



AIDS 2006 AFRICAN/BLACK DIASPORA STREAM

Bringing the Hidden Epidemic to an International Audience

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AIDS 2006

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Introduction

About the African/Black Diaspora Stream



Introduction

This report provides a summary of the activities and outcomes of the African/Black Diaspora Stream at the XVI International AIDS Conference (AIDS 2006) held in Toronto, Canada. The stream was developed, planned and implemented by an International Advisory Committee and other local groups in Toronto interested in HIV/AIDS within African/Black diasporic communities in North America and Europe.

Additionally, this report contains background information on the African/Black Diaspora Stream as well as a post-AIDS 2006 summary statement and initial plans for the future.

This report will be used as an educational and referral document for African/Black diasporic communities across the world. It will also be used as a tool to lobby funders and all levels of government for financial support to develop the global network.

About the African/Black Diaspora Stream

Realization of this stream was based on efforts of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), Canada, the California-based Black AIDS Institute and partnerships with organizations working with black, African, and Caribbean populations in Europe.

The African/Caribbean Diaspora Stream: ACCHO

When compared to the general populations living in western developed countries, black African and Caribbean communities living in the same countries continue to experience higher rates of HIV infection. This applies to countries such as Canada, the United Kingdom, France, and Germany. The struggle to deal with HIV/AIDS and fight HIV/AIDS-related stigma and discrimination is complicated for African and Caribbean people in western developed countries. They are often being additionally impacted by discrimination based on race, immigrant/refugee status, gender, and sexual orientation.

Despite this reality, previous international conferences on HIV/AIDS have failed to adequately address or facilitate discussion and sessions relevant to these populations. As a result of this noticeable exclusion, ACCHO mounted an advocacy campaign for the inclusion of issues of African and Caribbean communities living in developed countries as part of the official AIDS 2006 Conference programming. These efforts were unsuccessful, causing ACCHO, with the support of ICASO and the Local Host Secretariat, to develop a stream of activities that focused on HIV/AIDS among African and Caribbean Communities from the south living in western developed countries. These activities gave rise to what later became the African/Caribbean Diaspora stream and provided a mechanism by which inclusion would be realized at the XVI International AIDS Conference. ACCHO then recruited international partners working with African and Caribbean populations in the United States and Europe to facilitate implementation of the stream.

The African-American Stream: Black AIDS Institute

Meanwhile, in the United States, the Black AIDS Institute was fighting a similar battle to ensure acknowledgement and inclusion of African Americans. Black people have always borne the brunt of the AIDS epidemic in America and across the globe. As explored in three different reports released by the Black AIDS Institute in 2006, AIDS in America has largely become a Black disease. There are an estimated 1.2 million Americans living with HIV/AIDS in the United States today, of which nearly 50%

are Black. Yet nearly 25 years into the epidemic, there has yet to be a mass Black mobilization to respond to the AIDS epidemic.

The invisibility of Black America's AIDS epidemic at previous International AIDS Conferences emphasizes the neglect this issue has experienced in the global arena. Furthermore, this disregard has occurred within the Conference's well-known reputation as a venue that usually raises awareness of overlooked issues. Particularly because AIDS 2006 was scheduled for a North American city, which would facilitate the participation of a larger number of African-Americans, the Black AIDS Institute felt this was the right time to propose an African-American bridging program. This program would connect science, community, and leadership and provide an opportunity for multi-disciplinary, multi-perspective dialogues on the state of AIDS in Black America and how to develop an effective response to HIV/AIDS in this population.

The African/Black Diaspora Stream: A United Front

Once ACCHO and the Black AIDS Institute learnt of each other's project for AIDS 2006, it was natural and sensible to merge the streams and present a stronger, joint focus on the realities of HIV/AIDS among the range of black populations living in the western developed world. These are populations that, sadly, have a common experience of systemic and historical discrimination, of poverty, and of poor health status -despite their origins or their country of residence, their language, their religion, their culture, etc.

This alliance between ACCHO and Black AIDS Institute led to the current African/Black Diaspora Stream at AIDS 2006, the FIRST of its kind in the history of the International AIDS Conferences. AIDS 2006 presented an extraordinary opportunity to change the trajectory of the HIV/AIDS pandemic among black populations living in the western world. Against a backdrop of five historic commemorations—the 25th anniversary of the first AIDS cases diagnosed in the United States, the 10th anniversary of HAART and UNAIDS, the 5th anniversary of UNGASS, and the first time in a decade that the IAS meeting will be held in North America—the XVI International AIDS Conference brought together activists, scientists, clinicians, government officials, service providers, community members, and people living with HIV/AIDS from around the world.

The goals of the African/Black Diaspora Stream were to:

- Bring attention to the emerging epidemics of HIV/AIDS in black populations living in the western world, with a particular emphasis on Europe and North America
- Enable dialogue and discussions related to stigma and discrimination among black people
- Explore and highlight current and emerging trends in HIV/AIDS research, policies, prevention, treatment, support, and care
- Share successful strategies and responses to HIV/AIDS that have originated and been developed through black community efforts
- Engage key leaders among black communities in the discussions at the Conference
- Increase the participation of black persons at the Conference
- Increase media coverage of this issue
- Launch a mass global response
- Develop an international network that will be mandated to addressing HIV/AIDS in the African/Black Diaspora

The target audience included:

- Conference delegates, especially researchers, policy makers, and service providers who are currently working with, or interested in working with black populations living in western developed countries
- Conference delegates from Africa and the Caribbean whose experiences and expertise can help inform strategies to deal with HIV/AIDS in western developed countries.
- Black leaders; whether they be community-based, political, or faith-based
- Community members who identify within the African/Black Diaspora and wish to participate in the extensive free programming of this Stream that is part of the AIDS 2006 Global Village, Cultural, and Youth Programming



**Symposium: HIV/AIDS in
the African/Black Diaspora:
Addressing the Hidden
Epidemic**

Agenda

HIV/AIDS in the African/Black Diaspora: Addressing the Hidden Epidemic Symposium

August 12th, 2006, 1:00pm City Hall Council Chambers, 100 Queen Street West, Toronto

1:00 pm - 1:10 pm	Welcome & Introduction Phill Wilson & Winston Husbands
1:10 pm - 1:15 pm	Living with HIV Winnie Sseruma
1:15 pm - 1:35 pm	Keynote Address Grace-Edward Galabuzi
1:35 pm - 2:00 pm	Epidemiological Overview Robert Remis Valerie Delpech Moderator: Michael O'Connor
2:00pm - 2:20 pm	Question & Answer
2:20 pm - 2:35 pm	Break
2:35 pm - 2:40 pm	African Drumming
2:40 pm - 3:50 pm	Country & Region-Specific Presentations Esther Tharao: Canada Jesse Milan: United States Georg Bröring: European Union Elizabeth Horlemann: Germany Jean-Marie Le Gall: France Rhon Reynolds: United Kingdom Moderator: Michael O'Connor
3:50 pm - 4:20 pm	Question & Answer
4:20 pm - 4:40 pm	Break
4:40 pm - 4:45 pm	Cultural Performance
4:45 pm - 5:15 pm	Focusing on the Future: Building a Global Network Panelists: Winnie Sseruma, Cheikh Traoré, Paulo Vieira Moderator: Dionne A. Falconer
5:15 pm - 6:20 pm	Focusing on the Future: Building a Global Network Audience Response Moderator: Dionne A. Falconer
6:20 pm-6:30 pm	Conclusion

Symposium Summary

This symposium launched the African/Black Diaspora Stream at AIDS 2006 with a particular focus on African and Caribbean peoples living in Europe and North America. Attendees were reminded of black peoples' history of struggle and accomplishment through the trials of slavery, exploitation, colonialism, and racism. The current struggle with HIV, therefore, is part of a broader struggle to build prosperous and healthy communities. Unfortunately, HIV/AIDS has become a 'black' disease across the globe. It affects black peoples disproportionately, wherever they are. HIV/AIDS is not just a medical condition, but also a condition that thrives on communities who are marginalized and face significant challenges related to social justice, education, politics, and economics.

However, as Chairperson Winston Husbands stated, "We will prevail, despite whatever odds and conditions come upon us." Speaker Phill Wilson emphasized that when it comes to HIV/AIDS, it is a case of, "our people, our problem, our solution."

Winnie Sseruma set the tone for the afternoon by sharing a few words of personal experience as a person living with HIV. Sseruma spoke of her unintentional discovery of being HIV+ when she was required to undergo a mandatory test for employment eligibility at a company in the United States, where she was living in 1988. Stunned by the diagnosis, Sseruma began ARV treatment and spent the subsequent six years living in constant stress, depression, and without disclosing her status to anyone. Finally, exhausted, sick, and ready to die, she decided to go 'back home' to Uganda where her sister embraced her and gave her new will to live. Sseruma made it very clear that she was among the few lucky ones in Uganda at that time—those who had family support and were privileged by access to private health care in order to nurse them back to health. For most in Uganda at that time, the story often ends more grimly with death waiting close by instead of family.

Having been born in the UK, Sseruma was able to move to London where she met other people living with HIV/AIDS for the first time. It was both a disheartening and empowering experience. Many of those people were unable to access medical care due to language barriers, their immigrant and/or economic status, etc. Others had been receiving treatment and support and provided inspiration. Committed to helping her fellow Africans overcome HIV/AIDS, Winnie currently serves as the Chair of the African HIV Policy Network in the United Kingdom.

Keynote Speaker Grace-Edward Galabuzi began his address with a Luganda song from Uganda entitled "Ani Oyo" which means "Who goes there?" The song is a call to the ancestors for protection from dangers that lurk by a child who fears the worst because her father is no longer around to protect her. This was followed by engaging everyone in a moment of powerful silence to recognize those who have been involved in the struggle against HIV/AIDS. Galabuzi called attention to the Symposium and

the Stream as a promise of unity and effective advocacy on behalf of black peoples living in the Diaspora. He re-emphasized the reality of black peoples being the ‘poster child’ of HIV/AIDS and, despite this, the lacking voice of black peoples in science, in funding, and in decision-making.

Galabuzi framed the need to focus on African/Black diasporic populations in a context of socio-economics, politics, and discrimination. The HIV crisis among these populations comes from a history of oppression, marginalization, social exclusion, persistent denial of human rights, a struggle to assert their full citizenship and humanity in workplaces, public places, political institutions, schools, and all of the outcomes of these experiences. HIV/AIDS is a socio-economic and political issue.

African/Black diasporic communities continue to emerge and intensify as black peoples find themselves living across the globe. This growing Diaspora is perceived as a threat to the concepts of nationality and citizenship in historically white countries where nationalism has been always been drawn from their mono-ethnic and mono-cultural dominance. As a result, black peoples have been forced to negotiate their place within white dominant societies. This struggle continues and will require self-empowerment and forcibly taking our place in society.

Galabuzi ended his address with the following poignant words, “Today we mourn the dead, tomorrow we fight for the living.”

Epidemiological Overview – North America & Europe

With a strong socio-cultural context laid out for the audience, the agenda continued with an epidemiological overview of HIV/AIDS among black populations in North America and Europe. Dr. Robert Remis presented the entire overview due to the unforeseen absence of Dr. Valerie Delpech.

