate of increase of HIV infections approximated 12%, representing 250 new infections in the past few years.
- The majority of HIV-positive women in a database of HIV-infected mothers and their infants were born in the Caribbean or sub-Saharan Africa; further, over half the confirmed HIV positive infants in the database were born to women from these regions.
- The analysis of reported AIDS cases indicated that persons from HIV-endemic regions accounted for an increasing proportion of cases in Ontario, especially since 1996; this group represented 17% of AIDS cases in 1998.
- Most AIDS cases were younger than 45 years at time of diagnosis and an increasing number of AIDS cases in later years were among persons born in sub-Saharan Africa. The majority of deaths due to AIDS in this population occurred after 1990 and mainly among persons under 50 years old, though women tended to die at an earlier age than men.
- Whereas overall prevalence rates among immigrants from these regions may not appear substantial, they were about 50-fold higher than among other heterosexual non-injecting persons in Ontario.
- The modeling techniques which estimated the number of HIV infections acquired in Canada revealed that considerable transmission may be occurring after residence was established here, suggesting that a substantial proportion (30-45%) of HIV infections were not “imported.”
- A proportion of HIV-infected men immigrating from HIV-endemic regions reported the additional risk of having sex with men. Though not the primary focus of the study, it was estimated that there may be as many as 300 HIV-infected MSM from HIV-endemic countries and several thousand men at risk for infection.

⁶ Ibid.

⁷ Statistics Canada, <http://www40.statcan.ca/l01/cst01/demo52b.htm>.

⁸ Prevalence rate is the number of existing cases of a disease at a specified time divided by a defined population that is “at risk” of experiencing the condition. Canadian AIDS Society and Health Canada, *A Guide to HIV/AIDS Epidemiological and Surveillance Terms*, 2002: 40.

The *Situation Report* was updated to December 2002 and it highlighted:

- Approximately 2,627 persons from HIV-endemic regions were living with HIV infection as of December 2002 (1,366 from the Caribbean of whom 1,111 (81%) were male and 1,261 from sub-Saharan Africa of whom 788 (62%) were male).
- The number of HIV-infected persons and HIV prevalence rates were higher for the sub-Saharan African countries.
- The annual rate of increase of HIV prevalence was 13% in the previous five years, representing about 300 new infections each year.
- Based on the mother-infant modeling, the majority (53%) of HIV transmissions from infected mothers to their infants in Ontario were among women from the Caribbean or sub-Saharan Africa.
- The analysis of reported AIDS cases indicated that persons from HIV-endemic regions accounted for an increasing proportion of cases in Ontario, representing 20% of AIDS diagnoses in 2001 and 2002 compared to 4.6% in 1981-2000.
- Most AIDS cases were younger than 45 years of age at time of diagnosis and an increasing number of AIDS cases in the latter years were among persons born in sub-Saharan Africa. The majority of deaths due to AIDS in this population occurred after 1990 and mainly among persons under 50 years old, though women died at a younger age than men.
- The estimated number of infections among persons from HIV-endemic countries was 12% higher than the 2,350 estimated for 1998. The number was substantially higher for those from sub-Saharan Africa (60% higher than the 860 estimated for 1998) but lower for those from Caribbean countries (1,490 estimated for 1998). The reasons for the decrease may have been due to the difference in the methodology or the data used. It must be realized that modeled estimates were obtained using methodologies that have important limitations. Nevertheless, the estimations represented a good fit with available reported data for most countries and were consistent with HIV prevalence previously estimated for this population. For these reasons, there was confidence that the results were a plausible indication of the extent of HIV infection in this population.
- Persons who immigrated to Ontario from HIV-endemic regions represented an important part of the Ontario epidemic, preceded only by men who have sex with men and injection drug users. Whereas overall prevalence rates among immigrants from these regions may not appear substantial, they were about 20-fold higher than among other heterosexual non-injecting persons in Ontario.
- The modeling approach estimated the number and proportion of HIV infections acquired in Canada and revealed that considerable transmission may occur after arrival in Canada, suggesting that a substantial proportion (20-60%, depending on the country of origin) of HIV infections were not "imported."
- A non-negligible proportion of HIV-infected men immigrating from HIV-endemic regions reported having had sex with men. Though not the primary focus of the study, it was estimated that there may be 400 or more HIV-infected MSM from HIV-endemic countries and several thousand men at risk for infection. MSM from HIV-endemic countries explained in part the high male: female ratio observed in the analyses (4:1 among persons from the Caribbean and 2:1 among those from Africa).⁹

⁹ Robert S. Remis and Maraki Fikre Merid, *The Epidemiology of HIV Infection Among Persons From HIV-Endemic Countries in Ontario: Update To December 2002 Summary of Findings*, Prepared for the African and Caribbean Council on HIV/AIDS in Ontario, September 2004.

Table 2: HIV tests and HIV diagnoses by exposure category from 2000 to 2004, Ontario

Endemic				
Year	HIV tests	Increase	HIV diagnoses	Increase
2000	6,789	Baseline	180	Baseline
2001	7,308	7.6%	224	24.4%
2002	9,706	43.0%	281	56.1%
2003	10,631	56.6%	252	40.0%
2004	11,355	67.3%	240	33.1%

Source: Ontario HIV Epidemiologic Monitoring Unit, http://www.phs.utoronto.ca/ohemu/HIVupdate_overview.html

While statistics on HIV/AIDS in Black communities in other provinces/territories have not been analyzed to the level of those in Ontario and publication of those statistics are limited, the following has been documented:

- In Québec, a comparison of the estimated prevalence of HIV infection for the exposure category heterosexual contact/endemic country revealed an increase from 11% (1,770) in 1999 to 14% (2,500) in 2002. It has also been noted that women from countries where HIV is endemic always represent the highest incidence of AIDS among women, even if this proportion experienced several variations during various periods.¹⁰
- In Québec, between July 1997 and June 2001, nearly 60% of the 209 HIV-infected pregnant women were born in an endemic country. Of these women, 73 (34.9%) were African and 52 (24.9%) were Haitian.¹¹
- In British Columbia, with ethnicity known, 7.7% (34/440) of the newly reported HIV positive cases in 2001 were Black people. Between 1995-2001, with ethnicity known, Black people represented 3.9% (144/3703) of the total HIV positive cases for that period.¹²
- In Alberta, with ethnicity known, 20.6% (35/170) of the newly diagnosed cases of HIV in 2004 were Black people. Of these, 91.4% (32/35) identified exposure as heterosexual endemic. Between 1998-2004, with ethnicity known, Black people represented 11.8% (139/1182) of the total newly reported HIV cases for that period.¹³
- In Saskatchewan, the category endemic represented 6.5% (30/465) of the cumulative HIV cases from 1984-2003. Half (15/30) of these cases were diagnosed between 1999-2003.¹⁴
- In Nova Scotia, the category heterosexual contact/person born in a country where HIV is endemic represented 3.2% (18/557) of the cumulative adult HIV cases from unspecified date (before 1992) to 2000.¹⁵ This does not include HIV positive cases among Black people born in Canada as there is no specific category to capture these cases.

¹⁰ Santé et Services sociaux Québec, *Portrait des infections transmissibles sexuellement et par le sang (ITSS), de l'hépatite C, de l'infection par le VIH et du Sida au Québec*, December 2003: 29, 22.

¹¹ Public Health Agency of Canada, *HIV/AIDS Epi Updates*, May 2005: 40.

¹² B.C. Ministry of Health Planning and B.C. Ministry of Health Services, *Priorities for Action in Managing the Epidemics – HIV/AIDS in B.C.: 2003-2007*, September 2003: 16.

¹³ Ami Singh, *Summary overview of HIV/AIDS in Alberta*, Presentation to Alberta Advisory Committee on AIDS, June 29, 2005.

¹⁴ Saskatchewan Health, *HIV/AIDS in Saskatchewan 2003*, October 2004: 14.

¹⁵ Nova Scotia Department of Health, *HIV/AIDS Surveillance Report 2000*, November 2001: 9.

- In Manitoba, 22.5% (25/111) of newly diagnosed cases of HIV in 2003 self-reported their ethnicity as African. Between 1999-2002, 9.8% (26/265) of new HIV cases self-reported their ethnicity as African.¹⁶

According to the Public Health Agency of Canada Centre for Infectious Disease Prevention and Control (CIDPC,) Canadians with risk factors for HIV infection are more likely to have been tested for HIV than those without such risk factors. However, there is still a significant proportion of persons with risk factors who have never been tested for HIV. In 2002, it was estimated that approximately 17,000 people in Canada were not aware of their HIV infection. In Canada, three types of HIV testing are available: nominal (name-based), non-nominal (non-identifying using codes or initials) and anonymous. Although anonymous testing may encourage testing, it is not available in all provinces and territories (see Table 3 for the status of anonymous testing across Canada). As of May 1, 2003, HIV infection became legally notifiable¹⁷ in all provinces and territories, therefore now both positive HIV test reports and AIDS diagnoses are notifiable in all jurisdictions across Canada (see Table 4 for status on HIV testing and reporting across Canada).¹⁸

¹⁶ Manitoba Health, *Manitoba Health Statistical Update on HIV/AIDS 1985-December 2003*, August 2004: 3.

¹⁷ A notifiable disease is a disease that is considered to be of such importance to the public health that its occurrence is required to be reported to public health authorities. The term "reportable" is frequently used interchangeably with "notifiable" when discussing HIV/AIDS reporting in Canada. Canadian AIDS Society and Health Canada, *A Guide to HIV/AIDS Epidemiological and Surveillance Terms*, 2002: 36.

¹⁸ Public Health Agency of Canada, *HIV/AIDS Epi Updates*, May 2005: 11.

Table 3: Status of Anonymous HIV Testing (AHT) by Province/Territory

Province/Territory	Year In Which AHT Became Available	Number of AHT Sites	AHT Data Reported to CIDPC	Counselling Services Available
British Columbia	1985	Any physician's office	Yes	Yes
Yukon	-	-	-	-
Northwest Territories	-	-	-	-
Nunavut	-	-	-	-
Alberta	1992	3	Yes	Yes
Saskatchewan	1993	3	No	Yes
Manitoba	-	-	-	-
Ontario	1992	33	Yes	Yes
Québec	1987	60+	No	Yes
New Brunswick	1998	7	-	Yes
Nova Scotia	1994	1	No	Yes
Prince Edward Island	-	-	-	-
Newfoundland and Labrador	*	6	Yes†	Yes†

* AHT is available upon request but is not part of the official guidelines for the province.

† If someone tests positive for HIV infection through AHT, that individual then becomes part of the nominal/name-based system, in which counselling, follow-up care and HIV data reporting are all done nominally.

Source: Public Health Agency of Canada, "HIV/AIDS Epi Updates," May 2005: 14.

Table 4: HIV Testing and HIV Reporting by Province/Territory

Province/Territory	Type of HIV Testing Available	Year In Which HIV Infection Became Notifiable	Responsibility for Reporting of HIV Infection	Type of Testing Reported to the Province/Territory
British Columbia	N, NN, A	2003	L, P	N, NN*
Yukon	N, NN	1995	P	N
Northwest Territories	N, NN	1988	L, P, RN	N
Nunavut	N, NN	1999	L, P, RN	N
Alberta	N, NN, A	1998	L, P	NN
Saskatchewan	N, NN, A	1988	L, P	NN
Manitoba	NN	1987	L, P	NN
Ontario	N, NN, A	1985	L, P	N, NN*
Québec	N, NN, A	2002	L, P	NN
New Brunswick	N, NN, A	1985	L, P, RN	NN
Nova Scotia	N, NN, A	1985	L, P	N, NN
Prince Edward Island	N, NN	1988	L, P, RN	N, NN
Newfoundland and Labrador	N, NN, A**	1987	L, P	N
<p>N = nominal/name-based A = anonymous P = physician NN = non-nominal/non-identifying L = laboratory RN = nurse</p>				
<p>*In Ontario and British Columbia, data from positive HIV tests completed by means of anonymous HIV testing (AHT) are reported non-nominally at the provincial level.</p>				
<p>**If someone tests positive for HIV through AHT, that individual then becomes part of the nominal/ name-based system, in which counselling, follow-up care and HIV data reporting are all done nominally.</p>				

Source: Public Health Agency of Canada, "HIV/AIDS Epi Updates," May 2005: 13.

3.2 *Black People in Canada*

The Black communities in Canada are a collection of ethnically, culturally, linguistically, religiously diverse communities comprised of people of Black African descent who were born primarily in Africa, the Caribbean or Canada. The Black communities include people who have been many generations in Canada, are established immigrants or are recent newcomers. This composition signifies that the Black communities in Canada are transnational communities with roots and links both in Canada and globally.

