

A newsletter for consumers, providers, researchers & policymakers

HIV Knows No Borders

*Ontario's African and Caribbean communities
fight HIV at home and worldwide*

INTERNATIONAL AIDS CONFERENCES REMIND THE WORLD of the toll that AIDS takes on people in developing countries. Yet geography does not erase vulnerability: People of African and Caribbean descent—no matter where they live—are disproportionately affected by HIV. “You cannot separate the epidemic that’s happening globally from the one that’s happening locally,” says Esther Tharao, health promoter at Women’s Health in Women’s Hands and co-chair of ACCHO—the African and Caribbean Council on HIV/AIDS in Ontario. “We cannot think that what’s going on in Africa is not going to touch us. It’s already here.”

In Ontario, the prevalence of HIV infection has increased faster in people of African and Caribbean descent than in any other affected population. In the past five years, modeled HIV prevalence in this group increased by 82% compared to 37% overall. Before 1995, people from countries in Africa and the Caribbean accounted for only 5% of new HIV diagnoses in Ontario; from 2001 to 2005, they accounted for 22%. By 2004, 14 out of every 100 people living with HIV in Ontario—3,356 people—were born in Africa or the Caribbean. Although Black people constitute only 8% of Toronto’s population, they account for 14% of people living with HIV in the city. Many are recent immigrants who arrived in Canada already infected, but data models indicate

that 20% to 60% of HIV infections in the African and Caribbean communities (depending on the country of origin) were acquired in Ontario.



Understanding the Epidemic

Although the risks are high, relatively few people of African and Caribbean descent in Ontario seek out HIV testing. And traditional approaches to HIV prevention are either not reaching these communities or are not effective. To take action, we need an accurate picture of the epidemic. What are the factors that put people in African and Caribbean communities at risk or keep them from seeking care? What are the best ways to provide prevention, care, treatment and support?

It’s difficult to know, especially since “prevention and support workers have had to operate with very little research-based evidence to guide their work,” says Winston Husbands, PhD, ACCHO co-chair and director of research at the AIDS Committee of Toronto. “We have to challenge what we think we know about attitudes and behaviours in these communities.” The lack of published findings has also often made it difficult to get projects off the ground—a situation

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Message from the Scientific and Executive Director

Local Mission, Global Impact

The OHTN's mission is to enhance the health and quality of life of people with HIV in Ontario. But, as AIDS 2006 reminds us, HIV knows no borders. Knowledge gained in other parts of the globe can help us, and knowledge generated here can have an impact elsewhere. The OHTN is ready to play a stronger role nationally and internationally.

The OHTN was established in 1997 to focus on care and treatment for people with HIV in Ontario. Since then, the organization has evolved, expanding its original scope and mandate to include prevention issues—a crucial step for addressing communities at risk and stopping the spread of HIV. We remain committed to supporting our basic scientists: the immunologists and virologists who are part of global efforts to develop vaccines and new technologies to treat HIV. But we also realize that people with HIV have complex needs and we are starting to address the broader social determinants of health and the factors that put people at risk (see page 8).

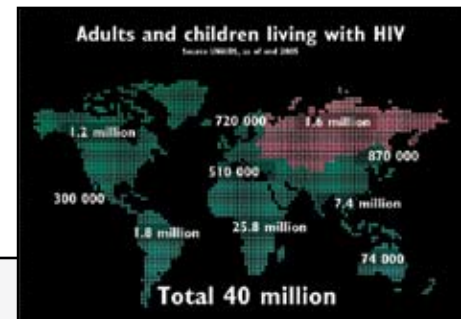
One of the most effective ways to have an impact beyond our borders is through collaborative partnerships. In the past year we have worked closely with the Canadian Institutes for Health Research (CIHR)—to co-fund community-based research on topics such as HIV and housing (see the *exCHANGE*, Issue 3), promote population health and health services research, and translate research findings to influence policy and practice. In the future, we plan to strengthen that partnership and work to build a similar alliance with the Public Health Agency of Canada. We are committed to working with other provinces and national organizations to achieve the targets set out in *Leading Together*, the pan-Canadian HIV strategy. Through the OHTN Cohort Study, we are now part of the NA-ACCORD, a North American network of cohort studies that are linked to other studies worldwide.

