

Appendix C: Literature Review: African and Caribbean Black Diaspora and HIV/AIDS

Citation	Adanse-Pipim, K.A. (1996). <i>The Netherlands. African migrants face discrimination, mandatory testing</i> . MAHA. survivreausida.net
Key Words	Acquired Immunodeficiency Syndrome • African Continental Ancestry Group • Counseling • Ethnic Groups • European Continental Ancestry Group • Female • HIV Infections • HIV Seropositivity • Health Education • Humans • Netherlands • Organizations • Transients and Migrants • education • organization & administration
Abstract	<p>Migration, the movement of a person from one area to another in order to settle, is as old as humanity itself. Migration includes people travelling in search of jobs as well as those running away from their home countries, fleeing persecution because of their beliefs, political activism, or wars. In addition, family reunification has, in this century, become a reason for migration. International migration, the displacement of people across country borders, has become a hotly debated issue in many parts of the world. Even areas which practiced liberal migration policies in the past are today taking steps to tighten controls. Governments now see the regulation of migration as an essential element of their sovereignty. Although international migration cannot be the main source of the world's economic and political problems, it is a valuable resource that should be carefully managed? Especially in the area of HIV/AIDS. In the Netherlands, for example, the forces of xenophobia and racism have led to very tight regulations against migrants entering the country. These forces continue to play an important role in the migration patterns in The Netherlands. More than 50 000, people migrate into the Netherlands every year. The number of Africans entering into the Netherlands is uncertain but unofficial estimates are that about 1000 enter the country every year. The persons migrating into the Netherlands could be categorized into three groups: those coming for family reunification, refugees (economic and war refugees), and third, those who arrive in Netherlands unnoticed and therefore are not registered. Within these categories of migrants in the Netherlands, HIV is a significant problem. From approximately 252 heterosexuals diagnosed to be HIV+ from 1982-1993, 26 % were found to be from HIV endemic areas. AFAPAC's own research indicates that the number of Africans infected with HIV is on the increase.</p>
Citation	Adanse-Pipim, K.A., Kyei, M.B. & Boahene, K. (2000). HIV/AIDS prevention and care initiative for Africans living in the Netherlands. <i>Int Conf AIDS. 9-14, 132000</i> .
Key Words	N/A
Abstract	<p>About 100.000 Africans are believed to be living in The Netherlands. African churches, community-based socio-cultural organizations and the number of Africans entering the country as refugees are the indicators for this number. The Dutch language, the Dutch method of HIV/AIDS education and the cultural differences are the impediments for HIV/AIDS information dissemination to Africans living in The Netherlands. Officially about 15.000 people are said to have been infected with HIV/AIDS in The Netherlands. Out of this figure about</p>

	<p>157 are said to be Africans. With the financial support of the Dutch AIDS fund, AFAPAC Foundation has developed a culturally appropriate method of HIV AIDS information and care. Due to the low socio-economic situation which most Africans find themselves, especially Africans without stay permits, the African community is susceptible to HIV/AIDS infection. Some of the women involve in commercial sex for their living. Method: Visiting of marketplaces where Africans go, radio broadcasting, information giving in churches and at meetings of socio-cultural organizations, youth community health promotion (YCHP), telephone services, outreaches and "in loop" are the strategies used in reaching the target group. AFAPAC works together with Dutch institutions in formulation of policies for migrant communities. AFAPAC has also developed culturally appropriate counseling methods to support HIV/AIDS infected and affected families. The methods developed are family chain and family arbitration. AFAPAC also has also adopted SCAS as a method for counseling groups. In order to provide culturally appropriate support to Africans; AFAPAC provides training for Nurses, general practitioners, psychologists and AIDS consultants at various Dutch hospitals and health centers. The workers of AFAPAC are known in the African community and one can come to the office without having to make an appointment. Most of the activities are organized outside the working hours and at weekends. Results: In 1999 AFAPAC foundation reached 40% of the Africans and supported 70 Africans with HIV/AIDS. There were 3362 telephone consultations, 16 meetings were held at places where Africans go, 135 information distribution points were visited and supplied with information materials and 1368 people visited our office for advice and support. About 7000 people were reached every Saturday through the local AFAPAC radio. Conclusion: AFAPAC foundation has been able to reach The African community in The Netherlands with culturally appropriate HIV/AIDS messages Religion, culture and the language which these communities associate themselves with have played an important role in dissemination of the HIV/AIDS messages. A community based HIV/AIDS prevention approach proves to be effective within The African community in The Netherlands.</p>
Citation	<p>Adrien, A., G. Godin, P. Cappon, S. M. Singer, E. Maticka-Tyndale and D. Willms. (1996). Overview of the Canadian Study on the Determinants of Ethnoculturally Specific Behaviours Related to HIV/AIDS. <i>Canadian Journal of Public Health</i>. 87(Supp 1):S4-S10.</p>
Key Words	<p>N/A</p>
Abstract	<p>Canada's population is composed of heterogeneous ethnocultural communities. There is a need for information and educational initiatives on HIV and AIDS directed specifically at these communities. For such interventions to be effective we must determine the existing personal and sociocultural factors related to HIV transmission. There has been little such research in Canada. In this supplement we report on various aspects of a study conducted between May 1992 and December 1994 to determine the factors related to HIV transmission in several ethnocultural communities. This paper describes some innovative aspects of the project: the conceptual framework, the community participatory model, the use of a multi-method research design, and the ongoing communication strategy. The combination of these elements makes the study unique. The value of the study lies not only in the information obtained but also in the model it provides for future research in other settings.</p>
Citation	<p>Adegbite, G., Cline-Cole, T. & Daodu, K. (2005). <i>UBUNTU-HUNHU IN HERTFORDSHIRE: A Peer Education Evaluation</i>, The Crescent, UK, www.thecrescent.org.ukk</p>

Key Words	N/A
Abstract	<p>The Crescent Support Group commissioned an evaluation of a Peer Education programme that supported the sexual health needs of African communities in Hertfordshire over a three year period. The project aimed to create awareness and understanding of safer sexual health practices within these communities through the use of Peer Educators. Over the three year period, several Peer Educators were recruited, trained, supported and provided with resources to influence sexual health behavior of their peers. The evaluation exercise set out to identify benefits that have been achieved in the short and intermediate term and it is hoped that this exercise will provide a starting point for more in-depth impact studies in the long term. The following outcomes were achieved:</p> <ul style="list-style-type: none"> • Twenty-one Peer Educators completed the course, with an understanding of HIV and other related issues. • Peer Educators developed skills necessary to confidently engage with peers in appropriate contexts. • Peer Educators were supported after training as a result of having open access to the organization. • Peer Educators supported The Crescent to raise awareness about HIV in Hertfordshire through outreach and other health interventions. <p>The Peer Education programme demonstrates the effectiveness of the following methodologies:</p> <ul style="list-style-type: none"> • Adult learning and low literacy teaching approach • Short, focused training sessions as opposed to a full day training course • Peer support for conducting peer education in sexual health settings <p>Evaluation of the programme indicated an increase in HIV and sexual health knowledge, safer sex practices and interpersonal skills amongst Peer Educators. In addition, Peer Educators reported a high level of participant satisfaction with the topic content, training structure and training personnel. Useful insights into the selection criteria, incentive system and supervision structure were obtained as a result of this evaluation. On the whole, this model of peer education is effective and should be developed further to expand the potential benefits of the programme in Hertfordshire.</p>
Citation	<p>African HIV Policy Network (2009). <i>From a Destination Unknown to a Safe Place- Immigration control and people living with HIV: new policy perspectives</i>, African HIV Policy Network, London www.ahpn.org/downloads/campaigns/From_a_Destination_Unknown_to_a_Safe_Place(AHPN).pdf</p>
Key Words	Immigration control and people living with HIV: new policy perspectives
Abstract	N/A
Citation	<p>African HIV Policy Network. (2009). HIV and FAITH Discussion Paper Engaging Muslim and Christian leaders on the issue of HIV. London: AHPN.</p>
Key Words	N/A

Abstract	<p>This paper identifies for discussion, a range of proposals on ways in which Muslim and Christian faith leaders can work together with HIV organizations (the HIV sector) on the issue of HIV in the UK. This initiative is being led by the African HIV Policy Network (AHPN) and Naz Project London (NPL) from the HIV sector, with support from Camden and Lambeth Primary Care Trusts, the Department of Health and the Mayor's Office (Greater London Authority). Although this initiative is initially being led by Black and Minority Ethnic (BME) organizations, the long-term view is to draw in other HIV sector organizations. This paper is based on evidence that has emerged from a continuing and long process of community engagement and policy analysis. Over recent years AHPN and NPL have worked with Christian and Muslim faith communities, as well as faith-based and other HIV organizations across the UK:</p> <ul style="list-style-type: none"> • to raise awareness of HIV, • to promote HIV services, and • to develop partnership work with faith leaders, community workers, • healthcare professionals and people living with HIV.
Citation	<p>African HIV Policy Network & PANOS, (2008). <i>Start the Press: How African communities in the UK can work with the media to confront HIV stigma</i>, London www.panos.org.uk/pdf/reports/start_the_press.pdf</p>
Key Words	<p>N/A</p>
Abstract	<p>In the UK, African migrants are among the social groups that are most vulnerable to HIV, accounting for the greatest number of new diagnoses in recent years. HIV has always thrived in the fractures of society, among groups who are marginalized because their sexuality, race, poverty or lifestyle choices (such as selling sex or injecting drug use) don't conform to social 'norms'. Once seen as being about individual attitudes and prejudice, stigma and discrimination are now recognized as broad social processes that sustain power inequalities. An African person living with HIV in the UK may experience multiple levels of marginalization, apparent in inadequate living conditions, unequal income opportunities and limited visibility in policy decisions. These practical realities are exacerbated by current and historical constructions of racism, xenophobia, and stereotypes of African hyper-sexuality. The media can play an important part in challenging stigma around HIV and AIDS. The African HIV Policy Network (AHPN), the Thomson Foundation and Panos London argue that by speaking out, people living with HIV and leaders among African communities can raise awareness about stigma and tackle the discrimination experienced by African communities and people living with HIV in the UK.⁵ One way to achieve this is through better engagement with the media – by supporting responsible journalism that can challenge stigma, and equally by spotlighting inaccurate or misleading coverage that reinforces stigma.</p>
Citation	<p>African HIV Policy Network. <i>Completing the Picture: An examination of the Home Office's country reports on the availability of HIV treatment in Zambia, Malawi, Uganda, South Africa, Nigeria and Zimbabwe</i>. African HIV Policy Network, London,</p>

	www.ahpn.org/publications/index.php/
Key Words	N/A
Abstract	<p>This report raises concern over the quality of information that is made available by the Home Office's Country Information and Policy Unit (CIPU) in its Country of Origin Information (COI) reports regarding HIV treatment and care in African countries. Since the judgment in the case of <i>N v Secretary of State for the Home Department</i> [2005] UKHL 31, it has become commonplace to remove asylum seekers or irregular migrants living with HIV and AIDS whose applications for leave to remain have been denied. The Lord's decision allows the deportation of HIV positive people to countries where the same level of treatment may not exist, as to do so does not amount, in itself, to inhuman and degrading treatment within the meaning of Article 3 of the European Convention on Human Rights. The case of 'N' is currently awaiting judgment at the European Court of Human Rights. The African HIV Policy Network has pursued this research because inaccurate and non-comprehensive information could easily form the basis for deporting people living with HIV in the United Kingdom to countries where their health would be considerably compromised and their life expectancy significantly shortened. The main focus of the report is on the information available in the COIs, to highlight gaps in reporting and encourage greater efforts by the CIPU to carry out more qualitative research regarding HIV and AIDS treatment and care in the future. We have selected the top six African countries with the greatest numbers of asylum seekers or irregular migrants in the United Kingdom with the highest prevalence of HIV (all of which have historical links to the UK) to illustrate our concerns: Zambia, Malawi, Uganda, South Africa, Nigeria, and Zimbabwe. We have presented a more comprehensive account of HIV and the importance of health infrastructure in delivering treatment to people who are in need of it. The report has been written with the legal consideration of Human Rights, as well as the commitment by the UK government to make HIV treatment accessible to all by 2010. We believe that current policy contradicts such developments.</p>
Citation	Anderson, M., Elam, G., Gerver, S., Solarin, I., Fenton, K., & Easterbrook, P. (2008). HIV/AIDS-related stigma and discrimination: Accounts of HIV-positive Caribbean people in the United Kingdom. <i>Social Science and Medicine</i> , 67(5), 790-798.
Key Words	Stigma, Emotions, Sexuality, Aggression, Social Interaction, Discrimination, Negative Attitudes, Abuse
Abstract	<p>This paper explores the effects of HIV/AIDS-related stigma and discrimination (HASD) on HIV-positive Caribbean people in the Caribbean and the UK. In-depth, semi-structured interviews were held with a purposively selected group of 25 HIV-positive people of Caribbean origin, using primary selection criteria of sex, age, sexuality and country of birth. Interviews with respondents revealed that they are keenly aware of the stigma surrounding HIV/AIDS, which some attribute to a particularly Caribbean combination of fear of contamination, homophobia, and ignorance, reinforced by religious beliefs. In fact, religion serves a double role: underpinning stigma and assisting in coping with HIV. HASD has usually occurred where respondents have lost or do not have control over disclosure. Compared to UK-born respondents, the accounts of Caribbean-born respondents, most of who were born in Jamaica, include more reports of severe HASD, particularly violence and employment discrimination. All respondents mobilize a variety of strategies in order to avoid</p>

	HASD, which have implications for their social interactions and emotional well being. While some manage to avoid the "spoiled identity" of the stigmatized, thereby creating their own understandings of HIV infection, these may remain individual-level negotiations. HASD affects HIV-positive Caribbean people at home and in the Diaspora in a variety of ways: emotionally, mentally, financially, socially and physically. Interventions specifically addressing stigma and discrimination must be formulated for the UK's Caribbean population. Tackling stigma and discrimination requires more than education; it requires "cultural work" to address deeply entrenched notions of sexuality.
Citation	Anderson, M., Elam, G., Solarin, I., Gerver, S., Fenton, K., & Easterbrook, P. (2009). Coping with HIV: Caribbean people in the United Kingdom. <i>Qualitative Health Research</i> , 19(8), 1060-1075.
Key Words	Coping, Adaptation, responses to illness & disease, disclosure, diagnosis
Abstract	Although Caribbean people in the United Kingdom are increasingly being affected by HIV/AIDS, there has been no examination of how they are coping with the illness. We investigate the coping strategies of HIV-positive Caribbean people using in-depth interviews with a purposively selected group of 25 residents of South London. The main coping strategies were more cognitive than behavioral: restricted disclosure, submersion, faith, and positive reappraisal. These strategies were intertwined in complex ways, and most were rooted in contextual factors, particularly cultural ones. Themes of loss, silence, and reinvention suffused respondents' narratives. Interventions should consider the high degree of stigmatization of HIV/AIDS in the Caribbean community, reluctance to disclose, the likelihood of an initial severe reaction to diagnosis, and external stressors. HIV-positive Caribbean people who are coping well could serve as mentors and role models for those having difficulty coping and newly diagnosed patients; establishing Caribbean-specific support groups might also assist coping.
Citation	Anderson, J., & Doyal, L. (2004). Women from Africa living with HIV in London: A descriptive study. <i>AIDS Care</i> , 16(1), 95-105.
Key Words	Experiences with treatment, living with HIV, stigma, discrimination, disclosure, faith
Abstract	There are no studies that have examined the particular needs and experiences of African women living with HIV in the UK at a time when they represent an increasingly large proportion of the UK HIV epidemic. This study explores the illness biographies and daily lives of HIV-positive African women receiving treatment in London. Sixty-two women from 11 African countries attending HIV specialist clinics in five London hospitals participated in self-completion questionnaires and in depth semi-structured interviews. Using a narrative approach, women were asked to talk about their HIV status in the broader context of their life history. Important differences exist within this group based mainly on nationality, income, education level and legal status in the UK. However, marked similarities also emerged which were related in part to their situation as migrants and were compounded by their illness. Stigma, both actual and perceived, had a profound impact on women's lives, making control of information about their situation a matter of acute concern. This had an effect on how women accessed health services and voluntary sector agencies. The resilience of women in dealing with difficulties in their lives was strengthened by religious belief. Such similarities and differences need to be properly understood by health and social care professionals

	if they are to offer the most appropriate care for this growing population of patients.
Citation	Anderson, J. (2003) Living with HIV: the experiences of migrant women from Africa in the UK. <i>Gender and Insecurity: Migrant Women in Europe</i> .
Key Words	N/A
Abstract	African women dealing with HIV in London have to deal with a number of challenges, stemming from their position in the society as migrants, as women, and as people living with HIV. Working on strategies to overcome HIV associated stigma must be one of the most important health priorities, and that this needs to be the starting point both for future research and for the planning of services to meet the needs of HIV positive African women.
Citation	Arendt & von Giesen. (2003). Characteristics of the population of HIV-1 positive female migrants in Northrhine-Westphalia, Germany. <i>Eur J Med Res</i> , 8, 4, 137-41
Key Words	N/A
Abstract	METHODS: Comparison between data concerning 204 HIV- 1-positive female migrants from Sub-Saharan Africa, Asia, and European countries other than Germany, with those of 282 German HIV positive women. RESULTS: Female migrants tested at a younger age than non-migrants, and most were infected through heterosexual intercourse. Both groups showed the same pattern of AIDS-defining diseases, with tuberculosis occurring more frequently among migrants.
Citation	Åsander, A-S. (2010). <i>HIV Infected African parents living in Stockholm, Sweden - Social Networks, Disclosure, Parenthood, and knowledge about HIV- Transmission</i> , thesis for doctoral degree, Infectious Disease Unit, Department of Medicine, Karolinska Institutet, Stockholm, Sweden http://diss.kib.ki.se/2010/978-91-7409-774-0/thesis.pdf

Key Words	African families; children; custody planning; disclosure; HIV
Abstract	In Sweden, most HIV-infected parents are of African origin. The present study explored the frequency of HIV-infected African parents' disclosure of their status to their children and custody planning for their children's future to identify support needs among these families. Semi structured interviews were conducted with 47 parents (41 families). The study population included first-generation immigrants, with a total of 87 children less than 18 years of age. Only women had disclosed their HIV status, and only to eight of 59 children older than six. Half of the parents had talked to someone about future custody arrangements. These parents had more contact with a social worker at the social welfare office and with a medical social worker at the HIV clinic. Most parents (30) wanted their children to be cared for by a relative in Sweden or by their HIV-negative partner. Neither disclosure nor custody planning was associated with clinical status or antiretroviral treatment. This study highlights the low HIV-disclosure rate to children of HIV-infected African immigrant parents and the importance of support from social workers.
Citation	Åsander, A., Belfrage, E., Pehrson, P., Lindstein, T., & Björkman, A. (2004). HIV-infected African families living in Stockholm/Sweden: Their social network, level of disclosure and knowledge about HIV. <i>International Journal of Social Welfare</i> , 13(1), 77-88.
Key Words	Quantitative, HIV infection; social network; self disclosure; knowledge level; marital status; gender differences; social isolation
Abstract	Most HIV-infected parents in Stockholm are of African origin. Many of them have several children, but their social network is often limited. This article looks at the networks of these families in relation to different aspects of HIV in order to improve the support strategies. The theoretical basis of the study rests on network and ecological systems theory. The social networks of the families in the study were found to be generally of similar size in Sweden and in the home country. However, of 47 HIV-infected parents only 21 (45%) had disclosed their HIV status to friends and relatives in Sweden. The lack of a social network was especially prominent among single women. Contact with counsellors at the HIV clinic and the social welfare office increased the probability of disclosure about HIV infection. The lack of knowledge about HIV transmission and about whom to inform about the infection stresses the importance of improved counselling. The support strategies aimed at broadening the patient's network and breaking their isolation need to be continued and strengthened.
Citation	Åsander, A., Björkman, A., Belfrage, E., & Faxelid, E. (2009). HIV-infected African parents living in Stockholm, Sweden: Disclosure and planning for their children's future. <i>Health & Social Work</i> , 34(2), 107-115.
Key Words	Custody planning, African families, HIV disclosure to children, planning for the future
Abstract	In Sweden, most HIV-infected parents are of African origin. The present study explored the frequency of HIV-infected African parents' disclosure of their status to their children and custody planning for their children's future to identify support needs among these families. Semi-structured interviews were conducted with 47 parents (41 families). The study population included first-generation immigrants, with a total of 87 children less than 18 years of age. Only women had disclosed their HIV status, and only to eight of 59 children older than

	six. Half of the parents had talked to someone about future custody arrangements. These parents had more contact with a social worker at the social welfare office and with a medical social worker at the HIV clinic. Most parents (30) wanted their children to be cared for by a relative in Sweden or by their HIV-negative partner. Neither disclosure nor custody planning was associated with clinical status or antiretroviral treatment. This study highlights the low HIV-disclosure rate to children of HIV-infected African immigrant parents and the importance of support from social
Citation	Beier, S. (2005). African migrants in Germany and their way of coping with HIV/AIDS. [Afrikanische Migranten in Deutschland und ihr Umgang mit HIV/Aids] 28(2-3), 188-200.
Key Words	Stigma, Migrants, Coping
Abstract	Due to migration movements HIV/AIDS among Africans has also become a relevant subject for medical & advisory centers in Germany. This article wants to present research results about ways of coping with the subject & the disease AIDS among African migrants. Two domains in particular show special conceptions of African migrants: These are explanatory models for AIDS on the one hand & the stigmatization of infected people or the taboo to speak about the subject in African communities on the other hand. Here cultural -specific as well as migration-specific factors have an effect on special ways of behavior. Whereas at the beginning the two domains explanatory models & stigmatization are analyzed separately, the final aim consists in making a relation between them & showing to what extent they possibly influence & are a result of one another. References. Adapted from the source document.
Citation	Bertens, M. G. B. C., Eiling, E. M., van den Borne, B., & Schaalma, H. P. (2009). Uma tori! Evaluation of an STI/HIV-prevention intervention for afro-Caribbean women in the Netherlands. <i>Patient Education and Counseling</i> , 75(1), 77-83.
Key Words	AIDS Prevention; Health Education; HIV; Intervention; Risk Perception; Awareness; Decision Making; Sexual Risk Taking; Sexually Transmitted Diseases Female; Netherlands; sexually transmitted infections; Risk Behavior Diagnosis Scale; Sexual Self-efficacy Scale; Medical Outcomes Study Social Support Scale; HIV/AIDS Communication Scale
Abstract	Objective: This study describes the effectiveness of 'Uma Tori', an STI/HIV-prevention intervention for women of Afro-Surinamese and Dutch Antillean descent in the Netherlands, aimed at increasing awareness of sexual risk and power in relationships and improving sexual decision-making skills. Methods: Intervention effects were evaluated in a pre-post-test design, using self-report questionnaires among a sample of 273 women. Data were analyzed using intention-to-treat, MANOVA with repeated measures and Bonferroni correction for multiple comparisons. Additionally, a qualitative process evaluation, using logbooks and interviews, was conducted to assess fidelity and completeness of intervention implementation. Results: The results showed positive effects on participants' knowledge, risk perceptions, perceived norms and sexual assertiveness. In addition, after the programme, participants had stronger intentions to negotiate and practice safe sex. Furthermore participants communicated more with their partners about safe sex. Conclusion: The effects of 'Uma Tori' are promising and the intervention seems to support attempts to reduce sexual-risk behavior among Afro-Caribbean women. Practice implication: The evaluation of the programme suggests that this interactive, multiple session, multi-faceted small-group

