

**GAP ANALYSIS AND CRITICAL REVIEW OF
CANADIAN HIV/AIDS AND GENDER INSTITUTES**

**Informing the Development of the International Institute on Gender and HIV/AIDS at the
Atlantic Centre of Excellence for Women's Health**

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INTRODUCTION

“Globalization” is an increasingly utilized term; many advocates spout the advantages that a network of world links will garner; many dissenters protest against the damage globalization can wreck on the cultures and economies of developing countries. Nonetheless, with an increase in immigration, multinational companies, air travel, and technological growth, globalization is a reality that has resulted in an increasing need to create and determine best practices in cross-cultural collaboration (Lim and Renshaw, 2001; Swanson, Goody, Frolova, Kuznetsova, Plavinski, Nelson, 2001).

Past studies have placed great emphasis on cross-cultural collaboration for economic or technological goals; others discuss cross-cultural collaboration between members of the same community in a domestic setting (primarily in the American literature) (Swanson, et al, 2001). There is a dearth of research concerning the collaboration of health care and health research professionals from varying countries, and the sociocultural issues involved in this type of partnership.

The HIV/AIDS epidemic is global health issue that has resulted in an increased need for cross-cultural collaboration in education and research to address health promotion and treatment of those living with the disease, as well as preventative health measures to decrease incidence. Addressing HIV/AIDS in a multicultural context is a complex initiative; as a primarily sexually-transmitted disease, HIV/AIDS health promotion and prevention research necessitates an understanding of the accompanying sociocultural issues of sexuality and gender, which are affected by cultural contexts (Commonwealth Secretariat, 2002;Gausset, 2001).

Gender mainstreaming is defined as: “a strategy for making women’s as well as men’s concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes...” (Agreed conclusions of the UN Economic and Social Council, 1997, in Commonwealth Secretariat, 2002). The integration of this concept into HIV/AIDS research and education seen as “the most efficient and equitable way to use existing resources for combating HIV/AIDS by focusing on the real needs of the whole population,” (Commonwealth Secretariat, 2002).

Over the past few decades, a variety of HIV/AIDS education and research organizations have been established within Canada to provide support for HIV-positive individuals, and promote preventative health measures. Several research and education institutions have developed projects to investigate social, behavioural and medical HIV/AIDS issues both nationally and internationally, and provide training in these areas. However, these programs have not specifically addressed the context of gender mainstreaming in HIV/AIDS training and research.

The Atlantic Centre of Excellence for Women's Health (ACEWH) in Halifax, Nova Scotia has developed a proposal for an International Institute on Gender and HIV/AIDS to train international professionals in addressing the HIV/AIDS epidemic in the context of gender mainstreaming. This program aims to provide a base of support for an international network of institute participants, collaborating to enhance HIV/AIDS research and programming initiatives within their cultural contexts. This proposed ACEWH International Institute appears to fill a gap in Canadian HIV/AIDS research and education.

In this early stage of the ACEWH Institute design, it is beneficial to determine the current perspective of Canadian programs and organizations in HIV/AIDS and gender education and research. Additionally, it is prudent to conduct a gap analysis of current related institutes in the country in order to determine the areas of need in Canadian HIV/AIDS research and education, as well as collaborative possibilities with similar institutions. An exploration of the sociocultural issues involved in collaboration in HIV/AIDS health education and research is necessary to inform this analysis, and provide a basis of understanding about cross-cultural collaboration within the context of HIV/AIDS.

PART 1: SOCIOCULTURAL ISSUES IN CROSS-CULTURAL COLLABORATION

Sociocultural Theory in Cross-Cultural Collaboration: Embracing our Differences

In the consideration of an International Institute addressing issues of HIV/AIDS and gender, it is tempting to jump right to espousing the valuable benefits and unavoidable challenges of building a cross-cultural collaborative research and education team; however, such a discussion cannot be understood without first a consideration of the meaning of the term “cross-cultural.” An initial exploration of the relevance of sociocultural theory in planning and implementing multi-national partnerships will provide the basis from which we can understand the implications of hierarchical, communication and gender imbalances. Cross-cultural collaboration is not a means to a health care solution, but a means to manage the transformative process of mutual understanding (Mintzberg, Jorgensen, Dougherty, Westley, 1996).

