

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



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Glossary of Terms

ACB	African, Caribbean and Black
ABDGN	African Black Diaspora Global Network
ACCHO	African and Caribbean Council on HIV/AIDS in Ontario
AIDS	Acquired Immunodeficiency Syndrome
ASOs	AIDS service organizations
CHABAC	Canadian HIV/AIDS Black, African and Caribbean Network
CIHR	Canadian Institute for Health Research
F/P/T AIDS	Federal/Provincial/Territorial Advisory Committee on AIDS
HIV	Human Immunodeficiency Virus
ICAD	Interagency Coalition on AIDS and Development
PHAC	Public Health Agency of Canada
PLHIV	Person Living with HIV
UNAIDS	Joint United Nations Program on HIV/AIDS
WHIWH	Women's Health in Women's Hands Community Health Centre





1.0 INTRODUCTION

This gap analysis was undertaken as part of the *Strengthening the Capacity of Service Providers to Deliver HIV Prevention Programs to the African Diaspora in Canada* project. This project aims to ensure that African, Caribbean and Black (ACB) Communities in Canada are meaningfully engaged in HIV prevention efforts. It also intends to build the capacity of service providers, both mainstream as well as African and Caribbean Diaspora and Black-specific, so that they are better equipped to deliver prevention and other HIV services to ACB communities in Canada.

This gap analysis began with a literature review, focused primarily on documents recommended by the project Steering Committee, which is composed of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), Women's Health in Women's Hands Community Health Centre (WHIWH) and the Interagency Coalition on AIDS and Development (ICAD). As the literature review was underway, the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) Board of Trust, who is acting as the Advisory Committee for the project, was asked to recommend individuals from across the country with knowledge of front-line HIV prevention programs available to African, Caribbean and Black populations who could be interviewed for their input into existing gaps in primary and secondary¹ HIV prevention programs for ACB communities in Canada. This list of key informants was narrowed down by ICAD and approved by the Advisory Committee. Twelve interviews were conducted with individuals from British Columbia, Alberta, Manitoba, Ontario, Québec and Nova Scotia. (The organizations represented by these individuals are listed in Appendix I). The information from the literature review and interviews was compiled for this report.

This report is divided into two sections. The first outlines the **current situation** of HIV prevention programs in Canada with a focus on strengths and challenges. The second section suggests **strategies for improving HIV prevention programs** among ACB communities across the country; these strategies are summarized at the end of this section.

¹ Primary HIV prevention is aimed at reducing the incidence of HIV transmission, or preventing uninfected individuals from becoming infected. Secondary HIV prevention aims to ensure that individuals living with HIV stay healthy and that the onward spread of HIV is prevented through early detection and prompt intervention.

2.0 CURRENT SITUATION

2.1 Geographical Distribution of Programs and Services

In terms of HIV prevention programs targeting ACB communities in Canada, the HIV prevention response is strongest in Ontario and Québec. Interviewees and the literature suggested that the Ontario response was particularly strong; the Government of Ontario's "Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries where HIV/AIDS is Endemic", combined with African and Caribbean strategy workers serving most areas of the province were highlighted as particular strengths of Ontario's HIV prevention response. In addition, the 2009 *Population-Specific HIV/AIDS Status Report. People from Countries where HIV is Endemic—Black people of African and Caribbean descent living in Canada* identified 57 projects focused on HIV/AIDS in Canada's ACB population. The majority (70.2%) of these programs were located in Ontario, with 77.5% of these programs in the Toronto area (p. 56).

The focus of programs in these two provinces was also pinpointed as a cause for concern, not only because ACB populations exist in other parts of the country, but also because pockets of ACB populations can form quickly and local AIDS Service Organizations (ASOs) or health centres may not respond quickly enough to protect these communities from HIV and adequately serve people living with HIV.

2.2 Targeting of Specific Populations within the ACB Community

There is recognition that programs need to target specific populations within Canada's ACB population and there is evidence that this is taking place. Research indicates that youth, women, men who have sex with men, immigrant, migrant and refugee populations are all being targeted through existing programs. Heterosexual men, older adults and individuals who contracted HIV through rape were all identified by interviewees as groups whose needs were not adequately being met by current programs.