	intervention is successful in increasing participants' awareness, sexual assertiveness, intentions to negotiate safe sex, and communication about sexual behavior with partners. This programme is applicable in practice, provided that it is gender specific and culturally appropriate.
Citation	Beyene, Y. (2000). Potential HIV risk behaviors among Ethiopians and Eritreans in the Diaspora: A bird's-eye view.7 (2), 119-142.
Key Words	Immigrants; California; Risk; Health Education; Sexual Behavior;
Abstract	Objectives: Significant gaps exist in addressing the HIV/AIDS prevention needs of culturally diverse populations in the United States, particularly in African immigrant communities. This anthropological research examines culturally specific factors that impede understanding of HIV transmission & prevention education among African immigrants in California. Methods: One hundred twenty study participants (60 men & 60 women) were recruited through community organizations; 33 percent were Ethiopian & Eritrean immigrants. The study methods consisted of focus group interviews with key informants, in-depth individual interviews, & a brief self-reported HIV risk behavior survey. This study reports data pertaining only to Ethiopian & Eritrean immigrants. Relevant research literature & government HIV/AIDS statistics also were reviewed. Results: Members of the immigrant community are aware of HIV/AIDS; however, they do not recognize their own HIV risk behaviors. Potential HIV risk behaviors reported among these immigrants include not using condoms, having multiple sexual partners; consuming alcohol; stigma, denial, & fear surrounding HIV testing; & risk behaviors associated with vacationers traveling back & forth between Ethiopia, Eritrea, & the United States. Conclusion and Recommendations: Ethiopian & Eritrean immigrants in California hold similar attitudes & behaviors to those found in their country of origin, & they underestimate their HIV risk from engaging in various risky behaviors. The various barriers to HIV testing must be addressed if these immigrants are to take advantage of access to early treatment & prevent further HIV infection in the community. There is an urgent need for community leaders in these two immigrant groups to provide culturally appropriate venues for breaking the silence surrounding HIV risks in the community before the situation worsens. 52 References. Adapted from the source document.
Citation	Bischofberger, I. (2010). Interviewing Sub-Saharan Migrants in Switzerland About HIV/AIDS: Critical Reflections on the Interview Process, <i>Journal of Transcultural Nursing</i> , 21, 1, 23-28.
Key Words	HIV/AIDS • research interviewing • migration • Sub-Saharan
Abstract	Although research underpinnings for the interview process are often discussed in the scholarly community, reports of explicit experiences about this step are often insufficient or lacking in research publications on migrant health and in the context of HIV/ AIDS. The authors highlight the challenges they encountered in conducting qualitative interviews in a multilingual, transcultural setting with Sub-Saharan migrants on HIV prevention and care. The authors discuss challenges and solutions during the conduct of interviews. They particularly highlight strategies on interview conduct, participant focus, and interviewer's behavior, which supported good quality in their research

	interviews. The main aim of the article is to critically reflect experiences and to suggest successful methods during interview phases with regard to the migrant setting and the sensitivity of the research topic.
Citation	Bischofberger, I. (2008). HIV-infected sub-Saharan migrants in Switzerland: Advancing cross-cultural health assessment. <i>JANAC: Journal of the Association of Nurses in AIDS Care</i> , 19(5), 357-367.
Key Words	Cross Cultural Differences; Epidemiology; Immigration; Outpatient; Switzerland; HIV infected Sub Saharan migrants; cross cultural health assessment; prevalence; nurse clinician
Abstract	HIV prevalence among sub-Saharan migrants in Switzerland has continuously increased in the past 2 decades. These patients present later and with more health impairments at clinical settings compared with non-Africans. Therefore, cross-cultural challenges, which are relatively new to many nurses, arise. Qualitative interview data with 10 HIV-infected and 30 non-infected sub-Saharan African migrants (including 10 who were peer educators) living in Switzerland showed that HIV infection was characterized as invisible, shameful, risky, and treatable, representing helpful and problematic factors. Thus, participants lived with contradictory realities that needed to be appropriately assessed and acknowledged by clinicians. This was particularly important because these migrants remain under treatment for an extensive period of time because of the chronic nature of HIV disease. There is a need for nurse clinicians who are able to apply cross-cultural assessment strategies and to concurrently provide a quick and sound clinical grasp of the migrants' illness needs.
Citation	Blankenship, K.M., Smoyer, A.B., Bray, S.J., Mattocks, K. (2005). Black-White Disparities in HIV/AIDS: The Role of Drug Policy in the Corrections System, <i>Journal of Health Care for the Poor and Underserved</i> , 16, 140-156.
Key Words	HIV/AIDS, race disparities, structural interventions, drug use, drug policy, criminal justice, corrections, probation, parole, incarceration
Abstract	African Americans in the United States are disproportionately affected by HIV/AIDS. We focus in this paper on the structural and contextual sources of HIV/AIDS risk, and suggest that among the most important of these sources are drug policy and the corrections system. In particular, high rates of exposure to the corrections system (including incarceration, probation, and parole) spurred in large part by federal and state governments' self-styled war on drugs in the United States, have disproportionately affected African Americans. We review a wide range of research literature to suggest how exposure to the corrections system may affect the HIV/AIDS related risks of drug users in general, and the disproportionate HIV risk faced by African Americans in particular. We then discuss the implications of the information reviewed for structural interventions to address African American HIV-related risk. Future research must further our understanding of the relations among drug policy, corrections, and race-based disparities in HIV/AIDS.

Citation	Blood, E., Beckwith, C., Bazerman, L., Cu-Uvin, S., & Mitty, J. (2009). Pregnancy among HIV-infected refugees in Rhode island. <i>AIDS Care</i> , 21(2), 207-211.
Key Words	Epidemiology; Perinatal Care; Pregnancy Outcomes; Refugees -- United States; Antiretroviral Therapy, Highly Active; Descriptive Statistics; Public Policy; Retrospective Design; Rhode Island; United States
Abstract	In 1999, immigration laws lifted previous barriers, allowing more HIV-infected refugees entrance to the US. Many of these refugees are women of reproductive age. At our center in Providence, RI, a significant number of HIV-infected refugees have become pregnant since resettling in the US. We describe the pregnancies seen among these predominantly West African HIV-infected refugees. A retrospective chart review was conducted on all HIV-infected female refugees who established care from 2000-2006. Descriptive statistics were used to describe the population at this site. We found that between 2000 and 2006, 28 HIV-infected female refugees established care. Liberia was the country of origin of 79% (22) of the women. There were 20 pregnancies among 14 women between 2000-2006. The median time from resettlement in the US to first pregnancy was 16 (<1-69) months. The median age at time of first pregnancy was 29 years (19-39). At time of pregnancy, the median CD4 count was 506 cells/mL and the median plasma viral load (PVL) was 3.36 log ₁₀ copies/ml. There were nine deliveries, one current pregnancy and one loss to follow-up. Other pregnancy outcomes included five terminations and three spontaneous abortions. All women received antiretroviral therapy during their pregnancy. At the time of delivery the median PVL was <1.88 log. There was one HIV transmission from mother to child. Two women became pregnant while on efavirenz, which was subsequently discontinued. One of the women delivered a normal term infant; the other relocated and transferred her care. Among this cohort of HIV-infected refugees, there is a high rate of pregnancy, highlighting the need for timely initiation of medical care, including comprehensive preconception counseling, upon resettlement in the US. It is important to gain a better understanding of this unique and growing population in order to provide the best possible care for these women.
Citation	Burns, F. M., Imrie, J., Nazroo, J. Y., Johnson, A. M., & Fenton, K. A. (2007). Why the(y) wait? key informant understandings of factors contributing to late presentation and poor utilization of HIV health and social care services by African migrants in Britain. <i>AIDS Care</i> , 19(1), 102-108.
Key Words	Diagnosis; Health; Health Care Services; Human Migration; Human United Kingdom; health social care services
Abstract	The majority of new HIV diagnoses in the UK occur in people with heterosexually acquired HIV infection, the majority of whom are migrant Africans. In the UK HIV positive Africans access HIV services at a later stage of disease than non- Africans (Burns et al., 2001; Sinka et al. 2003). Employing purposive sampling techniques, semi-structured interviews were conducted with key informants to identify the key issues affecting utilization of HIV services for Africans in Britain. Considerable agreement about the major issues influencing uptake of HIV services existed amongst the key informants. Respondents felt there was high HIV awareness but this did not translate into perception of individual risk. Home country experience and community mobilization was highly influential on HIV awareness, appreciation

	of risk, and attitudes to health services. Institutional barriers to care exist; these include lack of cultural understanding, lack of open access or community clinics, failure to integrate care with support organizations, and the inability of many General Practitioners to address HIV effectively. Community involvement should include input to ensure there is: better cultural understanding within the health care system; normalization of the HIV testing process; and a clear message on the effectiveness of therapy.
Citation	Burns, F., & Fenton, K. A. (2006). Access to HIV care among migrant Africans in Britain. what are the issues? <i>Psychology, Health & Medicine</i> , 11(1), 117-125.
Key Words	Health Services Accessibility; HIV Infections -- Therapy; Immigrants -- United Kingdom; Conceptual Framework;
Abstract	In the UK, substantial numbers of new HIV diagnoses are within migrant communities, especially African communities. Current surveillance shows that despite health promotion efforts and advances in therapy these communities are accessing HIV care late. This paper explores the issues influencing the access and uptake of HIV care by migrant Africans in Britain. Using Kleinman's model of health care systems (Kleinman, 1980) as a theoretical framework, we highlight the importance of placing health within its broader context if we are to make significant improvement to the health of HIV-infected Africans in Britain.
Citation	Burns, F.M., Fakoya, A.O., Copas, A.J., <i>et al.</i> (2001). Africans in London continue to present with advanced HIV disease in the era of highly active antiretroviral therapy. <i>AIDS</i> , 15, 2453–2455.
Key Words	N/A
Abstract	Our findings show that despite the numerous advances in the management of HIV disease, this has not resulted in earlier presentation in Africans or non-Africans. African patients are still presenting with significantly more advanced disease than non-Africans, and are more likely to have AIDS at presentation in 1998-1999 than in 1982-1995. An urgent need exists to identify the factors associated with delayed presentation, both to optimize clinical outcomes and reduce the possibility of onward transmission.
Citation	Calin, T., Green, J., Hetherington, J., & Brook, G. (2007). Disclosure of HIV among black African men and women attending a London HIV clinic. <i>AIDS Care</i> , 19(3), 385-391.
Key Words	HIV Infections -- Psychosocial Factors; Self Disclosure; Stereotyping; Antiretroviral Therapy, Highly Active, Psychosocial support, Descriptive Statistics

Abstract	Little research has focused specifically on disclosure among HIV+ Black Africans living in the UK; however, the available evidence suggests that this population may be reluctant to disclose to significant others. Forty-five HIV+ Black African men and women were recruited from a London HIV clinic. Semi-structured interviews gathered information on: disclosure, social support, mental and physical health, medication adherence, acculturation and the perceived prevalence of stigma. Both qualitative and quantitative analyses were conducted. The majority of the participants had disclosed to one significant other and there was an inverse association between perceived stigma and disclosure. Disclosure could not be predicted by any of the respondent characteristics identified in the study; rather, disclosure decisions were reasoned, interpersonal in nature and many of the motivations were specific to the individual. There was little evidence to suggest that those who disclosed to more than one other gained additional benefits in physical or mental well-being. Clinicians seeking to assist members of this population to disclose need to assess the specific reasons for and barriers against disclosure for that individual.
Citation	Carr, R. (2002). Stigmas, Gender and Coping: A Study of HIV+ Jamaicans. <i>Race, Gender & Class</i> . 9, 1, 122-144.
Key Words	Homophobia; HIV/AIDS; Stigma; Jamaica.
Abstract	This paper reports on a study of the relationship of homophobia to HIV/AIDS-related stigma in Jamaica. Ethnography, key informant interviews and focus groups were used to gather data from a sample of 33 male and female adults during the summer of 2003. The sample included health and social service providers, HIV positive men and women, and men and women with same sex partners in urban and rural Jamaica. A strong and consistent relationship between homophobia and HIV/AIDS-related stigma was reported, but the relationship varied according to geographic location, social class, gender, and skin colour (complexion)--to the extent that this coincided with class. Stigma against people living with HIV/AIDS and homosexuality was implicated in low levels of use of HIV testing, treatment and care services and the reluctance of HIV positive people to reveal their serostatus to their sexual partners. Data reveal a pressing need for anti-stigma measures for both homophobia and HIV/AIDS, and for training for health and human service professionals.
Citation	Castilla, J. (2002). HIV infection among people of foreign origin voluntarily tested in Spain. A comparison with national subjects, <i>Sex Transm Infect</i> ; 78, 250-254.
Key Words	N/A

Abstract	<p>Objectives: To describe exposure categories and HIV prevalence among subjects voluntarily tested in Spain by country of origin. Methods: HIV prevalence and exposure categories were compared between national and non-Spanish subjects voluntarily tested in 18 sexually transmitted disease/HIV testing clinics from 16 Spanish cities in 2000.</p> <p>Results: Of 8861 testers, 2810 (31.7%) came from foreign countries; 73.1% from Latin America, 9.1% from western Europe, 6.2% from central/eastern Europe, 4.4% from northern Africa, and 4.2% from sub-Saharan Africa. Among women from Latin America, 78% were sex workers compared to 5.5% Spanish women. HIV infection was diagnosed in 170 persons, 34.7% from foreign countries. HIV prevalence for Spanish subjects (23% for men and 1.0% for women) was significantly different from men and women from Latin America (11.3% and 0.3% respectively), Sub-Saharan Africa (9.1% and 7.5% respectively), and women from the north of Africa (11.8%). Compared with Spaniards, analyses of persons of the same exposure category showed higher HIV prevalence in men who had sex with men from Latin America (odds ratio: 4.1; 95% CI: 2.4–6.9), heterosexual men from sub-Saharan Africa (OR: 19.3; 95% CI: 6.4–58.0), and Latin America (OR: 9.4; 95% CI: 3.4–25.9), heterosexual women from sub-Saharan Africa (OR: 16.9; 95% CI: 3.5–82.4) and from northern Africa (OR: 15.3; 95% CI: 3.2–73.2).</p> <p>Conclusions: An important proportion of HIV testers from these clinics came from foreign countries and some groups showed a high prevalence of HIV infection. Specific prevention and testing programmes adapted to the needs of migrants in Spain should be developed.</p>
Citation	<p>Castro, Arachu and Paul Farmer. (2005). Understanding and Addressing AIDS-Related Stigma: From Anthropological Theory to Clinical Practice in Haiti." <i>American Journal of Public Health</i>. 95(1):53-59.</p>
Key Words	<p>N/A</p>
Abstract	<p>For the past several years, diverse and often confused concepts of stigma have been invoked in discussions on AIDS. Many have argued compellingly that AIDS-related stigma acts as a barrier to voluntary counseling and testing. Less compelling are observations regarding the source of stigma or its role in decreasing interest in HIV care.</p> <p>We reviewed these claims as well as literature from anthropology, sociology, and public health. Preliminary data from research in rural Haiti suggest that the introduction of quality HIV care can lead to a rapid reduction in stigma, with resulting increased uptake of testing. Rather than stigma, logistic and economic barriers determine who will access such services. Implications for scale-up of integrated.</p>
Citation	<p>CDC. (2006). Fact Sheet: HIV/AIDS Among African Americans. US Department of Health and Human Services: Atlanta, GA. Available at http://www.cdc.gov/HIV/topics/aa/resources/factsheets/aa.htm.</p>
Key Words	<p>N/A</p>

Abstract	The HIV/AIDS epidemic in African American communities is a continuing public health crisis for the United States. At the end of 2006 there were an estimated 1.1 million people living with HIV infection, of which almost half (46%) were black/African American [1]. While blacks represent approximately 12 percent of the U.S. population, they continue to account for a higher proportion of cases at all stages of HIV/AIDS—from infection with HIV to death with AIDS—compared with members of other races and ethnicities.
Citation	CDC. (2006). <i>Racial Ethnic Disparities in Diagnoses of HIV/AIDS – 33 States, 2001-2004</i> , in MMWR, 55, 121-125.
Key Words	N/A
Abstract	N/A
Citation	Cherfas, L. (2006). <i>Negotiating Access and Culture: Organizational Responses to the Healthcare Needs of Refugees and Asylum Seekers living with HIV in the UK.RSC Working Paper No.33</i>
Key Words	N/A
Abstract	This RSC working paper examines possible explanations for difficulties that refugees and asylum seekers living with HIV have with accessing healthcare. This paper seeks to illustrate the complexity of factors that influence healthcare decisions and opportunities for refugees and asylum seekers living with HIV. It reviews the cultural, social, legal, institutional and structural barriers that jointly prevent effective and successful healthcare utilization. It argues that complexity must be recognized as a central and defining feature of the situation, as it goes beyond any single explanation in offering a view of the realities of access to healthcare for this marginalized group. The paper is organized under the following headings after the introduction: "Background", "Cultural considerations", "Questions of power", "Barriers to healthcare access", and "Interventions", followed by conclusion.
Citation	Chinouya, M. & O'Keefe, E. (2005). God will look after us: Africans, HIV and religion in Milton Keynes. <i>Diversity in Health and Social Care</i> , 2, 3, 177-186.
Key Words	African Migrants; HIV; Religion

Abstract	This paper examines how black migrant Africans in Middle England make sense of religion, in particular Christianity, in their daily lives when faced with a life-threatening condition, namely, the human immuno-deficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). The movement of the African HIV epidemic to the suburban English home counties, where services are still in their infancy, presents a challenge to service providers as well as those Africans who are living with HIV. In 2003, interviews were conducted with a sample of 22 Africans living with HIV, most of who reported that they relied on inner strength supplied by their Christian faith in coping with HIV. Despite the importance of faith in the management of daily life within the context of a positive HIV diagnosis, the church was simultaneously construed as a threatening space marked by lack of confidentiality and a site for the generation of stigma. Faith leaders (n = 20) took part in discussions and stressed their limited capacity in dealing with HIV-related issues within their congregations. Faith leaders expressed a willingness to work in partnership with statutory providers and be recognized as equal partners in the fight against HIV stigma, and wished for their capacity to be developed to support those who were living with HIV.
Citation	Chinouya, M., Ssanyu Sseruma, W., Kwok, A., (2005). SHIBAH report A study of sexual health issues affecting HIV positive Africans in Lambeth, Southwark and Lewisham, and of their sexual health promotion and service delivery methods, Health First, London.
Key Words	N/A
Abstract	The SHIBAH research project explored issues affecting the sexual health and well being of Africans living or accessing services in Lambeth, Southwark and Lewisham (LSL), and living with HIV. It was undertaken because despite growing numbers of Africans living with HIV locally, there has until recently been relatively little information about this group's needs and experiences in relation to sexual health and other services. The research was conducted in two related phases: a survey of 124 Africans living with HIV recruited in organizations offering support or treatment, followed by in-depth interviews with a sub-sample of 20 drawn from survey respondents. The research report, launched in September 2003, provided new insights into the topic under investigation, and made important recommendations for commissioners and service providers. The findings will also guide Health First's future work on this topic.
Citation	Chinouya, M. & O'Keefe, E. (2003). Young African Londoners affected by HIV: making sense of rights'. <i>Paper for Health Equity network meeting, LSE/Nuffield Trust for Research and Policy studies in Health services.</i> http://nuffieldtrust.nvisage.uk.com/ecomms/files/HumanRightsEquity.pdf#page=35
Key Words	N/A
Abstract	This paper examines how young black migrant African Londoners affected by HIV/AIDS make sense of the language of rights. The paper is based on a survey and interviews with African adults infected with HIV and interviews with their HIV affected children (Chinouya 2002a). Results show tensions for children between having rights and having respect for adults, family and community. Children varied widely about wanting rights. However, many said that they did want HIV related information and decision-making capacity, accorded by

	rights artefacts. Although a majority of the parents believe that children should be informed about how HIV affects them, few of the children had had their information rights upheld.
Citation	Chinouya, M. & Davidson, O. (2003). The Padare Project-Assessing health-related knowledge, attitudes and behaviors of HIV-positive Africans accessing services in north central London. www.ahrf.org.uk/articles/padare.pdf
Key Words	N/A
Abstract	HIV infections continue to rise in the UK, and are of particular concern within African communities resident in England. Various services run by the statutory and voluntary sector have been set up to help meet the increasing demand for HIV related support and care amongst this population. The boroughs of Camden and Islington in north central London are home to various support groups and informal support networks as well as community and statutory led HIV medical and social service providers. However, despite the epidemiological increase and development of HIV-related services in the district, there is relatively limited data on HIV-related knowledge, sexual attitudes and practices amongst Africans living with HIV in the boroughs, as indeed is the case in the UK. Similarly, their access to HIV-related services within the district remains relatively undocumented. To help meet this need, Camden and Islington Health Authority funded the Padare Project. The aims of this project were to develop the methodology and collect preliminary data regarding HIV related knowledge, attitudes and practices (KAP) amongst HIV positive Africans accessing services in Camden and Islington. To assess the feasibility of collecting KAP data amongst this population, qualitative and quantitative methods were used in a synergistic fashion, allowing a Padare methodology to emerge in line with the real lives of HIV positive African and providers in the district. The Padare methodology was closely linked to user-consultation with HIV-positive Africans who played a key role in defining and developing the research questions and the eventual survey tool. The questionnaire covered various topics that included demographic information, HIV infection, service use, disclosure, discrimination, contraception and reproductive issues, sexual partnerships, and a range of questions regarding HIV related knowledge, beliefs and behaviors. Following a user-involvement model, the questionnaire was piloted on HIV positive Africans outside London, where they were given a chance to comment on the questions and their wording.
Citation	Dominicé Daoa, M., Ferreirab, J., Vallierc, N. Roulinc, D., Hirschelc, B & Calmyc, A. (2009). Health perceptions of African HIV-infected patients and their physicians, <i>Patient Education and Counselling</i> (In Press)
Key Words	N/A
Abstract	Objective We explored how patients from Sub Saharan Africa (SSA) infected with HIV and living in Switzerland, and their treating physicians

