

**DEVELOPING EFFECTIVE HIV PREVENTION, TREATMENT
AND SUPPORT PROGRAMS FOR AFRICAN, CARIBBEAN
AND BLACK (ACB) COMMUNITIES IN CANADA**

By

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ABSTRACT

Developing effective HIV prevention, treatment and support programs for African, Caribbean and Black (ACB) communities in Canada is of increasing importance. While ACB communities comprise only 2.5% of Canada's population, they account for 14% of all HIV infections (PHAC, 2014). In addition, people from HIV-endemic countries living in Canada have HIV incidence rates six times higher than the general population (ACCHO, 2009).

Research shows that people from HIV-endemic countries living with, and affected by, HIV/AIDS face unique cultural and social barriers beyond those experienced by Canadian-born individuals affected by the epidemic (African and Caribbean Council on HIV/AIDS, 2003). African and Caribbean communities in Canada are also more likely to experience barriers to successful implementation of HIV treatment, prevention and risk-reduction programs (Campbell, 2009).

The majority of research on African, Caribbean and Black communities in Canada has focused on understanding the risk factors for HIV infection (Shimeles et al., 2010). Relatively few studies have examined effective strategies for improving prevention and treatment efforts and engaging ACB communities in the design and delivery of HIV/AIDS programs and services. The purpose of this literature review was to critically appraise the academic and grey literature to identify strategies for improving HIV prevention, treatment and support services among ACB communities in Canada.

Eleven strategies were identified: formation and strengthening of government strategies; expand outreach to ACB communities; address stigma and discrimination; address the criminalization of HIV non-disclosure; improve involvement of ACB communities and PLHIV specifically; enhance collaboration within the HIV service sector; address the social determinants of health; ensure resources available for work needed; expand and enhance service provision; and collection of ethno-specific surveillance data. The findings from this review can be used to inform policies, programs, service delivery and further research that strengthen our response to the HIV/AIDS epidemic among African, Caribbean and Black communities in Canada.

Keywords: HIV/AIDS; Canada; African, Caribbean, Black (ACB) populations; Ethnocultural communities; community engagement; HIV prevention and treatment

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GLOSSARY

| | |
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| 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 BACKGROUND

Over the past decade there has been an increase in HIV prevalence in Canada (PHAC, 2014). This is largely a result of both new HIV infections as well as reduced mortality due to effective treatment (Challacombe, 2015). The Public Health Agency of Canada estimates that approximately 75,500 HIV positive people were living in Canada at the end of 2014, with 1,940 to 3,200 new infections occurring annually (PHAC, 2015). However, certain populations continue to be disproportionately represented in the Canadian HIV epidemic. Key exposure categories include injection drug users (IDUs), gay men and other men who have sex with men (MSM), women, Aboriginal populations and African, Caribbean and Black (ACB) communities (PHAC, 2015).

While African and Caribbean diaspora communities comprise less than 8% of all Black populations in Canada, the USA and the UK, they are over-represented in terms of global HIV prevalence and incidence (Campbell, 2009). According to the 2006 Canadian Census, Black communities account for 2.5% of the population of Canada (PHAC, 2009). However, in 2008 approximately 14% of all HIV infections in Canada were attributable to ACB communities (PHAC, 2009). Furthermore, PHAC estimates that more than 16% of new HIV infections in Canada were among the HIV-endemic exposure category (i.e., people from HIV-endemic African and Caribbean countries) (PHAC, 2010).

The Black population in Canada are a collection of ethnically, culturally and linguistically diverse communities comprised of people of Black African descent who were born primarily in Africa, the Caribbean or Canada (African and Caribbean Council on HIV/AIDS, 2003). Majority of the ACB population in Canada reside in Toronto, Montreal and Ottawa (85%), however there are growing African, Caribbean and Black communities in Vancouver and Calgary (PHAC, 2009). People from HIV-endemic countries living with, and affected by, HIV/AIDS face unique cultural and social barriers beyond those experienced by Canadian-born individuals affected by the epidemic (African and Caribbean

Council on HIV/AIDS, 2003). African and Caribbean communities in Canada are also more likely to experience barriers to successful implementation of HIV treatment, prevention and risk-reduction programs, such as low socio-economic status, lack of awareness of HIV serostatus, homophobia, and sexual risk factors, which place them at higher risk for HIV infection and poor treatment outcomes (Campbell, 2009). To effectively engage ACB communities in HIV/AIDS prevention and treatment, public health planners, policy-makers and healthcare professionals must consider these factors in the development and delivery of HIV/AIDS programs and services (Falconer, 2011).

The majority of research on African, Caribbean and Black communities in Canada has focused on understanding the risk factors for HIV infection (Shimeles et al., 2010). Relatively few studies have examined effective strategies for improving prevention and treatment efforts and engaging members of ACB communities in the design and delivery of HIV/AIDS programs and services. Further research is needed in this area to inform HIV/AIDS planning and service delivery and to improve the local, provincial and national response to HIV/AIDS among African, Caribbean and Black populations in Canada.

2.0 PURPOSE

The purpose of this literature review was to critically appraise the academic and grey literature to identify strategies for developing effective HIV prevention, treatment and support programs for African, Caribbean and Black (ACB) communities in Canada. The literature review aimed to address the following research questions:

- I. What are the gaps and barriers to better planning and delivery of HIV/AIDS programs and services for African, Caribbean and Black communities at the municipal, provincial and national levels in Canada?

- II. What are stakeholder specific (i.e. ACB community members and leaders, ACB people living with HIV/AIDS and their family members, service providers, policy makers and researchers) needs/priorities in the development and delivery of HIV/AIDS programs and services?
- III. What are effective strategies for improving HIV/AIDS prevention, treatment and support efforts among ACB communities in Canada?
- IV. What strategies can be used to effectively engage members of the African, Caribbean and Black community across Canada in the design and delivery of HIV/AIDS programs, services and policies?

The findings from this review can be used to inform policies, programs, service delivery and research that strengthen our response to the HIV/AIDS epidemic among African, Caribbean and Black communities across Canada.

3.0 METHODOLOGY

3.1 Scoping Review Framework

A modified scoping framework (Arksey & O'Malley, 2007) was used to explore the extent and nature of the academic and grey literature as it relates to strategies for improving HIV/AIDS prevention, treatment and support among African, Caribbean and Black communities across Canada. The search strategy involved three separate activities including:

- I. An electronic database search of Medline
- II. A grey literature search (google.ca; Canadian public health research repositories; governmental and non-governmental websites)
- III. A manual search of the reference lists of key articles

A comprehensive search of Medline was conducted using a combination of text terms [(HIV) OR (AIDS)] AND [(African*) OR (Black*) OR (Caribbean*)] AND [(Toronto) OR (Canad*) OR (Ontario) OR (Vancouver) OR (British Columbia) OR (Quebec) OR (Montreal)]. All searches were limited to articles published since 2000 in English.

The combined search strategy yielded a total of thirty-six articles. Of these, thirty articles met the inclusion criteria for the scoping review (six academic journal articles and twenty-four reports from the grey literature).

