

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

Audrey Prost · Jonathan Elford · John Imrie ·
Mark Petticrew · Graham J. Hart

Published online: 12 May 2007
© Springer Science+Business Media, LLC 2007

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 summarises 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

mobilised to ensure current and future interventions are targeted, sustainable, and rigorously evaluated.

Keywords HIV/AIDS · Ethnicity · Interventions · Review · Europe

Introduction

Since its introduction in 1996, highly active antiretroviral therapy (HAART) for HIV infection has resulted in major reductions in morbidity and mortality in developed countries (Mocroft et al., 2003). However, access to treatment remains problematic in many parts of the world: 63% of people with HIV/AIDS live in sub-Saharan Africa, where HAART is available to just 23% of those who need it (UNAIDS, 2006; World Health Organisation, 2006). People of sub-Saharan African origin also suffer a disproportionate burden of HIV disease in Western Europe, where they are the second largest group affected by HIV after men who have sex with men (MSM). Over half of new HIV infections diagnosed in the EU in 2005 were acquired through heterosexual transmission. Half of these heterosexual infections were diagnosed in people of sub-Saharan African origin (Hamers, Devaux, Alix, & Nardone, 2006). Africans represent an increasing proportion of new HIV diagnoses in Germany (14%), Sweden (42%), France (27%), Belgium (35%), and the UK (32%) (Hamers & Downs, 2004; Health Protection Agency, 2004). In France, one in three persons newly diagnosed with HIV in 2004 was from sub-Saharan Africa (Le Vu, Lot, & Semaille, 2005). It is therefore essential that we appraise current research on African communities affected by HIV in Europe in an effort to enhance prevention strategies to support these population groups.

A. Prost (✉) · M. Petticrew
MRC Social and Public Health Sciences, Unit 4 Lilybank
Gardens, Glasgow G12 8RZ, UK
e-mail: apost@ucl.ac.uk

J. Elford
Institute of Health Sciences, City University, London, UK

J. Imrie · G. J. Hart
Centre for Sexual Health and HIV Research, Royal Free and
University College Medical School, University College, London,
UK

Africans living in Western Europe have highly diverse backgrounds (in this review we use the term ‘African’ to refer to people of sub-Saharan African origin, both recent migrants as well as second and third generation migrants). Many European countries are home to ‘established’ African communities (e.g. the Malian and Senegalese communities in France), as well as more recent ones (e.g. Zimbabwean migrants in the UK), leading to great socio-economic heterogeneity within African populations in individual European countries. Furthermore, African migration to Western Europe is a multifaceted phenomenon with complex causes. Many African migrants arrive in Europe in search of educational and employment opportunities, to be reunited with family, or to seek political asylum (International Organisation for Migration, 2005). While it is important to consider the situation of Africans affected by HIV and living in Europe ‘overall,’ it remains critical to assess the needs of particular African groups and communities within the context of individual countries’ frameworks and practices. In addition, European countries have different laws and practices concerning HIV testing and treatment for migrants, and this may impact on testing and access to care within African communities.

The literature highlights a number of features that commonly characterise the experience of Africans living with HIV in European countries: (1) African adults residing in Europe often discover their HIV status at a more advanced stage of disease progression, with lower CD4 counts at diagnosis, and, increasingly, with tuberculosis co-infection (Del Amo et al., 1996b; Delpech et al., 2004; Health Protection Agency, 2006); (2) they often face difficulties related to immigration status, social isolation, discrimination and HIV stigma, all of which act as barriers to accessing healthcare and social services (AIDS and Mobility, 2003; Kesby, Fenton, Boyle, & Power, 2003; Sigma Research and National AIDS Trust, 2004); (3) Africans living with HIV suffer from high levels of unemployment and poverty (Chinouya & Davidson, 2003; Elford, Ibrahim, Bukutu, & Anderson, 2007; National AIDS Trust, 2004).

Given these findings, there is a clear need for interventions to promote HIV testing and improve access to care among African communities in Western Europe. This requires primary prevention interventions to protect those at risk, and secondary prevention interventions to improve the lives of those living with HIV. But while the need for innovative interventions is evident, little is known about the effectiveness of *existing* HIV prevention interventions with African communities in a European context. Nor is much known about the social and behavioural factors that might influence the acceptability and feasibility of these interventions. This review aims to survey and describe social, behavioural and intervention research, both quantitative and qualitative, undertaken among Africans in European countries.

Search Strategies

We performed a search of the databases Embase, Medline, and PsychInfo in November 2005, using combinations of the following words: ‘HIV’, ‘migrant’, ‘migration’, ‘sub-Saharan’, ‘Black African’, ‘Africa’, ‘UK’ and ‘Europe’. A search for studies in progress was conducted using the UK National Research Register and the Cochrane Library. We also hand-searched retrieved articles, bibliographies of selected papers, ‘grey literature’, and expert working group reports from the UK and other European countries using the same keywords within internet search engines. Individual researchers from UK institutions were contacted to obtain access to unpublished studies. Grey literature was defined as reports from community-based organisations and research institutions, as well as conference abstracts and information about individual interventions available through keyword searches on the internet. In the absence of peer-review, publications were considered adequate for inclusion in the study if the methodological approach used was clearly described, and, in the case of intervention reports, if the components of the intervention under consideration were clearly identified. Annual reports of community-based organisations and reviews published by institutions were also considered appropriate for inclusion in the study.

The review includes two broad types of studies relating to Africans affected by HIV in the UK and other European countries: (1) ‘Intervention studies’, including studies that described the planning phase of an intervention; (2) ‘Descriptive studies’, or observational, social, economic and behavioural studies, both quantitative and qualitative. Only studies published between 1996 (when HAART became available) and November 2005 were included, with no restriction on language, study design, or outcome under consideration. Literature from across Europe was included as many studies highlighted similarities in the challenges faced by Africans living with HIV in different European contexts.

Results and Discussion

A total of 138 studies met our inclusion criteria. The majority of these (107) were ‘grey’ publications, i.e. reports from governmental and non-governmental organisations, online materials, and conference abstracts. There were 31 descriptive studies published in peer-reviewed journals concerned with social, economic and behavioural research. Twenty-seven of these were quantitative (Table 1). We found no studies published in peer-reviewed publications describing interventions with migrants from sub-Saharan African countries. However, our search found details of 36 interventions addressing the needs of African

Table 1 Descriptive quantitative and qualitative studies on African communities affected by HIV in the UK and other European countries (July 1996–November 2005)

Author(s)	Date	Aims	Methods	Results
1. Anderson and Doyal	2004	To describe the experiences and needs of African women living with HIV in London	Qualitative study using self-complete questionnaires and in-depth semi-structured interviews with 62 women from 11 different African countries attending HIV specialist clinics in five London hospitals	Women interviewed discussed their experiences of migration, and the ways in which stigma impacted on their lives. Many talked about experiencing severe poverty, not expecting a positive HIV diagnosis, and about the stigmatising nature of HIV
2. Arendt and von Giesen	2003	To describe a population of HIV-1 positive female migrants in Northrhine-Westphalia, Germany	Analysis and comparison between data from 204 HIV positive female migrants from Sub-Saharan Africa, Asia, and European countries other than Germany, with those of 282 German HIV positive women	Female migrants were tested for HIV at a younger age than non-migrants. The majority were infected through heterosexual intercourse, while more non-migrants were infected through drug use. Both groups showed the same pattern of AIDS-defining diseases, with tuberculosis occurring more frequently among migrants.
3. Boyd, Murad, O'Shea, de Ruiter, Watson, and Easterbrook	2005	To investigate ethnic differences in stages of presentation of adults newly diagnosed with HIV between 1998 and 2000 in a south London clinic population	Demographic and clinical data were obtained from databases and medical records for all persons with a first HIV positive test aged over 18 attending King's College Hospital between January 1998 and October 2000, and for a random sample of patients attending St Thomas' hospital with a first positive HIV-1 test in the same period. Comparisons were made by ethnic group and over time.	Black Africans present with more advanced HIV disease than whites or black Caribbeans. Of the 494 patients surveyed, 36.2% were white, 54.7% were black African, and 9.1% were black Caribbean. Among whites, 72.6% were MSM, 3.4% were injecting drug users and 21.2% were heterosexuals, compared to 2.2%, 0.4%, and 93.3%, respectively among black Africans. Black Africans were more likely to present with an AIDS diagnosis and a lower CD4 cell count compared to whites and Caribbeans. At least 58.4% of black Africans were women diagnosed during antenatal HIV testing.
4. Burns, Fakoya, Copas, and French	2001	To assess whether Africans present at more advanced stages of disease than non-Africans in the UK	A retrospective review of all adults diagnosed HIV positive from January 1998 to December 1999 attending two specialist HIV clinics in London. Demographic and clinical data were collected from case notes. Comparison with data from a retrospective study of all HIV-infected Africans and a comparison group of non-Africans from 1982 to 1995 attending the same centres was performed to assess the change over time.	African patients are still presenting with significantly more advanced disease than non-Africans, and were more likely to have AIDS at presentation in 1998–1999 than in 1982–1995.