Frequently, cultural differences are viewed in terms of what Lim and Renshaw refer to as “cross-cultural typological dichotomies”: individualism vs. collectivism; “western” vs. “non-western” view; independent vs. interdependent (Lim and Renshaw, 2001, p.11). With the development of understanding of the dynamic nature of cultural identity (increasingly dynamic due to the stretching networks of globalization influence), these dichotomies appear simplistic and insensitive to the constancy of cultural change (Lim and Renshaw, 2001). Sociocultural theory allows us to reconceptualize of this view of discrete cultural categories and encourages the recognition that “one can speak as a man, an academic, a Catholic, an Asian, a Malaysian, a Chinese, a son who is expected to show filial piety to his parents, and an American-educated person” (Lim and Renshaw, 2001, p.12). As cultural beings, our identities are painted into a mosaic of interrelated historical, cultural, institutional and communication processes which influence our social relationships (Gausset, 2001; Lim and Renshaw, 2001).

Sociocultural theory provides a relevant guide to understanding and teaching new values for cultural understanding; the differences themselves can be the key to encouraging inclusiveness and diversity (Lim and Renshaw, 2001). The theory of sociocultural context transforms our notion of cross-cultural collaboration as a transmission of knowledge practices, to an idea of the *processes* of becoming an “active participant in communities of practice” (Lim and Renshaw, 2001, p. 14).

To this end, Lim and Renshaw describe the “Zone of Proximal Development,” in which those with greater cultural capital (i.e. those within their own geographic or cultural zones of understanding) can aid participants in new ways of social practice, and encourage social participation (Lim and Renshaw, 2001). Ideally, with this cooperation, individuals will not be separated by cultural

difference, but retain and give voice to their unique perspectives to form relationships and valuable partnerships (Lim and Renshaw, 2001).

A recent article entitled, “AIDS and cultural practices in Africa: the case of the Tonga (Zambia),” supports this paradigm of embracing cultural differences to address the spread of AIDS (Gausset, 2001). The author suggests that the “fight against AIDS is often presented as a fight against ‘cultural barriers’” in Africa (Gausset, 2001, p. 511), with health professionals from other cultural contexts placing blame for the spread of the disease on African cultural practices, rather than attempting to create solutions within the cultural context of the community (Gausset, 2001). This determination of causation and solutions to health problems based on cultural bias is an example of ethnocentric cross-cultural collaboration, often rooted in racism and power imbalances (Gausset, 2001). Addressing those imbalances is a primary step towards successful collaboration.

Power Imbalances in Cross-Cultural Collaboration:

Collaborative teams of health professionals are frequently brought together to determine “best practices” for health education, care and research. Within a multi-cultural environment, this term itself suggests hierarchical imbalance. Which practices are ultimately considered “best”? Who is the authority that presents the “best” ideas, and why are these considered the “best”? How do others express disagreement or criticism of these ideas (Gaines and Whitehouse, 1998)? Lim and Renshaw state, “professional practice and policy have been critiqued as a product of the dominant cultural group that creates it” (2001, p.15). Controversial or minority opinions are often lost in this type of collaborative environment, and the resulting “consensus” solutions may mask innovative ideas that are necessary for shifting existing paradigms to address health care solutions (Gaines and Whitehouse, 1998). Thus, it is even more important to explore the varying funds of knowledge and cultural contexts of all participants and determine creative “zones of possibility” for change (Lim and Renshaw, 2001).

This view is important in both the development and evaluation of cross-cultural health projects (McQueen, 2002). Developing countries – with fewer available resources – can guide the processes of evaluation towards approaches that meet their own evidence criteria (rather than adopting those developed in the “West”), and direct the search of researchers towards applicable “best practices” in their cultural context (McQueen, 2002).

In our example from the Tonga, a deeper exploration of the issues surrounding the spread of HIV/AIDS within the Zambian communities revealed issues common in all cultural contexts: distrust; lack of confidentiality; and lack of communication between the sexes (Gausset, 2001). The need for

anonymous access to condoms was a common issue stated by participants (Gausset, 2001), as it is in Canada. Here, individuals can purchase condoms from machines in public toilets; in Zambia, another creative solution from those living in or with knowledge of the community and cultural practices is necessary to address this fairly simple solution.