In epidemiology, many countries of the Caribbean and sub-Saharan Africa have been referred to as “HIV-endemic” countries. Remis defined this term as countries that have a “high prevalence of HIV infection in the general population (generally greater than 1%) AND heterosexual contact is the predominant (greater than 50%) mode of transmission.” The term ‘HIV-endemic’ is also generally interchangeable with ‘hyperendemic’ or ‘generalized epidemic.’

Overall, there is a shortage of epidemiological studies based on ethnicity or race markers. Some have categories that refer to “foreign-born” people or include a very limited definition of ethnicity or race. As a result, statistics are often limited to smaller regional studies or estimates based on hypotheses/modeling.

Canada

The 2001 Census in Canada showed that 89% of Caribbean people living in Canada came from Jamaica, Guyana, Trinidad, Haiti, and Barbados. Seventy three percent of them lived in the province of Ontario and 19% lived in Quebec. Among the sub-Saharan Africans in Canada, 73% came from South Africa, Kenya, Tanzania, Somalia, and Ghana. Most lived in Ontario (49%), British Columbia (29%), Quebec (11%), and Alberta (8%).

In Canada, the 2005 data for the estimated number of HIV-infected persons from endemic countries was derived through modeling of the four provinces that collectively have 94% of reported HIV/AIDS cases. It found that 12.2% of prevalent HIV infections were attributed to African and Caribbean ('endemic') populations and these populations had a rate of 400 to 700 new HIV infections annually. The source of new infections had not been determined (i.e. whether it came through immigration or endogenous transmission).

United States

The 2000 Census in the United States indicated that 64% of Caribbean people living in the U.S. came from the Dominican Republic, Jamaica, Haiti, Guyana, and Trinidad. They lived mostly in the states of New York, Florida, New Jersey, and Massachusetts. 43% of Sub-Saharan Africans in the U.S. came from Nigeria, Ethiopia, Ghana, South Africa, and Kenya. They lived mostly in California, Texas, New York, and Maryland.

In routine surveillance data in the U.S., country of birth was not uniformly available; hence this leads to limited data based on country of origin, including those from HIV-endemic countries. Data that is available is limited to smaller regions.

Remis presented the findings of several studies in the U.S. According to an analysis of 33 states between 2001 and 2004, the Center for Disease Control found 13.6% of HIV infections were attributable to foreign-born persons with an annual increase of infection of 10.6% versus 1.6% for U.S. born persons.

A 2003-2005 New York City study found Haitian-born residents to have a higher rate of HIV diagnoses than U.S. born residents. A 2004 Florida study found 7.2% of AIDS cases attributable to Haitians while they represented only 1.1% of Florida's population.

A study in Los Angeles conducted by a STD clinic during 1993-1999 found a comparative prevalence rate of 8.6% among sub-Saharan African women.

Data collection may not accurately reflect true rates of infection as foreign-born persons are often lumped together in studies and the United States also has a restrictive immigration policy that does not allow any HIV+ person into the country for visits or

settlement.

Europe

Dr. Valerie Delpech prepared the epidemiological presentation on Europe, however, as she fell ill prior to the symposium, Dr. Robert Remis gave her presentation.

The presentation started with a map of Europe based on the World Health Organization European region that is divided into three regions: West (23 countries), East (15 former Soviet Union countries), and Centre (remaining 14 countries). Approximately 40 million migrants live in Western Europe.

Countries in Europe started collecting and reporting data on diagnosed HIV infections from 1984, with France only starting in 2003, while Spain and Italy still had no national reporting as of 2004. In Europe, as in North America, there has been limited data collected with any or appropriate markers of ethnicity, race, or country of origin. Nineteen out of 52 WHO European countries do not collect data based on ethnicity or origin. Where available, this data is predominantly based on 'nationality.'

In Western Europe in 2004, 49% of heterosexually infected persons originated from countries with a generalised epidemic (i.e. HIV-endemic countries, which, by definition, would include many Caribbean and sub-Saharan African countries). Migration appears to be one of the most important factors associated with heterosexual HIV transmission in Western Europe.

There is limited ethnic/race related data in the United Kingdom. This data shows similar distribution in the numbers of HIV+ Africans living in the UK that were infected in the UK versus in Africa. The number of HIV+ diagnoses of African-born individuals in the UK increased from 2000 to 2003 then decreased from 2003 to 2005

General observations regarding epidemiological data for African/Black Diasporic populations:

- Epidemiological studies need to be conducted that include markers for ethnicity and/or race to properly reflect HIV/AIDS prevalence among African/Black diasporic populations. These markers should be self-defined to ensure that the language/terms are inclusive of the various ways that people identify themselves. For example, studies must find a way to include black persons who do not identify as African or Caribbean
- Data is lacking on HIV prevalence among queer black people living in the Diaspora
- Data is lacking on the origins of HIV infection
- Epidemiological surveillance must be maintained to inform public health prevention and control

Country Presentations

This segment of the symposium consists of region & country specific presentations. Each presentation will briefly summarize the history & current HIV/AIDS policies and programs that exist specific to African and Caribbean populations in the Diaspora. The Speakers will also present strategies, responses, and examples of mobilization from African and Caribbean communities and organizations in their region.

Canada

Wangari (Esther) Tharao presented the path of mobilization among African and Caribbean communities in Canada that started in the mid 1990s in response to surveillance data that suggested an emerging HIV epidemic among Africans and Caribbeans living in the province of Ontario. The data had been collected without the context of driving factors or the extent of the epidemic.

In 1997, the communities reacted by conducting forums to increase awareness and mobilizing service providers to join forces and deal with epidemic in a more strategic way. It started with several local black AIDS Service Organizations and expanded to include other service providers, such as community health centres. Government support and interest came and 1998 marked the formation of the 'HIV-endemic Working Group', which later became the 'HIV Endemic Task Force.' An epidemiological report was completed in Toronto and the Task Force spearheaded the development of a strategic plan to deal with the emerging epidemic. This strategic plan was completed at the end of 2003. The goal of the strategy was to reduce the spread of HIV among African and Caribbean people in Ontario and improve the quality of life for people infected and affected by HIV.

Shortly thereafter, the Task Force was re-organized to better reflect issues and include policy makers, service providers, researchers, and community members. It was also more accurately renamed the 'African and Caribbean Council on HIV/AIDS in Ontario' (ACCHO) which identified the populations it was committed to serve and removed the stigma-laden term of 'HIV-endemic' from its title. ACCHO officially launched in March 2005.

ACCHO's has 3 major roles:

- 1. Advising and advocating on HIV/AIDS issues affecting African and Caribbean communities**
- 2. Promote the greater involvement of African and Caribbean people living with HIV/AIDS in the response to HIV/AIDS.**
- 3. Coordination and support of the Strategy's implementation, revision/renewal, monitoring, and renewal.**

Activities to move the Strategy forward include:

- Creation of a prevention guidelines manual for service providers
- Conduct training activities using the manual
- Setting a research agenda through conferences and improving epidemiological and surveillance reporting
- Optimizing HIV prevention

African and Caribbean communities in other provinces are starting to mobilize and with the intent of following ACCHO's Strategy. ACCHO is also involved in the development of a national platform entitled the 'Springboarding Project.' This Project's objective is to conduct preliminary research that will contribute to the development of a national HIV/AIDS strategy for Black Canadian, African, and Caribbean communities. It is currently at the consultation phase with stakeholders across Canada to identify specific needs and issues.

Lessons learnt from ACCHO's experience include:

- Need to move from epidemiology and surveillance to understanding the context within which the epidemic is flourishing
- Creating room to facilitate voices within the African Diaspora living in Canada
- Importance of African and Caribbean Strategy being included in the general Ontario and Canadian strategies on HIV
- Need to engage 'intersectionality' based on gender, race, sexual orientation, colourism, classism etc. within an anti-racist, anti-oppression framework

United States

Jesse Milan, Jr., JD began his presentation with a comical, but true, disclaimer that he was not going to try and justify, defend, or explain the US policy on HIV/AIDS. In simple terms, the US immigration policy on HIV/AIDS severely restricts the ability of HIV+ people to enter the US, especially for purposes of immigration.

A study on the proportion of AIDS cases conducted between 1985 and 2003 divided adults and adolescents into 5 racial/ethnic categories, among which was a category dubbed 'Black, not Hispanic'. This would include African-Americans as well as foreign-born black people living in the US. This study showed this group of people to have the highest and fastest-rising proportion of AIDS cases in the US (from ~25% of all cases in 1985 to ~50% in 2003).

While black people constitute 12.9% of the American population, they make up the greatest percentage of people affected by HIV/AIDS:

- 51% of all new HIV/AIDS diagnoses are black
- 68% of all cases among women are black
- 71% of perinatal cases are black
- 46% of black MSMs in five major cities have HIV
- AIDS is the leading cause of death among black people aged 25 to 44

The Ryan White CARE Act is the federal legislation that is supposed to address the needs of people living with HIV/AIDS, most of whom do not have economic access to health care and medication. The Act expired in 2005 and is awaiting re-authorization. This re-authorization will likely designate 75% of funding for core medical services, however, it is questionable how much funding will go into providing complementary case management and mental health support. Additionally, the current government is proposing to provide \$93 million for funding, yet little has been said regarding funding of subsequent counseling, treatment, support, and care.

The Centers for Disease Control, a federal government agency, had an HIV prevention goal from 2000 to 2005 to reduce new HIV infections by half and focus on eliminating racial and ethnic disparities. This has failed and the number of new infections remains at 40 000 per year and health disparities based on ethnicity and race have been on the rise. Fortunately though, this project provides a glimmer of accomplishment as it has increased efforts to address local target populations and cultural competencies.

In the United States, the stark reality is that there are virtually no federal HIV/AIDS programs to specifically address blacks who are not African-American. Milan was able to find one program called the 'Caribbean Peer Support Project' that operates in 5 states. As well, services and target populations are decided at the state and local level.

Access to health care and treatment is also becoming more difficult as federally funded programs, such as Medicaid, are becoming more restrictive by adding citizenship qualifiers to eligibility.

European Union

Georg Bröring, coordinator of AIDS & Mobility Europe, provided an overview of the migration patterns, diversity, responses to HIV/AIDS, and challenges that Europe faces.

Europe has seen various migration patterns in its history with the recent immigrants coming from former colonies. Currently, a significant number of migrants also come as asylum seekers, refugees, and sometimes transit countries and/or become undocumented migrants. African and Caribbean people are among these migrants. These situations have created a need to shift the approach to HIV/AIDS.

Governmental responses to providing access to HIV/AIDS related services for undocumented migrants have been a grey zone and very few rights-based approaches have been developed. Communication about suitable health systems has failed and specific programmes for migrants have fallen under pressure. Many countries have limited understanding of the immigrant experience and do not recognize the benefit of providing services and outreach in languages other than their own. This is a reminder

of the 'nationalism' that Galabuzi spoke of in his keynote address. Many countries feel that migrants should immediately learn the language of their country and little effort should be expended to accommodate linguistic barriers, even if it is at the expense of their health. As a result, services are rarely tailored to migrant communities and existing services are often limited to medical care, without social support.

