

**Strengthening the Capacity of Service Providers to Deliver HIV Prevention
Programs to the African Diaspora in Canada Project**

Capacity Building Needs Assessment Report

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1. Introduction

The Black population in Canada represented 2.5% of the Canadian population or 783,795 people, according to the 2006 Census. The population consists of Black people of African descent regardless of country of origin.¹ Over 80% of the Black population in Canada is concentrated in Ontario (60.4%) and Quebec (21.6%), mainly in urban areas.

There is a disproportionate number of Black people in Canada living with HIV/AIDS. In 2009, the Public Health Agency of Canada reported that among HIV case reports with ethnic or race information, 11.6% were Black. This figure did not include information from Ontario and Quebec which accounted for over two-thirds of all positive HIV test reports and the majority of the Black population in Canada.² For Ontario, as of 2008, 18% of HIV-infected persons were from the HIV-endemic³ category (i.e. born in sub-Saharan Africa or the Caribbean and no other risk factors).⁴ In Quebec in 2008, 15.7% of HIV infections were among people from HIV endemic countries. In other provinces, the trend of disproportionate numbers was evident: British Columbia – 4.4% of positive tests in 2006; Alberta – 20.4% of HIV positive tests reported in 2007; and Manitoba – 15% of positive tests reported in 2007.⁵

Given this context and the demand from service providers for supports to respond to the increasing number of Black people requiring HIV prevention and support services from their organizations, the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), the Interagency Coalition on AIDS and Development (ICAD), and Women's Health in Women's Hands Community Health Centre (WHIWH CHC) have been collaborating for the past six years to conduct research and develop resources for organizations working with African, Caribbean and Black (ACB) communities in Canada. A recent initiative from that collaboration is the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project. It is a one-year training and capacity building project aimed at service providers and the project is funded by the Public Health Agency of Canada through the National Specific Populations HIV/AIDS Initiatives Fund.

The purpose of the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project is to ensure that African, Caribbean and Black communities in Canada are meaningfully engaged in HIV prevention efforts, to expand HIV prevention efforts and to build the capacity of service providers, both mainstream and African, Caribbean and Black-specific, so that they are better equipped to deliver HIV prevention and other HIV services to the ACB communities. To build the capacity of service providers, the project will deliver regional workshops co-hosted with key focal points which are organizations located in the cities where the workshops will take place and are already working with ACB communities locally. These focal points will also receive training, through

¹ According to the 2006 Census, over one-half (52.0%) of the Black population reported Caribbean origins and another 42.4% reported African origins. The Black population also reported British Isles origins (11.6%), Canadian origin (10.9%) and French origins (4.1%). <http://www12.statcan.ca/census-recensement/2006/as-sa/97-562/index-eng.cfm>

² Public Health Agency of Canada. 2010. *HIV and AIDS in Canada: Surveillance Report to December 2009*. <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf>

³ "HIV-endemic" refers to countries or populations where there is (a) a male-to-female ratio of 2:1 or less, or (b) HIV prevalence of 2% or greater among women receiving prenatal care, or (c) a high prevalence of HIV infection in the adult population (generally 1% or greater) and the predominant mode of transmission is heterosexual contact.

⁴ H. Shimeles, R. Remis, and J. Liu. 2011. *HIV Prevalence, Incidence, Mother-to-Child Transmission Among African, Caribbean and Black Populations as of 2008*. http://accho.ca/pdf/ACB_Stats_Apr-1-2011.pdf

⁵ H. Shimeles, W. Husbands, W. Tharao, A. Adrien and V. Pierre-Pierre. (2010). *African, Caribbean and Black Communities in Canada: A Knowledge Synthesis Paper for the CIHR Social Research Centre in HIV Prevention*. <http://www.srchiv.ca/uploads/PDF/SRC-SynthPaper-ACBCommunities.pdf>

mentoring, so that they can continue to act as focal points for resources dissemination and have the capacity to respond to HIV prevention issues amongst the service providers working with African, Caribbean and Black communities.