What does the OHTN bring to these partnerships? A strong record of creating synergy among community, academic researchers and policymakers in order to address key issues and factors driving the epidemic. Ontario also has both the breadth and depth in all of the major streams of health research needed to tackle the epidemic.

The advantages of working collaboratively are clear. Together we can develop new approaches and targeted responses. We can ensure that research funds are used wisely and effectively—without duplicating efforts. The problems are so urgent and the needs so great that we must ensure our resources have the greatest impact.

At AIDS 2006, the contribution of OHTN-funded researchers and research projects will be prominently displayed (see pages 4 and 5). We will also be there to learn from the rest of the world. Guided by our Strategic Plan, we will continue to build partnerships and contribute to global efforts to stop the epidemic.

SEAN B. ROURKE, PhD
Scientific and Executive Director
Associate Professor of Psychiatry, University of Toronto
Adjunct Professor of Psychology, University of Windsor



Ontario Science Centre Takes AIDS 2006 Public

With the help of the OHTN, the Ontario Science Centre is raising awareness about AIDS.

During the XVI International AIDS Conference, the Science Centre's new Weston Family Innovation Centre will be themed entirely around HIV/AIDS. Between August 7 and 18, the Science Centre will feature multimedia presentations in its new "HotZone" to communicate conference highlights and present global and national facts and statistics. *Not Just Another STD*, a video designed to appeal to youth, dispels myths about the disease. First-person accounts about living with HIV, culled from video interviews with the "Surviving and Thriving" long-term support group, are also being screened. Discussion sessions with scientific experts are planned both on- and off-site.

The OHTN, the Ontario AIDS Network and the AIDS Bureau collaborated with the Science Centre on content development—facilitating research and helping to provide and shape key messages. "We were delighted to work with these partners and use our new facilities to engage the public in local and global HIV/AIDS issues," says Nikki Mitchell, Digital Media and Publications representative with the Centre. "We want our visitors to connect with current science issues so we can raise awareness and get people to question the world around them."

Video screenings capture key facts

Using STARHS to Track HIV

OHTN sponsors international workshop on HIV testing

Routine HIV testing can identify *whether* someone has been infected with the virus, but not *when* they were infected. The infection could be recent or it could have happened years ago.

However, "It's important to be able to distinguish older infections from recent infections," says Robert Remis, director of the Ontario HIV Epidemiologic Monitoring Unit at the University of Toronto. "Knowing when people were infected has enormous implications for calculating HIV incidence [the number of people infected with HIV each year]. This information will help us identify any shifts in who is being infected and plan better prevention strategies."

In 1998, a team of researchers led by Robert Janssen published the first paper describing a fairly simple alteration to routine HIV antibody tests that made them less sensitive to newly developing HIV antibodies. When a blood sample tests positive with routine testing but negative with the less sensitive version of the test, that means the person was infected recently—usually within the last six to 12 months. This breakthrough led to a flurry of research that resulted in commercial test kits designed to detect recent HIV seroconversion.

Since then, lab scientists and epidemiologists around the world have been working with these new test assays to see how accurate they are and whether they can provide a clearer picture of the spread of HIV in their populations. At the past three International AIDS Conferences, these researchers have shared their findings and work in order to develop an international consensus on the use of Serological Testing Algorithms for the detection of Recent HIV Seroconversion (STARHS).

Ontario is a STARHS Leader

Ontario has been an active STARHS participant from the beginning. "We've been using these testing algorithms for seven or eight years," Remis says. "The OHTN sponsored the first year and a half of development at the laboratory, and we now routinely test all new positive results. We've done more tests than any other jurisdiction in Canada. We also have an advantage over many other countries in that we know the total number of people being tested and we collect information on risk factors."