3.2 Thematic Analysis

A data charting form was used to extract key variables from the selected articles followed by a thematic analysis of the findings. The findings were organized according to the following themes:

- Priority issues: components identified by authors that impact the planning and delivery of HIV/AIDS programs, services and policies in ACB communities
- Strategies: methods or approaches identified or used by authors to effectively engage members of the ACB community in HIV/AIDS policies, programs and services and/or to improve uptake of HIV/AIDS programs or services
- The Canadian national, provincial and local response: actions taken by governmental and non-governmental bodies to effectively respond to the HIV prevention and treatment needs among ACB communities in Canada.

4.0 FINDINGS

A critical review of the academic and grey literature did not yield any systematic reviews of strategies for engaging African, Caribbean and Black communities in HIV/AIDS programs and services. The findings presented below represent various responses to HIV/AIDS within ACB communities across Canada and

were retrieved from a collection of academic studies, governmental and non-governmental reports, rapid reviews and case studies.

4.1 African, Caribbean and Black Communities in Canada: Priority Issues in HIV Prevention and Treatment

4.1.1 HIV Stigma and Discrimination

Stigma and discrimination based on gender, race and sexual orientation represent significant barriers to HIV prevention and treatment in ACB communities (Lawson et al., 2006; ACCHO, 2010, ICAD, 2011). HIV-related stigma in this population has been shown to negatively impact HIV testing rates as well as the ability of people living with HIV to seek treatment, care and support (ICAD, 2011). As a result, HIV/AIDS-related stigma experienced by African and Caribbean communities has been the focus of several studies in Canada, the United States and England (Cyr et al., 2006; Gardezi et al., 2006; Mitra et al., 2006). One of the most salient themes identified by authors in these studies is the racialization of HIV as a “Black disease”, which is largely influenced by the media portrayal of people of African or Caribbean descent as carriers of the virus (Miller, 2005). This experience of racialization was also identified as a frequent barrier for ACB individuals when seeking HIV prevention, treatment and support services (Gardezi et al., 2006; Husbands, 2006).

Cultural and social norms have also contributed to the stigmatization, isolation and silencing of HIV positive individuals within the Black community in Canada (Lawson et al., 2006a). Many communities view HIV as a taboo subject and some members are reluctant to get tested or disclose their positive status for fear of being stigmatized or abandoned by their communities (Tharao et al., 2006). According to the literature, many cultural views surrounding HIV are shaped by historical experiences originating from a person’s country of origin. For example, some HIV positive individuals have historically experienced negative consequences in their homelands, including abandonment by family and friends,

employment discrimination, loss of land or property, and violence and abuse (UNAIDS & World Health Organization, 2001).

HIV-related stigma can also shape attitudes and cultural norms among ACB populations. For example, findings from a 2006 survey of East African residents in the Greater Toronto area on HIV-related attitudes found that: 55% of respondents would refrain from dining in a restaurant where the cook was HIV positive; 33% would want it to be kept a secret if a family member was HIV positive and 23% would not want their child in a classroom with an HIV-positive child (East Research Team, 2008).

Furthermore, discussions surrounding HIV prevention and treatment are highly sensitive and require some degree of openness about sexuality and sexual risk factors. However, findings from a study conducted by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) demonstrate that discussion of sexuality and/or sex in many ACB cultures is taboo and not actively encouraged (Handa & Nagash, 2003). A study conducted by Beyene et al. examined the sources of denial and stigma and the mechanisms by which these are perpetuated among African newcomers in Toronto (Beyene et al., 2000). The authors identified key issues surrounding confidentiality and anonymity for individuals in African newcomer communities who were accessing HIV testing and recommended education and advocacy to address some of the concerns around HIV related stigma in ACB communities.

4.1.2 Lack of Culturally-Safe and Gender Specific HIV Programming and Services

Research demonstrates that women are over-represented among persons living with HIV from African and Caribbean countries (Centre for Infectious Disease Prevention and Control, 2005; PHAC, 2007). Women's increased vulnerability to HIV/AIDS is the product of both biological susceptibilities and a combination of personal, social and structural influences (Jarama et al., 2007). For example, gender violence and female disempowerment can have significant implications for women's ability to exercise control in sexual relationships (Keeping, 2004).

Furthermore, some African and Caribbean cultures uphold social and religious values surrounding gender and sexuality that establish different standards for men and women, resulting in gender inequalities and increased vulnerability to HIV infection for women (Jarama et al., 2007). In some dominant patriarchal cultures, women are particularly vulnerable to HIV risk due to uneven power dynamics and the inability to broach issues of sexuality, partner fidelity, or to negotiate condom use (Gardezi et al., 2008; Tharao et al., 2004). As a result, power imbalances in sexual negotiations have been found to contribute to women's heightened risk of HIV infection among some ACB populations (Williams et al., 2009).

Other cultural practices such as female genital mutilation and vaginal cleansing place women from some African cultures at increased risk for HIV infection (Tharao et al., 2006). Within the Canadian context, research has identified economic dependency and poverty as significant barriers to HIV prevention for women (Newman et al. 2008). Based on these findings, it is strongly recommended that HIV/AIDS service organizations provide gender specific and culturally safe programming and services, which specifically address personal, structural and socio-cultural barriers affecting Black women in North America (Williams et al., 2006).

Gay men and other men who have sex with men (MSM) represent another important sub-population within the ACB community who are at increased risk for HIV (ACCHO, 2006). A number of different factors contribute to increased HIV vulnerability among MSM in ACB communities, including stigma and discrimination, homophobia, HIV-related attitudes and gender norms (Dodds et al., 2004). For instance, homophobia is highly prevalent in many African and Caribbean communities and is an established source of stigma for both HIV-positive men and women (Tharao et al., 2006). In addition, research has shown that religious beliefs and institutions may reinforce cultural attitudes towards HIV, sexuality, and homosexuality in some ACB communities (Williams et al., 2009). Widespread homophobia in some ACB communities have been shown to increase HIV risk among gay men and other MSM (ACCHO, 2003).

Furthermore, this population frequently experiences barriers to HIV testing, inadequate HIV/AIDS prevention and treatment services, as well as significant levels of stigma and discrimination (Bing, Bingham, & Millett, 2008).

In order to facilitate the development and provision of effective HIV programs and services among ACB communities, it is essential to understand cultural attitudes and norms surrounding gender and sexuality (Lawson, 2006). Furthermore, HIV-related stigma, racism and sexism intersect to shape diverse lived experiences within the ACB community, highlighting the significance of exploring multiple forms of stigma and discrimination from an intersectional approach (Lawson, 2006). The diversity amongst ACB communities necessitates strategies that are tailored to the specific needs, priorities, cultures, languages and values of community members.