To support the development of the workshops and ensure that they will meet the needs of service providers, two components of work have been completed. The first, a gap analysis based on a literature review and interviews with key stakeholders, was completed in the fall of 2011 and the report was entitled *Towards the Improvement of HIV Prevention Services for African, Caribbean and Black Communities in Canada: A Gap Analysis*. It outlined the current situation of HIV prevention programs in Canada for African, Caribbean and Black communities with a focus on strengths and challenges. It also suggested strategies for improving HIV prevention programs among ACB communities across the country (see Appendix B for the Summary of Strategies). The second component is this capacity building needs assessment.

The core question the needs assessment aimed to address was *what do service providers need to better deliver HIV prevention and other HIV services to the African, Caribbean and Black communities?*

This report answers that question by reflecting the key findings from the research undertaken. These findings will complement the Gap Analysis and inform the development of a training curriculum and resource kit to enhance the skills of service providers to better deliver HIV prevention and other HIV services to the ACB communities.

2. Methodology

The needs assessment was conducted from July to September 2011 and included a focus group and discussion with members of the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) Board of Trust and other key stakeholders in July 2011 in Toronto. The focus group included representatives from across the country, including service providers working with African, Caribbean and Black communities. The needs assessment also included a literature review of relevant documents and an interview with a coordinator of the Women's HIV/AIDS Initiative housed at the AIDS Committee of Toronto (see Appendix A for a list of stakeholders consulted). The needs assessment was carried out by DA Falconer & Associates Inc and Adobe Consulting Services. Qualitative research approaches were used and emerging themes were identified.

A limitation of the process is that the qualitative findings were not quantified or ranked based on how often issues were raised. In spite of this limitation, there is confidence that the findings presented in this report reflect those issues of primary importance to the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project because of the consistency of the views raised by the various stakeholders in the needs assessment.

3. Key Findings

This section contains the key findings from the interview, focus group and literature. The focus was on Canadian-specific information and experiences as “the experiences of Black people in Canada differ significantly from those of African Americans in the USA or Black immigrants in European countries. Therefore, results from research conducted outside of Canada may not always be applicable to the Canadian context.”⁶

(A) **Addressing HIV/AIDS in the African, Caribbean and Black communities in Canada requires action at the individual, organizational and systemic level.** This has been consistently identified in numerous reports over the years.

- In 2005, the *Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project Environmental Scan Report* noted “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.”
- In 2006, *Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women in Toronto 2002-2004* noted “There is a need for HIV/AIDS programs and services to deal with more than just risk-taking activities of individuals. Programs must address the underlying factors that support the climate in which risk-taking behaviours are allowed to flourish and be maintained. Agencies and providers working with African and Caribbean women must understand and address the context in which they live by increasing their awareness of the values, beliefs, and norms that shape individual and community behaviours. It is upon this basis that effective programs should be built.”
- In 2006, *HIV Prevention Guidelines and Manual: A Tool for Service Providers Serving African and African Caribbean Communities Living in Canada, 1st Edition* noted “Often, HIV prevention is framed as an issue that can be addressed by focusing solely on individual behaviours, when, in fact, HIV prevention hinges on the determinants of health. Evidence clearly points to the fact that systemic, structural and individual factors converge to create situations and circumstances that facilitate HIV transmission. Systemic and structural issues such as gender inequity, sexism, heterosexism, homophobia and racism limit peoples’ ability to make choices that promote and sustain good health.”
- In 2009, the Public Health Agency of Canada in their report *Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic – Black people of African and Caribbean descent living in Canada* noted “People from countries where HIV is endemic make up a unique segment of the concentrated HIV/AIDS epidemic in Canada...The evolution of the HIV situation

⁶ Public Health Agency of Canada. 2009. *Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic – Black people of African and Caribbean descent living in Canada*. <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf>

in this population is linked to a variety of broad factors and determinants of health, which influence the population's vulnerability to HIV/AIDS...The impact of racism, stigma and discrimination within the health system continue to affect the quality of life and health outcomes of Black people living with HIV/AIDS. The ongoing stigma and discrimination against AIDS and people living with HIV/AIDS exercised by the Black community itself continues to hamper prevention efforts directed at this population.”