	<p>perceived their health, whether these perceptions correlated with biological markers, and what organizational changes participants considered likely to improve quality of care.</p> <p>Methods A prospective standardized questionnaire was submitted to HIV-infected patients from SSA and their physicians. Results were correlated with biological data.</p> <p>Results While physicians deduced improved health status from laboratory results, these did not provide an adequate surrogate marker of good health for patients. Patients experienced important social and economical difficulties with adverse consequences on their mental health. They requested social assistance, whereas physicians sought improved cultural competency.</p> <p>Conclusion Patients and physicians did not agree in their evaluation of patients' health status. Patients did not perceive their health through biological markers, but linked their mental health with their socioeconomic context. Physicians underestimated patients' biological health and their evaluation of global health.</p> <p>Practice implications Exploring difficulties perceived by physicians with specific patients lead to identification of structural weaknesses, resulting in suggestions to improve physicians' medical training and patients' care. This illustrates the importance of accessing patients' perspective and not relying solely on physicians' perception of the problem.</p>
Citation	Davies, R. (2006). <i>A critical analysis of the right to health of failed asylum seekers and illegal migrants living with HIV and AIDS</i> , African HIV Policy Network, London. http://www.ahpn.org/downloads/publications/Davies_-_Right_of_Health_Failed_Asylum_Seekers_Living_with_HIV.pdf
Key Words	N/A
Abstract	<p>Failed asylum seekers and illegal migrants might remain in the UK for months and sometimes years before they can be repatriated, with no access to free treatment for HIV/AIDS. The issues of migration and HIV/AIDS both suffer from the fear of the alien 'other' which can inhibit the basic rights of those involved. It is at the intersection of these two matters where the issue of migrant health lingers. Despite the internationally recognized right to health, HIV/AIDS has slipped down the domestic political agenda even as the Government has won plaudits internationally for its actions overseas. In February 2005, the Parliamentary Under Secretary of State for International Development, Gareth Thomas, MP stated that "the UK supports efforts to provide increased, and eventually universal, access to treatment and care for people with AIDS."¹ This Government commitment, however, is not matched at home where HIV/AIDS services</p>

	<p>are failing to meet the needs of African migrant communities in the UK, especially undocumented migrants. Whilst measures such as the charges regulations might quiet public fears and demonstrate apparent Government action on HIV/AIDS, they are unlikely to have much effect on the progress of the HIV/AIDS epidemic in the UK. Not only is it inhumane but not treat HIV/AIDS, it also undermines the Government's commitment to managing the spread and effects of HIV/AIDS worldwide. Everyone, irrespective of immigration status should be entitled to free medical care for HIV/AIDS while they are present in the UK.</p>
Citation	<p>Davidson, O., Chinouya, M., Ndawula, L., & Sesay, M. (2004). HIV-related sexual risk behavior in HIV-positive African migrants in the UK: The Padare study <i>International Journal of STD & AIDS</i>, 15, Suppl.1, [NP].</p>
Key Words	<p>N/A</p>
Abstract	<p>While there is growing data on human immunodeficiency virus (HIV)-related knowledge, attitudes and behavior from African migrant communities in the UK (e.g. Mayisha) there is little KAB data available from HIV-positive Africans. Such data is crucial in the development of primary and secondary prevention initiatives. The Padare project aimed to develop the methodology and collect data from a sample of HIV-positive people from the African communities who access medical and social support services. A 77-item self-report questionnaire was distributed within two HIV clinics and seven HIV support agencies in a large inner city area. Question domains covered demographics, HIV knowledge and attitudes, sexual behavior, service use, disclosure, sexually transmitted infections, reproduction, discrimination and sexual dysfunction. A total of 214 HIV-positive participants returned questionnaires. Women made up 73% of the sample. Of the 74% of the respondents who reported penetrative sex in the previous month, 40% reported either occasional or no condom use. Sixty-one per cent reported having had unprotected sex with one or more partners in the previous year. Forty-five per cent of the sexually active participants who had been told they had resistance reported inconsistent or no condom use in the previous month. Twenty per cent of the men and 5% of the women reported same-sex partners. This sample of HIV-positive African migrants report significant levels of risk behavior and misinformation regarding HIV and its treatment. However, these trends must be seen in the light of risk behavior data from other samples of HIV-positive people (e.g. gay men in the SHARP study) and in relation to general community data (e.g. NATSAL and Mayisha).</p>
	<p>Del Amo, J., Böring, G., Hamers, F.F, Infuso, A. & Fenton, K. (2004). Monitoring HIV/AIDS in Europe's migrant communities and ethnic minorities <i>AIDS</i>, 18, 14, 1867-1873.</p>
	<p>HIV, AIDS, migrants, ethnic minorities, surveillance</p>

	This paper examines the variables used to monitor human immunodeficiency virus/acquired immune deficiency syndrome in migrants and ethnic minorities in surveillance systems in Western Europe, discusses their advantages and limitations, highlights some of the data, and draws recommendations to identify ways in which HIV/AIDS surveillance for vulnerable groups may be strengthened.
	Del Amo J, Böring G and Fenton K. (2003). HIV health experiences among migrant Africans in Europe: how are we doing? AIDS. 17, 2261-2263.
Citation	Dodds, C., Hickson, F., Chinouya, M., Chwaula, J. & Weatherburn, P. (2008) <i>The Knowledge, the will and the power- A plan of action to meet the needs of Africans living in England</i> . London, Sigma Research. www.sigmaresearch.org.uk/go.php/reports/report2008a/
Key Words	N/A
Abstract	<p>African people comprise more than half of all those diagnosed with HIV in England every year. This document describes the current state of the HIV epidemic among African people living in England and what changes are required in order to reduce the number getting HIV or exposing others to HIV when having sex. Funded by the Department of Health and managed by the African HIV Policy Network, the National African HIV Prevention Programme (NAHIP) works mainly with African-led organizations to deliver HIV prevention interventions across England. NAHIP aims to enable Africans to access appropriate information and services to equip them to make informed sexual health decisions and to fight discrimination and stigma.</p> <p>The NAHIP partner organizations have worked closely with Sigma Research to devise this consensus document. It articulates the central issues for planning sexual HIV prevention interventions targeting Africans living in England. This document describes some of the obstacles to meeting HIV prevention need and focuses on overcoming these barriers in order to achieve change. This document is a plan for action. Many different people influence sexual HIV transmission to and from African people living in England. They include Africans (with HIV and without HIV), people planning and delivering HIV prevention interventions, community leaders, health care providers, faith leaders, educators, police, commissioners of services, charitable funders, legislators and researchers – the actions of each can make significant contributions to meeting HIV prevention needs and thereby decreasing the likelihood of HIV transmission. One of the aims of this document has been to foster a sense of common purpose among a very diverse group of organizations undertaking HIV prevention, treatment and care interventions with African people living in England. The result of this collaborative process is a plan of action that offers a clear and purposeful vision. We are proud of the commitment to partnership that this plan embodies and are hopeful that it will</p>

	support all those who are concerned with HIV infection and who have the capacity to influence it.
Citation	Dodds C, Hickson F, Weatherburn P, Reid D, Hammond G, Jessup K, Adegbite G, (2008) <i>Bass Line 2007 Survey; assessing the sexual HIV prevention needs of African people in England</i> , London, Sigma Research www.sigmaresearch.org.uk/go.php/reports/report2008b/
Key Words	N/A
Abstract	This research report outlines the main findings of BASS Line 2007, an HIV prevention needs assessment among Africans in England. Recruitment to the survey was carried out from June to September 2007 by Sigma Research in partnership with 96 health promotion agencies and organizations working with Africans across England (see Acknowledgments) and with companies that operate websites accessed by Africans in England. The information in this report is about the sex that African men and women living in England have and their sexual HIV prevention needs. All sexually active people have specific needs that must be met in order for them to reduce their likelihood of participating in HIV transmission – including people who have been tested HIV negative, those who have been diagnosed HIV positive, and those who have not been tested for HIV. The intended audience for this report includes people who plan, deliver, and commission HIV prevention programmes targeting African people in England. This survey has collected the largest set of data on the HIV prevention needs of Africans in England. It complements existing qualitative and quantitative research undertaken with this population (Fenton et al. 2002, Chinouya & Davidson 2003, Weatherburn et al. 2003, Chinouya et al. 2003, Chinouya et al. 2004, Mayisha II Collaborative Group 2005).
	Catherine Dodds, Peter Keogh. (2006) Criminal prosecutions for HIV transmission: people living with HIV respond. <i>International Journal of STD & AIDS</i> , 17, 5, 315-318.
	HIV, criminal law, stigma, social responsibility
	Abstract: This paper presents an analysis of responses to the first criminal convictions for HIV transmission in England and Wales within a sample of people living with HIV. These findings represent an important contribution to the development of well-informed prosecution policy. The responses were collected during 20 focused group discussions with a community and web-recruited sample of heterosexual African men and women, and gay and bisexual men (n=125) living with diagnosed HIV in London, Manchester and Brighton. The vast majority (90%) of comments made were critical of the implementation and impact of criminalization. In particular, respondents expressed concern about the way in which criminal convictions conflict with messages about shared responsibility for 'safer sex', and the extent to which such cases will exacerbate existing stigma and discrimination related to HIV. Most felt that the successes achieved by human rights approaches to HIV prevention, treatment, and care were placed under threat by the growing culture of blame encouraged by

	criminal prosecutions.
Citation	Dougan, S., Elford, J., Sinka, K., Fenton, K., & Evans, B. (2005). Men who have sex with men who are born abroad and diagnosed with HIV in England and Wales: An epidemiological perspective. <i>International Journal of STDs & AIDS</i> , 16, 618-621.
Key Words	men who have sex with men; HIV infection; England and Wales; surveillance; epidemiology
Abstract	Men born abroad represent a significant proportion of HIV diagnoses among MSM in England and Wales. More than half probably acquired their HIV infection in the UK, strengthening the call for targeted HIV prevention and sexual health promotion among MSM who are not born in England and Wales.
Citation	Dougan, S., Payne, L., Brown, A., Fenton, K., Logan, L., Evans, B., et al. (2004). Black Caribbean adults with HIV in England, Wales, and northern Ireland: An emerging epidemic? <i>Sexually Transmitted Infections</i> , 80(1), 18-23.
Key Words	Access to treatment, testing, prevalence, uptake, descriptive stats, surveillance, Caribbean born
Abstract	Numbers of black Caribbean adults newly diagnosed and accessing treatment and care services in England, Wales, and Northern Ireland increased between 1997 and 2001. Despite a high prevalence of diagnosed bacterial STIs, prevalence among Caribbean born heterosexuals remains low, but it is high among MSM. Surveillance data highlight the need for targeted HIV prevention among black Caribbeans.
Citation	Doyal, L. (2009). Challenges in researching life with HIV/AIDS: An intersectional analysis of black African migrants in London. <i>Culture, Health. & Sexuality</i> , 11(2), 173-188.
Key Words	African Continental Ancestry Group: psychology; Bisexuality; HIV Infections: epidemiology; Prejudice; Social Support; Transients and Migrants: psychology
Abstract	Most social science research on HIV has focused on prevention. The arrival of new therapies generated more studies on life with HIV. However most have been carried out in developed world contexts. Much less is known about the vast majority of those living with HIV and dying from AIDS. If this gap is to be filled, more qualitative research will be needed on affected individuals in the developing world and also among migrants who have left developing countries to live in the Diaspora. It will also be essential to explore the lives of

	<p>individuals from the same communities who may experience HIV in very different ways as a result of their gender and/or sexuality. This paper presents findings from three studies of Black African migrants living with HIV in London. It uses an intersectional approach to examine the similarities and the differences between the experiences of heterosexual women, heterosexual men and gay and/or bisexual men. The article highlights the importance of research of this kind both for providing the evidence base for context-specific policy development and also for making better conceptual and theoretical sense of the impact of HIV on individuals and their lives.</p>
Citation	<p>Doyal, L., Anderson, J., & Papanini, S. (2009). 'You are not yourself': Exploring masculinities among heterosexual African men living with HIV in London. <i>Social Science & Medicine</i>, 68(10), 1901-1907.</p>
Key Words	<p>Masculinity, gender, experiences with & responses to illness (HIV)</p>
Abstract	<p>It is now clear that gender is an essential factor shaping the narratives of men as well as women. However, there have been few studies of the daily lives or sexual activities of heterosexual men. Hence, strategies developed to prevent the spread of the HIV virus are rarely based on detailed knowledge of the men whose behaviours they are intended to change; this is especially evident in the developing world where the epidemic is most severe. Nor do we know very much about those men who have already been diagnosed as HIV positive. Around 13 million men are now living with HIV of whom around 96% are in low or middle income countries. Migrants from developing countries also make up the majority of positive people in a number of developed countries. In the UK, for example, heterosexual activity is now responsible for about half of all new HIV diagnoses with the majority of those involved being of African origin. But almost nothing is known about the ways in which different constructions of masculinity affect their experiences of illness. This study used qualitative methods to explore the experiences of a sample of black African men who defined themselves as heterosexual and were receiving treatment for HIV and/or AIDS in London. It explored their feelings, their needs, their hopes and their desires as they negotiated their lives in the Diaspora.</p>
Citation	<p>Doyal, L. & Anderson, J. (2006). HIV-positive African women surviving in London: Report of a qualitative study. <i>Gender and Development</i>, 14(1), 95-104.</p>
Key Words	<p>qualitative analysis; survival; women's health; England</p>
Abstract	<p>About three-quarters of all females diagnosed as HIV positive in the UK come from the African continent. However, very little is known about their daily lives. This article summarizes the findings from a qualitative study of 62 women from 11 different African countries living with HIV in London. It explores the factors shaping their survival strategies and describes their experiences in their own words. They are far from home and many live in considerable poverty, but most show great creativity and courage in caring for their own health and that of their families in what is often a hostile environment.</p>

Citation	Doyal, L., & Anderson, J. (2005). 'My fear is to fall in love again . . .' how HIV-positive African women survive in London. <i>Social Science & Medicine</i> , 60(8), 1729-1738.
Key Words	Adjustment, psychology, adaptation
Abstract	Many studies are now documenting the circumstances of people living with HIV/AIDS in different parts of the world. We know an increasing amount about the experiences of women who make up the majority of those infected in countries in sub-Saharan Africa. However, very few researchers have examined the lives of female migrants from the region living with HIV. This article begins to fill that gap by exploring the situation of 62 women from different parts of Africa receiving treatment from the National Health Service in London. It is based on a qualitative study carried out between 2001 and 2002 using semi-structured interviews. The analysis explores the ways in which the women's lives are shaped in complex ways by their sex and gender, by their status as migrants and by their seropositivity. It examines the nature of their survival strategies, focusing mainly on the management of information, the use of health services and the importance of spirituality in their lives. The article concludes by highlighting the paradox whereby these women have access to treatment that would be unavailable in their own countries but their survival depends on them remaining in a country which few regard as 'home'.
	Doyal, L., Anderson, J. & Apenteng, P. (2005). ' <i>I want to survive, I want to win, I want tomorrow</i> ' <i>An exploratory study of African men living with HIV in London</i> , University of London, University of Bristol. http://www.tht.org.uk/informationresources/publications/policyreports/iwanttosurvive.pdf
	N/A
	This report examines the lives of a group of African men living with HIV in London. The men have responded to HIV infection in a variety of different ways and many still feel optimistic about the future. But the main theme in these accounts is one of loss. Many do not have the jobs or the money they had planned to acquire. Others are not able to enjoy the sexual experiences which they see as a mark of manhood. Some do not have the relationships with wives or children that would give their lives meaning and connect them with past and future generations. Serious anxieties are expressed by many about their future in the UK, and ongoing access to the anti-retroviral drugs vital for survival. Religion has proved to be a great solace for many while others have gained support from their involvement in voluntary organizations. Most face significant challenges to their sense of themselves as African men.
	Doyal, L., Anderson, J. (2003), <i>My Heart is Loaded: African women with HIV surviving in London</i> , University of London, University of Bristol. http://www.ahrf.org.uk/articles/my_heart.pdf

	N/A
	This report explores the circumstances of a group of African women with HIV living in London. Many of these women are surviving because they have access to high quality health care including the newest anti-retroviral drugs. This care would almost certainly be denied to them if they returned to Africa. They are far from home and often in considerable poverty and many are 'trapped' by their illness. Yet they show enormous commitment and considerable creativity in the struggle to sustain their own health and that of their families in what is often a very hostile environment.
Citation	Drummond, P. D., Mizan, A., & Wright, B. (2008). HIV/AIDS knowledge and attitudes among west African immigrant women in western Australia. <i>Sexual Health</i> , 5(3), 251-259.
Key Words	Contraception behavior, condom utilization, health attitudes, knowledge, practice
Abstract	Most women who live in sub-Saharan countries have heard of HIV/AIDS, but there is still widespread misunderstanding about how HIV is spread, the consequences of infection, and how to protect against infection. The aim of the present study was to investigate knowledge about HIV and attitudes towards condom use in West African refugees who had settled in Perth, Western Australia, within the past 5 years. METHODS: Knowledge about transmission of HIV, myths about how HIV is spread, incorrect beliefs about protective factors, the effectiveness of condoms in protecting against sexually transmissible infections, and attitudes towards condom use were investigated by survey in 51 West African women, and in 100 Australian women for comparison. Where possible, each West African woman was matched for age and level of education with an Australian woman. RESULTS: Knowledge of HIV was poorest in the least educated West African women, but many of the more highly educated women also had misconceptions about how HIV is spread, how to protect against HIV, and the effectiveness of condoms in protecting against HIV. Moreover, most West African women held negative attitudes towards condom use. Within the Australian sample, HIV knowledge was greatest in women with tertiary qualifications, and was greater in younger than older women; in addition, attitudes towards condom use differed across the age span. CONCLUSIONS: The findings in the present study suggest that educational programs that focus on knowledge about HIV should be tailored to meet the needs and cultural sensitivities of newly emerging immigrant communities, and should target particular demographic groups within the Australian population.
Citation	Elam G, De Souza-Thomas L, Ward H. (2006) HIV and AIDS in the United Kingdom African communities. Guidelines produced for prevention and care, <i>Euro Surveill.</i> 11, 1. Available online from http://www.eurosurveillance.org/ew/2006/060126.asp#5

Key Words	N/A
Abstract	N/A
Citation	Elford, J., Ibrahim, F., Bukutu, C., & Anderson, J. (2007). Sexual behavior of people living with HIV in London: Implications for HIV transmission. <i>AIDS</i> , 21(Suppl 1), S63-S70.
Key Words	Sexual risk taking, psychosexual behavior, black African men & women, quantitative study
Abstract	To examine the sexual behavior of gay men as well as black African heterosexual men and women living with diagnosed HIV in London, and to consider the implications for HIV transmission. Methods: People living with HIV receiving treatment and care in outpatient clinics in north east London were asked to complete a confidential, self-administered questionnaire in 2004-2005. Respondents were asked about unprotected anal or vaginal intercourse in the previous 3 months, and the type (main or casual) and HIV status of their partner(s). Results: A total of 1687 people with diagnosed HIV returned a completed questionnaire (response rate 73% of eligible clinic attenders) including 480 black African heterosexual women, 224 black African heterosexual men and 758 gay/bisexual men (464 white, 112 ethnic minority). One in five gay men with HIV (20.1%, 144/715) reported unprotected anal intercourse with a partner of unknown or discordant HIV status (usually a casual partner). This presents a risk of HIV transmission. By comparison, one in 20 (5.1%, 32/623) black African heterosexual men and women with HIV reported unprotected vaginal intercourse that presented a risk of HIV transmission; odds ratio (gay men versus black African men and women combined) 5.28, 95% confidence interval 3.52, 7.91, P 0.05). Conclusion: Behavioural research among people with diagnosed HIV in London shows that gay men are more likely than black African heterosexual men and women to engage in sexual behavior that presents a risk of HIV transmission.
Citations	Elford, J., Ibrahim, F., Bukutu, C., & Anderson, J. (2008). Disclosure of HIV status: The role of ethnicity among people living with HIV in London. <i>JAIDS Journal of Acquired Immune Deficiency Syndromes</i> , 47(4), 514-521.
Key Words	Self Disclosure, Ethnic Identity, Medical Care
Abstract	Objective: To examine HIV disclosure among people living with HIV in London. Methods: Between June 2004 and June 2005, 1687 people living with HIV (73% response) receiving medical care in National Health Service (NHS) clinics in northeast London completed a confidential, self-administered questionnaire. Respondents were asked whether they had told anyone else that they had HIV, and if so, whom. Results: The analysis included 1407 people: 667 black African heterosexual respondents (453 women, 214 men) and 740 gay

	<p>men (633 white, 107 ethnic minority). The majority of respondents (88.0%) had told at least 1 other person about their HIV infection, but this varied between groups: white gay men, 95.0%; ethnic minority gay men, 93.5%; black African heterosexual women, 84.8%; black African heterosexual men, 76.6% (P < 0.001). Black African heterosexual men (65.3%) and women (60.4%) were less likely to have told their current partner about their HIV infection than white (86.2%) or ethnic minority gay men (85.2%): black African men, adjusted odds ratio (AOR) 0.25, 95% confidence interval (CI) 0.14, 0.44, P < 0.001; black African women, AOR 0.24, 95% CI 0.15, 0.39, P < 0.001 (reference group, white gay men). Only 1 in 5 respondents (21.6%) had disclosed their HIV status to their employer (white gay men, 30.5%; ethnic minority gay men, 15.8%; black African heterosexual women, 10.5%; black African heterosexual men, 8.8%; P < 0.001). Conclusions: In this London study there were striking differences, by ethnicity, in the extent to which people with HIV disclosed their infection. This has important implications in light of the 2005 Disability Discrimination Act and recent prosecutions in the UK for the reckless transmission of HIV.</p>
	<p>Elam, G., Caswell, G., Reynolds, R., Alfred, S., Nwokolo, N., Nelson, M. & Head, S. (2009). <i>Approaches to Voluntary Counselling and Testing: exploring policy and practice in the UK, US, Ghana, Malawi, South Africa and Ethiopia</i>, AHPN, London, www.ahpn.org/publications/index.php</p>
	<p>N/A</p>
	<p>Late diagnosis of HIV continues to persist among black Africans in the United Kingdom (UK), preventing access to effective and life saving treatment for this population. Reducing levels of undiagnosed HIV, decreasing the time between infection and diagnosis, and increasing the numbers of people who are aware of their HIV status continues to be a challenge. Currently, for many, diagnosis of HIV is dependent on the offer and uptake of a voluntary HIV test in genitourinary medicine (GUM) or ante natal settings, although there are moves to expand provider-initiated testing in other settings. To inform the development of innovative policy and programmes that complement and strengthen existing HIV testing interventions in the UK and better meet the needs of African men and women living with undiagnosed HIV, the African HIV Policy Network hosted a programme of roundtable discussions in the UK about HIV testing strategies and undertook a series of visits to HIV testing centers in different country settings to learn about different approaches to HIV testing.</p>
Citation	<p>Eteni, L & Wood, R. (June 23, 2003). Final Report: African Immigrant Project. Public Health Seattle & King County.</p>
Key Words	<p>N/A</p>