When the STARHS group was looking for assistance with the cost of its 2004 meeting in Bangkok, Remis approached the OHTN. The organization agreed to help and then to fully sponsor and co-chair the 2006 STARHS workshop, which will be held August 12 at the XVI International AIDS Conference in Toronto. "This is very important work that has significant implications for both HIV prevention and treatment," says OHTN Chair Bill Flanagan.

The international committee planning the workshop is a "who's who" of laboratory science from around the world (see sidebar). Between 80 and 100 participants from more

than 12 countries are expected—almost double the number of attendees two years ago.

"The OHTN is providing the opportunity for a group of people who are all working on the same issues—in different settings, with different populations and different clades of the virus—to come together and share knowledge," says Carol Major, expert advisor to the OHTN and co-chair of the workshop. "Everyone is incredibly engaged. The focus of the workshop is to refine the testing algorithms to provide an accurate and reliable tool that can be used to monitor HIV epidemics around the world."

Will STARHS lead to better treatment?

Can knowing when someone was infected lead to better treatment outcomes? Some clinicians believe that early treatment soon after infection can make a difference and they are working to develop therapies for people who have recently seroconverted.

Currently, STARHS assays are licensed only for surveillance and not for individual diagnostic purposes. "This is because of concerns about accuracy," Remis says. "No test is perfect, and we don't want people making decisions about treatment based on the assays at this stage. However, in the future, these technologies may provide information that people with HIV can use to make decisions about early treatment."

"Right now, the possible clinical use of the assays is highly controversial," Major adds. "It raises difficult ethical issues, and it is one of the hot topics that will be debated at the workshop."

For more info about STARHS, contact Carol Major at the OHTN. 

The Who's Who of STARHS

Chris Archibald, Director, Surveillance and Risk Assessment Division, Public Health Agency of Canada

Bernard Branson, Associate Director for Laboratory Diagnostics, Centers for Disease Control and Prevention, USA

Michael Busch, Director, Blood System, USA

Elizabeth Dax, Director, National Reference Laboratory, Australia

John Parry, Deputy Director, Virus Reference Department, Health Protection Agency, UK

Workshop Co-Chairs:

Carol Major, Expert Advisor, Special Projects, OHTN

Robert Remis, Director, Ontario HIV Epidemiologic Monitoring Unit, University of Toronto

A World of Knowledge

OHTN-supported research at AIDS 2006

Better Adherence to Antiretroviral Therapy in Sub-Saharan Africa than in North America

Concerns about poor adherence to antiretroviral therapy have led to a cautious approach to treating poorer people with HIV in Africa. A multi-country meta-analysis of adherence studies that involved researchers from Ontario, South Africa, the UK and the U.S. found that African populations had consistently higher levels of treatment adherence than North American patients. These findings should influence public health policy and promote access to antiretroviral therapy in Africa.

Mills E, Nachega J, Buchan I, et al.

Monotherapy vs. a Three-Drug Regimen

A two-year randomized, controlled clinical trial in antiretroviral-naïve subjects compared lopinavir/ritonavir (LPV/r) monotherapy after initial induction treatment to an efavirenz (EFV) three-drug regimen. After successful induction treatment with LPV/r+ZDV+3TC, LPV/r monotherapy continuously maintained viral load (VL) suppression in a majority of subjects. LPV/r monotherapy had more intermittent VL increases between 50 and 500 copies/mL vs. EFV+ZDV+3TC, but most subjects returned to <50 copies/mL. LPV/r monotherapy may be effective in selected patients.

Cameron DW, daSilva B, Arribas J, et al. University of Ottawa and Ottawa Health Research Institute.

Is Research Theory Contributing to Unsafe Sex?

The disinhibitory effects of drugs and alcohol on safer-sex practices are a popular topic among health researchers. Interviews with men who have sex with men (MSM) indicate that this may be providing a convenient way to excuse lack of condom use and avoid personal responsibility for risky sex practices. This has implications for how health researchers frame and discuss their theories.

Aguinaldo JP, Myers T. University of Toronto.