Using 2001 Census information, Statistics Canada published, in 2004, the article *Blacks in Canada – A Long History*. Some of its key highlights include:

- In 2001, Black people were the third largest visible minority group in Canada, behind Chinese and South Asians. The 2001 Census enumerated 662,200 Black people, representing just over 2% of Canada's total population and 17% of the visible minority population.
- In 2001, in Atlantic Canada, Black people represented just over 1% of the population. Yet many Black people in the Atlantic provinces have a history dating back several centuries. Most Black residents in Atlantic Canada are third-generation Canadian or beyond.
- In 2001, over 90% of the Black people living in Halifax were Canadian-born, the highest proportion among census metropolitan areas. Eight in 10 Haligonian Black people aged 15 and older were third-generation or beyond, compared with one in 10 Black people in Canada overall. There were nearly 13,100 Black people in Halifax in 2001, representing close to 4% of the population, the third largest proportion behind Toronto and Montréal.
- In 2001, nearly one half (45%) of all Black people were born in Canada, second only to Japanese (65%), and much higher than South Asians (29%) or Chinese (25%).
- Among the Black population aged 15 and older, second-generation Black people, or those who were Canadian-born with at least one parent born outside of Canada, accounted for 19% of the Black population. This proportion is behind only that of the Japanese population (31%) and was slightly higher than the national average (16%).
- The third generation and beyond are those who have a longer ancestral history in Canada. These are people whose parents were also born in Canada. In 2001, 10% of all Black people were third-generation Canadian. In areas which have a longer history of Black settlement, such as Nova Scotia, more than four in five (84%) Black residents were at least third-generation Canadian.
- In 2001, about 48% of Black immigrants who came to Canada in the 1990s were born in Africa, virtually the same proportion as those born in the Caribbean, Central and South America (47%). Compared with Black immigrants from earlier decades, the source regions have shifted dramatically. Among foreign-born Black people who came to Canada before 1961, only 1% was born in Africa, and 72% came from the Caribbean, Central and South America. The Black foreign-born community consists of people from many different parts of the world, but predominantly from countries in the Caribbean and Africa.
- In 2001, the Black population had a much younger age structure than the total Canadian population. Children under age 15 accounted for nearly 30% of the Black population, compared with 19% of the total population. In addition, 17% of all Black people were aged 15 to 24 compared with 13% in the overall population. However, only 5% of all Black people were aged 65 or over, less than half the proportion of the Canadian population (12%).
- According to the 2001 Census, a much higher proportion of Black children aged 0 to 14 lived with only one parent than other children (46% versus 18%). Canadian-born Black children were more likely to live with a lone parent (47%) than were foreign-born Black children (40%).

- Census data also found that Black children were more likely than other children to be living in low-income households (44% compared to 19%).
- In 2001, almost all Black people (97%) lived in urban areas and nearly one half (47%) of the Black population, about 310,500, lived in the Toronto census metropolitan area (CMA)
- Black people represent 7% of Toronto's total population, the highest proportion among CMAs. In some municipalities within Toronto, Black people represented even larger shares of the population: Brampton (10%), Ajax (10%), and Pickering (9%).
- In Toronto, 57% of all Black people were foreign-born. Close to three-quarters (73%) of the 178,200 foreign-born Black people in Toronto were born in the Caribbean, and South and Central America, mainly from Jamaica, Trinidad and Tobago and Guyana.
- Like Toronto, most Black people in Montréal (55%) are foreign-born and predominantly from the Caribbean, South and Central America.
- In 2001, 78% of Montréal's 76,200 foreign-born Black people were born in this region, primarily from Haiti. Fewer than one fifth (18%) of foreign-born Black people living in Montréal in 2001 were born in Africa.
- The Black population is growing faster than the Canadian population and is concentrated in Canada's largest cities, especially Toronto. Black people are younger and their children are more likely to be living in lone-parent families and in low income households. Canadian-born Black people are just as likely to be university educated as all persons aged 25 to 54 born in Canada, but foreign-born Black people are much less likely to have a university education than other foreign-born persons. Black people, in particular those who were Canadian born, are slightly less likely to be employed and had lower employment incomes and have higher unemployment rates than all 25- to 54-year-olds.

Table 5: Percentage of Black population for selected Census Metropolitan Areas

Selected Census Metropolitan Areas (CMA)	Black Population (number)	% of total population who are Black	% of Black people who are Canadian-born	% change in Black population 1991-2001
Canada	662,200	2.2	45	31
Toronto	310,500	6.7	40	29
Montréal	139,300	4.1	41	37
Halifax	13,100	3.7	91	24
Ottawa-Gatineau	38,200	3.6	38	75
Windsor	8,100	2.7	60	87
Oshawa	7,200	2.4	52	34
Hamilton	12,800	2.0	48	30
Kitchener	7,300	1.8	46	29
London	7,600	1.8	52	43
Winnipeg	11,400	1.7	45	17
Edmonton	14,100	1.5	49	20
Calgary	13,700	1.4	45	34
Vancouver	18,400	0.9	48	20
Non-CMAs	41,000	0.4	72	14

Source: Anne Milan and Kelly Tran, Canadian Social Trends, Statistics Canada, Spring 2004.

3.3 Organizations Primarily Focussed on HIV/AIDS in Black Communities

Across Canada, there are hundreds of organizations addressing HIV/AIDS. While many aim to meet the needs of the general or at-risk population with some targeted initiatives, there are very few organizations whose primary focus is addressing HIV/AIDS in Black communities. The organizations noted in this section have this primary focus.

A. African Community Health Services (Toronto, Ontario)

African Community Health Services (ACHES) is dedicated to meeting the health needs and concerns of Africans and their communities through a holistic approach in a diverse environment. ACHES develops and delivers holistic health and disease prevention programs with emphasis on but not limited to education, prevention, and control of HIV/AIDS/STDS and other health related issues. ACHES undertakes demographic and other studies and distributes research results which will assist in the planning and delivery of community health services with emphasis on but not limited to HIV/AIDS/STDS and other social and health related issues.

B. Africans in Partnership Against AIDS (Toronto, Ontario)

Incorporated in 1994, Africans in Partnership Against AIDS (APAA) is a community-based, Canadian, non-profit, charitable organization serving the Greater Toronto Area. APAA provides HIV/AIDS education in a linguistically and culturally sensitive context and believes that a supportive environment is essential to the well-being of people living with HIV/AIDS, as well as their partners, families and friends.

C. Black Coalition for AIDS Prevention (Toronto, Ontario)

Started in the late 1980s, the Black Coalition for AIDS Prevention (Black CAP) is a volunteer-driven, charitable, not-for-profit, community-based organization that works in partnership with organizations and individuals who support, in principle and practice, its mission, philosophy and activities. Black CAP aims to reduce the spread of HIV infection within Black communities and to enhance the quality of life of Black people living with or affected by HIV/AIDS.

D. Groupe d'action pour la prevention de la transmission du VIH et l'éradication du Sida (Montréal, Québec)

Formerly known as Groupe d'action pour la prévention du Sida (GAP-SIDA), Groupe d'action pour la prevention de la transmission du VIH et l'éradication du Sida (GAP-VIES) has been active since 1987. GAP-VIH assists and supports people who are HIV positive in general and in particular the Haitian community living in Grand Montréal and surrounding areas.

E. People to People Aid Organization Canada (Toronto, Ontario)

People to People Aid Organization (P2P) Canada is a non-profit organization set up by a group of concerned individuals with diverse professional backgrounds to contribute to the fight against HIV/AIDS. P2P Canada engages in educational activities to prevent, curb and ultimately reverse the spread of HIV/AIDS both globally (especially Ethiopia) and here in Canada, and mobilizes Africans in the diaspora to contribute their resources in the fight against HIV/AIDS. P2P Canada contributes to the care and treatment of people living with HIV/AIDS and ameliorates their living conditions, as well as contributes to the on-going effort to break the silence within their communities in Canada and combating the stigma attached with the disease.

3.4 Current HIV/AIDS Projects Targeting Black Communities

Across the country, there are a number of funded HIV/AIDS projects targeting the Black communities. Table 6 below provides a brief description on these projects according to provinces.

Table 6: Current HIV/AIDS projects targeting Black Communities

NOVA SCOTIA			
Project/ Organization	Key Objectives	Timeframe	Funder
Health Association for African Canadians and Professor David Divine, James R. Johnston Chair in Black Studies, Dalhousie University	<ul style="list-style-type: none"> ▪ Raise the profile of the issue of HIV/AIDS in the major African Nova Scotian communities. ▪ Determine the most effective way(s) of working on HIV/AIDS in these communities for follow-up work. ▪ Begin efforts around such follow-up areas such as: (a) education and (b) promoting access to existing services such as testing and other harm reduction initiatives. 	2005	Nova Scotia Advisory Commission On HIV/AIDS
QUÉBEC			
Project/ Organization	Key Objectives	Timeframe	Funder
African Project/ Centre de Ressources et d'Interventions en Santé et Sexualité	<ul style="list-style-type: none"> ▪ Limit the spread of HIV in the African community living in Montréal, Laval and the South Shore. ▪ Mobilize the network of service providers working with African communities in Montréal and sensitize them to the cultural realities of the target community when dealing with HIV/AIDS issues. ▪ Increase awareness and importance of early testing of HIV for pregnant women. 	ongoing	Montréal Public Health
Refugee Plus Project/ Centre de Ressources et d'Interventions en Santé et Sexualité	<ul style="list-style-type: none"> ▪ Assist refugee claimants and convention refugees who are HIV positive through their immigration and settlement process, and priority of access to services will be given to women. 	2005-2007	Health Canada

ONTARIO			
Project/ Organization	Key Objectives	Timeframe	Funder
VIH/Sida : Lisalisani - Kombit - Entraide communautaire/ Centre Francophone de Toronto	<ul style="list-style-type: none"> ▪ Increase knowledge of HIV/AIDS among sexually active members of the francophone communities where HIV is endemic. ▪ Reduce the stigma surrounding HIV/AIDS. ▪ Increase awareness and understanding of HIV/AIDS in the wider Toronto francophone community. ▪ Increase the participation of the general francophone community in the prevention of HIV/AIDS. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
Multi-Cultural Health Coalition: Ethnocultural Peer Training for HIV/AIDS Prevention/ Somerset West Community Health Centre	<ul style="list-style-type: none"> ▪ Increase the ability of Sub-Saharan African and Caribbean communities in Ottawa to provide HIV/AIDS prevention education in their own communities. ▪ Increase awareness about HIV/AIDS within this target population. ▪ Increase access of this target population to mainstream health services. ▪ Increase the body of knowledge about best practices in the field of HIV/AIDS prevention activities for these communities. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
COPEC: Community Outreach People from Endemic Countries/ Hamilton AIDS Network	<ul style="list-style-type: none"> ▪ Increase the knowledge of barriers to delivering HIV prevention and awareness including existing programs and services for people from countries where HIV is endemic. ▪ Increase the provision of effective strategies to deliver HIV prevention and awareness to this target population. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
HIV Education and Prevention Project for African and Caribbean Women (HEP Project)/ Women's Health in Women's Hands Community Health Centre	<ul style="list-style-type: none"> ▪ Increase the proportion of African and Caribbean women in Toronto who have accurate knowledge of HIV transmission patterns, risks and how to reduce primary and secondary HIV infection within the broader determinants of health. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region

Project/ Organization	Key Objectives	Timeframe	Funder
Muungano (Together): African and Caribbean ASOs working together to coordinate HIV/AIDS services for communities from Endemic regions in the Greater Toronto Area and surrounding areas/ Black Coalition for AIDS Prevention	<ul style="list-style-type: none"> ▪ Increase the capacity among the three African and Caribbean agencies (Black CAP, ACHES and APAA) to coordinate service delivery, develop culturally appropriate resources and jointly plan organizational strategies for Board and staff. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
Developing culturally competent and holistic treatment support and health promotion models for vulnerable ethnoracial people living with HIV/AIDS/ Asian Community AIDS Services	<ul style="list-style-type: none"> ▪ Increase the ability of ethnoracial people living with HIV/AIDS to effectively manage their physical and mental health needs through skills development training. ▪ Increase awareness and knowledge of treatment and health resources for ethnoracial PHAs. ▪ Increase knowledge and capacity among peer and professional service providers in addressing case management needs of ethnoracial PHAs. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
Committee for Accessible AIDS Treatment: Improving service for immigrant and refugee PHAs through improving relevant policies and programs/ Regent Park Community Health Centre	<ul style="list-style-type: none"> ▪ Increase knowledge on relevant policies and programs affecting the target groups. ▪ Increase dialogue and collaboration amongst stakeholders to explore systemic improvements to reduce service barriers. ▪ Reduce service access barriers experienced by target group people living with HIV/AIDS by exploring/recommending systemic improvements in relevant policies and programs. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
Scarborough HIV/AIDS Prevention Project (SCHAPP) Young People Rethinking Gender Roles/ Warden Woods Community Centre	<ul style="list-style-type: none"> ▪ Increase knowledge about gender vulnerability and develop skills to negotiate safer sex and safety in relationships for youth and young adult males and females from African and Caribbean communities in Scarborough. 	2005-2007	PHAC AIDS Community Action Program - Ontario Region
Community-based AIDS Education and Support Program/ Black Coalition for AIDS Prevention	<ul style="list-style-type: none"> ▪ Core funding 	ongoing	AIDS Bureau, Ontario Ministry of Health and Long-Term Care