Table 1 continued

Author(s)	Date	Aims	Methods	Results
5. Connell, McKeivitt, and Low	2001	To investigate observed ethnic inequalities in indicators of sexual health among black African and Caribbean youth in South East London	Rapid ethnographic assessment methods: focus group discussions to investigate group norms and shared knowledge among participants from different ethnic backgrounds about sexual relationships, sexual health priorities, sexual risk reduction strategies and sexual health service use. Two cross-sectional surveys to investigate sexual behaviours, attitudes and sexual health service use in samples from the general population and genitourinary clinic attendees	Despite very high rates of bacterial STIs in the study population, these infections were not of great concern to young people. Interventions to reduce STI rates should engage young people by using their conceptual frameworks.
6. Coulon and Feroni	2004	To explore issues related to motherhood in the context of HIV treatment in France	Analysis of 20 interviews with women from the Manif 2000 cohort	The authors concluded that interviews showed a 'normalisation' of pregnancy with HAART, and that women felt confident about the outcome of the pregnancy and treatment.
7. Creighton, Sethi, Edwards, and Miller	2004	To examine GU practitioners' opinions about the appropriateness of refugee dispersal and its impact of HIV care	Analysis of 56 anonymous questionnaires received from GU physicians in England in 2003	Doctors surveyed believed that dispersal, i.e. the relocation of refugees to centres or cities other than their place of arrival, is disruptive, may compromise HIV care, and lead to increased transmission.
8. Del Amo, Goh, Forster	1996a	To investigate the characteristics of AIDS-defining conditions among Africans living in the UK	A retrospective study of 55 HIV positive African patients living in the UK seen between January 1986 and November 1993	A total of 26 (47%) patients had AIDS and thirty-one (56%) had symptomatic HIV disease at the time of presentation, of whom 19 (34.5%) had an AIDS defining condition. Tuberculosis was the most common AIDS defining illness (present in 27% of all initial AIDS diagnoses).
9. Del Amo, Goh, Forster	1996b	To compare the spectrum of disease, severity of immune deficiency, and treatment prescribed in HIV-infected African and non-African patients in London	Retrospective review of case notes for all HIV-infected Africans and a comparison group of non-Africans attending 11 specialist HIV/AIDS Units in London	A total of 1056 Africans (313 developing AIDS) and 992 non-Africans (314 developing AIDS) were studied. African patients presented with lower CD4 counts, at a more advanced clinical stage, and with different AIDS-indicator diseases compared with non-Africans.
10. Dias, Gonçalves, Luck, and Jesus Fernandes	2004	To examine the socio-demographic characteristics, HIV-related knowledge, attitudes and behaviour, and access to services among migrant populations affected by HIV in the greater Lisbon area	Questionnaire community survey with 524 respondents in designated areas, and focus groups with a total of 64 migrants aged over 15	Migrants came primarily from Cape Verde, Angola, Guinea-Bissau, and Sao Tome. Thirty-nine percent did not feel at risk for HIV infection, and many had uncertain beliefs about transmission modes. Forty-five percent reported changing their behaviour because of concerns about HIV; 23% did so by using condoms and 10% by reducing their number of sexual partners. The proportion of migrants using health services was low: 47% had never visited a health centre, and 27% had never visited a hospital.

Table 1 continued

Author(s)	Date	Aims	Methods	Results
11. Dougan, Elford, Rice, Brown, Sinka, Evans, Gill, Fenton	2005	To investigate the epidemiology of HIV among black and ethnic minority MSM in England and Wales	Ethnicity data from two national HIV/AIDS surveillance systems were reviewed (1997–2002 inclusive). Undiagnosed HIV prevalence among MSM attending 14 GU clinics participating in the Unlinked Anonymous Prevalence Monitoring Programme and having routine syphilis serology was examined by world region of birth	Between 1997 and 2002, 1040 Black and Minority Ethnic (BME) MSM were newly diagnosed with HIV in England and Wales, representing 12% of all new diagnoses reported among MSM. In 2002, the proportion of BME MSM living with diagnosed HIV was significantly higher than white MSM.
12. Doyal and Anderson	2005	To explore the experiences of HIV positive African women living in London	Semi-structured interviews conducted between 2001 and 2002 with 62 women from different parts of Africa receiving treatment through the NHS in London	The study highlighted the complex ways in which gender, experiences of migration and positive status impact of women's lives. Respondents discussed the importance of motherhood, but also concerns with livelihood, poverty, housing, and immigration. Many expressed feelings of anxiety and depression linked to HIV.
13. Erwin and Peters	1999	To describe treatment issues for Africans living with HIV in the UK	Six focus groups were held with a total of 44 participants from Uganda, Zambia, Ethiopia, Nigeria, Kenya, Zimbabwe and Tanzania. Nineteen men and twenty-five women took part in the focus group discussions (aged from 22 to 46 years old).	Salient issues discussed were: fear of discrimination, fear of being 'experimented' upon during treatment, lack of confidence in drugs tested only on white populations, and distrust of the medical profession.
14. Erwin et al.	2002	To describe pathways to HIV testing and care among black Africans and white patients in London	Questionnaire survey of 392 HIV positive patients attending a clinic in south London between July 1999 and March 2000	Sixty four percent of respondents were white, 26% were black African, and 10% from other ethnic groups. Twenty-eight percent of black Africans suspected they were HIV positive before diagnosis, compared to 45% of white patients. Before testing 11% of black Africans had attended a GU clinic and 80% had consulted a GP. Twenty percent of black Africans expressed concern over entitlements to care.
15. Evans, Bond, and MacRae	1999	To investigate issues related to sexual behaviour and STIs among African and Caribbean men in London	Cross-sectional survey of 180 heterosexual African and Caribbean men	The study showed relatively high levels of STIs among Caribbean men: 18% of the 133 Caribbean men surveyed had gonorrhoea compared with one (2%) of 47 Africans. Sixty-nine percent of Caribbeans reported intercourse before the age of 17 compared with 48% of Africans, but there was no difference in the numbers of sexual partners, either in the previous year or in total.

Table 1 continued

Author(s)	Date	Aims	Methods	Results
16. Fenton, Chinouya, Davidson, and Copas	2001	To examine the risk of HIV transmission among sub-Saharan Africans in London travelling to their country of origin	Analysis of data from 748 respondents collected for the Mayisha study	Forty-three percent of men and 46% of women had travelled abroad to their home countries in the past 5 years. Current employment status and highest level of achieved education were also significantly associated with the likelihood of travelling to one's country of origin. Men were more likely than women to have acquired a new sexual partner while travelling abroad (40%, or 55/138 vs. 21%, or 27/130)
17. Fenton, Chinouya, and Copas	2002	To describe the demographic and behavioural factors associated with HIV testing among people of sub-Saharan African origin in London	Cross-sectional survey of 748 respondents conducted by community-based trained interviewers	Thirty four percent 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 also with nationality, education, employment, and self-perceived risk of acquiring HIV among men. The study suggests that HIV testing remains largely associated with an individual's history of previous STI infection or self-perceived risk for HIV.
18. Forsyth, Burns, and French	2005	To explore the link between conflicts in African countries, migration, and HIV presentation in the UK	Data were collected retrospectively for HIV positive Africans attending an HIV unit in central London between 1985 and 2003. Demographic and clinical data were collected from the clinic database. Details of armed conflicts in Africa over the past 20 years were obtained from websites for the US Committee for Refugees and the UK Home Office. Dates of conflicts were correlated with trends in country of origin and year of HIV diagnosis in the clinic population.	A total of 656 Africans from 34 countries presented during the study period; 40% were men and 60% were women. The study shows that the annual presentation patterns of African patients by country of origin correlates with periods of social and political unrest.
19. Gras, Weide, Langendam, Coutinho, and Van den Hoek	1999	To study HIV prevalence; sexual risk behaviour; sexual mixing patterns and determinants of disassortative (between-group) mixing among migrant groups in Amsterdam, the Netherlands	Cross-sectional study of 1660 Surinamese, Antilleans and sub-Saharan Africans recruited from community settings. Saliva was tested for HIV and data was collected about socio-demographic characteristics, sexual behaviour, and the ethnicity of sexual partners. Multivariate logistic regression analysis was used to find predictors for disassortative mixing.	HIV prevalence was 1.1% (95% CI). Sex while travelling back to the country of origin occurred frequently, and there was a considerable degree of sexual mixing between different ethnic groups. For men, mixing was associated with hard drug use, recent immigration, a high number of partners, being from Nigerian or Hindu-Surinamese origin, a recent sexually transmitted disease and, for steady relationships, consistent condom use. For women, determinants included: hard drug use, low income, being a-religious and, for Antillean and Ghanaian women, consistent condom use. Men were more likely than women to establish new sexual relationships in their homeland.

Table 1 continued

Author(s)	Date	Aims	Methods	Results
20. Hickson et al.	2004	To examine the epidemiology of HIV among black and minority ethnic (BME) men who have sex with men (MSM) in England and Wales (E&W)	Ethnicity data from two national HIV/AIDS surveillance systems were reviewed (1997–2002 inclusive), providing information on new HIV diagnoses and patients accessing NHS HIV treatment and care services. Undiagnosed HIV prevalence among MSM attending 14 genitourinary medicine (GUM) clinics participating in the Unlinked Anonymous Prevalence Monitoring Programme and having routine syphilis serology was examined by world region of birth.	Of the 1040 BME MSM diagnosed with HIV between 1997 and 2002, 27% were black Caribbean, 12% black African, 10% black other, 8% Indian/Pakistani/Bangladeshi, and 44% other mixed. Where reported ($n = 395$), 58% of BME MSM were probably infected in the United Kingdom. An estimated 7.4% of BME MSM aged 16–44 in E&W were living with diagnosed HIV in 2002 compared with 3.2% of white MSM.
21. Low et al.	1996	To examine differences in progression to AIDS between HIV positive Africans and HIV positive non-Africans in London	Retrospective cohort study of 2048 HIV-1-positive individuals	Differences in progression to AIDS and death and CD4+ lymphocyte decline between HIV positive Africans and non-Africans in London could not be attributed to ethnicity or different viral subtypes. Age and the clinical and immunological stage at presentation, or AIDS, were the major determinants of outcome.
22. Lyall et al.	1998	To examine the uptake of interventions to reduce Mother to Child Transmission of HIV by women aware of their HIV status in the UK	Review of mother-infant pairs who presented for infant diagnosis of HIV infection from January 1994 to July 1997 at St. Mary's (London) Paediatrics Department.	Women with a diagnosis of HIV infection acted to reduce the risk of transmission to their infants. Uptake of antiretroviral therapy increased significantly over time, and the caesarean section rate was high.
23. Malanda et al.	2001	Examining the provision of psychological care for HIV-positive black Africans in London	The proportion of Black Africans 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.	Black Africans were almost three times less likely to be referred for specialist mental health care. Black Africans were more likely to be suffering from AIDS at the time of referral, to be referred for assessment of possible organic brain disease, and more likely to be found suffering from major depression or organic brain disease.
24. Manfredi, Calzo, and Chioldo	2001	To investigate the epidemiological features of HIV infection among migrants coming to Italy from outside of the European Union (EU)	The epidemiological, clinical, and therapeutic features of HIV disease diagnosed in 41 migrants from outside of the EU were compared with those of 123 Italian and EU patients in a cross-sectional case-control study, with individuals matched according to age and gender.	Approximately 4% of patients surveyed came from outside of the EU (51.2% of them from sub-Saharan Africa), with the majority being women infected heterosexually. Compared with Italian and EU subjects, patients coming from abroad had a shorter duration of known HIV infection, but only some were aware of their HIV disease prior to migration, or acquired HIV infection only after coming to Italy (14.6% and 12.2%, respectively).