Among non-governmental organizations (NGOs), there have been many new initiatives over the years, though the political climate, as stated above, is not favourable for NGO development.

Another challenge across the European Union (EU) is the media's tendency to sensationalize stories of migrants with HIV/AIDS. This makes it challenging for agencies to target messages of prevention, etc without creating further stigma and discrimination.

AIDS & Mobility Europe (A&M) began as a small network of few European countries that were noticing higher levels of HIV/AIDS among migrant populations. It grew into a formal network that has National Focal Points in 25 EU countries and an open membership of more than 1,000 contacts that communicates through newsletters and digital information.

AIDS & Mobility Europe aims to:

- Collect and disseminate information on country/trend reports that highlight emerging issues and needs
- Report on expert meetings
- Provide opportunities for skills building and exchange through events such as the European Migrants Meetings that brings communities and community-based organizations together
- Provide policy advice to governments and NGOs
- Advise the European Commission through the Civil Society Forum that brings together NGOs that serve various populations including migrants, sex workers, etc

Germany

Elizabeth Horlemann spoke on behalf of Light of Africa, a NGO situated in Germany. She explained that African migration to Germany started predominantly in the late 1980s when Africans migrated to Germany as students and/or as spouses of German residents. Additionally, in 1995, there was an influx of Africans who arrived in Germany as refugees. Africans in Germany make up approximately 0.1% of the entire country's population.

HIV prevention programs in Germany started in the late 1990s; however, few of them were accessible to Africans due to cultural and linguistic barriers. Furthermore, the prevention/awareness programs that had been set up for migrant communities considered Africans to come from one homogenous land and failed to recognize the different languages and cultural practices among Africans from different countries. This lack of cultural awareness demonstrates the importance of cultural competence training and the importance of ensuring Africans are involved in the development of programs for their own communities.

Upon arrival in Germany, most African migrants devote their time to securing a residential permit, earning an income to support family in their country of origin, securing appropriate housing, etc. Hence, like other migrants worldwide, their health is a very low priority. Employment opportunities for Africans are limited and many are forced to take on low-paying, low-skilled jobs to earn an income, regardless of what skills and qualifications they have. Few Africans are employed in high-paying or decision-making positions. Additionally, German policy does not support language courses for non-residents, therefore when you arrive in the country, whether as an asylum seeker or otherwise, you will only be able to learn German at your own financial expense. As most health-care related services are in German, this creates communication barriers between the patient and the health professional. This has been a significant problem for African PHAs who have sought out medical care. This reduces the quality of care they receive and even deters some from trying to access care.

In 2001, Light of Africa NRW e.V. (LOA) was started by African PHAs as a self-help group that would allow them to meet and talk together without fear of discrimination and disclosure. It quickly developed into an organization in order to qualify for funding. LOA aims to empower Africans and facilitate opportunities for African PHAs to work towards developing self-help groups and organizations within their communities of residence. To garner support from the mainstream, LOA organized an international integration workshop that led to development of an international conference entitled "Bridging the Divide" that will be held in Fall 2006 to bring together Africans from Africa and Europe to discuss their own needs. LOA uses a community-based approach and seeks the input of African communities in the development and delivery of programs.

More Africans are mobilizing and the result has been the creation of other organizations supporting Africans across Germany. However, there is still a great need for funding, cross-cultural studies, and feasibility studies.

France

Jean-Marie Le Gall presented on behalf of AIDES, an NGO in France that advocates across the country on the subject of HIV/AIDS. Though AIDES is not an African NGO, its staff and volunteers include some Africans and approximately 20% of its users are African. African migration to France has increased in recent years and France has only recently started to collect HIV reporting data. Among the data collected in 2004 were statistics regarding recent HIV infections, i.e. statistics about persons who were diagnosed with HIV within 0 to 6 months of their initial exposure to the virus. These statistics showed that 8% of recent HIV infections were attributable to sub-Saharan Africans versus 27% for French nationals. Le Gall cautioned that the percentage for sub-Saharan Africans may be low because of delayed diagnosis or the presence of older infections (older than 6 months). Generally, Caribbean people in France, with the exception of Haitians, fall under the common French population and no separate data exists for them.

While French immigration laws have become more restrictive, an important exception regarding people living with HIV/AIDS was kept as a result of activist mobilization. This exception states that people can stay in France and will not be expelled if they require specific health care that is not available in their own country and if deportation could result in serious damage to their health. As a result, all PHAs people living in France who originate from sub-Saharan African countries would likely qualify for this exception and do not have to worry about the loss of health care that would occur if they were deported. This policy is an exception among immigration policies across Europe.

There are few active African NGOs that focus on HIV/AIDS, however, there is a growing awareness among these communities in France. There is a need to support disclosure among Africans living with HIV/AIDS to encourage others to disclose and seek support. As well, a conscious effort needs to be made to include Africans as key contributors to NGOs that serve France. There is a need for mobilization and strong advocacy on behalf of the rights and needs of Africans in France along with mobilization within the communities to develop a stronger activist culture and fight stigma, taboos, and discrimination against PHAs and MSM accompanied with financial support to services and programs.

AIDES has created and participated in initiatives that support Africans in France such as the organization of a national congress with migrant people living with HIV/AIDS in 2005. Specific community booklets and programs have been developed that go into African community events and nightclubs. Currently, a project is underway to develop an African NGO in France, but it will not be specific or exclusively for HIV/AIDS.

United Kingdom

Rhon Reynolds, Senior Policy Officer with the African HIV Policy Network (AHPN) in the UK began his presentation with a quote taken from Dorothy Mukasa in 1999: “African communities have to date been responding to policies made without their initial consultation and involvement, and trying to make such policies fit their lives.” This was the rationale behind the development of the AHPN, which started as a steering group that led forums across the communities. The AHPN is an African-led membership-based organization that addresses HIV and sexual health among Africans living in the UK and works on policy, advocacy, and representation on a national level. By sitting on the Sexual Health Independent Advisory Group, the AHPN informs and develops public policy. It aims to develop effective partnerships with government, working groups and coalitions and engages African communities in the UK by giving them a voice. The AHPN promotes research, supports capacity building, and participates in HIV prevention campaigns, such as the current ‘Beyond Condoms’ Campaign.

Similar to the situation in other ‘western’ countries, the lives of Africans living with HIV/AIDS in the UK are negatively impacted by difficulties with finding jobs and earning income, securing housing and decent living conditions, accessing training and skills development, along with dealing with other social factors that influence health such as racism, language barriers, migration experience and immigrant status, being introduced to different gender norms, and separation from family.

According to Reynolds, when compared to other people living with HIV in the UK, African people with HIV were:

- 10 times more likely to report problems associated with their income.
- 7 times more likely to report problems with their living conditions,
- 3 times more likely to report problems with discrimination,
- 2 times as likely to report problems with getting about (mobility) and personal relationships.

Government responses:

The National African HIV Prevention Programme (NAHIP) works with predominantly African-led organizations to deliver HIV prevention work. It is funded by the Department of Health and managed by the AHPN, though increased funds are necessary.

The UK developed a policy of universal antenatal testing to diagnose HIV infection in pregnant women prior to delivery. An 80% target of testing has now been met.

The African Framework for Better Prevention, Treatment, and Care was developed to concentrate on what needs to be done to improve services for African communities, with examples of good practice, rather than setting detailed prescriptive requirements on how it should be done. It took 4 years to receive ministerial approval.

Unfortunately, the UK also has some practices that impact negatively on Africans' response to HIV/AIDS. In 2000, the UK started a policy of dispersing asylum seekers across the UK in an attempt to spread the cost of care. This dispersal is often done on short notice, without proper transfer of medical care, and can lead to isolation from communities and onward HIV transmission. As well, the UK does allow the deportation of HIV+ individuals who have started treatment, despite the knowledge that the deportation will disrupt or stop treatment and possibly lead to the death of these persons.

Additionally, the UK has begun prosecuting individuals for the 'reckless transmission of HIV/AIDS' as a crime that 'causes grievous bodily harm'. In recent years, three black men were prosecuted and convicted under these charges in the UK. The media has sensationalized these cases on separate occasions by calling these men "HIV refugee", "HIV predator", "HIV assassin" and publishing headlines such as "AIDS-infected asylum seekers overwhelm UK hospitals." This fuels discrimination based on race/ethnicity and HIV status, discourages people from testing for fear of repercussions, and reduces trust in the confidentiality of their health records.

Community Responses

Despite poor funding, communities have responded by collaborating through community-based organizations to promote research and information dissemination, training and outreach, cultural and linguistic services, peer education, and advice on immigration and welfare.

There has also been an African HIV Research Forum to promote interest and collaboration with and by African communities, the development of an African forum to provide a regional voice for African communities in HIV and sexual health, as well as the development of an African AIDS Helpline.

Gaps

Gaps exist in service provision for African and Caribbean MSM. The HIV sector often misses African and Caribbean MSM because it talks about them as either being African or gay, not both. As well, there is a lack of Caribbean-specific forums and organizations that deal with HIV/AIDS. Gaps also exist in research and funds for the HIV prevention sector are stagnating and being cut

Focusing on the Future: Building a Global Network

One of the primary goals of this symposium was to encourage African/Black Diasporic communities to participate in laying the groundwork for the development of the global network whose mandate would be to address HIV/AIDS in the African/Black Diaspora.

This segment of the symposium solicited responses to the question: ‘What priority issues need to be identified & emphasized in the development of a global network that is dedicated to addressing HIV/AIDS in the African/Black Diaspora?’ This was a way of including the voices of African and Caribbean people that were present at the Symposium.

To provide some direction, five categories were named within which responses would be categorized:

- 1. Research**
- 2. Government law/policies**
- 3. Service provision in prevention, treatment, support, and care**
- 4. Role of communities**
- 5. Other**

Panel presentations

Three panelists briefly suggested issues to consider in the context of the groups that they represent and/or work with.

Paulo Vieira, youth activist for sexual health and HIV/AIDS among young migrant communities in Europe, spoke from a youth perspective. Winnie Sseruma, Chair of the AHPN, spoke from the perspective of people living with HIV/AIDS. Cheikh Traoré, a public health specialist in the UK and a founding member of the UK Black Gay Men’s Advisory Group, spoke about culture and queer populations.