Responses to Depression among Aboriginal People with HIV in Canada

A community-based study examined—for the first time—the mental health needs of Aboriginal PHAs in Canada. Researchers interviewed 68 Aboriginal people in six sites across Canada in order to understand: how Aboriginal people understand and describe their feelings of depression; how these relate to the legacies of colonization; and how feelings of depression influence their decisions about health care. (Co-funded with CIHR)

Jackson R, Cain R, Collins E, et al. Canadian Aboriginal AIDS Society, McMaster University, University of Toronto, University of Alberta.

Turning Research into Community-Based Action

Ontario's community-based AIDS organizations are facing more pressure to use research evidence in their work. Using a self-assessment tool developed by the Canadian Health Services Research Foundation (Is Research Working for You?), the OHTN surveyed Ontario's community-based AIDS organizations about their capacity to acquire, assess, adapt and apply research. The OHTN will use these findings to work with community-based organizations to develop a provincial knowledge transfer and exchange (KTE) strategy.

Lavis J, Rourke S, Travers R. Ontario HIV Treatment Network.

Sexual Risk Factors in Recent Infections in Gay and Bisexual Men

Information provided by participants in the Polaris HIV Seroconversion Study indicated that recent HIV infections are occurring primarily through receptive anal sex and can be attributed to delayed condom use, withdrawal and condom failure. To develop more effective prevention programs, we need to know whether men elect to engage in withdrawal and delayed condom use despite knowing the risk or believe that they are strategically reducing their risk by avoiding exposure to ejaculate.

Burchell A, Calzavara L, Myers T, et al. University of Toronto.

Language and Culture in Treatment Information

Ontario has one of the most culturally diverse populations in the world. A number of community-based organizations in Toronto have used a multicultural partnership to develop culturally appropriate treatment information in 10 different languages.

Wong K, Opal S, Ongoiba F, et al.

The Impact of GBV-C Infection on Mother-to-Child HIV Transmission

Ontario researchers from the HIV Epidemiologic Monitoring Unit at the University of Toronto worked with researchers and clinicians in Thailand and the U.S. to assess the impact of GBV-C infection on mother-to-child transmission of HIV. Their study tested 1,440 maternal and 249 infant specimens for GBV-C. Findings indicate that HIV transmission is not reduced when the mother has GBV-C infection, but it is significantly reduced when the infant acquires GBV-C. The mechanism for this effect is unknown.

Bhanich Supapol W, Remis RS, Raboud J, et al. University of Toronto.

Slowing the Virus

HIV viral replication is controlled by many complex biological interactions. Researchers investigated three factors that can alter the way HIV genetic material is processed (i.e., cis- and trans-modulators of HIV-1 RNA processing). Their findings indicate that it is possible to slow down the virus—particularly by using a specific splicing factor (Tra2BDN). This information may help develop effective HIV treatments.

Platt C, Nemet J, Cochrane A. University of Toronto.

Opportunities to Reduce Prophylaxis for Pneumonia

Pneumocystis carinii pneumonia (PCP) continues to be one of the most serious opportunistic infections that threaten the health of PHAs, and many people take prophylaxis for PCP in addition to antiretroviral and other therapy. Clinical research has demonstrated that PCP prophylaxis is not required for people with HIV with a CD4+ T cell count < 200 cells/uL when viral replication is effectively suppressed. These findings have implications for the medical treatment of people with HIV as well as the associated costs.

D'Egidio GE, Kravcik S, Cooper CL, et al.

University of Ottawa and Ottawa Health Research Institute.

In its research granting programs, the OHTN gives priority to research that has the potential to improve care and treatment for people with HIV in Ontario. But research done in Ontario or by Ontario researchers working abroad can also lead to better care in other provinces and countries.

At AIDS 2006, at least 23 OHTN-supported or -affiliated researchers will be making oral presentations and at least 24 more will have posters. Here we highlight some whose work has global as well as local impact.

The Impact of Stress on Risk Behaviour

In most developed countries, incidence of new HIV infections among MSM is either rising or unacceptably high. Little is known about factors leading to risk behaviours and HIV infection. According to an analysis of participants in the Polaris HIV Seroconversion Study, recently infected men reported more stressful life events than those who remained HIV negative. Results suggest that younger men may use sexual behaviour to cope with financial stresses.