The pressure for members of the team to agree to a “best” practice and present a united front is a cultural value in itself (Gaines and Whitehouse, 1998). It is important to consider the influence of more general issues of hierarchy within a multicultural and multidisciplinary team. Past research suggests that power imbalances are often primary sources of failure in inter-organizational collaboration (Mintzberg, et al, 1996). Considering economic and technological inequalities between developed and developing countries, ethnic differences, and the social stigma surrounding sexually transmitted diseases, such imbalances are compounded in international collaborative efforts in HIV/AIDS education and research (Commonwealth Secretariat, 2001).

One obvious point of cultural diversion is the conceptualization of gender roles. This issue has broad implications in determining cross-cultural differences in HIV/AIDS education and research (Commonwealth Secretariat, 2001). Women have been shown to be more socially vulnerable to HIV/AIDS due to decision-making imbalances in reproductive issues, economic pressure, and increased social stigma related to issues of sexuality (Commonwealth Secretariat, 2001; Mann and Tarantola, 1997). These issues are true within Canada, as well as in international contexts; the differences lie in the varying degrees of control, the associated implications of the imbalances. Addressing power imbalances related to a sexual health issue such as HIV/AIDS is imperative in a cross-cultural collaborative setting.

Communication in Cross-Cultural Collaboration:

Communication may be one of the most important factors in the transformative process of cross-cultural collaboration (Mintzberg, et al, 1996). One of the key issues within the sociocultural context is the value of combining the voices of all members of a collaborative team (Green 2001; Swanson, et al, 2001; Mintzberg, et al, 1996) to enable a harmonized process of health care and research, applicable to all. Building mutual understanding, respect and trust between multicultural partners is dependent on open communication and participation in each other’s cultural contexts (Lim and Renshaw, 2001; Swanson, et al, 2001). Strategies to ease the difficulties of the language barrier are relatively simple; empowering collaborative members to share their thoughts, and assuring that the message is perceived as intended are far more complex issues (Mortenson, 2002).

One of the key issues in Swanson, et al's review of an effective interdisciplinary health-focused cross-cultural collaboration is that communication is affected by each individual's self-image and perception of their role within an intercultural collaborative team (2001). Learned cultural values affect the verbal and non-verbal behaviour of individuals, as well as how messages are both given and received (Swanson, et al, 2001). They note, "cultures see, hear, feel, and smell only that which has meaning or is important to them" (Swanson, et al, 2001, p. 35). With each individual bringing a diversity of sociocultural contexts to the collaborative table, it is clear that miscommunication can be a common result. Communication values vary within cultures and are shaped by additional variables such as gender (Mortenson, 2002).

Participation in Cross-Cultural Collaboration

Of even greater importance than determining how the *type* of communication given and received varies in cross-cultural collaboration, is an exploration of who participates in the discussion in the first place. Again, this is a factor that is greatly influenced by gender, ethnic identity, and perceptions of hierarchy (Kirchmeyer, 1993). A study of multicultural task groups in the United States showed that ethnic minority and femininity were significantly influential in determining contribution to a group task (Kirchmeyer, 1993). Minority, especially, accounted almost 10% of the variance after all other personal variables were considered; obviously, the ethnic identity of members of a multi-cultural group can directly contribute to their group involvement (Kirchmeyer, 1993). Women are frequently found to participate less in collaborative groups, and this trend has been stated in the literature to be related to a discrepancy in cultural values between men and women, which suggests that women show more concern for the views of others (Kirchmeyer, 1993).

In Kirchmeyer's study (1993), the author proposes "these groups are expected to behave according to prescribed roles and stereotypes," which do not encourage outperforming and controlling others (Kirchmeyer, 1993, p.135). The communicative and cultural values of women are found to vary across cultures (Mortenson, 2001); thus, gender and the implications on group dynamics, as well as addressing a gender-based issue such as HIV/AIDS is a complex and critical factor in considering cross-cultural collaborative processes.

Successful cross-cultural collaboration necessitates the awareness and appreciation of the value of different communication styles and cultural perspectives to enable all individuals to contribute equally in a multi-cultural setting (Kirchmeyer, 1993).

Conflict in Cross-Cultural Collaboration

Conflict is an inherent and potentially healthy part of the collaborative process (Gardner and Cary, 1999). As mentioned above, dissenting and minority voices can become key tools for innovation in health care practices and processes of interaction in the field (Gaines and Whitehouse, 1998). Collaboration is based on the idea of "shared power," but this does not imply equal power (Gardner and Cary, 1999). A lack of respect for other members, sex-role and cultural stereotyping, lack of communication, or power imbalances can often contribute to unhelpful conflict in a collaborative team (Gausset, 2001; Gardner and Cary, 1999).

