

UNDER THE BAOBAB TREE: AFRICAN DIASPORA NETWORKING ZONE REPORT

EXECUTIVE SUMMARY

The African and Black Diaspora Global Network on HIV/AIDS (ABDGN) has been the driving civil society force behind increasing the visibility, access and inclusion of issues related to African Black Diaspora (ABD) migrant and mobile populations in the formal International AIDS Conference (IAC) programme since 2006, and has hosted the networking zone since 2008.

Due to the costs involved, and the distance, ABDGN was not able to coordinate the zone at AIDS 2104 in Melbourne and sought the support of Australian organisations. As a result, the Multicultural Health and Support Service (MHSS) at the Centre for Culture, Ethnicity and Health (CEH), in Melbourne, was approached to take the lead in coordinating the zone in partnership with ABDGN and the Australian Federation of AIDS Organisations (AFAO).

A reference group of representatives from the three partners and AFAO's African Reference Group oversaw the planning and organisation of the zone. ABDGN, AFAO, CEH and the International AIDS Society all committed funds to the project.

The Zone, which was decorated with African fabrics and featured a potted baobab tree, included formal presentations and workshops, cultural performances, and a comfortable space for networking and informal discussions. (See Appendix for program). Zone partners were able to display and distribute resources and promotional materials. NSW Health also provided 2,000 free drink bottles, branded with HIV prevention messaging.

Evaluations collected at the zone, and comments in the visitors' book, indicate high levels of satisfaction and engagement with the zone. In response to the question "How would you rate the activities in the zone?" 54% answered 'Excellent', and 44% answered 'Very Good'. Over 700 people signed the visitors' book, many of them making favourable comments, such as: 'Great ideas, keep on going!' and 'Awesome stand and programmes'.

Kwaku Adomaku, ABDGN Project Manager, considers that the zone was extremely successful in promoting ABDGN's objectives of building recognition for ABD issues and strengthening partnerships, and has added to the legacy that ABDGN, its partners and collaborators have built for ABD populations in the IAC. The ABDGN has received a lot of positive feedback about the zone from partners and key stakeholders since the conference.

This was the first International partnership for MHSS. MHSS were able to build strong relationships with the ABDGN and strengthen local partnerships with AFAO and its African Reference Group. The zone provided an opportunity, not only for the MHSS team, but for students, African community members within MHSS networks and MHSS' Youth Ambassadors, the opportunity to volunteer at the zone and make connections with individuals from organisations across Australia and Internationally.

AFAO's involvement in the zone was a valuable skills and capacity-building opportunity for the AFAO African Reference group members and other AFAO partners who participated in the zone working

group, and volunteered or presented their work in the zone. AFAO's involvement with the zone has strengthened AFAO's ability to support and collaborate on continued health promotion and policy initiatives with African and other CALD communities in Australia.

The Zone Reference Group considers the African Diaspora Networking Zone in the Global Village at AIDS2014 to be an overwhelming success. The zone achieved its goals:

- bringing increased awareness of African and Black Diaspora populations as a key vulnerable population
- encouraging knowledge and resource sharing
- providing a space for network-building and mobilisation.

The zone was a comfortable, fun and exciting space for people and served as a focal point for the Global Village. We, the African Reference Group, ABDGN, AFAO and MHSS, strongly recommend that the Global Village organisers consider making the African Diaspora Networking Zone a regular part of the Global Village program, as it is a vibrant attraction which encouraged a community atmosphere in the Global Village whilst addressing HIV in a key affected population. The zone provided a critical opportunity for collaboration, workforce development, capacity building as well as an opportunity to influence systemic change with affected African communities.



UNDER THE BAOBAB TREE: AFRICAN DIASPORA NETWORKING ZONE

THE BACKGROUND

The African and Black Diaspora Global Network on HIV/AIDS (ABDGN) has been the driving civil society force behind increasing the visibility, access and inclusion of issues related to African Black Diaspora (ABD) migrant and mobile populations in the formal International AIDS Conference (IAC) programme since 2006. The IAC has been a critical focus for ABDGN to build global recognition of shared disparities amongst our populations, provide platforms for people living with HIV, researchers and community leaders to present their work, and to strengthen new and existing partnerships with key influencers, policy makers, government representatives, UN agencies, and a variety of other stakeholders.

For AIDS 2008 and 2010, ABDGN hosted both a networking zone, and developed the ABD roadmap for the conference. The long-term outcomes from these initiatives with regards to the partnerships and coalitions that were made continue to be sustained. For AIDS 2012, in addition to the networking zone and roadmap, ABDGN decided to take its conference participation to the next level and began an advocacy campaign directed at the Conference Coordinating Committee (CCC) to have ABD be considered as one of the regional sessions in the formal conference program. This was significant as the regional sessions were based on geographical regions, not population groupings. Our efforts were successful, and the ABD regional session, the first of its kind for the IAC, was launched.

For AIDS 2014, in addition to the roadmap and networking zone, we also wanted to be sure that the ABD regional session continued and ABDGN again led the advocacy efforts to ensure the regional session took place in Melbourne. These three interconnected conference activities (roadmap, networking zone, regional session) help ensure that ABD issues were represented in the Global Village, had a prominent session in the formal conference, and that all other conference sessions focused on ABD populations were easy to navigate.

As the ABDGN is based in Canada, the organisation sought local partners to take a lead in organising and hosting the networking zone at the AIDS 2014 conference. As a result, the Multicultural Health and Support Service (MHSS) at the Centre for Culture, Ethnicity and Health (CEH), in Melbourne agreed to take the lead in coordinating the zone in partnership with ABDGN and the Australian Federation of AIDS Organisations (AFAO), and with the support of AFAO's African Reference Group.

THE PARTNERS

THE AFRICAN AND BLACK DIASPORA GLOBAL NETWORK ON HIV AND AIDS

The ABDGN emerged from activities organised for the African and Black Diaspora stream at the 16th International AIDS Conference held in Toronto, Canada in August 2006. The first of its kind at the IAC, the Diaspora stream presented an extraordinary opportunity to highlight the HIV/AIDS pandemics in African and Black populations living in the western world.

The African and Caribbean Council on HIV and AIDS in Ontario, Canada, who had partnered with other organisations to advocate for the Diaspora stream, then recruited an international advisory committee with organisations in Canada, the United States and Europe to facilitate the implementation of the stream for the conference. Through participant discussions and feedback, and the successful partnerships that emerged, the committee decided to move forward in establishing a

global network: the 'African and Black Diaspora Global Network on HIV and AIDS'. Since AIDS 2006, ABDGN has maintained the enthusiasm and commitment to the implementation of the network with a presence at all the AIDS conferences since.

THE CENTRE FOR CULTURE, ETHNICITY AND HEALTH

CEH came into being at North Richmond Community Health as staff came to understand how culture and ethnicity impact on the way people understand health and wellbeing, and the way they access health services. As a result of its outstanding reputation for delivering culturally competent health services, North Richmond received funding to share its learning across the state, and the Centre for Culture, Ethnicity and Health was formed. North Richmond Community Health has celebrated its 40th year this year, with 20 years of CEH.

CEH is a leader in training in cultural competence, manages projects around cultural competence, has an extensive and unique library of resources on cultural diversity, develops resources for culturally and linguistically diverse communities and works with communities to increase awareness of health issues and improve access to services with a speciality in culturally sensitive issues such as sexual health and blood-borne viruses.

THE AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

AFAO is the national federation for the HIV community response. AFAO provides leadership, coordination and support to Australia's policy, advocacy and health promotion response to HIV. Since 2009, AFAO's African project has addressed HIV-related issues that affect African Australian communities.

The work of AFAO's African project has included community consultations, two national forums, discussion and briefing papers and a mapping of HIV health promotion programs with African communities. AFAO also advocates on broader issues that affect African and other culturally and linguistically diverse communities, such as Australia's migration law, Medicare ineligibility, and criminal prosecutions for HIV transmission and exposure.