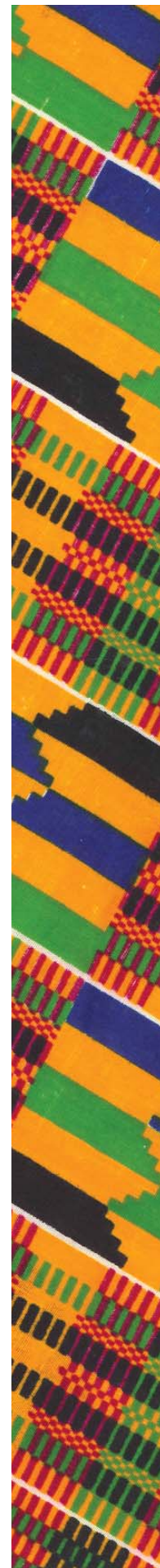
While population-specific approaches are certainly valued, it is also recognized that these approaches may not reach all marginalized groups. Indeed, while the great diversity of Canada's ACB population is recognized, it is also recognized that meeting the diverse needs of these populations is a challenge. For example, programming needs to be responsive to the diversity of languages and cultures within Canada's ACB population.

2.3 Access to Services

Three specific issues related to access to services were mentioned. Firstly, accessing services when translation is needed was suggested to be problematic, as limited translation services are available. When translation is available, there is also the challenge of confidentiality as it was suggested that translators are often from the same communities as the individual trying to access services.

The challenge of accessing services outside of large urban centres was also raised; where services do exist in more rural areas, there are concerns regarding anonymity and confidentiality.

Finally, continuity of care was brought up as a challenge, as individuals may have to visit a number of different service providers to have their needs met. Individuals' knowledge or lack thereof as to how to navigate Canada's health care system was also suggested to negatively impact their access to services.





2.4 Outreach

The importance of outreach to ACB communities was highlighted in a number of the interviews conducted. Interviewees suggested that outreach to ACB communities needs to be culturally appropriate and appealing in order to successfully engage the communities with HIV prevention messages. Theatre productions aimed at increasing awareness were suggested to be successful strategies by several individuals who were interviewed. These individuals spoke of the cultural appropriateness of this medium to the ACB community; they also stated that the opportunity to involve individuals from the ACB community, including people living with HIV (PLHIV), in the production itself was a particular strength of this form of outreach.

2.5 Community Involvement

Service providers recognize the need to ensure ACB communities are involved in HIV prevention efforts and the literature and interviewees seem to agree that this is a strength of existing programs. However, it was also suggested that there is still room to enhance the involvement of ACB communities in HIV prevention efforts. In addition to the need for involving the ACB population generally, the need for the involvement of PLHIV from the ACB community is also recognized. One interviewee illustrated the need for community involvement by suggesting that ACB communities needed to be involved in all stages of developing and implementing HIV prevention programs geared towards the ACB community to ensure that the efforts were appropriate, accessible and did not reproduce stigma.

2.6 Underlying Issues Affecting HIV Prevention

The literature and interviewees state that broader issues such as discrimination based on gender, sexual orientation and race intersect and have a negative impact on the health and well-being of ACB communities. Individuals from ACB communities in Canada may therefore be affected by multiple discriminatory factors simultaneously; discrimination based on race, gender and sexual orientation may all affect a single individual and impact their access to and decision-making about HIV prevention messages.

The literature suggests that a number of factors influence HIV prevention in ACB communities. HIV-related stigma, racism, sexual and physical violence against women and children, heterosexism and homophobia, attitudes towards health and well-being, discomfort with discussing sex (sex as a taboo subject), multiple sex partners, immigration and migration and cultural and personal hygiene practices all influence HIV prevention in Canadian ACB communities (Interagency Coalition on AIDS and Development, 2009; interviews). However, the extent to which existing prevention programs address issues such as stigma, discrimination and cultural practices and norms requires further analysis (Public Health Agency of Canada, 2009).

Interviewees emphasized the impact that HIV stigma has upon the success of HIV prevention programs in Canada's ACB communities. The negative impact of stigma was suggested to be one of the most, if not the most, significant barrier to effective HIV prevention work in ACB communities. Interviewees also stressed that HIV-related stigma could not be separated from the issue of homophobia and issues of gender inequality.