Project/ Organization	Key Objectives	Timeframe	Funder
Community-based AIDS Education and Support Program / African Community Health Services	<ul style="list-style-type: none"> ▪ Core funding 	ongoing	AIDS Bureau, Ontario Ministry of Health and Long-Term Care
Operation Hairspray/ Ottawa Public Health and Long Term Care	<ul style="list-style-type: none"> ▪ Develop an innovative peer-led health promotion initiative which seeks to engage African and Caribbean hairdressers and barbers as a channel to reach people from countries where HIV is endemic. 	ongoing	City of Ottawa
Black Coalition for AIDS Prevention	<ul style="list-style-type: none"> ▪ Recruit, train and support volunteers to assist with outreach activities. ▪ Conduct outreach sessions to Black men on HIV/AIDS and sexual health issues at various venues and through radio. ▪ Conduct outreach at key events. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
VIVER Portuguese-Speaking HIV/AIDS Coalition	<ul style="list-style-type: none"> ▪ Maintain Portuguese-speaking volunteers to assist with outreach activities. ▪ Conduct HIV/AIDS/STI outreach to Portuguese-speaking men in various venues. ▪ Utilize Portuguese-speaking media to raise awareness of HIV/AIDS/STI issues for Portuguese-speaking MSM. ▪ Maintain a project Advisory comprised of diverse Portuguese-speaking MSM to ensure cultural appropriateness of activities. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Africans in Partnership Against AIDS	<ul style="list-style-type: none"> ▪ Recruit, train and support new volunteers to assist with project activities. ▪ Recruit staff to conduct HIV/AIDS prevention education workshops and outreach in their respective communities particularly in East Toronto. ▪ Provide HIV/AIDS sensitization sessions to religious leaders. ▪ Produce newspaper articles to promote HIV/AIDS prevention education and HIV/AIDS testing issues in African print media. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Black Coalition for AIDS Prevention	<ul style="list-style-type: none"> ▪ Provide HIV/AIDS outreach targeting youth 15 to 25 years of age at youth focused events and youth serving community-based agencies. ▪ Recruit and support new volunteers to assist with project activities. ▪ Provide workshops targeting women, men and youth. ▪ Host HIV/AIDS prevention education programs on radio and develop an HIV/AIDS/STI prevention education media strategy targeting youth. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Centre Francophone de Toronto – Formerly Centre Medico-Social Communautaire	<ul style="list-style-type: none"> ▪ Outreach to different communities where HIV/AIDS is endemic. ▪ Organize monthly ethnocultural community dinners at which HIV/AIDS or a related topic is the subject of discussion. ▪ Produce articles to be published in French and other ethnocultural newspapers and newsletters. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
East York/East Toronto Family Resources	<ul style="list-style-type: none"> ▪ Recruit, train and support staff to provide peer-to-peer HIV/AIDS and sexual health outreach and workshops targeting women, new immigrants and youth in East York and East Toronto communities. ▪ Produce sexual health promotion articles for publication in ethno-specific and community news papers. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Northwood Neighbourhood Services	<ul style="list-style-type: none"> ▪ Recruit, train and support staff and volunteers to provide/assist with outreach and workshops. ▪ Conduct outreach and workshops targeting at risk youth 9 – 17 years old and young women 18 – 29 years old who are at risk due to social and economic factors. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Parkdale Community Health Centre	<ul style="list-style-type: none"> ▪ Train and support staff to provide outreach in various venues. ▪ Provide on-site HIV/AIDS information, referrals, and access to harm reduction and safer sex resources. ▪ Conduct HIV/AIDS/STI prevention education workshops. ▪ Coordinate access to culturally appropriate HIV/AIDS/STI information for Turkish, Roma and Hindi/Urdu/Punjabi-speaking communities in the Parkdale area. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Somali Immigrant Aid Organization	<ul style="list-style-type: none"> ▪ Recruit, train and support new volunteers to assist with the project implementation. ▪ Conduct outreach in various social venues in the Somali community. ▪ Provide HIV/AIDS prevention education articles for Somali community news papers. ▪ Provide HIV/AIDS prevention education programs to be aired on Somali community radio. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Syme-Woolner Neighbourhood & Family Centre	<ul style="list-style-type: none"> ▪ Recruit, train and support staff to assist with outreach, workshops and displays. ▪ Conduct outreach and workshops in various venues to youth on sexual health issues. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Warden Woods Community Centre	<ul style="list-style-type: none"> ▪ Recruit, train and support staff (representative of the African, Caribbean, Middle Eastern and South Asian communities) to conduct one-on-one sessions and distribute HIV/AIDS/STI resources through outreach to youth and adults. ▪ Conduct HIV/AIDS/STI workshops targeting students, youth in the community, newcomer parents, English as a Second Language students, parents in the community and staff and volunteers of community agencies ▪ Conduct outreach at key events. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
York Community Services	<ul style="list-style-type: none"> ▪ Conduct weekly outreach session in the area known as Little Jamaica and other surrounding areas at barber shops and hair salons, music stores and clothing stores providing condoms and other safer sex information. ▪ Continue Info-Links project on topics including homosexuality, bisexuality, safe sexual practices, proper condom use and safety in needle exchange for tattooing and other purposes. ▪ Conduct workshops as requested by community groups. ▪ Evaluate the Info-Links project. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Immigrant Women's Health Centre	<ul style="list-style-type: none"> ▪ Provide workshops to Tamil and Fanta/Twi/Ewe-speaking women. ▪ Provide outreach in the Tamil, Ghanaian, and West African communities. ▪ Write one HIV/AIDS/STI article for ethno-specific media for the Tamil and West African communities. ▪ Promote HIV/AIDS/STI prevention messages on Immigrant Women's Health Centre website targeting Tamil and Fanta/Twi/Ewe-speaking women. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Voices of Positive Women	<ul style="list-style-type: none"> ▪ Recruit, train and support women volunteers (at least 10 living with HIV/AIDS) to develop and produce primary and secondary HIV/AIDS prevention scenarios; and to promote the project activities and provide HIV/AIDS outreach at various venues. ▪ Provide HIV/AIDS/STI interactive theatrical interventions city-wide at venues accessed by the target population. ▪ Develop HIV/AIDS/STI prevention messages to be used in the promotion of the theatrical production. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Women's Health in Women's Hands Community Health Centre	<ul style="list-style-type: none"> ▪ Recruit, train and support new volunteers to assist with project outreach activities. ▪ Organize and hold forums; 2 for service providers and 1 for the target community which address issues related to HIV/AIDS. ▪ Provide outreach sessions, and training and skills development sessions to service providers who work with African and Caribbean women. ▪ Provide presentations at community forums, conferences and other events. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Ethiopian Association in Toronto	<ul style="list-style-type: none"> ▪ Provide outreach and workshops targeting Ethiopian youth citywide (some workshops in Scarborough and specific to young women in collaboration with Toronto Public Health). ▪ Provide on-site, one-on-one HIV/AIDS/STI information sessions to newcomer youth and referrals to mainstream HIV/AIDS services. ▪ Provide HIV/AIDS media presentations for Ethiopian TV, radio, and/or print media. ▪ Facilitate the delivery of HIV/AIDS awareness messages to religious leaders associated with churches and mosques. ▪ Facilitate the provision of 3 HIV/AIDS awareness events, during AIDS Awareness Week, Ethiopia-Canada Day and Victory of Adwa Day. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Lawrence Heights Community Health Centre	<ul style="list-style-type: none"> ▪ Recruit, train and support staff. ▪ Plan, develop and co-facilitate training sessions on HIV/ STI, healthy sexuality, as well as on group building, event planning and artistic development. ▪ Attend leadership and facilitation training and planning sessions. ▪ Conduct outreach sessions primarily in North Toronto. ▪ Create 20 Hip-Hop or spoken word pieces that include HIV/STI, healthy sexuality and community issues. ▪ Compile the hip-hop and spoken word pieces for distribution to radio stations, HIV/AIDS education venues and other interested parties. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Le Centre Jeunes Francophones de Toronto	<ul style="list-style-type: none"> ▪ Recruit, train and support new volunteers to conduct outreach, distribute youth focused HIV/AIDS/STI prevention pamphlets and condoms, and assist in the development of new HIV/AIDS/STI materials. ▪ Recruit train and support staff to assist with facilitating workshops/train-the-trainer sessions and project evaluations. ▪ Provide train-the-trainer sessions for youth leaders. ▪ Conduct culturally sensitive HIV/AIDS workshops in Francophone schools and in the community. ▪ Provide cultural HIV sensitivity training workshops to staff, board members and volunteers of agencies working with French-speaking clients. ▪ Collaborate with key organizations. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto
Rexdale Community Health Centre	<ul style="list-style-type: none"> ▪ Develop culturally appropriate outreach activities in North and Central Etobicoke that target 13-25 year old females of African, Caribbean and South Asian descent. ▪ Promote the sexual health clinics with this population. ▪ Develop and implement a cultural and gender specific approach to sexual health promotion and STI prevention. ▪ Facilitate workshops/discussions to females between the ages of 13 – 25 that focus on strategies to help young women make responsible, healthy decisions about their sexual behaviour. ▪ Recruit, train and support youth volunteers to assist with project activities and re-consider the peer component of this project for the future. ▪ Promote and report on volunteerism for the 2006 International AIDS Conference. 	2005-2006	City of Toronto

Project/ Organization	Key Objectives	Timeframe	Funder
Women's Health in Women's Hands Community Health Centre and African and Caribbean Council on HIV/AIDS in Ontario	<ul style="list-style-type: none"> ▪ Develop HIV prevention guidelines and a manual for service providers working with African and Caribbean communities. ▪ Provide a series of two-day train the trainer sessions related to HIV/AIDS issues within African and Caribbean communities. ▪ Organize a forum that brings HIV/AIDS researchers, service providers and funding agencies together. 	2004-2006	PHAC National HIV/AIDS Capacity Building Fund
Réseau de Chercheuses Africaines	<ul style="list-style-type: none"> ▪ Examine the impact of the refugee status claims process on the ability of refugee claimants to access appropriate HIV/AIDS services in Canada. 	2004-2006	PHAC National HIV/AIDS Capacity Building Fund
ALBERTA			
Project/ Organization	Key Objectives	Timeframe	Funder
Blending Cultural Strategies with Harm Reduction Techniques in the Fight Against HIV/AIDS in the African Edmonton and Camrose Communities/ African Canadian Society of Alberta	<ul style="list-style-type: none"> ▪ Develop strategies to promote HIV prevention and harm reduction to African immigrant youth. 	2005-2006	Alberta Community HIV Fund
Capacity Building for HIV Prevention with New Canadians/ Alberta Society for the Promotion of Sexual Health	<ul style="list-style-type: none"> ▪ Develop the capacity of a southern Alberta community and its HIV/AIDS organizations, networks and individuals, to provide HIV prevention and support programming across cultural barriers. Cross-cultural competency training workshops will be designed in consultation with the local community, and will support programming to new immigrants living in the Brooks area. 	2005-2006	Alberta Community HIV Fund
"The Blame"/ La Fondation Madeleine Sanam Foundation	<ul style="list-style-type: none"> ▪ Increase the participation, knowledge, and capacities of community members regarding the prevention of HIV/AIDS within the African-Canadian population in Alberta. 	2005-2006	Alberta Community HIV Fund

BRITISH COLUMBIA			
Project/ Organization	Key Objectives	Timeframe	Funder
The Family Home Visiting Project/ AIDS Vancouver	<ul style="list-style-type: none"> ▪ Provide intensive support to AIDS Vancouver's most isolated families living with HIV/AIDS, majority of who are newcomers from HIV endemic countries, particularly African countries. ▪ Assist each family member in accessing the supports they need to increase their sense of stability, and ideally increase social connections. ▪ Support HIV positive family members (usually at least one parent) in increasing their capacity to address their own health needs and stabilize their mental and physical health. 	2004-2005	GlaxoSmithKline-ShirebioChem Community Innovation Program

3.5 Reports Addressing HIV/AIDS in Black Communities

Captured in this section is an annotated listing of various reports produced with findings and/or recommendations specific to HIV/AIDS and the Black communities. The language used is of the reports. Almost all of the reports noted were produced between 2001-2005, except one. The 1993 *Community AIDS Education for the African Nova Scotian Community: Needs Assessment Report* has been included because of its relevance as a landmark HIV/AIDS report specific to African Nova Scotians. In general, reports referenced elsewhere in this Environmental Scan Report have not been included here.

