

# HIV/AIDS and African Diaspora Communities Living in Canada

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## Introduction

HIV/AIDS is having a disproportionate affect on people of African heritage<sup>1</sup> living in Canada. The impact of racism on employment opportunities, access to housing and social mobility is a contributing factor. Other multiple and intersecting factors, such as gender, immigration status, sexual orientation and language also increase vulnerability to and risk of HIV infection.

### The Social Determinants of Health

Often Canada is presented and perceived as a country with few or no issues related to economic disparity, gender inequity and racism. The illusion is created that HIV transmission and living with HIV or AIDS among people of African heritage in Canada is 'simply' a result of 'personal choices, behaviour and cultural issues'. This oversimplification is misleading to the general public and detrimental to infected and affected individuals and communities, particularly with regard to service provision and policy development and implementation. Numerous reports<sup>i</sup> paint a picture clearly indicating that Aboriginal (Canada's First People) and people of African heritage living in Canada are more vulnerable to HIV/AIDS because of structural and systemic inequities that result in economic and social exclusion. These inequities increase exposure to and transmission of HIV among people of African heritage living in Canada.

### Epidemiology<sup>ii</sup>

A Centre for Infectious Disease Prevention and Control (CIDPC) report indicated that approximately 56 000

<sup>1</sup> For the purpose of this fact sheet, references to people of African heritage and African Diaspora will mean African Canadian, African, African Caribbean and/or people of African heritage from Central and South American people living in Canada; born within or outside of Canada to both or one parent who is African Canadian, African and/or African Caribbean, of African heritage from Central and South American whether 1st, 2nd or 3rd generation etc.

people (46 000-66 000) in Canada were living with HIV/AIDS in 2002<sup>iii</sup>. It is estimated that approximately 7-10% of all HIV infections in Canada are attributed to people of African heritage<sup>iii</sup>, while people of African Heritage represent only 2.2% of the Canadian population. Between 1998 and 2004 women of African heritage represented 52% of HIV infections and 42% of AIDS cases<sup>iv</sup>. Heterosexual contact was identified as the primary mode of HIV transmission among people of African heritage<sup>iii</sup>. Anecdotal evidence suggests that some HIV transmission via drug use, specifically smoking crack cocaine and/or injecting drugs, may also occur among people of African heritage.

Eighty-percent of the estimated HIV infections within the African Diaspora population living in Canada occurred among people below 40 years of age<sup>v</sup>. Two-thirds (60.3%)<sup>vi</sup> of AIDS diagnoses were among people under 40 years of age<sup>iv</sup>.

Using Ontario data and mathematical modeling, it has been estimated that approximately 15% of people living with HIV infection in Ontario in 2002 were men who have sex with men<sup>v</sup>.

### Canada's Criminal Justice System

In Canada's federal prisons (where people serve sentences of two years or more) approximately 2% of the population is known to be HIV positive<sup>vii</sup>. In provincial prisons (where people serve sentences of less than two years) studies (in British Columbia, Ontario and Quebec prisons) reveal rates of infection ranging from 1.0 to 8.8%, which are 10 times higher than those of the general Canadian population<sup>viii</sup>. Often people living with HIV/AIDS experience deterioration in their health while incarcerated<sup>viii</sup>.

People of the African Diaspora living in Canada are disproportionately affected by the criminal justice system and incarceration<sup>ix</sup>. Over-policing and anti-black racism have been repeatedly linked to the disproportionate rates of exposure to the criminal

justice system and incarceration among people of the African Diaspora<sup>ix</sup>. Eliminating HIV transmission includes advocating for the implementation of government and community based interventions that reduce exposure to the criminal justice system, incarceration and transmission of HIV during incarceration.

### **Immigration and HIV/AIDS Surveillance**

In 2002 Immigration and Citizenship Canada (CIC) required routine HIV testing as part of the Immigration Medical Exam (IME) for everyone over 15 years of age as well as children born to known HIV positive mothers<sup>iv</sup>, children who have received blood or blood products and all potential adoptees. The Immigration and Refugee Act of June 2002 exempts refugees and some family-class immigrants from being deemed inadmissible based on health status. Other family class and independent immigrants may be deemed medically inadmissible if their health status is expected to place excessive demands on publicly funded health and social services<sup>x</sup>. In 2002, approximately 59% of HIV infections among people of African heritage occurred within Canada<sup>xi</sup>, dispelling the myth that the vast majority of HIV/AIDS infection is being ‘imported by immigrants’.

### **Demographic Trends**

People of African heritage living in Canada have a long and diverse history that precedes the presence of the emerging HIV/AIDS epidemic in Canada. Many African and African Caribbean people living in Canada are connected by family ties, cultural events and advocacy efforts within and beyond Canada’s borders. According to the Statistics Canada 2001 Census data, people of African heritage are the third largest ‘visible minority’ population in Canada, representing approximately 2.2 % of the Canadian population. As of 2001 approximately 45% of people of African heritage were born in Canada<sup>xi</sup> and 30% of people of African heritage living in Canada are under the age of 15 compared to 19% of the Canadian population<sup>iii</sup>.