In addition, stigma and discrimination "...can negatively impact HIV testing rates and the ability of people living with HIV to seek treatment, care and support" (CATIE, 2010, pg. 22). In their article, Gardezi et al (2008) point to several research studies that identify stigma as a barrier impeding access to HIV testing, care and support by African communities specifically, as well as other communities (p. 719). These authors also state "...service providers in

Toronto report that HIV-positive people from the Caribbean and sub-Saharan Africa often fail to seek out the services they need because of the stigma associated with the infection....[this article also cites other studies which indicate] ...stigma may be associated with the high rates of undiagnosed HIV infection and late diagnosis identified among African migrants in the UK” (Ibid). These studies illustrate the extent to which stigma acts as a barrier to effective primary and secondary HIV prevention work in ACB communities.

2.7 Criminalization of HIV Non-Disclosure

Criminalization of HIV non-disclosure is also suggested to be a deterrent to HIV testing (CATIE, 2010, p. 23). Furthermore,

...the threat of criminality may dissuade some people from accessing services or honestly communicating with frontline workers about their risky behavior and how to reduce those risks. Criminalizing HIV may also increase stigma and discrimination against people living with HIV, thereby making disclosure and practicing safer sex even more difficult. People may also be scared to disclose their status because this information could be used against them in the future (e.g. threats, false allegations). Moreover, the appearance that the criminal law protects people from HIV infection may create a false sense of security among those who believe themselves to be HIV-negative and not at risk. Criminalization may therefore actually be counterproductive in terms of prevention (Canadian HIV/AIDS Legal Network, 2011, p. 6).

With specific reference to ACB communities and the criminalization of HIV non-disclosure, ACCHO released a report in 2010 entitled *“Criminals and Victims? The Impact of the Criminalization of HIV Non-Disclosure on African, Caribbean and Black Communities in Ontario”*. This report found that “..the criminalization of HIV non-disclosure has become racialized² in Ontario” (ACCHO, 2010, p. 12). The researchers also found that ACB communities were greatly concerned about the racialization of this issue (Ibid).

2.8 Collaborations

The literature suggests that current prevention programs are informed by related programs in other high-income countries such as the USA and UK (ICAD, 2009). Numerous interviewees also stated that programs and resources from Ontario, and Toronto particularly, were an important source of information and ideas for them.

The importance of networks was highlighted and the existence of the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC), as well as the African Black Diaspora Global Network on HIV and AIDS (ABDGN) were suggested to be strengths of the existing response. However, several interviewees suggested that CHABAC was still in its infancy and needed to be strengthened.

The existence of research collaborations is also promising; the Ontario HIV Treatment Network’s ethno-racial research working group at the Canadian Institutes for Health Research (CIHR) Centre for Research Evidence in Action for Community Health (REACH) in HIV/AIDS was suggested to be a positive example of sharing information and exploring collaborative opportunities for research concerning ACB communities.

2.9 Government Initiatives/Surveillance

The Federal Initiative to Address HIV/AIDS in Canada is a partnership between the Public

² Racialization is defined in this report as “...a process by which non-white groups are designated as different and signaled out for unequal treatment on the basis of their race, ethnicity, language, religion or culture” (ACCHO, 2010, p. 12)





Health Agency of Canada (PHAC), Health Canada, Canadian Institutes of Health Research and Correction Services Canada and is described as “...a key element of the Government of Canada’s comprehensive approach to HIV/AIDS³. The Federal Initiative provides funding for prevention and support programs reaching vulnerable populations, as well as research, surveillance, public awareness, and evaluation” (PHAC, 2007).

Both interviewees and the literature agree on the central role of all levels of government in guiding HIV prevention efforts; there was also suggestion that the Federal Initiative to

Address HIV/AIDS in Canada and the document “Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)” are important initiatives. The monitoring of specific populations, such as the E-track surveillance system⁴, was agreed to be important, but it was also suggested that the lack of consistency of surveillance data around ethnicity collected by Canada’s provinces and territories is problematic. The existence of the Federal/Provincial/Territorial Advisory Committee on AIDS (F/P/T AIDS) was also highlighted as a vital government initiative, which encourages collaboration between levels of government and has representatives from the provincial and territorial Ministries of Health, as well as PHAC, the Correctional Service of Canada and Citizenship and Immigration Canada.

According to one Toronto-based organization who spoke of Toronto-based organizations specifically, the recognition by municipal, provincial and federal levels of government of the importance of population-specific approaches to HIV prevention and funding for such initiatives has encouraged creativity and has allowed the HIV sector to develop needed programming responses.