THE ZONE REFERENCE GROUP

A reference group of representatives from the three partner organisations and AFAO's African Reference Group (AARG) oversaw the planning and organisation of the zone.

The AARG nominated representatives were from the Western Australia AIDS Council, Emo Community Services in Western Australia, the Victorian African Health Action Network, PEACE Multicultural Services at Relationships Australia (South Australia), the Ethnic Communities Council of Queensland, New South Wales Health, and the NSW African Health Advocacy Network.

The Zone Reference Group also included the Zone Coordinator, who was employed on a short term contract by CEH within the MHSS team.

The group had weekly teleconference meetings over the months leading up to AIDS2014. Ideas discussed and developed in the preceding six months began to mould into plans and actions for the group to delegate amongst themselves. The regular meetings ensured the planning stayed on track and members followed up on their designated tasks. CEH acknowledges AFAO and ABDGN's support, hard work and feedback in coordinating the zone with CEH staff, noting that the quality of work would have been lacking without their strong commitment.

IN THE ZONE

THE SPACE

The use of the space, the furniture and decor, resources and giveaways were valuable in attracting people to the zone. The baobab tree brought people physically into the space as they wanted to touch the tree or take photos of the tree. This also led people into discussions about the zone and what it was about. The bright fabrics on the walls also attracted people to the space. Like the tree, discussions about the fabrics led to discussions about the African diaspora.

The zone was shown in at least two TV news features about AIDS2014 and one delegate of the conference who visited the zone said: “My Mum saw the bright fabrics on the news and wanted me to come and ask you about it.” It is worth noting that many people visiting the zone remarked that it was the best looking and most eye-catching zone in the Global Village, and others mentioned that they had been told by others to come and visit the African Diaspora zone.

The couches and ottomans in one corner of the zone were almost always occupied as people took rest from the conference, or sought out a comfortable spot to work out which conference sessions they were going to next. As different people sat down, new connections were made, old connections were invigorated and spontaneous meetings happened. Most of the people who used the couches seemed to have some previous connection to the zone, such as a friend or colleague involved in coordinating the zone. As the couches were behind the main reception desk in a back corner of the zone this may have prevented other people from feeling comfortable to just sit down and relax. The chairs set out for presentations at the other end of the zone did seem to be used by passers-by for a rest or a chat. These people did not necessarily engage in the zone though.



RESOURCES AND GIVEAWAYS

The 2,000 free drink bottles provided by NSW Health brought people to the zone, and all drink bottles had been taken by Wednesday. Many people would come simply to ask for a drink bottle and took no notice of the zone; however, there were many others who feigned an interest in the zone to be polite before asking for drink bottles. These latter interactions had the potential for engaging people

otherwise unaware of the African Diaspora. It may have been useful to have had a few key lines about HIV in African Diaspora populations, for all volunteers to easily recite and really pique the interest of the water-bottle-takers.

The resources on the main table went very quickly, while those on the tables against the wall were very slow to move. Many of the people who came for water bottles also picked up resources, whether this was out of interest or perceived politeness would be interesting to know. A simple survey sent to those who wrote down their email addresses in the visitors book (many people assumed they had to write their name down to get a drink bottle), asking respondents who the partnering organisations involved in the zone were, and if they looked at any of the resources they took, would be interesting, though it would not necessarily be easy to make use of the feedback.

Those people who went to the back tables to look at resources seemed to be more engaged in the zone, other people may have just needed some encouragement by the volunteers to have a look at the resources on the other tables. Almost all of the resources displayed had been taken by the end of the conference. The Women's Health in Women's Hands CD and companion book seemed to be the most popular resource, disappearing very quickly.

The CEH USB memory sticks were very popular and also attracted people to the zone. Most people wanted to take them for the sake of having a memory stick, but there were many people who were hoping the hard-copy resources we had were on the stick. In future, it may be preferable to have a few copies of the resources for display, and to put everything on a USB. Importantly, this saves on paper, and people are more likely to hold on to the small memory stick, rather than carrying the mountains of paper and booklets with them when they return home.



SESSIONS

The sessions were the main attraction of the zone and an essential part of what the zone is about. The call-out for presenters had been well targeted, bringing a diverse range of local and international speakers presenting on a wide range of relevant topics. The timing of the sessions seemed to work well, and it was well advised to not have sessions after 5pm, as the global village generally got very quiet after this time. It was hard to tell how many people attending the sessions came because they were walking past and a session sounded interesting, and how many people attended because they

had seen the program. The program was distributed online through the AFAO website, and through the Under the Baobab Tree social media pages on Facebook and Twitter. The program was also available in hard copy at the zone, and was handed out one morning to conference delegates as they entered the Melbourne Convention Centre.

Most often, the sessions started off quietly but were well attended by the end, suggesting that people passing by became interested as they heard the presentations. Many of the sessions ended with group discussions around the key themes emerging from the presentations, these discussions worked particularly well when the chairs were rearranged into a circle for everyone to have an equal position in the discussion, rather than as a group of panellists responding to an audience.

Please see Appendix 1 for copy of the program and summary of sessions.



ENTERTAINMENT

There was some hesitation about how to make the zone into a more lively space, without making it kitsch or representing the African Diaspora in a way that reinforces stereotypes and generalisations. Approaching Multicultural Arts Victoria, Victoria's peak arts organisation promoting cultural diversity in the arts, to suggest some artists seemed to be a good way to manage this. The performances were incredible and brought in large crowds of people enjoying the music and moving their bodies to the beats. They didn't just provide entertainment but an experience of the zone, as the music was upbeat and made people feel happy and energised. The performances also brought press to the zone, with the drummer on Monday being shown on the local 7pm news.

Te Rooki, a singer part of CEH's H3 - Hip Hop for Health program (refugee and migrant young people using performance to talk about STIs and BBVs), also did an incredible performance, singing about protecting oneself from HIV and STIs. Her strong voice pulled people towards the zone, and the messages in her song fitted the theme. If there are similar programs in future AIDS conference host cities, encouraging their participation would be valuable. Ensuring that young people have a voice should be critical in any discourse.

The traditional coffee ceremony had many restrictions due to the building fire regulations; however it attracted a small but engaged audience and responded to another aspect of the diversity of the cultural and social practices across African communities.

VOLUNTEERS

The volunteers were an invaluable resource at the zone. Having at least one person sitting at the main reception desk at all times was very important for promoting the sessions at the zone and talking to people about the zone. In many ways this was the most important of all the volunteer roles.

The AV volunteer role may have been better assigned to just one or two people who were volunteering often, as this was a confusing role for many people and sometimes difficult to explain within a short time.

The Chairs generally did well; however, it would have been of value to remind them of their responsibilities as Chair before the session, as a few of them did not keep time, and none provided a summary of highlights from the sessions, as they had been requested to do.

MEDIA, SOCIAL MEDIA AND COMMUNICATIONS

The communications and promotion aspect of the zone organisation was one of the weaker areas. While there was discussion around who to promote the zone to and the methods for promotion, the actual promotion was not prioritised in the list of things to do. This was primarily due to lack of time and resources. In hindsight, it would have been valuable to develop a communications strategy early on, to start promoting awareness about the zone in the lead-up to the conference and gradually fill in the gaps about the program as it was finalised.

It would have been of great value to have more local African Australian communities involved in the zone, or at least attending the zone, which could have been achieved with better promotion in the lead-up. African community groups were emailed in the last weeks before the conference, which generated some interest. Had this happened earlier with various reinforcing emails, the communities may have felt more engaged and encouraged to come.

The media briefing sheets which were developed for the conference will continue to be of value to the community for responding to questions and issues around HIV.

Please see Appendix 2 for the media briefing sheet.