(B) The **specific actions needed at the individual, organizational and systemic level have also been well documented.** The above-mentioned reports identified actions such as:

- Foster and support skills development and cultural competency for service providers.
- Tailor strategies and approaches to meet the needs of the diverse African, Caribbean and Black communities.
- Promote anonymous testing.
- Educate the ACB communities on HIV transmission as well as primary and secondary HIV prevention⁷.
- Disseminate information through existing gatherings of women and through information technology, especially those that maintain privacy and confidentiality.
- Make structural and systemic organizational changes related to areas such as service provision, physical environment and hiring practices.
- Strengthen organizations whose purpose is to address HIV/AIDS in the ACB communities.
- Address immigration, legal, ethical and human rights issues.
- Build the capacity of “mainstream” organizations and ACB organizations whose focus is not HIV/AIDS.
- Advocate for more specific and complete race and ethnicity-specific HIV/AIDS surveillance data at the municipal, provincial, territorial and federal level.
- Better coordinate the work of organizations locally, provincially, regionally and nationally.
- Conduct research that is specific to the Canadian reality and addresses the transnational nature of the ACB communities.

In 2008, the report *Taking Action on HIV and AIDS in Black Communities in Canada: A Resource for Moving Ahead* identified that service providers needed the following in order to enhance availability, access and quality of HIV and AIDS programs and services to the Black community:

- Make links with settlement and other relevant services.
- Facilitate reflectiveness of the Black community in staff, volunteers and Board members.
- Participate in cultural competence training.
- Cooperate, collaborate and communicate with other service providers.
- Develop targeted programs and services with community involvement.
- Facilitate the development of culturally and linguistically appropriate materials and program/service models.
- Name racism and address its impact on planning and service delivery.
- Employ Black people living with HIV/AIDS.

⁷ Primary prevention focuses on preventing transmission of HIV to HIV negative persons. Secondary prevention focuses on keeping HIV positive persons well and preventing the onward transmission of HIV. Secondary prevention is sometimes referred to as “poz prevention.”

Focussing specifically on HIV prevention, the 2009 report *Prevention Programs in Developed Countries: Lessons Learned: A Report on Prevention Initiatives used to address HIV and AIDS prevention for African, Caribbean and Black Populations in developed countries* offered the following recommendations for organizations planning to or currently engaged in HIV prevention among African and Caribbean Diaspora communities:

- Involve the African and Caribbean community members in all aspects of HIV prevention to build community action and ownership around HIV/AIDS issues. Opportunities for community involvement can include: peer education, evaluation, sponsorship, fundraising and sitting on a project advisory panel.
- Develop/adapt and implement peer-led HIV prevention interventions that draw upon African and Caribbean populations to gradually engage community members in discussion about HIV/AIDS issues.
- In collaboration with community members, local and/or national health organizations, develop culturally and linguistically appropriate, faith-based, age and/or gender-specific HIV prevention interventions that respect the current 'stage of change' of community members. Create an environment where participants can gradually discuss myths, stigma, fears and attitudes.
- Offer culturally and linguistically appropriate HIV information, resources and services (HIV testing, referral, media campaigns, service provider training etc.) in a variety of formats (individual, group, web-based), as well as programs that address other issues of importance to African & Caribbean Diaspora communities (transportation, immigration and settlement services).
- Collaborate with other organizations working to develop, implement, evaluate and support HIV prevention among African and Caribbean populations, including small businesses, schools and media who can assist with sponsorship and fundraising.
- Identify and engage local, national and international funding bodies.
- Advocate for a national strategy for HIV/AIDS prevention among African and Caribbean Diaspora communities; for surveillance that tracks HIV/AIDS among African and Caribbean Diaspora populations; and to all levels of government regarding the issues that face African and Caribbean Diaspora communities such as poverty, immigration policy and deportation.