2.10 Awareness

Numerous reports point towards the need for increased awareness of HIV transmission, testing and quality of life for HIV positive individuals in ACB communities (The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto, 2008; Women’s Health in Women’s Hands, 2006; African and Caribbean Council on HIV/AIDS in Ontario and The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto, 2010). Interviewees agreed that the low levels of knowledge in ACB communities around HIV transmission, available testing and treatment were a cause for concern.

³ Through the Federal Initiative to Address HIV/AIDS in Canada, the federal government works to prevent the spread of the disease, slow its progression, and improve the quality of life of people living with HIV and AIDS. The Government of Canada collaborates with provincial and territorial governments, non-governmental organizations, researchers, health care professionals, and people living with, and vulnerable to, HIV/AIDS. The Initiative focuses on those populations most affected by HIV and AIDS – people living with HIV and AIDS, gay men, Aboriginal peoples, people who use injection drugs, people in prison, women, youth at risk, and people from countries where HIV is endemic.

⁴ The E-track surveillance system has “has a focus on people who originate from countries where HIV is endemic” (Public Health Agency of Canada, 2010)

3.0 STRATEGIES FOR IMPROVING HIV PREVENTION EFFORTS AMONG ACB COMMUNITIES IN CANADA

3.1 Formation and Strengthening of Government Strategies

The formation of strategies specific to HIV prevention in ACB communities for all provinces and territories was suggested to be an essential step in Canadian HIV prevention efforts. Following this, the development and implementation of a national prevention strategy that coordinates the provincial and territorial strategies and is well-funded and supported by PHAC was deemed essential, as was recognition by PHAC that they have a coordination and support role in this national collaboration.

It was also suggested that the links between different government ministries on the issue of HIV prevention need to be enhanced. While the establishment of the Federal Initiative to address HIV/AIDS in Canada and the Federal/Provincial/Territorial Advisory Committee on AIDS (F/P/T AIDS) are certainly positive steps, the interviewees suggested that the link between the settlement and HIV sectors specifically must be strengthened in order to allow the needs of immigrants to Canada to be better met. In addition, it was broadly suggested that national HIV prevention campaigns should be put in place that are embedded in different ministries (including, but not limited to, Citizenship and Immigration Canada).

3.2 Expand Outreach to ACB Communities

The importance of outreach to ACB communities was stressed by many of the interviewees. Several interviewees suggested that HIV prevention efforts are most likely to be successful if the messages are brought to places where ACB communities meet, such as social or cultural events. Interviewees suggested that the stigma associated with HIV would prevent many individuals from Canada's ACB community from seeking out information on HIV themselves, which further illustrates the importance of outreach.

There was agreement within the literature and among interviewees that numerous opportunities for expanding and enhancing existing outreach exist. For example, exploring partnerships with such groups as "small businesses, schools and media who can assist with sponsorship and fundraising" was suggested (ICAD, 2009, p. 40). There was also recognition by the interviewees that outreach must target specific sub-populations within Canada's ACB population. For example, youth might be targeted through churches, nightclubs, sports clubs or schools.

Faith-based communities were recognized as an important means to reach ACB communities in Canada by interviewees, and the research agrees (Williams et al 2009). While a program at GAP-VIES of Montréal that works with local pastors and churches around HIV prevention was mentioned, there seemed to be a general agreement that collaborations with the faith-based community were a relatively untapped area to date in Canada. However, it was also noted that collaborations with the faith-based community must be welcoming, supportive and inclusive of individuals who are lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning or intersex. It was suggested that HIV prevention programs in the United States of America that are linked to faith-based communities could be a source of learning for Canadian programming.

3.3 Address Stigma and Discrimination

HIV-related stigma was identified as a pressing issue with a very large impact on HIV prevention efforts in Canada's ACB communities. However, HIV-related stigma is





interconnected with stigma and discrimination associated with race, sexual orientation and gender. Interviewees suggested that efforts to break down HIV-related stigma must also tackle issues of racism, homophobia and gender norms, as these are all interconnected. In fact, one interviewee suggested that homophobia in ACB communities was where most of the stigmatizing behaviour around HIV begins, thus highlighting the need to address these interconnected issues.