The social media campaigns and paid promotion of the Facebook page gained some interest, and were useful for sharing photos, session times and information during the conference. The Facebook page, which has almost 400 Likes could continue as a tool for future planning, knowledge sharing and networking, this will rely on a level of commitment from members of the group to keep the page engaging and worthwhile for the members to use.

Despite the limited media planning in the lead-up to the conference, the zone received media attention during the conference.

- Members of the zone were interviewed on the JoyFM radio station
- Freweini, the lady who did the traditional coffee ceremony, was interviewed by an IAS journalist
- Ousmane Sonko, the drummer on Monday morning, was shown performing in the zone on the 7pm TV News on Monday evening

- Badenya, the drummers on Tuesday, were shown on Wednesday's Morning Show performing in the zone along with the reference group members dancing; and
- the zone was featured in the Global Village Highlights videos for
 - Tuesday (<http://bit.ly/1qi0G1U>),
 - Wednesday (<http://bit.ly/1vZHdna>) and
 - Thursday (<http://bit.ly/W1XdYP>).

FREE REGISTRATIONS

It was an important bonus to have the opportunity to provide free registrations (and support to attend the conference provided by AFAO and the zone) to two people working with the African Diaspora in Australia. Both individuals were heavily engaged in the zone during the week, by volunteering at the zone, facilitating sessions and just spending time at the zone talking to others. They were an asset to have there. The networking, learning and sharing knowledge and skills will undoubtedly benefit the African Diaspora communities they work with.

EVALUATIONS AND VISITORS BOOK

Overall, the evaluations were very positive. The main drawback of the evaluations was that it was difficult to get people to fill them out and we only received 39 completed forms. The visitor's book was a good way to get very basic feedback from people. More than 700 people filled out their details in the book and many made comments in the 'remarks' column.

Comments from the visitors book included: "Thank you for sharing what Diaspora means"; "Thank you for sharing your knowledge"; "Wonderful and helpful"; "Very attractive colourful zone"; "Great"; "Africans in Diaspora need to get updated information"; "Appreciate the good work"; "Would love to join the network"; "Very interesting initiatives"; "What a brilliant, vibrant zone. Congrats!"; "Great ideas, keep on going!"; "Awesome stand and programmes"; "Very informative stand"; "Great ambiance"; "Contributing to the end of HIV" and; "To replicate in every country! Initiative to encourage".

Of the people who completed evaluations 85% (33) were registered delegates, 13% (5) were not and one person did not answer. While it is not a high percentage, it is promising that we attracted people who were not conference delegates. This could have been improved with more time and resources for stronger promotion targeted to the local community.

The activities in the zone were rated highly. In response to the question "How would you rate the activities in the zone?" 54% (21) answered 'Excellent', 44% (17) answered 'Very Good' and one answered 'Good'. Alternative answers were 'Poor' and 'Average'. Correspondingly, 87% (34) of respondents answered 'Yes' to the question "Do you now know more about HIV in the African/ Black Diaspora population?". All (100%) respondents went on to answer 'Yes' to the question "Will this (their experience at the zone) help you to have more meaningful engagement with African Diaspora communities?" a strong indicator of the value of the zone.

There was overwhelming support for the zone to become a regular part of the global village, with all respondents to the question "Should the African Diaspora Networking Zone be a part of the regular global village program?" answering 'Yes'.

The answers to the open ended question "What did you get out of your visit to the zone?" expressed the importance of the zone as a hub for networking, with 44% of those who responded to this question mentioning the word "networking" or implying networking with phrases such as "meeting new people". A similar number mentioned "new knowledge" or words implying gained knowledge, as

well as “shared resources”, another strong indicator of the zone’s value in promoting knowledge about the African Diaspora, and that it achieved its aims.

Some answers to this question were: “Networking and open and honest conversation about topics that are not widely discussed in the communities. Diverse range of speakers, which is always good.”; “I liked that the sessions were inclusive, including young people, faith leaders, networks, older people and activists. Gained new knowledge and created new networks.”; “Wonderful to hear directly from some of the African workers, hear what they have to say” and; “Global village and the zone is where the real discussions are. People talking together to make change”.

The answers to the final question “How could we improve the zone in the future?” had a few common themes, including the desire for an improved sound system and a way to reduce outside sound in order to hear the sessions better (“the outside noise made it hard to hear each other”) and the need for better advertising and promotion of the zone (“more advertising”).

Other feedback included: “Keep it going and support it”; “Forum be held about burning issues around HIV and other related issues to hear from everyone”; “More extensive proactive engagement with local African communities. Inclusion of Francophone and Latin African Diaspora” and; “African migrants in Asia and HIV/AIDS have its own difficulty, but in the era of globalisation it is necessary to tackle, especially on China. Please go out of Anglophone area and scale up the efforts globally”.



AREAS FOR IMPROVEMENT

- Have the African Diaspora Networking Zone as a regular part of the Global Village program in order to reduce the workload associated with the application to include it at every conference. This will also help with planning of the zone as it will allow the planning group to have a longer lead-up time to prepare.
- Develop a communications strategy early and prioritise sending out information about the zone to relevant local communities to encourage their participation.
- Use less paper resources and offer USB memory sticks with resources as giveaways.
- Organise a meeting or teleconference with all of the volunteers who will be working at the zone including the Chairs to go through their responsibilities. Ideally this would be done at the zone on the Sunday before the sessions start so that the volunteers get a feel for the zone and how to work everything.
- Take a more proactive approach to collecting evaluations. They provided very important feedback, but lack weight due to small numbers.
- Engage African Diaspora communities beyond Anglophone communities, in the planning of the zone.

- Continue thinking of ways to reduce outside sound coming into the zone and improving expertise in managing feedback from microphones within the zone.
- Actively promote the zone as a space for impromptu meetings, to attract more people, as conference delegates are often looking for space to meet.
- Develop flyers for each day's sessions for volunteers to hand out in the mornings as delegates enter the venue, this might attract more people to the sessions and the zone.
- Encourage people to hashtag (#BaobabAIDS2014) the zone when posting photos of themselves with the tree on social media. This would be a good way to further promote the zone and produce extra hype around the zone.



MEETING THE ZONE PARTNERS' GOALS

THE ABDGN

(Comment by Project Officer Kwaku Adomaku)

While ABDGN's roadmap and the regional sessions were a tremendous success, the African Diaspora networking zone 'Under the Baobab Tree' was the true highlight of ABDGN's participation at AIDS 2014. All aspects of the networking zone from the vibrant West African fabrics that hung in the space, to the real Baobab tree that was in the centre of the networking zone, to the daily cultural performances, to the sessions delivered by over 20 speakers from around the globe were outstanding. In contrast to previous networking zones, Under the Baobab Tree had such incredible support from local African migrant community members and networks that truly captured the complexities and resiliencies of mobility, identity, and belongingness amongst our populations around the globe.

The positive feedback ABDGN has received post-conference via email and phone about the networking zone for AIDS 2014 from diverse stakeholders ranging from UN agencies, to health surveillance agencies, to community advocates, donor agencies, academics and local Australian African migrant communities has been overwhelming. For ABDGN, as we continue to be the only global civil society network specifically focused on ABD populations since we began in 2006, we struggle to ensure our populations are recognized as key vulnerable populations by the broader HIV/AIDS movement.

Building a global movement takes commitment, dedication, and patience, while striving for excellence in the delivery of programs and initiatives to support a more coordinated global response. The success of Under the Baobab Tree now adds to the legacy our partners and collaborators have built for ABD populations in the IAC. Further, the success of the networking zone only strengthens our commitment to ensure that ABD roadmap, networking zone, and regional session are organised for AIDS 2016 in Durban, South Africa.