4.1.3 HIV Risk Perception and Behaviors

Many African and Caribbean newcomers in Canada perceive their risk of HIV infection to be lower than it actually is (Gray, 2006). This distortion in risk perception is a result of a number of factors, including misperceptions about HIV in Canada, lack of knowledge about HIV transmission, and lack of culturally appropriate prevention services (Gardezi et al., 2008). For example, the findings suggest that some members of the African and Caribbean community view the HIV/AIDS epidemic as non-existent in Canada, while others are uninformed of the modes of HIV transmission or prevention (James et al., 2006; Tharao et al., 2006). In addition, some African and Caribbean newcomers are geographically separated from their partners, and may engage in sexual risk behaviors with other partners (Gray et al., 2006). Furthermore, individuals traveling to countries of origin with high HIV prevalence rates may also increase opportunities for risk of infection (Fenta, 2001).

4.1.4 Immigration

Immigration was identified as a highly relevant influence on the HIV/AIDS response among the ACB community in Canada. Firstly, immigrants, newcomers and refugees who are members of ACB communities may not receive adequate access to HIV prevention, treatment, and support services in their countries of origin (Calzavara et al., 2000). In addition, HIV prevention and treatment services are currently failing many immigrant communities in Canada (Tharao & Massaquoi, 2000). For example, research shows that newcomers to Canada are less likely than native-born Canadians to benefit from prevention or treatment services (Tharao & Massaquoi, 2000). This is due to a number of factors including linguistic and cultural differences, lack of knowledge or misinformation, as well as services that are not tailored to meet the needs of newcomers (Tharao & Massaquoi, 2000). A study conducted in Calgary shows that many newcomers experience challenges accessing health and social services for a variety of reasons, including lack of transportation, language barriers, and a lack of awareness of the importance of prevention services (Calgary Health Region, 2005).

4.1.5 Access to HIV Testing and Treatment Services

Research suggests that there is a general lack of awareness of the availability of HIV testing and treatment services among African and Caribbean communities in Canada (Patten, 2005). In addition, individuals from most HIV-endemic countries may be uninformed of the public health care provision of ARV medications and HIV treatment, experience difficulty accessing required services from uncoordinated AIDS service organizations, or experience a lack of social support (Tharao & Massaquoi, 2001; Williams et al., 2006).

Furthermore, some newcomers in the ACB community may not have a complete understanding of their rights to access health services due to complex immigration and refugee policies (Inigo & Li, 2006). As noted earlier, people living with HIV/AIDS within African and Caribbean newcomer communities may also fear stigma and alienation from community members. Some individuals also have concerns about

the lack of confidentiality and/or anonymity in HIV treatment services which can serve as a barrier to service utilization (Calzavara et al., 2000). Finally, there is a lack of gender specific and culturally appropriate HIV prevention and treatment services for certain sub-populations within the ACB community, such as women, youth and gay men or other men who have sex with men (Health Canada, 2000).

4.1.6 Socio-Economic Challenges

Socio-economic factors can create barriers to successful HIV prevention and treatment among ACB populations in Canada. Research shows that people from HIV-endemic countries living with, and affected by, HIV/AIDS face unique social and economic barriers beyond those experienced by Canadian-born individuals affected by the epidemic (African and Caribbean Council on HIV/AIDS, 2003). For instance, members of African and Caribbean communities in Canada are likely to experience racism, lack of employment or underemployment, poor access to affordable housing, poverty, addiction, violence, mental health problems and stigma and discrimination (ACCHO, 2003). These factors have been shown to act as barriers to successful implementation of HIV treatment, prevention and risk-reduction programs among ACB communities (Campbell, 2009; Antle et al., 2006).

4.2. The National, Provincial and Local Response to HIV/AIDS among ACB Communities in Canada

4.2.1 Population Specific Strategies

Several provincial strategies and advisory committees on HIV/AIDS have identified people from countries where HIV is endemic as a key population in Canada's HIV epidemic (PHAC, 2012). However, Ontario is the only province to have developed a population specific strategy for its African, Caribbean and Black population (ACCHO, 2013). The "Strategy to Address Issues Related to HIV Faced by People in

Ontario from Countries Where HIV is Endemic” was developed by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) in 2005 and is considered a key component of the Ontario HIV/AIDS Strategy (ACCHO, 2013). Supported by the AIDS Bureau and the Ontario Ministry of Health and Long Term Care, this strategy coordinates and guides the provincial response to HIV/AIDS issues experienced by ACB communities living in Ontario. The strategy has been successful largely due to its involvement of people working with and/or living in African and Caribbean communities, as well as ACB people living with HIV/AIDS (ACCHO, 2014). The primary objectives of the strategy include coordinating the work of agencies, institutions and policy-makers working with, and for, African and Caribbean people; facilitating prevention, treatment, education, health promotion and community development in response to HIV/AIDS challenges faced by African and Caribbean people; and identifying research needs, priorities and opportunities in ACB communities (ACCHO, 2013).

4.2.2 Population Specific Networks and Coalitions

The Interagency Coalition on AIDS and Development (ICAD) and its network of organizations tackling global HIV/AIDS, plays a crucial role at the national level in addressing issues affecting people from countries where HIV is endemic (ICAD, 2009). One of ICAD’s coalitions, the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC), is a national network of organizations, individuals and other stakeholders who are committed to responding to issues related to HIV and AIDS in Canada’s African, Caribbean and Black communities. CHABAC works to strengthen the response to HIV/AIDS epidemics and associated stigma and discrimination among ACB communities in Canada (CHABAC, 2012).

While numerous HIV/AIDS networks and coalitions have been launched in Canada since the beginning of the epidemic, only a few have targeted the African, Caribbean and Black community (ACCHO, 2010). One of these coalitions is the “Outreach to African and Caribbean Churches Working Group” launched in 2007 by the Ontario Ministry of Health and Long Term Care with a mandate to develop an HIV testing

outreach strategy targeting African and Caribbean churches in Ontario (Gangbar & Globerman, 2014). The working group is comprised of representatives from churches in the ACB community, AIDS service organizations, the AIDS Bureau, and other related community organizations.

Several other networks which may not be specific to people from countries where HIV is endemic also address issues of importance to this population. For instance, an advisory committee on HIV/ AIDS consults with Ontario's Minister of Health and Long Term Care on systemic barriers to health care access for immigrants, newcomers and refugees without legal status (CAAT, 2011). In Quebec, Montreal's Health and Social Services Agency supports regional committees working to increase access to HIV testing, case management and outreach in Local Community Health Centres (CAAT, 2011). Finally, the Nova Scotia Advisory Commission on AIDS provides HIV/AIDS policy recommendations to the provincial government, in addition to acting as a link between the government and Nova Scotia's Black community (Provincial HIV/AIDS Strategy Steering Committee, 2003).

4.3. Strategies for Improving HIV Prevention, Treatment and Outreach among ACB communities in Canada

4.3.1 Creation and Strengthening of Government Strategies

The creation of strategies specific to HIV prevention and treatment in ACB communities for all provinces and territories was recommended as an essential step in Canadian HIV response efforts (ACCHO, 2010; ICAD, 2011). The Public Health Agency of Canada also recommends the establishment and implementation of a well-funded national public health strategy that coordinates the provincial and territorial strategies (PHAC, 2012).