Both internal and external stigma⁵ hamper HIV prevention efforts, and as such, both need to be addressed. Suggested strategies for addressing stigma and discrimination include fostering community and professional environments where HIV status disclosure is discussed and emerging issues resolved, as well as normalizing conversations around HIV so that it is understood as a chronic disease and not a disease associated with “deviant behaviours” (interviewee). Increasing the visibility of HIV and AIDS in Canada’s ACB communities is a further suggestion. Educating the general population regarding stigma in order to “raise awareness regarding the consequences of stigma and discrimination and to promote an attitude change about HIV/AIDS and cross-cultural groups” was also recommended (WHIWH, 2006, p. 44).

In addition, interviewees suggested that discrimination also needs to be addressed in AIDS Service Organizations (ASOs), as ASOs may be guilty of reproducing the stigma and discrimination that exists in broader society. This can be done by encouraging “...individual agencies and institutions to develop policies, procedures and action plans to deal with discrimination based on gender, race and sexual orientation” (Ibid, p. 44).

3.4 Address the Criminalization of HIV Non-Disclosure

Through education and advocacy, the criminalization of HIV non-disclosure needs to be addressed. UNAIDS (2008) suggests that “Instead of applying criminal law to HIV transmission, governments should expand programmes which have been proven to reduce HIV transmission while protecting the human rights both of people living with HIV and those who are HIV negative” (p. 2). Furthermore, “public health law interventions based in human rights principles are considered better suited than the criminal law to encourage sustained changes in HIV risk behavior” (Canadian HIV/AIDS Legal Network and ICAD, 2010, p. 1).

3.5 Improve Involvement of ACB Communities and PLHIV specifically

While there is recognition of the need for ACB communities to be involved in all aspects of HIV prevention, there are a number of suggestions for improving this involvement. Capacity enhancement and promotion of self-determination are two recommendations to enable more individuals from ACB communities and PLHIV specifically to take the lead in responding to HIV/AIDS. While many activities within ACB communities related to HIV prevention are community-driven, ensuring that training and support are available would enable more individuals to become involved by supporting them to enhance or develop their leadership, research and other skills. The importance of this involvement cannot be emphasized enough, as the involvement of ACB communities generally and PLHIV from ACB communities specifically will ensure that ASOs accurately represent the needs of these communities while also providing appropriate services and support.

3.6 Enhance Collaboration within the HIV Service Sector

The need for enhanced collaboration at the local, national and international levels was recognized as an important step in sharing information and resources and guiding HIV

⁵ “External stigma is rooted mainly in fear and judgment of what is different, leading to blame, distancing, and discrimination.... [Internal stigma] is the product of the internalization of shame, blame, hopelessness, guilt, and fear of discrimination associated with being HIV-positive”(United States Agency for International Development, 2006, p. 1).

prevention efforts in ACB communities. The literature suggests that links between ACB communities globally must be recognized by sharing experiences and lessons learned, and utilizing and building on the materials and tools developed to respond to the specificity and diversity within ACB communities (ICAD, 2005). Links from the experience and programs in Canada to the experiences and successful initiatives of African and Caribbean countries as well as other high-resource countries such as the United Kingdom should be strengthened. Interviewees suggested that links between Canadian programs should also be strengthened.

Taking Action on HIV and AIDS in Black Communities in Canada (2008) suggests that mechanisms need to be established to encourage better communication and collaboration among programs. The formation of networks is one means of enhancing communication and collaboration, and the need for a strong, well-resourced national network to ensure that programs are available and responsive to the HIV prevention needs of ACB communities throughout the country was indicated by both interviewees and the literature. The formation of CHABAC was mentioned as a step in the right direction, but it was also recognized that this Network needs to be strengthened and adequately funded. In addition, linkages between Canadian programs focusing on HIV prevention and ACB communities and those in the Diaspora can be strengthened through the African Black Diaspora Global Network (ABDGN).

The importance of collaboration between organizations focused on HIV/AIDS, working either specifically with ACB communities or more broadly, with organizations working in ACB communities for social, cultural or other purposes was also highlighted as an area of great potential.

3.7 Address the Social Determinants of Health

There was recognition both in the literature reviewed and among interviewees of the importance of addressing the broader issues affecting the health of individuals (including PLHIV) in order for HIV prevention efforts to be successful. Numerous interviewees suggested that HIV prevention efforts were unlikely to be successful if individuals were concerned about issues such as employment, immigration status, mental health, and/or housing.