(C) When the specific actions needed at the different levels are drilled down, it is clear that **service providers need a supportive environment and individual capacity building/enhancement to better deliver HIV prevention and HIV services to the African, Caribbean and Black communities**. This was affirmed in the July 2011 focus group with the CHABAC Board of Trust and other key stakeholders which identified the following:

Elements of a Supportive Environment	Areas for Individual Capacity Building/ Enhancement
<ul style="list-style-type: none"> • Provides training, i.e. team building, communication skills, gender dynamics, diversity incorporation, cultural competency • Conducts evaluations/reviews of programs, policies, procedures, practices • Ensures accountability of managers and staff • Has appropriate and sufficient resources, i.e. funds, staff, volunteers, materials • Encourages and undertakes collaborations • Has good networks for referrals • Allows time for planning and development • Acknowledges achievements and appreciates staff • Is caring, friendly, welcoming and reflective of its community • Fosters work/life balance • Uses art and music • Has space and equipment that is well designed, clean, safe and accessible • Advocates for improved epidemiology data across the country • Delivers services in a variety of venues and locations 	<p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Greater Involvement of People Living with HIV/AIDS (GIPA)/ Meaningful Involvement of People Living with HIV/AIDS (MIPA) • Social marketing • Social media • HIV prevention in ACB communities – trends, influencing factors and effective responses • Developing evidence-based interventions • Community mobilization • Work/life balance • Effective frameworks and theories, i.e. human rights, social justice organizational behaviour, adult learning • Immigration • Settlement support • HIV/AIDS education, care and support • HIV prevalence and incidence data • Network building <p><u>Skills</u></p> <ul style="list-style-type: none"> • Anti-racism/anti-oppression (ARAO) • Cultural competency • Communication • Research skills, including conducting needs assessments and evaluations • Mentoring to transfer and enhance skills • Management skills • Conflict management/resolution • Boundaries and professional conduct • Knowledge transfer and exchange (KTE) • French language skills • Facilitation skills • Grant/proposal writing skills

The need for a supportive environment and individual capacity building/enhancement for service providers to better deliver HIV/AIDS services to targeted populations was also affirmed by the work of the Women’s HIV/AIDS Initiative (WHAI). This initiative, which has similar goals as the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project, is being implemented in 15 AIDS service organizations (ASOs) in Ontario and funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care. Its goals are to: (1) enhance the capacity of service providers to support women and their HIV/AIDS related needs; (2) improve community skills and knowledge around women and HIV/AIDS; and (3) reduce HIV transmission among women through community education, capacity building, and outreach. To meet its goals, WHAI provides consultations, resources, support, workshops and trainings to service providers to enhance their capacity to meet the

needs of women at risk and living with HIV/AIDS. In Toronto, WHAI is housed at the AIDS Committee of Toronto and staffed by 2 coordinators who develop resources, outreach to agencies and provide tailored trainings based on individual agency needs. Their focus has been the non-ASO sector, particularly the settlement and shelter sectors. A recent resource they have developed is the website Shared Health Exchange (<http://shexchange.net/wp/>) which will contain their training module once it has been developed.

(D) **Service providers come to their work with different attitudes, knowledge, skills and experience as well as from different social locations. They also work in organizations with a history and experience of delivering services to diverse populations.** It is important to recognize this as complementary work aimed at ACB communities is undertaken. It is about building from strength to strength. In so doing, expertise across the country should be accessed as a resource so that lessons learned can be shared.