Abstract	Many people have been worried about the HIV/AIDS prevention and care needs among the growing African immigrant population, potentially numbering over 20,000 in our urban region of Washington State. HIV and AIDS surveillance data have also been of concern, showing that about 40% of blacks recently reported (2000-2002) and living locally with HIV and AIDS were born outside the US, mostly in African countries. Finally, the HIV infection rates in sub-Saharan Africa countries are very high, suggesting the possibility that immigrants from that region may have acquired HIV infection there. Thus, we began a project designed to study black immigrants, locally and nationally.
Citation	European Centre for Disease Prevention and Control. (July 2009). Migrant health: Background note to the 'ECDC Report on migration and infectious diseases in the EU'. ECDC Technical Report. Stockholm.
Key Words	Migrant health
Abstract	In the UK most HIV cases reported between 2004 and 2006 involved migrants from Sub-Saharan Africa who were infected prior to leaving their country of origin (HPA, 2006). Also in the UK, approximately 70% of HIV incidence is accounted for by migrants. Ninety percent of cases were in migrants from Sub-Saharan Africa and 85% involved infection acquired prior to arrival in the UK (HPA, 2006). In Belgium, people categorized as foreign-born account for more than 50% of all reported HIV cases since the epidemic began (EuroHIV, 2006; Hamers & Downs, 2004; Sasse & Defraye, 2006). In France, reported AIDS cases among migrants increased by 20% between 1999 and 2004. Those who are foreign-born are disproportionately represented in HIV statistics in the Netherlands, Germany, Sweden, Ireland, Spain and Italy (EPI-VIH Study Group, 2002; SIIDS, 2002; HSPC, 2006; Nielsen & Lazarus 2006). Limited access to HIV prevention, counselling and testing, and treatment services, particularly for women migrants who may be more vulnerable because of their low social status or engagement in sex work, is a challenge. However, as is the case with TB, the risk of transmission of HIV from migrant to host communities appears to be low, although available evidence is limited.
Citation	European HIV/AIDS Funders Group. (July 2006) <i>European Philanthropy and HIV/AIDS</i> . Report
Key Words	N/A
Abstract	2005 HIV/AIDS spending by European foundations, trusts and charities. It draws on European foundation Centre (EFC) mapping activities on HIV/AIDS funding, and aims to extend and improve on prior reports on this subject.1,2 The report provides information to the international community on European philanthropic HIV/AIDS spending, with the object of guiding a true multi-party, multisectoral response to the HIV/AIDS pandemic. The United Nations (UN) has repeatedly emphasized the need for such a response, and Secretary-General Kofi Annan has personally supported philanthropic HIV/AIDS fundraising. The EFG is a knowledge-based network dedicated to

	strengthening European philanthropy in the field of HIV/AIDS. The group aims to mobilize philanthropic leadership and resources to address the global HIV/AIDS pandemic and its social and economic consequences. It also promotes an enabling environment for independent giving in this field. The group aims to: · Foster networking, information and best practice exchange, as well as better communication and coordination among funders who are active or potentially active in the field of HIV/AIDS. · Enhance donors' knowledge base and grant-making capacity. · Facilitate cooperation, as well as the development of new initiatives or joint ventures in the HIV/AIDS field. · Encourage new donor activity in HIV/AIDS. · Interact strategically with bilateral and multilateral institutions and supranational bodies.
	Evans, B.A., Bond, R.A. & MacRae, K.D. (1999). Issues around sexual behavior and STIs among African and Caribbean men in London, <i>Int J STD AIDS</i> , 10, 744-748.
	Sexual • Behavior • Sexually • Transmitted • Infection • Caribbean • African
	We studied 180 black heterosexual men of whom 133 (74%) were Caribbean and 47 (26%) African. Seventy-three per cent of Caribbeans and 27% of Africans were UK born. We found no difference in age, but more Africans were married (30% cf 10%; P = 0.002) and students (26% cf 10%; P = 0.00008). More Caribbeans smoked 1-10 cigarettes a day (42% cf 22%; P = 0.02) and more drank alcohol (89% cf 74%; P = 0.002). Sixty-nine per cent of Caribbeans reported intercourse before the age of 17 compared with 48% of Africans (P = 0.004), but there was no difference in the numbers of sexual partners, either in the previous year or in total. Twenty-four (18%) of the 133 Caribbeans had gonorrhoea compared with one (2%) of the 47 Africans (P = 0.001). Multivariate analysis showed that coitarche under 16 years of age (odds ratio (OR) 50) and gonococcal and/or chlamydial infection (OR 12.5) were independently associated with Caribbeans. Within this group, gonorrhoea was found more often in teenagers (OR 9.5) who had commenced intercourse before the age of 16 (OR 3.3) and chlamydial infection in those with multiple partners (OR 24). New problem orientated approaches are needed to eradicate these curable infections which facilitate infection with HIV.
	Fakoya, I. (2009). Faith and HIV in Action - A training workshop for Christian Faith Communities. Evaluation Report. London: UCL Centre for Sexual Health and HIV Research.
	N/A
	Introduction As part of the evaluation of the Faith and HIV in Action project a cross sectional survey was carried out to assess the knowledge and attitudes towards HIV and safer sex among black African and black Caribbean Christians and faith leaders of black led or black majority

	churches in the UK. It is estimated that there are more than 500,000 black Christians in over 4,000 local congregations in the United Kingdom, the majority of whom are in England, and the majority of them in London.
Citation	Fakoya, I., Reynolds, R., Caswell, G., & Shiripinda, I. (2008). Barriers to HIV testing for migrant black Africans in western Europe. <i>HIV Medicine, 9</i> , 23-25.
Key Words	Barriers, discrimination, testing, stigma, diagnosis, London, Netherlands
Abstract	Migrant black Africans are disproportionately affected by HIV in Western Europe; we discuss the barriers to HIV testing for sub-Saharan migrants, with particular emphasis on the UK and the Netherlands. Cultural, social and structural barriers to testing, such as access to testing and care, fear of death and disease and fear of stigma and discrimination in the community, can be identified. Lack of political will, restrictive immigration policies and the absence of African representation in decision-making processes are also major factors preventing black Africans from testing. HIV testing strategies need to be grounded in outreach and community mobilization, addressing fear of diagnosis, highlighting the success of treatment and tackling HIV-related stigma among black African migrant communities.
Citation	Fenton, K.A., Chinouya, M., Davidson, O., Copas, A. & MAYISHA study team, (2002). HIV testing and high risk sexual behavior among London's migrant African communities: a participatory research study. <i>Sex Transm Infect. Aug; 78, 4, 241-245.</i>
Key Words	NA
Abstract	OBJECTIVES: To describe the demographic and behavioral factors associated with HIV testing among migrant Africans in London. METHODS: A cross sectional survey of migrants from five sub-Saharan African communities (Congo, Kenya, Uganda, Zambia, Zimbabwe) resident in London was carried out. The study formed part of a larger community based participatory research initiative with migrant African communities in London-the MAYISHA project. Trained, ethnically matched interviewers recruited study participants in a variety of community venues. A brief self completion questionnaire collected data on demographic characteristics, utilization of sexual health services, HIV testing history, sexual behavior, and attitudes. RESULTS: Valid questionnaires were obtained from 748 participants (396 men and 352 women), median ages 31 and 27 years, respectively. Median length of UK residence was 6 years. 34% of men and 30% of women reported ever having had an HIV test. HIV testing was significantly associated with age and previous STI diagnosis among women; and additionally, nationality, education, employment, and self perceived risk of acquiring HIV among men. After controlling for significant demographic variables, previous diagnosis of an STI (adjusted odds ratio and 95% confidence interval for men: 2.96, 1.63 to 5.38, and women 2.03, 1.06 to 3.88) and perceived risk of acquiring HIV for men (adjusted OR 2.28, 95%CI 1.34 to 3.90) remained independently associated. CONCLUSION: Among these high HIV prevalence migrant communities, these data suggest that HIV testing remains largely associated with an individual's STI history or self perceived risk. This strategy may be inappropriate given the

	potential for onward and vertical transmission. Antenatal HIV testing combined with proactive targeted HIV testing promotion should be prioritized.
Citation	Fenton KA, Chinouya M, Davidson O, Copas A; MAYISHA research team (2001). HIV transmission risk among sub-Saharan Africans in London travelling to their countries of origin. <i>AIDS</i> . 15, 11,1442-1445.
Key Words	N/A
Abstract	Migrant black African communities bear the brunt of heterosexual HIV/AIDS epidemic in the UK. This study confirms the close links that exist between UK resident black Africans and their countries of origin. A total of 43% of men and 46% of women visited their home countries within the last five years. While there, men were more likely than women to have acquired a new sexual partner. Previous diagnosis with a sexually transmitted disease, and the use of condoms at last intercourse were independently associated with this practice. This represents a potential risk of HIV transmission, and highlights an area for targeted health promotion within these communities.
Citation	Fernandes, A., Carballo, M., Malheiros, J., Pereira Miguel, J., Perelman, J., Carballo, M., Chimienti, M., Nunes, S., & Dias, S. (2007). Challenges for health in the age of migration. Health and migration in the European Union. <i>Conference on Health and Migration in the EU, Lisbon, Portugal from 27 to 28 September 2007</i> .
Key Words	N/A
Abstract	An integral part of the organization of a conference on health and migration, the Ministry of Health's principal initiative during the Portuguese Presidency of the European Union, was the commissioning of two preliminary documents. These aimed to bring together knowledge and information from this already controversial policy area, made more so against a background of enlargement and consolidation of the European Union, and the increasing mobility of the population between and into member states. This is the first of these documents ¹ with the title Challenges for Health in the Age of Migration: Health and Migration in the European Union and its purpose is to provide knowledge on the relationship between health and the challenges it faces in view of the complex phenomenon of migration in an era of globalization. Migration influxes, the demographic sustainability of populations, is a structural element that justifies a common policy for the integration of immigrants. The pattern of low reproductive capacity and low mortality has led to a pronounced ageing of the demographic structures within the EU. Meanwhile, it is recognized that immigrants play an essential role in today's global economy, and migrations are expected to become one of the most important determinants of social and economic development. Europe is facing the ageing of its population and immigrants could represent demographic sustainability and development. From this perspective, it is pertinent to make the process of migration a healthy and socially productive.

Citation	Flowers, P. Davis, M., Hart, G., Rosengarten, M., Frankis, J. & Imrie, J (2006). Diagnosis and stigma and identity amongst HIV positive Black Africans living in the UK, <i>Psychology & Health</i> , 21(1), 109-122.
Key Words	HIV; IPA; Black Africans in the UK; diagnostic tests; identity
Abstract	Individual in-depth, semi-structured interviews with 30 HIV positive Black Africans were conducted in London, UK. The interviews focused upon experiential accounts of living with HIV. The interviews were transcribed and analyzed for recurrent themes using interpretative phenomenological analysis. The social context of being a Black African living in the UK emerged as an important framework within which the experience of being HIV positive was positioned. In terms of people's accounts of their own experiences of living with HIV, diagnosis figured as an important moment in people's lives. The majority of participants were surprised and upset upon receiving their positive antibody test results. Many reported a period of depression and social isolation. Stigma and prejudice associated with HIV also emerged as a major force shaping the daily lives of the participants. We discuss the role of identity and social context in disrupting the medical meaning of diagnostic tests.
Citation	Fitzpatrick, L., McCray, E., & Smith, D. K. (2004). The global HIV/AIDS epidemic and related mental health issues: The crisis for Africans and black Americans. <i>Journal of Black Psychology</i> , 30(1), 11-23.
Key Words	Mental health, health service needs and demand, <i>contrasts African Diaspora in US with Africans in Sub-Saharan Africa</i>
Abstract	HIV/AIDS is one of the most devastating diseases that humanity has ever faced. Since the first clinical evidence of HIV/AIDS was reported in 1981, more than 60 million people have been infected with the virus and more than 20 million have died of AIDS. This article provides an overview of the global HIV/AIDS epidemic with a focus on its impact on sub-Saharan Africa and people of African descent in the United States.
Citation	Foley, E. E. (2005). HIV/AIDS and African immigrant women in Philadelphia: Structural and cultural barriers to care. <i>AIDS Care</i> , 17(8), 1030-1043.
Key Words	Attitude of health personnel, emigration, health knowledge, attitude to AIDS, Health service accessibility, Qualitative (focus groups), urban health services (needs assessment)
Abstract	Although African immigration to American cities is increasing, there is little published demographic or epidemiological data on this population. As growing numbers of HIV-positive Africans seek care at public health centres in the city of Philadelphia, medical personnel are confronted with the challenges of serving this population. This qualitative study explores the perspectives of HIV service providers who are treating this new patient group, and it examines the cultural and structural barriers African women face in the area of HIV prevention, testing, and treatment in the city of Philadelphia. These barriers include legal status, linguistic problems, fear of the American

	health system, misunderstandings about modes of transmission of HIV, and lack of awareness about antiretroviral treatment. Culturally appropriate education about HIV prevention and treatment needs to be developed for African immigrants, and medical personnel need to understand the experiences, fears, and concerns of this population.
Citation	Foreman, M., & Hawthorne, H. (2007). Learning from the experiences of ethnic minorities accessing HIV services in Ireland. <i>British Journal of Social Work, 37</i> (7), 1153-1172.
Key Words	Cultural sensitivity, Health Care Delivery, Health Care Utilization, Treatment barriers, Stigma, Disclosure, Culturally appropriate services
Abstract	Since the mid-1990s, Ireland has become a more culturally diverse society. To ensure equitable, culturally sensitive services, social workers need to consult with and listen to views of service users. This paper reports on findings of two recent studies by social workers in Ireland with migrants living with HIV. It highlights how many of those newly diagnosed with HIV are from sub-Saharan African countries and still in the asylum process and discusses barriers to accessing support and integrating into Irish society. The paper points out that unless properly supported, those living with HIV may find it difficult to disclose their HIV status and highlights the importance of tackling HIV stigma. It concludes with the need to provide training for health care workers to provide culturally appropriate services, and argues against immigration policies which inhibit integration.
Citation	Fortenberry, J. D., Mary McFarlane, Amy Bleakley, Sheana Bull, Martin Fishbein, Diane M., Grimley, Kevin C. Malotte and Bradley P. Stoner. (2002). Relationships of stigma and shame to gonorrhea and HIV screening. <i>American Journal of Public Health, 92, 3, 378-381.</i>
Key Words	N/A
Abstract	Objectives. The purpose of this study was to assess the relationships between stigma and shame associated with seeking treatment for sexually transmitted diseases (STDs) and undergoing testing for gonorrhea and HIV. Methods. Participants were 847 males and 1126 females (mean age: 24.9 years) in 7 cities. Two scales assessed STD-related stigma and STD-related shame. Results. Rates of stigma and shame were higher among participants without a gonorrhea test in the past year and among those without an HIV test. Sex, age, health service use, previous suspicion of gonorrhea, and low levels of stigma were independently associated with gonorrhea testing. Age, enrollment site, use of health services, gonorrhea testing, and low levels of stigma were independently associated with HIV testing. Conclusions. Shame is part of the experience of seeking STD-related care, but stigma may be a more powerful barrier to obtaining such care.

Citation	Fourquet, F., Le Chenadec, J., Mayaux, M., Meyer, L., SEROCO Grp, & SEROGEST Grp. (2001). Reproductive behavior of HIV-infected women living in France, according to geographical origin. <i>AIDS</i> , 15(16), 2193-2196.
Key Words	Pregnancy, Serostatus, contraception, transmission, prevalence, knowledge, comparison between groups
Abstract	Pregnancy rates were compared before and after HIV diagnosis according to geographical origin (sub-Saharan Africa versus Europe) among 533 HIV-infected women followed in the French SEROCO/SEROGEST cohorts between 1988 and 1996. Among European women, the incidence of deliveries and terminations decreased, respectively, by nearly twofold and fourfold after HIV diagnosis. Conversely, the pregnancy incidence increased among African women with fewer than two children. This study should help refine the reproductive counselling and management of HIV-infected women in France.
Citation	Fullilove, R.E. & Fullilove, M.T. (1999). <i>HIV Prevention and Intervention in the African-American Community</i> in AIDS Knowledge Base. Third Edition, Eds. Cohen, P.T., Sande, M.A., & Volberding, P.A. Philadelphia, Lippincott Williams & Wilkens. 911-916.
Key Words	N/A
Abstract	N/A
Citation	Fullilove, M.T. and Fullilove, R.E. (1999). Stigma as an Obstacle to AIDS Action: The Case of the African American Community. <i>American Behavioral Scientist</i> , 42, 1117-1129.
Key Words	N/A
Abstract	The control of the spread of AIDS depends on the willingness of the U.S. society to undertake a series of prevention actions. A corollary of this is that the prevention action must be managed in a manner that is sympathetic to affected populations. The presence of homophobia is widely recognized in African American churches, and has hampered their ability to engage in AIDS prevention. This article explores the problem of homophobia in the African American community. A secondary analysis of focus group transcripts was undertaken. The data indicate that homophobia is common in various segments of the community. Stigma creates a heavy burden for gay men and impedes their ability to fight AIDS. The data suggest that more effective AIDS prevention will require eradicating stigmatizing attitudes toward gay men.

Citation	Gadon, M., Chierici, R., & Rios, P. (2001). Afro-American migrant farm workers: A culture in isolation. <i>AIDS Care</i> , 13(6), 789-801.
Key Words	Social isolation, farm workers, health behavior, health knowledge, attitude to health, U.S.,
Abstract	Increasing rates of HIV infection have been found in migrant farm workers in the USA over the past decade. By virtue of lifestyle, language and culture, these workers are not exposed to the typical media HIV prevention messages. To determine their level of knowledge about this disease for use in prevention messages targeted specifically to this population, five gender specific focus groups were conducted among Haitian, Jamaican and African-American migrant farm workers in upstate New York. The focus groups revealed that the health belief system of these Afro-American migrant workers primarily reflects that of their indigenous culture. This impacts their interpretation and utilization of risk aversive behaviours. The data also suggest that the culture of migrancy itself affects the extent of risky behaviours practiced, but further studies are needed to examine this phenomenon.
Citation	Gama, A., Fraga, S. & Dias, S. (2010). Impact of Socio-Demographic Factors on HIV Testing Among African Immigrants in Portugal. <i>Journal of Immigrant and Minority Health</i> .
Key Words	HIV testing - Socio-demographic factors - African immigrants
Abstract	This study aimed to describe the proportion of HIV testing among an African immigrant population in Portugal and identify the socio-demographic factors that may be associated. A questionnaire was applied to 522 African immigrants (53% men) who attend the National Immigrant Support Centre, in Lisbon. Odds ratios (OR) with corresponding 95% confidence intervals (95% CI) were calculated through logistic regression to analyze the relationships between HIV testing and other variables. Around 52% of participants reported having been HIV tested, mostly women. After adjusting for potential confounders, age and educational level were significantly associated with HIV testing for both women and men. Searching for HIV information at NHS was also significantly associated with HIV testing, but only among men. This study points out interesting challenges for HIV prevention programs among African immigrants and may help in the development of tailored projects focused on the promotion of HIV testing among these populations.
Citation	Gardezi, F., Calzavara, L., Husbands, W., Tharao, W., Lawson, E., Myers, T., et al. (2008). Experiences of and responses to HIV among African and Caribbean communities in Toronto, Canada. <i>AIDS Care</i> , 20(6), 718-725.

Key Words	Attitude to AIDS, Health Services Accessibility, Stigma, Descriptive Statistics, Prospective Study, Race Factors, Sex Factors
Abstract	African and Caribbean communities in Canada and other developed countries are disproportionately affected by HIV/AIDS. This qualitative study of African and Caribbean communities in Toronto sought to understand HIV-related stigma, discrimination, denial and fear, and the effects of multiple intersecting factors that influence responses to the disease, prevention practices and access to treatment and support services. Semi-structured interviews were conducted with 30 HIV-positive men and women and focus groups were conducted with 74 men and women whose HIV status was negative or unknown. We identified a range of issues faced by African and Caribbean people that may increase the risk for HIV infection, create obstacles to testing and treatment and lead to isolation of HIV-positive people. Our findings suggest the need for greater sensitivity and knowledge on the part of healthcare providers; more culturally specific support services; community development; greater community awareness; and expanded efforts to tackle housing, poverty, racism and settlement issues.
Citation	Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. <i>Journal of Adolescent Health, 38</i> (3), 230-236.
Key Words	Risk Factors, Mindority groups, Adolescence, Self-Concept, Stress, Substance Abuse,
Abstract	PURPOSE: To describe the real life challenges and HIV-risk behaviors of male-to-female (MTF) transgender youth from communities of color. METHODS: A convenience sample (n = 51) of ethnic-minority MTF transgender youth aged 16-25 years completed an anonymous questionnaire including demographics, psychosocial measures, and participation in substance use and sexual risk behaviors. Descriptive analyses and analyses of association were used to interpret the data. RESULTS: The median age of participants was 22 years, and 57% were African-American. Twenty-two percent reported being human immunodeficiency virus positive (HIV+). Prevalence of life stressors among the sample included history of incarceration (37%), homelessness (18%), sex in exchange for resources (59%), forced sexual activity (52%), difficulty finding a job (63%), and difficulty accessing health care (41%). Within the past year, 98% had sex with men, 49% had unprotected receptive anal intercourse, and 53% had sex under the influence of drugs or alcohol. Substance use within the past year was common, with marijuana (71%) and alcohol (65%) most frequently reported. Twenty-nine percent of participants had used injection liquid silicone in their lifetime. Other injection drug use and needle-sharing behaviors were rare. Compared with other racial/ethnic groups, HIV was found in higher rates among African-American youth (p < .05). HIV status was not associated with any other demographic characteristic, psychosocial measure, sexual or substance use behavior. CONCLUSIONS: These findings suggest that MTF transgender youth of color have many unmet needs and are at extreme risk of acquiring HIV. Future research is needed to better understand this adolescent subgroup and to develop targeted broad-based interventions that reduce risky behaviors.