Paulo Vieira – Perspective on Youth In all areas of discussion:

- **Involve youth in a meaningful engagement**
- **Start to organize global forums such as bi-annual conferences to show the network's stance; plan for working groups and discussion**

Research:

- Examine research that has been done around the world prior to commencing research to avoid repetition

Government:

- Look at what is happening at all levels of government and the different types of intervention
- Be strategic about developing new leadership

Service Provision:

- It is important to pay attention to different groups/types of people within the Diaspora
- There should be an emphasis on advocacy for marginalized groups

Role of communities:

- Fundamental to involve stakeholders and subgroups inside the larger global network
- Empowerment strategies and leadership

Winnie Sseruma – Perspective on People Living with HIV/AIDS In all areas of discussion:

- **The importance of greater involvement of people living with HIV/AIDS**
- **The importance of meaningful involvement of people living with HIV/AIDS**
- **People living with HIV/AIDS must be visible within the network which will help address marginalization**

Research:

- Evaluate and ensure the effective use of research and evidence

Government Law/Policies

- Immigration policies in ‘developed’ countries are becoming more restrictive and many of those who do not have status cannot access health care
- Lobbying and being more involved in policy-making decisions

Role of Communities

- Involve the perspectives, experiences, and needs of people living with HIV/AIDS in decision-making and program-planning
- Empowerment of people living with HIV/AIDS can happen through amplifying voices to outline needs, to overcome fear, and deal with living with HIV/AIDS
- Dialogue is required between faith-based agencies and community organizations involved in work on HIV/AIDS
- Mistrust exists between sexual health-based and faith-based organizations that needs to be addresses
- A large gender bias exists in faith-based community work. There are not enough women leaders in faith-based organizations

Cheikh Traoré

Perspective on Culture and Queer Communities Research

- **Research must be proactive and attend to sexuality issue**
- **There needs to be an increased focus on African gay men**
- **Large problem exists in the assumption that all Black people are heterosexual, until people die of HIV, then they think differently, assumption creates gap in research**
- **Ethnic monitoring is illegal in many places, which creates a barrier to focused research**

Service Provision

- In the discussion of “Murder music” (from Jamaica) – Black leaders thought it was a racist attack on Black culture but something needs to be said about victimized gay Jamaicans

- The use of the word “migrant” creates the false idea that people do not belong, are not permanent; in developed countries, there is a inclination to consider migrant communities as people who will soon leave the new country and may not be worth the investment of aid and access
- It is important that the language used in the movement does not create distance between academics and larger effected populations

Role of communities

- Affected communities need to sit down with health care providers to self-define

Audience Response

Attendees at the Symposium provided their input on priority issues for the global network to consider:

Important points that apply in all areas:

- Focus on Anti-racist/anti-oppression framework within research
- Address the role of African/Black people and non-African allies in the network

Research:

- About equity and activism, not just to collect statistics, but to improve quality of life for affected populations
- HIV/AIDS research should be multidisciplinary, including qualitative, quantitative and community based approaches
- More funding for research
- Focus on communication and advocacy and how different groups have been able to amplify their voices
- Look at the differential impact of HIV/AIDS drugs based on gender and race
- Include researchers from the communities.

Government law/policy:

- Push to have HIV/AIDS on government agenda
- Have a specific role to shape global policies, such as UNGASS
- Look at immigration laws, because they greatly impact people with HIV/AIDS in African/Black Diaspora
- More effectively use the idea of trans-nationalism as a way of engaging international development agencies within countries and national and local health authorities to sit down and talk to each other, so they are not working at cross purposes and see where they can create synergy
- Include legal component for harnessing international domestic laws to advocate for African/Black PHAs
- Research needed in the legal and policy issues related to deportation
- NGOs and local governments need to work with each other within a trans-national framework

Service Provision:

- Looking at harm reduction issues
- Advocacy for free drugs for those living with HIV/AIDS
- Investigate existing culturally-appropriate models of nutrition/diet and alternative medicine
- Promotion of the female condom
- Adequate funding for community-based organizations
- Include immigration issues

Community:

- Advocate for HIV dialogue in communities
- Adequate funding for community based organizations
- Education for people over 50 with do not see themselves at risk
- Education on sexual health and HIV/AIDS to be done in the schools
- Need to challenge the media imbalance reporting on HIV/AIDS.

Other:

- Securing resources for sustainability
- Looking at history and what resistance and anti-colonialization mean in our communities
- Education in the school system for young people
- Advocacy for more balanced media representation

Audience Evaluation

143 people attended the symposium and reception. More than 70% of these people were black and approximately 60% were women.

The people who attended the symposium came from various countries including Canada, U.K., Brazil, U.S.A., Zimbabwe, Portugal, Cameroon, Guyana, and Switzerland.

Canadian participants hailed from Ontario, as well as the cities of Calgary, Roxboro, Montreal, Gatineau, Vancouver, Burnaby, and Victoria. Participants from Ontario came from approximately 10 cities including Burlington, Peterborough, Hamilton, Sudbury, Ottawa, Brampton, Waterloo, St. Catharines, and Oshawa.

Higher numbers were expected, however, many attendees who arrived late spoke of delays at the official registration for AIDS 2006, which had only opened shortly before the start of the Symposium. Reports came that extremely long lines to receive registration passes had delayed many attendees and also likely caused others to miss the symposium completely. As well, many attendees were also tied to setting up their Global Village exhibit booths during the same timeframe.

An analysis of the evaluation forms indicated that more than 90% of respondents found the symposium to be good or excellent and learnt something new that they would be able to apply in their work or communities. There was a general increased awareness about the realities of HIV/AIDS in the African/Black Diaspora.

Attendees expressed that a lot of the information was new and beneficial to them, especially receiving a diasporic comparative perspective on statistics, laws/policies, work being done, treatment of HIV+ people and existing levels of disparity.

Attendees planned to share the information learnt with their students, in their community-based organizations, and to inform diversity committees at their workplaces.

Many looked forward to the development of the global network and wished there had been more time for discussion at the symposium.

Quotes

“I learnt how far the African/Caribbean community has gone in the fight for survival...I realize that I’ve been living in a cocoon and not realized what is really going on around me.”

“It surpassed my expectations, very informative and very well organized.”

“...the information presented was chilling but necessary [for] spurring to action.”

“We need more work on future plans.”

“This piece is vital in the AIDS 2006 conference. Thank you for giving our communities voice.”

“I look forward to a time when we are not limited by time so we can get to the bare bones of the issues.”

“Great international sharing, exploration of common challenges, issues, and strategies.”

Symposium pictures





**What About Us? African &
Caribbean Women from the
South Living in the North**

Agenda

What About Us? African & Caribbean Women from the South Living in the North

Global Village: Main Stage Tuesday, August 15th, 2006, 10:45AM – 12:15PM

Session Description

- Highlighting current trends & issues specific to African and Caribbean women in the Diaspora
- Example of an effective evidence-based model of preventing primary & secondary HIV transmission

10:45 am – 10:50 am	Opening & Welcome – Notisha Massaquoi
	Caribbean Women in North America – Marilyn John
10:50 am – 11:25 am	African Women in the U.K. – Winnie Sseruma
	Effective Model of Prevention – Esther Tharao
11:25 am – 11:45 am	Dramatic Performance – Sheryl Lee Ralph
11:45am-12:05pm	Q&A / Discussion
12:05pm – 12:15 pm	Identification of Issues to Move Forward to the Network Planning Session
	Conclusion

Moderated by: Notisha Massaquoi, Acting Executive Director
Women's Health In Women's Hands Community Health Centre; Canada

Speakers:

Marilyn John, Executive Director
Caribbean Women's Health Association; United States

Sheryl Lee Ralph, Renowned Artist, Board Member, & AIDS Activist
Black AIDS Institute; United States

Winnie Sseruma, Board Chair
African HIV Policy Network; United Kingdom

Esther Tharao, Health Promoter & Co-Chair
African and Caribbean Council on HIV/AIDS in Ontario (ACCHO); Canada

Session Summary

Multiple intersecting social factors need to be considered when looking at how African and Caribbean women living in the African Diaspora handle HIV/AIDS-related issues. These factors include the influence and experience of cultural norms, religion, gender roles, migration, discrimination, poverty, stigma, and education.

Discussing sex, sexuality, and sexual health is generally considered taboo among African and Caribbean cultures, hence conversations on these topics are discouraged. This makes it difficult for women to negotiate the circumstances of sex, such as whether, when, how, and with whom it happens and protection to be used to prevent pregnancy and/or transmission of STIs, including HIV.

These issues need to be addressed within African and Caribbean communities and gender roles need to be revised to develop and encourage empowerment of women within their relationships and their families. Additionally, service providers must be aware that, although African and Caribbean women are now living in a different country where there is a different social climate, many usually continue to live within the cultural context of their countries of origin. This is an important consideration when providing services related to HIV/AIDS.

There are many African and Caribbean women who do not have the security of permanent residency status or citizenship in their new country of settlement. As a result, there is a strong fear that being diagnosed as HIV-positive will negatively affect their ability to stay in their country and/or sponsor family members. This often influences their decisions to be tested for HIV and their decisions to disclose an HIV-positive status to family and service providers.

Living with HIV as a migrant African or Caribbean woman in Europe and/or North America often means living in poverty with dependence on government benefits, disempowerment in personal relationships, and limited or no access to proper medication. Options for formal employment are usually also limited due to factors such as immigration status, health, and/or an inability to secure childcare.

Previously mounted responses to address HIV/AIDS among populations of African and Caribbean women in the Diaspora have had limited effectiveness in part due to a failure to properly address some of the abovementioned major drivers of HIV transmission and management.

There is a shortage of HIV/AIDS related services that recognize the multi-layered lives of African and Caribbean women living in the African/Black Diaspora. Government policies and models of prevention should be made with the input of African and Caribbean communities to ensure inclusion and recognize the multi-faceted experiences of these communities in the Diaspora.

A model for HIV prevention that was created through community input and literature reviews was presented for use with African and Caribbean women living in the Diaspora. This model is currently being pilot tested in Toronto, Canada as a best-practice model for service providers to increase their effectiveness in delivering HIV/AIDS related services to this population. The model aims to be culturally appropriate and to increase the number of African and Caribbean women accessing prevention services. It recognizes the location of these women in transnational spaces, the impact of global social/societal forces that compound individual risk factors, the intersection of these forces to create unique risk situations, and the role of African and Caribbean culture and communities in decision-making.

The speakers urged organizations to support African and Caribbean women in the Diaspora in accessing HIV/AIDS-related services by:

1. Acknowledging and addressing the social circumstances/determinants of health that strongly influence these women's daily lives
2. Promoting HIV prevention and empowering women to practice prevention techniques that can be more easily controlled by them (such as the female condom)
3. Lobbying the government for better immigration policies and access to treatment
4. Bringing the voice of communities forward to set research priorities

Issues raised by audience for consideration in the development of a HIV/AIDS Global Network for the African/Black Diaspora:

- Need for capacity building, sustainability, resource sharing
- Work with voices in the Caribbean and Africa to push for cultural awareness that will empower women and enable them to negotiate sex without fear or threats to their safety
- Support from community religious leaders is required to help destigmatize sex, sexuality and HIV/AIDS
- Gender roles within the communities need to change so that women are empowered as individuals and in their relationships with men
- Enlist the support of black political leaders living in the Diaspora and living in Africa and the Caribbean
- Include and acknowledge work that is happening at the grassroots level within the community

Audience Evaluation

Attendance: 105 to 277 people

The number changed due to the location of the session on the Main Stage where traffic flow was constant.

More than 50% of the audience was black and 50% to 70% of the audience was female.

More than 80% of the evaluation forms indicated that this session was excellent.

Evaluation forms indicated that the session helped attendees better understand the challenges that African and Caribbean women in the Diaspora face when accessing services and potential strategies that can be used to overcome these challenges.