Table 1 continued

Author(s)	Date	Aims	Methods	Results
25. Mayaux, Teglas, and Blanche	2003	To investigate the characteristics of HIV positive women who do not receive ARV treatment in the French perinatal cohort	Observational study conducted as part of the French Perinatal Cohort of 2167 HIV-infected women and their children between 1996 and 1999	4.3% of women in the cohort did not receive pre-partum treatment; reasons for not receiving treatment were refusal (34%), premature delivery (8%) and unmonitored pregnancy (54%). Treated and untreated women did not differ in terms of geographic origin (Europe vs. sub-Saharan Africa). Women represented 64% of persons interviewed. Ninety seven percent of migrants interviewed were registered with a local GP, and 94% of people reported having been to the GP, 98% of them in the past year. Ninety nine percent had contact with at least one African organization. The vast majority of health promotion information was received from GP surgeries. Sixty one percent of respondents wanted further information on HIV/AIDS, and 56% indicated that the GP surgery was the most convenient place to receive this information.
26. McMunn et al.	1998	To examine health service utilization in relation to HIV/AIDS prevention in Ugandan migrants living in southeast London	Cross-sectional survey 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 among 118 Ugandan migrants in South London in 1996	Sixty-five percent of women were white and 29% black African. Their median number of lifetime sexual partners was seven and three, respectively. Ninety-three percent of black African and 43% of white women were probably infected through sexual intercourse. Perceived risk (33%) and investigation of symptoms (26%) were the most common reasons for HIV testing. Seven percent of white women and 16% of black African women had AIDS when HIV infection was diagnosed.
27. MRC collaborative study of HIV infection in women	1996	To examine ethnic differences in the socio-epidemiological and clinical characteristics of a cohort of women with HIV infection in Britain and Ireland	Analysis of baseline data (ethnic group, sexual history, likely route of HIV infection, reasons for HIV testing and first AIDS-defining disease) from 400 women with HIV infection recruited into a cohort study from 15 genitourinary medicine/HIV clinics in Britain and Ireland	The majority of women were single parents and unemployed. Women reported low quality of life.
28. Onwumere, Holtum, and Hirst	2002	To examine issues of quality of life and its determinants among black African women living with HIV in London	A sample of 56 women completed questionnaires on demographics, HIV impact, coping style and social support	Twenty percent of all reported HIV infections diagnosed in the United Kingdom by the end of 2001 were probably acquired in Africa and 90% of these were heterosexually acquired. 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.
29. Sinka, Mortimer, Evans, and Morgan	2003	To examine the impact of the HIV epidemic in sub-Saharan Africa on the pattern of HIV in the UK	Using national surveillance data, routine voluntary confidential HIV reporting and unlinked anonymous seroprevalence surveys in the UK up to December 2001	

Table 1 continued

Author(s)	Date	Aims	Methods	Results
30. Staehelin et al.	2003	To investigate access to ARV therapy, disease progression and survival among migrants from sub-Saharan Africa in the Swiss cohort study	Prospective national cohort study of HIV-1-infected adults from seven HIV centres in Switzerland. 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 to 2001.	Among the 1331 patients the proportion of north-western 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. The majority of HIV positive migrants were probably infected prior to arrival in Switzerland. Sub-Saharan Africans often presented at a more advanced stage of disease.
31. Wiggers, de Wit, Gras, Coutinho, and van den Hoek	2003	To assess sexual risk behaviour and determinants of condom use among migrants in Amsterdam, the Netherlands	Data were collected by means of a cross-sectional study in a community sample of 537 Surinamese, Antillean, and sub-Saharan African heterosexual men and women randomly recruited from participants in an epidemiological study. Participants donated saliva for HIV testing and interviewed using two structured questionnaires.	Inconsistent condom use occurred in 82% of the primary partnerships and in 25% of the casual partnerships. Multivariate analyses, controlling for socio-demographic and behavioural factors, showed that perceived behavioural control and subjective norm regarding condom use were the main social-cognitive determinants of consistent condom use. However, contrary to predictions, the relation between consistent condom use and socio-demographic and behavioural factors was not entirely mediated by these social-cognitive factors.

communities affected by HIV in the grey literature (Tables 2 and 3).

In the following section of this paper we explore six key themes that emerged from the descriptive studies reviewed: (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.

Descriptive Studies

HIV Diagnosis and Late Presentation

Three main findings are reported by studies reviewed in this section: (1) a steady increase in the number of heterosexually acquired HIV infections among Africans in Europe; (2) a low uptake of HIV testing leading to late presentation; (3) the need for interventions to increase the uptake of voluntary counselling and testing (VCT).

Surveillance data from 12 Western European countries show a steady increase in the number of new diagnoses of heterosexually acquired HIV among people from countries with generalised epidemics, the majority of them in sub-Saharan Africa (Hamers & Downs, 2004). In the UK for example approximately 21,500 Africans were living with HIV in 2005, of which approximately one third were undiagnosed (Health Protection Agency, 2006).

Throughout Western Europe, people of sub-Saharan African origin tend to present at a more advanced stage of disease, resulting in poorer prognosis (Del Amo, Bröring, & Fenton, 2003; Manfredi, Calza, & Chiodo, 2001; Staehelin et al., 2003). An unlinked and anonymous seroprevalence survey undertaken among heterosexual attendees at seven genitourinary medicine clinics in London between 1999 and 2000 found that 1 in 16 women and 1 in 33 men born in sub-Saharan Africa were infected with HIV. In addition, 39% of those that were HIV positive remained undiagnosed after the visit (Sinka, Mortimer, Evans, & Morgan, 2003). Mayisha II, a UK study involving over 1000 African men and women, found that two-thirds of its HIV positive respondents were undiagnosed (Mayisha II, 2005). Such high levels of undiagnosed HIV infection make a powerful case for interventions emphasising the benefits of early testing (Burns, Fakoya, Copas, & French, 2001).

A number of factors may explain such low levels of HIV testing among Africans living in Europe. First, evidence suggests that some Africans may not feel at risk for HIV. In a UK study, Erwin, Morgan, Britten, Gray, and Peters (2002) found that only 28% of Africans surveyed suspected they were HIV positive before diagnosis (versus 41% of white patients). Similarly, a French survey established that, in 2004, only 4.5% of persons accessing free anonymous testing ($n = 5330$) were of African origin (Le Vu et al.,

2005). Second, lack of information about sexual health services means that Africans often do not know where to access testing (Chinouya & Davidson, 2003; Chinouya, Musoro, & O'Keefe, 2003; Erwin & Peters, 1999; McMunn, Mwanje, & Pozniak, 1997; Traore, 2002). Third, uncertain immigration status is a powerful deterrent to seeking an HIV test and accessing care (Anderson & Doyal, 2004; Flowers et al., 2006; Maharaj, Warwick, & Whitty, 1996). Psychosocial pressures linked to immigration concerns and poverty may leave many Africans unable to cope with a positive diagnosis, as described by a qualitative study with people of sub-Saharan African origin living in France: 'You don't want to know if you have it, you want to carry on living as before. So you don't test' (Adage, 2002).

Studies consistently point toward the need for innovative approaches to promote Voluntary Counselling and Testing (Burns et al., 2001; Del Amo, Goh, & Forster, 1996a; Del Amo et al., 1996b; Erwin et al., 2002; Mayisha II, 2005). Stigma remains an important barrier to VCT and awareness campaigns are needed to increase the uptake of testing (Adage, 2002; Chinouya & Reynolds, 2001; Elam, 2004a, b; Erwin et al., 2002; Sigma Research, 2004). Interventions might also focus on providing culturally appropriate support to the newly diagnosed (Flowers, Rosengarten, Davis, Hart, & Imrie, 2005; Ohen, Hunte, & Wallace, 2004; Erwin & Peters, 1999; Malanda, Meadows, & Catalan, 2001). Promoting innovative and effective paths to HIV testing remains one of the most important goals of prevention interventions for African communities in Europe.

Sexual Lifestyles and Attitudes

Studies reviewed in this section highlight that low condom use, low self-perceived risk for HIV, and the importance of notions such as fidelity and monogamy are characteristics of African communities affected by HIV in Europe (Erwin et al., 2002; Fenton, Chinouya, Davidson, Copas, & MAYISHA study team, 2002).