In addition, there was an identified need for improved collaboration and partnerships among the different government agencies or bodies currently addressing HIV related issues in Canada (Gardezi, 2008; Falconer, 2008; Lawson, 2006). 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 important first steps, the link between HIV sectors and community based organizations need to be strengthened in order to better meet the specific needs of the African, Caribbean and Black community (ACCHO, 2010). In addition, national HIV/AIDS campaigns should be established and integrated in different government ministries (including, but not limited to, Immigration Refugees and Citizenship Canada) (ACCHO, 2008).

4.3.2 Expand and Enhance Outreach to ACB Communities

The importance of HIV/AIDS outreach to ACB communities was emphasized by a number of authors (Gardezi, 2008; Falconer, 2008; Lawson, 2006). Outreach can be a particularly effective strategy given the stigma associated with HIV and the barriers it creates for many individuals from ACB communities who must access HIV related information and services. There was consensus within the literature that HIV response efforts should explore opportunities for expanding and enhancing existing outreach within ACB communities. For example, exploring partnerships with institutions such as “small businesses, schools and media, as well as other organizations that can assist with sponsorship and fundraising” (ICAD, 2009, p. 40).

In addition, HIV response efforts are more effective when interventions are tailored to the social and cultural establishments frequented by members of ACB communities (Gardezi, 2008; Falconer, 2008; Lawson, 2006; Remis, 2010). There was acknowledgement that outreach can be maximized by targeting specific sub-populations within Canada’s ACB community. For example, ACB youth can be targeted through schools, churches, nightclubs, youth centers or sports clubs (Remis, 2010).

Faith-based organizations were identified as an important channel for engaging ACB communities in Canada (Williams et al 2009). However, it was also emphasized that collaborations with the faith-based

community must promote a culture that is supportive and inclusive of ACB individuals who are lesbian, gay, bisexual, transgender, transsexual, queer, or questioning (Francis, 2009). Finally, it was suggested that successful HIV prevention and outreach programs with a faith-based component, that target Black communities in the United States, could be tailored to improve outreach among ACB communities in Canada (Davidson, 2011).

4.3.3 Tackle Stigma and Discrimination

The negative effects of stigma and discrimination on the health of people living with HIV/AIDS and public health HIV prevention efforts have been well documented (Aggleton & Parker, 2003). HIV related stigmatization as a social process is associated with the increased emotional distress, feelings of guilt, shame, depression and social isolation experienced by PHAs (Heckman, et al., 2004; Kang, et al., Lawson et al.) It hampers efforts in the HIV 'prevention-to-care continuum' in that the fear of stigma and discrimination discourages individuals at risk of HIV infection from seeking information and testing (Kalichman & Simbayi, 2003; MacPhail et al., 2008; Obermeyer & Osborn, 2007; Smith & Morrison, 2006; UNAIDS, 2005) and impede people living with HIV/AIDS from accessing and adhering to treatment, seeking care and support or disclosing their HIV status (Hawkins, 2006; Körner , 2007; Rintamaki et al., 2006; Ware et al., 2006).

HIV-related stigma was identified as a significant challenge that can negatively impact HIV response efforts in Canada's ACB communities (Gray, 2008; Tharao, 2009; Lawson, 2006). At the same time, many authors acknowledged that HIV response efforts among ACB communities are particularly complicated given that this population experiences multiple and intersecting forms of stigma (Lawson, 2006). For example, HIV-related stigma is often interconnected with other forms of stigma associated with race,

sexual orientation, gender and immigration status (Lawson, 2006; Calzavara, 2009; Noh, 2009). Therefore, efforts to address HIV-related stigma in ACB communities, require an intersectional approach that concurrently tackles issues of racism, homophobia, gender inequality and gender norms (Lawson, 2006; Calzavara, 2009). Furthermore, both internal stigma arising from ACB communities, as well as external stigma from healthcare professionals can hinder HIV response efforts, and as such, both need to be addressed (Lawson, 2006; Calzavara, 2009).

Strategies for addressing stigma and discrimination include fostering community cultures and professional environments where disclosure of HIV status is openly discussed and emerging issues resolved, in addition to normalizing discourse around HIV/AIDS in which HIV is viewed as a chronic condition and not a disease associated with “deviant lifestyles” (Lawson, 2006). Another important strategy involves increasing the visibility of HIV and AIDS in Canada’s ACB communities (Lawson, 2006; Calzavara, 2009). This can be accomplished through education and advocacy surrounding the consequences of stigma and discrimination as well as community mobilization focused on collectively shifting attitudes surrounding HIV/AIDS in ethno-cultural communities (WHIWH, 2006, p. 44).

In addition, one author suggested that discrimination needs to be addressed within AIDS Service Organizations (ASOs), as ASOs might be unknowingly reproducing the stigma and discrimination surrounding HIV/AIDS that exists in broader society (Falconer, 2008). This can be achieved by encouraging individual agencies and institutions to develop policies, procedures and action plans to deal with discrimination based on gender, race and sexual orientation (Falconer, 2008).

4.3.4 Address the Criminalization of HIV Non-Disclosure

The criminalization of HIV non-disclosure represents a significant barrier to HIV testing and care for ACB communities. ACB women are particularly vulnerable since they are offered limited protection under the current law (Wilson, 2013). There was a consensus in the literature regarding the importance of

education and advocacy in addressing the criminalization of HIV non-disclosure (Wilson, 2013; ACCHO, 2010). According to the UNAIDS (2008) “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).

4.3.5 Increase Meaningful Involvement of ACB Communities and PLHIV Specifically

There was widespread acknowledgement of the need for ACB communities to be involved in all aspects of HIV prevention, treatment and outreach (James, 2006; Shimeles, 2010; Campbell, 2009). Strategies for improving the meaningful involvement of ACB communities include capacity building and promoting self determination to enable community members and PLHIV specifically to drive the HIV/AIDS response (James, 2006; Campbell, 2009).

Furthermore, while many HIV initiatives within ACB communities are community-driven, ensuring that training and resources are consistently available can enable more individuals to become involved by supporting the development of leadership, research and other skills (Shimeles, 2010; Campbell, 2009). This in turn can facilitate community empowerment and increase the long-term sustainability of HIV response efforts. Finally, the involvement of ACB communities generally and PLHIV specifically will ensure that ASOs accurately represent the needs of these communities while also providing appropriate services and support (ACCHO, 2010).

4.3.6 Strengthen Collaboration within the HIV Service Sector

The need for improved collaboration at the local, national and international levels was identified as an important step in sharing information and resources, and guiding HIV prevention and treatment efforts

in ACB communities (ACCHO, 2010). The literature suggests that formal links between ACB communities in Canada can be strengthened by sharing experiences and lessons learned, and building on the resources and tools developed by different communities to respond to the diversity and complexity common to ACB populations (ICAD, 2005). In addition, it might be beneficial to establish global networks between existing organizations and programs that are leading successful HIV/AIDS initiatives in Canada, the United States, the United Kingdom, as well as in some African and Caribbean countries (Shimeles, 2010).