CEH

(Comment by MHSS Manager Alison Coelho)

Coordinating the zone provided a great opportunity for MHSS to build and to strengthen relationships with organisations working in blood borne viruses and sexual health with multicultural communities both in Australia and Internationally. MHSS' networks of staff, volunteers, youth ambassadors and African community members gained invaluable experience and skills by being involved in the zone and were able to network with peers from across the globe.

MHSS team members presented research, facilitated discussions, and attended the extensive range of sessions in the program, learning about new research, gaining practical skills and hearing about the practice of similar organisations nationally and internationally. Coordinating the zone also supported the promotion of CEH's status as a national leader of cultural competency in sexual health and BBV/STI prevention. Our capacity to deliver highly complex and strategic projects was galvanised through the planning, partnership developments and the actual Zone delivery. CEH welcomed the opportunity to have such a pivotal role in the AIDS 2014 Global Village and the privilege of working with such dynamic and committed partners.

AFAO

(Comment by Project Officer Jill Sergeant)

AIDS 2014 provided an important opportunity to raise awareness of HIV among Australia's African communities and engage them in the HIV response. It also presented potential challenges, such as the risk of increased stigmatisation and racism targeting African Australians. AFAO's African Reference Group's primary focus for 2013-14 was to support local communities around attending the conference and dealing with the potential challenges.

From AFAO's perspective hosting the zone was extremely valuable in terms of skills and capacity building for the Reference Group and for members of state-based African networks connected with AFAO.

Around 40 people connected with AFAO's African project or state-based networks and organisations attended the conference. Several Melbourne African community leaders also visited the zone during the week. Following the conference, a number of Reference Group members and their partners also organised or attended post-conference feedback sessions for local African (and other CALD) communities to share learning and insights.

AFAO's African Reference Group members have provided feedback that their participation in the zone was overwhelmingly beneficial, in terms of learning from national and international peers, in having

community partners attend whose understanding of the issues was deepened, and in energising them for continued involvement in HIV health promotion, community development and policy work.

Beth Hodge, Community Development and Advocacy Officer at the WA AIDS Council, has written a blog post for AFAO which outlines the professional benefits she gained from being on both the zone working group and AFAO's reference group, and participating in the zone, commenting that *'With new knowledge and skills, I've gained a deeper understanding of best practices for ABD communities'*.

Beth also mentions that one of her program partners, Yvonne Johnson, a Liberian community peer educator was inspired by the zone and that it has 'confirmed her duty to educate her people in order to reduce stigma and increase the uptake of treatment'. See: <http://afaotalks.blogspot.com.au>.

Overall, the zone and related AIDS 2014 activities have enhanced AFAO's reputation and strengthened our relationship with multicultural health organisations, and with the ABDGN. It has positioned us well to support and collaborate on continued health promotion and policy initiatives with African and other CALD communities.



THE AIMS OF THE AFRICAN DIASPORA NETWORKING ZONE WERE ACHIEVED

These aims were developed by the zone working group in the lead up to the conference.

1. Increased international attention and focus on African and Black Diaspora populations in the global response for HIV/AIDS.

- It is estimated that 6,000 people came to the Global Village. Of these, more than 700 filled out our visitor's book and roughly 2,000 people took water bottles from the zone in the first four days of the conference. It would not be a stretch to assume that the majority of the 6,000 Global Village visitors would have noticed the zone. While it is unlikely that all of those people will have paid attention to what the zone was about, the volunteers spoke to many people about the zone, many others took resources and the sessions which really engaged people were well attended. Additionally, the coverage by the local and IAS media will have furthered the achievement of this aim.

2. Increased knowledge and resource exchange of best practices, toolkits, prevention strategies, evidence-based data sources and other materials designed for local, national, regional and global HIV/AIDS responses.

- The majority of resources provided at the zone were taken by the end of the conference.
 - The presentations which involved knowledge and resource exchange of best practices, toolkits, prevention strategies and evidence-based data sources, were almost always full with standing room only. While people came and went throughout the sessions, many people stayed for significant lengths of time to hear presentations. There were a few people who attended multiple sessions, but there were many new faces at each session. A realistic estimate would suggest between 20 and 30 people were engaged for a reasonable length of time in each of the eight sessions. Most of these sessions included group discussions where people not only asked questions but shared their own experiences.
- 3. Increased mobilisation, meaningful participation and network building amongst African and Black Diaspora communities and related stakeholders, particularly those living with HIV/AIDS.**
- As mentioned in point 2, many people participated in the sessions which promoted knowledge and resource sharing.
 - The zone was a hub for many people to come and sit and chat with others and many informal and formal networks were created.
 - Our visitors' book collected more than 700 names. Not all will be interested in being a part of a larger network, but based on some of the remarks in the book, many people are interested in having continued contact with the network.
 - With almost 400 people who 'like' the Facebook page and the 700 names from our visitors' book, it is important to create a strategy to keep these people engaged and mobilise them.
 - The space was available for impromptu and planned meetings. The newly formed Victorian African Health Action Network used the space for a meeting.
- 4. Consultative feedback from Global Village participants to inform the design of a global HIV/AIDS framework for African and Black Diaspora populations.**
- The Diaspora Declaration session at the zone promoted discussion and feedback about a global HIV/AIDS framework for African and Black Diaspora populations.

CONCLUSION

The African Diaspora Networking Zone in the Global Village at AIDS2014 was an overwhelming success. The zone achieved its set-out goals, bringing increased awareness of African and Black Diaspora populations as a key vulnerable population, encouraging knowledge and resource sharing and providing a space for network-building and mobilisation.

While the zone was a great success, there are various areas which could be improved to enhance the smooth running of the zone and promote the zone more widely to local communities. Maintaining the interest of those who were engaged in the zone during the conference is a challenge for the organisers to address promptly by making use of the Facebook and Twitter page and the visitors' book. This will continue in the work of promoting better inclusion of HIV epidemics amongst African and Black Diaspora populations in the global response to HIV.

The zone was a comfortable, fun and exciting space for people and served as an attraction for the Global Village. The Global Village organisers should consider making the African Diaspora Networking Zone a regular part of the Global Village program, as it is a vibrant attraction which encouraged a community atmosphere in the Global Village whilst addressing HIV in a key affected population.

The African Diaspora Networking Zone was achieved within the set budget. Thank you to the following organisations for financial support and resources:

African and Black Diaspora Global Network on HIV and AIDS

Australian Federation of AIDS Organisations

Multicultural Health and Support Services (CEH)

International AIDS Society



USEFUL LINKS

Photos: afao.smugmug.com/Other-1/Events/Under-the-Baobab-at-AIDS-2014

Presentation slides at: www.slideshare.net/AFAO/tag/under-the-baobab

What an AFAO member learned from under the baobab tree (blog post):

<http://afaotalks.blogspot.com.au/2014/09/what-afao-member-learned-under-baobab.html>

African Black Diaspora Network on HIV/AIDS www.abdgn.org

Australian Federation of AIDS Organisations (AFAO) www.afao.org.au

Multicultural Health and Support Service of CEH: www.ceh.org.au/our-programs/our_programs_mhss