Citation	George, C., Alary, M., Hogg, R. S., Otis, J., Remis, R. S., Mâsse, B., et al. (2007). HIV and ethnicity in Canada: Is the HIV risk-taking behavior of young foreign-born MSM similar to Canadian born MSM? <i>AIDS Care</i> , 19(1), 9-16.
Key Words	Prevention, ethnic identity, risk taking behavior, MSM, comparison by race, place of birth
Abstract	There is a dearth of information on the HIV risk-taking behavior of foreign-born men who have sex with men (MSM) in Canada. This study focused on identifying sexual risk behavior among MSM who immigrated to Canada and compared them to MSM who were born in Canada. Baseline data from the Omega Cohort in Montreal and the Vanguard Project in Vancouver were combined to form four ethnicity/race analytical categories (n = 1,148): White born in Canada (NBIC), White born outside of Canada, non-White born in Canada (NBIC) and non-White born outside of Canada (NBOC). Psychological, demographic and sexual behavior characteristics of the groups were similar except: NBOC were more likely to be unemployed, less likely to be tattooed, had fewer bisexual experiences and less likely worried of insufficient funds. WBOC were more likely to report unprotected sex with seropositives and more likely to have had unprotected sex while travelling. NBIC were more likely to have ever sold sex and to have had body piercing. WBOC are at high risk of acquiring as well as transmitting HIV. It is important to consider place of birth in addition to ethnicity when developing programmes to prevent the transmission of HIV.
Citation	Gulland, A. (2001). Out of Africa... HIV rates among African women in the UK are high. <i>Nursing Times</i> , 97(1), 12-12.
Key Words	Epidemiology, attitudes to AIDS, Stigma, Access to services, Print News
Abstract	African women in the UK have the highest rate of HIV infection. Now nurses are working with tribal chiefs and church leaders to help this client group to access services.
Citation	Gushulak BD and MacPherson DW. (2006). The impact of population movement on HIV/AIDS in Europe, In HIV/AIDS in Europe: Moving from death sentence to chronic disease management. S. Matic, J.V. Lazarus and MC.. Donoghoe, (Eds.). Copenhagen: WHO,188-203.
Key Words	N/A

Abstract	N/A
Citation	Haour-Knipe, G., Fleuryb, F. & Dubois-Arbera, F. (1999). HIV/AIDS prevention for migrants and ethnic minorities: three phases of evaluation, <i>Social Science & Medicine</i> , 49,10, 1357-1372.
Key Words	AIDS; Prevention; Evaluation; Migrants; Ethnic minority; Peer educators
Abstract	There are now a number of HIV/AIDS prevention programmes for migrant and ethnic minority communities throughout the world, both 'top down' programmes organized, for example, by governments and large NGOs, and 'bottom up' programmes, organized by migrant groups themselves. Evaluation of such programmes, however, is in most cases sorely lacking. The Swiss 'Migrants Project' is, to the authors' knowledge, the only such programme to have been systematically accompanied by evaluation throughout. This paper describes three phases of evaluation of the Migrants Project (exploratory studies, process, and outcome evaluations). The evaluations have highlighted the need for culturally and linguistically appropriate prevention efforts which use already-existing community structures, as well as the need to identify and train people from within communities to carry out local prevention efforts. Outcome evaluation has shown that: a government sponsored HIV/AIDS prevention programme can meet with acceptance by migrant communities; considerable engagement in prevention activities can be mobilized; and AIDS prevention among such communities can be effective. Such efforts can create levels of sensitivity to HIV issues and of protective behavior that are equal to those of the host country population. The strategy adopted by the programme is thus supported. Key elements are to avoid potential for stigmatizing by: (1) placing HIV/AIDS prevention efforts for migrant populations within an overall national HIV/AIDS prevention strategy; (2) informing and sensitizing general populations within migrant communities before initiating more targeted prevention with migrant IDUs, MSM, and CSWs; (3) encouraging, facilitating and guiding health promotion efforts which emerge from within migrant communities themselves.
Citation	Hickson, F., Owuor, J., Weatherburn, P., Dodds, C., Reid, D., Hammond ,G. & Jessup, K. (2009). <i>Bass Line 2008-09 Survey; assessing the sexual HIV prevention needs of African people in England</i> , London, Sigma Research. www.sigmaresearch.org.uk/go.php/reports/report2009h/
Key Words	N/A
Abstract	This report concerns Bass Line 2008-09, a community-based research project which recruited African people living in England to a HIV prevention needs assessment survey. It is divided into two parts. Part One has six chapters including the background and methodology

	(Chapter 1), and an overview of the key variables grouped as follows: demographics (Chapter 2); HIV testing (Chapter 3); sexual HIV transmission behaviours (Chapter 4); HIV prevention needs (Chapter 5); and HIV prevention interventions (Chapter 6). The purpose of Part One is to identify HIV transmission behaviours and unmet HIV prevention needs which are common across diverse groups of African people in England. Part Two (Chapters 7 - 13) looks at how these key indicators regarding testing, sex, needs and interventions vary across the demographic groups. Part Two aims to identify sub-groups of Africans with high levels of risk behaviours and / or high levels of unmet prevention needs. testing and the potential consequences of not knowing their HIV status.
Citation	Hickson, F., Reid, D., Weatherburn, P, Stephens, M., Nutland, W., & Boakye, P. (2004). HIV, sexual risk, and ethnicity among men in England who have sex with men, <i>Sex Transm Infect</i> 80, 443-450.
Keywords	NA
Abstract	<p>Objectives: To examine ethnic group differences in HIV testing history and sexual HIV risk behaviors that may account for such differences, among men in England who have sex with men (MSM), in order to inform HIV prevention planning priorities.</p> <p>Methods: A self completion survey in the summer of 2001 was carried out in collaboration with community based health promoters. Three recruitment methods were used: "gay pride" festivals, health promoter distributed leaflets, internet version advertised with gay service providers. The leaflet was produced with an alternative cover for targeted recruitment of black men.</p> <p>Results: In a sample of 13 369 MSM living in England, 17.0% were from minority ethnic groups and 5.4% had tested HIV positive. Compared to the white British majority, Asian men were 0.32 times as likely to be living with diagnosed HIV infection, while black men were 2.06 times as likely to be doing so. Among men who had not tested HIV positive, Asian men were less likely to have sex with a known HIV positive partner, while black men were more likely to have insertive unprotected anal intercourse both with a partner they knew to be HIV positive and with a partner whose HIV status they did not know.</p> <p>Conclusions: Among MSM in England, HIV prevalence is higher among black men and lower among Asian men compared with the white British majority. Increased sexual HIV risk behavior, especially exposure during insertive anal intercourse, accounts for some of this difference. HIV prevention programmes for MSM and African people should both prioritize black MSM.</p>
Citation	Holguín, A., Alvarez, A., Pena, M. J., Artilles, F., Molina, L., & Soriano, V. (2003). HIV-positive immigrants in the canary islands, Spain: Implications for public health in Europe. <i>HIV Clinical Trials</i> , 4(3), 184-192.
Key Words	Migration, HIV transmission, trends, HIV genetics, geography
Abstract	The Canary Islands face the northwest coast of Africa and belong administratively to Spain. They represent a frequent step for the entrance of Africans into Spain and, from there, to all the European Union. The presence of HIV-1 non-B variants has already been reported in Spain and other European countries, mostly among African immigrants. PURPOSE: The aim of this study was to exam the

	genetic diversity of HIV-1 among immigrants attending a reference hospital in the Canary Islands during 2000. METHOD: Phylogenetic analyses of the reverse transcriptase (RT), protease, and env genes were carried out in 33 immigrants found to be HIV-1 positive. RESULTS: HIV-1 non-B subtypes were recognized in 21 (63.6%) of the 33 infected participants. Phylogenetic analyses showed non-B sequences in 60%, 60.6%, and 48.3% of specimens, depending on the genomic region examined (RT, protease, and env, respectively). Overall, 15 viruses (45%) were found to be inter-subtype recombinants: AG in 8 (53%), GB in 4 (27%), and AB in 3 (20%). CONCLUSION: Nearly two thirds of HIV-infected immigrants arriving to the Canary Islands carry non-B subtypes. Thus, the Canary Islands may be a frequent entry point for new HIV-1 variants into the European Union.
Citation	Husbands, W., Makoroka, L., George, C., Adam, B., Remis, R., Rourke, S., & Beyene, J. (2009). Health, Community and Vulnerability to HIV among African, Caribbean and Black Gay and Bisexual Men in Toronto. The African and Caribbean Council on HIV/AIDS in Ontario and the AIDS Committee of Toronto.
Key Words	N/A
Abstract	Discussions among members of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) identified a need for research evidence to guide and inform HIV prevention efforts among African, Caribbean and Black gay and bisexual men and other Black men who have sex with men (MSM) in Ontario, particularly Toronto. The MaBwana Black Men's Study was implemented in 2006-2008 to address this need, and is the first study to examine vulnerability to HIV/AIDS among African, Caribbean and Black gay men in Toronto. The objectives of the study were to: profile the sociodemographic characteristics of African, Caribbean and Black gay and bisexual men; understand their sexual relationships and behaviours; examine the experiences, influences and decision-making that may be associated with HIV risk; and understand how Black men assess current HIV prevention campaigns.
Citation	Irwin & Peters. (1999). Treatment issues for HIV positive Africans in London, <i>Social Science & Medicine</i> , 49, 11, 1519-1528.
Key Words	Black Africans; HIV/AIDS; Combination therapy; London; UK
Abstract	Black Africans are the second largest group of HIV/AIDS service users in London, UK. They are distinguished from other patient groups by their delay in access to services and appear to have a lower uptake of antiretroviral therapies. This study explores the treatment issues concerning black Africans which may affect their uptake of therapies. Issues raised included questions about if and when to start treatment, fears of side-effects both short and long term, awareness of the current uncertainties surrounding combination therapies and concerns about how to achieve compliance. The social circumstances of HIV positive black Africans living in London together with differences in cultural beliefs and experience of health care in the UK give rise to particular treatment concerns. These concerns include

	the fear of being experimented upon, lack of confidence in drugs tested only on Caucasians, distrust of the medical profession and fears of discrimination. Efforts to encourage the uptake of antiretroviral therapies by black Africans in Britain must take into account the particular experiences, fears and concerns of this patient group.
Citation	Johnson, R.C. and Raphael, S. (2005). The Effects of Male Incarceration Dynamics on AIDS Infection Rates among African-American Women and Men. Goldman School of Public Policy, University of California, Berkeley.
Keywords	N/A
Abstract	In this paper, we investigate the potential connection between incarceration dynamics and AIDS infection rates, with a particular emphasis on the black-white AIDS rate disparity. Using case level data from the U.S. Centers for Disease Control and Prevention, we construct a panel data set of AIDS infection rates covering the period 1982 to 2001 that vary by year of onset, mode of transmission, state of residence, age, gender, and race/ethnicity. Using data from the U.S. Census, we construct a conforming panel of male and female incarceration rates. We use this panel data to model the dynamic relationship between the male and female AIDS infection rates and the proportion of men in the age/state/race-matched cohort that are incarcerated. We find very strong effects of male incarceration rates on both male and female AIDS infection rates. The dynamic structure of this relationship—i.e., the lagged effects of the proportion of incarcerated males—parallels the distribution of the incubation time between HIV infection and the onset of full-blown AIDS documented in the medical and epidemiological literature. These results are robust to explicit controls for (race-specific) year fixed effects and a fully interacted set of age /race/state fixed effects. Our results reveal that the higher incarceration rates among black males over this period explain a substantial share of the racial disparity in AIDS infection between black women and women of other racial and ethnic groups. In a separate analysis, we estimate a two-stage-least-squares (TSLS) model of AIDS infection rates employing a set of variables describing intra-state changes in sentencing regimes as instruments for variation in incarceration rates. We find TSLS effects of incarceration rates on AIDS infection rates that are significant and comparable in magnitude to the corresponding OLS estimates.
Citation	Kalichman, S. C., Simbayi, L. C., Cloete, A., Mthembu, P. P., Mkhonta, R. N., & Ginindza, T. (2009). Measuring AIDS stigmas in people living with HIV/AIDS: The internalized AIDS-related stigma scale. <i>AIDS Care</i> , 21(1), 87-93.
Key Words	Internalization, psychometrics, stigma, coping behavior, comparison Sub Saharan Africa & U.S., quantitative research
Abstract	AIDS stigmas create significant barriers to HIV prevention, testing, and care and can become internalized by people living with HIV/AIDS. We developed a psychometric scale to measure internalized AIDS-related stigmas among people infected with HIV. Items were adapted

	<p>from a psychometrically sound test of AIDS-related stigmas in the general population. Six items reflecting self-defacing beliefs and negative perceptions of people living with HIV/AIDS were responded to dichotomously, Agree/Disagree. Data collected from people living with HIV/AIDS in Cape Town South Africa (n = 1068), Swaziland (n = 1090), and Atlanta US (n = 239) showed that the internalized AIDS Stigma Scale was internally consistent (overall alpha coefficient = 0.75) and time stable (r = 0.53). We also found evidence in support of the scale's convergent, discriminant, and criterion-related validity. The Internalized AIDS-Related Stigma Scale appears reliable and valid and may be useful for research and evaluation with HIV-positive populations across southern African and North American cultures.</p>
Citation	<p>Kent, J.B. (2005). Impact of foreign-born persons on HIV diagnosis rates among blacks in King County, Washington. <i>AIDS Educ Prev</i>, 17(6 Suppl B), 60–67.</p>
Keywords	<p>N/A</p>
Abstract	<p>To characterize HIV and AIDS cases in foreign-born persons in King County, Washington, HIV surveillance data were analyzed by place of birth, race and ethnicity, mode of transmission, and year of HIV diagnosis. The proportion of new HIV diagnoses among foreign-born Blacks increased from 3.5% during the 3-year period from 1995 to 1997 to 7.5% during the 3-year period from 2001 to 2003 while remaining stable at 11–12% among native-born Blacks. Rates of HIV diagnoses are 2.8 times higher among foreign-born Blacks (1.7%) than among native-born Blacks (0.6%). Heterosexual transmission accounts for at least 52% of prevalent cases among foreign-born Blacks but only 12% of native-born Blacks. These findings have implications for HIV prevention planning in King County. States and local areas should consider reviewing their own surveillance data to determine the possible impact of foreign-born persons on HIV diagnosis rates.</p>
Citation	<p>Kesby, M., Fenton, K., Boyle, P. & Power, R. (2003). An agenda for future research on HIV and sexual behavior among African migrant communities in the UK. <i>Soc Sci & Med</i>, 57:1573-1592.</p>
Keywords	<p>HIV; Sexual behavior; 'Black Africans'; Research method; UK</p>
Abstract	<p>The epidemiology of the recent rise in HIV cases in Britain highlights the need for more research among the heterosexual African migrant population. New research should not, however, only extend the limited number of studies that describe observable patterns in sexual health but should also seek to determine their underlying social causation. To achieve this, both methodological and ontological shifts are necessary in the existing research paradigm; we advocate that a broad range of qualitative techniques be deployed both to uncover the empirical details of specifically African sexual behaviours and to highlight and explore the 'relational' nature of sexual decision-making. Rather than fixing on individuals, analysis must situate them within the broader discursive and material frames that structure the boundaries of decision-making. In addition, researchers need to utilize the parallel literature on the social embeddedness of HIV in Africa</p>

	to inform analysis of the British context. It would then be possible to address the crucial question of whether the social conditions known to cause high-risk behaviours and facilitate transmission in Africa persist, or are transformed, after migration to the UK. A key, and neglected, dimension of this is the role of spatial context in relational sexual decision-making and the constitution of social relationships in particular arenas. This needs further thought, particularly in relation to domestic space and gender identities. We believe that the research agenda proposed herein has much to contribute to interventions and service provision. Nevertheless, we are mindful of the need for self-reflexivity about our role in the production of powerful knowledge about sex. Our final proposal is that researchers seek ways to work with, not on, African communities in order to facilitate their own informed management of sexual health.
	Lazarus, J.V., Himedan, H.M., Østergaard, L.R., & Liljestrand, J. (2006). HIV/AIDS knowledge and condom use among Somali and Sudanese immigrants in Denmark. <i>Scandinavian Journal of Public Health</i> , 34:92-99.
	Immunopathology ; Immune deficiency ; Europe ; Africa ; Infection ; Viral disease ; Public health ; Prevention ; Attitude ; Transmission ; Heterosexuality ; African ; Denmark ; Immigrant ; Sudan ; Somali Republic ; Use ; Sexual behavior ; Condom ; Knowledge ; AIDS.
	Aims: This study explores the knowledge, attitudes and practices among Somali and Sudanese immigrants in Denmark with regard to HIV/AIDS and condom use. Material and methods: A 78-item questionnaire, divided into five thematic sections, was given to 192 purposively selected Sudanese and Somalis of both sexes, aged 18-49, who had lived in Denmark for one or more years. It was administered in Arabic and Somali in four locations and supplemented by 13 semi-structured interviews. Results: Education, sex, and nationality, but not length of residence in Denmark, were positively associated with knowledge about HIV/AIDS. Less than half of both men and women scored more than 70% on the knowledge portion of the questionnaire, while Sudanese knew more than Somalis. Men had a more negative attitude towards condoms than women, but greater knowledge about them. One-third of the women reported never having seen or heard of a condom, and almost half had never received information about condoms. Both sexes preferred receiving such information from the TV or friends instead of family doctors or HIV-positive individuals. Conclusions: This study suggests that knowledge about HIV/ AIDS is low in these two Danish immigrant groups, both of which are characterized by reported incidence rates that are higher than the national average. The groups receive little information, while condom knowledge is particularly low among poorly educated women, and men have a negative attitude to condom use. The findings indicate a need for targeted, culturally sensitive HIV/AIDS information and advice.
	Lemelle, A. (2003). Linking the Structure of African American Criminalization to the Spread of HIV/AIDS, <i>Journal of Contemporary Criminal Justice</i> , 19, 270-292.
	Racism, HIV/AIDS, African American health, African American criminal justice, white supremacy and crime, infectious disease and race, crime and infectious disease

	<p>This article is organized in two parts. In the first, the author presents the racialized social system conceptual framework for understanding links between the criminalization of blacks and the spread of HIV/AIDS. In the second section, the author presents data from a focus group and in-depth interviews that support the racialized social system conceptual framework. The major findings are (1) the racialized social system manufactures both a black criminalized profile and the spread of AIDS; (2) The distrust of authority and lack of faith in institutional order is nothing short of a legitimization crisis for the society coming from the men in this sample; (3) the men expressed a profound lack of trust in public health; (4) they sincerely believe that whiteness is out to annihilate them; (5) and they have made a commitment to fight back. The author argues these orientations will make HIV/AIDS intervention and prevention programs largely unsuccessful.</p>
Citation	<p>Levenson, J. (2004). <i>The Secret Epidemic: The Story of AIDS in Black America</i>. Pantheon: New York, NY. 2004. New York City Department of Health and Mental Hygiene.</p>
Keywords	<p>N/A</p>
Abstract	<p>As we enter the twenty-first century, AIDS in America has become primarily a black disease. African Americans now constitute 50 percent of all new HIV cases, and AIDS is one of the top causes of death in young black men and women. The story of how this came to pass reaches across half a century, from the Great Migration north to the boom of the postwar era and the subsequent urban decay, the advent of heroin and crack, and the rise of the new South.</p> <p>In <i>The Secret Epidemic</i>, Jacob Levenson tells this story through the experiences of the people at its center. Mindy Fullilove, one of the first black researchers to investigate the roots of the epidemic, leads us from San Francisco to the early appearance of the disease in Harlem and the South Bronx. Desiree Rushing must reconcile her crack addiction and HIV infection with the fate of her city, family, and the black church. Mario Cooper is a gay son of the black elite who becomes infected, works to mobilize the Congressional Black Caucus and the Clinton White House to respond to the epidemic, and eventually confronts the boundaries of American race politics. And David deShazo is a white social worker thrust into a hidden, rural black world in the heart of the American South, where he struggles to prevent the spreading epidemic and help two infected black sisters survive with the disease.</p> <p>Interweaving personal stories and national policy, the legacy of discrimination and the battle for civil rights, sexuality and the role of the black church, this is a significant book for our time, a portrait of a devastating epidemic and an examination of our changing understanding of race in America.</p>
Citation	<p>Lot F, Larsen C, Valin N, Gouëzel P, Blanchon T, Laporte A. (2004). Social and medical survey of HIV infected patients from sub-Saharan Africa, in hospitals in the Paris area (Ile-de-France), <i>Eurosurveillance Weekly</i>, 2, 9. Available online from: http://www.eurosurveillance.org/ew/2004/040226.asp#3</p>

Keywords	N/A
Abstract	<p>In the context of a declining incidence of AIDS in France (1) the observed rise in cases of AIDS from 1999 onwards in immigrants from sub-Saharan Africa has prompted a descriptive survey of HIV infected patients from this region receiving treatment in hospitals in Ile-de-France (Paris and its suburban districts) (2). This study, carried out by the Institut de Veille Sanitaire (InVS) in the first half of 2002, described the social and demographic characteristics of these patients, including their living conditions, the circumstances surrounding their diagnosis with HIV, and subsequent medical treatment.</p> <p>Sixteen hospitals in Ile-de-France that had a substantial number of current patients from sub-Saharan Africa took part in the study. All patients originating from sub-Saharan Africa who were HIV positive, aged 18 or over, and attended outpatient, day hospital or inpatient services at the hospitals during the course of the study (a period of a few days) were asked to take part. After consent was obtained, brief medical particulars (clinical disease stage, whether receiving antiretroviral therapy, regularity of medical checkups) were collected. On the basis of an anonymous questionnaire, patients were interviewed to obtain social and demographic information (age, sex, country of birth, nationality, level of education), their living conditions (profession, income, type of accommodation, family situation, whether they had health insurance, legal status of residence in France, the circumstances of their arrival in France (date and reasons), and information about their HIV infection (date and circumstances of screening, mode of infection, and likely country of infection). A cluster analysis of the data (using COREM, SPAD 4.01) was carried out to characterize patients according to selected social and demographic factors. To identify independent variables associated with arrival in France since 1999, a backward multivariable logistic regression analysis was carried out (using SAS-V8) on the variables found to be significant by the univariate analysis.</p>
Citation	Low, N. (2004). HIV Infection in Black Caribbeans in the United Kingdom. <i>Sexually Transmitted Infection</i> , 80: 2-3.
Keywords	N/A
Abstract	<p>The rate of AIDS among black Caribbeans in the United Kingdom was known to be three times higher than in the majority white population nearly 10 years ago.² The potential for heterosexual spread of HIV within Britain's black Caribbean community is well recognized because of the high risk of gonorrhoea and chlamydia in people from black Caribbean backgrounds³⁻⁷ and the facilitating effect of bacterial sexually transmitted infections on HIV transmission.⁸ It is, however, the absence of an HIV epidemic that has been remarked upon because of the paradox whereby black Caribbeans have the highest rates of bacterial sexually transmitted infections but black Africans in the United Kingdom bear the highest burden of HIV of any ethnic group with much lower rates of other sexually transmitted infections.⁹ The apparent lack of spread of HIV to black Caribbeans has been attributed to assortative (like with like) sexual mixing within ethnic groups.⁹</p>

Citation	Kennedy, A. P., & Rogers, A. E. (2009). The needs of others: The norms of self-management skills training and the differing priorities of asylum seekers with HIV. <i>Health Sociology Review, 18</i> (2), 145-158. (UK)
Key Words	Self Care skills, Self Management, Social Identity, Needs, Priorities, Training Program, Asylum Seekers
Abstract	This paper challenges the notion of a shared social identity resulting from a self care skills training programme through exploring the engagement, experience and outcomes of participants from different social groups: sub-Saharan asylum seekers and gay men. In the former group, norms and values about priorities and management of HIV differed significantly from the programmes' underlying philosophy of individualism. Some needs were similar, but learning self-management skills was not the priority it was for gay men as pressing needs arising from their asylum status (to address social problems, access welfare and achieve marginal residential status) overwhelmed self care attempts. A focus on self-efficacy and individual behavior change is likely to leave unaddressed social and material needs, inadvertently adding insult to injury. However, alternative benefits included sharing 'experience' and the perceived 'problem' that being an asylum seeker posed to other people. The contexts of location, needs, identities and social position are important in understanding self care support innovations.
Citation	Kerani, R. P., Kent, J. B., Sides, T., Dennis, G., Ibrahim, A. R., Cross, H., et al. (2008). HIV among African-born persons in the United States: A hidden epidemic? <i>Journal of Acquired Immune Deficiency Syndromes, 49</i> (1), 102-106.
Key Words	Emigration, migration, HIV epidemiology, country of birth classification
Abstract	Although a large proportion of HIV diagnoses in Western Europe occur in African-born persons, analyses of US HIV surveillance data do not routinely assess the proportion of diagnoses occurring in African-born US residents. OBJECTIVE: To determine the percentage of newly reported HIV diagnoses occurring in African-born persons in selected areas of the United States with large African-born immigrant populations. METHODS: We collated and analyzed aggregate data on persons diagnosed with HIV in 2003-2004 and reported to HIV surveillance units in the states of California, Georgia, Massachusetts, Minnesota, and New Jersey and in King County, Washington; New York City; and the portion of Virginia included in the Washington, DC, metropolitan area. RESULTS: African-born persons accounted for 0.6% of the population and 3.8% of HIV diagnoses in participating areas (HIV diagnoses range: 1%-20%). Across all areas, up to 41% of diagnoses in women (mean: 8.4%, range: 4%-41%) and up to 50% of diagnoses in blacks (mean: 8.0%, range: 2%-50%) occurred among African-born individuals. CONCLUSIONS: In some areas, classifying HIV cases among foreign-born blacks as occurring in African Americans dramatically alters the epidemiological picture of HIV. Country of birth should be consistently included in local and national analyses of HIV surveillance data.