Gardner and Cary describe two types of collaborative conflict: functional (task) conflict, which is a disagreement about the methods to achieve common objectives; and emotional conflict, which is focused on personal incompatibility (1999). Emotional conflict can result from frustrations with an "uneven table" of a collaborative team (Gardner and Cary, 1999). A dominating personality in the collaborative process can discourage members from participating (Kirchmeyer, 1993), and result in the lack of integration of multiple perspectives (Gardner and Cary, 1999).

Gender has been shown to influence the type of conflict resolution strategies used in multi-disciplinary collaboration; female managers often show more integrating and compromising approaches and are more likely to use informal power strategies, such as offering help, sharing information, or having a specific area of expertise (Gardner and Cary, 1999). Although Kirchmeyer's study did not discuss multicultural differences, noting the similarities between minority ethnic groups and women in participation and communication in situations of power imbalances (Kirchmeyer, 1993), we can hypothesize that conflict resolution strategies would also differ between cultural groups.

Conflict is best resolved – not by choosing one dominating idea over others, or by compromise – but by creating an integrated and innovative view encompassing the needs of different parties (Gardner and Cary, 1999; Mintzberg, et al, 1996). Again, the idea of the creative process of collaboration can be encouraged through task conflict, which leads to the development of a richer shared understanding (Gardner and Cary, 1999).

The study from Zambia showed that although the Western research perspective pinned blame for the spread of HIV/AIDS on African cultural practices, in the perception of the people of Tonga, Western practices and the move away from traditional customs were at fault (Gausset, 2001). The author states that this blaming of "the other" is counterproductive, and merely "transforms the fight against AIDS into a fight between cultures" (Gausset, 2001, p. 512). Instead, embracing the cultural practices, and viewing the issues in terms of shared experience transforms "the other" into "our."

Summing Up Issues in Cross-Cultural Collaboration:

Cultural identity is shaped by interrelated historical, cultural, institutional and communication processes which influence our social relationships (Gausset, 2001; Lim and Renshaw, 2001). Showing cultural sensitivity and avoiding ethnocentrism contribute to a “cultural synergy” in which differences are respected and appreciated to allow all individuals to function as a whole (Swanson, et al, 2001), enabling the development of a new paradigm for understanding health promotion and research.

Including all participants – regardless of gender or ethnic identity – in HIV/AIDS education and research, enabling open communication, and encouraging productive task conflict are all imperative steps to developing successful cross-cultural collaborative teams, health projects and evaluation methods. Gender and ethnicity have been shown to contribute to an “uneven table” of collaboration, with women and ethnic minorities often participating less in group collaborative efforts (Kirchmeyer, 1993). Awareness and openness to communication styles and differences in perceptions about issues surrounding HIV/AIDS and gender can enable the participation of all members (the members of a collaborative team, as well as members of the communities of interest) and the formulation of an effective solution (Gausset, 2001).

Ultimately, the process of cross-cultural collaboration should not be the accommodation of difference, but the *production* of difference created by the sharing of assenting and dissenting viewpoints (Lim and Renshaw, 2001). Without difference, there would be no challenges to existing bodies of knowledge and methods of practice, and no creative collaboration in developing the truly best processes for managing health care in all social and cultural contexts (Lim and Renshaw, 2001).

“What is common across cultures is more important to AIDS prevention than what is different,” is the conclusion to the study of AIDS perceptions in Zambia (Gausset, 2001, p. 517). Understanding the cultural differences of all members and adapting the health promotion message to suit the cultural context of the local communities is the key to HIV/AIDS education success (Gausset, 2001).

PART 2: GAP ANALYSIS OF HIV/AIDS AND GENDER INSTITUTES WITHIN CANADA

Introduction

The review of sociocultural issues in cross-cultural collaboration around HIV/AIDS education and research provides a basis of understanding the benefits and challenges involved in creating an International Institute addressing HIV/AIDS with a focus on gender-mainstreaming. The new paradigm of health education and research surrounding the HIV/AIDS epidemic involves close collaboration with the community of interest, acknowledging and embracing cultural and gender differences, and encouraging participation by representatives at all levels (regional, national, international). These issues will inform an overview of Canadian HIV/AIDS programs, and direct an analysis of five HIV/AIDS and gender research and education institutes in Canada.