Calzavara L, Burchell A, Remis R, et al. University of Toronto.

Mental Health Needs of Immigrants and Refugees with HIV

Through a literature review, program scan and community consultation, a Toronto-based team of community-based researchers identified the mental health needs of immigrants and refugees with HIV. Findings will be used to improve services for this population.

Wong J, Li A, Chen YY, et al. Toronto Public Health, Regent Park Community Health Centre

Trends in HIV Infection in Men who Have Sex with Men in Ontario

Researchers looked at HIV incidence among MSM who have requested repeat testing. From 1993 to 1996, incidence decreased; between 1996 and 2004, it increased. Despite renewed prevention efforts, including a media campaign in late 2001 aimed at MSM, incidence did not appear to decrease.

Remis R, Burchell A, Calzavara L, et al. University of Toronto.

Risk Factors for Men who have Sex with Men in Nigeria

MSM in Nigeria are socially ostracized by culture, religion and political will. Although they have relatively high levels of education and employment, they have almost no access to resources for HIV prevention and care. The implications for public health policy in a nation that is culturally rich and religiously devout are complex, but immediate action is vital to mitigate the impacts of HIV and AIDS.

Allman D, Adebajo S, Myers T, et al. University of Toronto.

Young Offenders at High Risk of HIV

A study of HIV and HCV prevalence in inmates of Ontario correctional facilities revealed that young offenders (average age 17.6 years) have low rates of infection but high levels of risk. The lack of harm-reduction measures in correctional facilities increases the level of risk. Targeted prevention and education programs are needed to keep prevalence of blood-borne infections low in this population.

Calzavara L, Ramuscak N, Burchell A, et al. University of Toronto.

Reducing Barriers to Legal, Health and Social Services for Immigrants and Refugees with HIV

Based on findings from OHTN-funded research on improving treatment access for immigrant, refugee and non-status PHAs, community care providers have developed a training module to help service providers meet the legal, health and social service needs of vulnerable PHAs.

Li A, Inigo V. Regent Park Community Health Centre.

Funding HIV Prevention in Developing Countries

An Ontario researcher has examined the extent to which two different approaches to funding HIV prevention programs—equity, which allocates funds proportionally based on the number of HIV cases, and efficiency, which aims to minimize the number of new infections—affect the epidemic in developing countries. Findings indicate that decisions made at the local level can have more positive impact when they focus on efficiency. In a second study, the researcher identifies the intangible factors that influence funding decisions in kwaDukuza, South Africa, including political power, culture, religion and ethics, as well as more formal allocation strategies, such as needs assessment and best practices. To develop a more effective approach to allocating funding for HIV prevention in developing countries, it will be important to consider the impact of all these factors.

Lasry A. University of Toronto.

Strategies for HIV Prevention in African and Caribbean Communities in Canada

Research with African and Caribbean people in Ontario indicates that they use an indigenous knowledge paradigm, which encompasses a spiritual and material knowledge base, to explain the etiology of HIV/AIDS. This paradigm highlights the need for prevention strategies that go beyond individual behavioural change to create a broader community development strategy and social policies that tackle racism, unemployment and poverty in African and Caribbean communities in Canada.

Calzavara L, Ramuscak N, Burchell A, et al. University of Toronto.

For more info on OHTN-supported research, visit us at our booth in the NGO section at AIDS 2006 or contact us at www.ohtn.on.ca

Satellite Sessions

The OHTN is also sponsoring or co-sponsoring three satellite sessions:

1. The STARHS workshop for epidemiologist and lab scientists (see page 3).
2. A session on community-based research initiatives, co-sponsored with the Canadian Institutes of Health Research (CIHR) and the Canadian Aboriginal AIDS Network.
3. The Adding Years to Life satellite, co-sponsored with the Ontario AIDS Network (OAN). This session describes a national capacity-building project involving the OHTN, the OAN, the Canadian Mental Health Association, the AIDS Bureau and St. Michael's Hospital. The goal is to develop sustainable and collaborative relationships between local branches of the Canadian Mental Health Association and community-based AIDS service organizations that will lead to more effective ways to address depression and other mental health needs of PHAs and communities at risk.