Studies report that while condom use among Africans living in Western Europe is often higher than in the general population, it is low in relation to the risk of HIV in African communities. In France, a survey of 5,398 Africans found that 62% used condoms only 'occasionally' with casual partners (Le Vu et al., 2005). In the UK, only 56% of 124 African respondents living with HIV interviewed in London consistently used condoms, while 43% used them sometimes or never (Chinouya et al., 2003). In a Dutch study, 82% of 537 Surinamese, Antillean, and African men and women reported inconsistent condom use in primary partnerships and 25% in casual partnerships (Wiggers, de Wit, Gras, Countinho, & van den Hoek,

Table 2 HIV prevention interventions with African communities in the UK ($n = 23$, grey literature)

Name	Aims	Source of information	Location	Methods	Outcome measure (– = none specified)	Evaluation (– = none found)
1. African Young People's Project (2002–2004)	To give young African people key skills for entry into education and employment		London	Workshop sessions, leisure-based information sharing and joint projects (theatre play, website design); also included sessions on life skills and sexual health	Number of workshop attendees	Internal evaluation through discussion with the participants; external evaluation planned but no documentation available to date
2. AIDS is real	To increase awareness of HIV/AIDS among students	The King's Fund	London boroughs of Hackney, Islington, and Newham	A group of 12 students took part in a drama project on HIV/AIDS and produced a video to be disseminated to community organisations providing HIV/AIDS education	Video	–
3. Awaradressers project (Barnet PCT and the Terrence Higgins Trust) (2002)	To reduce HIV stigma	Elam (2004a, b)	London, Barnet	Posters campaign; local African businesses in Barnet PCT worked with an outreach team to raise awareness of HIV by giving out information and distributing condoms to the African community.	Local business participation; acceptability of intervention.	A qualitative study of Barnet's residents, businesses and their customers on the Awaradressers Project (Elam, 2004a, b) involving in-depth interviews with 30 Awaradresser volunteers and local residents.
4. Camden and Islington Health Authority African Prevention Programme	To increase HIV/AIDS awareness and condom use	Camden and Islington (1997, 2000)	Camden and Islington Area, London	One-to-one health promotion interventions; peer education and single sex workshops for different African cultural and linguistic groups	–	Programmes in Camden and Islington were outlined in two strategy documents (1997, 2000); no subsequent evaluations were found
5. Club Afreaka (2002—ongoing)	To increase condom use among African MSM, contribute to community empowerment and combat stigma	Enfield and Haringey Health Authority	London	A monthly club night where African MSM are offered prevention interventions e.g. condom distribution	Number of attendees	–

Table 2 continued

Name	Aims	Source of information	Location	Methods	Outcome measure (- = none specified)	Evaluation (- = none found)
6. Enfield and Haringey Health Authority (1997–1999) 1st African National HIV Prevention Programme	To increase awareness of HIV/AIDS and available healthcare resources	Bhatt, Pellas, and Pozniak (2000) (2000)	London, Enfield and Haringey	Design and distribution of pamphlets and posters on primary and secondary prevention areas in healthcare and community sites; print and media prevention campaign.	Number of print resources distributed; hours of broadcast; callers to the telephone information line	These interventions were evaluated in Bhatt et al. (2000). Although substantial recommendations were made for future programmes, the lack of outcome measures made in-depth evaluation difficult
7. 'Gwok Kwo' (Save Life) HIV/AIDS project	Raising awareness of HIV/AIDS among members of the Acholi community from Uganda	The King's Fund	London boroughs of Hackney, Haringey, Islington and Newham	Traditional cultural dance, outreach work, and three HIV prevention seminars	-	-
8. Increasing awareness of sexually transmitted diseases amongst Congolese young people.	To increase awareness of STIs among Congolese young people in Enfield	The King's Fund	London, Enfield	Three health awareness workshops	-	-
9. Health Advice for Africans (2005)	To improve sexual health knowledge among black Africans living in Barnet	The King's Fund	London, Barnet	Materials were produced and weekly sessions held at a community hall in Barnet	-	-
10. HIV Prejudice and Discrimination Poster Campaign (Barnet PCT and the Terrence Higgins Trust) (2001)	To reduce HIV-related stigma and discrimination and increase awareness of HIV/AIDS	Elam (2004a)	London	Mass poster campaign	-	Qualitative study with in-depth interviews of 30 local residents' impressions of the posters Elam (2004b). The study showed that respondents were concerned about the transmission of HIV through social contact; there was discontent over the campaign's focus on black Africans, linked to fears of stigmatisation.

Table 2 continued

Name	Aims	Source of information	Location	Methods	Outcome measure (– = none specified)	Evaluation (– = none found)
11. Men empowering men in HIV prevention	To increase social support for African men; increase knowledge of specific sexual health needs and HIV treatments	The King's Fund	London	Workshops for 30–40 newly diagnosed African men to receive support and sexual health information from other African men living with HIV in the London boroughs of Barking and Dagenham, Enfield, Haringey and Newham	Number of workshop attendees	–
12. Pachedu-Zenzele (2001)	To collect data on people's sexual behaviour and increase awareness of HIV/AIDS among Zimbabweans in Luton		Luton	Delivered a prevention intervention in people's homes	–	–
13. Peer support for black African women living with HIV	To increase social support for black African women living with HIV	Takura and Power (2002)	Birmingham	Peer support groups and workshops	Number of women attending support groups	–
14. Peer education for HIV-positive young people from African communities	To offer advice on sexual health and teenage pregnancies	The King's Fund	London, Camden	Peer-support groups; training in communication, assertiveness and confidence-building for young HIV-positive Africans refugees and asylum seekers	–	–
15. Peer education for HIV-positive young people from African communities (2005)	Secondary prevention intervention to reduce unwanted sexual health outcomes among young people from African communities in Camden	The King's Fund	London, Camden	Courses offering advice on sexual health and teenage pregnancies with training in communication, assertiveness and confidence building.	–	–

Table 2 continued

Name	Aims	Source of information	Location	Methods	Outcome measure (– = none specified)	Evaluation (– = none found)
16. Pullisa Outreach Support Group	To support families living with HIV and AIDS by offering child care and health advice	The King's Fund	London, Newham	Childcare and HIV prevention seminars	–	–
17. Swahili-speaking positive action	To reduce unwanted sexual health outcomes	The King's Fund	London, Islington	Two seminars were held for 40 people, with four follow-up workshops, offering information and advice on HIV/AIDS and sexual health to Swahili-speaking young people in Islington	Reduction in the number of unwanted sexual health outcomes (unwanted pregnancies and STIs)	–
18. Swahili and Luganda evening lessons about HIV and the use of drugs	Raising awareness of HIV/AIDS	The King's Fund	Among African communities in Barking, Dagenham, Newham, and Redbridge	Offering advice and information sessions on HIV/AIDS and drugs by reading literature and translating it from English to African languages	–	–
19. Targeting African Youth Culture Promotions, 2001)	To increase HIV/AIDS awareness and condom use.		London	Delivering HIV information to youth of African origin. One to one support, workshop sessions, and leisure-based information sharing.	Number of workshop attendees	–
20. Ubuntu-Hunhu	To raise awareness of HIV and improve knowledge of sexual health services among black Africans in Hertfordshire	Chinouya, Musoro, and O'Keefe (2003)	Hertfordshire	Action research – trained African health promoters conducted a demographic and sexual health attitudes survey while delivering HIV information interventions.	–	–

Table 2 continued

Name	Aims	Source of information	Location	Methods	Outcome measure (– = none specified)	Evaluation (– = none found)
21. 'Routes Into Work' from Positive Futures (2004)	To increase the number of people living with HIV/AIDS finding work or returning to work	Gordon, Hudson, and Mansour (2005)	London	Needs assessment, skills training and employer training in HIV/AIDS awareness, work placements and volunteer opportunities. The programme ran over 18 months and was accessed by 112 clients, 46% of which were of African origin.	Number of participants finding or returning to work	Report available (Gordon et al., 2005): 29% of clients found work. African men (who achieved a 6% success rate into jobs), were seen to benefit less from the intervention.
22. Young troupers and motivators	To increase awareness of sexual health	The King's Fund	London, Haringey	Unspecified sexual health awareness intervention with 60 children and their families from refugee	communities—particularly from Uganda, Nigeria and Ghana.	–
23. Wazazi na Watoto (African Culture Promotions, 1998)	To increase HIV/AIDS awareness and condom use	Camden and Islington (2000).	London, Croydon Health Authority	Trained African health facilitators were sent to people's homes to deliver health prevention messages to individuals and families.	Number of homes visited	100 homes visited in the initial project in 1998, increased to 225 homes in 2000

Table 3 HIV prevention interventions with African communities reviewed in other European countries ($n = 13$, grey literature)

Name	Aims	Reference	Location	Methods	Outcome measure	Evaluation
1. AEDS (Médecins Sans Frontières)	To provide training and information on HIV/AIDS, testing and healthcare facilities.	Sasse, Vincent, and Galand (2002)	Bruxelles, Belgium	Training workshops for healthcare professionals in Belgium and developing countries; media interventions (production of a prevention film about people living with HIV)	–	–
2. African Positive Association	To increase social support for people of African origin living with HIV and raise awareness of HIV/AIDS.	Ministère de la Santé et de la Protection Sociale, 2004	Paris, France	Group seminars for positive people of African origin with HIV/AIDS.	–	–
3. African Foundation for AIDS Prevention and Counselling	Engaging in a wide variety of interventions including media and peer information interventions with people of sub-Saharan African origin affected by HIV	http://www.afapac.nl/	Amsterdam and Rotterdam, The Netherlands	–	–	–
4. AfrikaHerz (AIDS-hilfe)	Prevention information and support for migrants of African origin living with HIV.	Website: http://www.patienteninfo-berlin.de	Berlin, Germany	Support groups	–	–
5. AIDES	To improve knowledge of, and access to, health services for people living with HIV.	Ministère de la Santé et de la Protection Sociale, 2004	Nationwide, France	Training course for community-based health facilitators to improve access to health services, accommodation, and social care for people of African origin.	Number of facilitators trained	A total of 150 facilitators have been trained since 2001; a process evaluation is planned for 2005.