Attendees stated that the information from this session would enable them to initiate and/or continue dialogue in their communities about HIV/AIDS among African and Caribbean women in the Diaspora. This session provided motivation to tackle some of the issues that were identified. A general feeling of empowerment and passion to move forward was expressed in reaction to this session.

Many people were interested in learning more and following the development of the global network.

Quotes

“[This session will help me to] speak out openly to overcome stigma...to come out”

“As we are the women, we need to stand up for our rights and speak out”

“[I will use this information to] influence political and religious leadership”

“It has amazed me and moved me to realize that the face of AIDS is truly a woman: a black woman.”

Session pictures





Being Queer in the African/Black Diaspora

Agenda

Being Queer in the African/Black Diaspora

Global Village: Session Hall 2 Tuesday, August 15th, 2006, 12:30PM – 2:00PM

Session Description

- Framing queer sexuality in the African/Black Diaspora: male & female perspectives
- Effective queer community-based responses to HIV/AIDS
- Programming and policy issues to reduce risk of HIV transmission

12:30pm - 12:35pm	Opening & Welcome – Robert Carr
12:35pm – 12:40pm	Words from the Heart – Frantz Brent-Harris
12:40pm-1:20pm	the African Diasporic Queer Debate – Cheikh Traoré African Women as Queer– Notisha Massaquoi Community-based Responses – Tokes Osubu Model of HIV Prevention Guidelines – LLana James
1:20pm –1:40pm	Q & A / Discussion
1:40pm – 1:55pm	Identification of Issues to Move Forward to the Network Planning Session
1:55pm – 2:00pm	Conclusion

Moderated by: Robert Carr, Executive Director
Caribbean Vulnerable Communities Network; Jamaica

Speakers:

Frantz Brent-Harris, Founding Member
Tallawah-Black Gay Men's Group; Canada

LLana James, National Project Coordinator, African & Caribbean HIV/AIDS Capacity Building Project

African and Caribbean Council on HIV/AIDS in Ontario (ACCHO); Canada

Notisha Massaquoi, Program Manager & Acting Executive Director
Women's Health In Women's Hands Community Health Centre; Canada

Tokes Osubu, Executive Director
Gay Men of African Descent; United States

Cheikh Traoré, Non-Executive Director
African HIV Policy Network; United Kingdom

Session Summary

African and Caribbean Queer people in the Diaspora have migrated from countries where governments, religious leaders, and communities historically and continuously criminalize and openly denounce homosexuality as immoral and punishable behaviour. Hence, as Notisha Massaquoi stated, “to be queer is to be un-African.” African and Caribbean cultural norms generally define being queer as being part of the ‘other’. This creates an environment where black queer persons must live in a state of invisibility and compulsory heterosexuality. They are invisible in their country of origin, their country of settlement, their cultural community, and the general gay community. There is no place that feels like home or where they belong. This needs to be considered in HIV prevention strategies. As persons who have come to expect persecution for their sexual orientation, African and Caribbean queer people are less likely to seek typically packaged HIV/AIDS related services or services related to their sexual orientation because this could further stigmatize them.

Just like other African and Caribbean people, black queer persons who migrate to the Diaspora have a strong desire to stay emotionally connected to their families and cultural communities as it helps them deal with the challenges of migration, such as discrimination, facing contradictory cultural values/practices of the ‘Western world’, finding employment, securing adequate housing, etc. However, due to the homophobia among their cultures, this family and community support often comes at the price of denying or hiding their sexuality in order to be embraced by the same degree of love that is given to their heterosexual counterparts. Likewise, choosing to rely on predominantly white queer communities for support comes with the price of racism and cultural insensitivity that pervades those communities. This creates a tough and inhumane choice for black queer persons: ‘Do I become invisible in my sexual identity and take on the façade of heterosexuality, so that ‘my people’ accept and support me or do I openly declare my sexual identity and try to fit in among predominantly white gay communities and tolerate their ignorance in hopes of being embraced as a queer person?’ African and Caribbean queer persons living in the Diaspora should not have to separate their identities and choose to be either black persons or queer persons. Choosing one’s community should not be based on a choice between dealing with homophobia or racism. This applies to both queer men and women. It is not unusual to encounter African and Caribbean queer women who have children and/or are bisexual, and/or conform to compulsory heterosexuality by still having sex with men for the sake of protecting their sexual identity from their communities. Not only is ‘lesbophobia’ present in African and Caribbean communities, but these women are also often labeled as man-haters, which further compromises their acceptance by their communities.

HIV/AIDS is a human rights issue that is driven by social factors such as homophobia, racism, poverty, discrimination, stigma, and associated shame. Racial equality and gay/queer liberation must be promoted through legislative frameworks. Tokes Osubu stated, “If you have a person, institution, or country telling you that you don’t deserve something because you are less than the other, then we are dealing with a human

rights issue.” Additionally, being dehumanized can invade the psyche of people to the point that they stop caring about themselves, which can lead to forgoing safer sex practices and increasing their vulnerability to HIV. African and Caribbean cultures need to acknowledge, accept, and love queer persons as human beings that are equally deserving of living in safety and being embraced by their communities across the world.

It is imperative that black queer persons are actively included in data collection, research studies, and surveys on HIV/AIDS to ensure more accurate and inclusive results and actions taken. Cheikh Traoré stated that UNAIDS has statistics on HIV in MSMs levels for all regions of the world except Africa. Furthermore, there is little ethno-specific data on HIV in the UK and other ‘western’ countries. Both African and Caribbean queer women and men need to be recruited and accounted for in research,. Techniques used for recruitment and data collection must consider the social factors that these populations deal with in their daily lives. Queer African/Black diasporic persons must also be actively included in the councils, boards, meetings, and committees of queer-based organizations as equal and valued partners.

Issues raised by audience for consideration in the development of a HIV/AIDS Global Network for the African/Black Diaspora:

- Advocacy for human rights, inclusion, and justice
- Recognition that sexual identity and racial/cultural identity are not separate for queer persons
- Community development that allows sexual and racial identity to be merged (e.g., black queer pride event, conference, nightclub, etc.)
- Recognize invisibility of queer women that needs to be addressed by researchers and advocacy
- Sexual diversity in immigration issues
- Active inclusion of queer persons as equal members of African and Caribbean communities and dialogue
- Must consider and tackle the attitudes towards homosexuality in Africa and Caribbean; including the role of faith/religion

Audience Evaluation

Attendance: 84 to 115 persons

More than 50% of the audience was black and the audience was approximately 55% male.

Evaluation forms reflected that more than 60% of attendees found this session to be excellent and more than 75% of attendees learnt something new that they will be able to apply in their work or communities.

Attendees learnt about the impact that being African/Caribbean and queer has on people's lived experiences as well as the importance of considering this from a human rights perspective. Many expressed that they will return to their communities with new tools and ideas to reach out and increase inclusion of LGBTQ persons and also encourage faith-based agents to recognize this as a human rights issue and address homophobia. Attendees also learnt much from the information presented about how queer African and Caribbean queer women navigate their sexuality.

Quotes

"My organization which is faith-based has never addressed the issue of prevention for homosexuals which makes our work incomplete."

"I learnt a lot because I [thought] discrimination is only in my country which is South Africa."

"I work in Canada, but can use the UK experience [presented] as a model for outreach."



**Stereotypes vs Realities of
Youth in the African/Black
Diaspora: There Is More To
Us Than What You See**

Agenda

Stereotypes vs Realities of Youth in the African/Black Diaspora: There Is More To Us Than What You See

Global Village: Youth Pavilion Tuesday, August 15th, 2006, 2:15PM – 3:45PM

Session Description

- Experiences & needs of youth of the African/Black Diaspora
- How youth in the African/Black Diaspora navigate sexuality & sex education in the context of family, community, and the 'mainstream' culture
- Sharing models of youth engagement and advocacy in HIV/AIDS policies and programming

2:15pm – 2:20pm	Opening & Welcome – Mwansa Charity Njelesani
2:20pm – 2:45pm	There is More To Us Than What You See - Paulo Vieira Navigating Sexuality as a Black Youth– Melinda Zaky
2:45pm – 3:20pm	Q&A / Discussion
3:20pm – 3:35pm	Identification of Issues to Move Forward to the Global Network Planning Session
3:35pm – 3:45pm	Conclusion

Moderated by: Mwansa Charity Njelesani, HIV/AIDS Program Coordinator
TakingITGlobal; Canada

Speakers:

Paulo Vieira, Member
YouAct – European Youth Network on Sexual and Reproductive Rights; Portugal

Melinda Zaky, AIDS Activist, University Student, Former HIV/AIDS Outreach Coordinator

University of Toronto; Canada

Session Summary

HIV disproportionately affects youth in comparison to older persons and there is a need to promote cultural and gender sensitivity towards black youth in the context of HIV/AIDS. Evidence shows that African and Caribbean youth living in the Europe and North America are less informed and have more limited access to services, in part due to the cultural and social circumstances that surround their lives. This reality applies not only to immigrants, but also to youth who are born in Europe/North America with parents of African or Caribbean origins.

Formal and inclusive sex education is often left to NGOs and community agencies. Community leadership and programming must include youth as active participants in decision-making and action, such as involvement in boards and steering committees. Youth participation must be meaningful through all phases of planning and development.

Approaches to engage and educate African and Caribbean youth living in the Diaspora include:

- Use of theatre, games, and sport
- Involvement of youth in workshop planning and information dissemination
- Volunteering with incentives/rewards
- Training to become peer educators/workers
- Opportunity for skills development
- Creating roles for youth as leaders
- Building pride and a sense of self-empowerment
- Involvement of faith leaders in discussion

Issues raised by audience for consideration in the development of a HIV/AIDS Global Network for the African/Black Diaspora:

- Comprehensive sex education
- Recognition of ethno-specific communities by society-at-large and governments
- Recognition of the need for culturally-appropriate and context specific interventions (for example, to address conflicting norms among refugees)
- Positive families
- Leadership in black communities
- Networking with religious leaders and addressing attitudes towards sex and HIV/AIDS

Audience Evaluation

Attendance: 55 (full capacity, including people standing)

Approximately 50% of the audience was black and more than 80% were female.

Evaluation forms indicated that this session was good and more than 80% of attendees will be able to use this information in their work or otherwise.

Respondents indicated that they learnt new information about youth in African communities living in Europe. Many people were impressed by the creative practices and techniques that were shared on how to engage and educate youth and planned on applying them in their own communities and work.

Quotes

“Youth can be empowered and can do something.”

“This panel is a great idea...not just giving information but also allowing discussion and questions.”