3.8 Ensure Resources Available for Work Needed

The need for dedicated, on-going funding to support HIV prevention efforts and research in Canada's ACB communities was underscored both in the literature and by interviewees. Funds for existing programs as well as for the expansion of services are needed at all levels, from grassroots initiatives to federal, provincial or territorial policy responses. Piecemeal project funding is not sufficient to ensure comprehensive national, provincial and territorial responses.

3.9 Expand and Enhance Service Provision

In order to be able to more effectively respond to the needs of the ACB community, service providers working with ACB communities need to be supported to address capacity gaps such as the need for improved skills and cultural competencies to enable them to more effectively work with ACB populations. As one interviewee pointed out, men and women feel better served by service providers who display an understanding of their culture.

Numerous interviewees suggested that the capacity of health-care providers and doctors in particular must be enhanced so that they can understand and appropriately respond to the needs of ACB populations. It was also suggested that more individuals from ACB communities, including PLHIV, should be recruited to work in service provision and that current programming needs to be expanded so that it addresses the diverse needs of ACB





communities. The literature suggests that prevention efforts must be appropriate to the current stage of change in a given community (ICAD, 2009, p. 40). It was also recommended that existing services be evaluated to ensure effectiveness, quality, transparency and accountability to ACB communities.

Furthermore, efforts must be made to ensure that services are available and accessible to ACB communities across the country. More initiatives specifically targeting ACB communities should be initiated not only in large urban centres but in smaller cities and more rural areas of the country as well. In addition, all ASOs, both mainstream and ACB-specific, should be targeted so that their understanding of the issues faced by ACB populations is increased, as is their capacity to develop population-specific approaches to HIV prevention, regardless of whether or not there is an individual dedicated to working with ACB communities at that particular ASO.

Service providers working in the area of HIV prevention with ACB communities should be supported to develop and successfully implement a clearly defined framework of service delivery that is developed collectively and provided to organizations to tailor to their local situations. The *HIV Prevention Guidelines and Manual* (2006) suggests that this framework should incorporate three elements. The first is a population health or determinants of health approach, which “focuses on the interrelated conditions and factors [including social, economic and physical environments] that influence the health of populations over the life course” (p. 7). The second is an anti-racism and anti-oppression framework, which “helps service providers identify and address issues of racism” and “...involves an analysis of the effects of class demarcation, power, privilege, the absence and presence of civil liberties, internalized and external classism, caste systems, gender oppression, heterosexism, homophobia, and transphobia within society for the purpose of eradicating the associated burdens imposed upon oppressed and marginalized individuals and groups” (Ibid, p. 9). Finally, this manual suggests that the framework of service delivery should include a harm reduction approach, which “is ‘a public health concept of lowering the health consequences resulting from certain behaviours’” (Ibid).

Interviewees agreed that there are limited initiatives in Canada aimed at secondary prevention or ensuring that people living with HIV remain healthy, and that the onward spread of HIV is prevented through early detection and prompt intervention. Secondary prevention efforts must include “a nuanced discussion that includes topics such as social, economic, and community factors that influence secondary prevention” (interviewee).

3.10 Collection of Ethno-Specific Surveillance Data

The importance of all provinces and territories collecting data on which populations are coming forward to be tested for HIV and the ethnicity of individuals who test positive for HIV was stressed by interviewees. It was suggested that this information is important at local, provincial/territorial and national levels for planning HIV prevention programs, as well as advocating for funding to target specific populations. Furthermore, the standardization of data collection is also important to enable the synthesis of data on HIV in ACB communities at the national level.

3.11 Expand Research

Suggestions for improving research include enhancing the sharing of information, ensuring the broad dissemination of research findings and addressing research findings. The importance of addressing recommendations from research was stressed by several individuals interviewed, as it was felt that there were many relevant recommendations that

had been made which have not, to date, been sufficiently acted upon. It was also suggested that relevant research findings must be brought back to ACB communities and presented in a manner that has relevance to them.

Gaps in existing research were also identified. Interviewees suggested that research is needed on the social, behavioural, epidemiological and psychological aspects of HIV and AIDS and ACB communities, as well as research on heterosexual men in general within the ACB community. At a research conference organized by ACCHO in 2009, the following research priorities were identified:

[t]he basic science priorities include further research on pathogenesis, prevention, and transmission. The priorities in epidemiology highlighted the lack of current data on HIV/AIDS trends among ACB communities across Canada. The clinical science priorities highlighted a need for greater focus on knowledge transfer and exchange (KTE) as well as population specific research on HIV infection and treatment. In terms of social-behavioural research, the following priorities were identified: people living with HIV/AIDS (PHAs) and aging, engagement of heterosexual men, second generation HIV positive youth, criminalization of HIV non-disclosure, capacity building, and the need for systemic and sectoral accountability. (CIHR Social Research Centre (SRC) in HIV Prevention and University of Toronto Dalla Lana School of Public Health, 2010, p. 5).