1. **Title:** The Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women in Toronto Final Report

Author: Esther Tharao, Notisha Massaquoi and Senait Teclom, Women's Health in Women's Hands Community Health Centre

Date Produced: Scheduled to be released in 2005

Focus:

- Examine economic, social, political, cultural and religious factors to determine their role in either limiting or enabling women to protect themselves from HIV infection or cope with the disease once infected.
- Explore the experiences of service providers working with African and Caribbean women to provide an in-depth understanding of the barriers, challenges and gaps in services and for them to propose ways in which services can be improved to better meet the HIV/AIDS needs of African and Caribbean women.

Key Findings/Recommendations Specific to Black Communities:

- Knowledge and awareness about HIV/AIDS varied with the most knowledgeable women being those who were personally involved in the field of HIV/AIDS as professionals/ volunteers, those who knew their HIV positive status or had a family member or friend who was positive and/or the extent of the epidemic in their country of origin at the time of migration. Many African and Caribbean women view the epidemic as happening on the peripheries of the community.
- Some of the factors influencing the spread of the disease and access to information and services ranged from: individual and partner's behavioural risk factors such as: sex without condoms; gay, bisexual and/or men who have sex with men but identify as heterosexual; myths and misconceptions about HIV/AIDS such as associating the disease with gay men, drug users or sex trade work/lack of accurate information; exchanging sex for money; drug use; risky conditions under which sex takes place; not getting tested for HIV/not wanting to know one's status; not disclosing HIV status to sexual partner/denial of infection; and methods used to maintain hygiene.
- Respondents also identified broader factors ranging from economic, socio-cultural, gender, religion, homophobia and systemic racism, and highlighted how they intersect with HIV/AIDS to increase risk of infection or limit the ability of HIV positive women to cope with HIV/AIDS.
- Most of the HIV/AIDS prevention, support, treatment and care services available are delivered primarily within "mainstream" agencies/institutions with most having originally been developed to meet the needs of the groups that emerged into the epidemic first, primarily men who have sex with men. In addition, most of the services were targeted primarily to people living with HIV/AIDS with limited services targeting those at risk of infection to raise awareness and prevent transmission.
- Women are unwilling to access services in settings where they might be recognized or where there was a likelihood of meeting someone from their communities, a factor many women assumed

would compromise their confidentiality and lead to others in their communities knowing about their HIV status.

- The level of knowledge, awareness and utilization of HIV/AIDS services amongst African and Caribbean women is limited. Struggling to not only deal with the impacts of an HIV positive diagnosis, with limited information about the disease and available services, with no family or community support impacts on the coping ability of African and Caribbean women living with HIV/AIDS. They deal with HIV/AIDS in silence and secrecy to ensure maximum confidentiality.
- Barriers and access related issues ranged from individually to organizationally based barriers.
- Effective HIV/AIDS programs and services must deal with more than just risk taking activities of individuals and must address underlying factors that support the climate in which risk taking behaviours are condoned and maintained.
- Agencies and providers working with African and Caribbean women must understand and address the context in which people live with community values, beliefs, and norms that shape individual(s) and communities' behaviours forming the basis on which to build effective programs. Infected and affected African and Caribbean women and their communities must be involved in service delivery of programs target to them within an empowering and community development framework that is based on trust and mutual respect.

2. **Title:** African and Caribbean HIV Prevention Guidelines 1st Edition

Author: LLana James, African and Caribbean Council on HIV/AIDS in Ontario and Women's Health in Women's Hands Community Health Centre

Date Produced: Scheduled to be released in 2006

Focus: To develop HIV prevention guidelines for service providers working with African and Caribbean communities. The objectives of the African and Caribbean HIV Prevention Guidelines are to:

- Increase the knowledge of services providers in Canada to enable them to work more effectively with African and Caribbean communities in relation to HIV/AIDS.
- Increase cultural competency of service providers who provide HIV-related and non HIV-related services to African and Caribbean communities in Canada.

Key Findings/Recommendations Specific to Black Communities: The African and Caribbean HIV Prevention Guidelines are currently under development and are scheduled for release in 2006. They will be available in French and English, in print, and accessible via the internet through the Canadian HIV/AIDS Information Centre, Women's Health in Women's Hands Community Health Centre, and the African and Caribbean Council on HIV/AIDS in Ontario.

3. **Title:** Planning for an Integrated Response to HIV/AIDS in Ottawa: Progress Report on the Development of a Five-Year Service-Delivery Plan for HIV/AIDS-Related Services (2005-06 to 2009-10)

Author: Ottawa-Carleton Council on AIDS

Date Produced: 2005

Focus: Develop a five-year service delivery plan for HIV/AIDS-related services in Ottawa.

Key Findings/Recommendations Specific to Black Communities:

- Local epidemiology data identifies immigrants and refugees from countries where HIV is endemic as a population at risk.
- From key informant interviews: All HIV-related programs targeted towards ethnocultural communities must assure their clients of the confidential nature of their services and must be delivered in a culturally competent manner. Written information on the HIV-related services

- offered in Ottawa should be distributed by settlement organizations when immigrants and refugees first arrive in Ottawa. As outreach to this population must be done in a manner that ensures confidentiality, one suggested method was to “shroud” the issue by linking prevention efforts with other activities and information, such as providing information on HIV/AIDS within an activity aimed at general health issues.
- Epidemiology data on Ottawa: Whereas there were no identified cases of HIV among people from countries where HIV is endemic in 1985, these cases rose to 26% of the number of people living with HIV in 2003. Ottawa has the second highest number of HIV-positive people from population group.
 - The incidence among people from countries where HIV is endemic decreased by 14% over the four-year period (1999-2002). However, there were also wide fluctuations within the exposure category as rates varied from 70 in 1999 to 60 in 2000 to 30 in 2001 and finally back to 60 in 2002.
 - The epidemic among the population from countries where HIV is endemic appears to be unstable. The prevalence decreased from 550 in 1999 to 530 in 2000, and then increased to 570 in 2001, but decreased once again to 500 in 2002. These fluctuations point to the unstable nature of the epidemic within this population group.
 - Priority on program development in prevention will be given to the development of prevention for people from countries where HIV is endemic. The Committee recognizes the urgency of this issue and supports the expansion of the Ethnocultural HIV/AIDS Prevention Program housed at Somerset West Community Health Centre.
 - Priority on resource allocation in prevention will be given to the Ethnocultural HIV/AIDS Prevention Program to fund one full-time person and associated program costs.
 - Staff of mainstream organizations, whose clients include at-risk populations or PHAs, need education on issues of healthy sexuality, homophobia, racism, addictions and HIV/AIDS. They need to be educated about the issues of HIV/AIDS, such as prevalence, discrimination within the community towards PHAs and the need for confidentiality, among immigrants and refugees from countries where HIV is endemic.

4. **Title:** Assessing the HIV Prevention Needs of Diverse Communities of Women

Author: Anita Keeping, Planned Parenthood Metro Clinic (Halifax)

Date Produced: March 2004

Focus: Examine HIV prevention within the experience of women who have been socially excluded due to racism, socio-economic prejudice and bias against the sex trade profession, particularly African Nova Scotian women, lower income single women, and women in the sex trade.

Key Findings/Recommendations Specific to Black Communities:

- External forces impact upon the ability of women to protect themselves against HIV.
 - The women may not feel comfortable addressing the issue of unfaithfulness within their relationship.
 - The women indicated that they would be even less likely to address the possibility of their partner being involved in same-sex sexual acts outside of their relationship.
 - The negotiation of condom use becomes more difficult the longer the women are in a relationship.
 - The church can have a powerful influence upon the ability of women to talk about risky sexual behaviours and safer sex issues.
 - African Nova Scotian women in outlying communities may find it difficult to access sexual health services and HIV testing.

- A perceived lack of African Nova Scotian models in HIV prevention messages may make these messages less relevant for African Nova Scotian women.
- Women's perceptions of their risk for HIV infection may not match the reality of their risk for HIV infection.
 - HIV is still often not seen as a disease that affects women.
 - HIV is frequently seen as a disease that afflicts only gay men.
 - Married women may believe that they do not have to be concerned about protecting themselves against HIV.
 - There is sometimes a lack of recognition of HIV in the African Nova Scotian community.
 - Youth in the community feel invulnerable to HIV and do not recognize some sexual activities (such as oral sex) as potentially putting themselves at risk for sexually transmitted infections.
 - Some women may not believe that the men in their community would engage in same-sex sexual activities.
 - There is a not uncommon belief that HIV can be transmitted through casual contact.
- The emotional context that surrounds HIV may affect women's decisions to seek out HIV prevention services or to engage in safer sex practices.
 - The fear of being rejected by their partner may make women reluctant to insist upon safer sex practices.
 - The embarrassment of talking about condoms can be a barrier to condom negotiation.
 - The embarrassment created by church teachings around sexuality may make it difficult for women to discuss sexual issues.
 - Some women fear that if they were diagnosed as having HIV, they would be shunned by their community.
 - The fear of being the target of gossip may prevent women from seeking HIV testing and other prevention services.
 - The fear of knowing their serostatus may lead some women to avoid getting tested for HIV.
 - Some women feel that racism has led to their safer sex needs being neglected by the scientific community and the government.
 - A history of oppression has sometimes led to the inability of African Nova Scotian women to discuss their needs.
- When developing HIV prevention education programs and services, health professionals and community agencies must look beyond the simple mechanics of "safer sex" and include content that addresses the contextual issues of women's lives.
 - These issues can be categorized using the determinants of health framework as a guide: income and social status; social support networks; employment/working conditions; social environment; personal health practices and coping skills; health services; culture (not limited to ethnicity); and gender.

Comments: Information gathered during the assessment will be used to help shape the development of Planned Parenthood Metro Clinic's HIV prevention services.

5. **Title:** Strategic Plan: Healthy Sexuality and Risk Reduction Program Outreach Team

Author: Public Health and Long-Term Care, City of Ottawa,

Date Produced: March 2003

Focus: Identify strategic priorities for 2003-2006

Key Findings/Recommendations Specific to Black Communities:

- *Priority Goals and Strategies D – Reduce the Rate of HIV Transmission among Immigrants and Refugees by Increasing Use of Effective Prevention Methods:* There are 22,000 immigrants and refugees in Ottawa from regions of the world where HIV is endemic (Caribbean and sub-Saharan Africa). Currently, it is estimated that there are 530 HIV positive immigrants and refugees in Ottawa; and that among the population, 60 new cases are contracted annually. Access to information about effective prevention and to diagnostic and treatment services is impeded by the need for privacy and confidentiality. Factors such as faith, gender, and ethno-cultural sub-community within the larger communities at risk are all important in working towards health. The team will be prioritizing outreach to these immigrant and refugee communities. Strategies include:
 - *Background Research:* with local immigrant and refugee communities from Caribbean and sub-Saharan Africa on: beliefs, practices and values related to HIV prevention; communication channels; pathways to access to services; implications for messages, increasing in access.
 - *Service Access Strategy:* to work with organizations currently reaching key populations to increase access to HIV prevention and treatment and support for men, women and families.
 - *Education Strategy:* to provide health education to key communities in collaboration with other providers appropriate to men, women and families.
 - *Community Development Pilot Health Project:* to work with up to two communities to engage natural community groups in advancing the health of community members.

6. **Title:** Health Promotion and Population Outreach in the Black and Caribbean Canadian Community

Author: The Canadian Centre on Minority Affairs Inc., Health Canada, Health Care Network

Date Produced: 2003

Focus: Provide a preliminary view of health care issues and needs in the Black and Caribbean community in Canada.

Key Findings/Recommendations Specific to Black Communities:

- The study identified societal risk factors such as racism, adjusting to a new society and unrealized expectations as the main sources of stress in the community.
- Stress is recognized as a major factor in mental health and other illnesses and diseases. Systemic discrimination within health care institutions and the lack of culturally sensitive services for the community were also identified as impediments to access by members of the Black and Caribbean community. In addition, the resources of mainstream voluntary organizations have not been made available to the community.
- The most recent census data indicate economic disadvantage within the Black and Caribbean community. The health care effects of economic disadvantage are compounded by systemic discrimination in health care institutions and health care services that fail to recognize the community's unique cultural and physical characteristics. In addition, the focus on language within multicultural health care tends to exclude the needs of the Black and Caribbean community from consideration.
- The literature review highlighted the lack of quantitative and qualitative studies related to the health of the Black and Caribbean community in Canada.