Appendix 1 - Program

	Monday 21 st July	Tuesday 22 nd July	Wednesday 23 rd July	Thursday 24 th July
	Where Are We Now	What's Holding Us Back	No One Left Behind	Stepping Up The Pace
8.00 AM - 10.30 AM	Plenary			
10.30 AM - 11.00 AM	Ousmane Sonko – Drum Performance			
11.00 AM - 1.00 PM	<p>The Diaspora Declaration</p> <p>Speakers:</p> <p>Presentation and Discussion Kwaku Adomako and Wangari Tharao, <i>Canada</i></p>	<p>Sexual Health Promotion in African Diaspora Communities</p> <p>Chair: Sem Mabuwa, <i>AFAO, ABDGN, Australia</i></p> <p>Speakers:</p> <p>Oral Abstract Kudakwashe Tuwe, <i>New Zealand</i></p> <p>Oral Abstract Elizabeth Mlambo, <i>Australia</i></p> <p>Oral Abstract Marsha Martin, <i>USA</i></p> <p>Interactive Presentation Christiana Nöstlinger, <i>Belgium</i></p>	<p>Empowering Culturally and Linguistically Diverse Communities around HIV</p> <p>Chair: Oliver Maboreke, <i>Settlement Services International, Australia</i></p> <p>Speakers:</p> <p>Presentation Samuel Muchoki, <i>Australia</i> and Marg Hayes, <i>Australia</i></p> <p>Workshop Andrew Stone, <i>Australia</i></p>	<p>Innovative Approaches</p> <p>Chair: Alison Coelho, <i>Centre for Culture, Ethnicity and Health, Australia</i></p> <p>Speakers:</p> <p>Workshop Enaam Oudih, <i>Australia</i> Audio Visual Presentation Ciann Larose Wilson, <i>Canada</i></p>

1.00 PM - 2.30 PM	1pm: Traditional Coffee Ceremony	1pm: Badenya – Melodic Strings	1.30pm: H3 Hip Hop for Health	1pm: H3 Hip Hop for Health
2.30 PM - 4.30 PM	<p>Overcoming Challenges in Service Delivery</p> <p>Chair: Gwamaka Eliudi, <i>Australia</i></p> <p>Speakers:</p> <p>Oral Abstracts Rebekah Israel, <i>USA</i></p> <p>Presentation Alison Coelho, <i>Australia</i></p> <p>Workshop Enaam Oudih, <i>Australia</i></p>	<p>Gender, Education and Power</p> <p>Chair: Bethwyn Hodge, <i>WA AIDS Council, Australia</i></p> <p>Speakers:</p> <p>Oral Abstract Samuel Muchoki, <i>Australia</i></p> <p>Oral Abstract King Odor, <i>Australia</i></p> <p>Presentation Ebony Johnson, <i>USA</i></p> <p>Film Screening and Discussion Bethwyn Hodge, <i>Australia</i></p>	<p>Social and Structural Contexts of HIV Vulnerability</p> <p>Chair: Phil Bilombele, <i>Emo Community Services, Australia</i></p> <p>Speakers:</p> <p>Oral Abstract Carmen Logie, <i>Canada</i></p> <p>Interactive Presentation Lazaro Kabongo, <i>Australia</i></p> <p>Interactive Presentation Ebony Johnson, <i>USA</i></p>	<p>Mobilising Research</p> <p>Chair: Zhihong Gu, <i>Ethnic Communities Council of Queensland, Australia</i></p> <p>Speakers:</p> <p>Audio Visual Presentation Ciann Larose Wilson, <i>Canada</i></p> <p>Presentation and Panel Discussion Mubnii Morshed, <i>Canada</i></p>
4.30 PM -8.30 PM	<p><i>If you are looking for a space for meetings, you can book a section of The African Diaspora Networking Zone during these hours. Simply let one of our friendly Volunteers know what time you would like to hold your meeting.</i></p>			
8.30 PM	Close			

The Diaspora Declaration

Time: Monday 11.00am – 1.00pm

The Diaspora Declaration

Kwaku Adomako and Wangari Tharao, *African and Black Diaspora Global Network on HIV/AIDS*

Overcoming Challenges in Service Delivery

Time: Monday 2.30pm – 4.30pm

KAB HIV Workforce Survey Results

Rebekah Israel, *Black AIDS Institute*

African American HIV University, Science and Treatment Centre

Rebekah Israel, *Black AIDS Institute*

Migration, Sexuality and HIV

Alison Coelho, *Centre for Culture, Ethnicity and Health*

The South Australian African Communities Health Advisory Committee is making a Difference

Enaam Oudih, *PEACE Multicultural Services, Relationships Australia*

An interactive panel discussion of key points from the session will follow the presentations.

Sexual Health Promotion in African Diaspora Communities

Time: Tuesday 11.00am – 1.00pm

The Challenges of Health Promotion within African Communities in New Zealand

Kudakwashe Tuwe, *NZ AIDS Foundation*

Overcoming HIV Stigma and Social Isolation in the African Diaspora: Antiretroviral Therapy Alone is not enough

Elizabeth Mlambo, *Lemongrove Sexual Health HIV and Related Programs Unit*

What the EPI will not tell you: HIV in Communities of Colour

Marsha Martin, *Black AIDS Institute*

Sexual Health Promotion and HIV Prevention with Sub-Saharan African Migrants in Flanders, Belgium: A Participatory Network Approach

Christiana Nöstlinger, *HIV SAM Project, Institute of Tropical Medicine*

An interactive panel discussion will follow.

Gender, Education and Power

Time: Tuesday 2.30pm – 4.30pm

Migration, Sexuality and HIV: Experiences of Horn of Africa Men with Refugee Backgrounds in Australia

Samuel Muchoki, *Centre for Culture, Ethnicity and Health*

Harmful Widowhood Practice in Nigeria and its Impediments to Sexual and Reproductive Health Development in Africa

King Odor, *PhD Candidate, Deakin University*

Bring Back our Girls: Education is HIV prevention

Ebony Johnson, *A Drop of Prevention, LLC, ATHENA Network, GCWA*

Powerful Women: Motivational Film

Bethwyn Hodge, *WA AIDS Council*

An interactive panel discussion will follow.

Empowering Culturally and Linguistically Diverse Communities around HIV

Time: Wednesday 11.00am – 1.00pm

Faith and HIV

Samuel Muchoki, *Centre for Culture, Ethnicity and Health* and Marg Hayes, *Catholicare*

HIV Health Promotion with Multicultural Youth

Andrew Stone, *Western Sydney and Nepean Blue Mountains Local Health Districts HIV and Related Programs (HARP) Unit*

Social and Structural Contexts of HIV Vulnerability

Time: Wednesday 2.30pm – 4.30pm

Social and Structural Contexts of HIV Vulnerability among Internally Displaced Youth in Leogane, Haiti

Carmen Logie, *University of Toronto*

Poverty, Intersecting Stigmas, and Health Outcomes among HIV-Positive African, Caribbean and Black Women in Ontario, Canada

Carmen Logie, *University of Toronto*

Let's Talk About Sex

Lazaro Kabongo, *Ethnic Communities Council of Queensland*

Young Women's Sexual and Reproductive Health Rights in Post 2015

Ebony Johnson, *A Drop of Prevention, LLC, ATHENA Network, GCWA*

An interactive panel discussion will follow.

Innovative Approaches

Time: Thursday 11.00am – 1.00pm

An Innovative Approach to Preventing HIV Transmission and Reducing HIV Criminalisation

Enaam Oudih, *PEACE Multicultural Services, Relationships Australia*

Decolonising Methodologies, Indigenous and African Diasporic HIV Research: Reflections on a Scoping Review Process

Ciann Larose Wilson, *PhD Candidate, York University, Canada*

Mobilising Research

Time: Thursday 2.30pm – 4.30pm

Let's Talk About Sex: A Community Conversation

Ciann Larose Wilson, *PhD Candidate, York University, Canada*

Research Shouldn't Sit on a Shelf: Stories of Strength, Action and Resilience from Women Living with HIV

Mubnii Morshed, *Women's Health in Women's Hands Community Health Centre*

The Diaspora Declaration

Time: Monday 11.00am – 1.00pm

Presentation and Discussion The Diaspora Declaration

Kwaku Adomako and Wangari Tharao, *African and Black Diaspora Global Network on HIV/AIDS*

This session will provide an overview of the Diaspora Declaration (DD), an advocacy project led by ABDGN (African and Black Diaspora Global Network on HIV/AIDS) that will use outcomes from extensive literature reviews and global consultations to inform an evidenced-based approach towards developing a coordinated multi-regional HIV/ADS response for African and Black Diaspora and migrant populations. Through facilitated discussions participants will have the opportunity to contribute key themes and topics that have regional impacts that should be reflected in the DD. African and Black Diaspora community members living with and affected by HIV/AIDS are strongly encouraged to participate. Key resources and literature references will be shared with participants, as well as ongoing engagement opportunities with ABDGN throughout the development of the DD.