Furthermore, there is a need to establish formal mechanisms that encourage better communication and collaboration among organizations working with ACB communities in different provinces across Canada (Taking Action on HIV and AIDS in Black Communities in Canada, 2008). The establishment of HIV/AIDS provincial networks specific to ACB populations is one strategy for enhancing communication and collaboration across the country (ACCHO, 2010). There is also a need for a central, well-resourced national network to provide guidance to smaller networks and to ensure that programs are available and responsive to the HIV prevention and treatment needs of ACB communities throughout Canada (ACCHO, 2010). The establishment of the Canadian HIV/AIDS Black, African and Caribbean Network (CHABAC) was recognized as a step in this direction, however the Network is severely under-resourced and under-funded (Falconer, 2012). In addition, linkages between Canadian organizations focusing on HIV prevention and ACB communities and those in the Diaspora can be strengthened through the African Black Diaspora Global Network (ABDGN).

Several authors also highlighted the importance of fostering collaborations between organizations focused on HIV/AIDS that work specifically with ACB communities, with other organizations working in ACB communities for social, cultural or educational purposes (James, 2006; Shimeles, 2010; Campbell, 2009).

4.3.7 Address the Social Determinants of Health

The importance of addressing the broader issues affecting the health of ACB populations (including PLHIV) was emphasized throughout the literature (Gray, 2008; Tharao, 2009). Research suggests that HIV prevention efforts are more successful when underlying structural issues such as employment, immigration status, mental health, housing and poverty are also addressed (Tharao, 2009; Antle, 2006).

Despite the association between poor HIV/AIDS outcomes and the socioeconomic conditions experienced by certain segments of Canada's Black population, current HIV/AIDS programs and services do not appear to address these factors in a comprehensive and integrated manner. These findings suggest that the national, provincial and local response to HIV/AIDS among ACB communities need to take social and economic factors into consideration in service planning and delivery (Antle et al., 2006).

4.3.8 Mobilize Resources Available for Work Needed

The importance of reliable, sustained funding to support HIV prevention, outreach and research in Canada's ACB communities was underscored by several authors (ACCHO, 2010; Shimeles, 2010; Campbell, 2009; ICAD, 2011). Funding is required for existing programs as well as for the expansion of services at varying levels, from grassroots initiatives to federal, provincial or territorial HIV/AIDS policy responses (ACCHO, 2010; ICAD, 2011). Inconsistent and disjointed project funding was identified as a major deterrent of comprehensive national, provincial and territorial response to the HIV/AIDS epidemic in ACB communities (ACCHO, 2010; ICAD, 2011).

4.3.9 Expand and Enhance Service Organization and Delivery

In order to increase capacity to respond more effectively to the needs of the ACB community, service providers working with ACB communities need to be supported to address existing service gaps in HIV prevention and treatment. For example, there is a need to equip healthcare providers with improved

cultural competency skills to enable them to work more effectively with diverse ACB populations (ACCHO, 2010; ICAD, 2011). In addition, the capacity of health clinics, community health centres, and physicians' offices must be expanded in order to appropriately respond to the needs of ACB populations (James, 2006; Falconer, 2011). It was also suggested that more individuals from ACB communities, including PLHIV, should be recruited to work in service provision and that current HIV programming should be expanded to meet the diverse needs of ACB communities (ACCHO, 2010; ICAD, 2011).

The literature suggests that HIV prevention efforts must match the current stage of readiness in a specific community (ICAD, 2009, p. 40). Efforts must also be made to improve the accessibility and availability of programs and services for ACB communities across the country. For example, initiatives specifically targeting ACB communities should be established in large urban centres as well as in smaller cities and rural areas (Shimeles, 2010). Finally, it was recommended that existing programs and services be evaluated on a regular basis to ensure effectiveness, quality, transparency and accountability to ACB communities and PLWH (ACCHO, 2010).

A key finding is that 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 (Falconer, 2011). Furthermore, in order to maximize service delivery, frameworks should be developed collectively and shared with other organizations working with ACB communities to tailor to their local contexts (Falconer, 2011). For example, it was suggested that AIDS Service Organizations (ASOs) working with ACB communities, need to be supported in order to increase their capacity to develop population-specific approaches to HIV prevention and outreach (ACCHO, 2010).

The HIV Prevention Guidelines and Manual (2006) suggests that such frameworks should incorporate three components. 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-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” (p. 9). The final recommendation is that the service delivery framework include a harm reduction approach, which is “a public health concept of lowering the health consequences resulting from certain behaviors” (p. 12).

Finally, there was consensus in the literature regarding the need for more initiatives in Canada aimed at improving the quality of life of ACB populations living with HIV as well as secondary prevention efforts focused at reducing the transmission of HIV through early detection and prompt intervention (ACCHO, 2010, ICAD, 2011).

4.3.10 Collection of Ethno-Specific Surveillance Data

The lack of accurate and comprehensive ethno-specific surveillance data was identified as a key challenge in HIV research in Canada (ACCHO, 2010). For instance, many provinces and territories do not consistently collect data on the ethnicity of participants when gathering information on HIV testing rates, treatment initiation and adherence, and linkages to care (ICAD, 2011). Ethno-specific surveillance data is important at local, provincial/territorial and national levels for planning and evaluating HIV prevention and treatment programs and services, as well as advocating for funding to target specific populations. Furthermore, the standardization of data collection is also important to facilitate the synthesis of population level data on HIV in ACB communities at the national level (ACCHO, 2010).

4.3.11 Expand Community-Based Research

There were several suggestions for improving HIV research with ACB communities including placing an increased emphasis on knowledge translation and dissemination (Shimeles, 2010). Several authors also highlighted the importance of addressing the findings resulting from research with ACB communities, since majority of recommendations to date have not been sufficiently acted on (Campbell, 2009). Furthermore, it was recommended that relevant research findings should be shared with ACB communities and presented in a manner that is relevant and appropriate to them (Campbell, 2009).

The literature also identified several gaps in existing HIV research with ACB populations. For instance, there is a dearth of research focusing on the social, cultural, and economic aspects of HIV/AIDS among ACB populations. Furthermore, there are gaps in research pertaining to certain sub-populations such as gay men and other MSM, heterosexual men, youth and women (ACCO, 2010; ICAD, 2011; Omorodion, 2007).

The following research priorities for ACB communities were identified in the literature: basic science research on HIV pathogenesis, prevention and transmission; HIV/AIDS trends among different ACB populations across Canada; knowledge transfer and exchange (KTE) and population specific research on HIV infection and treatment; people living with HIV/AIDS (PHAs) and aging; engagement of heterosexual men in prevention and care; second generation HIV positive youth; and criminalization of HIV non-disclosure (ACCHO, 2009; CIHR Social Research Centre in HIV Prevention, 2010).

Further recommendations include an increased 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” (ACCCO, 2009, p. 6).