Canada currently supports hundreds of HIV/AIDS program initiatives, on regional, provincial, national and international levels. Government organizations (Health Canada, CIDA) are strong sponsors of these projects, donating large amounts of money each year to support the global eradication of HIV/AIDS. In order to determine the effectiveness and success of these programs in addressing HIV/AIDS health promotion and preventative health issues, evaluation criteria and follow-up methods must be established (Davis, Ursula, Gilliam, 2000). However, this component of HIV/AIDS program design is not always implemented. This review will also include an analysis of the prevalence of evaluation methods and follow-up within Canadian HIV/AIDS and gender research and education institutes.

Methodology

To develop an overview of current HIV/AIDS and gender institutes in Canada, a web search of HIV/AIDS Institutes was conducted and a summary of Institutes was developed. These Institutes were analysed for correlations to the program and curriculum model for the ACEWH International Institute on Gender and HIV/AIDS.

Using the “Google” search database, and the search terms “HIV training Institute(s),” “HIV training institute(s) Africa,” and “HIV training institute(s) Canada,” a search of HIV Institutes was conducted and 41 relevant programs were categorized to determine the degree of similarity to the ACEWH International Institute. A subsequent search using the terms “Gender Institute Canada” and “Gender Institute Africa” was conducted and applicable results categorized. The Canadian Institute results will be discussed in this paper.

The majority of results in the "HIV training institute(s) Canada" search were international programs, largely social science-based, focusing on issues of youth education, HIV awareness,

psychosocial health needs of communities at risk, and local training-of-trainers. Although there were two medical-based programs of note, there were no residency placements or exchanges for medical students in the retrieved documents. The majority of results from the general "HIV training institute(s)" search were programs based in the United States. These had a wide scope of HIV-focused training, and included all of the retrieved HIV-based placements and residency opportunities for medical students (national and international). These results are not included in this paper, since a focus on Canadian Institutes was desired.

A search of the 2003 *Canadian Directory to Foundation and Grants* was also conducted to develop a list of HIV/AIDS and gender-related programs that had received grants for the year 2003. A search of the subject index for HIV, AIDS, women's health, and international health project grants was conducted as well as a subsequent internet search of the resulting list of programs to determine which had applicable HIV/AIDS and gender-based education programs.

The saturation point of the review of institutions and programs was determined based on the initial analysis of retrieved and categorized institutes and according to the limitations of the present study. Through the Internet and *Canadian Directory* searches, hundreds of HIV education program results were retrieved; therefore, a synopsis of trends in HIV education in Canada was developed to summarize the most prevalent themes. An analysis of HIV/AIDS programs from Canada's largest cities (Vancouver, Toronto, Montreal) was conducted to present these general trends in brief. Initially, the national Canadian AIDS Society (CAS) website (www.cdn aids.ca) was searched for the terms: "(city) AND "education;" "(city) AND "programs;" and "(city) AND "training." The CAS site was also used to direct a web search of the largest HIV/AIDS organizations in each of the three cities, in addition to the regional programs retrieved from the previous Internet and *Canadian Directory* searches. The emphasis in this review is on programs within Vancouver and Toronto, since the majority of detailed literature regarding Montreal programs was available only in French.

Institutes were chosen for in-depth exploration using a subjective analysis of content; only those institutes that were determined to be adequately similar to the ACEWH International Institute model were selected. The determination of this similarity was based on the retrieved Institute having a research as well as educational component, and a focus on HIV/AIDS or gender-based research and education. Five "closest matches" – those determined to have the greatest similarities and most applicability to the proposed ACEWH International Institute – were selected for greater exploration of themes and Institute models; web searches and personal communication methods were used to gain more information. Three HIV/AIDS-focused Institutes, and two gender-based Institutes were selected. These results are outlined below.

Results

Part A - Trends and Themes in Canada's HIV/AIDS Education Programs:

Most of the results retrieved from the Internet and *Canadian Directory of Foundations and Grants* searches were not research-based Institutes, but rather HIV/AIDS education and training programs for volunteers, educators and people living with HIV/AIDS. These programs are not directly applicable to the model of the proposed ACEWH International Institute, but a synopsis of trends and themes in Canadian HIV/AIDS education programs can provide a valuable view of the priorities in HIV/AIDS prevention, care and education in Canada. Such information presents the Canadian perspective of HIV/AIDS issues, which may contribute to Canadian bias in approaching collaborative efforts towards HIV/AIDS prevention, care and education on a broader scale.