4. Recommendations

As a result of the key findings, it is clear that the capacity building needs of service providers are beyond what is possible within the constraints of this project. Consequently, it will be necessary to focus the workshops to be designed and delivered within the project on some key or core components. Based on the key findings and the expertise of the consultants, the following recommendations are offered for the training curriculum as well as the training package and resource kit:

Training Curriculum	Training Package and Resource Kit
<ul style="list-style-type: none"> • Modular format to cover different topics allowing for flexibility and suitability based on the audience/participants • Topics aimed at increasing knowledge should include: <ul style="list-style-type: none"> ○ HIV/AIDS basics – transmission, primary prevention, secondary prevention, statistics ○ Black communities in Canada – history, migration, statistics, geographic differences, key factors in HIV prevention, HIV statistics ○ Centers for Disease Control and Prevention Diffusion of Effective Behavioural Interventions (DEBI) Project⁸ • Topics aimed at skills development/enhancement should include: <ul style="list-style-type: none"> ○ ARAO/cultural competence ○ Program development with ACB communities 	<ul style="list-style-type: none"> • Checklists and other materials developed for distribution as a part of the training curriculum • CD containing: <ul style="list-style-type: none"> ○ Towards the Improvement of HIV Prevention Services for African, Caribbean and Black Communities in Canada: A Gap Analysis ○ Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada Project: Capacity Building Needs Assessment Report ○ “The Woman I Have Become” video and user guide ○ HIV Prevention Guidelines and Manual: A Tool for Service Providers Serving African and African Caribbean Communities Living in Canada ○ HIV Education and Risk Reduction Model ○ Taking Action on HIV and AIDS in Black Communities in Canada: A Resource for Moving Ahead ○ The East African Health Study in Toronto (EAST): Results from a Survey of HIV and Health-Related Behaviour, Beliefs, Attitudes, and Knowledge ○ Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic – Black people of African and Caribbean descent living in Canada ○ Prevention Programs in Developed Countries: Lessons Learned – A Report on Prevention Initiatives used to address HIV

⁸ The Centers for Disease Control and Prevention Diffusion of Effective Behavioural Interventions (DEBI) Project is a US national-level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD/ Viral Hepatitis prevention interventions to state and community HIV/STD program staff. See <http://www.effectiveinterventions.org/en/home.aspx>. The interventions identified can be adapted for the Canadian reality as evidenced by the implementation by the Black Coalition for AIDS Prevention in Toronto of “Many Men, Many Voices (3MV),” an HIV/STI prevention intervention for Black gay men.

Training Curriculum	Training Package and Resource Kit
	<p>and AIDS prevention for African, Caribbean and Black Populations in developed countries</p> <ul style="list-style-type: none"> ○ HIV/AIDS Stigma, Denial, Fear and Discrimination: Experiences and Responses of People from African and Caribbean Communities in Toronto ○ Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women in Toronto ○ Criminals and Victims? The Impact of the Criminalization of HIV Non-Disclosure on African, Caribbean and Black Communities in Ontario ○ Health, Community and Vulnerability to HIV among African, Caribbean and Black Gay and Bisexual Men in Toronto ○ List and website links of relevant HIV/AIDS organizations/resources/statistics, e.g. ACCHO, ASO411, Public Health Agency of Canada reports & publications ○ List and website links of forthcoming resources, e.g. Disclosure Model, various ACCHO resources ○ List and website links of resources covering topics such as ARAO, Cultural Competence and Organizational Development

5. Conclusion and Next Steps

The purpose of this needs assessment was to gain insights into what service providers need to better deliver HIV prevention and other HIV services to the African, Caribbean and Black communities. The findings of the assessment reveal that they need a supportive environment and individual capacity building/ enhancement. Addressing all of the needs identified is beyond the scope of this project. However, the identified needs do provide organizations with an opportunity to take action. In so doing, benefits would be gained not only for the African, Caribbean and Black communities but also for a range of other communities.

The next steps for the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project will be the development of the training curriculum and resource package. The training curriculum will be designed to confirm the core competencies of the service providers and deepen their capacity to deliver HIV prevention and HIV services to the African, Caribbean and Black communities. Once developed, the curriculum will be pilot tested in Toronto and revised, as necessary, before being implemented in Calgary, Winnipeg, Montréal and Halifax. In Montréal, it will be implemented in French with Francophone service providers. The final curriculum will be available in English and French as a resource for service providers to enhance their capacity to deliver HIV prevention and other HIV services to the African, Caribbean and Black communities.