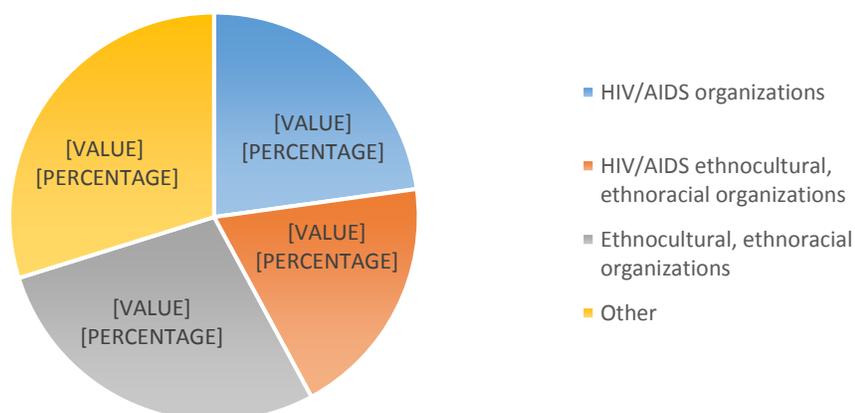
5.0 DISCUSSION

This section reviews existing programs, services and strategies to determine whether the HIV/AIDS response reflects the realities and needs of ACB communities in Canada based on available evidence.

5.1 Geographical Distribution of Programs and Services

Canada's Black population predominantly reside in and around large urban centres, particularly Toronto and Montreal (PHAC, 2010). Accordingly, Ontario and Quebec share the highest number of reported HIV cases among people from countries where HIV is endemic (PHAC, 2010). Regarding HIV prevention programs targeting ACB communities in Canada, the findings also suggest that the HIV prevention response is strongest in Ontario and Québec (ACCHO, 2010; ICAD, 2009, Shimeles, 2010). For example, the Government of Ontario's "Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries where HIV/AIDS is Endemic", was highlighted as a key strength of the HIV prevention response among Ontario's ACB community. 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 fifty-seven projects focused on HIV/AIDS in Canada's ACB population (PHAC, 2010). The majority (70.2%) of these programs were based in Ontario, with 77.5% located in the Toronto area (p. 56). Of the remaining programs, 12.3% were located in Quebec (all in Montreal), 7.0% in Alberta, 5.3% in British Columbia, 1.8% in Manitoba, and 3.5% were national in scope. The figure below depicts the breakdown of organizations providing HIV/AIDS services and support in ACB communities.

Organizations Providing HIV/AIDS Services and Support in ACB Communities



5.2 Targeting Sub-Populations within the ACB Community

Research suggests that youth, women, men who have sex with men, immigrant, migrant and refugee groups require population specific approaches to HIV prevention and outreach (ACCHO, 2010). In addition, the findings suggest that the needs of heterosexual men, older adults and individuals who contracted HIV as a result of a sexual assault were not being adequately addressed by existing programs (ACCHO, 2010).

5.2.1 Youth

ACB youth represent an important sub-population in the HIV response in Canada. Research demonstrates that 80% of all HIV test reports and AIDS cases in the HIV endemic exposure category were reported in people aged 39 years and younger (PHAC, 2010). Of the fifty-seven projects identified in the literature review, fourteen (24.6%) identified youth as a target audience for HIV prevention and outreach. For example, community based organizations such as Africans in Partnership Against AIDS, the Toronto People with AIDS Foundation, the Black Coalition for AIDS Prevention, the Centre des Jeunes Francophones de Toronto, the Ethiopian Association in the Greater Toronto Area as well as other youth-

specific organizations and community centres, have developed projects which either targeted youth or integrated a youth component in their HIV response efforts.

These projects utilized strategies such as ethno cultural community outreach, mentoring youth leaders, recruiting youth volunteers to facilitate peer-to-peer culturally sensitive outreach sessions, and the cultural adaptation and dissemination of HIV/AIDS prevention material through outreach sessions or cultural events (Shimeles, 2010; Campbell, 2009). In particular, the Warden Woods Community Centre Bell Estate has successfully developed a prevention project with a focus on youth from African and Caribbean communities in Scarborough, Ontario. The aim of this project is to increase awareness about gender violence and to develop skills to negotiate safer sex practices for male and female youth (ICAD, 2011).

In addition, the Ottawa Somerset West Community Health Centre has adapted an intergenerational approach to increase the capacity of Sub Saharan African and Caribbean communities to deliver HIV/AIDS prevention education to their own communities (ICAD, 2011). The project provides an opportunity for community representatives of all ages to discuss sensitive subjects and facilitates a safe space to discuss HIV stigma, attitudes and norms.

5.2.2 Women

In 2006, women accounted for two-third of all cases in the HIV endemic exposure category (PHAC 2008). Of the fifty-seven projects reviewed, women were the focus of approximately nineteen (33.3%) of the initiatives. The projects that targeted ACB women utilized strategies such as mentoring, the recruitment of female volunteers to facilitate outreach sessions, the production and dissemination of information for women through outreach sessions or cultural events, and linking health care services with community outreach (ICAD 2011, ACCHO, 2010). For example, Toronto's Women's Health in Women's Hands Community Health Centre supports African and Caribbean women in obtaining

accurate information on HIV transmission patterns as well as individual strategies to reduce HIV risk (Tharao, 2009). In addition, the East York East Toronto Family Resources recruits and trains ACB women to become sexual health peer workers who facilitate outreach sessions for other women in the community (Tharao, 2009).

5.2.3 Gay Men and other Men who have Sex with Men (MSM)

ACB gay men and other MSM were identified as the target audience of four of the fifty-seven projects reviewed. These initiatives were all located in Toronto and identified Black MSM as their target population for outreach activities in social and recreational venues, such as Gay Pride events, bars, and clubs (ICAD, 2011). In addition, an initiative delivered by the Black Coalition for AIDS Prevention integrates outreach activities in social and recreational settings and publishes HIV prevention messages for Black MSM in Caribbean community print media (ICAD, 2011). This project benefits from the collaboration with various gay men networks in identifying Black MSM issues.

5.2.4 Immigrants, Migrants and Refugees

Of the fifty-seven projects identified, twelve (21.1%) identified immigrant, migrant or refugee populations as their target audience. Of these, four were located in Alberta, three in Ontario, two in British Columbia, two in Quebec, and one in Manitoba. Several of these initiatives focused on linking health care and community services by emphasizing the development of support networks, social integration and addressing systemic factors to improve services for immigrant, migrant and refugee populations (Shimeles, 2010; ICAD, 2011; ACCHO, 2010). For example, the Centre for AIDS Services of Montreal, in collaboration with the Royal Victoria Hospital, offers support services to help HIV positive refugee women or those awaiting a decision on their refugee claim to access health and social services (Shimeles, 2010). In addition, Toronto's Regent Park Community Health Centre and Winnipeg's Sexuality Education Resource Centre Manitoba, Inc. are addressing systemic barriers to improve the quality of

service provider responses for HIV positive immigrant and refugee populations (ICAD, 2011). In particular, the latter focuses on increasing knowledge and awareness of the barriers to care experienced by immigrants and refugees living with, or affected by, HIV/AIDS and identifying and improving service gaps (ICAD, 2011).