The region of origin of people of African heritage born outside of Canada has shifted over the last twenty years. Between 1981 and 1990, 71% were from the Caribbean, Central and South America and 24% were from Africa. However from 1991 to 2001 the paradigm shifted, with 47% arriving from the Caribbean and 48% arriving from Africa<sup>xii</sup>. Approximately 60% of

people of African heritage live in Ontario, 30% live in Quebec while 10% live in western and eastern Canada. The vast majority of people of African heritage living in Canada reside in Toronto (47%), Montreal and Halifax<sup>xii</sup>.

### **Implications of Demographic Structure and Epidemiologic Information**

The youthful demographic structure combined with epidemiologic data revealing HIV/AIDS diagnosis of people of African heritage under 40 years of age suggests that without effective and sustained action HIV infection rates will double by 2012, increasing 10% per annum<sup>xi</sup>.

Timely, consistent, effective and accessible interventions focusing on the needs of children under 15 year of age and adults under 40 years of age should include HIV prevention, diagnosis, education, support, treatment and research. In particular these policies should address the systemic inequities affecting people of African heritage, with a focus on marginalization experienced by girls and women and lesbian, gay, bisexual, transgendered, intersexed and queer people as well as their socio-cultural networks, such as parents/families, guardians, educators, educational institutions and staff, peer groups and male counterparts.

### **Reducing HIV Transmission and Improving the Quality of Life of PLWHA**

Given the pervasive impact of structural and systemic inequities and the vulnerability experienced by people of African heritage living in Canada, meaningful upstream investments (policy and programs which act to prevent both illness and the environmental conditions that facilitate illness) are needed. These investments should include equitable access to HIV/AIDS treatment, support and care including long-term stable income/employment and accessible ‘non-ghettoized’ housing as well as non-stigmatizing, non-racist, non-oppressive childcare and family resources. Reducing and eliminating HIV related stigma and discrimination is a key priority.

## Best Practices

Population specific initiatives must be identified and driven by community members and organizations that have a demonstrated track record with health promotion, social justice as well as anti-racist and anti-oppression practice. These initiatives, coupled with adequate and sustained resource allocation from all levels of government as well as financial and technical support from donor agencies, are necessary if the current HIV infection rate is to be stabilized and AIDS deaths reduced and eliminated. Reducing and eliminating homophobia and transphobia within African Diaspora communities and within the mainstream have also been identified as key interventions required to reduce HIV transmission and HIV related stigma and denial<sup>xiii</sup>.

Currently the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) has pioneered a comprehensive provincial response for people of African heritage in Ontario with the support of the AIDS Bureau, the provincial Ministry of Health and Long Term Care and the Ontario HIV Treatment Network (OHTN). ACCHO has also inspired and assisted people of the African Diaspora living throughout Canada and their allies with regards to initiating and nurturing collaborative provincial, national and international HIV prevention and support initiatives.

## Global Perspectives

An AIDS and Mobility Europe report in 2001 stated that the HIV/AIDS epidemic is disproportionately affecting ‘migrant and ethnic minority’ populations living in Europe. People from sub-Saharan Africa living in Europe are greatly affected by the epidemic as are people from the Caribbean, particularly those living in France and England. People from North Africa living in France are also disproportionately affected by the HIV/AIDS epidemic<sup>xiv</sup>.

The rates of HIV infection among people of the African Diaspora in Europe and among African Americans in the United States, as well as African and Caribbean people living in Canada are significantly higher than ‘mainstream’ populations. The higher infection rate is linked to multiple factors including but not limited to access to health care, migration and/or HIV infection resulting from civil and economic unrest/war in country of origin. People of the African

Diaspora within each of these countries experience challenges related to colonization, gender inequity, religion and culture. These challenges are often compounded and exacerbated by economic and social exclusion such as under/unemployment resulting from racism and discrimination.

ACCHO has spearheaded the first African/Black Diaspora Stream to take place at the International AIDS Conference in 2006, with the support of allies such as the Interagency Coalition on AIDS and Development (ICAD), Black AIDS Institute U.S., and AIDS Policy Network U.K. Together they will lay the ground work for the creation of a network that will address HIV/AIDS related issues specific to the unique and seemingly ubiquitous vulnerability to HIV/AIDS experienced by the African/Black Diaspora living in Europe and North America.