Overcoming Challenges in Service Delivery

Time: Monday 2.30pm – 4.30pm

Oral Abstract KAB HIV Workforce Survey Results

Rebekah Israel, *Black AIDS Institute*

In 2012-2013, the Black AIDS Institute conducted a ‘Knowledge, Attitudes, and Beliefs’ survey among the HIV workforce. We aimed to gain a better understanding of what treatment educators, prevention workers, and outreach workers, client services managers, local and state health department employees know and don’t know about the science of HIV/AIDS. Survey results revealed that overall, the workforce has low HIV science literacy. We found that education, race, and geographic location were major drivers of scores. Based on the findings, we know we need to improve the HIV treatment and Science literacy among ASO’s

and CBOs, particularly among Blacks, Latinos, and people in the south—given the demographics of the epidemic. Increasing HIV science and treatment knowledge and familiarity with bio medical interventions might: 1. Help improve retention in care, utilization of ARVs, and achieving viral suppression 2. Reduce resistance to ARV therapies and bio medical interventions, particularly amongst Blacks, Latinos, people living in the South 3. Decrease HIV related stigma and discrimination.

Oral Abstract African American HIV University, Science and Treatment Centre

Rebekah Israel, *Black AIDS Institute*

In light of our KAB results, the Black AIDS Institute revamped and relaunched our flagship program the African American HIV University – Science and Treatment College (STC). The STC curriculum prepares community-based, and AIDS service organizations, and Health Departments on how to improve their performance in the treatment cascade. (CBOs/ASOs) to serve as liaisons between people living with HIV/AIDS and the entities that serve them. STC focuses on HIV and its relationship to human biology, virology, pharmacokinetics, epidemiology, and treatment strategies. By the end of AAHU STC, organizations and their Fellows will be stewards of a living, breathing Black Treatment Advocates Network (BTAN). The 2013-2014 cohort has demonstrated that increasing the health literacy of the HIV workforce is a key factor in improving health outcomes among people living with HIV in some of the most highly impacted cities in the country.

Presentation Migration, Sexuality and HIV

Alison Coelho, *Centre for Culture, Ethnicity and Health*

The Multicultural Health and Support Service (MHSS), a program of the Centre for Culture, Ethnicity and Health (CEH), works with migrants and refugee background communities to address the culturally sensitive issues of blood borne viruses (BBV) and sexually transmissible infections (STI). MHSS improves communities’ access to information, support and testing, conducting

preventative health messaging, and increasing culturally responsive service deliver by organisations. This presentation will use MHSS case studies to contextualise the complex needs of migrants and refugee from Africa living in Australia. In addition, the presentation will discuss the importance of using a social determinant of BBV/STI framework in projects that promote the sexual health and wellbeing of this migrant population. This approach is one of the latest promising practices in our program.

Workshop The South Australian African Communities Health Advisory Committee is making a Difference

Enaam Oudih, *PEACE Multicultural Services, Relationships Australia*

The session will begin with a presentation about the establishment of the South Australian African Communities Health Advisory Committee, who are they? And what do they do? What are their challenges and achievements so far? Then we will facilitate a discussion about how those challenges can be addressed and how do we “globally” strengthen and support local initiatives.

Sexual Health Promotion in African Diaspora Communities

Time: Tuesday 11.00am – 1.00pm

Oral Abstract The Challenges of Health Promotion within African Communities in New Zealand

Kudakwashe Tuwe, *NZ AIDS Foundation*

The study identified eight key health promotion challenges faced by New Zealand (NZ) African communities. I used a phenomenological approach to critically examine the meanings and experiences of participants on health promotion (Polit & Beck, 2004). The use of the phenomenological approach enabled participants to share their “lived” experiences regarding the health promotion challenges within African communities in NZ. In addition, I used ethno-methodology to help me understand how cultural norms, values, beliefs and

practices impact on awareness and acceptance of health promotion practices by African individuals and communities in NZ (Polit & Beck, 2004).

Oral Abstract Overcoming HIV Stigma and Social Isolation in the African Diaspora: Antiretroviral Therapy Alone is not enough

Elizabeth Mlambo, *Lemongrove Sexual Health HIV and Related Programs Unit*

Many challenges are faced by people living with HIV. Add to this the trauma of living as a refugee, the complexity of the migration process and the stigma associated with the diagnoses. In 2009, the Sisters of Mercy, a pharmaceutical company, Sydney West Area Health Service and Pozhet (Heterosexual HIV Service) set up an HIV-positive support group to help African HIV positive migrants feel accepted, supported and integrated into a new community. Over the last five years the group has grown, changed and expanded in scope. Its core purpose is HIV education, encouraging access of relevant services and social support. Its make-up, organisation and structure have been altered by its members to reflect their needs and the changing face of HIV in Australia.

Oral Abstract What the EPI will not tell you: HIV in Communities of Colour

Marsha Martin, *Black AIDS Institute*

This session will introduce attendees to alternative methods for understanding local epidemic dynamics. Using slides from several data sets, the attendees will review and discuss the use of quantitative and qualitative methodologies, data triangulation and various data collection strategies. The use of focus groups, pilot studies and assessments frameworks will be explored with the attendees. The importance of integrating quantitative and qualitative data will be discussed. Examples from the field will be shared.

Interactive Presentation Sexual Health Promotion and HIV Prevention with Sub-Saharan African Migrants in Flanders, Belgium: A Participatory Network Approach

Christiana Nöstlinger, *HIV SAM Project, Institute of Tropical Medicine*

Heterogeneous sub-Saharan African migrants (SAM) living in Flanders (Belgium's Dutch-speaking region) are few in numbers (1.6% of the population; 48 nationalities), but their HIV burden is disproportionately high (33% of HIV-diagnoses). As in other European countries, SAM are diagnosed late among SAM. 62,5% of all newly diagnosed SAM are late presenters (CD4 count < 350/ml). Vulnerabilities linked to migrant trajectories and socio-economic status make that demand for HIV prevention is low and HIV is highly stigmatized. We present prevention initiatives developed by the HIVSAM-project using a community-based participatory approach along the continuum from primary HIV-prevention (prevention networks: 44 African CBOs), promotion of HIV testing (swab2know project: using outreach for oral fluid HIV testing and online test-result communication) and positive prevention (patient support groups, body-mapping). These activities were developed, implemented, and evaluated with participation of the affected communities. We highlight the influence of contextual factors, e.g. how recent EU migration policies have jeopardized a rights-based approach to universal access to treatment, HIV testing and linkage to care.

Gender, Education and Power

Time: Tuesday 2.30pm – 4.30pm

Oral Abstract Migration, Sexuality and HIV: Experiences of Horn of Africa Men with Refugee Backgrounds in Australia

Samuel Muchoki, *Centre for Culture, Ethnicity and Health*

This presentation is based on the author's PhD study that explored the sexual lives of men with refugee backgrounds from Sudan, Eritrea, Ethiopia and Somalia during migration and on settlement in Australia. One of the research questions investigated whether sexual practices of these men increased risk of HIV infection. The fieldwork was conducted between February and December, 2012.

Oral Abstract Harmful Widowhood Practice in Nigeria and its Impediments to Sexual and Reproductive Health Development in Africa

King Odor, *PhD Candidate, Deakin University*

Harmful Widowhood Practice (HWP) is an obnoxious, inhuman treatment and Violence against Women (VAW) following the death of their husbands. They are the Umuadas - the daughters married outside their community, family members and community because of the prevalent cultural norms. The HWP is a common traditional practice in most African societies. In Nigeria, it is predominantly practiced in Igboland. Some of the traditional HWPs are wife and assets inheritance including sexual cleansings – the practice in which a widow has sex with another man following the death of her husband, to purge the husband's spirit. The study therefore, examined the Harmful Widowhood Practice (HWP) in Nigeria and its Impediments to Sexual and Reproductive Health Development in Africa.