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that may change now that the community and researchers are working to fill the gaps in our knowledge.

Robert Remis, MD, MPH, of the University of Toronto's Ontario HIV Epidemiologic Monitoring Unit, agrees that "we need to know more about just about everything," beginning with HIV prevalence. "So far we have established estimates using data modelling; it's not precise. We need empirical data to establish the real distribution of HIV." Just as important, he adds, "Where are these people getting infected? Again, we can speculate based on simplistic models, but we need an accurate picture of how many infections are occurring here, as opposed to in the countries of origin." Remis also cites a wide range of psychosocial factors as necessary for research, including the uptake of (and obstacles to) testing, sexual behaviour and condom use, partner notification, and the religious and overall cultural context of Black communities in Ontario. "We're just starting to understand many of these issues. We have a lot to learn, and it's crucial for these communities to be actively involved in the process."

A Community Response to a Community Problem

Ontario's African and Caribbean communities have, in fact, been working for several years to gather the information needed to understand and curb the epidemic.

In 1997, with the assistance of the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care, a group of Toronto-based service and health care providers, researchers and community members developed an HIV prevention and support strategy specifically for Black communities in Ontario. This group—the HIV Endemic Task Force—evolved into ACCHO, which is working to implement the strategy. Its goals are to reduce the incidence of HIV and improve quality of life for African and Caribbean Ontarians living with HIV by coordinating the work of agencies, institutions and policymakers, facilitating community development, and identifying research needs, opportunities and priorities.

In 1999, co-principal investigators Liviana Calzavara, of the University of Toronto's HIV Studies Unit, and Esther Tharao initiated Canada's first systematic study of HIV-related behaviours, attitudes and prevalence in African communities. The research team conducted a preliminary study with five distinct Toronto-based East African communities: Ethiopian, Kenyan, Somali, Tanzanian and Ugandan. In 2003, the OHTN funded a full-scale project, *Understanding HIV/AIDS issues in East African communities in Toronto: A survey of health-related behaviours (the EAST Study)*. Researchers began enrolling participants in April 2003 and, as of June 2006, 359 of the 500 study interviews had been completed.

"We consider this to be the baseline study of this population in Ontario," Calzavara says. "We are recruiting as broad a sample as possible from these five communities and framing the study as a general health survey so as to assess general health attitudes and behaviours, including but not limited to HIV." By including an anonymous saliva test, the researchers also aim to assess the true prevalence of HIV in these communities.



The Research Summit

In April, ACCHO brought together more than 200 people for the first African and Caribbean Research Summit. Opened by George Smitherman, Ontario Minister of Health and Long-Term Care, the two-day summit was an intensive opportunity to share knowledge, network and build capacity.

"We knew this needed to be huge," LLana James says. "We needed to have researchers, scientists, community members, service providers and policymakers. And we got that, as well as making sure we had equitable representation of African and Caribbean peoples."

Moving forward on all tracks

The summit featured presentations on epidemiological trends and projections, East African community attitudes toward health, equity in access to HIV vaccines for Black women, vulnerability and sexual risk, and more. It was an opportunity for many workers to learn key facts firsthand—including crucial basic-science topics that are not always readily available to the lay public. "There's a belief that basic science is too complicated for lay people," James says, "but we pushed for its inclusion and people were enormously interested."

Including all scientific tracks—from social and epidemiological to basic and clinical—in research on the epidemic in African and Caribbean communities is crucial, says Esther Tharao: "The science that's usually linked to the community is community-based research and psychosocial. The OHTN goes a step further by linking basic science. As a community person, even though you're not a hard-core scientist, you can do more than learn from that research—you can play a role in shaping it. That's a unique model."

Does HIV infection occur differently in Black women?