- **Programming:**

- **Women-Centred**

A search of the Canadian AIDS Society website of the terms “training,” “education,” and “programs,” creates a picture of the wide array of programming available in Canada, geared towards a variety of interest groups. Several results were links to “women and HIV” literature, programs and information, including a proposal to “set up a networking mechanism (via email and teleconferences) for groups working in [the area of women and HIV] to exchange information, enhance partnerships and move forward on common issues” (Chapman, 2002). Obviously, there is an increasing awareness of the importance of developing collaborative efforts towards understanding issues surrounding women and HIV in Canada. This fact, and the apparent openness of the CAS to instigating collaborative networks in this area, has positive implications for the proposed ACEWH International Institute.

The Centre for AIDS Services of Montreal, Coalition sida des sourds du Quebec (CSSQ), AIDS Vancouver, and the AIDS Committee of Toronto all include women-focused programming and outreach initiatives. The emphasis on such programs seems largely based on training in health issues, such as transmission and treatment of HIV, as well as sexual health information. Support services are largely geared towards women and their families, including legal aid, child care programs, nutritional information and referrals. AIDS Vancouver offers support and training for women in correctional centres, recovery and treatment centres, transition houses, and mental health facilities, and supports the “Positive Women’s Network” within the area.

It appears that there is also a move towards gender-based programming and research at the provincial level. The AIDS committee of Toronto offers workshops for “gender-specific HIV/AIDS prevention-education training to staff and volunteers working in women-serving agencies” (www.actoronto.org). Literature available on the AIDS Vancouver site points in the direction of increased interest in pursuing gender mainstreaming in HIV education; one of their stated aims is increased research involving the social and economic determinants of health for women, and “identifying barriers to women's sexual health in order to implement meaningful education and prevention strategies” (www.aidsvancouver.bc.ca). The site also states a desire to collaborate with other committees to improve health care for women and their children.

- **Other At-Risk Groups**

Other links to education resources and programs in Canada were focused on groups such as: gay and bisexual men; substance users; aboriginal groups; immigrants; prisoners; and – most notably - youth. There were more links to youth-centred information from the CAS search than any other interest group; this trend was also noted in searches of regional HIV/AIDS programs, particularly programs supported by the largest of these: AIDS Committee of Toronto (ACT). A search of the ACT website for education and training programs resulted in links to seven youth-specific education programs and workshops, including training in peer education, homophobia, and youth community development.

- **Evaluation**

Evaluation of Canadian HIV/AIDS programs appears to be a developing priority. The CAS site features a tool for youth entitled “Evaluate This!” with step-by-step instructions for programming evaluation methods. A search of the ACT site for “evaluation AND program” retrieved 67 links, including the final report of the ACT Research and Evaluation Capacity-Building Initiative, evaluation methodology tailored to particular projects (e.g. evaluation of volunteer programs in AIDS Service Organizations), as well as many evaluation reports from specific programs.

ACT is also very involved in HIV/AIDS research, and holds research partnerships with community AIDS organizations, the Community Research Initiative of Toronto (CRIT), and the Ontario AIDS network. AIDS Vancouver supports the Community Health Research Project through the University of British Columbia, investigating economic and social issues of HIV/AIDS in Vancouver. AIDS Vancouver also presented a workshop at the Annual International AIDS Conference in Barcelona (2002), entitled “Population Health Analysis: Everything You Wanted to Know About Measuring Outcomes But Were Afraid to Ask,” suggesting that program evaluation is an area of

expertise and a priority of the organization. However, evaluation records of specific programs run by AIDS Vancouver were not retrieved through an on-line search.

- **Programming Gaps:**

- **Heterosexual Males**

One of the apparent gaps in HIV education programming in Canada is training and support for heterosexual men. The CAS search yielded only one link to a document detailing gender-specific issues surrounding HIV for heterosexual men. The ACT site lists a few youth programs geared towards heterosexual young men and women, however, these are far outweighed by programs for gay or bisexual males, and females.