Moving Towards an African/ Black Diasporic HIV/AIDS Global Network

Agenda

Moving Towards an African/Black Diasporic HIV/AIDS Global Network

Global Village: Main Stage Thursday, August 17th, 2006, 10:45AM – 12:15PM

Session Description

- Reviewing issues to move forward to the global network
- Learning from other networks
- Commitment to developing a global network

11:00 am – 11:35 am	Richard Burzynski - ICASO Yolanda Simon – CRN+ Mila Gorokhovich - GYCA
11:45 am – 10:50 am	Opening & Welcome – Esther Tharao
10:50am –11:00 am	Brief Review of Issues to Move Forward – Winston Husbands
11:35 am – 12:05 pm	Discussion: How should the network be framed?
12:05pm – 12:10pm	Declaration of Commitment
12:10 pm –12:15pm	Conclusion

Moderated by: Dionne A. Falconer, Managing Director
D A Falconer & Associates; Canada

Speakers:

Richard Burzynski, Co-Founder and Executive Director
International Coalition of AIDS Service Organisations (ICASO); Canada

Mila Gorokhovich, Co-founder and Project Officer
Global Youth Coalition on HIV/AIDS (GYCA); United States

Winston Husbands, Co-Chair
African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), Canada

Yolanda Simon, Chief Executive Officer
Caribbean Regional Network of People Living with HIV/AIDS (CRN+); Trinidad
& Tobago

Esther Tharao, Co-Chair
African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), Canada

Session Summary

This session started with a brief review of the purpose of the African/Black Diaspora Stream at AIDS 2006 and the events that had taken place to prepare for this network planning session. Throughout the week, starting with the symposium on August 12th and followed by three Global Village sessions, issues had been identified and noted so that they could be put forward for consideration. The purpose of this session was to review these issues, learn from other network models, and present ideas on how to develop an African/Black Diaspora HIV/AIDS Global Network.

The extensive agenda of issues that was put forward can be found in the summary report that follows this section.

Representatives from three established and well-recognized HIV/AIDS networks presented ideas for successful network development and sustainability based on their experience and knowledge. These ideas are summarized here.

Richard Burzynski of ICASO stated that the network should:

- Articulate an agenda with strong representation to face policy makers
- Agree to principles that will bind them together
- Play a role in scaling up the response to HIV/AIDS, particularly when looking at prevention
- Facilitate opportunities for members to learn from each other and gain strength from each other

Yolanda Simon of CRN+ presented essential elements for sustainability as a network:

- Commitment to do the work
- Accountability and transparency in how funding is spent
- Capacity building at all levels: sticking to the issues and there must be qualitative and quantitative studies and data
- Meaningful partnerships: the network, as a representative of community-based organizations, must be able to negotiate with donors by presenting its own demands while meeting the demands of donors

Mila Gorokhovich of Global Youth Coalition on HIV/AIDS, GYCA, a fairly new youth coalition, shared information about how GYCA operates:

- Informally created at AIDS 2004 Conference in Thailand
- Based on structures versus principles in order to be more inclusive
- Operates with 2 secretariats based in the U.S. and Nigeria with 12 regional focal points

Mila also presented important points to consider in the early phases of building a network:

- Be clear about the difference between operating as a network versus an organization
- Be clear about membership management: awareness of who the network is able to represent and who it is representing
- Be clear about the responsibilities and roles of regional and national members
- Decide who will facilitate the network and how this will be done
- Have a Memorandum of Understanding
- Keep in mind the various groups of people that will be represented and include 'cross-boundaries' communication to address this

The audience was invited to provide commentary on how the pending network should be framed. Some of the thoughts and suggestions that were shared are:

- Use the internet for sign-up and to create a database of interested people and their skills
- Clearly state the guiding principles
- Have a transparent and common understanding of African/Black Diaspora and have visible leadership by people from the African/Black Diaspora
- Include quality representation of all types of African and Caribbean people living in the Diaspora

- Define the geographical reach (e.g. is Latin America to be included) and language(s) of operation for the network
- Define the role of allies: who qualifies and what can they contribute or commit to
- Mapping exercise to determine how the different founding members are involved in the formation of the network
- Execute a needs assessment and mapping of existing organizations in the geographic boundaries of the network

Throughout this session, sign-up sheets were passed among the audience to allow people to indicate their interest in participating in the network as members or through a mailing list. More than 120 people signed up with their names and email addresses during the session with additional names collected later at the ACCHO booth.

Audience Evaluation

Attendance: 96 people

Approximately 60% of the audience was black and approximately 60% of the audience was female.

Evaluation forms indicated that more than 30% of people felt the session was excellent, while more than 50% felt it was good. More than 80% felt they had learnt something new and would be able to apply these lessons in their work.

Many attendees indicated that the formation of a global African/Black diasporic network was a new and welcome idea for them, which would provide the benefit of having a united and strong voice of representation and advocacy. They also indicated that they had acquired knowledge about the practical aspects of forming and sustaining a network that they planned to use in their local networks and community organizations.

Quotes

“It was a thorough brainstorming of how to best frame an international network”

“I found the session participatory and informative.”

“[This was] a starting point for local mobilization.”

“[I will use this information for] building networks among different tribal groups in a multilingual setup in Nigeria.”



AIDS 2006 Summary Statement

AIDS 2006 Summary Statement

Numerous members of the International Advisory Committee were present at the Network-Planning Session, “Moving Towards an African/Black Diasporic HIV/AIDS Global Network,” that took place in the Global Village at AIDS 2006 on Thursday, August 17th, 2006. Immediately following the session, they were invited to join members Esther Tharao and Winston Husbands to help prepare a summary statement of the African/Black Diaspora’s activities and outcomes at AIDS 2006. This statement follows and it was submitted to the official records of the International AIDS Conference Secretariat. It will also serve as a draft document to guide the initial development of the global network

Towards an African/Black Diaspora Global Network on HIV/AIDS

AIDS 2006 Summary Statement

This global network has emerged from activities organized through the African/Black Diaspora stream by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and the Black AIDS Institute, California at the 16th international AIDS conference (AIDS 2006) in Toronto. The organization and implementation of this stream was supported by an international advisory committee that included:

- African HIV Policy Network (AHPN), United Kingdom
- AIDES, France
- AIDS & Mobility Europe (A&M), Europe
- Black AIDS Institute, United States of America
- Caribbean Vulnerable Communities Network, Jamaica
- Interagency Coalition on AIDS and Development (ICAD), Canada
- Light of Africa NRW e.V, Germany
- TakingITGlobal/Global Youth Coalition on HIV/AIDS

AIDS 2006 presented an extraordinary opportunity to change the trajectory of the HIV/AIDS pandemic among Black populations living in the Europe and North America.

The goals of the stream were to:

- Bring attention to the emerging epidemics of HIV/AIDS in black populations living in the western world, with a particular emphasis on Europe and North America
- Enable dialogue and discussions related to stigma and discrimination among black people
- Explore and highlight current and emerging trends in HIV/AIDS research, policies, prevention, treatment, support, and care
- Share successful strategies and responses to HIV/AIDS that have originated and been developed through black community efforts
- Engage key leaders among black communities in the discussions at the Conference
- Increase the participation of black persons at the Conference
- Increase media coverage of this issue
- Launch a mass global response
- Develop an international network that will be mandated to addressing HIV/AIDS in the African/Black Diaspora

The stream generated considerable interest among the conference participants, and fostered much dialogue and discussions about “hidden epidemic” among Black populations in Europe and North America. Discussions also involved identifying of issues for the network, and determining structure and principles on which to ground the network.

Draft Guiding Principles of the Network:

- 1. Human rights and social justice - the network will recognize and promote the rights and participation of all segments of the black communities including men, women, youth, queer populations, children**
- 2. Determinants of health - will take into consideration issues of poverty, social exclusion, immigration status, gender-based violence and homophobia**
- 3. Empowerment - foster the spirit of empowerment and self determination of individuals and the communities**
- 4. Resources – the Network will advocate for resources to facilitate scaling up of prevention, treatment, support, care and research for Black diasporic communities in Europe and North America**

Proposed agenda for the African/Black Diaspora Global Network:

Role of communities/organizations

- Develop and sustain constructive dialogue and involvement of faith based institutions and faith leaders.
- Support mobilization of diasporic communities to build infrastructures to move HIV/AIDS issues forward
- Advocate for resources to support the work of community based organizations

Our cultures....overcoming stagnation

- Support initiatives for dialogue about sex and sexual health among our families, friends, etc
- Support the empowerment of women: in relationships, in our cultures, in leadership roles, etc

Stigma

- Adopt and use language that resists stigma and promotes community consciousness.
- Promote programs to address stigma and fear

Research

- Develop and promote more effective ways to translate and use research evidence in policies and programs
- Advocate for surveillance and other data collecting mechanisms that acknowledges ethnic and ethno-racial background
- Promote multidisciplinary research that is ethical, respectful and promotes self-determination of diasporic communities
- Advocate for and encourage research that improves quality of life for diasporic populations
- Encourage research that is framed within social determinants of health

Government policies/law

- Encourage and undertake analysis of immigration laws and policy, highlighting their impact on the ability of diasporic communities to address HIV
- Advocate for changes to immigration law and policy

Service Provision

- Promote harm reduction strategies
- Focus on nutrition and diet, alternative medicine for the African/ black Diaspora
- Support the development and scaling up of culturally-specific interventions to address HIV/AIDS

- Promote the involvement of diasporic communities in leadership and decision-making roles in services targeted to them
- Support organizations to build their capacity to serve diasporic populations

Youth

- Promote effective involvement of youth in the network and in local, regional and national responses to HIV
- Support creative means for engaging youth

Queer Populations

- Support the effective involvement of queer communities in the response to HIV among diasporic communities
- Support research to address the needs of queer communities
- Promote efforts to eliminate homophobia
- Support the development and implementation of services for queer communities

ACCHO, the Black AIDS Institute, and other members of the international advisory committee will be responsible to carrying forward the development of the African/Black Global Network on HIV/AIDS.



Other African/Black Stream Activities

Other African/Black Stream Activities:

The African/black Diaspora Stream also included activities that were organized by ACCHO member organizations and other local groups. These activities included the following:

A. Two engagement tours and an informal lunch:

Tour I was organized by Women's Health in Women's Hands CHC (WHIWH), a women health centre located downtown Toronto. WHIWH provides healthcare services for African, Caribbean, Latin American and South Asian Women in the Greater Toronto Area and surrounding municipalities. This tour which was titled "Innovative Women's Health" was organized in partnership with VOICES of Positive Women, an organization providing services for HIV positive women across the province of Ontario and the Coalition of Somali Women. The tour involved a site visit and tour of the health centre and an informal discussion on innovative models/strategies of HIV prevention, treatment, support and care used by the three collaborating partners to work with HIV positive women and immigrant/refugee women living with and at risk of contracting HIV. Role of partnerships, peers and volunteers in models/strategies shared and their adaptability in other settings were discussed.

Participants of this tour included delegates from both developed and developing countries interested in integrated service delivery models. Many indicated that they were looking for resources and new ideas to re-vitalize their women services after returning to their respective countries.

Tour II was organized and hosted at 110 Spadina by the three black AIDS Service Organizations (ASOs) in Toronto (The Black Coalition for AIDS Prevention (Black CAP), Africans in Partnership Against AIDS (APAA) and African Community Health Services (African Health). The tour provided an opportunity for delegates to learn more about locally delivered HIV/AIDS programming and innovative partnership models. The tour also provided Black CAP and its partner agencies an opportunity to highlight innovations in local organizations working in the African and Caribbean communities. In addition, the tour included a presentation on the 'Muungano' (working together) project which highlighted the successes and challenges of the strategic alliance between the organizations operating out of 110 Spadina. Feedback from delegates indicated the great value in sharing successful service models. Delegates and agency staff also identified the value of initiating international relationships with colleagues in the sector. There was great interest in building on these relationships at future events.