Table 3 continued

Name	Aims	Reference	Location	Methods	Outcome measure	Evaluation
6. Club Social KIEM-TIEM	To offer support to people of African origin living with HIV/AIDS	Castilla and Del Amo (2000)	Madrid, Spain	Support groups	–	–
7. Cognitive behavioural skills intervention for STI prevention among Creole, Antillean, and African women in the Netherlands (2000–2004)	To evaluate the effectiveness of a systematically developed STDs/HIV prevention intervention for Creole, Antillean, and Ghanaian women based on cognitive-behavioural skills training.	http://www.onderzoekinformatie.nl/en/oi/nod/onderzoek/OND1289175/	Amsterdam, The Netherlands	Phase 1: focus groups were conducted among respondents to reveal norms and values regarding sexual behaviour. A quantitative questionnaire was then administered to the women only. Phase 2: a cognitive-behavioural skills training was developed based on theory and empirical data. Phase 3: 300 Creole, Antillean and Ghanaian women were randomly assigned to the intervention or to the control group. Dependent measures were assessed at baseline and post-intervention, and a follow-up measurement taken at 6 months.	–	–
8. Croix Rouge Suisse (Afrimedia Project)	To offer HIV information interventions appropriate to migrants from sub-Saharan African countries. Also seeks to encourage HIV positive African persons to find employment through the 'workpositive' project	http://www.redcross.ch	Bern, Switzerland	Information interventions and online platform for HIV positive people seeking employment	Number of job offers posted on website	342 job offers have been published on the workpositive website to date and the project was renewed in 2006.

Table 3 continued

Name	Aims	Reference	Location	Methods	Outcome measure	Evaluation
9. Ikambere (The welcoming house)	To increase social support for African women living with HIV, increase knowledge of treatments, facilitate access to healthcare, social services and employment	Ikambere (2004)	Paris, France	A 'safe space' providing general support with social problems (accommodation, finances, immigration)	Number of women using services	The service was used by over 300 women, the majority of them from francophone African countries (52.6 % from Ivory Coast and Cameroon).
10. Multicolore	To offer HIV information intervention to African migrants living in the Bern area	http://www.aids.ch/foru/pdf/migration/Bea%20Aebersoldfranz%F6sisch.pdf	Bern, Switzerland	Twenty information interventions are carried out each year by 6 trained African facilitators who also promote cultural competence among healthcare providers.	Number of facilitators trained and persons reached through the programme	–
11. SIDA Info Service	To increase HIV/AIDS awareness and testing	Internet	Nationwide, France	Nationwide telephone helpline in foreign languages to supplement the French language helpline	Number of telephone conversations with persons of foreign origin	The number of telephone conversations with persons of foreign origin increased by 80% between 2001 and 2002.
12. TAMPEP (Transnational AIDS/STD Prevention among migrant prostitutes in Europe Project, 1993-ongoing)	To produce health promotion materials for women and transsexuals from Eastern Europe, Latin America, Africa and South-east Asia working in the prostitution industries of Europe	http://www.tampep.com/	Pan-European, Netherlands-based	Print literature and outreach work	Number of migrant sex workers contacted	Over 50,000 sex workers have been reached between 1993 and 1999. A report of activities until 2000 is available.
13. TAWFA (The African Women Friendship Association, 1999-ongoing)	Increase awareness of HIV/AIDS among African communities in Germany, increase social support for women and children living with HIV	Edubio and Sabanadesan (2001).	Berlin, Germany	Support groups and drop-in; community events	–	–

2003). Similarly, in a north London study of 214 HIV positive African respondents, 40% of participants who had had sex in the previous month reported using a condom only on some occasions, while 29% had had unprotected sex (Fenton et al., 2002; Chinouya & Davidson, 2003). In another UK study, only 49% of men and 30% of women reported using a condom the last time they had sex (Mayisha II, 2005).

There is evidence that low condom use is related to expectations of fidelity, and qualitative studies have shown that Africans often feel condoms imply a lack of trust between partners (Elam, Fenton, Johnson, Nazroo, & Ritchie, 1999; Mayisha II, 2005). Respondents in a Portuguese study talked about culturally mediated reservations regarding condoms, for example the notion that “flesh on flesh is better” (Dias, Gonçalves, Luck, & Jesus Fernandes, 2004). In a UK study, respondents concurred that condom use was not appropriate or necessary in long-term relationships, and that it was seen as implying partner distrust (Mayisha II, 2005). Interviews with Africans living in France revealed that those who had multiple sexual partners used condoms, while couples in exclusive relationships felt it was unnecessary and implied promiscuity: “I am trusting, I know his life, he doesn’t hang around with people like that. We’ve been together for years, there’s no problem...” (Adage, 2004: 2). Similarly, Elam et al.’s study (1999) reports that serial monogamy is the favoured and expected pattern among African and Caribbean women in the UK, with women viewing multiple partnering as ‘physically and emotionally risky’. Furthermore, studies have reported that Africans may believe risk can be avoided by carefully choosing one’s partners (Elam, 1999; Mayisha II, 2005). This may be linked to the belief that belonging to the same ‘community’, whether nationally, regionally or religiously, is an assurance of ‘safe’ status. However, such culturally mediated assessments of risk remain poorly understood and documented in the literature. Similarly, the role of faith-based organisations in providing guidance and support about issues related to sexual lifestyles remains largely unexamined in the intervention literature, despite being mentioned in descriptive studies (Doyal & Anderson, 2005).

The culturally prescribed emphasis on monogamous relationships also belies a more complex reality. While respondents in two UK studies emphasised serial monogamy as the preferred type of relationship (Chinouya, Davidson, & Fenton, 2000), 22% of positive men and women interviewed in a North London study reported that their most recent partner was a casual one (Chinouya & Davidson, 2003). Furthermore, there is increasing evidence from European studies that some African migrants start new sexual relationships when travelling back to their home countries (Dias et al., 2004; Fenton, Chinouya,

Davidson, & Copas, 2001; Kramer et al., 2005). Consequently, there is a need to understand the diversity of sexual lifestyles among Africans affected by HIV, and the ways in which issues of religious belief, gender, and migration underpin sexual decision-making and health-seeking behaviour.

Gender

Issues related to gender permeate discussions of HIV prevention and sexual risk behaviour among African communities in Europe. African women are over-represented among new heterosexual infections. In 2004, 57% of newly diagnosed HIV heterosexual infections in Western Europe were in women (WHO, 2005). This may be due to the high uptake of voluntary antenatal HIV testing by pregnant women in the 1990s and therefore conceal under-diagnosis in men (Coulon & Feroni, 2004; Gibb et al., 2004).

Particular issues affect African women living with diagnosed HIV in Western Europe. Studies show that the desire to have children is likely to be a key factor in positive women’s sexual decision-making, as many positive African women consider motherhood to be an important ‘source of identity and legitimacy’ (Doyal & Anderson 2005: 1731; Flowers et al., 2006; Ikambere, 2004). An African mother testifying at an HIV forum in Switzerland explains (Serena, 2005):

‘Thinking of my children’s well-being was my strength to go on [...] ‘with the help of my doctor, I decided to tell my children [...] what a relief! After so many years of keeping the secret from my children and hiding the medication’.

Migrant African mothers living with HIV are deeply affected by poverty, poor housing, and racism (Anderson & Doyal, 2004; MacLeish, 2002; Onwumere, Holttum & Hirst, 2002). There also remains a critical lack of interventions that support HIV positive parents or focus on the needs of children and adolescents growing up in families affected by HIV (Chinouya Mudari & O’Brien, 2005).

Studies also consistently highlight the need to put African men ‘back in the prevention picture’. African men report high levels of sexual risk behaviour (Fenton et al., 2005), and while they are visible in social venues such as bars and clubs, they are less often present in settings where HIV prevention is discussed (Chinouya & Reynolds, 2001). Some authors have suggested that the socio-economic difficulties faced by men as a result of migration often lead to a renegotiation of their roles as husbands, partners, and fathers, affecting decision-making and sexual risk-taking (Chinouya Mudari & O’Brien, 2005; Elam et al., 1999). Chinouya and Reynolds (2001) also comment that some men perceive HIV prevention gatherings as being primarily

focused on women's needs, children, relationships, and contraception. HIV prevention interventions should therefore take into account the needs of men and encourage them to participate in prevention programmes and activities.

Finally, there is a dearth of research on the sexual health and HIV prevention needs of African MSM. Twenty percent of men interviewed in a North London survey of HIV positive Africans said they had sex with another man in the year prior to interview, which would indicate that MSM constitute a small but significant portion of the African community in the UK. Recent evidence also suggests that black and ethnic minority MSM are disproportionately affected by HIV/AIDS. A study using UK national HIV prevalence data estimates that 7% of black and ethnic minority MSM living in the UK in 2002 were diagnosed with HIV, compared with 3% of white MSM (Dougan et al., 2005); Hickson, Reid, Weatherburn, Nutland, and Boakye (2004), working on the basis of self-reported data, show that 18% of black MSM were living with diagnosed HIV in the UK in 2004 compared with 10% of white MSM. However, HIV prevention is hampered by the fact that African MSM often shoulder stigma both from the African community and the predominantly white gay community (Fenton, White, Weatherburn, & Cadette, 1999). More research is required to understand the sexual health needs of African MSM and the best ways to reach them with prevention interventions.

Use of HIV Services

Studies exploring experiences of HIV care among Africans living in Western Europe report difficulties in accessing services due to barriers created by stigma, lack of information about services, as well as linguistic and immigration problems (Doyal & Anderson, 2005; Erwin & Peters, 1999; Mayaux, Teglas, & Blanche, 2003; Staehelin et al., 2003). These studies also confirm the continuing need for HIV information among Africans living in Western Europe. In Dias et al.'s Portuguese study (2004) of African migrants in Lisbon ($n = 524$), 31% of respondents thought that HIV could be transmitted through the use of public baths, and 28% through kitchen utensils. Similarly, 16% of Africans living with HIV in a London study felt they could be cured of HIV, while 8% thought an undetectable viral load meant they could not pass on the infection to anyone else (Chinouya & Davidson, 2003). Another UK study found that, compared with other people living with HIV in the UK, Africans were eight times more likely to report a need for more information about anti-HIV treatments (Weatherburn, Ssanyu-Seruma, & Hickson, 2003). There also remains a continuing need for information about HIV services. Researchers in the Ubuntu-Hunhu project in

Hertfordshire (England) noted that 75% of African respondents were not able to mention a place where they could access free condoms, and that 65% did not know where to go for a sexual health checkup, including an HIV test.