With regards to the response in British Columbia, the Vancouver Refugee Services Alliance, provides orientation services to the Canadian health system and offers HIV/AIDS education and support for newcomers, immigrants and refugees (Reynolds, 2008).

Other initiatives focus on education, outreach and HIV prevention for recent immigrants, including the development and dissemination of culturally sensitive HIV/AIDS information, prevention materials and workshops (Remis, 2010; ACCHO, 2010; ICAD, 2011).

5.2.5 Prison inmates and people who inject drugs

According to the findings, a small number of initiatives include elements of harm reduction or target street-involved youth in their HIV response efforts (ACCHO, 2010). However, issues and challenges surrounding incarceration, addictions and injection drug use, are not being systematically addressed in current response efforts for people from countries where HIV is endemic.

5.3 Access to HIV Services

Three recurring issues related to access to HIV services were identified. Firstly, language barriers and limited translation capabilities impeded access to HIV services in some ACB communities (ACCHO, 2010, Shimeles, 2010). The challenge of accessing services outside of large urban centres was also identified alongside issues surrounding anonymity and confidentiality in some communities (Shimeles, 2010). Finally, continuity of care was identified as a key challenge, as individuals often visited a number of different service providers to have their needs met. Individuals' lack of knowledge in navigating the

Canadian health care system also negatively impacted access to services (ACCHO, 2010, ICAD, 2011, Gray 2008).

5.4 Underlying Issues Affecting HIV Prevention

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, multiple sex partners and immigration all influence the HIV response in ACB communities in Canada (Interagency Coalition on AIDS and Development, 2009). Moreover, systemic discrimination based on gender, sexual orientation and race intersect and can create multiple levels of influence on HIV outcomes in ACB communities (Tharao, 2008).

The negative impact of stigma was identified as a significant barrier to effective HIV prevention efforts in ACB communities (Tharao, 2008; Lawson, 2006; Gardezi, 2008). In addition, HIV-related stigma is often interconnected with the issues of homophobia and gender inequality (Calzavara, 2009). 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). Health research on the lived realities and experiences of ACB communities in Canada requires an intersectional analysis that captures the complex, diverse, and transnational nature of these communities, and an understanding of community assets and resilience.

5.5 Implications for Policy and Practice

In order to critically address the burden of HIV/AIDS among ACB communities in Canada, we need solutions that challenge the systemic marginalization and exclusion of PLWHIV and seek to bring about social change through community engagement. There is a need for meaningful engagement of ACB communities in the design, delivery and evaluation of HIV/AIDS research and practice, as well as policy

formulation. Furthermore, PLWHIV in ACB communities need to be involved in all stages of developing and implementing HIV prevention programs geared towards them. This ensures that programs are culturally appropriate, relevant and minimize the reproduction of HIV stigma (ACCHO, 2010).

There is also a need for public policy that addresses the social, economic and political determinants of health among ACB communities in Canada. This includes formulating policies that focus on reducing poverty among ACB women and their children, improving access to health and social services, reducing housing insecurity, and improving employment and educational opportunities for newcomers and migrants (ACCHO, 2010; ICAD, 2011).

Another solution at the health care delivery level is the provision of culturally safe and gender-specific services and supports for members of the ACB community who are HIV positive or at risk of becoming HIV positive (ACCHO, 2010). These interventions should focus on community engagement and actively involve men, women community leaders while emphasizing respect for culture, empowerment and community cohesiveness (Shimeles, 2010); ICAD, 2011).

Effective HIV prevention interventions targeting ACB communities must recognize the complex social, political and cultural factors at play. Recent studies from the African Caribbean Council on HIV/AIDS in Ontario and the Committee for Accessible AIDS Treatment note that it is crucial to involve faith-based organizations and organizations in other sectors in the development of HIV prevention and support services (Lawson et al., 2006; Li, et al., 2007). A provincial working group has been established by the AIDS Bureau to explore partnerships with faith-based organizations to mobilize communities on HIV testing and education efforts (ACCHO, 2010). Collaborative partnerships and planning efforts have started to evolve between the settlement sector and the HIV sector to explore training and education opportunities to address the needs of HIV-affected and at-risk communities (ICAD, 2011). However, there has been limited experience in cross-sectoral HIV prevention and anti-stigma interventions, and

significant gaps remain in our understanding of factors that hinder or facilitate effective mobilization of ACB communities.

RECOMMENDATIONS

The challenge of HIV in ACB populations is complex and rooted in culture and community. In summary, the key strategic directions include addressing HIV/AIDS service needs and priorities of ACB communities; meeting these needs in conjunction with other ACB population service priorities; and appropriately engaging ACB communities in the design and delivery of HIV/AIDS services. In order to address the gaps, barriers and obstacles to better planning and delivery of HIV/AIDS programs and services to the ACB community nationally, several actions were identified:

5.1 Mobilize integrated action on HIV/AIDS. There is currently a lack of effective coordinating and integrating mechanisms at the local, regional, provincial and national levels. Concerted efforts should be made to mobilize government departments at all levels; health authorities; political leaders; community-based organizations; health care professionals and other service providers; ACB communities and PLWHIV specifically; and faith communities to take coordinated, collaborative, and integrated action on HIV/AIDS. This action must be based on the determinants of health within a population health framework, address barriers such as inequities in timely access to health care and other services, and be focused on and driven by people living with and those most vulnerable to HIV/AIDS. This action must also be linked to and informed by a national strategy to address HIV and AIDS in the ACB community.

5.2 Make addressing HIV and AIDS in the ACB community a funding priority. The Federal Initiative to Address HIV/AIDS in Canada should have targeted funding for addressing HIV and AIDS among ACB communities. In addition, provincial governments need to increase their investment and allocate sufficient and stable funding sources for community-based HIV/AIDS programming. Furthermore, a

national body should be created with a mandate to be an influential voice for the community at the national level around HIV and AIDS issues, including providing representation on national bodies and monitoring policy and funding decisions.

5.3 Increase visibility of HIV and AIDS in the ACB community. National social marketing campaigns aimed at addressing HIV and AIDS issues in the Black community, including stigma, discrimination, racism and homophobia, should be implemented. Policy makers need to better engage ACB communities to formulate policies that will have a positive impact on HIV prevention and can effectively address HIV care, treatment and support needs of PLWHIV.

6.0 CONCLUSIONS

Within the framework outlined above, researchers, service providers and other stakeholders must work together to develop institutional responses at the national level and a national HIV/AIDS strategy for ACB communities across Canada; expand outreach to ACB communities; address stigma and discrimination; address the criminalization of HIV non-disclosure; improve involvement of ACB communities and PLHIV specifically; enhance collaboration within the HIV service sector; address the social determinants of health; engage research funders (e.g., CIHR, OHTN) to ensure that the needs and priorities of ACB communities are on their agenda; develop opportunities to build service providers' capacity to work with ACB communities; and develop research to address the needs and priorities of ACB communities. The findings from this review can be used to inform policies, programs, service delivery and further research that strengthen our response to the HIV/AIDS epidemic among African, Caribbean and Black communities in Canada.