The three black ASOs also hosted an informal lunch for more than 40 IAC delegates and 10 agency staff. Delegates were primarily from the African continent and the lunch provided them with an opportunity to meet and network with other delegates and local

agency staff in a social environment, in addition to dining on a range of African and Caribbean food that they were unable to find elsewhere during their visit.

B. Youth Activities:

In addition to the global youth session, the stream also included several youth activities that highlighted how theatre, hip hop and dancehall music can be used to reach black youth with HIV/AIDS information and prevention tools. These activities were led by Rexdale Community Health Centre with the support of ACCHO and included the following:

- Da Real Deal/Reality Rules Theatre - Through the use of educational theatre, youth combined their creative energies to impart sexual health knowledge to their peers. This theatrical production explored critical issues affecting youth such as HIV/AIDS, including its transmission and prevention, homosexuality, teen pregnancy, healthy sexuality, relationships, suicide and drug abuse. Its goal was to educate young people in a creative and inspirational way.
- Hip Hop & Reggae Dance Hall Kings & Queens: Dropping It Like It's Hot Panel Discussion – this panel discussions highlighted the enormous impact (positive and negative) hip hop and dancehall music has on the sexuality of its audience, particularly young people. The panelists explored how these media can be used to create effective sexual health interventions for youth.

C. Networking Zone and booth:

The stream had a networking zone and two booths in the global village which were used for networking, resource distribution and informal programming. All the partners that were involved in the development and delivery of the stream brought their materials for display and distribution at the the booths and networking zone. The networking zone also offered a space for programming and/or networking for local and international organizations affiliated with the agencies leading the African/Black Diaspora stream activities.

Both the Black Coalition for AIDS Prevention (Black CAP) and Africans in Partnership Against AIDS (APAA) conducted workshops in the networking zone. APAA did a presentation on the range of prevention education, support and outreach programming it delivers to Africans living in the Greater Toronto Area. While, Black CAP presented on their “Mate Masie – Kwanzaa and Yoga Youth project”. Mate Masie is an HIV/AIDS prevention education program that uses yoga practice and kwanzaa principles to reduce risk-taking behaviors and build resiliencies in youth living in four high-poverty communities in Toronto. Approximately 30 conference delegates participated in the Black CAP workshop. Three delegates expressed interest in adapting this innovative model in their home countries.

Zimbabweans delegates (living abroad) participating in the conference also used the African/Black Diaspora Networking zone to plan and organize for the future.

D. “Get on the Bus” Cultural Community Tour:

This was an off site tour that took about 40 conference delegates to “black neighbourhoods” in Toronto ending at a community cultural gathering at Rexdale Community Health Centre on Taber Road (near Kipling Ave/Rexdale Blvd). The tour provided delegates with a welcome break from satellite meetings, sessions, and abstracts! At the end of the tour, the participants were welcomed with rhythmic sounds of African drums and greeted by staff, volunteers, and community members. The community gathering included entertainment, light cuisine, and a great opportunity to interact with the local community.

E. Pathway to African/Black Diaspora Stream Activities:

We created a pathway in the form of a program brochure highlighting all the stream’s activities. In this pathway, we also included other activities in the official conference program that were dealing with issues of African/black diasporic populations residing in Europe and North America. The program pathway was meant to create a holistic program that would facilitate easy navigation and participation in conference activities for conference delegates working with or interested in African/Caribbean populations living in western countries. Some of the oral and poster presentation in the pathway included:

- MOPE0731 - African and Caribbean Perspectives on HIV/AIDS Etiology and Prevention: Theoretical Implications
- TUPE0611 - A collaborative process to increase access to primary health care for HIV positive black women and women of color
- WEPE0761 - Silent Voices: Canadian Perspectives on African and Caribbean Women and the HIV/AIDS Epidemic
- WEPE0913 - From Community Action to Policy Change: how African & African Caribbean communities residing in Canada have transformed HIV/AIDS prevention, diagnosis, treatment, care and research
- THPE0482 - Operation Hairspray - An Innovative community approach to HIV/AIDS education with African and Caribbean communities
- THPE0521 - Prevention: the French speaking communities in Toronto coming from countries where HIV/AIDS is endemic: the case of Centre Francophone
- THPE0499 - Best Practice Model: HIV Education and Prevention for African and Caribbean Women in Canada

Dates, times and venues where the activities were taking place were provided in the program pathway.

Pictures





Post-AIDS 2006:
Feedback from the International Advisory
Committee & Plans for the Future

Conclusion

POST-AIDS 2006

Feedback from the International Advisory Committee & Plans for the Future

On September 28th, 2006, members of the International Advisory Committee for the African/Black Diaspora Stream for AIDS 2006 participated in a feedback conference call to briefly discuss the Stream's activities, outcomes, and ideas for the future.

Overall, African/Black Diaspora symposium and Global Village sessions were well organized and productive. It was felt that the objectives initially set by the Committee were met and, at times, surpassed.

Committee members acknowledged that many people with whom they spoke made attending these events a priority because the Stream was more meaningful to them. It had also been observed that many of the same faces were in the audience of each session.

This Stream injected a new level of debate and awareness at AIDS 2006 among all who attended, and not just African and Caribbean people. A positive and significant amount of momentum was generated to push the global network forward as well as to push smaller networks and communities to mobilize.

Outcomes of the stream included:

- Community mobilization among local and cultural communities through formal and informal meetings and discussions
- Dialogue to develop a global network for African and Caribbean queer communities
- Commitment to revival of European network for African and Caribbean peoples
- Interest for national mobilization in Canada
- Support for African and Caribbean people to disclose their sexual identity or HIV positive status

In particular, the attendance level and audience interest in the queer session demonstrated people's willingness to address the intrinsic homophobia and degradation of queer people among African/Black Diasporic communities.

The youth session brought up the question of how youth define their identity within the Diaspora, particularly as first-born children in a ‘western’ country. It was also noted that youth involvement tended to be specific to a community or a country, while youth involvement at policy levels tended to be with organizations working with ‘developing’ countries versus ‘developed’ countries.

Promotion and Press Coverage

The Stream was promoted through a variety of means, including press releases, listservs, mailing lists, email blasts, the AIDS 2006 website, and postings through local and global networks. Each of the events also garnered significant press coverage before, during, and after AIDS 2006. Interviews were conducted with Canadian, American, and international media. As well, two of the Global Village sessions (queer and network-planning) were included for web-casting on the AIDS 2006 Virtual Village website among 400 Global Village events that took place.

Opportunities for Future Funding

Several funding agencies were present at the Global Village Network Planning Session and expressed interest in supporting the network’s development. These agencies were the Global Fund, the World Bank, Health Canada, and the International Monetary Fund. (IMF).

Additionally, some of the Committee members expressed potential sources for funding. Wangari (Esther) Tharao and Winston Husbands from ACCHO will mobilize funds from Canadian sources. Michael O’Connor from ICAD expressed ICAD’s continued support for the development of the network with the assistance of the Public Health Agency of Canada, as well as the possibility of approaching the International Affairs Directorate of Health Canada. Elizabeth Horlemann from Light of Africa plans to lobby the German government for financial support.

Action Steps

It was decided that an ad-hoc International Steering Committee would be necessary to plan the development of the network.

Wangari (Esther) Tharao (ACCHO) and Winston Husbands (ACCHO), will prepare a draft document that will serve as a draft to be used by the Steering Committee to plan the development of the global network. This document will be based on this report and the summary statement that was prepared at the end of the Stream’s activities. The draft will be also be reviewed by Mwansa Njelesani (TakingITGlobal) and Rhon Reynolds (African HIV Policy Network).

This draft document will propose:

- Terms of Reference
- Structure
- Membership parameters
- Funding possibilities
- Activities
- Steering Committee members

Once this document has been reviewed and revised, it will be circulated among the current International Advisory Committee Members. The Committee will be invited to provide feedback and respond to the call for ad-hoc Steering Committee membership or recommend other individuals for representation.

The ad-hoc Steering Committee would move forward incrementally to solidify the draft document and develop the foundation for the global network. It would also determine its role and the degree and type of involvement of other organizations, networks, and individuals. Until funding is secured and proper roles are set, this Steering Committee would work on a voluntary basis.

Important ideas that were shared for consideration:

- Bridging with Caribbean and African organizations (e.g., the Caribbean Vulnerable Communities Coalition, the Society of Women living with AIDS in Africa, etc)
- Find a strategic way to be involved and influential on the Conference Organizing Committee for future International AIDS Conferences
- Develop a link with UNAIDS for recognition and future support
- Consulting with other established networks for their expertise and recommendations
- With funding, creating a full-time position that can be filled by someone whose role will be to fulfill operational and administrative tasks that will help the network move forward

Proposed Timelines

November 3rd, 2006	Draft document is ready and submitted for review
November 24th, 2006	Review of draft document is completed
January 2007	Draft document is circulated for review by the International Advisory Committee

Conclusion

The African/Black Diaspora Stream started with an initial idea of organizing a single symposium and grew into much more. Alliances were made, the world got involved, and now, a global network is in development to jointly tackle the ugly face of HIV/AIDS among black populations living in 'developed' countries. Over 140 people signed up to receive news and membership details for the emerging network. Via the Symposium, we have access to contact info for approximately 250 additional people. The momentum that has been generated is tremendous and the work that lies ahead will be intense. Expectations are high and AIDS 2008 in Mexico City is around the corner. We are joining together to help each other. It is our goal that our voices will be heard, our presence will be felt, our communities will be proud, but most of all, our people's lives will be saved.



Biographies



Georg Bröring is coordinator of AIDS & Mobility Europe, a European network for organisations in the field of migration and HIV/AIDS. AIDS & Mobility was set up in 1992 and is based at the Netherlands Institute for Health Promotion and Disease Prevention. The network is aimed at developing and exchanging policies and interventions to address HIV vulnerability of migrants and mobile populations in Europe. It collaborates with partners in all European member states and has access to a wide network of more than 1.300 contacts all over Europe. Georg Bröring has studied social work in Germany and cultural anthropology in the Netherlands. He's been involved in AIDS work for almost 20 years.



Dr. Valerie Delpech joined the Health Protection Agency in 2003 and currently heads the Reporting Section for the national surveillance of HIV in the United Kingdom. Dr. Delpech trained in medicine and public health in Australia and has extensive experience in communicable disease control, with a particular interest in the epidemiology and prevention of HIV and other sexually transmitted infections.



Grace-Edward Galabuzi is an assistant professor in the Politics and Public Administration Department, Ryerson University, Toronto and a Research Associate at the Centre for Social Justice in Toronto. He is the Author of Canada's Economic Apartheid: The Social Exclusion of Racialized Groups in the New Century (CSPI, 2006). He has worked in the Ontario public government as special assistant to the Premier, a senior policy advisor on Justice issues and in the social sector as an organizer on anti-racism and social justice issues. He is a former provincial coordinator of the Ontario Alliance for Employment Equity and has been involved in various community campaigns on issues such as anti-racism, human rights, anti-poverty, police reform, community economic development. He is a member of the United Way of Greater Toronto Board of Trustees and its Policy, Planning and Research committee, and a board member of the Canadian Centre for Policy Alternatives.