Voluntary counselling and testing in primary care is increasingly considered an appropriate way to encourage early diagnosis of HIV among recent migrants, many of whom often do not suspect they may be infected (Medical Foundation for AIDS and Sexual Health, 2005; Ministère de la Santé, et de la protection sociale, 2004). McMunn, Mwanje, Paine, & Pozniak UK study (1998) demonstrated that Ugandan migrants felt GP surgeries were the most appropriate place to receive information about HIV. Similarly, 80% of Africans surveyed in Erwin et al.'s study (2002) had consulted a GP before testing. Interventions might therefore focus on improving the provision of HIV information and VCT in primary care.

Stigma and Disclosure

Throughout Europe, there remains overwhelming evidence of discrimination against HIV-positive people. Stigma and discrimination impede disclosure and deter people from accessing care and applying for work, thereby contributing to social exclusion. The impact of stigma on the lives of African people living with HIV is multifaceted. Respondents interviewed in focus groups in the UK reported numerous experiences of racism and discrimination; they also talked about stigmatising attitudes from doctors and healthcare staff, being concerned about confidentiality breaches and about HIV-related stigma within their own communities (Sigma Research and National AIDS Trust, 2004).

Fear of stigma may cause persons living with HIV to refrain from disclosing their status to sexual partners, children, friends, and to the broader community (Chinouya & Reynolds, 2001; Sigma Research and NAT, 2004); many HIV positive people feel unable to access community and social support groups because of the fear of disclosing their HIV status (Flowers et al., 2006). Africans living in close-knit communities, in particular, face difficulties in managing disclosure on their own terms. Storing antiretroviral medications at home and taking them at fixed times can lead to involuntary disclosure. Respondents in Flowers et al.'s study (2006) felt that certain 'signs', such as lipodystrophy or breastfeeding avoidance, automatically revealed their status. Africans testing for HIV at a London hospital were found to be twice as likely as 'white' patients to be worried about future discrimination if they tested positive, and four times more likely to be worried about meeting someone they knew at the clinic (Erwin & Peters, 1999). Concern with stigma and discrimination explains

why many HIV positive African respondents in McMunn et al.'s London-based study (1998) resolved to keep their HIV status secret. While it is beyond the scope of this paper to make recommendations for specific interventions to reduce stigma in African communities, some of the information interventions discussed later in this paper offer some examples of successful and evaluated strategies (Elam, 2004b).

Immigration Status, Unemployment and Poverty

Recent African migrants living with HIV in Europe are disproportionately affected by immigration problems, poverty, and unemployment (AIDS and Mobility, 2003; Creighton, Sethi, Edwards, & Miller, 2004; Lert, Obadia et al., 2004; Takura & Power, 2002; Weatherburn et al., 2003). Immigration concerns, in particular, make it difficult for service providers to involve them in HIV prevention. In the majority of western European countries, while asylum seekers awaiting a decision are granted access to free HIV testing and treatment, those who remain illegally are deprived of this right (AIDS and Mobility, 2003; All Party Parliamentary Group on AIDS, 2003). In France, access to National Medical Aid (Aide Médicale d'Etat) which in principle covers HAART is gradually being restricted for people of uncertain immigration status (INVS, 2005). Although the WHO (2005) estimates that 90% of people living with HIV in western Europe have access to HAART, in many countries this is still dependent on immigration status: 'HAART is making inequality in HIV care more visible, even in countries with free and universal access to antiretroviral drugs' (Del Amo et al., 2003). This situation heightens the risk of driving the epidemic underground, as people of African origin living with HIV may be more concerned with immigration and socio-economic issues than about their HIV status (AIDS and Mobility, 2003): 'I'm not worried about the virus—my worry is whether I will be allowed to remain here in this country' (Flowers et al., 2006). In addition, researchers have consistently questioned the existence of 'treatment tourism', i.e. relocation for the purpose of accessing HIV services. The majority of positive migrants do not suspect their status and test relatively late; it is therefore unlikely that they arrive in Europe with a view to seek medical treatment (Erwin et al., 2002; Fenton et al., 2002; Forsyth, Burns, & French, 2005; Lot et al., 2004; Terrence Higgins Trust, 2001a, b).

Unemployment and under-employment are factors that critically affect the lives of HIV positive African migrants throughout Europe (AIDS and Mobility, 2003; Green & Smith, 2004). As many as 26% of African respondents in a large French study were unemployed (Le Vu et al., 2005). Chinouya, Ssanyu-Sseruma, and Kwok's study (2003) found a 230% increase in HIV/AIDS cases between 1996

and 2000 in London, the majority of which were among African asylum seekers living on a statutory stipend of £36 (US \$70) a week. Studies clearly show that the main problem for Africans living with HIV is 'getting enough money to live on' (Chinouya & Davidson, 2003; Weatherburn et al., 2003).

In the light of these findings, increasing access to employment must be a priority for secondary prevention interventions with Africans living with HIV. UK studies have shown that fewer than 20% of Africans living with HIV are employed, despite being well qualified (Chinouya & Davidson, 2003; Weatherburn et al., 2003). In a Portuguese study (Dias et al., 2004), Africans were principally employed in low-earning jobs such as construction or domestic work. Bhatt et al. (2000) argue that there is a large pool of under-employed people of African origin, which Chinouya and Reynolds (2001) contend would be a valuable resource in the development of community-led HIV prevention initiatives. Moreover, the potential benefits of finding or returning to work have been highlighted in a number of studies (Anderson & Doyal, 2004; Gordon et al., 2005). A positive African woman from the French organisation Ikambere talked about the benefits of starting work in plain words: 'Look at that (...), I'm already starting to put on weight again!' (Ikambere, 2004: 43).

Intervention Studies

Our search found details of 36 interventions addressing the needs of African communities affected by HIV, all of which were in the grey literature: 23 were UK-based, and 13 were developed in other European countries (Tables 2 and 3). In the UK, eight interventions (out of 23) were funded by local health authorities. Only four initiatives were secondary prevention interventions focusing on the needs of people living with HIV, all of them using support groups. Two interventions specifically targeted black MSM, while a further two focused on improving the employment prospects of people of sub-Saharan African origin. In other European countries, interventions ranged from broad pan-European efforts to raise HIV awareness to programmes generated through national prevention strategies and local community-based initiatives. Throughout Europe the main focus has been on information interventions to raise awareness of HIV/AIDS and increase knowledge of available services. Only three of the 13 interventions in other European countries were secondary prevention interventions for people living with HIV.

The interventions identified by this review have begun to meet some of the needs highlighted in the descriptive literature. For example, a number of interventions in the UK focus on raising HIV awareness among young Africans through peer exchange. Other interventions seek to em-

power Africans to gain skills and employment (Gordon et al., 2005; Ikambere, 2004). However, progress remains hampered by a lack of evaluation, which means that service providers and funders are unable to judge the effectiveness of individual interventions. Few interventions have been critically assessed for their impact, and none have been subject to rigorous evaluation such as randomised controlled trials. Furthermore, many of these interventions have been stand alone pilots, and few have been replicated or been shown to be sustainable. The need for evaluation and more careful reporting is particularly striking in European countries such as France, Belgium and Portugal, where Africans are over-represented among the newly diagnosed.

Conclusion

This review highlights important current research and intervention needs. First, VCT remains the most effective method to reduce high levels of undiagnosed HIV infection and must be promoted in innovative ways among African communities in Europe. Second, interventions must work in culturally acceptable ways to promote safer sex and knowledge of available sexual health services. Third, HIV prevention interventions should focus on three groups that have previously received little attention: young people, heterosexual African men, and African MSM. Secondary prevention programmes must also work towards understanding and meeting the psychosocial needs of African parents and their children. Furthermore, as black and ethnic minority MSM appear to be disproportionately affected by HIV compared with white MSM in Britain, attention must urgently be given to interventions combating stigma and emphasizing the benefits of safer sex among African MSM. Fourth, primary care practitioners must be involved in distributing HIV prevention materials and carrying out HIV testing. Guidelines on HIV testing and caring for people living with HIV in primary care are available and should be widely disseminated (Madge, Matthews, Singh, & Theobald, 2004). Finally, the most readily identifiable problem for Africans living with HIV in Western Europe remains poverty. Interventions that encourage gaining or returning to employment as well as dealing with stigma in the workplace are a priority. Comprehensive preparatory research, community involvement, and the use of findings from sexual health ‘needs and attitudes’ surveys can help guide the development, piloting, and evaluation of interventions to ensure their sustainability. Involving community-based organisations and informal African networks remains the key to designing effective interventions with Africans living with HIV.