Further recommendations for the future direction of research include continuing to focus on community-based research “that addresses community needs and priorities, helps to improve stakeholders’ understanding of ACB communities, and engages communities to build critical understanding of HIV and health” (Ibid, p. 6). The dearth of intervention research also needs to be corrected (Ibid). The synthesis of the existing research on ACB communities and HIV in Canada is also integral and its utility is well illustrated by the report “African, Caribbean and Black Communities in Canada. A Knowledge Synthesis Paper for the CIHR Social Research Centre in HIV Prevention” (CIHR SRC in HIV Prevention and University of Toronto Dalla Lana School of Public Health, 2010).





4.0 SUMMARY OF STRATEGIES

4.1 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

4.2 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

4.3 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

4.4 Address the Criminalization of HIV Non-Disclosure

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

4.5 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

4.6 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 linkages 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
- 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

4.7 Address the Social Determinants of Health

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

4.8 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

4.9 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

4.10 Collection of Ethno-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

4.11 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





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Appendix I

Organizations Represented by Individuals Interviewed

1. Positive Women's Network (Vancouver, BC)
2. AIDS Calgary (Calgary, AB)
3. Individual from Brooks, AB
4. Sexuality Education Research Centre (Winnipeg, MB)
5. Black Coalition for AIDS Prevention (Toronto, ON)
6. Africans in Partnership Against AIDS (Toronto, ON)
7. AIDS Committee of Cambridge, Kitchener, Waterloo and Area (Kitchener, ON)
8. AIDS Committee of Guelph and Wellington County (Guelph, ON)
9. Coalition des organismes communautaires québécois de lutte contre le sida (Montréal, QC)
10. Clinique médicale l'Actuel (Montréal, QC)
11. Individual from Montréal, QC
12. Nova Scotia Advisory Commission on AIDS (Halifax, Nova Scotia)



Interview Questions

From a review of the literature on primary and secondary HIV prevention services available to African, Caribbean and Black (ACB) communities in Canada, we have identified key strengths and challenges of existing programs. I would like to read you the list of strengths and ask for your feedback or input into this list. The strengths include:

- *recognition of the importance of targeting specific populations such as youth, women, MSM as well as evidence these groups are being targeted*
- *availability of faith-based, age and gender-specific HIV prevention strategies that are culturally and linguistically appropriate*
- *involvement of ACB populations in “most if not all aspects of” existing HIV prevention programs*
- *recognition that broader issues such as gender, sexual orientation, race and discrimination impact the health and well-being of ACB communities*
- *Learning from programs of ACB populations in other developed countries*

- I. Specifically, can you suggest any strengths of existing programs and services available to ACB communities in Canada that we have not mentioned?

As with the strengths, I would now like to read you a list of challenges identified in existing prevention programs available to ACB communities in Canada and again ask for your feedback/input. The challenges identified include:

- *programs and services for ACB communities are largely located in two provinces (Ontario and Quebec)*
- *stigma as an ongoing challenge to HIV prevention and service-provision efforts*
- *incomplete understanding of the extent to which existing projects address issues such as stigma, discrimination, racism, and cultural practices and norms, which influence access to services for ACB populations*
- *lack of sensitivity and knowledge of service providers to understand and be able to respond to the specific needs of ACB communities*
- *gaps in research, including the social, behavioral, epidemiological and psychological aspects of HIV and AIDS and Black Canadian communities and linking research to programming where appropriate*

- II. Specifically, can you suggest any challenges of existing programs and services available to ACB communities in Canada that we have not mentioned?

1. What is your vision for HIV programs and services for ACB communities in Canada five years from now? What programs and services are needed? Where are the greatest areas of need geographically (please be as specific as possible)
2. How can the gap between the current situation and the future goal be bridged? What additional supports do ACB people living with or affected by HIV need? What do women need? What do men need? What do youth need? What do LGBT individuals need? What do those who have been incarcerated or involved in the criminal justice system need? What do new immigrants need?