REFERENCES

1. Centers for Disease Control and Prevention. **Diffusion of Effective Behavioural Interventions**. Available from: <http://www.effectiveinterventions.org/en/home.aspx>
2. DA Falconer & Associates (2005). **Springboarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project Environmental Scan Report**. Available from: http://www.icad-cisd.com/pdf/publications/SNS_EnviroScan_Final_Report_9_Dec_05.pdf
3. DA Falconer & Associates Inc. (2008). **Taking Action on HIV and AIDS in Black Communities in Canada: A Resource for Moving Ahead**. Available from: http://www.icad-cisd.com/pdf/Taking_Action_EN.pdf
4. Interagency Coalition on AIDS and Development (2011). **Prevention Programs in Developed Countries: Lessons Learned: A Report on Prevention Initiatives used to address HIV and AIDS prevention for African, Caribbean and Black Populations in developed countries**. Available from: http://www.icad-cisd.com/pdf/Publications/Prevention_Programs_in_Developed_Countries_Lessons_Learned_FINAL.pdf
5. Interagency Coalition on AIDS and Development (2011). **Strengthening the Capacity of Service Providers to Deliver Prevention Programs to the African Diaspora in Canada Project: Gap Analysis**.
6. James, L. (2006). **HIV Prevention Guidelines and Manual: A Tool for Service Providers Serving African and African Caribbean Communities Living in Canada, 1st Edition**. Available from: http://accho.ca/pdf/hiv_manual-part_1_ENGLISH.pdf and http://accho.ca/pdf/hiv_manual-part_2_ENGLISH.pdf
7. Public Health Agency of Canada (2010). **HIV and AIDS in Canada: Surveillance Report to December 31, 2009**. Available from: <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf>
8. Public Health Agency of Canada (2009). **Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic**. Available from: <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/afriacaribbe/index-eng.php>
9. Shimeles, H., W. Husbands, W. Tharao, A. Adrien and V. Pierre-Pierre (2010). **African, Caribbean and Black Communities in Canada: A Knowledge Synthesis Paper for the CIHR Social Research Centre in HIV Prevention**. Available from: <http://www.srchiv.ca/uploads/PDF/SRC-SynthPaper-ACBCommunities.pdf>
10. Shimeles, H., R. Remis, and J. Liu. 2011. **HIV Prevalence, Incidence, Mother-to-Child Transmission Among African, Caribbean and Black Populations as of 2008**. Available from: http://accho.ca/pdf/ACB_Stats_Apr-1-2011.pdf
11. Statistics Canada. **Canada's Ethnocultural Mosaic, 2006 Census: Findings**. Available from: <http://www12.statcan.ca/census-recensement/2006/as-sa/97-562/index-eng.cfm>
12. Tharao, E., N. Massaquoi and S. Teclom (2006). **Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women in Toronto 2002-2004**. Available from: http://www.whiwh.com/backend/fck_uploads/file/Silent%20Voices%20of%20the%20HIV%20and%20AIDS%20Epidemic.pdf