A recent article put out by CAS urging Canadians to confront the stigmas surrounding HIV/AIDS on a global scale, lists heterosexual men as one of the groups experiencing HIV-related stigma and discrimination. However, this article also states that “Gay men, women, injection drug users and Aboriginals make up the majority of new HIV infections in Canada,” (“Canadians urged to confront stigma and discrimination in their communities in the global fight against HIV/AIDS”, www.cdnaids.com, 2002) which indicates a possible reason for less focus on heterosexual men within Canada. One of the potential disadvantages of this lack of focus on this group within Canadian HIV programming and education, is a lack of knowledge and experience in providing gender-focused training and resources for heterosexual men. Not only is this detrimental for the support of HIV-positive heterosexual males in Canada, this knowledge is crucial in international HIV/AIDS programming.

- **International Issues**

So saying, another gap in Canadian programming and education in HIV/AIDS is an international focus. In Canada’s largest cities – particularly Toronto – there were several examples of programs and workshops geared to ethnic minority groups (Asian, South-Asian, Spanish-speaking, immigrants, Caribbean, First Nations), but few examples of training in international issues surrounding HIV/AIDS.

AIDS Vancouver has created a twinning program with The Mexican Network of Persons Living with HIV/AIDS, of Mexico City. With funding from CIDA, the program aims to carry out a joint skills development project, to provide exposure to different approaches in addressing issues of HIV/AIDS, and to share experience and knowledge. More of such international collaborative programs would be beneficial to increase the capacity of Canadian organizations for providing

education in areas which are not as prevalent in Canada, such as health promotion for heterosexual male health, as stated above.

The majority of international HIV/AIDS education, aid and treatment programs within Canada are supported by organizations such as CARE Canada, World Vision, and Doctors without Borders, which are not focused on domestic issues. The collaboration of national and international groups to create a global network of knowledge surrounding HIV/AIDS, and support solutions to address the epidemic within Canada as well as overseas appears to be a necessary initiative.

Part B - Comparative Analysis of HIV/AIDS and Gender Research and Education Institutes:

The search for Canadian HIV/AIDS education and gender-based institutes described above yielded hundreds of results. A comprehensive analysis of all HIV/AIDS education programs in Canada is beyond the scope of this paper. More helpful for the purposes of determining gaps and trends in HIV and gender-based international education is a comparative analysis of the most similar institutes to the planned ACEWH International Institute on Gender and HIV/AIDS, garnered from the retrieved list.

Five of the retrieved institutes were selected for comparative analysis to the ACEWH International Institute model. These were subjectively selected based on the inclusion of a research as well as education component, and a focus on HIV/AIDS or gender-based education. Of the five, three are HIV/AIDS-focused institutes, and two are gender-focused institutes. This comparative analysis will serve as an outline of current initiatives in HIV/AIDS and/or gender research and education within Canada, and inform the development of the proposed ACEWH International Institute.

A review of the proposed ACEWH International Institute will provide a comparative model from which the other Institutes will be analysed.

The Atlantic Centre of Excellence for Women’s Health: International Institute on Gender and HIV/AIDS

- Focus:** A multi-sectoral approach to address the HIV/AIDS epidemic in the context of gender mainstreaming
Training international professionals to address gender and social factors as determinants of HIV/AIDS prevention, care, treatment and support
Developing an international network of former workshop participants, collaborating to enhance research and programming initiatives addressing these factors
- Target:** Middle-level managers, educators and health professionals at district, regional and national levels
- Evaluation:** Collaboration with researchers at Dalhousie University to create an Institute “research arm” to evaluate up-take of training education
- Funding:** ACEWH; Centres of Excellence for Women’s Health; Dalhousie University; IWK Health Centre, Halifax, NS; Health Canada; CIDA; Commonwealth Secretariat; Coady Institute

The primary goal of the proposed ACEWH International Institute is to develop a Canadian-based training centre for international professionals to address gender and additional social factors as determinants of HIV/AIDS prevention, care treatment and support. Thus far in the planning of the Institute, the focus has primarily been towards African issues of gender and HIV/AIDS, although the intention of the Institute is to develop a curriculum applicable to all countries and cultural contexts. Ultimately, the International Institute aims to provide a base for an international network of professionals trained through the program, collaborating on common goals in research and education.

In partnership with Dalhousie University, Halifax, NS, the ACEWH stresses the importance of an evaluative process in research and programming development, and includes a “research arm” of the Institute to evaluate up-take and success of the program.