- Black and Caribbean organizations have been established to respond to the community's need for health information and services. However, most are under-resourced. This hampers their ability to provide effective and well-coordinated services.
- Key informants in the Black and Caribbean community suggested that the following actions should be taken to address health issues:
 - Qualitative and quantitative research on the demographics of the population and socio-environmental prerequisites, health conditions within the community and program and service needs.
 - Establishment of collaborative networks and creation of a skills inventory and database of research information specific to the community.
 - Provision of information on culture, beliefs and values to health professionals about the Black and Caribbean population they serve.
 - Increasing representation of Black people in the health sector.
 - Conducting culturally appropriate outreach to educate and raise awareness about prevention and treatment of health conditions.
 - Inclusion of community members in the policy decision making process.
 - Building capacity through community empowerment and institutional supports.
- Recommendations for action on HIV/AIDS were as follows:
 - Inclusion of the Caribbean and African population in the National AIDS Strategy as the Aboriginal population was prioritized in the last strategy.
 - Development of guidelines for HIV testing, condom use and partner notification that are appropriate for the African and Caribbean community.
 - Additional studies to define the psychological, social and behavioural determinants of HIV transmission regarding infections occurring in Canada.

7. Title: Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries Where HIV is Endemic

Author: African and Caribbean Council on HIV/AIDS in Ontario/ HIV Endemic Task Force

Date Produced: December 2003

Focus:

- Reduce the incidence of HIV among African and Caribbean people in Ontario and improve the quality of life for those infected and affected by HIV/AIDS by:
 - Coordinating the work of agencies, institutions and policy makers working with and for African and Caribbean people regarding prevention, education, health promotion, care and support;
 - Facilitating community development in response to HIV/AIDS challenges; and
 - Identifying research needs, priorities and opportunities.

Key Findings/Recommendations Specific to Black Communities:

- The Strategy is intended to be a framework or "roadmap" to coordinate and guide action.
- The Strategy outlines some key Directions and Suggested Activities that will contribute to achieving the goal and objectives of the Strategy.

Comments: The HIV Endemic Task Force (HETF) completed its work with the development of the Strategy. The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) evolved from the HETF and it has responsibility for the implementation, evaluation and renewal of the Strategy.

8. **Title:** HIV Endemic Task Force Report on Phase Two of Community Consultation

Author: Amita Handa and Astier Negash

Date Produced: December 2002

Focus: Obtain input from people living with HIV/AIDS and service providers for the purposes of identifying priority issues confronting people living with HIV/AIDS of African and Caribbean descent.

Key Findings/Recommendations Specific to Black Communities:

- Key issues identified by people living with HIV/AIDS (PHAs) and service providers as affecting PHAs were:
 - Stigma;
 - Racism;
 - Immigration;
 - Treatment;
 - Housing;
 - Funding;
 - Financial assistance;
 - Education and training of health care professionals;
 - Employment;
 - Religion.
- Service providers were seeing an increasing number of people from regions where HIV is endemic that are in need of HIV related services.
- Stigma was identified as a significant issue that contributed to isolation, depression, substance use, secrecy of HIV status, hesitation or denial of access to HIV related services, and community gossip and ostracism.
- Racism and cultural discrimination were identified as factors contributing to stigma. Homophobia within the community was identified as magnifying issues of stigma, confidentiality and access to services for lesbians, gay men, bisexuals and transgendered people.
- Religion was identified as both a means of coping and a source of comfort.
- A need was identified for more funding for HIV/AIDS related services for people of African and Caribbean descent, including prevention education.
- Aside from medical concerns and attending to the needs of terminal illness, PHAs of African and Caribbean descent find themselves in a vicious cycle of marginalization. Either due to immigration status or illness (or both), those who are HIV positive have limited opportunities for consistent employment. This greatly affects their access to financial independence.
- As a highly disenfranchised population, PHAs are in critical need of advocacy support on a number of issues: immigration, access to HIV information and drug treatment, access to adequate and appropriate housing, and access to financial assistance.
- Some PHAs may be dealing with post traumatic stress syndrome related to experiences of war, religious and political persecution. It is therefore important to recognize the link between HIV and mental health issues and services.
- Participants stressed the importance of involving people from their own communities in educational strategies and disseminations.
- Some PHAs do not feel comfortable with the health care system in general either due to scepticism and suspicion of western-based health care structures or because of a reliance on alternative medicines and therapies. It is important to recognize the place of alternative based therapies as well as the role of spirituality and religion in the process of healing.

9. **Title:** HIV/AIDS and African and Caribbean Communities in Canada

Author: Interagency Coalition on AIDS and Development

Date Produced: June 2002

Focus: A fact sheet on HIV/AIDS and African and Caribbean Communities in Canada

Key Findings/Recommendations Specific to Black Communities:

- The presumption that HIV is transmitted primarily through sexual intercourse has contributed to the stigma, denial and discrimination experienced by people living with HIV from sub-Saharan African and Caribbean communities. It has been revealed that other key routes of HIV transmission exist, including via 'road side' chemists and traditional healers who use non-sterilized needles and knives to administer medication to a significant proportion of the population. Service providers and agencies involved in HIV/AIDS are now advised to discuss the role of sharp objects in transmission of HIV/AIDS. These issues should be emphasized during counselling and education sessions.
- Power relations between women and men and between health care providers and clients are informed by social and cultural norms. Biological and social factors must be analyzed in tandem to understand how women and men approach health and illness.
- Effective HIV/AIDS programs must consider the traditions of African and Caribbean communities.
- Some of the challenges experienced when attempting to access HIV/AIDS services include: homelessness; poverty; transient; lack of employment; isolation; lack of services for women and children; language and cultural barriers; discrimination; location of services; power imbalances between clients and service providers; lack of access to information, misinformation about services, misinformation about HIV/AIDS; denial, fear of disclosure to partners, children and close relations; stigma, especially with respect to presumptions about sexual transmission; and immigration status of the affected and infected.
- When providing services to people living in Canada who are from communities and countries with high HIV prevalence, capacity building within ethnocultural communities is key to developing effective, relevant, appropriate and sustainable services.
- Health care providers working with HIV/AIDS in communities with high prevalence need to be informed of immigration policies and procedures. Unstable or unclear immigration status affects employment eligibility and severely limits income generation; the inability to pay for necessary health care naturally affects the well-being of new residents.
- Outreach strategies for health promotion and wellness in communities with high HIV/AIDS prevalence are more effective when they address concerns related specifically to those communities. Vulnerability issues – race, class, sexuality, fear, isolation, stigma and denial – must also be addressed.
- One of the critical issues that must be addressed within the context of prevention education is the high prevalence of mother to child transmission within sub-Saharan African and Caribbean communities. Prevention messages should therefore emphasize the need for prenatal HIV testing.

10. **Title:** "For Us, By Us, About Us:" An Opportunity for African and Caribbean Communities to Address the Issue of HIV/AIDS Related Stigma and Denial Community Forum Complete Report

Author: HIV Endemic Task Force

Date Produced: November 2001

Focus:

- Begin to voice issues related to HIV/AIDS stigma and denial within communities of people of African and Caribbean descent, and begin to develop ways to address these issues.

- Provide an opportunity to dialogue with each other on how we can move forward in addressing HIV/AIDS in our communities of people of African and Caribbean descent – how we can begin to help ourselves
- Try to focus on what is realistic, and to look at strategies and implementation.

Key Findings/Recommendations Specific to Black Communities:

- There are a lot of mixed feelings within the African and Caribbean communities and outside the communities about the need for and the problems with gathering race-specific data.
- People are not learning about HIV/AIDS; it is difficult to mobilize the community.
- There is a lack of pressure by the community on funding agencies for services, research/cures, etc.
- Religious leaders are not providing leadership.
- Psycho-social issues – homophobia/sexuality – shame and stigma silences the gay community.
- Disclosure is not occurring; people are not accessing testing and treatment which increases disease progression and infection rates.
- Fear of disclosure has resulted in separation of families and violence towards women, forcing women to go to shelters – displacement of families – poverty.
- Best ways to deal with HIV/AIDS stigma and denial in African and Caribbean communities in Toronto/Canada:
 - Address lack of funding from government;
 - Collaboration/partnerships/networks;
 - Increase African/Caribbean representation in service provision;
 - More education and awareness to be integrated in the school curriculum;
 - Promote opportunities for the communities to talk about homosexuality and hear and learn about the impact on all of us of our attitudes about homosexuality.

11. Title: Black Women’s Health: A Synthesis of Health Research Relevant to Black Nova Scotians

Author: Josephine Enang, Maritime Centre of Excellence for Women’s Health

Date Produced: September 2001

Focus: Prepare a report on the current state of knowledge about the health of Nova Scotians of African descent in order to identify ways of enhancing the health and well-being of Black women and their families.

Key Findings/Recommendations Specific to Black Communities:

- Very few Canadian studies explore health issues in the context of race, gender and ethnicity. This makes it difficult to identify measures of health and well-being within a specific population such as Black people. Based on available literature and research, it is clear that certain health conditions affect Black women disproportionately. These conditions include diabetes mellitus, cardiovascular diseases (e.g., hypertension and stroke), cancer, HIV/AIDS, lupus, sickle cell disorder, and sarcoidosis.
- In Canada, there is an increasing number of cases of HIV/AIDS among Black women.
- There is a silence in the Black community around HIV, human papillomavirus and Hepatitis B that needs to be addressed urgently.
- Federal and provincial health authorities must be made aware of the need for policy changes related to collecting and assessing race related statistics on HIV/AIDS, violence abuse towards women, and addictions as they impact on the health of African Nova Scotians.

12. **Title:** Black Women and HIV/AIDS: Contextualizing their Realities, their Silence and Proposing Solutions

Author: Esther Tharao and Notisha Massaquoi

Date Produced: Summer/Fall 2001

Focus: Illuminate the realities of African and Caribbean women in relation to HIV/AIDS, highlight the cultural context into which epidemiological data should be fitted and propose some viable solutions to deal with the issues.

Key Findings/Recommendations Specific to Black Communities:

- Labels, cultural meanings, and interpretations about the disease formed since its emergence continue to influence both the discourse on HIV/AIDS and the access to programs and services geared to its control for those most vulnerable to or at risk of infection.
- Despite the fact that Black communities in general, and Black women in particular, represent a significant element of the HIV epidemic, researchers and policy makers have largely ignored them. The absence of Black women in the HIV arena in terms of accessing prevention, treatment, support, and care initiatives is especially evident. They usually appear only in terms of staggering numbers of those infected either in epidemiological updates or in reference to prenatal HIV transmission and prevention. The statistics indicate an urgent need for further research in this population to contextualize results obtained by statistical modelling and to better understand the psychosocial, cultural and structural determinants of HIV risk.
- That HIV/AIDS continues to pose a considerable threat for African and Caribbean women including married women, young women, and girls is not a result of individual risk taking or lives filled with sexual adventures. Their vulnerability is not only biological like all other women but also unique and deeply rooted in socio-cultural and structural factors that intersect with gender, race, class, and political and economic conditions.
- Black communities tend to utilize healthcare services less and receive critical diagnoses and treatment significantly later than other populations due in large part to the cultural, linguistic, racial, gender and class barriers embedded within the system.
- Economic marginalization presented itself as one of the most powerful social barriers to HIV prevention for African and Caribbean women.
- HIV/AIDS and the risk of infection for Black women is not solely an individual behavioural problem and the extent to which poverty and employment risk factors need to be considered in proposed interventions and programs cannot be underestimated.
- There is growing evidence that the experience of racial discrimination can have a pervasive and devastating impact on the health and well being of communities of colour. Racism in Canada has caused distinct barriers to accessing healthcare services.
- Racist experiences with healthcare providers and the healthcare system was one of the primary reasons why Black women reported reluctance to access healthcare services, including HIV/AIDS education, prevention, testing, treatment, support and care.
- Ensuring access for all to primary prevention on HIV/AIDS information and services in formats and languages that people can understand, and are comfortable with, is a fundamental requirement if HIV/AIDS is to be prevented. There are very few prevention programs and educational resources targeted specifically to Black women.
- Lack of knowledge and understanding amongst service providers about cultural practices that increase the risk of HIV transmission further reduces the effectiveness of programs. Religious and health-related beliefs, values and norms further compound the issue.
- There is an under-representation of Black women and Black communities in general in the utilization and access to HIV testing information and testing services. The fear of testing HIV

positive and its implication are a reality many Black women do not want to entertain. The shame, stigma, and discrimination associated with the disease makes women look at an HIV diagnosis as something they would be better off not knowing.