References

- Adage. (2002). Les freins au dépistage du VIH chez les populations primo-migrantes originaires du Maghreb et d’Afrique Subsaharienne – Synthèse de l’étude qualitative (pp. 1–4). Paris.
- Anderson, J., & Doyal, L. (2004). Women from Africa living with HIV in London; a descriptive study. *AIDS Care*, 16(1), 95–105.
- Arendt, G., & von Giesen, H.-J. (2003). HIV-1-positive female migrants in Northrhine-Westphalia-relevant but unfocussed problem? *European Journal of Medical Research*, 8(4), 137–141.
- AIDS and Mobility. (2003). *Access to care: Privilege or right? Migration and vulnerability in Europe*. Woerden: European Project Health and Mobility.
- All Party Parliamentary Group on AIDS. (2003). *Migration and HIV: Improving lives in Britain. An inquiry into the impact of the UK nationality and immigration system on people living with HIV*.
- Bhatt, C., Phellas, C., & Pozniak, A. (2000). *National African HIV prevention projects: Evaluation report*. London: Enfield and Haringey Health.
- Burns, F. M., Fakoya, A. O., Copas, A. J., & French, P. D. (2001). Africans in London continue to present with advanced HIV disease in the era of highly active antiretroviral therapy. *AIDS*, 15(18), 2453–2455.
- Camden and Islington Health Authority. (1997). *HIV prevention strategy 1997–2000, Working with African Communities in Camden and Islington*. London: Camden and Islington Health Authority.
- Camden and Islington Health Authority. (2000). *The 1st National African communities HIV primary prevention conference, proceedings*. Camden and Islington Community Health Services NHS Trust.
- Castilla, J., & Del Amo, J. (2000). Epidemiología de la infección por VIH/SIDA en inmigrantes y minorías étnicas en España. Secretaría des Plan Nacional sobre el SIDA.
- Chinouya, M., Ssanyu-Sseruma, W., & Kwok, A. (2003). *The SHIBAH report: A study of sexual health issues affecting Black Africans living with HIV in Lambeth, Southwark, and Lewisham*. London: Health First.
- Chinouya Mudari, M., & O’Brien, M. (2005). *AIDS and African childhood in London. The paradox of African traditions and modern concerns on childhood*. London. Online paper, accessed 09/02/05 at: <http://www.cindi.org.za/papers/paper2.htm>
- Chinouya, M., Musoro, L., & O’Keefe, E. (2003). *Ubuntu-Hunhu in Hertfordshire. Black Africans in Herts: Health and social care issues: A report on the action research intervention in the county*. The Crescent Support Group.
- Chinouya, M., & Davidson, O. (2003). *The PADARE project: Assessing the health related knowledge, attitudes and behaviours of HIV Positive African Accessing Services in North Central London*. London: African HIV Policy Network.
- Chinouya, M., & Reynolds, R. (2001). *HIV prevention and African communities living in England: A framework for action*. London: National AIDS Trust.
- Chinouya, M., Davidson, O., & Fenton, K. (2000). *The Mayisha study: Sexual attitudes and lifestyles of migrant Africans in inner London*. Horsham: Avert.
- Chinouya, M., Fenton, K., & Davidson, O. (1999). *The Mayisha study: The social mapping phase*. Horsham: Avert.
- Connell, M. (2001). Sexually transmitted infections among Black young people in South East London: Results of a rapid ethnographic assessment. *Culture Health and Sexuality*, 3, 311–327.

- Coulon, M., & Feroni, I. (2004). Genre et santé: Devenir mère dans le contexte des multithérapies antirétrovirales. *Sciences Sociales et Santé*, 22(3), 13–40.
- Creighton, S., Sethi, G., Edwards, S. G., & Miller, R. (2004). Dispersal of HIV positive asylum seekers: national survey of UK healthcare providers. *British Medical Journal*, 329, 322–323.
- Department of Health. (2005). Government response to the health select committee's third report of session 2004–2005 on new development in sexual health and HIV/AIDS policy, <http://www.dh.gov.uk/assetRoot/04/11/62/53/04116253.pdf> (accessed 09/08/05).
- Department of Health, African HIV Policy Network & National AIDS Trust. (2004). *HIV and AIDS in African communities: A framework for better prevention and care*. London.
- Department of Health. (2003). *Renewing the focus: HIV and other sexually transmitted infections in the United Kingdom in 2002*. London: Health Protection Agency.
- Del Amo, J., Bröring, G., & Fenton, K. (2003). HIV health experiences among migrant Africans in Europe: How are we doing? *AIDS*, 17(15), 2261–2263.
- Del Amo, J., Goh, B. T., & Forster, G. E. (1996a). AIDS defining conditions in Africans resident in the United Kingdom. *International Journal of STD & AIDS*, 7(1), 44–47.
- Del Amo, J., et al. (1996b). Spectrum of disease in Africans with AIDS in London. *AIDS*, 10(13), 1563–1569.
- Delpech, V., Antoine, D., Forde, J., Story, A., Watson, J., & Evans, B. (2004). HIV and Tuberculosis (TB) co-infections in the United Kingdom (UK): Quantifying the problem. *International AIDS society conference 2004*, Abstract 2169174.
- Dias, S., Gonçalves, A., Luck, M., & Jesus Fernandes, M. (2004). Risco de Infecção por VIH/SIDA: Utilização-acesso aos Serviços de Saúde numa comunidade migrante. *Acta Medica Portuguesa*, 17, 211–218.
- Dougan, S., Elford, J., Rice, B., Brown, A. E., Sinka, K., Evans, B. G., Gill, O. N., & Fenton, K. (2005). Epidemiology of HIV among black and ethnic minority ethnic men who have sex with men in England and Wales. *Sexually Transmitted Infections*, 81(4), 345–350.
- Doyal, L., & Anderson, J. (2005). My fear is to fall in love again... How HIV-positive African women survive in London. *Social Science and Medicine*, 60(8), 1729–1738.
- Edubio, A., & Sabanadesan, R. (2001). *African communities in Northern Europe and HIV/AIDS. Report of two qualitative studies in Germany and Finland on the perception of the AIDS epidemic in selected African minorities.*, http://www.map-tampere.fi/dokumentit/report_african_communities.pdf (Accessed 09/02/05)
- Elam, G. (2004a). *Perspectives on Terrence Higgins Trust's HIV prejudice and discrimination poster campaign: Views of Barnet residents, African Business Owners and Their Customers*. Report for Barnet PCT and Terrence Higgins Trust.
- Elam, G. (2004b). *Stopping stigma with Awaradressers: Views of Barnet's residents, businesses and their customers on the Awaradressers Project*. Report for Barnet Primary Care Trust and the Terrence Higgins Trust, March 2004.
- Elam, G., Fenton, K., Johnson, A., Nazroo, J., & Ritchie, J. (1999). *Exploring ethnicity and sexual health: A qualitative study of sexual attitudes and lifestyles of five ethnic minority communities in Camden and Islington*. London: University College London.
- Elford, J., Ibrahim, F., Bukutu, C., & Anderson, J. (2007). Sexual behaviour of people living with HIV in London: Implications for HIV transmission. *AIDS*, 21(Suppl. 1), S63–S70.
- Erwin, J., Morgan, M., Britten, N., Gray, K., & Peters, B. (2002). Pathways to HIV testing and care by black African and white patients in London. *Sexually Transmitted Infections*, 78(1), 37–39.
- Erwin, J., & Peters, B. (1999). Treatment issues for HIV positive Africans in London. *Social Science and Medicine*, 49, 1519–1528.
- Evans, B. A., Bond, R. A., & MacRae, K. D. (1999). Sexual behaviour and sexually transmitted infection among African and Caribbean men in London. *International Journal of STD/AIDS*, 10(11), 744–748.
- Fassin, D. (2000). *Constructions et expériences de la maladie: une étude anthropologique et sociologique du sida des migrants d'origine africaine dans la région parisienne*. Available from: <http://www.inserm.fr/cresp>
- Fenton, K., Chinouya, M., Davidson, O., & Copas, A. (2001). HIV transmission risk among sub-Saharan Africans in London travelling to their country of origin. *AIDS*, 15, 1442–1444.
- Fenton, K. A., Chinouya, M., Davidson, O., Copas, A., & MAYISHA study team. (2002). HIV testing and high risk sexual behaviour among London's migrant African communities: A participatory research study. *Sexually Transmitted Infections*, 78, 241–245.
- Fenton, K.A., Mercer, C.H., McManus, S., Erens, B., Byron, C.J., Copas, A.J., Nanchahal, K., MacDowall, W., Wellings, K., & Johnson, A.M. (2005). Sexual behaviour in Britain: Ethnic variations in high-risk behaviour and STI acquisition risk. *Lancet*, 365, 1246–1255.
- Fenton, K., White, B., Weatherburn, P., & Cadette, M. (1999). *What are you like? Assessing the sexual health needs of Black gay and bisexual men*. London: Big Up.
- Flowers, P., Davis, M., Hart, G., Rosengarten, M., Frankis, J., & Imrie, J. (2006) Diagnosis, stigma and identity among HIV positive Black African living in the UK. *Psychology and Health*, 21(1), 109–122.
- Flowers, P., Rosengarten, M., Davis, M., Hart, G., & Imrie, J. (2005). The experiences of HIV positive black Africans living in the UK. Working paper (forthcoming).
- Forsyth, S., Burns, F., & French, P. (2005). Conflict and changing patterns of migration from Africa: The impact on HIV services in London, UK. *AIDS*, 19, 635–637.
- Gibb, D. M., et al. (2004). Decline in mortality in Children with HIV in the UK and Ireland. *British Medical Journal*, 328, 524.
- Gordon, B., Hudson, M., & Mansour, J. (2005). *Getting the message out: An evaluation of equal 1 action 3: Mainstreaming*. Centre for Economic and Social Inclusion, January 2005. Available from the Positives Futures Partnership.
- Gras, M. J., Weide, J. F., Langendam, M. W., Coutinho, R. A., & van den Hoek, A. (1999). HIV prevalence, sexual risk behaviour and sexual mixing patterns among migrants in Amsterdam, the Netherlands. *AIDS*, 13(14), 1953–1962.
- Green, G., & Smith, R. (2004). The psychosocial and health care needs of HIV-positive people in the United Kingdom following HAART: A review. *HIV Medicine*, 5(Suppl.1), 5–46.
- Hamers, F. F., Devaux, I., Alix, J., & Nardone, A. (2006). HIV/AIDS in Europe: Trends and EU-wide priorities. Euro Surveill 2006;11(11):E061123.1. Available from: <http://www.eurosurveillance.org/ew/2006/061123.asp#1>
- Hamers, F. F., & Downs, A. M. (2004). The changing face of the HIV epidemic in western Europe: What are the implications for public health policies? *The Lancet*, 364, 83–94.
- Health Protection Agency. (2006). A complex picture: HIV and other sexually transmitted infections in the United Kingdom: 2006. Available from: http://www.hpa.org.uk/publications/2006/hiv_sti_2006/contents.htm
- Health Protection Agency. (2005). HIV and AIDS in the United Kingdom quarterly update: Data to the end of June 2005. Volume 15, Number 30.
- Health Protection Agency. (2004). Populations at risk of HIV and STIs – Black and Ethnic minority populations, Updated November 2004. Available from: <http://www.hpa.org.uk/infec>