Citation	Kippax, S. C., Aggleton, P., Moatti, J., & Delfraissy, J. (2007). Living with HIV: Recent research from France and the French Caribbean (VESPA study), Australia, Canada and the united kingdom. <i>AIDS</i> , 21(1), S1-S3.
Key Words	Chronic Illness, Quality of Life, Review of research in several regions
Abstract	This supplement is devoted to the responses of people living with HIV and describes their experience of living with long term chronic illness. It contains a number of papers detailing findings from research in social sciences recently conducted in France, Australia, Canada, the United Kingdom and the French Caribbean. The thirteen papers examine a number of issues of relevance to living with HIV. The focus ranges from heterosexuals to gay men, and there is special concern with the needs and experiences of indigenous and immigrant populations. Several papers address access to and take-up of antiretroviral therapy and health-related quality of life, while others examine the day-to-day lives of people living with HIV. These latter papers include discussions of the reproductive desires of those living with HIV, their sexual lives, and their everyday work and domestic lives. Yet other papers focus on issues related to the disclosure of HIV to others and issues related to stigma and discrimination. Research to inform such programs of support and care are sorely needed, especially in developing countries burdened by the largest numbers of people living with HIV.
Citation	Korner, H. (2007). 'If I had my residency I wouldn't worry': Negotiating migration and HIV in Sydney, Australia. <i>Ethnicity & Health</i> , 12(3), 205-225.
Key Words	Immigration policy, relocation, Stigma, HIV diagnosis, Health Care and Support, Social relationships, Uncertainty, Life Disruption
Abstract	Objective: To describe the interrelationships between migration and resettlement, the Australian immigration system and living with HIV. Method: Data were collected through semi-structured, in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis C Service and a sexual health clinic in the Sydney metropolitan area over an 18-month period in 2003 2004. Results: Three major themes interwoven with migration were identified: HIV diagnosis, access to care and support, and forming social relations. Participants who applied for permanent residencies in Australia rather than off-shore were usually diagnosed as HIV-positive as part of the health requirement for permanent residency. This jeopardized their prospect of staying in Australia and was at the same time a barrier to returning to the country of birth. It was also a barrier to accessing health care and support services and a major source of uncertainty. The meaning of an HIV-positive diagnosis was grounded in participants' knowledge about HIV from their country of birth: HIV infection was perceived as a terminal illness. Because of the stigma associated with HIV/AIDS, many had little or no contact with their ethnic communities in Australia. At the same time, they found it difficult to form new social relations in the Anglo-Celtic mainstream culture. A further problem was feeling torn between Australia and the promise of a better future, and the close emotional relationships with family and friends in the country of birth. Conclusion: New migrants with HIV need to negotiate two major life disruptions and two major uncertainties simultaneously: migration and HIV infection. In the (Anglo-Celtic mainstream, language, cultural and financial barriers to

	health and support services should be removed or minimized. In ethnic communities, HIV-related stigma needs to be addressed to enable new migrants to form social relations in these communities and to rebuild their lives.
Citation	Körner, H. (2007). Negotiating cultures: Disclosure of HIV-positive status among people from minority ethnic communities in Sydney. <i>Culture, Health & Sexuality</i> , 9(2), 137-152.
Key Words	Minority groups, socio cultural factors, stigma, HIV positive status, multiple stigma, social risk, sexual minorities
Abstract	Because of the multiple stigma attached to HIV/AIDS, disclosure of HIV-positive serostatus is a considerable social risk for those who disclose. While HIV/AIDS-related stigma affects all HIV positive people, for people from minority cultures additional cultural factors may play a significant role in self-disclosure. This paper draws on data from semi-structured, in-depth interviews with HIV positive people from minority cultures in Sydney. Disclosure decisions were influenced by gender, sexual orientation, as well as cultural background. Gay men drew on both collectivist and individualist notions of interdependence and self-reliance in different socio-cultural contexts. This enabled them to accommodate the imperative to maintain harmony with the family and meet their individual needs for support. Heterosexual men who had disclosed voluntarily or involuntarily experienced discrimination and avoidance, and interdependence with family and ethnic community was disrupted. Heterosexual women disclosed to no one outside the health care system and were anxious to avoid any disclosure in the future. For all participants, voluntary and involuntary disclosure caused potential and actual disruption of relationships with their families and ethnic communities. The paper concludes by arguing for an ecological perspective of health in which decisions are not located in rational decision making alone but in the broader context of family and community.
Citation	Krentz H.B., Gill M.J. (Nov. 18, 2008). The five-year impact of an evolving global epidemic, changing migration patterns, and policy changes on a regional Canadian HIV population. <i>Health Policy</i> . [Epub ahead of print]
Keywords	HIV/AIDS, Immigrant health, Health care utilization, Health care policy, Canada
Abstract	Objectives: To evaluate the impact of policy changes to Canada's Immigration Act and changing migration patterns on a regional HIV population. Methods: All HIV-positive individuals enrolled in care at the Southern Alberta Cohort between 2001 and 2007 were included and subdivided by self-reported country of birth. Demographic, clinical, and health utilization data were collected at each visit. We compare data and outcomes for each group and analyze changes since policy implementation. Results: The proportion of immigrants/refugees increased significantly over the past five years. They present with lower CD4 counts,

	<p>different HIV-subtypes, and previously rare co-morbidities. Management of disease progression necessitates more clinical visits and laboratory testing. Immigrants/refugees require greater social support to engage in, and to continue to access health care. Outcomes in HIV care were, however, equivalent to the Canadian-born population.</p> <p>Conclusions: The impact of changes to immigration policies is evident five years after implementation. Immigrant medical screening identifies increasing numbers of immigrants diagnosed with HIV. Immigrants require engagement in health care to achieve the full benefits of HIV management. Developed countries with increasing immigrant populations should be aware of how policy changes affect HIV prevalence rates, modes diagnosis and presentation, future clinical demands, and health care utilization.</p>
Citation	Lemoh, C., Hellard, M., Street, A., & Biggs, B. (2006). Participatory Research into HIV/AIDS with African Communities in Australia.
Key Words	Conference paper CF: XVI International AIDS Conference (AIDS 2006), Toronto, Ontario (Canada), 13-18 Aug 2006
Abstract	<p>Issues: African communities in Australia need information about HIV/AIDS and other sexually transmissible infections (STI), but there has been little discussion about this topic in these communities to date. Clinicians and public health practitioners fear encountering social and cultural barriers during research or interventions concerning HIV/AIDS, but no research have identified these barriers, or possible means of overcoming them.</p> <p>Description: This study was intended to identify ways in which African communities could be provided with relevant, culturally appropriate information about HIV and STI. Several issues were considered in designing and carrying out this study. These included: identifying, contacting and engaging the relevant communities; overcoming suspicion of academic research; overcoming community reluctance to discuss HIV/AIDS; and maintaining the relevance of the research to the African communities. A participatory research model was developed, that included members of several African community organizations in the design, management, and conduct of the study.</p> <p>Lessons learned: Social and cultural inhibitions about discussing HIV/AIDS were overcome by involving the communities in the research process. Participants spoke frankly about the issues surrounding HIV/AIDS in their communities. The absence of prior discussion of this topic was largely due to the belief that HIV/AIDS was not common in Australia, particularly among immigrant communities who had been previously screened for HIV infection prior to migration. Community members expressed great willingness to become involved in public health interventions arising from research results.</p> <p>Recommendations: Social and epidemiological research into HIV/AIDS in immigrant or culturally diverse communities should involve members of the communities in order to improve the quality of the studies and the relevance of their findings.</p>
Citation	Lemoh, C., Biggs, B., & Hellard, M. (2008). Working with west African migrant communities on HIV prevention in Australia. <i>Sexual Health</i> , 5(4), 313-314.

Key Words	Attitude to health, contraception behaviour, health knowledge, attitudes and practice, HIV prevention and control, primary prevention statistics, sex education
Abstract	Australia's HIV epidemic has largely affected men who have sex with men (MSM) with 81% of the 26 836 cases diagnosed until June 2007 occurring in this group. The majority (66%) of HIV cases occur in people born in Australia, but 34% of people diagnosed with HIV in Australia between 2002 and 2006 were born overseas (Asia 10%, sub-Saharan Africa 6%, UK and Ireland 5%, Other Europe 5%, elsewhere 8%). Among those infected through heterosexual contact, 62% were born abroad. People from sub-Saharan Africa comprise an important subgroup of HIV cases diagnosed in Australia. Although the total number of sub-Saharan African-born individuals diagnosed with HIV is small (259 cases between 2002 and 2006), surveillance figures suggest African-born people are over-represented among diagnosed cases of HIV because only 1% of the Australian population was born in Africa. The estimated annual per capita rate of HIV diagnosis is 36.2 per 100 000 for Australian residents born in sub-Saharan Africa compared with only 4.4 per 100 000 in the Australian-born population; most African-born people diagnosed with HIV acquired the infection through heterosexual contact. Quite reasonably, the focus of Australia's HIV prevention and care efforts has been on MSM. Only limited resources have been directed towards research examining the impact of HIV on Australia's African communities. To date, published Australian research concerning HIV and African immigrants has addressed clinical issues (such as patterns of AIDS-defining illnesses), virological aspects (such as patterns of HIV subtypes), and psychosocial aspects (the experiences of African-born people living with HIV). Little has been published about the knowledge and understanding of HIV among African communities in Australia and there has been little discussion about HIV with and within the communities themselves.
Citation	Rosenthal, L., Scott, S., Kellela, D.P. Zikarge, Z., Momoh, A., Lahai-Momoh, J., et al. (2003). Assessing the HIV/AIDS health services needs of African immigrants to Houston. <i>AIDS Education & Prevention</i> , 15(6), 570-580.
Key Words	Emigration, migration, health service needs and demands, attitudes to health, condom utilization, sexuality, Texas
Abstract	This study investigated HIV/AIDS knowledge, risk behaviors and perceptions, and access to services among Black immigrants from more than 20 African nations to Houston, Texas, United States. Three hundred nine respondents completed a 98-item self-administered questionnaire on HIV/AIDS knowledge, risk behaviors, access to services, and stigma. Data analysis revealed this population to be highly educated (70.9% had educational attainment levels beyond high school), with a plurality motivated to immigrate to the United States for academic reasons (45.0%). As a group they displayed a high level of knowledge about modes of HIV transmission. Generally, Christian background respondents had higher knowledge than those of Muslim background. Nevertheless, 36.3% reported that they had never used a condom, with the overwhelming majority of respondents reporting low self-perceived risk for contracting HIV (79.5%). These findings, together with the persistent practice of traditional rituals such as body scarring/tattooing by a significant minority (20.1%), a lack of awareness about vertical transmission (16.3% of women; 29.9% of men), and discouraging scores on an HIV stigma perception scale, suggest that a targeted campaign to raise awareness in this population is warranted.

Citation	Lohse, N., Hansen, A., Jensen-Fangel, S., Kronborg, G., Kvinesdal, B., Pedersen, C., et al. (2005). Demographics of HIV-1 infection in Denmark: Results from the Danish HIV cohort study. <i>SCANDINAVIAN JOURNAL OF INFECTIOUS DISEASES</i> , vol.37,no.5,pp.338-343
Key Words	Overview of HIV epidemiology trends in Denmark, prevalence among black Africans, survival, population, mortality
Abstract	We used a population-based cohort study design to describe the demographic characteristics of the HIV-infected population in Denmark and their variation over time. HIV treatment in Denmark is restricted to 9 centres, and all 3941 HIV-1 infected patients more than 15 y old seen at these centres in 1995 - 2003 were included. We found an estimated HIV prevalence of 70 per 100,000, and a mean annual incidence rate of 5.1 per 100,000 persons. The number of newly infected individuals was stable with a median of 231 per y (period 1995 - 2002), whereas the number of deaths decreased from 166 in 1995 to 50 in 2000 (p = 0.000) and remained stable thereafter. Of the enrolled patients, 75 % were males, 80 % were Caucasian, 13 % were black African, and the primary risk behavior was male-to-male sexual contact (44 %), heterosexual contact (36 %), and injection drug use (11 %). During the y 1995 - 2003 we found an increase in age at diagnosis (p = 0.000), and no major changes in gender, race, mode of infection, or baseline CD4+ cell count and viral load, neither overall nor within subgroups of patients. In this period 14.5 % had AIDS at the time of HIV diagnosis. Our data do not confirm concerns about unmonitored evolution in the HIV epidemic in Denmark.
Citation	Madeddu, G., Calia, G. M., Lovigu, C., Mannazzu, M., Maida, I., Babudieri, S., et al. (2007). The changing face of the HIV epidemic in northern Sardinia: Increased diagnoses among pregnant women. <i>Infection</i> , 35(1), 19-21.
Key Words	Pregnancy complications, HIV epidemiology, descriptive statistics, incidence, prevalence, risk factors
Abstract	Combination antiretroviral therapy has reduced both HIV/AIDS related morbidity and mortality. However, while the number of new AIDS diagnosis progressively declined in Europe from 1997 to 2004, new HIV infection diagnoses showed an increase since 1998. Unfortunately, there is no national HIV reporting system in Italy, and no information is available from the South and the islands. METHODS: Data on new HIV infections diagnosed in northern Sardinia between 1997 and 2004 were retrospectively collected. Thus, two four years periods (1997-2000 vs. 2001-2004) were compared in order to assess changes in the characteristics of newly diagnosed individuals. RESULTS: Overall, 156 new HIV infection diagnoses occurred during the study period, 87 (55.8%) in males and 69 (44.2%) in females. The incidence rate per 100,000 inhabitants showed a progressive decline from 1997 (5.9) to 2001 (3.3), followed by a rapid increase in 2002 (5.0) and a new decline in 2004 (3.5). Median age progressively increased over the study period, from 33 years in 1997 to 38 in 2004. Males (55.8%) were more frequently affected than females (44.2%), who showed a trend toward a slight but progressive proportional increase. With regard to the exposure category, 95 (60.9%) individuals were heterosexual contacts, 38 (24.4%) injection drug users (IDU), 17 (10.9%) homosexual men, and 6 (3.8%) not determined (ND). There was a proportional increase for homosexual men (+7.5%) and heterosexual contacts (-7.9%), while IDU showed a slight decrease (-2.7%). Heterosexual intercourse was the main

	<p>exposure category both for women (78%) and men (47.1%), but man-to-man sex increased in the last study period. IDU still accounted for 20.3% and 27.5% of the cases among women and men, respectively. An increase in the proportion of new diagnoses in pregnant women, from 8.6% to 20.6%, was also observed. All pregnant women diagnosed in the first four years period were Italian, whereas 4 of the 7 (57.1%) women diagnosed thereafter were foreigner. Finally, the proportion of new HIV diagnoses in foreigners showed a marked increase, from 2.4% to 17.6%; of them 71.4% originated from sub-Saharan Africa. CONCLUSIONS: Our results suggest that the HIV epidemic is far from being controlled in our Region. Prevention campaigns targeted to homosexual men, women and migrants are needed. Non-HIV specialists, such as gynecologists and obstetricians, as well as general practitioners, should routinely offer HIV testing to pregnant women.</p>
Citation	<p>Malanda et al (2001). <i>The provision of psychological care for HIV-positive black Africans in London, UK</i></p>
Key Words	<p>N/A</p>
Abstract	<p>METHODS: The proportion of Black African individuals looked after in a large centre for the care of HIV infection in London was compared with the proportion of such patients referred for specialist mental health help. RESULTS: Black Africans were almost three times less likely to be referred for specialist mental health care. They were more likely to be suffering from AIDS at the time of referral, be referred for assessment of possible organic brain disease and to suffer from major depression or organic brain disease.</p>
Citation	<p>Malanda, S., Meadows, J., & Catalan, J. (2001). Are we meeting the psychological needs of black African HIV-positive individuals in London? controlled study of referrals to a psychological medicine unit. <i>AIDS Care</i>, 13(4), 413-419.</p>
Key Words	<p>Mental health, referral and consultation, adolescence, attitude of health personnel, physician-patient relations, prospective studies</p>
Abstract	<p>The changing pattern of HIV infection in the UK includes an increase in the number of infections acquired as a result of heterosexual contact and Black African individuals represent a sizeable proportion of those affected. In most UK centres for the treatment of HIV infection, clinicians have limited experience in caring for Black African patients, and there is a dearth of information about the recognition and management of mental health problems in this patient group. In this investigation the proportion of Black African individuals looked after in a large centre for the care of HIV infection in London was compared with the proportion of such patients referred for specialist mental health help, the results revealing that Black Africans were almost three times less likely to be referred for specialist mental health care. A case control investigation of those referred to mental health services showed that Black Africans were more likely to be suffering from AIDS at the time of referral, be referred for assessment of possible organic brain disease, and more likely to be found to be suffering</p>

	from major depression or organic brain disease. Reasons for the lesser likelihood of referral to the mental health service are considered, including the possible failure of staff to recognize psychological morbidity in Black Africans, or reluctance and fear on the part of patients to be referred to services that may be perceived as threatening.
Citation	Manirankunda, L., Loos, J., Alou, A., Colebunders, R. & Nostlinger, C. (2009). It's better not to know" Perceived Barriers to HIV Voluntary Counselling and Testing among Sub- Saharan African Migrants in Belgium. <i>AIDS Education and Prevention</i> , 21, 6, 582–593.
Key Words	N/A
Abstract	This study explored perceptions, needs, and barriers of sub-Saharan African migrants in relation to HIV voluntary counseling and testing (VCT). Using an inductive qualitative methodological approach, data were obtained from focus group discussions. Results showed that participants were in principle in favor of VCT. However, they indicated that barriers outweighed advantages. Such barriers included fear of positive test results and its related personal and social consequences, lack of information, lack of preventive health behavior, denial of HIV risk, and missed opportunities. Limited financial resources were only a concern for some subgroups like young people, asylum seekers, and recent migrants. This study identified multiple and intertwined barriers to VCT from a community perspective. In order to promote VCT, interventions such as raising awareness through culturally sensitive education should be adopted at community level. At level of service provision, provider initiated HIV testing including target group tailored counseling should be promoted.
Citation	Mayisha 1 Collaborative group (2002). <i>Sexual attitudes & lifestyles of black African men & women from five sub- Saharan African communities (Congo, Kenya, Uganda, Zambia, Zimbabwe)</i> , London, Health protection Agency Centre for Infections
Key Words	N/A
Abstract	Cross-sectional survey of migrants conducted by community-based training interviewers.748 respondents recruited in community settings (social events, colleges, university, etc.).
Citation	McCoy, H. V., Hlaing, W. M., Ergon-Rowe, E., Samuels, D., & Malow, R. (2009). Lessons from the fields: A migrant HIV prevention project. <i>Public Health Reports</i> , 124(6), 790-796.

Key Words	HIV prevention and control, risk factors, transients and migrants, health services accessibility, peer counselling, poverty, sexuality
Abstract	Migrant and seasonal workers are vulnerable to human immunodeficiency virus (HIV) due to poverty, inadequate knowledge of preventive strategies, and lack of access to health care. This study addresses the disparate impact of HIV among Hispanic and African American migrant workers in Immokalee, Florida, who use alcohol and other drugs. Through pilot testing to adapt the experimental and comparison interventions to these two distinct populations, research staff have learned the importance of (1) establishing and maintaining trust between outreach staff and the migrant community; (2) being aware of cultural nuances and practices that might create challenges to the research process, and the interaction of these factors with poverty; and (3) having flexibility in recruitment and intervention. As one of the first intervention studies in this population to use an experimental design and to focus on the social and contextual factors that contribute to risky behaviors, these lessons may provide guidance for future researchers
Citation	McMunn, A. M., Mwanje, R., Paine, K., & Pozniak, A. L. (1998). Health service utilization in London's African migrant communities: Implications for HIV prevention. <i>AIDS Care</i> , 10(4), 453-462.
Key Words	Health resources utilization, migrants, HIV prevention and control, semi-structured interviews, health knowledge, primary health care
Abstract	The objective of this study was to examine health service utilization in relation to HIV/AIDS prevention in Ugandan migrants living in southeast London. A cross-sectional survey was carried out, with face-to-face interviews using a semi-structured questionnaire about knowledge and use of health services, receipt of health promotion information and satisfaction with services. One-hundred-and-eighteen Ugandan migrants residing in the London boroughs of Lambeth, Southwark or Lewisham, selected using non-probability snowball techniques, completed interviews between June and December 1996. Ninety-seven per cent were registered with a local GP and 94% of people reported having been to the GP, of whom 98% had been in the past year. Sixty-nine per cent had had contact with at least one African organization. The vast majority of health promotion information was received from GP surgeries. Sixty-one per cent of respondents desired further information on HIV/AIDS, while 56% indicated that the GP surgery was the most convenient place to receive this information. A large majority of the Ugandan migrants in this study were avid users of primary care and felt it was the most convenient place to receive health promotion information. HIV prevention strategies in sub-Saharan African communities should integrate the work of African community organizations and primary care providers.
Citation	McMunn AM, Mwanje R, Paine K, Pozniak AL. (1998) Health service utilization in London's African migrant communities: implications for HIV prevention. <i>AIDS Care</i> . Aug; 10(4):453-62.