REFERENCES

- Criminals and Victims? 2010. The Impact of the Criminalization of HIV Non-Disclosure on African, Caribbean and Black Communities in Ontario Akim Adé Larcher and Alison Symington, The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)
- Agate LL, Cato-Watson D, Mullins JM, Scott GS, Rolle V, Markland D et al. 2005. Churches United to Stop HIV (CUSH): a faith-based HIV prevention initiative. *Journal of the National Medical Association* ;97(7 Suppl):60S-3S.
- Calzavara, L., E. Tharao, T. Myers and East African Study Team. 2000. Influence of Immigration and Country of Origin on Utilization of HIV-Related Services and Programs: East African Communities in Toronto, Canada. Abstract presented at the Ninth Annual Conference on HIV/AIDS Research. Montreal.
- Campbell, K. 2009. 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. Interagency Coalition on AIDS and Development.
- Dodds, C., Keogh, P., Chime, O., Haruperi, T., Nabulya, B., Seruma, W. & Weatherburn, P. 2004. Outsider status: Stigma and discrimination experienced by Gay men and African people with HIV. *Sigma Research*
- EAST Research Team (2008). The East African Health Study in Toronto (EAST): Results from a Survey of HIV and Health-Related Behaviour, Beliefs, Attitudes, and Knowledge.
- DA Falconer & Associates Inc. 2008. Taking Action on HIV/AIDS in Black Communities in Canada: A Resource for Moving Ahead. Ottawa: Interagency Coalition on AIDS and Development (ICAD).
- Davidson L. 2011. African Americans and HIV/AIDS – the epidemic continues: an intervention to address the HIV/AIDS pandemic in the black community. *Journal of Black Studies*;42(1):83-105.

Francis SA, Liverpool J. 2009. A review of faith-based HIV prevention programs. *Journal of Religion and Health*; 48(1):6-15.

Gangbar & Globerman. 2014. Rapid Response Service. Rapid Response: Effective HIV prevention, education and outreach activities in African, Caribbean and Black communities. Toronto, ON: Ontario HIV Treatment Network.

Gardezi F, Calzavara L, Husbands W, Tharao W, Lawson E, Myers T, et al. 2008. Experiences of and responses to HIV among African and Caribbean communities in Toronto, Canada. *AIDS Care* ;20(6):718-25.

Gray KA, Calzavara L, Tharao W, Johns A, Burchell A, Myers T, et al. 2008. Factors Associated With HIV Testing In Toronto's East African Communities: Results From EAST. *Can J Infect Dis Med Microbiol*; March/April;19(Suppl A):78A (Abstract P225).

HIV Endemic Task Force. 2008. Strategy to Address Issues Related to HIV Faced by People in Ontario from Countries Where HIV is Endemic. Toronto: African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) [website]. Available from:
http://www.accho.ca/pdf/ACCHO_strategy_ENGLISH_Dec2003.pdf

ICAD, WHIWH and ACCHO. (2011). Towards the Improvement of HIV Prevention Services for African, Caribbean and Black Communities in Canada: A Gap Analysis. Ottawa: Interagency Coalition on AIDS and Development (ICAD)

ICAD, ACCHO & WHIWH (2011), Towards the Improvement of HIV Prevention Services for African, African and Caribbean Council on HIV/AIDS in Ontario (ACCHO). (2013). Ontario HIV/AIDS Strategy for African, Caribbean and Black Communities 2013-2018. Toronto: ACCHO.

- ICAD, WHIWH and ACCHO. (2011). Towards the Improvement of HIV Prevention Services for African, Caribbean and Black Communities in Canada: A Gap Analysis. Ottawa: Interagency Coalition on AIDS and Development (ICAD).
- James L. 2006. HIV Prevention Guidelines and Manual: A Tool for Service Providers Serving African and African Caribbean Communities Living In Canada. Toronto: African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) [website] and Women's Health in Women's Hands Community Health Centre (WHIWH).
- Lawson E, Gardezi F, Calzavara L, Husbands W, Myers T, Tharao WE. 2006. HIV/AIDS stigma, denial, fear and discrimination: experiences and responses of people from African and Caribbean communities. The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto. Toronto: University of Toronto. Joint publication of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)
- Logie C, James L, Tharao W, Loutfy M (2013). Associations between HIV-Related Stigma, Racial Discrimination, Gender Discrimination, and Depression among HIV-Positive African, Caribbean, and Black Women in Ontario, Canada. *AIDS Patient Care and STDs*, 27(2).
- MacMaster SA, Crawford SL, Jones JL, Rasch RF, Thompson SJ, Sanders EC. 2007. Metropolitan Community AIDS Network: Faith-based culturally relevant services for African American substance users at risk of HIV. *Health and Social Work*; 32(2):151-4
- Noh MS, Rueda S, Noh S, Li A, Fenta H, Rourke SB, et al. 2009. Impact of HIV Stigma on Health Outcomes Among People Born Abroad Living with HIV. *Can J Infect Dis Med Microbiol*; Spring;20(Suppl B):99B. (Abstract P323).

Omorodion F, Gbadebo K, Ishak P. 2007. HIV vulnerability and sexual risk among African youth in Windsor, Canada. *Culture, Health and Sexuality*;9(4):429-37.

Provincial HIV/AIDS Strategy Steering Committee. 2003. Nova Scotia's Strategy on HIV/AIDS. Accessed from <http://www.novascotia.ca/aids/documents/HIV-AIDS%20Stratgy-Full%20Report.pdf>

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.

Public Health Agency of Canada. 2010. HIV/AIDS Epi, Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada.

Public Health Agency of Canada. 2012. *HIV/AIDS Epi Updates: HIV/AIDS in Canada among people from countries where HIV is endemic, April 2012*, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada.

Public Health Agency of Canada. 2015. Summary: Estimates of HIV Incidence, Prevalence and Proportion Undiagnosed in Canada, 2014. Surveillance and Epidemiology Division, Professional Guidelines and Public Health Practice Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada.

Public Health Agency of Canada. 2014. Summary: Estimates of HIV Incidence, Prevalence and Proportion Undiagnosed in Canada. <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/hiv-aids-estimates-2014-vih-sida-estimations/alt/hiv-aids-estimates-2014-vih-sida-estimations-eng.pdf>

Remis RS, Swantee C, Liu J. 2010. Report on HIV/AIDS in Ontario. Toronto, ON: Epidemiological Monitoring Unit, University of Toronto

Shimeles, H., Husbands, W., Tharao, W., Adrien, A., and PierrePierre, V. 2010. African, Caribbean and Black Communities in Canada: A Knowledge Synthesis Paper for the CIHR Social Research Centre in HIV Prevention. Toronto, ON: University of Toronto, Dalla Lana School of Public Health; Canadian Institutes of Health Research

Tharao WE, Stanley R, Massaquoi N, Leonard L, Samson L, McGee F, et al. 2009. Missed HIV Prevention Opportunities: African and Caribbean Women and HIV Testing during pregnancy. Can J Infect Dis Med Microbiol; Spring;20(Suppl B):33B (Abstract O075).