## Websites

[www.accho.ca](http://www.accho.ca)

[www.ahpn.org](http://www.ahpn.org)

[www.aidslaw.ca](http://www.aidslaw.ca)

[www.aidsmobility.org](http://www.aidsmobility.org)

[www.apaa.ca](http://www.apaa.ca)

[www.blackaids.org](http://www.blackaids.org)

[www.black-cap.com](http://www.black-cap.com)

[www.criss.org](http://www.criss.org)

[www.aihc.ca/CCRI/gapvies.html](http://www.aihc.ca/CCRI/gapvies.html)

[www.halco.org](http://www.halco.org)

[www.icad-cisd.com](http://www.icad-cisd.com)

[www.pasan.org](http://www.pasan.org)

[www.whiwh.com](http://www.whiwh.com)

## Endnotes

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<sup>i</sup> Report of the Commission on Systemic Racism in the Ontario Criminal Justice System (1995), Report on Systemic Racism and Discrimination in Canadian Refugee and Immigration Policies (2001, Canadian Council on Refugees), Canada's Creeping Economic Apartheid: The economic segregation and social marginalization of racialised groups (2001, Grace-Edward Galabuzi), Income of Black Women in Canada 2005 (2005, Canadian Association of Social Workers) and Racial Status and Employment Outcomes (October 2005, Leslie Cheung)

<sup>ii</sup> Epidemiologic Data Limitations: CIDPIC stated that, 'National HIV surveillance data capture only those who are tested, whose HIV infection is diagnosed and whose positive test results are reported to CIDPC. As a result, surveillance data do not describe the full scope of the epidemic. Calculations using national surveillance data supplemented by other data sources and analytic methods are carried out to estimate the total number of people living with HIV (prevalence) and the number newly infected with HIV (incidence).' Epi Update 2005, Public Health Agency of Canada

<sup>iii</sup> Geduld J, Gatali M, Remis RS, Archibald CP. Estimates of HIV prevalence and incidence in Canada, 2002. *CCDR* 2003; 29:197-206.

<sup>iv</sup> EPI Update, Centre for Infectious Disease Prevention and Control, HIV in Canada Among Persons from Countries where HIV is Endemic, pgs. 1, 6, 10, 13.

<sup>v</sup> 34.3% of estimated HIV infection among people of African heritage were less than 30 years of age and 45.8% were 30-39 years of age

<sup>vi</sup> Almost half (45.9%) of all AIDS diagnosis within the African Diaspora population living in Canada were between 30-39 years of age, 14.4% were attributed to persons under the age of 30

<sup>vii</sup> The number of HIV infections and AIDS diagnoses are likely underestimated because data only reflects people who have disclosed their HIV status.

<sup>viii</sup> HIV/AIDS Legal Clinic, HIV/AIDS & Hepatitis C in Prisons: The Fact 2004, pg. 101.

<sup>ix</sup> Toronto Queens Printer for Ontario, Report on the Commission on Systematic Racism in the Ontario Criminal Justice System.

<sup>x</sup> Canadian HIV/AIDS Legal Network, Canada's Immigration Policy as it Affects People Living with HIV/AIDS, June 2005.

<sup>xi</sup> R.Remis, Estimates and projections of HIV infection among persons from HIV-endemic countries in Ontario, , April 28, 2006, 1<sup>st</sup> African and Caribbean HIV/AIDS Research Summit, April 28-29, 2006, Toronto, Canada

<sup>xii</sup> Anne Milan and Kelly Tran, Blacks in Canada: A long History, Social Trends, Statistics Canada – Catalogue No. 11-008, pgs. 3-6.

<sup>xiii</sup> Esther Tharao, Notisha Massaquoi & Senait Teclom, Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women in Toronto 2002 – 2004, Women's Health in Women's Hands CHC April 2006.

<sup>xiv</sup> del Amo, J, Erwin, J, Fenton, K, Grey, K (2001) Migration and HIV/AIDS in Europe - recent developments and needs for the future action, AIDS and Mobility: Looking into the future, A report commission by the European Project AIDS and Mobility (NIGZ)

## Further Reading

1) Silent Voices of the HIV/Epidemic: African and Caribbean Women in Toronto 2002-2004, April 2006, Esther Tharao, Notisha Massaquoi, Senait Teclom, Women's Health in Women's Hands Community Health Centre

2) Spring Boarding a National HIV/AIDS Strategy for Black Canadian, African and Caribbean Communities Project: Environmental Report, October 2005 D.A, Falconer and Associates

3) HIV Prevention Guidelines and Manual: Tools for Service Providers Serving African and African Caribbean Communities Living in Canada, 1<sup>st</sup> Edition, June 2006, LLana James,

4) 1<sup>st</sup> African and Caribbean HIV/AIDS Research Summit Report, June 2006, LLana James, African and Caribbean Council on HIV/AIDS in Ontario and Women's Health in Women's Hands Community Health Centre

*ICAD's mission is to lessen the spread and impact of HIV/AIDS in resource-poor communities and countries by providing leadership and actively contributing to the Canadian and international response. This document was prepared with funding from the Public Health Agency of Canada. The opinions expressed by the authors and researchers do not necessarily reflect the official position of the Public Health Agency of Canada. Ce feuillet d'information est aussi disponible en français.*