Key Words	N/A
Abstract	The objective of this study was to examine health service utilization in relation to HIV/AIDS prevention in Ugandan migrants living in southeast London. A cross-sectional survey was carried out, with face-to-face interviews using a semi-structured questionnaire about knowledge and use of health services, receipt of health promotion information and satisfaction with services. One-hundred-and-eighteen Ugandan migrants residing in the London boroughs of Lambeth, Southwark or Lewisham, selected using non-probability snowball techniques, completed interviews between June and December 1996. Ninety-seven per cent were registered with a local GP and 94% of people reported having been to the GP, of whom 98% had been in the past year. Sixty-nine per cent had had contact with at least one African organization. The vast majority of health promotion information was received from GP surgeries. Sixty-one per cent of respondents desired further information on HIV/AIDS, while 56% indicated that the GP surgery was the most convenient place to receive this information. A large majority of the Ugandan migrants in this study were avid users of primary care and felt it was the most convenient place to receive health promotion information. HIV prevention strategies in sub-Saharan African communities should integrate the work of African community organizations and primary care providers.
Citation	Nakyonyi, M. M. (1993). HIV/AIDS education participation by the African community. <i>Canadian Journal of Public Health</i> , 84, S19-23.
Key Words	Communities, health education, immigrants, HIV prevention and control, health promotion, program evaluation, program implementation, Cultural values, Sexuality
Abstract	Africans United to Control AIDS, an HIV/AIDS community-based programme, is described. The project goal is to increase HIV/AIDS awareness among the African community in Metropolitan Toronto within a culturally appropriate context. A brief overview of African immigration to Canada is presented. Community participation, programme activities, outreach strategies and education sessions are discussed. Outreach strategies include the development of education materials and media contacts. The section on education sessions includes the preparation, delivery and evaluation of these sessions, and subjects such as misconceptions, marriage, sexuality, confidentiality, basic HIV/AIDS information, condoms, homophobia, use of videos. Success, failures, barriers to HIV/AIDS education and overcoming these barriers are discussed throughout this article.
Citation	National AIDS Trust, (2008) <i>HIV and the Asylum Pathway</i> www.nat.org.uk/Media%20Library/Files/PDF%20documents/HIV-and-the-UK-Asylum-Pathway.pdf

Key Words	N/A
Abstract	An overview by the National AIDS Trust of the pathway an asylum seeker takes in the UK from application to either integration or removal
Citation	Ndirangu, E. W., & Evans, C. (2009). Experiences of African immigrant women living with HIV in the U.K.: Implications for health professionals. <i>Journal of Immigrant & Minority Health, 11</i> (2), 108-114.
Key Words	HIV infections & psychosocial factors, coping, spirituality, health service accessibility, life experiences, refugees, stigma, support
Abstract	In the U.K. immigrant women from Africa constitute an increasingly large proportion of newly diagnosed cases of HIV. A significant minority of these are refugees and asylum seekers. Very little is known about their experiences of living with HIV/AIDS, their psychosocial needs or their views of health care provision. This paper reports the results of a qualitative study that explored these issues by interviewing eight African women living with HIV in the British city of Nottingham. Women's ability to live positively with HIV was found to be strongly shaped by their migration history, their legal status, their experience of AIDS-related stigma and their Christian faith. Significantly, health services were represented as a safe social space, and were highly valued as a source of advice and support. The findings indicate that non-judgemental, personalized health care plays a key role in encouraging migrant African women to access psychosocial support and appropriate HIV services
Citation	Newman, P. A., Williams, C. C., Massaquoi, N., Brown, M., & Logie, C. (2008). HIV prevention for black women: Structural barriers and opportunities. <i>Journal of Health Care for the Poor and Underserved, 19</i> (3), 829-841.
Key Words	Racism, Risk, Constraints, Economic Factors, SES, primary prevention, social factors, prejudice, structural factors, qualitative research
Abstract	Black women bear a disproportionate burden of HIV/AIDS in North America. The purpose of this investigation was to explore Black Canadian women's perspectives on HIV risk and prevention. Four 90-minute focus groups (n = 26) and six key informant interviews were conducted in Toronto with Black women of African and Caribbean descent and low socioeconomic status. Data analysis revealed a number of potent barriers to existing HIV preventive interventions: stigma, cultural disconnections, lack of engagement of Black religious institutions, and multiple intersecting forms of discrimination. Recommended HIV prevention opportunities included the Black church, mainstreaming, health care providers, and ethno-specific agencies. HIV prevention strategies for North American Black women, rather than focusing on HIV and individual risk behaviors, may benefit from a primary focus on social and structural factors (e.g., promoting gender equality; economic opportunity; women-controlled prevention technologies and combating racism in health care) thereby

	integrating HIV prevention into the larger context of community health and survival.
Citation	Nobles, W. W., Goddard, L. L., & Gilbert, D. J. (2009). Culturecology, women, and African-centered HIV prevention. <i>Journal of Black Psychology</i> , 35(2), 228-246.
Key Words	Behaviour modification, HIV prevention and control, African centred prevention program, African American culture, African centered approach
Abstract	The Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American women is based on a conceptual framework called "culturecology" and an African-Centered Behavioral Change Model (ACBCM). Culturecology poses that an understanding of African American culture is central to both behavior and behavioral transformation. The ACBCM model suggests that behavioral change occurs through a process of resocialization and culturalization. These processes minimize negative social conditions and maximize prosocial and life-affirming conditions. The participants were 149 women--105 in the intervention group and 44 in the comparison group. Findings show significant changes among participants from pretest to posttest in (1) increasing motivation and decreasing depression (cultural realignment), (2) increasing HIV/AIDS knowledge and self-worth (cognitive restructuring), and (3) adopting less risky sexual practices (character development). The African-centered approach demonstrates promise as a critical component in reducing and/or eliminating health disparities in the African American community.
Citation	Othieno, J. (2007). Understanding how contextual realities affect African born immigrants and refugees living with HIV in accessing care in the twin cities. <i>Journal of Health Care for the Poor & Underserved</i> , 18(3), 170-188.
Key Words	Cultural competence, health services accessibility, health services needs and demands, interpersonal relations, refugees, social isolation, urban health services, spiritually, support, coping
Abstract	The Rapid Assessment, Response, and Evaluation (RARE) portion of the CSAD Project in the Twin Cities (Minneapolis-St. Paul, Minnesota) was designed to identify barriers to care faced by African refugees and immigrants. Data were collected from cultural experts and African people living with HIV (PLWH) who were out of care, who had newly entered care, or who were in and out of care. Findings from RARE can be categorized into five main themes: HIV/AIDS within the African context, experiences of African PLWH, unfamiliarity with HIV and support services that facilitate access to care, cultural and religious dilemmas in seeking or remaining in care, and accessing African PLWH and getting them into care. Most of the issues identified were manifestations of stigma, gender, religion and/or faith, as well as the two main underlying cross-cutting themes of knowledge and fear. The top barriers to care included fatalistic views about HIV, fear of isolation, fear of deportation, lack of knowledge of the care system and HIV-related services, and employment issues.
Citation	John Owuor, <i>HIV prevention among black Africans in England: A complex challenge</i> (2009) London, Briefing paper. http://www.raceequalityfoundation.org.uk/health/files/health-brief13.pdf

Key Words	N/A
Abstract	This paper is about the HIV epidemic in the context of black Africans in England. It gives an overview of the current epidemiological status, HIV support and prevention needs and recommendations for policy and practice. It focuses on black African communities because they are disproportionately affected by HIV compared to other minority ethnic groups. Although black Africans make up only about 1 per cent of the UK population, they account for almost half of all new HIV diagnoses in the UK (Morris, 2008; HPA, 2009a). Apart from high HIV prevalence, their potential to benefit from available treatment and care is limited by many factors, such as late diagnosis, stigma and discrimination, unemployment, poor living conditions and uncertain immigration status for some (Ibrahim et al., 2008). Throughout this paper, the term black African is used to refer to people who identify themselves as black African, whether they are nationals of African countries, migrants from Africa or just African descendants.
Citation	Oxman-Martinez, J., Abdool, SN., Loiselle-Leonard, M. (2000). Immigration, women and health in Canada. <i>Canadian Journal of Public Health, 91, 5, 394-395.</i>
Key Words	N/A
Abstract	Canadian statistics show that one in six people are foreign-born comprising 17.4% of the total population and, with the exception of refugees, when immigrants arrive in Canada they are healthier than the Canadian-born population! Two factors are attributed to the healthy immigrant effect: 1) Canadian screening procedures disqualify people with serious medical conditions, and 2) healthy people are more likely to emigrate. Immigrant health deteriorates with length of stay in Canada. Current approaches to health have not adequately addressed this problem.
Citation	Page, L., Goldbaum, G, Kent, J., & Buskin, S. (2009). Access to Regular HIV Care and Disease Progression among Black African Immigrants. <i>J Natl Med Assoc.</i> 101:1230-1236.
Key Words	HIV/AIDS, immigrants , African Americans
Abstract	<i>Objective:</i> To describe the characteristics of human immunodeficiency virus (HIV)-infected black African immigrants living in King County, Washington, we evaluated delay in HIV diagnosis, access to HIV care, and risk of progression to AIDS or death. <i>Methods:</i> We compared differences in the risk of progression to AIDS or death between HIV-positive African-born black individuals and 2 groups of HIV-positive

	US-born individuals. <i>Results:</i> There were significant differences across the groups in residence at time of HIV diagnosis, gender, HIV transmission category, and initial CD4 count. Black Africans were more likely to present with an AIDS diagnosis (45%), compared to both US-born non-blacks (25%) and US-born blacks (35%). No significant independent associations were observed in rates of HIV disease progression when black African immigrants were compared to their US-born counterparts. <i>Conclusions:</i> Once having initiated HIV care, African-born blacks accessed HIV care and progressed to AIDS at similar rates compared to US-born individuals. However, African-born blacks initiated care with more advanced HIV disease. Results underscore the need for health interventions promoting HIV testing among black African immigrants and reducing barriers to HIV testing.
Citation	Paparini, S., Doyal, L., & Anderson, J. (2008). 'I count myself as being in a different world': African gay and bisexual men living with HIV in London. an exploratory study. <i>AIDS Care</i> , 20(5), 601-605.
Key Words	Bisexuality, experiences, attitudes, sexual diversity
Abstract	The experiences of men from African backgrounds living with HIV who are gay/bisexual have so far been overlooked in the research on HIV in the UK. Little is known about the ways that HIV impacts on this population. We report on an exploratory qualitative study with 8 gay/bisexual men from 7 different African countries living with HIV in London, based on in depth semi structured interviews and a thematic analysis. HIV testing and diagnosis, disclosure to others, social and sexual networks, sexual relationships and practices, use of health services and coping mechanisms emerged as key themes. Men with insecure residency status in the UK and those without work had additional challenges to meet. Men described the constant juggling required to balance the complex and sometimes contradictory realities of life as a gay/bisexual man, an African and an HIV positive person. Actual and perceived stigma was a key barrier to accessing appropriate practical and emotional support from families, social network or religious organizations.
Citation	Paparini, S., Doyal, L. & Anderson, J. (2007). 'I count myself as being in a different world': African gay and bisexual men living with HIV in London. An exploratory study. <i>AIDS Care</i> . May; 20(5):601-5.
Key Words	NA
Abstract	The experiences of men from African backgrounds living with HIV who are gay/bisexual have so far been overlooked in the research on HIV in the UK. Little is known about the ways that HIV impacts on this population. We report on an exploratory qualitative study with 8 gay/bisexual men from 7 different African countries living with HIV in London, based on in depth semi structured interviews and a thematic analysis. HIV testing and diagnosis, disclosure to others, social and sexual networks, sexual relationships and practices, use of health services and coping mechanisms emerged as key themes. Men with insecure residency status in the UK and those without work had additional challenges to meet. Men described the constant juggling required to balance the complex and sometimes contradictory realities of life as a gay/bisexual man, an African and an HIV positive person. Actual and perceived stigma was a key barrier to accessing appropriate practical and emotional support from families, social network or religious organizations.

Citation	Pepin, J. (2005). From the old world to the new world: An ecologic study of population susceptibility to HIV infection. <i>Tropical Medicine and International Health</i> , 10(7), 627-639.
Key Words	Disease transmission, ethnic groups, population dynamics, sexual behavior, epidemiology of HIV, African Canadians, African Americans
Abstract	It remains unclear why the global distribution of human immunodeficiency virus (HIV), between and within continents, is so heterogeneous. This ecologic study of 34 populations of the Americas explored the hypothesis that populations differ in their intrinsic, biological susceptibility to HIV which, together with exposure, might determine the ultimate 'mature' prevalence. If true, national HIV prevalence in populations of the Americas should be predictable from each country's ethnic mosaic, inter-racial admixture and HIV prevalence in regions of Africa, Europe and Asia from where their ancestors migrated. For each country, the adult population (15-49 years) was multiplied by the proportion corresponding to each ethnic group by HIV prevalence in the country/region of origin of each group, yielding the predicted prevalences, which were then compared with observed prevalences documented by UNAIDS for 2001. Predicted and observed HIV prevalences were highly correlated ($r = 0.70$, $P < 0.001$). In North America, predicted prevalences were within 0.5% of the observed values, except for African-Americans and African-Canadians. In Central and South America, differences between predicted and observed prevalences were $<1.0\%$ except in Honduras and Guyana. Some Caribbean countries had a predicted prevalence identical to the observed one, but there were outliers. Overall, predicted prevalence was 0.93% and observed prevalence 0.64%; two-thirds of this difference was attributed to Brazil. Although it was not possible to adjust to the confounding effects of sexual behavior and cofactors of transmission (such as sexually transmitted infections) because of the lack of nationally representative data for each and every country, a number of arguments reviewed in the paper suggest that confounders cannot explain all this association and that differential susceptibility might be an important determinant of steady-state HIV prevalence.
Citation	Pourette, D. (2008). Migratory paths, experiences of HIV/AIDS, and sexuality: African women living with HIV/AIDS in France. <i>Feminist Economics</i> , 14(4), 149-181
Key Words	Migration, sex, African cultural groups, sexuality, social isolation,
Abstract	The AIDS epidemic in Europe includes a growing number of women who have emigrated from sub-Saharan Africa. This contribution presents the results of a qualitative anthropological study on African women living with HIV/AIDS in France. It shows how their migratory paths-including the reasons for their migration and their social and administrative situation in the country-can have varying influences on how the disease is experienced in the context of migration. Married women who have established long-term residence in France experience HIV/AIDS as essentially a conjugal issue that can reinforce unequal relations between partners. For women who discovered they were HIV positive shortly after arriving in France, HIV/AIDS leads to social isolation, altered migratory plans, and greater vulnerability. For those who migrated to access medical treatment, the virus is the driving force behind the migratory strategies and a new socialization in France built around HIV/AIDS.

Citation	Prost, A., Elford, J., Imrie, J., Petticrew, M., & Hart, G. J. (2008). Social, behavioural, and intervention research among people of sub-Saharan African origin living with HIV in the UK and Europe: Literature review and recommendations for intervention. <i>AIDS and Behavior</i> , 12(2), 170-194.
Key Words	Intervention, Stigma, Employment status, human sex differences, immigration, lifestyle, poverty
Abstract	Africans are the second largest group affected by HIV in Western Europe after men who have sex with men (MSM). This review describes and summarizes the literature on social, behavioural, and intervention research among African communities affected by HIV in the UK and other European countries in order to make recommendations for future interventions. We conducted a keyword search using Embase, Medline and PsychInfo, existing reviews, 'grey literature', as well as expert working group reports. A total of 138 studies met our inclusion criteria; 31 were published in peer-reviewed journals, 107 in the grey literature. All peer-reviewed studies were observational or "descriptive," and none of them described HIV interventions with African communities. However, details of 36 interventions were obtained from the grey literature. The review explores six prominent themes in the descriptive literature: (1) HIV testing; (2) sexual lifestyles and attitudes; (3) gender; (4) use of HIV services; (5) stigma and disclosure (6) immigration status, unemployment and poverty. Although some UK and European interventions are addressing the needs of African communities affected by HIV, more resources need to be mobilized to ensure current and future interventions are targeted, sustainable, and rigorously evaluated.
Citation	Prost, A. (2006). <i>A Review of Research among Black African Communities affected by HIV in the UK and Europe</i> , MRC Social and Public Health Science Unit.
Key Words	N/A
Abstract	<p>People of sub-Saharan African origin are the second largest group affected by HIV in Western Europe after Men who have Sex with Men (MSM). In 2003, approximately 58% of new HIV infections in Western Europe were acquired through heterosexual contact, and 26% of these were among people of sub-Saharan African origin. Moreover, two thirds of all heterosexually acquired HIV infections diagnosed between 1997 and 2002 were among people from countries with generalized epidemics, 90% of them in sub-Saharan Africa. In 2004, new diagnoses among sub-Saharan African migrants constituted 30.9% of all new HIV diagnoses in the UK, 34.1% in Belgium, 27.4% in France, 14.3% in Germany, and 13.4% in Portugal.</p> <p>In the UK, HIV prevalence among black Africans has been increasing constantly since 1997, and almost doubled between 2000 and 2002. Although black African migrants and their descendents only constitute about 0.5% of the UK population, they represent nearly 28% of those diagnosed with HIV [93]. According to recent research, approximately 37% of all people diagnosed with HIV between 1995 and 2005 in the UK were black African [89]. While generalizing about the experience of 'African communities' in Western Europe inevitably imposes a reductionist frame on a vastly complex issue, the literature highlights a number of traits that roughly characterize the experiences of sub-Saharan African migrants living with HIV across Western Europe:</p>

	<p>1. Late testing and diagnosis, often at the onset of AIDS-related illnesses or, for women, in the context of antenatal screening.</p> <p>2. Barriers to accessing healthcare and social services increased by uncertain immigration status, social isolation, discrimination, and HIV related stigma.</p> <p>3. High levels of unemployment and poverty, especially among recent migrants.</p> <p>There is therefore a clear need for specific interventions to encourage testing and improve access to care among black African communities in Western Europe. However, little is known about the effectiveness of existing HIV prevention interventions. This scoping review therefore aims to: (a) Survey the descriptive quantitative studies, qualitative studies, and interventions studies undertaken among black African communities in the UK and other European countries.(b) Record the characteristics of the interventions and research projects identified. (c) Clarify some of the factors, which contribute to increasing the effectiveness of prevention interventions with black African communities in the UK and other European countries.</p>
Citation	Ridge, D.T., Williams, J., Anderson, I., Elford, J. (2008). Like a prayer: the role of spirituality and religion for people living with HIV in the UK. <i>Sociology of Health and Illness</i> , 30, 3, 413-428.
Key Words	Gay men, black Africans, religion, HIV, prayer
Abstract	Over 40,000 people are now living with diagnosed HIV in the UK. However, there is uncertainty about how people with HIV use religion or spirituality to cope with their infection. Adopting a modified grounded theory approach, we analyzed individual and group interviews with the people most affected by HIV in the UK: black African heterosexual men and women and gay men (mostly white). For the majority of black African heterosexual men and women in our study, religion was extremely important. We found that gay men in the study were less religious than black Africans, although many were spiritual in some way. Black African individuals constructed their spiritual narratives as largely Christian or collective, while gay men described more individualistic or 'New Age' approaches. We developed a 6 level heuristic device to examine the ways in which prayer and meditation were deployed in narratives to modulate subjective wellbeing. These were: i). creating a dialogue with an absent counsellor, ii). Constructing a compassionate 'life scheme', iii). Interrupting rumination, iv). Establishing mindfulness, v). Promoting positive thinking and vi). Getting results. That people with HIV report specific subjective benefits from prayer or meditation presents a challenge to secular health care professionals and sociologists.
Citation	Rosenthal, L., Scott, D.P., Kelleta, Z., Zikarge, A., Momoh, M., Lahai-Momoh, J., Ross, M.W., & Baker, A. (2003). Assessing the HIV/AIDS Health Services Needs of African Immigrants to Houston. <i>AIDS Education and Prevention</i> , 15(6), 570-580.
Key Words	N/A

Abstract	This study investigated HIV/AIDS knowledge, risk behaviors and perceptions, and access to services among Black immigrants from more than 20 African nations to Houston, Texas, United States. Three hundred nine respondents completed a 98-item self-administered questionnaire on HIV/AIDS knowledge, risk behaviors, access to services, and stigma. Data analysis revealed this population to be highly educated (70.9% had educational attainment levels beyond high school), with a plurality motivated to immigrate to the United States for academic reasons (45.0%). As a group they displayed a high level of knowledge about modes of HIV transmission. Generally, Christian background respondents had higher knowledge than those of Muslim background. Nevertheless, 36.3% reported that they had never used a condom, with the overwhelming majority of respondents reporting low self-perceived risk for contracting HIV (79.5%). These findings, together with the persistent practice of traditional rituals such as body scarring/tattooing by a significant minority (20.1%), a lack of awareness about vertical transmission (16.3% of women; 29.9% of men), and discouraging scores on an HIV stigma perception scale, suggest that a targeted campaign to raise awareness in this population is warranted.
Citation	Sadler, K.E., McGarrigle, C.A., Elam, G., Ssanyu-Sseruma, G., Davidson, O., Nichols, T., Mercey, D., Parry, J.V., & Fenton, K.A. (2007). Sexual behavior and HIV infection in black-Africans in England: results from the Mayisha II survey of sexual attitudes and lifestyles; <i>Sex Transm Infect</i> 83:523–529.
Key Words	N/A
Abstract	<p>Objectives: To estimate HIV prevalence and the distribution of high risk sexual behaviors, sexual health service use, and HIV testing among black Africans aged 16 years or over in England. To determine demographic, behavioral and service use factors associated with HIV prevalence.</p> <p>Methods: A cross-sectional community-based survey (Mayisha II) in London, Luton and the West Midlands. A short (24-item) anonymous self-completion questionnaire with linked voluntary anonymous oral fluid sampling, using an Orasure TM device for HIV testing.</p> <p>Results: A total of 1359 eligible black African men (51.9%) and women (48.1%) were recruited, of whom 74% (1006) provided a sufficient oral fluid sample for HIV testing. 42.9% of men and 50.9% of women reported ever having had an HIV test. Overall, 14.0% (141, 95% CI 11.9 to 16.3) of respondents tested HIV positive (13.1% of men and 15.0% of women); 9.2% (93) had undiagnosed HIV infection, while 4.8% (48) had a diagnosed HIV infection. HIV prevalence was significantly higher in men: born in East Africa; who had had a previous STI diagnosis; or who were recruited in bars and clubs; and in women: born in East or Southern Africa; aged 25 years and over; who had had two new sexual partners in the past 12 months; or who had had a previous STI diagnosis.</p> <p>Conclusions: Despite about half the sample having had an HIV test at some time in the past, 9.2% of respondents had an undiagnosed HIV infection. This study supports current policy efforts to further promote HIV testing and serostatus awareness.</p>
Citation	Sadler, K. E., McGarrigle, C. A., Elam, G., Ssanyu-Sseruma, W., Othieno, G., Davidson, O., et al. (2006). Mayisha II: Pilot of a community-based survey of sexual attitudes and lifestyles and anonymous HIV testing within African communities in London. <i>AIDS Care</i> , 18(4), 398-403

Key Words	Attitude to AIDS, attitude to sexuality, psychosocial factors, cultural sensitivity, lifestyle, motivation, patient compliance,
Abstract	The pilot aim was to assess the feasibility and acceptability of undertaking anonymous HIV testing using oral fluid samples as part of a community-based survey of sexual attitudes and lifestyles of black African communities in London. The three components of the study were administered in various venues across London: (1) a cross-sectional self-completion anonymous questionnaire survey, (2) an optional oral fluid sample for anonymous HIV testing and (3) a <i>nested in-depth interview study</i> in a sub-set of respondents. A total of 114 black African men and women were recruited. A large number of African countries were represented among respondents from newly-migrant and well-established communities. The response rate to the oral fluid sample was high at 82% and all samples collected were of sufficient quality to be tested for HIV. In-depth interviews with respondents revealed positive views and experiences about participating in the study whilst understanding of the questionnaire was good. We therefore conclude that anonymous HIV testing as part of a community-based survey is feasible and acceptable, whilst a set of recommendations was produced to refine the survey methodology and questionnaire. Participatory research methods are essential for achieving successful community-based surveys among black Africans in Britain
Citation	Saracino, A., El-Hamad, I., Prato, R., Cibelli, D. C., Tartaglia, A., Palumbo, E., et al. (2005). Access to HAART in HIV-infected immigrants: A retrospective multicenter Italian study. <i>AIDS Patient Care & STDs</i> , 19(9), 599-606
Key Words	Health service accessibility, immigrants, socioeconomic factors, sex factors
Abstract	Since 1996, AIDS has declined in the Italian population, but cases in foreign patients, including both recent immigrants and long-term residents, have increased from 3.9% in 1995-1996 to 15.4% in 2001-2002. This increase can only be partly explained by a higher migratory flow and might reflect a delayed access to health facilities and to antiretroviral therapy in migrants. We performed a survey for the year 2003 of HIV-infected immigrants to Italy from countries outside the European Union to verify which factors might influence a lack of access to highly active antiretroviral therapy (HAART). Italian centers of infectious diseases were requested to send sociodemographic and clinical data of HIV-infected immigrant patients. A total of 553 HIV-infected immigrants (49.9% women) were evaluated, representing 6.5% of all HIV-infected patients from these centers. The mean duration of residency in Italy was 6.6 +/- 5.0 years. The country of origin was Africa (64.5%), North and South America (24.2%), Eastern Europe (7.0%), and Asia (3.8%). A total of 407 of 553 patients (73.6%) were taking antiretroviral drugs at the time of screening. Females presented a younger age ($p = 0.001$), a lower frequency of Centers for Disease Control (CDC) stage B/C ($p = 0.008$) and a more frequent heterosexual exposure to HIV ($p < 0.001$), while no differences were observed for time of first positive serology ($p = 0.7$). CD4 cell count ($p = 0.9$) and log plasma HIV-RNA ($p = 0.1$). Characteristics of HAART patients were compared to those of nontreated patients, despite a CD4 cell count less than 350 cells/mm ³ . No significant difference was found for gender, country of origin, risk factor, and years of Italian residence, while legal immigrants ($p = 0.018$) and registered in the National Health Service ($p = 0.014$) were significantly more likely to receive HAART compared to illegal immigrants