Dionne A. Falconer has extensive knowledge of and experience with HIV/AIDS, as she has been involved with community-based AIDS service organizations in Canada since the late 1980s. She also has many years of active community service, including as a member of the federal Ministerial Council on HIV/AIDS, a past President of the Board of Directors of the Interagency Coalition on AIDS and Development (ICAD) and a past Board member of the Ontario AIDS Network and the Canadian AIDS Society. Dionne is the Managing Director of her own consulting firm in Toronto, DA Falconer & Associates, and she works in Canada and globally on HIV/AIDS, health and social issues.



Elizabeth Horlemann is the Founder and Vice Chair of Light of Africa NRW e.V. (LOA) in Germany. LOA is an organisation that is run by Africans for African living in North Rhine Westphalia. LOA supports HIV/AIDS infected Africans and their family in overcoming difficulties in coping with the knowledge of being positive, isolation, and fighting stigma and discrimination. Elizabeth has organised events ranging from cross-cultural seminars for medical and social services professionals to grassroots African community-based groups such as churches and women's groups. A Kenyan-born German citizen, Elizabeth, with the support of Mrs Marjorie-Manduli-Bolz, and Mr Franz Janßen, is currently organising the 1st International Conference on HIV/AIDS Sustainable Developments between North & South: Bridging the Divide. The conference will bring together German and African politicians, medical personnel, employees from NGOs, students and AIDS activists in order to exchange knowledge, network, and, most importantly, to bridge the gap between North and South.



Winston Husbands is Director of Research and Program Development at the AIDS Committee of Toronto (ACT), and Co-Chair of ACCHO. He has been involved in community-based initiatives in Toronto for several years, including serving on the boards of the Afri-Can FoodBasket, the Black Coalition for AIDS Prevention (Black CAP), and the African-Canadian Heritage Association. Winston is originally from Barbados. After attending university in Jamaica and Canada, he also lived in Zambia where he taught at the University of Zambia and served on the board of the Zambia National Committee of World University Service (WUS Zambia). His current work focuses mainly on HIV prevention for gay and bisexual men, community responses to HIV/AIDS among people in Toronto from Africa and the Caribbean, and building service providers' capacity to design and deliver research-informed programs. Winston has a PhD in economic geography from the University of Western Ontario.



Jean-Marie Le Gall is a 47 year-old activist who is currently the Director of Community Action & Engagement at AIDES, a national Non-Governmental Organization (NGO) that is active in 80 cities in France and is among the largest European HIV/AIDS community-based organizations. Previous to this posting, Jean-Marie volunteered for ten years in the areas of harm reduction, prevention, and access to health care programs with different communities including drug users, gay men, and migrants. Among other missions, AIDES aims to defend the rights of people and communities affected by HIV/AIDS by interceding at the government level to bring about changes in legislation and the healthcare system whenever unequal access and violations of human rights occur. Since 2002, one of AIDES' priorities has been to support the mobilization and increased involvement of black African communities in HIV/AIDS-related issues in France.



Jesse Milan, Jr., is Vice President for Global Health Convergence of the Constella Group, an international health consulting firm based in the U.S., where he is responsible for promoting public/private partnerships. A person living with HIV for 24 years, he is co-chair of the U.S. Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA) Advisory Committee on HIV and STD Prevention and Treatment. Milan is also board chair of the Black AIDS Institute, providing HIV policy and mobilization leadership for African-Americans. He served as Project Director of the CDC's National Prevention Information Network, the world's largest service for dissemination of information on HIV/AIDS, STDs and TB. An attorney, Milan was Director of the \$21 million AIDS Office for the City of Philadelphia Department of Public Health, and served as president of the boards of Action AIDS, the Philadelphia AIDS Consortium, & the National Episcopal AIDS Coalition.



Michael O'Connor, a graduate of the University of Western Ontario has worked in international development since 1975. He has held various positions with international development organizations in Canada and abroad including Canadian Crossroads International, World University Service of Canada and Cooperation Canada Mozambique. Michael is currently Executive Director of the Interagency Coalition on AIDS and Development (ICAD). Founded in 1989, ICAD is a coalition of 150 AIDS service organizations, international development organizations, educational institutions, faith-based organizations, unions, and individuals interested in international HIV/AIDS issues. Michael provides expertise to ICAD's capacity building programming for members and leadership in policy, research, advocacy on HIV/AIDS, and development issues. Michael represents ICAD at multilateral fora, such as the Global Fund to Fight AIDS TB and Malaria and the UNAIDS Programming Coordinating Board.



Robert Remis received his MD from McGill University in 1972 and worked as a family practitioner in Canada and East Africa. In 1981, he received a Master of Public Health in his studies in epidemiology at the Harvard School of Public Health. He trained in field epidemiology at the Epidemic Intelligence Service, U.S. Centers for Disease Control. Remis returned to Canada in July 1983 to coordinate communicable disease prevention & control until for the community health departments in Montreal until December 1996. Since January 1997, he has worked at the Department of Public Health Sciences, University of Toronto, under a mandate from the AIDS Bureau, Ministry of Health and Long-Term Care to help monitor the HIV epidemic in Ontario. He has published over 50 articles in the areas of HIV, viral hepatitis, tuberculosis and foodborne illness. His research interests include seroepidemiologic studies, HIV surveillance, modelling and mother-infant and sexual transmission of HIV.



Rhon Reynolds is the African HIV Policy Network's (AHPN) Senior Policy Officer and Deputy CEO. He has over nine years public policy experience working in the voluntary/community sector on behalf of vulnerable and underserved communities, both in New York City and London. As such he worked in New York as a Policy Officer for Gay Men's Health Crisis, Inc. and for the New York AIDS Coalition (NYAC) as its Director of Public Policy. In London he was employed as the Policy development officer at the National AIDS Trust to develop the African HIV Framework for better prevention and care, and most recently as the Director of Social Analysis at the 1990 Trust a Human Rights NGO that works towards racial equality. He completed his graduate studies in public health policy at New York University and undergraduate in biological science at Seton Hall University



Winnie Sseruma lives in the United Kingdom where she has been Chair of the African HIV Policy Network for the last 6 years and a Trustee for the National AIDS Trust. Both are national organisations based in the UK. She has also been a consultant on a number of research studies looking at the needs of people living with HIV in the UK. Winnie currently work as the HIV Mainstreaming Coordinator for Christian Aid, an agency of churches in the United Kingdom and Ireland



Esther Tharao currently works at Women's Health in Women's Hands as a Health Promoter, with expertise mainly in the areas of HIV/AIDS and Female Genital Mutilation. She has been involved in the AIDS movement locally, nationally and internationally for almost 15 years. She sits on various boards/working groups/advisory/review committees including: Editorial Board, Canadian Women Studies Journal; Scientific Review Committee, Ontario HIV Treatment Network; Local Host Board and Local Host Advisory Committee of AIDS2006; Co-Chair, The African and Caribbean Council on HIV/AIDS in Ontario. Esther also served for many years as a Member of the Ontario Advisory Committee on HIV/AIDS (OACHA) and the Ministerial Council, Canadian HIV/AIDS Strategy. She is involved as Co-Principle investigator and Co-Investigator in several academic and community based research Projects and plays a major role in facilitating knowledge transfer and exchange to improve HIV prevention, treatment support and care primarily for African and Caribbean communities and other communities of color.



Cheikh Traoré is a 39 years old public health specialist. He has been living in London for the past 8 years. He has a Mauritanian father and Nigerian mother. Cheikh has worked and studied in several West African countries including Cote d'Ivoire, Senegal and Nigeria. He is a non executive director of the African HIV Policy Network (UK) since 2004, and a founding member of the UK Black Gay Men's Advisory Group. Following the completion of a Masters in public health at the London School of Hygiene and Tropical medicine in 1999, Cheikh decided to settle in London where he got his first position as a health promotion officer for African men with the Terrence Higgins Trust (largest not-for profit HIV/AIDS organisation in Europe). Cheikh currently works (since 2003) as a health policy officer with the Greater London Authority, and his current policy remit includes ethnicity, refugee access, partnerships and the wider determinants of health



Paulo Vieira holds a degree in Community Development and Mental Health from Lisbon's Instituto Superior de Psicologia Aplicada. Over the last years Paulo has collaborated with AJPAS, a Portuguese NGO developing specific interventions targeting migrants. He is now Vice-chair of the NGO Board. Paulo has also worked as Project Coordinator in SEYPA – Combating Social Exclusion of Young People Affected by HIV/AIDS, involving 5 European Countries. For more than 4 years, he was also vice-coordinator in the “European Partnership Project between Health Actors and African Communities for HIV/AIDS prevention”, developed in 7 EU countries. Paulo is a member of You Act, the European Youth Network on Sexual and Reproductive Rights, playing the role of Steering Committee Chair between August 2004 and November 2005. Paulo was nominated in 2005 as NGO Alternate in UNAIDS Programme Coordinating Board, for the Europe Region for the period of 1 January 2006 – 31 December 2007.



Phill Wilson is founder and executive director of the Black AIDS Institute, the only black HIV/AIDS think tank in the United States. The Institute's mission is to reduce HIV/AIDS health disparities between people of African Descent and other racial/ethnic groups by mobilizing black institutions and individuals in efforts to fight HIV/AIDS in black communities. The Institute develops & analyzes HIV/AIDS policies, conducts training, disseminates information, and advocates from a uniquely and unapologetically black point of view. Wilson is also co-founder of the National Black Lesbian & Gay Leadership Forum and the National Task Force on AIDS Prevention. He was Coordinator of the International Community Treatment & Science Workshops at the 12th, 13th, and 14th International AIDS Conferences. His articles have been featured in numerous publications and he has worked extensively on HIV/AIDS-related issues in countries across Europe and Africa. In 2001, Wilson was recognized as a Leader for a Changing World by the Ford Foundation.

Appendix

International Advisory Committee Members African/Black Diasporic Global Network on HIV/AIDS

Georg Bröring	AIDS & Mobility Europe, The Netherlands
Robert Carr	The Caribbean Vulnerable Communities Network, Jamaica
Elizabeth Horlemann	Light of Africa NRW e.V, Germany
Winston Husbands	ACCHO/AIDS Committee of Toronto, Canada
Jean-Marie Le Gall	AIDES, France
Mwansa Njelesani	Global Youth Coalition on HIV/AIDS/TakingITGlobal
Michael O'Connor	Interagency Coalition on AIDS and Development, Canada
Robert Remis	ACCHO/University of Toronto, Canada
Rhon Reynolds	African HIV Policy Network, U.K.
Winnie Sseruma	African HIV Policy Network, U.K.
Wangari (Esther) Tharao	ACCHO/Women's Health in Women's Hands, Canada
Phill Wilson	Black AIDS Institute, U.S.



**AIDS 2006 AFRICAN/BLACK
DIASPORA STREAM**

Bringing the Hidden Epidemic to an International Audience