- Individual strategies should be complemented with strategies targeted to whole communities in order to modify cultural values, beliefs, norms and practices that increase risk for Black women to HIV infection.
- Socio-cultural and economic factors such as poverty, unemployment, gender-based violence such as sexual abuse and rape, harmful cultural beliefs, values, norms and practices further compounded by racism and other types of discrimination that further increase risk of HIV infection must be addressed in programs targeted to Black women.
- The lack of involvement of Black women in the development, implementation, delivery, and evaluation of HIV/AIDS programs and services targeted to them is an issue that demands immediate attention. Black women's involvement in decision-making roles in organizations providing services to them is paramount if their silence is to be broken and their distance from the issue dealt with effectively.
- Most Black women in Canada find out about their HIV status late in the stages of infection; those who are likely to be infected have not been diagnosed hence only limited numbers can benefit from available services and treatment therapies.
- More multidisciplinary research is needed into Black women's health so that an intersectional gender and race perspective may be incorporated into health policies and programs.

13. Title: AIDS: Knowledge, Attitude and Risk-taking Behaviour of Adult Ethiopians in North America

Author: Haile Fenta, People to People Aid Organization (Canada)

Date Produced: August 2001

Focus: Increase understanding of the knowledge, attitude and HIV risk-taking behaviour of Ethiopian immigrants in North America.

Key Findings/Recommendations Specific to Black Communities:

- Among the study participants, 49.4% were from Canada and the age and gender distribution of participants in the sample was similar to the general Ethiopian population in Toronto.
- Most Ethiopians residing in North America are knowledgeable about HIV/AIDS.
- A substantial proportion of respondents had wrong perceptions about HIV transmission, e.g. HIV/AIDS can be spread through casual contact or being coughed or sneezed on by a person with AIDS.
- A significant proportion of Ethiopians have no confidence in the current method of anti-retroviral therapy.
- The prevalence of condom use is relatively low, particularly among individuals with multiple sexual partners, regardless of whether they are married or unmarried.
- A significantly higher proportion of men than women had multiple sexual partners and individuals with multiple sexual partners tended to knowledgeable about HIV/AIDS.
- Age was not found statistically associated with high-risk sexual behaviour.

Comments: Author described study as the first epidemiological survey of knowledge, attitude and HIV-risk taking behaviour of Ethiopian immigrants in North America.

14. Title: Research Skills Building/Enhancement and Research Protocol Development Project

Author: Women's Health in Women's Hands Community Health Centre

Date Produced: March 2001

Focus: Skills development to foster or strengthen research skills amongst the staff, volunteers, board members and community partners of Women's Health in Women's Hands who later formed a research team to investigate the experiences of Black women and women of colour (African, Caribbean, South Asian and Latin American women) with the Ontario Prenatal HIV Testing Program, their understanding of informed consent in relation to HIV testing amongst Black women and women of colour, and the reasons for "opting in or out" of being tested for HIV during pregnancy.

Key Findings/Recommendations Specific to Black Communities:

- Most women did not receive the necessary information or counselling to permit informed decisions; most had limited information on HIV transmission, testing and treatment.
- Women tested based on their doctor's recommendations or insistence; for the sake of the baby; because they were told something could be done (but not what); to save the baby; or to prove that not all African women were infected with HIV.
- Reasons for not testing ranged from: failure to be informed or to be offered testing; conviction of provider or the women that there was no risk; women having been tested previously; fear about the implications of testing on immigration; fear of stigmatization and isolation; and lack of health coverage.
- Practices, experiences, perceptions and challenges of/for service providers included:
 - Varying counselling practices due to lack of counselling guidelines and protocols to ensure uniformity and consistency of information provided to women during counselling even within the same agency;
 - Beliefs, biases and stereotypes held by service providers about who is infected and who is not or who is at risk and who is not;
 - Fear by providers that women might think they are being discriminated against or feel targeted if and when offered the test;
 - Women presenting for care very late in their pregnancy;
 - Lack of health coverage for some women making it difficult to provide adequate care.
- Key recommendations:
 - Better strategies for disseminating HIV information for pregnant Black women and women of colour need to be developed.
 - There is a need to ensure access to prenatal care for "undocumented" women during pregnancy.
 - During program development, implementation and delivery, service providers need to understand that broader factors such as poverty, lack of employment, and/or underemployment limit where and whether women seek prenatal care.
 - For HIV counselling to be effective, language, cultural barriers and religious beliefs need to be taken into consideration.
 - Strategies to deal with the intersection of racism and HIV/AIDS need to be developed to effectively deal with HIV, particularly for African and Caribbean women.
 - Education strategies to dispel myths, biases and stereotypes about who is infected or affected by HIV/AIDS amongst service providers must be developed.
 - Service providers should involve women in decision making as a part of their routine care.
- Service providers need to recognize the location of power in a provider-patient relationship and that negotiating this power dynamic is almost impossible for most women, especially Black women and women of colour who are socialized to believe that medical professionals cannot be challenged

and that they objectively provide information without any bias. Service providers must facilitate and support women in their efforts to negotiate their role within an imbalanced power relationship.

15. Title: Community AIDS Education for the African Nova Scotian Community: Needs Assessment Report

Author: Kimberley Bernard, Nova Scotia Persons with AIDS Coalition Black Outreach Project

Date Produced: August 1993

Focus: Ascertain the views of African Nova Scotian individuals and specific communities with respect to HIV/AIDS.

Key Findings/Recommendations Specific to Black Communities:

- Majority of African Nova Scotians are distressingly uninformed about the origins, characteristics and serious consequences of AIDS.
- Many African Nova Scotians hold unrealistic beliefs about their chances of becoming infected with HIV – probability of becoming infected by HIV is low regardless of personal behaviour.
- Significant proportion of African Nova Scotian population hold views and beliefs (about HIV/AIDS) that have been couched in racism and homophobia, i.e. AIDS started in Africa, gays and lesbians are largely responsible for the spread of HIV/AIDS, and HIV/AIDS is something that happens to people who are 'sexually promiscuous.'
- Racism has created significant barriers to the development and delivery of programs and services related to HIV/AIDS awareness in the African Nova Scotian community:
 - Historical conditions of social, cultural, economic and political marginalization are evident by the near total exclusion of African Nova Scotians from all HIV/AIDS awareness campaigns and initiatives.
 - Geographical isolation of many African Nova Scotian communities coupled with the covert social segregation of the African Nova Scotian community has manifested itself in the form of exclusion, mistrust, a lack of access to information and services, and racially insensitive services.
- Public health institutions at all levels (Federal, Provincial and Municipal) are not adequately addressing the needs of the African Nova Scotian community.
- Key recommendations:
 - Government funding should be made available so that a province-wide consultation can be held to discuss the findings of the needs assessment in an effort to develop a province-wide strategy on HIV/AIDS in the African Nova Scotian community.
 - Further study and exploration should be undertaken to determine the support needs of African Nova Scotian persons who have contracted HIV/AIDS.
 - Funding should be made available to African Nova Scotian anti-racism groups to develop a comprehensive anti-racism awareness campaign targeted at all public health and AIDS service organizations, and that racism in general, and the specific ways that racism affects HIV/AIDS work, be on the agenda of all local, provincial and national AIDS service organizations, e.g. Atlantic AIDS Network, Canadian AIDS Society, etc.

Comments: The report is the only targeted HIV/AIDS education needs assessment ever completed with African Nova Scotians across Nova Scotia. While produced over 10 years ago, it continues to be referenced as some findings and recommendations are just as relevant in 2005.

3.6 *Current Research Addressing HIV/AIDS in Black Communities*

As some of the reports have stated, there is limited research that has been undertaken specific to HIV/AIDS and Black communities in Canada. Some of the research that has occurred is documented in the reports referenced throughout this Environmental Scan Report. This section provides an annotated listing of current research underway, particular to HIV/AIDS and Black communities.

- 1. Researchers:** Peter Newman (co-PI)/ University of Toronto; Charmaine Williams (co-PI)/ University of Toronto; Izumi Sakamoto/ University of Toronto; Notisha Massaquoi/ Women's Health in Women's Hands Community Health Centre

Project Title: Promoting equity in access to post-trial HIV vaccines for Black women in Canada: An exploration of perceived risks, barriers and adoption intentions

Description: A Toronto-based research team is studying ways to prevent Black women from being left out of an important, upcoming HIV prevention strategy: HIV vaccines. Each year, increasing numbers of Black Canadian women are infected with HIV, but they are commonly left out of research that could help decrease their vulnerability to infection and disease. This research study is a deliberate attempt to change the tendency for Black women to be one of the last groups to benefit from health care innovations. An important HIV prevention innovation, HIV vaccines, may be available to the public within the next decade. Because Canadian Black women are usually exposed to HIV through heterosexual contact, they can benefit tremendously from vaccines that will allow them to control their exposure to risk. This study will lay the groundwork for these women to benefit early from this innovation by investigating attitudes, service delivery issues, and key elements that will affect their use of and access to HIV vaccines. The study will involve collaboration between researchers, service providers and community members to gather relevant information, and use that information to increase the community's ability to decrease the vulnerability of these women. Better understanding of these issues will help to protect Black women, and will also equip the health care system to decrease the toll that HIV/AIDS takes on individuals, families and our communities.

Funder: Canadian Institutes for Health Research
- 2. Researchers:** Gordon Arbess/ St. Michael's Hospital; Edith Wambayi/ Health and Life Promotion Research Consultancy

Project Title: HIV/AIDS care at St. Michael's Hospital: Experiences of HIV positive African and Caribbean women

Description: This study will investigate the support provided for HIV positive women of African and Caribbean descent accessing services at St. Michael's Hospital, Toronto in order to identify gaps in service provision and to suggest strategies for improvement.

Funder: Ontario HIV Treatment Network

Comments: Funding provided for project development.
- 3. Researchers:** Liviana Calzavara (PI)/ University of Toronto; Esther Tharao (co-PI)/ Women's Health in Women's Hands Community Health Centre; Ann Burchell/ University of Toronto; Robert Remis/ University of Toronto; Ted Myers/ University of Toronto; Carol Swantee/ HIV Laboratory, Laboratory Services Branch, Ontario Ministry of Health and Long Term Care; Catherine Chalin/ University of Toronto

Project Title: Understanding HIV/AIDS issues in East African communities in Toronto: A survey of health-related behaviours

Description: This study was designed to address the lack of information on health related issues, particularly those related to HIV/AIDS, in African immigrant communities in Ontario. The overall goal of this study is to conduct the first systematic study of health and HIV related behaviours, attitudes, knowledge and prevalence in Toronto's five largest East African communities. The objectives are: (1) to measure attitudes towards, and use of, health care services and health screening; (2) to assess knowledge and sources of information for HIV/AIDS; (3) to describe risk factors and behaviours related to HIV; (4) to measure the prevalence of health-related problems, including HIV infection; (5) to understand the relationship between community beliefs and individual attitudes, knowledge, risk behaviours and HIV infection, and other health problems; and (6) to understand the relationship between community beliefs and individual attitudes, knowledge, risk behaviour, and use of services.

Funder: Ontario HIV Treatment Network

4. **Researchers:** Liviana Calzavara (PI)/ University of Toronto; Ted Myers (co-PI)/ University of Toronto; Esther Tharao/ Women's Health in Women's Hands Community Health Centre; Winston Husbands/ AIDS Committee of Toronto; Frehiwot Tesfaye/ St. Thomas University; Robert Remis/ University of Toronto; Dennis Haubrich/ Ryerson University; Edith Wambayi/ Health and Life Promotion Research Consultancy and the Hassle Free Clinic, Toronto; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care; Darien Taylor/ AIDS Bureau, Ontario Ministry of Health and Long Term Care; Sylvia Adebajo/ University of Toronto; Dennis Willms/ McMaster University and Community-Linked Evaluation AIDS Resource Unit; Anna Pacham/ Toronto Public Health; Clemon George/ St. Michael's Hospital

Project Title: HIV/AIDS Stigma, Denial, Fear and Discrimination: Experiences and responses of people from African and Caribbean communities living in Toronto

Description: Overall objective of the study is to understand the role of denial, fear, stigma and discrimination associated with HIV/AIDS among people from Sub-Saharan African and Caribbean communities in Toronto, including both those infected with HIV and those at risk for HIV. It examines denial, fear and stigma along a micro to macro continuum, with emphasis on understanding both individual and community or collective perspectives on HIV/AIDS.

Funder: Ontario HIV Treatment Network

5. **Researchers:** Alan Li/ Regent Park Community Health Centre, Committee for Accessible AIDS Treatment; Kenneth Fung/ University of Toronto; Noulmook Sutdhibhasilp/ Asian Community AIDS Services

Project Title: Improving access to mental health services for immigrant and refugee PHAs

Description: Mental health services constitute a critical component of the overall treatment and management of HIV and AIDS. Immigrants and refugees living with HIV/AIDS experience complex barriers in accessing mental health services that take into consideration their HIV/AIDS condition. This project has three components in Phase 1: (1) research on immigrants and refugees living with HIV/AIDS perspectives; (2) research on service provision: current practices and organizational needs; and (3) research on key elements of best practices. The project is a part of a larger community action research initiative which aims to improve access to mental health services by immigrants and refugees living with HIV/AIDS, and to facilitate intersectoral collaboration to achieve best practices and influence policy change.