Appendix A

Stakeholders Consulted

1. Elisa Hatton, Black Coalition for AIDS Prevention (Toronto, Ontario)
2. Janice Dayle, individual member/CHABAC (Montréal, Québec)
3. Layla Rich, Interagency Coalition on AIDS and Development, (Ottawa, Ontario)
4. Lori Root, Nova Scotia Advisory Commission on AIDS (Halifax, Nova Scotia)
5. MaryStella Anidi, Sexuality Education Resource Centre (Winnipeg, Manitoba)
6. Mohini Datta-Ray, AIDS Committee of Toronto (Toronto, Ontario)
7. Robert Bardston, individual member (Medicine Hat, Alberta)
8. Stephen Alexander, Canadian AIDS Society (Ottawa, Ontario)
9. Tanya Lary, Public Health Agency of Canada (Ottawa, Ontario)
10. Tsion Demeke Abate, HIV Edmonton (Edmonton, Alberta)
11. Valérie Pierre-Pierre, African and Caribbean Council on HIV/ AIDS in Ontario/ CHABAC Interim Co-Chair (Toronto, Ontario)
12. Wangari Tharao, Women's Health in Women's Hands Community Health Centre/ CHABAC Interim Co-Chair (Toronto, Ontario)

**Towards the Improvement of HIV Prevention Services for African,
Caribbean and Black Communities in Canada: A Gap Analysis**

Summary of Strategies

1. Formation AND Strengthening of Government Strategies

- Formation of provincial and territorial government strategies on HIV and ACB communities
- Development and implementation of a well-funded national government strategy to coordinate provincial and territorial strategies; coordinated & supported by PHAC
- Build on the work of the Federal/Provincial/Territorial Advisory Committee on AIDS to enhance links between government ministries regarding HIV prevention

2. Expand Outreach to ACB Communities

- Expand outreach to ACB communities, bringing prevention messages to social and cultural events and targeting specific groups such as youth
- Explore innovative partnerships for sponsorship and fundraising with groups such as small businesses, media and schools
- Collaborate with faith-based communities and learn from successful initiatives in other countries

3. Address Stigma and Discrimination

- Use an intersectional approach based on race, gender, sexual orientation, and HIV status to understand and address stigma and discrimination
- Foster community and professional environments where HIV status disclosure can be discussed and emerging issues resolved
- Normalize conversations around HIV
- Educate general population on stigma
- Address issues that are interconnected with stigma including discrimination based on race, sexual orientation and gender

4. Address the Criminalization of HIV Non-Disclosure

- Address criminalization of HIV non-disclosure through education and advocacy; promote HIV prevention programs

5. Improve Involvement of ACB Communities and PLHIV Specifically

- Enhance capacity and promote self-determination in ACB communities and PLHIV
 - Make training and support available to enable individuals to enhance or develop their leadership, research and other skills

6. Enhance Collaboration within the HIV Service Sector

- Link ACB communities in the Diaspora/globally by encouraging the sharing of knowledge, experiences, materials, and lessons learned
- Strengthen links between Canadian programs focusing on HIV prevention and ACB communities and those in the Diaspora through ABDGN
- Strengthen links between Canadian programs focusing on HIV prevention and ACB communities and those in African and Caribbean countries
- Establish mechanisms to encourage better communication and collaboration among programs
 - Strengthen CHABAC and secure ongoing funding
- Explore collaborations with organizations working with ACB communities for social, cultural or other purposes

7. Address the Social Determinants of Health

- Address social determinants of health to ensure success of HIV prevention efforts

8. Ensure Resources Available for Work Needed

- Funding that is ongoing and dedicated to HIV prevention in Canada's ACB communities needs to be made available to support existing programs and to support the expansion of initiatives at all levels

9. Expand and Enhance Service Provision

- Build/strengthen capacity of service providers to respond to needs of ACB communities
- Encourage and support ACB community members to work in service provision
- Evaluate existing services to ensure effectiveness, quality, transparency and accountability
- Expand services so that needs of ACB communities across the country, and especially outside large urban centres, are met
- Collectively develop a service delivery framework for organizations to tailor to their local contexts
- Support all ASOs to develop population-specific approaches to HIV prevention

10. Collection of Ethnic-Specific Surveillance Data

- Ensure all provinces and territories collect data on HIV and ethnicity and roll it out to the national level
- Standardization of data collection mechanisms to support synthesis of the data nationally

11. Expand Research

- Ensure research findings are disseminated widely in a manner that has relevance to ACB communities
- Ensure research findings and recommendations are acted upon
- Need for synthesis of existing research