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## SUMMARY REPORT



### UNDER THE BAOBAB TREE:

#### THE AFRICAN DIASPORA NETWORKING ZONE AT AIDS 2014

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 1 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.

**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](http://afao.smugmug.com/Other-1/Events/Under-the-Baobab-at-AIDS-2014)

**Presentation slides at:** [www.slideshare.net/AFAO/tag/under-the-baobab](http://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](http://www.abdgn.org)

**Australian Federation of AIDS Organisations (AFAO)** [www.afao.org.au](http://www.afao.org.au)

**Multicultural Health and Support Service of CEH:** [www.ceh.org.au/our-programs/our\\_programs\\_mhss](http://www.ceh.org.au/our-programs/our_programs_mhss)

## Appendix 1 - Program

	Monday 21 <sup>st</sup> July	Tuesday 22 <sup>nd</sup> July	Wednesday 23 <sup>rd</sup> July	Thursday 24 <sup>th</sup> 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><b>The Diaspora Declaration</b></p> <p><b>Speakers:</b></p> <p>Presentation and Discussion Kwaku Adomako and Wangari Tharao, <i>Canada</i></p>	<p><b>Sexual Health Promotion in African Diaspora Communities</b></p> <p><b>Chair:</b> Sem Mabuwa, <i>AFAO, ABDGN, Australia</i></p> <p><b>Speakers:</b></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><b>Empowering Culturally and Linguistically Diverse Communities around HIV</b></p> <p><b>Chair:</b> Oliver Maboreke, <i>Settlement Services International, Australia</i></p> <p><b>Speakers:</b></p> <p>Presentation Samuel Muchoki, <i>Australia</i> and Marg Hayes, <i>Australia</i></p> <p>Workshop Andrew Stone, <i>Australia</i></p>	<p><b>Innovative Approaches</b></p> <p><b>Chair:</b> Alison Coelho, <i>Centre for Culture, Ethnicity and Health, Australia</i></p> <p><b>Speakers:</b></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><b>Overcoming Challenges in Service Delivery</b></p> <p><b>Chair:</b> Gwamaka Eliudi, <i>Australia</i></p> <p><b>Speakers:</b></p> <p><b>Oral Abstracts</b> Rebekah Israel, <i>USA</i></p> <p><b>Presentation</b> Alison Coelho, <i>Australia</i></p> <p><b>Workshop</b> Enaam Oudih, <i>Australia</i></p>	<p><b>Gender, Education and Power</b></p> <p><b>Chair:</b> Bethwyn Hodge, <i>WA AIDS Council, Australia</i></p> <p><b>Speakers:</b></p> <p><b>Oral Abstract</b> Samuel Muchoki, <i>Australia</i></p> <p><b>Oral Abstract</b> King Odor, <i>Australia</i></p> <p><b>Presentation</b> Ebony Johnson, <i>USA</i></p> <p><b>Film Screening and Discussion</b> Bethwyn Hodge, <i>Australia</i></p>	<p><b>Social and Structural Contexts of HIV Vulnerability</b></p> <p><b>Chair:</b> Phil Bilombele, <i>Emo Community Services, Australia</i></p> <p><b>Speakers:</b></p> <p><b>Oral Abstract</b> Carmen Logie, <i>Canada</i></p> <p><b>Interactive Presentation</b> Lazaro Kabongo, <i>Australia</i></p> <p><b>Interactive Presentation</b> Ebony Johnson, <i>USA</i></p>	<p><b>Mobilising Research</b></p> <p><b>Chair:</b> Zhihong Gu, <i>Ethnic Communities Council of Queensland, Australia</i></p> <p><b>Speakers:</b></p> <p><b>Audio Visual Presentation</b> Ciann Larose Wilson, <i>Canada</i></p> <p><b>Presentation and Panel Discussion</b> 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

#### **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 understand 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** (distributed prior to and during the conference to community members)

### **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**
  - Many African community members have worked on HIV in Africa, across all areas of work, from research, to care and support and health promotion.
  - 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**
  - 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](http://www.abdgn.org)

Australian Federation of AIDS Organisations (AFAO) [www.afao.org.au](http://www.afao.org.au)