- tions/topics_az/hiv_and_sti/populationsatrisk/groups/ethnicminorities.htm
- Health Protection Agency. (2003). *Focus on prevention: HIV and other sexually transmitted infections in the United Kingdom in 2003. An update: November 2004*. London: Health Protection Agency, Centre for Infections.
- Hickson, F., Reid, D., Weatherburn, P., Nutland, W., & Boakye, P. (2004). HIV, sexual risk and ethnicity among men in England who have sex with men. *Sexually Transmitted Infections*, 80, 443–450.
- Ikambere. (2004). *Rapport 2004*. Paris. Available from: http://www.ikambere.com/rapport_2004.pdf
- Institut de veille sanitaire. (2005). Épidémiologie du VIH/sida chez les migrants en France. Saint-Maurice: INVS.
- International Organisation for Migration. (2005). World migration 2005: Costs and benefits of international migration, Vol. 3, IOM World Report Series.
- Kesby, M., Fenton, K., Boyle, P., & Power, R. (2003). An agenda for future research on HIV and sexual behaviour among African migrant communities in the UK. *Social Science and Medicine*, 57(9), 1573–1592.
- Kramer, M., Van Veen, M., Op de Coul, E., Van de Laar, M., Coutinho, R., Cornelissen, M., & Prins, J. M. (2005). [Conference Abstract] Heterosexual HIV transmission among migrants from Surinam and the Netherlands Antilles: HIV prevalence, sexual risk, and the role of travelling to the country of origin. *European Journal of Public Health*, 15(1), 21–23.
- Lert, F., Obadia, Y., & l'équipe de l'enquête VESPA. (2004). *Comment vit-on en France avec le VIH/SIDA? Populations et Santé*, Numéro 406, Novembre 2004.
- Le Vu, S., Lot, F., & Semaille, C. (2005). *Les migrants africains au sein du dépistage anonyme du VIH, 2004*. BEH no. 46–47. Institut de Veille Sanitaire.
- Lot, F., Larsen, C., Valin, N., Gouezel, P., Blanchon, T., & Laporte, A. (2004) *Parcours Sociomédical des personnes originaires d'Afrique subsaharienne atteintes par le VIH prises en charge dans les hopitaux d'Ile-de-France, 2002*. Bulletin études no. 5, 2004, p. 17. Institut de Veille Sanitaire.
- Low, N., Paine, K., Clark, R., Mahalingam, M., & Pozniak, A. (1996). AIDS survival and progression in black Africans living in south London, 1986–1994. *Genitourinary Medicine*, 72, 1, 12–16.
- Lyll, E. G. H., et al. (1998). Review of uptake of interventions to reduce mother to child transmission of HIV by women aware of their HIV status. *British Medical Journal*, 316, 268–270.
- MacLeish, J. (2002). *Mothers in exile*. London: Maternity Alliance
- Madge, S., Matthews, P., Singh, S., & Theobald, N. (2004). *HIV in primary care*. London: The Medical Foundation for AIDS & Sexual Health.
- Maharaj, K., Warwick, I., & Whitty, G. (1996). *An assessment of HIV prevention interventions with refugees and asylum seekers, with particular reference to refugees from the African continent*. London: Health and Education Research Unit.
- 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. *AIDS Care*, 13(4), 413–419.
- Manfredi, R., Calza, L., & Chiodo, F. (2001). HIV disease among immigrants coming to Italy from outside of the European Union: A case-control study of epidemiological and clinical features. *Epidemiology of Infectious Diseases*, 127(3), 527–533.
- Mayaux, M.-J., Teglas, J.-P., & Blanche, S. (2003). Characteristics of HIV-infected women who do not receive preventive antiretroviral therapy in the French perinatal cohort. *Journal of Acquired Immune Deficiency Syndrome*, 34(3), 338–343.
- MAYISHA II Collaborative Group. (2005). *Assessing the feasibility and acceptability of community based prevalence surveys of HIV among black Africans in England*. Health Protection Agency Centre for Infections: London.
- McMunn, A., Mwanje, R., Paine, K., & Pozniak, A. L. (1998). Health service utilization in London's African migrant communities: Implications for HIV prevention. *AIDS Care*, 10(4), 453–462.
- McMunn, A., Mwanje, R., & Pozniak, A. L. (1997). Issues facing Africans in London with HIV infection. *Genitourinary Medicine*, 73(3), 157–158.
- Medical Foundation for AIDS and Sexual Health. (2005). Recommended standards for health services. Available online at: http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf. Accessed 12/05/05.
- Ministère de la Santé et de la protection sociale. (2004). Programme National de lutte contre le VIH/SIDA en direction des étrangers/migrants vivant en France (2004/2006). Paris.
- Mocroft, A., Ledergerber, B., Katlama, C., Kirk, O., Reiss, P., D'Arminio Monforte, A., Knysz, B., Dietrich, M., Phillips, A., & Lundgren, J. (2003). Decline in the AIDS and death rates in the EuroSIDA study: An observational study. *The Lancet*, 362(9377), 22–29.
- National AIDS Trust. (2004). *Annual report 2003–4*. London.
- National African HIV Prevention Programme: Pule, S., Lubega, J., Davidson, O., & Chinouya, M. (2005). *Doing it well: A good practice guide for choosing and implementing community-based HIV prevention interventions with African communities in England*. London.
- National African HIV Prevention Programme. (2004). 3rd National African HIV prevention conference report. *What next? The future of HIV prevention with African communities*, 11–12 March 2004. London.
- Ohen, L., Hunte, S., & Wallace, C. (2004). *Who provides social advice to HIV positive clients?* London: Lambeth Primary Care Trust.
- Onwumere, J., Holttum, S., & Hirst, F. (2002). Determinants of quality of life in black African women with HIV living in London. *Psychology, Health & Medicine*, 1, 61–74.
- Project Nasah. Briefing sheet 1 and 2. Available Online: <http://www.sigmaresearch.org.uk/downloads/nasahbriefing.pdf>
- Sasse, A., Vincent, A., & Galand, M. (2002). High HIV prevalence among patients choosing anonymous testing. *International AIDS society conference*, Abstract, 9092.
- Serena, L. (2005). Testimony of Lucy. Forum Sida Suisse 2005, <http://www.aids.ch/f/forum/pdf/migration/TESTIMONY%20OF%20LUCY.pdf>
- Sigma Research and NAT. (2004). *Outsider status – Stigma and discrimination experienced by Gay men and African people with HIV*. London: Sigma – NAT.
- Sigma Research. (2002). *National survey of people living with HIV*. London.
- Sigma Research: Ndofor-Tah, C., Hickson, F., Weatherburn, P., Amamoo, N.A., Majekodunmi, Y., Reid, D., Robinson, F., Sanyu-Sseruma, W., & Zulu, A. (2000). *Capital assets*. London.
- 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. *AIDS*, 17, 1683–1690.
- Staehelin, C., Rickenback, M., Low, N., Egger, M., Lederberger, B., Hirschel, B., d'Acremont, V., Battegay, M., Wagners, T., Bernasconi, E., Kopp, C., & Furrer, H. (2003). Migrants for sub-Saharan Africa in the Swiss HIV Cohort Study: Access to antiretroviral therapy, disease progression and survival. *AIDS*, 17(15), 2237–2244.
- Study group for the MRC collaborative study of HIV infection in women. (1996). Ethnic differences in women with HIV infection in Britain and Ireland. *AIDS*, 10(1), 89–93.

- Takura, D., & Power, L. (2002). Establishing initial peer support and services for migrant African women in Birmingham, UK. *International AIDS society conference*, Abstract 1821.
- Terrence Higgins Trust, Doyal, L., & Anderson, J. (2003). *My heart is loaded. African women with HIV surviving in London, a research report*. London.
- Terrence Higgins Trust. (2001a). *Prejudice, discrimination and HIV*. London.
- Terrence Higgins Trust. (2001b). *Social exclusion and HIV*. London
- Traore, C. (2002). Promoting knowledge of HIV Status amongst Africans in the UK. *International AIDS society conference*, Abstract 9597.
- UNAIDS. (2006). AIDS epidemic update: Global summary. Available from: http://www.data.unaids.org/pub/EpiReport/2006/02-Global_Summary_2006_EpiUpdate_eng.pdf
- UNFPA, UNAIDS and UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. UNFPA, UNAIDS and UN.
- Weatherburn, P., Ssanyu-Seruma, W., & Hickson, F. (2003). Project NASAH: An investigation into the HIV treatment, information and other needs of African people with HIV resident in England. Sigma Research, NAM Publications, National AIDS Trust and African HIV Policy Network.
- Wiggers, L. C., de Wit, J. B., Gras, M. J., Countinho, R. A., & van den Hoek, A. (2003). Risk behavior and social-cognitive determinants of condom use among ethnic minority communities in Amsterdam. *AIDS Education and Prevention*, 15(5), 430–447.
- World Health Organisation. (2006). Towards universal access by 2010: How WHO is working with countries to scale-up HIV prevention, treatment, care and support. WHO, October 2006. Available from: <http://www.who.int/hiv/pub/advocacy/universalaccess/en/index.html>