Two presentations at the summit (by Rupert Kaul, MD, University of Toronto and Canada Research Chair in HIV, and Charu Kaushic, PhD, McMaster University) highlighted findings about mucosal immunity and the female genital tract that, according to James, had attendees literally out of their seats. "The question is: Does sexual HIV infection occur differently in Black women?" James says. "The answer is yes. Data from South and East Africa show that tissue types, which depend on genetic makeup, have a direct bearing on the uptake of HIV: Many Black women are inherently more vulnerable to infection. So between that and the social determinants of health, you have a huge clue as to why the epidemic among women of African descent looks the same no matter where you are."

Fighting Stigma and Discrimination

In African and Caribbean communities, stigma and discrimination fuel the epidemic in men and women, heterosexuals and homosexuals. LLana James, National Project Coordinator of the African and Caribbean HIV/AIDS Capacity Building Project, stresses the socioeconomic effects of racial discrimination. “We cannot be surprised when epidemics that prey upon vulnerability invade the very communities that are the most vulnerable,” she says. “The economic disadvantage that plays out in Africa and the Caribbean doesn’t disappear when people get off the plane.”

The homophobia, stigma, fear and discrimination experienced by Black communities—from within and from outside—are being investigated by an OHTN board-directed project (see the *exCHANGE*, Issue 3).

AIDS 2006: The African/Black Diaspora Stream

Underlying the push for information is the need for concrete change. “There’s no such thing as unlimited funding,” Tharao says. “If a given amount is going to be spent on African and Caribbean research, we want to be sure that it has real impact on prevention, diagnosis, treatment, support and care for all members of these communities—men, women, youth, queer people, people of all generations.”

That inclusiveness is also a cornerstone of ACCHO’s contributions to the XVI International AIDS Conference (AIDS 2006). A pre-conference symposium, *HIV/AIDS in the African/Black Diaspora: Addressing the Hidden Epidemic*, originally planned as a stand-alone event, has grown into an entire conference stream. “This is a landmark,” says James, “because in the history of the International AIDS Conference there has not been a stream that looks at the experiences of the Black diaspora. The conference has largely—and rightfully—looked at what is going on in the African continent and the Caribbean, but the postcolonial reality is that the Black epidemic is also going on in developed countries.”

The symposium, and the conference stream as a whole, is built around an inclusive strategy with multiple objectives: to educate and inform, to facilitate opportunities for dialogue and networking, and to identify issues and strategies for moving forward post-conference. As Tharao says, “We would like to take our activities and move them to a global level. We’ve developed tools and a working model that people from across the world can draw on to advance their own work. We

The Non-Heterosexual Epidemic

HIV in Black communities is frequently seen as only a heterosexual disease, and women are usually more vulnerable to infection than men. The Ontario epidemic is somewhat different: Two-thirds of the African and Caribbean Torontonians infected with HIV are men, suggesting that a significant part of the epidemic is non-heterosexual.

The CIHR-funded *Getting to know the community: Who are the Black men who have sex with other men?*—aka the “Black MSM Study”—seeks to shed light on this aspect of the epidemic. Winston Husbands, PhD, co-principal investigator, says, “We really have next to no information about HIV in Black men who have sex with men (MSM). In U.S. studies, ‘Black men’ usually equates to Afro-Americans, which is not necessarily the case here; we have sizable populations of Caribbean and African Black men who may or may not identify as gay or bisexual.”

“With so many issues facing our community, like poverty, guns and violence, many question why anyone would choose to work with gay or HIV issues,” says Clemon George, PhD, co-principal investigator of the study and holder of an OHTN post-doctoral research fellowship. George, who has worked on HIV-related issues affecting minorities and youth, has been involved with ACCHO since its inception. Regarding this study, he says, “I’ve always been interested in contributing to HIV-related community issues, since so much of the evolution of the disease is influenced by our historical past as subjugated peoples. As a researcher, gay man and community member, I always try to advocate for gay Black men’s issues on as many fronts as possible.”

want to build networks and capacity for what Black people in developed countries can do globally, post-AIDS 2006.”