Funder: Ontario HIV Treatment Network and Wellesley Central Health Corporation

- 6. Researchers:** Beverley Antle/ Hospital for Sick Children
Project Title: Worry, Guilt and Loss: Exploring the needs and concerns of HIV-positive parents from endemic countries
Description: Culturally diverse families often face many barriers to accessing HIV/AIDS services in Ontario because of the stereotypes and stigmatization about HIV/AIDS that can exist within their families, their ethnic community and their new country. Leaving one's homeland, settling in a new country, learning a new language and customs, facing racism and finding out one or more family members is HIV-positive is an overwhelming experience. This project aims to explore: (1) what role the beliefs and customs of their home country/community play in their daily routines, family life and parenting practices in Canada; (2) how these parents have handled disclosure of HIV status, particularly with respect to their children; and (3) how service providers might more effectively meet the needs of these parents and their children.
Funder: Ontario HIV Treatment Network
- 7. Researchers:** Francisca Omorodion/ University of Windsor; Kenny Gbadebo/ Youth Connection Association, Windsor
Project Title: Towards improving the sexual and reproductive behaviour of African youths in Windsor Essex County
Description: Minority populations are disproportionately affected by HIV/AIDS. HIV prevalence rates are higher among immigrants than in the general population in various western countries. In Canada, and Ontario in particular, blacks from AIDS endemic regions such as Africa are increasingly over-represented and are next to MSM in new cases of HIV infection. More specifically, youths are known to be a vulnerable group. The objectives of this study are: (1) to assess the knowledge, perceptions and attitudes of African youths toward sexually transmitted infections including HIV/AIDS; and (2) to explore the factors influencing their health seeking behaviour.
Funder: AIDS Bureau, Ontario Ministry of Health and Long Term Care
- 8. Researchers:** Carol Amaratunga (PI), Neil Andersson, Amir Attaran, Lynne Elizabeth Leonard, Kevin Pottie, Peter Tugwell/ University of Ottawa; Denise Spitzer/ University of Alberta
Project Title: Global Ottawa AIDS Link (GOAL): Facilitating a learning community for innovative practice in HIV/AIDS prevention education in local ethnocultural and ethnoracial communities
Description: Health Canada reports that the rates of HIV/AIDS among immigrants and refugees from endemic countries are among the highest in Canada, and are increasing rapidly. Yet in Ottawa, as in many communities across Canada, many people from specific cultural and racial communities do not seek treatment or support for HIV/AIDS because local programs are not sensitive to their values, beliefs, and customs. Prevention programs for these groups often fail for the same reasons, often a combined result of powerful socio-cultural taboos and systemic racism. In Ottawa, a research partnership of community members, service providers and academics called GOAL (Global Ottawa AIDS Link) has been created to build the capacity of the local community to respond to the needs of ethnoracial and ethnocultural communities with respect to HIV/AIDS prevention and intervention. The group proposes to examine how race, culture and gender influence population health in relation to HIV/AIDS, and how communities develop and share knowledge around these issues. First, however, the GOAL group proposes to conduct extensive community consultation to develop a more specific research plan and mechanisms for community participation.
Funder: Canadian Institutes for Health Research

9. **Researchers:** Edith Wambayi/ Health and Life Promotion Research Consultancy
Project Title: Effecting policy change in the fight against HIV/AIDS among African communities living in Toronto
Description: The project will address crucial issues of social exclusion and inform policies on social change that will impact on the long term health of the African communities in Toronto. The goal of the project is to hold a consultative meeting with stakeholders who affect change in policies and address issues that impede African communities from accessing information on, and care for HIV/AIDS in Toronto in order to reduce social exclusion and ultimately the spread of HIV/AIDS in these communities.
Funder: Wellesley Central Health Corporation
Comments: Funding provided for project development.
10. **Researchers:** Clemon George/ St. Michael's Hospital; Sean Rourke/ St. Michael's Hospital and Ontario HIV Treatment Network
Project Title: Getting to know the community: Who are the Black men who have sex with other men?
Description: Canadian studies of sexual behaviour and determinants of HIV infection among homosexual men have included Black men who have sex with men, but the results and service implications are in determinant for two main reasons: (1) researchers have found it difficult to recruit large enough numbers of Black MSM for studies that are designed for mainstream gay populations; and (2) recruitment is normally done from gay environments that may not be frequented by non-gay-identified Black men. This leaves us with an incomplete understanding of the risk behaviours and sexual relationships of Black MSM. Further, HIV prevention activities that are designed for gay, Caucasian men and target Black MSM may not be particularly well informed. The study seeks to: (1) describe the risk behaviour of Black MSM and variables associated with these behaviours; (2) understand how lived experiences and everyday decision-making are associated with (un)protected sex; and (3) understand how Black MSM interpret and assess the role of AIDS service organizations in their networks or communities.
Funder: Ontario HIV Treatment Network (Post Doctoral Fellowship)
11. **Researchers:** Anita Gagnon, Geoffrey Dougherty, Anne M. George, Jacqueline Oxman-Martinez, Jean-François Saucier, Elizabeth Stanger, Donna Stewart, Ellen Wahoush/ McGill University
Project Title: Development of migration and reproductive health studies
Description: In Canada, as in other countries, successful resettlement of newcomers varies based on bio-psycho-social, migration and resettlement factors. Most vulnerable are: women who have left their countries by force (e.g., war, rape or abuse histories), are separated from their families, have limited knowledge of the official languages, are visible minorities, and are in precarious immigration categories (e.g., asylum-seekers, participants in the "live-in caregiver" program, or "mail-order brides"). The relationship of migration to reproductive health has been relatively neglected. Effective and acceptable family planning and post-abortion care, STI/HIV prevention, and optimal pregnancy and childbirth, and postpartum outcomes are vital to the health of these women and society at large. Studies meant to examine the extent to which characteristics of migration-related vulnerability affect reproductive health and health care, as well as the relative effect of these characteristics when compared to Canadian-born women, have begun. Two pan-Canadian (Montréal, Toronto, and Vancouver) studies are underway. In one, a broad range of reproductive health determinants and outcomes have been identified, questionnaires to measure them located or developed, and extensive translation procedures into 12 different languages begun. In the other, the health and social care needs of mothers and infants at one week postpartum and whether these needs are being addressed in the context of short postpartum

stays is being assessed. Both studies are being informed by national and community (based in each city) advisory groups composed of policy-makers, service providers (licensed professionals and non-governmental organizations), and researchers to ensure study relevance to policy development and knowledge transfer. Follow-up studies needed include: Pregnancy and Childbirth in Newcomers, and Needs of Newcomer Families One Year After Birth.

Funder: Canadian Institutes for Health Research

- 12. Researchers:** Joan Eakin, Richard Glazier, Stephen Hwang, Alejandro(Alex) Jadad, Prabhat K.S. Jha, Andreas Laupacis, Wendy Levinson, Donald Redelmeier, Harvey Skinner, Donald A. Wasylenki (Co-PI), Dorcas Eleanor Beaton, Kim Bercovitz, Daniel Cass, Raisa Deber, James Dunn, Paula Goering, Gillian Hawker, Kamran Khan, James Lavery, Paul Links, Douglas G. Manuel, Patricia Mckeever, James Orbinski, Anita Palepu, Lawrence(Larry) F. Paszat, Blake Poland, Sean B. Rourke, Jeffrey M. Turnbull, Kue Young/ St. Michael's Hospital

Project Title: An integrated training program in health and social science research to improve the health of marginalized populations

Description: As we enter the 21st century, there are major challenges to improving the health of those Canadians who are disadvantaged and underprivileged: those with HIV/AIDS, aboriginal peoples, new immigrants, those with mental illness, substance abuse or low socioeconomic status, amongst others. The goal of this CIHR program is to train a new generation of health researchers who will undertake a true transdisciplinary approach, using a variety of methods to understand and impact on the health issues of marginalized populations. We seek to train young investigators with the values and skills to build their own research programs designed to ultimately improve the health of marginalized Canadians.

Funder: Canadian Institutes for Health Research

13. Researchers:

- Study 1: Dale Guenter/Mc Master University; Robert Remis/ University of Toronto; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care
- Study 2: Lynne Leonard/ University of Ottawa; Lindy Samson/ Children's Hospital of Eastern Ontario; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care
- Study 3: Lynne Leonard/ University of Ottawa; Lindy Samson/ Children's Hospital of Eastern Ontario; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care
- Study 4: Esther Tharao/ Women's Health in Women's Hands Community Health Centre; Stan Read/ Hospital for Sick Children; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care
- Study 5: Robert Remis/ University of Toronto; Lynne Leonard/ University of Ottawa; Frank McGee/ AIDS Bureau, Ontario Ministry of Health and Long Term Care

Project Title: Optimizing Prenatal HIV Testing in Ontario

Description: Under one project, five studies which aim to optimize Ontario's Prenatal HIV Testing Programme by increasing uptake of HIV testing among pregnant women and improving the quality of prenatal HIV testing and counselling.

- Study 1: Providers Study – health care providers not consistently ordering test for their prenatal patients.
- Study 2: Infants Study – women who became pregnant subsequent to the implementation of Ontario's Prenatal HIV Testing Programme and whose infants have been diagnosed with perinatally acquired HIV infection.

- Study 3: Women and Prenatal HIV Testing Study – women who learnt of their HIV status in the prenatal context under Ontario’s Prenatal HIV Testing Programme.
- Study 4: African and Caribbean Women and Prenatal HIV Testing Study – African and Caribbean women who have had a pregnancy since 1999.
- Study 5: Case Control Study – compare the characteristics of the previously undiagnosed pregnant women who did undergo prenatal HIV testing and were newly identified HIV positive through the programme, with those previously undiagnosed pregnant women who did not undergo prenatal HIV testing though the programme and subsequently gave birth to a child subsequently diagnosed HIV-positive.

Funder: AIDS Bureau, Ontario Ministry of Health and Long Term Care

14. Researchers: Norbert Gilmore (PI), David Thompson/ McGill University

Project Title: Qualitative and bioethical research concerning refugees referred as patients to the McGill University Health Centre following HIV diagnosis

Description: A descriptive, exploratory study of approximately 100 HIV positive African refugee claimants cared for at the Immunodeficiency Service of the Royal Victoria Hospital. The study will: (1) provide demographic analysis of HIV positive African refugee claimants receiving health care services at the Immunodeficiency Service of the Royal Victoria Hospital; (2) provide an analysis of the HIV treatments and the outcome of those treatments on the African refugee claimants; and (3) describe the self-reported health and psychological needs of the African refugee claimants and some of the ethical issues they raise.

Funder: Health Canada

3.7 Government Response to HIV/AIDS in Black Communities

Over the past few years, there has been an increasing recognition by some governments that the disproportionate number of Black people testing HIV positive needs to be addressed with focussed attention and resources. This acknowledgement comes from years of community mobilization and advocacy. It has been at the community level that organizations first experienced the increased numbers of Black people requiring HIV/AIDS programs and services.

The Federal Initiative to Address HIV/AIDS in Canada,¹⁹ which was released in 2005, acknowledges this shift and need. It states:

- Need for federal government to develop discrete approaches to addressing the epidemic for people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, prison inmates, youth and women at risk for HIV infection, and people from countries where HIV is endemic.
- New programs will be developed along the prevention-care continuum with and for people living with HIV/AIDS, gay men, injection drug users, Aboriginal people, federal inmates, youth and women at risk for HIV infection, and people coming from countries where HIV is endemic.
- Increased attention will be focussed on research that provides evidence for population-specific approaches.
- A sentinel surveillance program will be implemented for vulnerable populations, inclusive of co-infections and sexually transmitted infections, as appropriate.
- Specific campaigns will be developed by and for gay men, injection drug users, Aboriginal people, and people from countries where HIV is endemic.²⁰

The soon to be released *Leading Together: An HIV/AIDS Action Plan for All Canada* also acknowledges the need for focused action to respond to the disproportionate number of Black people testing HIV positive. In the draft document, within its Desired Outcomes and Recommended Action, there is explicit mention of people from countries where HIV is endemic.²¹

As with the federal government, some provincial governments have explicitly identified targeted initiatives for the Black communities within their HIV/AIDS strategic plans (see Table 7 for the strategic plans with such initiatives). The explicit mention of Black communities in the strategic plan of provinces, like Ontario, builds on the long history (since the 1980s) of government support for the community-based response to HIV/AIDS and particularly initiatives targeting Black communities.