Presentation Bring Back our Girls: Education is HIV prevention

Ebony Johnson, *A Drop of Prevention, LLC, ATHENA Network, GCWA*

Film Screening and Discussion Powerful Women: Motivational Film

Bethwyn Hodge, *WA AIDS Council*

The 'Powerful women' motivational film (2014) is a new resource for African communities in Western Australia. It addresses HIV and the role women can play to promote HIV testing. The short film is an influential speech spoken by female members of Perth's African community.

Empowering Culturally and Linguistically Diverse Communities around HIV

Time: Wednesday 11.00am – 1.00pm

Presentation Faith and HIV

Samuel Muchoki, *Centre for Culture, Ethnicity and Health* and Marg Hayes, *Catholicare*

We aim to showcase promising partnership opportunities between service providers and faith-based institutions in preventing HIV transmission and addressing stigma in migrant and refugee communities. Marg Hayes will present “Angels in Disguise”, book recently launched for distribution in parishes and schools as well as the wider community to bring a human face to HIV/ AIDS. Samuel will present the report “Hand in Hand: partnering with spiritual leaders in preventing HIV transmission and addressing stigma in migrant and refugee communities”.

Workshop HIV Health Promotion with Multicultural Youth

Andrew Stone, *Western Sydney and Nepean Blue Mountains Local Health Districts HIV and Related Programs (HARP) Unit*

Culturally and linguistically diverse (CALD) communities in Australia encompass over 200 different language-groups. In many communities HIV and sexual health are sensitive, sometimes taboo, topics. Communities have their own values and challenges around sexual health and HIV, so a differentiated approach to health promotion is required. This session explores how to engage in cross-cultural HIV health promotion using a positive sexual health framework, ‘Sex Aware, Sex Positive, Sex Responsible’. This is a psycho-socio-cultural rather than bio-medical approach to health promotion. It focuses on giving people information to prevent transmission of HIV, affirming their sexuality and empowering them to enjoy pleasurable, safe, respectful sexual experiences in their cultural context.

Social and Structural Contexts of HIV Vulnerability

Time: Wednesday 2.30pm – 4.30pm

Oral Abstract Social and Structural Contexts of HIV Vulnerability among Internally Displaced Youth in Leogane, Haiti

Carmen Logie, *University of Toronto*

Haiti, the poorest country in the Western hemisphere, was devastated by the 2010 earthquake that resulted in the collapse of social, economic and health infrastructure and left 2 million persons—one-fifth of Haiti's population—homeless. Approximately 350,000 persons remain internally displaced (ID)—lacking protection and basic services. Reports indicate that adequate lighting, bathing facilities, tents, security, and police presence remain critically lacking. This series of outstanding community-level gaps contribute to HIV infection vulnerabilities. We used a structural violence theoretical framework to explore social and structural contexts of HIV vulnerability among ID young men and women in Leogane, Haiti.

Oral Abstract Poverty, Intersecting Stigmas, and Health Outcomes among HIV-Positive African, Caribbean and Black Women in Ontario, Canada

Carmen Logie, *University of Toronto*

Poverty is a powerful structural driver of HIV infection; for women living with HIV (WLWH) poverty may contribute to deleterious health and social outcomes. Structural drivers of HIV, such as poverty, racism and sexism, are strongly implicated in African, Caribbean and Black women's overrepresentation in HIV infections in Ontario. Few studies have explored how poverty continues to impact the lives of African, Caribbean and Black WLWH. We employed a critical feminist intersectional approach to explore associations between poverty and social (social support), structural (racism, sexism, HIV-related stigma) and health (health care access, depression, quality of life) factors among African, Caribbean and Black WLWH in Ontario.

Interactive Presentation Let's Talk About Sex

Lazaro Kabongo, *Ethnic Communities Council of Queensland*

The Ethnic Communities Council of Queensland (ECCQ) has been delivering BBV and STI education and outreach activities to culturally and linguistically diverse

communities at risk including young people in Queensland for almost 20 years. Bilingual and multilingual health workers are embedded in their communities, allowing them to effectively deliver education in a way community members understand and can relate to. While sport, workshops and other events have been effective in engaging young people, an ongoing challenge has been to engage their parents. Lazaro and other bilingual/multilingual health workers have been working with young people from the Burundi, Sudanese, Congolese, Rwandan and Somali communities for a number of years. These young people are finding that cultural and religious sensitivities around sex are preventing their parents from openly discussing related topics and preventing them from accessing information from other sources. Join Lazaro to hear his experiences and share strategies that have worked in your communities.

Interactive Presentation Young Women's Sexual and Reproductive Health Rights in Post 2015

Ebony Johnson, *A Drop of Prevention, LLC, ATHENA Network, GCWA*

Innovative Approaches

Time: Thursday 11.00am – 1.00pm

Workshop An Innovative Approach to Preventing HIV Transmission and Reducing HIV Criminalisation

Enaam Oudih, *PEACE Multicultural Services, Relationships Australia*

The session will begin with a presentation providing the rationale behind the development of an innovative model for working with African individuals living with HIV, with particular emphasis on the barriers to safe sex, risks of further transmissions and legal implications (criminalisation). A description of the developmental phases, including key partnerships, will then be provided, followed by an introduction to one of the evidence based tools (the condom checklist), which forms a major component of the model.

Audio Visual Presentation Decolonising Methodologies, Indigenous and African Diasporic HIV Research: Reflections on a Scoping Review Process

Ciann Larose Wilson, *PhD Candidate, York University, Canada*

This video presentation and discussion will overview our research team's engagement in a scoping review of literature dealing with decolonizing — Indigenous, and African Diaspora—methodologies. With the use of a video created from our reflections during a face-to-face meeting in Toronto, Canada, we will engage audience members in our thoughts about the themes that surfaced, as well as our own relationships to this literature and the research processes we employed.

Mobilising Research

Time: Thursday 2.30pm – 4.30pm

Audio Visual Presentation Let's Talk About Sex: A Community Conversation

Ciann Larose Wilson, *PhD Candidate, York University, Canada*

This presentation will engage audiences in an interactive discussion about the research findings and youth-made videos and photos produced from the Let's Talk About Sex (LTAS) project. This community-based project engaged 15 young (14 – 18 year old) African, Caribbean and Black-Canadian women in an arts-based workshop designed to educate how these youth make sexual health decisions and negotiate their agency in a hostile, structurally inequitable environment.

Presentation and Panel Discussion Research Shouldn't Sit on a Shelf: Stories of Strength, Action and Resilience from Women Living with HIV

Mubnii Morshed, *Women's Health in Women's Hands Community Health Centre*

HIV infection rates are rising among women in Canada and there are gaps in knowledge regarding the impacts of HIV on the lives of diverse women in Canada. The women's community-based research project, "Involving Ontario HIV+ Women and their Service Providers in Determining their Research Needs

and Priorities", aimed to address these gaps through developing an innovative knowledge translation and exchange strategy to disseminate the research findings. One major component of the strategy was the use of digital storytelling videos made by seven women representing different stakeholders within the HIV community. The videos illustrate the complex lives of women living with HIV and the importance of HIV research for and by women. This session will include a panel of women who participated in videos to enable dialogue about the importance of translating research and knowledge to the wider community.

Appendix 2 – Media Briefing Sheet

HIV and the African/Black Diaspora at AIDS 2014 Conference, Melbourne

African/Black diaspora populations are people of African descent living outside Africa. This describes many diverse communities around the world and includes recent temporary and permanent migrants, as well as people whose ancestors left Africa many generations ago.