Skills building is also a crucial thread running throughout the work. “Enhancing community and researcher capacity is a key strategic objective for the OHTN,” says Scientific and Executive Director Sean Rourke. “We can do that in a number of ways, such as providing Studentships, Doctoral awards and Fellowships that help researchers develop skills that will be available to the community, funding research projects that help build knowledge, and supporting events like the ACCHO Research Summit where the community and researchers can share information. Responding to the changing needs of populations at risk is a vital part of our mission. By supporting ACCHO’s work, we may be able to make a significant difference in the HIV epidemic at home and worldwide.” 🌍

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Keep it alive.

preventAIDS.ca

CACVO
Le conseil des africains et caribbéens sur le VIH/SIDA en Ontario

ACCHO
African and Caribbean Council on HIV/AIDS in Ontario

Share what you know about HIV and AIDS. It could save someone's life.

PHOTOGRAPHY: MANDY DUNICAN

The Thatcher REPORT

The OHTN Cohort Study: A model for community involvement for North America

Living Longer, Living Better

In the early 1990s, the driving force behind what is now the OHTN Cohort Study (OCS) was the urgent need for treatment. Which therapies were most effective in treating acute HIV disease and prolonging life? Today, treatment is still vitally important, but now that people with HIV/AIDS (PHAs) are living longer, they are more concerned about the quality of their lives. How do factors such as housing, income, employment, stigma and psychological stress affect their ability to live—and live well—with a chronic, life-threatening illness? To respond to these changing needs, the OHTN, with support from the OCS Governance Committee, will expand the OCS to include information on the social determinants of health.

“The OHTN is uniquely positioned to help understand how social factors affect treatment needs and well-being,” says John Cairney, PhD, Canada Research Chair in Psychiatric Epidemiology, University of Toronto and the Centre for Addiction and Mental Health. “Because the OCS is a longitudinal study, we will be able to follow people over time, monitor how factors such as income, employment, housing and mental health change, and look for relationships between the social determinants of health and response to treatment.”

Cairney, who has extensive experience studying the influence of social determinants on health, will work closely with researchers and the HIV community to develop this new initiative. The strength of the OCS approach, Cairney says, is its focus on the combination of social factors that affect health. “Most research into social determinants looks at only one or two factors, such as gender or income, but that doesn’t really reflect the complexity of people’s lives or the challenges of managing a disease like HIV.”

In August, the OHTN hosted a think-tank session where PHAs and researchers helped identify the most important issues to be addressed through this research initiative.

“From a woman’s perspective, I’m delighted that the OHTN and OCS are moving in this direction,” says Shari Margolese, a member of the OCS Governance Committee. “We have always said that HIV is more than a health issue. We are coping with layers of problems. It’s hard to maintain your health and take your medication if you don’t have housing, food, employment, care and support. We need more research in this area to back our advocacy efforts with the government.”

With this investment, the OCS will be the first cohort in the world to analyze in-depth the impact of the social and psychological determinants of health on PHAs. This research has the potential to make a significant global contribution and lead to policies and interventions that will improve quality of life for PHAs.

What will the new focus mean for OCS participants?

At the current time, information for the OCS is extracted from the medical records of PHAs who agree to participate. To gather information on the social determinants of health, Cairney says, “Members of the cohort will be asked to participate in interviews, probably once or twice a year. We are mindful of the potential burden for participants, but given the response we’ve had from the community and with the support of our community partners, we think engagement will be high.”

Margolese agrees and, because this is a significant change for members of the cohort, she stresses the importance of communication. “The OHTN will have to explain why this kind of information is important to people with HIV, how the data will be used and who will have access to it—and they’ll have to ask people already enrolled to re-consent to be part of the study.” Plans for the re-consent process are now underway, as is recruitment for new participants.

The Thatcher Report is the regular update on the OHTN Cohort Study: a community-governed research project that uses health data provided by PHAs in Ontario to improve care, treatment and health services.

Mission

To optimize the quality of life of people living with HIV in Ontario and to promote excellence and innovation in treatment, research, education and prevention through a collaborative network of excellence representing consumers, providers, researchers and other stakeholders.

The
OHTN
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