Citation	Shedlin, M., Drucker, E., Decena, C., Hoffman, S., Bhattacharya, G., Beckford, S., et al. (2006). Immigration and HIV/AIDS in the New York metropolitan area
Key Words	Immigrant health, HIV/AIDS risk, West Indian, protective factors
Abstract	Because the HIV pandemic undergoes continual change in its locations and affected populations, it is crucial to study HIV risk behaviors among mobile and immigrant groups within and across borders. The impact of cross-cultural migrations and the importance of studying that impact in terms of demographic characteristics as well as cultural and environmental factors has not received adequate attention in public health research. This collaborative analysis utilizes data from three studies of immigrant groups in New York to describe and compare these factors that provide the context for risk and prevention of HIV/AIDS and other health challenges. Data discussed were obtained utilizing multi-method approaches to identify, and describe HIV risks among both new and more established immigrant populations within the urban settings of North America, with NYC as a central focus. Demographic and epidemiological data situate the analysis within the larger contexts of US migration and the HIV/AIDS epidemic in NYC. The authors identify risk and protective factors embedded to varying degrees in immigrants' multiple cultures and sub-cultures. The three populations studied include: 1) new Hispanic immigrants from the Dominican Republic, Mexico and Central America; 2) West Indian (Caribbean) immigrants from Jamaica, Trinidad/Tobago and other Anglophone Caribbean nations; and 3) South Asian immigrants from India (Indian Americans). The paper seeks differences and commonalities, focusing on the social, attitudinal and behavioral factors that contribute to increased HIV/AIDS vulnerability among these populations. The data presented also identify some of the attitudes and behaviors of individuals and groups, as well as other facilitators and obstacles to transmission for immigrants as they adapt to new environments. Topics addressed include factors affecting HIV/AIDS vulnerability of immigrant groups, goals and expectations, health and mental health issues, gender role change, sexual risk, alcohol and other drug use, perception of HIV/AIDS risk and implications for prevention.
Citation	Simbiri, K. O. A. (2007). Assessment of francophone and Anglophone African immigrant health care and social services disparities in Philadelphia with respect to HIV/AIDS
Key Words	Immigration, health care services, psychosexual behavior, African immigrant health care, social services disparities
Abstract	HIV is a pandemic affecting mainly poor minority populations in developed and the majority in developing countries. Sub-Saharan African countries are some of the most affected and are considered to be the epicenter of HIV/AIDS (UNAIDS, 2003). Currently, there is a large African immigrant population living in Philadelphia and other United States cities. Some of the new immigrants arrive HIV infected and are further compromised by co-infection with TB and other parasitic diseases such as malaria, filariasis, and helminths (Turrientes et al., 2003), diseases that are difficult to diagnose in the U.S. because most health care professionals are unfamiliar with the symptoms and appropriate screening tests (Lopez-Velez et al., 2003). This formative study is the first in the United States and Europe to address factors related to use of health care services among sub groups of African immigrant populations. The sample consisted of 239 participants from Anglophone (AP) and Francophone (FP) African countries living in Philadelphia. There were 125 (AP) and 114 (FP) participants. The

	<p>voluntary participants were students, businessmen, doctors, lawyers, preachers, hairdressers, teachers, preachers, imams, and those who were unemployed at the time of data collection. Questionnaires were completed in sites where meetings were held such as churches, mosques, community centers, and through the "snowball" method. Site visits were conducted in three area health delivery systems utilized by APs and FPs. Both APs and FPs identified access to health care services as a problem. FPs identified documents, while APs identified transportation as major barriers to access. A majority of APs used primary care physicians compared to FPs. A majority of APs compared to FPs had good English proficiency. FPs primarily received their HIV information from the radio and newspapers, while APs obtained HIV information chiefly through the Internet, word of mouth, and professional journals. More FPs reported high risky sexual behavior while the APs reported more protective behavior. FPs had poorer knowledge about HIV compared to APs. APs had more social support, higher education, and were seemingly more acculturated than FPs. During site-visit interviews, FP women revealed involvement of multiple and concurrent sexual relationships among FP men, their partners, and African American women. The site-visit interviews corroborated reports of more HIV stigma, less access due to language barriers, and more risky sexual behavior by FPs. In conclusion, the psychosocial differences between the populations affected the consumption of HIV health care service delivery. The factors included language proficiency, educational attainment and access to services. Independent information acquisition was different between the APs and FPs, which impacted their perceived ability to utilize HIV services.</p>
Citation	<p>Sinka, K., Mortimer J, Evans B, Morgan D., (2003). Impact of the HIV epidemic in sub-Saharan Africa on the pattern of HIV in the UK. <i>AIDS</i>. 17, 11,1683-90.</p>
Key Words	<p>N/A</p>
Abstract	<p>OBJECTIVE: To describe the epidemiology of HIV infection acquired in Africa and among African communities in the United Kingdom. DESIGN: Descriptive analysis using national HIV and AIDS surveillance data, routine voluntary confidential HIV reporting and unlinked anonymous seroprevalence surveys in the United Kingdom to the end of December 2001. RESULTS: Of all reported HIV infections diagnosed in the United Kingdom by the end of 2001, 21% (9993 of 48,226) were probably acquired in Africa and 90% of these infections were heterosexually acquired. Numbers of diagnoses of HIV infection acquired in Africa have been increasing rapidly, with rises in infections from southeastern and southern Africa predominating recently. Among those living with diagnosed HIV infection in 2000, 23% (4883 of 21,291) were described as black African, 81% of whom lived in London. The proportion living in London has declined over successive prevalence surveys. CONCLUSIONS: Infections acquired in Africa and among Africans are making an increasing contribution to HIV infection in the United Kingdom. Migration, diagnosis of long-standing infection and incident cases are all potential influences, but they are difficult to measure. Improvement in early diagnosis of HIV continues to be an important component of intervention to prevent onward vertical and sexual transmission and to promote access to treatment and care.</p>
Citation	<p>Smith, KY, Brutus, A, Cathcart, R, et al. (2003). "Optimizing Care for African-American HIV-Positive Patients" in <i>AIDS Patient Care and STDs</i>, 17: 527-538.</p>

Key Words	N/A
Abstract	The African-American community has been disproportionately affected HIV/AIDS, as noted by higher reported rates of HIV infection, higher proportion of AIDS cases, and more deaths caused by complications of AIDS than whites and other ethnic groups. In addition, epidemiologic trends suggest that African Americans with HIV infection are more often diagnosed later in the course of HIV disease than whites. Numerous reasons account for this disparity, including the lack of perception of risk and knowledge about HIV transmission as well as a delays in HIV testing and diagnosis in the African-American community. Understanding the important considerations in the management of HIV infection in the African-American patient may create awareness among health care professionals and broaden the knowledge of HIV-infected patients within the African-American community
Citation	Staehelin, C., Rickenbach, M., Low, N., Egger, M., Ledergerber, B., Hirschel, B., et al. (2003). Migrants from sub-Saharan Africa in the Swiss HIV cohort study: Access to antiretroviral therapy, disease progression and survival. <i>AIDS</i> , 17(15), 2237-2244
Key Words	Human migration, patients, self preservation, treatment, ARV therapy, disease progression, survival
Abstract	To examine the proportion of migrants from Sub-Saharan Africa entering the Swiss HIV Cohort Study (SHCS) and to compare these participants with participants from Northwestern Europe for access to antiretroviral therapy, progression to AIDS and survival. Prospective national cohort study of HIV-1-infected adults from seven HIV centres in Switzerland. Trends in the proportion of participants from Sub-Saharan Africa were followed in 11,872 HIV-infected adults entering the SHCS from 1984 to 2001. There was a steady increase in the proportion of Sub-Saharan African participants overtime, reaching 11.9% in 1997-2001. These participants were more likely to be younger, female, to have been infected by heterosexual intercourse and had lower CD4 cell counts at presentation. There were no differences between Sub-Saharan Africans and Northwest Europeans in uptake of triple antiretroviral therapy, progression to AIDS or survival up to 48 months after starting treatment. Tuberculosis was the most frequent AIDS-defining event in Sub-Saharan African patients. There is no evidence that access to potent antiretroviral therapy is influenced by geographic origin of participants. The prognosis of Sub-Saharan African patients on triple therapy is equivalent to that of Northwest European patients.
Citation	Staehelin, C., Egloff, N., Rickenbach, M., Kopp, C., & Furrer, H. (2004). Migrants from sub-Saharan Africa in the Swiss HIV cohort study: A single center study of epidemiologic migration-specific and clinical features. <i>AIDS Patient Care & STDs</i> , 18(11), 665-675.
Key Words	Epidemiology, migrants, Sub Saharan Africans, diagnosis, screening, trends

Abstract	<p>According to official Swiss data an increasing number of HIV-positive migrants reside in Switzerland. The present study examined epidemiologic, clinical, and migration-specific characteristics of HIV-infected migrants at the HIV clinic of the University Hospital of Berne, which is one of the centers of the national, prospective Swiss HIV cohort study. Data were collected by chart review. Among the 1331 patients the proportion of northwestern European patients decreased from 88% before 1989 to 67% in the late 1990s while the number of patients from sub-Saharan Africa and Southeast Asia increased from 3 (1.6%) to 47 (14%) and from 2 (1%) to 17 (5%), respectively. Sub-Saharan Africans and Southeast Asians were more likely to be younger, female, and infected heterosexually. At first clinical visit the various patient groups did not differ in CD4 counts or HIV RNA levels. Sub-Saharan African patients were more likely to be anemic. A majority of HIV-positive migrants were most likely infected prior to arrival in Switzerland. Sub-Saharan Africans and Southeast Asians were often diagnosed to be HIV-positive after showing suggestive symptoms of infection, while European patients were more often diagnosed in a screening setting. Thirteen patients with indication for antiretroviral therapy were forced to leave Switzerland because they were denied asylum. In response to the increasing migrant population attending the HIV clinic, further qualitative and quantitative research is required to improve understanding of this vulnerable population group and to promote their knowledge of the disease and its prevention.</p>
Citation	<p>Stahelin <i>et al.</i> (2003). Access to ARV therapy, disease progression and survival among migrants from sub-Saharan Africa in the Swiss cohort study. <i>AIDS</i>, 17, 15, 2237-2244.</p>
Key Words	<p>N/A</p>
Abstract	<p>Objective: To examine the proportion of migrants from Sub-Saharan Africa entering the Swiss HIV Cohort Study (SHCS) and to compare these participants with participants from Northwestern Europe for access to antiretroviral therapy, progression to AIDS and survival.</p> <p>Design: Prospective national cohort study of HIV-1-infected adults from seven HIV centres in Switzerland.</p> <p>Methods: Trends in the proportion of participants from Sub-Saharan Africa were followed in 11 872 HIV-infected adults entering the SHCS from 1984 to 2001. Survival methods were used to compare uptake of antiretroviral therapy, survival and progression to AIDS in the 2684 participants from Sub-Saharan Africa and Northwest Europe enrolled from 1997-2001.</p> <p>Results: There was a steady increase in the proportion of Sub-Saharan African participants over time, reaching 11.9% in 1997-2001. These participants were more likely to be younger, female, to have been infected by heterosexual intercourse and had lower CD4 cell counts at presentation. There were no differences between Sub-Saharan Africans and Northwest Europeans in uptake of triple antiretroviral therapy, progression to AIDS or survival up to 48 months after starting treatment. Tuberculosis was the most frequent AIDS-defining event in Sub-Saharan African patients.</p> <p>Conclusions: There is no evidence that access to potent antiretroviral therapy is influenced by geographic origin of participants. The prognosis of Sub-Saharan African patients on triple therapy is equivalent to that of Northwest European patients. Future research should</p>

	address wider issues about access to specialist health services for HIV-infected people from Sub-Saharan Africa.
Citation	Tharao, E. & Massaquoi, N. (2001). Black women and HIV/AIDS: contextualizing their realities, their silence and proposing solutions. <i>Canadian Women's Studies</i> . 21(2), 72.
Key Words	N/A
Abstract	N/A
Citation	UNHCR. Refugees, HIV and AIDS: UNHCR's strategic plan 2005–2007. 2005 [cited 2006 Feb 8]. Available from http://www.unhcr.org/cgi-bin/txis/vtx/publ/opendoc.pdf?tbl=PUBL&id=42f31d492
Key Words	N/A
Abstract	N/A
Citation	Weatherburn P., W. Ssanyu-Sseruma, F. Hickson, S. McLean, D. Reid Project Nasah: an investigation into the HIV treatment information and other needs of African people with HIV resident in the UK (Sigma Research / NAM / NAT / AHPN, February 2003)
Key Words	N/A
Abstract	N/A
Citation	Williams, C. C., Newman, P. A., Sakamoto, I., & Massaquoi, N. A. (2009). HIV prevention risks for black women in Canada. <i>Social Science & Medicine</i> , 68(1), 12-20

Key Words	AIDS vaccines, Prevention and Control, Canada, Attitude, Education, Empowerment, Environment, Knowledge, Trust
Abstract	The future availability of HIV vaccines can increase options available to Canadian Black women for risk reduction. However, current conceptual frameworks do not adequately address barriers to HIV prevention for this population, and may be inadequate to address challenges with vaccines. This study explored knowledge and attitudes regarding HIV vaccines and associated prevention methods to inform appropriate conceptual frameworks for their dissemination to Canadian Black women. We completed four 90-min focus groups with women (n=26) of African or Caribbean origins, and six interviews with key informants providing health and social services in the Black communities of Toronto. The participants suggested that there were significant risks associated with seeking prevention information and attempting to reduce exposure to HIV infection. They described individual, familial, community and institutional domains of risk and predicted the same spectrum of risk for HIV vaccines. Participants advocated for education, empowerment and institutional change to create a supportive environment for vaccines and other HIV prevention methods. They further indicated that preparation for vaccine dissemination will need to prioritize building trust between women of the Black communities and institutions in the research, health and government sectors.
Citation	Williamson, L. M., Rosato, M., Teyhan, A., Santana, P., & Harding, S. (2009). AIDS mortality in African migrants living in Portugal: Evidence of large social inequalities. <i>Sexually Transmitted Infections</i> , 85(6), 427(5)-432.
Key Words	AIDS prognosis, demographic aspects, Immigrants—health aspects, sexual behaviour

Abstract	<p>Objective: To examine infectious disease and AIDS mortality among African migrants in Portugal, gender and socio-economic differences in AIDS mortality risk, and differences between African migrants to Portugal and to England and Wales.</p> <p>Methods: Data from death registrations, 1998–2002, and the 2001 Census were used to derive standardized death rates by country of birth, occupational class (men only), and marital status.</p> <p>Results: Compared with people born in Portugal, African migrants had higher mortality for infectious diseases including AIDS. There was considerable heterogeneity among Africans, with those from Cape Verde having the highest mortality. Death rates were more than five times higher among those who were unmarried than those who were. A larger proportion of Africans were unmarried accounting for some excess mortality. Death rates were also higher among men from manual occupational classes than among men from non-manual. A comparison with England and Wales shows that death rates for infectious disease and AIDS in Portugal are much higher and Africans in Portugal also fare worse than Africans in England and Wales.</p> <p>Conclusion: AIDS mortality rates were higher among Africans than those born in Portugal and were associated with socio-environmental factors. Further research is required to interpret the excess mortality among Africans and there is a need to ensure the inclusion of relevant data items on ethnicity in national monitoring and surveillance systems.</p>
Citation	Worth, H., Denholm, N., & Bannister, J. (2003). HIV/AIDS and the African refugee education program in New Zealand. <i>AIDS Education and Prevention</i> , 15(4), 346-356.
Key Words	AIDS prevention, health education, refugees, national health education program
Abstract	In the past decade, the resettlement of African HIV-positive refugees in New Zealand has meant dramatically changing patterns of new HIV infection. This increase in heterosexually acquired HIV has been met by mounting disquiet on the part of the public, politicians, and health officials. The voices of the refugees themselves have been lost in this debate. This article discusses the experiences of African refugees with HIV, being in New Zealand, and the establishment of the National HIV/AIDS Refugee Health Education Program, designed to meet the needs of African communities in New Zealand.
Citation	Yandell, C., Salisbury, C., Shaw, A. & Low, N. (2006). Barriers to HIV Testing in UK African Communities. <i>HIV Med</i> , 7(Suppl. 1), 32 (Abstract no. P85).
Key Words	N/A

Abstract	<p>Introduction The number of newly diagnosed HIV infections continues to increase and heterosexual transmission now accounts for the majority of new diagnoses in the UK. Most are attributable to infections acquired in Africa and UK African communities are disproportionately affected. Presentation is often late in the disease when treatment is likely to be less effective. Much remains unknown about the cultural practices, beliefs and attitudes of Africans, with or at risk of HIV, against a background of economic deprivation, uncertain immigration status and 'dispersal' which forces many new and vulnerable people out of London, where much of the HIV prevention activity and community based support networks are located. This study, which is part of a multi-method project, aims to explore the barriers to uptake of HIV testing amongst black African people living outside of London.</p> <p>Methods This qualitative study uses in-depth interviews with a purposive sample of African participants and key informants from a range of professional backgrounds. Key informants include 'experts' from statutory and voluntary bodies, community groups and health care professionals. Interviews explored their views, experiences and attitudes relating to HIV testing in Africans. African participants are men and women from a range of sub-Saharan African countries and of known and unknown HIV status living in the Bristol area. Interviews with African participants explored health beliefs, perceptions of risk, cultural and behavioral norms, knowledge and experience of HIV, access to health related services and issues relating to immigration and racism. Data were analyzed using the constant comparative method derived from grounded theory approaches. Results Key themes emerging from the data include fear, denial, stigma and risk. Cultural norms, health beliefs and spiritual beliefs are all important considerations. Knowledge of HIV is strongly influenced by negative experiences of HIV in Africa where medical care is often limited.</p> <p>Conclusions This study helps us better understand the complex influences and beliefs which may act as barriers to HIV testing amongst Africans in the UK. Some of these barriers may be ameliorated by raising awareness, overcoming misconceptions and improving cultural competency amongst professionals. Further work will explore opportunities to improve uptake of testing in primary care settings.</p>
Citation	Zavuga, J. (2003). HIV prevention work with African men who has sex with men: Interventions at the community level. <i>Lesbian & Gay Psychology Review</i> , 7, 3.
Key Words	African men who have sex with men, Community intervention, health promotion.
Abstract	Over the last few years Camden PCT has made ground breaking strides in HIV prevention work with African men who have sex with men. This article describes the rationale of these interventions and the projects that were created. Achievements and challenges with this work will be covered, as well as taking stock of what knowledge has been gathered by working with this population. Finally, the perceived knowledge gaps shall be presented with regards to African men who have sex with men.

Citation	HIV and AIDS in the United Kingdom African communities: guidelines produced for prevention and care (2006). <i>Eurosurveillance</i> , 11, 4.
Key Words	N/A
Abstract	Needs to be purchased
Citation	<i>Improving information about HIV and sexually transmitted infections among the UK African population for UK health professionals</i> , (2004). Health Protection Agency, UK, Conference feedback
Key Words	N/A
Abstract	Special emphasis surveillance activities (SESA) were established by the HIV and Sexually Transmitted Infections Department at the Communicable Disease Surveillance Centre (CDSC) during 2003 with the aim of providing a more integrated, prevention-orientated approach to surveillance among populations in the UK that is disproportionately affected by HIV and STIs. During February 2004, over 100 representatives from agencies and community groups working with African populations in HIV prevention, treatment, surveillance and research activities gathered for the first of the conferences to emerge from the Centre's special emphasis surveillance activities.
Citation	<i>Returned to Risk - Deportation of HIV Positive Migrants</i> (2009) Human Rights Watch, AHPN, Deutsche AIDS-Hilfe e.V, EATG collaborative report . www.eatg.org/.../Press-Releases Returned-to-Risk-Deportation-of-HIV-Positive-Migrants
Key Words	N/A
Abstract	The principle of non-refoulement, applied in the Inter-American Commission and ECtHR cases, has long been established in international human rights and refugee law. In human rights law it has created an absolute prohibition on the deportation of a person to another state where there are substantial grounds for believing that the person would be in danger of being subjected to torture or other cruel, inhuman, or degrading treatment or punishment.

	International refugee law prohibits the return of refugees to a territory where the refugee's life or freedom may be threatened. Additionally, in some states, a form of protection from removal known as "complementary" protection exists, which can govern categories of people who claim that they cannot be returned to their country of origin based on human rights or humanitarian law principles but do not fit into traditional refugee definitions, according a wider range of eligibility.
Citation	<i>Project: Promoting HIV/STI testing for Afro Caribbean communities in the Netherlands.</i> (2008). Netherlands http://www.narcis.info/research/RecordID/OND1334413/Language/nl
Key Words	N/A
Abstract	The goals of this project are to develop and evaluate an internet based intervention to stimulate HIV/STI testing among Afro Caribbean communities. The specific goals are 1. To study cultural, psychological and environmental determinants of HIV/STI testing among people of Surinamese, Antillean/Aruban and (if feasible) African descent; 2. To develop an internet based culturally tailored intervention to stimulate HIV/STI testing among these groups; 3. To evaluate the effects of this intervention on self reported testing and intentions to get an HIV/STI-test; 4. To develop cooperation with (commercial) sites directed at migrant communities and other relevant sites to integrate the intervention to stimulate HIV/STI testing; 5. To evaluate the possibilities and limitations of intervention development and evaluation on the internet; 6. To explore the feasibility of an easily accessible online HIV/STI testing facility.
Citation	Zencovich M, Kennedy K, MacPherson DW, Gushulak BD. Immigration medical screening and human immuno-deficiency virus infection in Canada. <i>Int J STD/AIDS</i> . In press 2006.
Key Words	MEDICAL SCREENING • HIV/AIDS • IMMIGRANT • REFUGEE • REFUGEE CLAIMANT
Abstract	HIV infection, particularly associated with AIDS, is often used by migrant screening nations to exclude entry into the country. The unique feature of the Canadian immigration HIV screening programme is that it was not primarily for determining inadmissibility of HIV-positive applicants, but for health promotion and disease prevention purposes. All applicants over 15 years of age for permanent residency or temporary residency from designated countries are HIV antibody tested. This includes persons seeking asylum from within Canada. The highest rates of HIV infection were found in migrant applicants from high prevalence areas of the world and reflected the demographic profile of the source region (predominately women). The majorities of HIV-positive persons are exempt from exclusion from Canada due to class of application (refugee, family) or are already in Canada (refugee claimant). Significant issues in notification, reporting and programme management have been identified as a consequence of this programme.