The global HIV epidemic affects African/Black diaspora communities out of proportion to their numbers in many countries of Europe, the Americas and the Asia-Pacific region. Members of these communities are more often diagnosed late, and face barriers to treatment and care.

Failure to focus on African/Black Diaspora communities prevents effective action, but undue focus may intensify stigma and discrimination experienced by members of these communities. We believe the solution to this dilemma is mobilisation of African/Black diaspora communities to step forward to take ownership of the issues related to HIV prevention and care, in partnership with policy makers, health workers, researchers and other communities affected by HIV.

“Under the Baobab” is a networking zone in the Global Village at the AIDS 2014 conference in Melbourne. The networking zone aims is to raise awareness of the importance of HIV for African/Black diaspora communities in Australia and abroad and to support networks of community activists, researchers and policy makers.

You can follow the activities at the Under the Baobab Networking Zone on:

<https://www.facebook.com/baobabAIDS2014>

<https://twitter.com/BaobabAIDS2014>

#baobabAIDS2014

Or if you're in Melbourne, come and visit us (free entry) at stall 812 at the Global Village at the Melbourne Convention & Exhibition Centre.

We hope these alliances will enable us to more effectively address the challenges of HIV prevention, timely diagnosis and access to care, for members of African/Black Diaspora communities in Australia and globally.

Key Messages for Australia's African communities

BACKGROUND

- **HIV awareness programs are most successful when they are developed and delivered in partnership with communities.**
 - o A range of successful HIV programs have been developed and implemented in African communities in Australia based on locally identified needs. A resource published by the Australian Federation of AIDS Organisations (AFAO) in 2013 lists these programs by state/territory, and is available at <http://bit.ly/afmapping>
- **Australia's African communities already have considerable expertise about HIV**
 - o Many African community members have worked on HIV in Africa, across all areas of work, from research, to care and support and health promotion.
 - o Some of this knowledge may need adaptation to be applied in the Australian context
- **Many members of African diaspora communities have been personally affected by HIV in their countries of origin.**

- For some, this experience may have occurred in the era before effective HIV treatment was readily available in Africa. Their understanding of HIV/AIDS may be profoundly shaped by such experiences.
- **African Australian leaders want to take ownership of HIV as an issue affecting their communities**
 - Communities are interested and engaged in HIV prevention efforts as well as care and support issues, in partnership with existing HIV service providers and HIV sector organisations. Examples are the two successful African community forums on HIV held in 2011 (Sydney) and 2012 (Melbourne), supported by AFAO.
- **Some African Australians from countries with a high prevalence of HIV believe that they are not at risk of acquiring HIV in Australia.**
 - This results partly from the HIV screening process during migration to Australia
 - African communities need to educate themselves regarding their real risks of getting HIV in Australia.
- **African communities in Australia are diverse.**
 - Prevention and awareness campaigns should be developed in partnership with communities to reflect this diversity of migration history, education, gender, language and religious background.
- **African Australians are over-represented in Australia's HIV epidemic**
 - This is most marked amongst heterosexually-acquired HIV cases, women and children diagnosed with HIV and instances of mother-to-child HIV transmission.
- **People with HIV in the African diaspora are often diagnosed late, compared to other people diagnosed with HIV.**
 - Reasons for this may include:
 - structural barriers (political, legal, economic) impeding access to testing, treatment and support;
 - racism against African/ Black communities;
 - homophobia within African/ Black communities;
 - HIV related stigma against African/ Black PLHIV both within these communities and from the wider community.
- **African diaspora communities have not been adequately recognised as key affected populations in national, regional and global HIV epidemiology.**
 - In 2012, 69% of people living with HIV globally were in Africa, but when including the numbers of people living with HIV in regions with significant new/historic ABD populations, over 80% of the people living with HIV globally are Black or of African descent.
 - African and Black Diaspora populations experience a disproportionate burden of new HIV infections in comparison to their population size in North America, Western Europe, Latin America, the Caribbean, and the Pacific, resulting in disturbing patterns of shared health disparities in these regions
- **African/ Black MSM are inadequately recognised as key affected populations and marginalised populations in Africa and the diaspora.**
 - Gay men and other men who have sex with men (MSM) have relatively high rates of HIV infection and diagnosis in Africa and in the diaspora. Recognition of this has been delayed due to denial (by African communities and by the scientific community) of the existence of same-sex relationships in Africa and in the African/Black diaspora.
 - HIV prevention, treatment and care is made more difficult by legal and social barriers impeding the frank discussion with African gay men and other men who have sex with men, about HIV and sexual health in Africa and in other regions.
 - Discussion about sexuality and same-sex relationships amongst African men raises many serious issues related to human rights, cultural and religious identity, family, gender, politics of

colonisation and post-colonial globalisation. These complex issues cannot be adequately addressed without meaningful engagement of African/Black diaspora communities.

- **People living with HIV who are from the African Diaspora face many challenges when accessing services**
 - o Challenges include racism, stigma, fear and sometimes communication barriers.

THE WAY FORWARD

Strengthening African and Black Diaspora community capacities and leadership skills

- By developing networks to help create mechanisms to improve the content and flow of knowledge among diverse stakeholders, African/Black Diaspora populations can begin to work in partnership with governments, health surveillance agencies, research collectives, multilateral donors, AIDS Service Organizations, and other non-governmental organizations to impact change.
- A robust civil society network is needed.
- Increased engagement will allow for more critical perspectives from the grassroots to inform high level policy and resource development initiatives
- Development of a global HIV/AIDS framework for African and Black Diaspora populations is the ultimate goal. A comprehensive blueprint that upholds health and human rights protections, recognizes the interconnected structural and historical barriers to equitable health, and builds solidarity among African/Black Diaspora communities around the world.

Useful Links

African Black Diaspora Network on HIV/AIDS - www.abdgn.org

Australian Federation of AIDS Organisations (AFAO) www.afao.org.au

Appendix 3 – Contact List of Reference Group, Volunteers and Speakers

Name	Organisation	Email
Elizabeth Mlambo	NSW Health	Elizabeth.mlambo@swahs.health.nsw.gov.au
Chris Lemoh	Victorian African Health Action Network	chris.lemoh@gmail.com
Kwaku Adomako	ABDGN	kwaku.adomako@abdgn.org
Jill Sergeant	AFAO	JSergeant@afao.org.au
Bethwyn Hodge	WA AIDS Council	bhodge@waaid.com
Sem Mabuwa	AFAO, ABDGN	mabuwas@hotmail.com
Zhihong Gu	Ethnic Communities Council of Queensland	zhihongg@eccq.com.au
Oliver Maboreke	Settlement Services International	mabodelight@yahoo.com
Phil Bilombele	Emo Community Services	bioloas@gmail.com
Alison Coelho	Centre for Culture, Ethnicity and Health	alisonc@ceh.org.au
Rebecca Reeves	Centre for Culture, Ethnicity and Health	rebeccar@ceh.org.au
Kashif Manzoor	Asylum Seekers Resource Centre and Salvation Army	kashif_vnh@yahoo.com
Marvelous Muchenje	Women's Health in Women's Hands	marvelous@whiwh.com
Gwamaka Eliudi		gelugano@gmail.com
Mubnii Morshed	Women's Health in Women's Hands	mubnii@whiwh.com
Wangari Tharao	ABDGN	wangari@whiwh.com
Rebekah Israel	Black AIDS Institute	RebekahI@blackaids.org
Enaam Oudih	Relationships Australia (SA)	e.oudih@rasa.org.au

Kudakwashe Tuwe	NZ AIDS Council	k.tuwe@nzaf.org.nz
Marsha Martin	Black AIDS Institute	marsha@uchaps.org
Christiana Nöstlinger	Institute of Tropical Medicine	cnoestlinger@itg.be
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