At the municipal level, some cities, such as the City of Toronto, also have a long history of supporting the community-based response to HIV/AIDS as that city has provided targeted funding for HIV/AIDS programming since the 1980s. Currently, cities, such as Ottawa and Montréal, provide funding for HIV/AIDS initiatives targeting the Black communities.

¹⁹ *The Federal Initiative to Address HIV/AIDS in Canada* describes the federal role in the Canadian response to HIV/AIDS and it commits to increasing ongoing federal HIV/AIDS funding from \$42.2 million in 2003-2004 to \$84.4 million by 2008-2009.

²⁰ Government of Canada, *The Federal Initiative to Address HIV/AIDS in Canada*, 2004.

²¹ Public Health Agency of Canada, *Leading Together: An HIV/AIDS Action Plan for All Canada 2004-2008*, http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/direction/leading_sept2003.html#iii.

Table 7: Status of Targeted Initiatives for Black Communities in Provincial/Territorial Strategic Plans

Province/Territory	HIV/AIDS Strategic Plan	Date Produced	Targeted Initiatives for Black Communities	Comments
British Columbia	Yes	2003	No	
Yukon	No	N/A	N/A	
Northwest Territories	No	N/A	N/A	STI Strategy includes HIV
Nunavut	No	N/A	N/A	
Alberta	No	N/A	N/A	Previous Strategy sunsetted in 2004 and new Strategy (<i>Alberta Blood-Borne Pathogen and Sexually Transmitted Infections Strategy 2005-2011</i>) is under development
Saskatchewan	Yes	2002	No	
Manitoba	Yes	1996	No	Two complementary strategies have been produced (<i>Provincial Sexually Transmitted Diseases Control Strategy</i> and <i>As Long As the Water Flows: An Aboriginal Strategy on HIV/AIDS</i>) and are implemented alongside the existing Strategy

Province/Territory	HIV/AIDS Strategic Plan	Date Produced	Targeted Initiatives for Black Communities	Comments
Ontario	Yes	2002	Yes	African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) <i>Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries Where HIV is Endemic</i> is complementary to and is included as an appendix of the provincial strategy
Québec	Yes	2004	Yes	
New Brunswick	No	N/A	N/A	
Nova Scotia	Yes	2003	Yes	
Prince Edward Island	Yes	Late 1990s	No	
Newfoundland and Labrador	No	N/A	N/A	Draft <i>Newfoundland and Labrador AIDS Strategy and Plan of Action</i> is in final stages of development

4.0 ANALYSIS

From the environmental scan, the following interconnected key themes emerged:

1. Addressing the increased number of positive HIV tests and AIDS diagnoses for the Black communities will require focused action.

There are numerous and complex factors that put Black people at risk for HIV infection and inform their reality of living with HIV/AIDS. Among the factors are the experiences and impact of racism combined with other forms of discrimination, such as those based on gender, sexual orientation and socio-economic status, as these affect access to information, resources and services, as well as limit one's ability to have or make choices. As a result, any intervention aimed at reducing the risk of HIV infection or addressing the needs of Black people living with HIV/AIDS must acknowledge and account for these factors if it is to be responsive and have impact.

Initiatives – programs, services, policies – must also be tailored given the diversity of the Black communities across Canada. The reality for third and fourth generation Black people in Halifax are different from those of African and Caribbean immigrants in Toronto or Calgary; just as the reality for two HIV positive Black people in the same city may differ based on their different stages in the immigration process.

The issue of immigration warrants some attention for various reasons, including how it informs stigma and discrimination, and how it links to the need to address relating legal, ethical and human rights issues. People living with HIV/AIDS who are at different stages in the immigration process prior to getting landed immigrant status often do not seek treatment or support until they are very ill and in crisis. At this time, the care they require needs to be specialized yet they are often unable to afford such care due to lack of health insurance coverage. Research has shown that three-quarters of people living with HIV/AIDS who are immigrants and refugees will eventually get status and coverage given proper and timely legal support.²² It is of critical importance to note that despite the perception of immigrants and refugees coming to Canada with HIV, the evidence has shown otherwise as a substantial proportion of HIV infection occurs after residence in Canada has been established.²³

The increased number of positive HIV tests in the Black communities has a particular character in that these diagnoses tend to be at a later stage in HIV infection. This means that Black people are not testing early which limits their opportunities for care, treatment and support, and it gives rise to the increased AIDS diagnoses. An identified contributing factor to the late testing for HIV in the Black communities has been the fear of what will happen to the information and the stigma and discrimination that may result. A response that is needed is the encouragement of testing early coupled with being able to test anonymously, however anonymous HIV testing facilities are limited across Canada.

²² The Committee for Accessible AIDS Treatment HIV/AIDS & Immigration Forum Notes, May 10, 2004.

²³ Robert S. Remis and Maraki Fikre Merid, *The Epidemiology of HIV Infection Among Persons From HIV-Endemic Countries in Ontario: Update To December 2002 Summary of Findings*, Prepared for the African and Caribbean Council on HIV/AIDS in Ontario, September 2004.

The varying availability of anonymous HIV testing facilities across the country is indicative of the differences that exist in government policy responses to HIV/AIDS across the country. While the majority of the provinces and territories, as well as the federal government, have an HIV/AIDS strategic plan, there are still some without. As a result, the investment of resources to address HIV/AIDS through the allocation of targeted funding is as varying as the policy responses. While efforts are currently underway to enhance the policy response around HIV/AIDS at the provincial, territorial and federal levels, there is a need to ensure that the responses include the necessary resources for effective program implementation. There is also a need to ensure that the responses address the disproportionate number of positive HIV tests and AIDS diagnoses for the Black communities.

As a transnational population, the Black communities in Canada are intricately linked to Black communities globally. As a result, addressing HIV/AIDS in the Black communities in Canada needs to incorporate this reality through the sharing of experiences and lessons learned. It also means utilizing and building on the materials and tools developed to respond to the specificity and diversity within the Black communities.

2. There is a need to build the capacity of Black Canadian, African and Caribbean communities, as well as a range of service providers, to better respond to HIV/AIDS.

The core of the response to HIV/AIDS in the Black communities lies within the communities themselves. The knowledge, experience and skills are there but are often untapped or underutilized. Over the years, a few specific organizations have been established to address HIV/AIDS in the Black communities. These organizations are under-resourced, particularly given the demands placed on them. They nevertheless persevere to respond to the demands as best as they can while also making the links with the global pandemic. Strengthening these organizations must be priority in the national response to HIV/AIDS in the Black communities.

Organizational capacity building must also be extended to “mainstream” organizations that provide programs and deliver services to address HIV/AIDS in the Black communities and to other organizations that focus on the Black communities but may not address HIV/AIDS. This will require training, tools and support. Significantly, it will also require partnerships and community engagement to be effective and to produce results.

In addition to building the capacity of organizations, there is a need to also build the capacity of individuals to play an active and meaningful role in the response to HIV/AIDS in the Black communities. Black people living with HIV/AIDS, as well as those affected and vulnerable, need to be involved in all aspects, from design to evaluation, of the projects, programs and services targeted to them. This involvement must be nurtured, affirmed and supported.

3. Various types of research is necessary to better understand the issues related to HIV/AIDS and Black communities, as well as to inform policies, programs and services.

Limited research has been undertaken on HIV/AIDS and the Black communities. What is required includes social, behavioural, epidemiological and psychological studies. A framework for enhancing the research capacity could include:

- Knowledge development – developing understandings and tools;
- Knowledge delivery – building skills and integrating understandings, tools and skills into practice; and
- Knowledge exchange – stimulating interactions, building relationships and working together.

A significant challenge in the research agenda for addressing HIV/AIDS in the Black communities is getting better surveillance data around “ethnicity” in Canada. The issues around producing better surveillance data are numerous as they range from how best to engage community members when they come in for testing, to how best to name “ethnicity” markers, to how to enhance collaboration and cooperation between the provinces, territories and federal government.

4. There is a need for coordination to maximize impact.

As documented in this Environmental Scan Report, there are numerous projects, initiatives and research activities underway specific to HIV/AIDS and the Black communities in Canada. In some cases, individuals and organizations may know of each other but in general, this is not the reality. Most of the work being done is occurring in isolation, with limited or no link to other work being done in other cities or provinces.

To have a link, however, requires attention and resources. Specific effort is needed to share information, bring people together and take joint action. In order to have the most impact in addressing HIV/AIDS in the Black communities, the links must be made, the information must be shared, the people must be brought together and the joint action must be taken.

5.0 RECOMMENDATIONS

Based on the findings of the environmental scan and a review of *Strengthening Ties-Strengthening Communities: An Aboriginal Strategy on HIV/AIDS in Canada (2003)*,²⁴ it is recommended that the framework for consultation in the next phase of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project contain the following key components, with consideration of the transnational nature of the Black communities:

5. Continuum of Prevention, Care, Treatment and Support;
6. Community Development and Capacity Building;
7. Research;
8. Coordination and Administration.

These components should be rooted in defined principles, such as access, accountability, collaboration and partnerships, community engagement, and equity.

It is also recommended that the components of the framework demonstrate alignment with *Leading Together: An HIV/AIDS Action Plan for All Canada* which is expected to be released in Fall 2005. As *Leading Together* "will set out a plan for strengthening and expanding HIV/AIDS policy, programming and research in Canada," and "it is a call to action for all Canadians and all sectors of society to become aligned in the HIV/AIDS response,"²⁵ it will be important for any national HIV/AIDS strategy for Black Canadian, African and Caribbean communities to be a part of this picture.

²⁴ The Aboriginal Strategy contains nine key strategic areas: coordination and technical support; community development, capacity building and training; prevention and education; sustainability, partnerships and collaboration; legal, ethical and human rights issues; engaging Aboriginal groups with specific needs; supporting broad-based harm reduction approaches; holistic care, treatment and support; and research and evaluation.

²⁵ Government of Canada, *The Federal Initiative to Address HIV/AIDS in Canada*, 2004: 5.

6.0 NEXT STEPS AND CONCLUSION

As the completion of this environmental scan was only one component of the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities project, the next step is for the National Steering Committee to confirm the framework for the consultation which will take place at the 5th Canadian HIV/AIDS Skills Building Symposium in Montréal in October 2005.

Following the consultation and completion of this project, dedicated effort will need to be made to ensure the timely development of a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities. It is clear from the findings of the environmental scan that such action is needed. Given the path that has been cleared by the Aboriginal communities, it will be important to learn from their experiences while honouring their accomplishments. By so doing, Black Canadian, African and Caribbean communities will be creating new paths to reduced HIV transmissions and enhanced quality of life for Black people living with HIV/AIDS.

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APPENDIX A

Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project

National Steering Committee Terms of Reference

Purpose

The National Steering Committee will provide guidance and determine direction for the Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project which aims to conduct preliminary research that will contribute to the development of a national HIV/AIDS strategy for Black Canadian, African and Caribbean communities.

Membership

The National Steering Committee will consist of representatives from across the country and include:

1. Angele Rose Ankouad, Centre de Ressources et d'Interventions en Santé et Sexualité, Montréal, QC
2. Nalda Callender, National Congress of Black Women Foundation, Vancouver, BC
3. David Divine, James R. Johnston Chair in Black Canadian Studies, Dalhousie University, Halifax, NS
4. Arlene Hunte, Safeworks, Calgary, AB
5. LLana James, African & Caribbean HIV/AIDS Capacity Building Project, Toronto, ON
6. Lilja Jónsdóttir, Public Health Agency of Canada, Ottawa, ON
7. Horace Josephs, Interagency Coalition on AIDS and Development Board of Directors, Toronto, ON
8. Félicité Murangira, African and Caribbean Council on HIV/AIDS in Ontario, Ottawa, ON
9. Michael O'Connor, Interagency Coalition on AIDS and Development Executive Director, Ottawa, ON
10. Esther Tharao, African and Caribbean Council on HIV/AIDS in Ontario, Toronto, ON

Meetings

There will be 2 in-person meetings and 2-3 teleconferences.

Term

April – November 2005, with a possibility of an extension.

Responsibilities

The Steering Committee will support the project by providing:

- Direction and general guidance;
- Technical advise and support, as appropriate and available;
- Linkages to appropriate persons and/or organizations;
- Planning advise for a national consultation;
- Input into and review of specific documents drafted.

Decision-making

Decisions will be made through consensus by the National Steering Committee members present at meetings. When consensus cannot be reached, voting shall occur and majority rules.

Minutes

Minutes of meetings will be taken to form a part of the project reporting requirements. Draft minutes will be circulated for approval.

Facilitation

Meetings will be facilitated by the project consultant, Dionne A. Falconer of DA Falconer & Associates.

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