1. Regional AIDS Training Network – Nairobi, Kenya

- Focus:** Developing collaborative communication network between training institutions
Research in public health and social sciences
Training capacity-building in Nairobi through global and local links (including technological assistance)
Policy advice for government representatives and donors
- Target:** Middle level managers and trainers from the public, NGOs, and the private sector
Program managers, supervisors and trainers at district, regional and national levels
Skills applied to front-line workers
- Evaluation:** Regional surveys to assess new developments and needs in training
Extension programs for follow-up on ex-course participants
Program Monitoring and Evaluation component included in “Core Training Areas”
- Funding:** CIDA; Swedish International Development Agency (SIDA); World Bank; Flemish Interuniversity Council; UNAIDS; WHO; UNICEF; University of Nairobi; University of Manitoba; Family Health International; Health Resources and Services Administration

The RATN model has perhaps the closest congruency to the ACEWH International Institute goals of the retrieved HIV and/or gender institutes in Canada. One of the primary goals of the Network is (appropriately) to develop a network of collaborative communication between training institutions on regional, national and international levels. The target audience for training is very similar if not identical to the audience desired for the ACEWH Institute: middle level managers and trainers from the public, private and NGO sectors and at the district, regional and national levels.

Although the evaluation component is not explicit, regional surveys and follow-up on course participants are conducted as part of RATN activities, and the training curriculum includes two components entitled “Programme management and evaluation,” and “Programme monitoring and evaluation,” in accordance with a 1994 training needs assessment. The partnership between the University of Nairobi and the University of Manitoba suggests the capacity for research-based evaluation analysis is present to assess over-all effectiveness of the Network.

A weakness of this program is its lack of gender-based programming. The nine core training areas of the Network include clinical, counselling, laboratory, research, training, management, communication and evaluation skills, but it is not apparent that these areas of training include an analysis of gender issues. Certainly, a focus on gender mainstreaming is not made explicit in the missions and goals of RATN or in the more detailed documents, nor is gender-based programming one of the core missions of any of the listed partners.

2. **Canadian Society for International Health (CSIH): “Youth for Health Ukraine-Canada”**

Focus: Main objective to facilitate the development of a multi-level, intersectoral sustainable health promotion for youth model
Research, education, developing networks and service in International Health
Community education in HIV issues related to youth
Creation of manual for policy, training for health administrators, health education curriculum, and training packages for youth workers
Youth involvement for ownership of project – shared with medical professionals and local governments

Target: Primarily youth of Ukraine, as well as children and IDUs
Policy and training manual for health professionals, youth workers, government representatives

Evaluation: Evaluation of the health education curriculum and the resource centre
Material stresses importance of sustainable national health strategy
No listed information regarding evaluation techniques or results

Funding and Partners:

CIDA; Association of Children’s and Youth Organizations (SPOK), Ukraine; City of Kharkiv, Ukraine; City of Toronto, Health City Office, Canada; Government of Saskatchewan, Canada; Ministry of Education, Ukraine; Ministry of Family and Youth, Ukraine; Ukrainian Educational Research Institute of Children’s and Teenager’s Health, Ukraine; University of Saskatchewan, Canada; University of Toronto, Centre for Health Promotion, Canada.

The primary objective of the CIDA-funded “Youth for Health Ukraine-Canada” project is the formation of a health promotion model for youth in the Ukraine. To this end, the program aims to develop a health education curriculum for youth populations, as well as a certificate course and training manual for youth workers and health professionals in the public sector. In addition, a youth health centre has been established, and several research studies conducted to outline the lifestyles of Ukrainian youth, the youth-related legislation, and the impact of mass media on youth.

Two aspects of this program are closely tied to the sociocultural perspective of cross-cultural collaboration: the involvement of youth in the project; and the inclusion of social, political, economic, as well as epidemiological implications of HIV prevalence in Ukrainian youth. The youth ownership of the project is aimed at empowering youth to promote healthy lifestyles and decrease rates of risk-taking behaviours. Although the focus of the project is on HIV/AIDS education, the project promotes a decrease in youth drug and alcohol abuse as well as HIV/AIDS rates, and incorporates a perspective of the social, economic and political determinants of the health of Ukrainian youth. “Because of high unemployment, people use alcohol and drugs and women become prostitutes. The situation is very

dangerous” (www.yfh.org). The youth health education project encourages youth creativity in learning and conveying health promotion material, using video, radio and print media.

An evaluation component is briefly ascribed to the health education curriculum as well as the youth health resource centre that was developed. Although details regarding methods and results were not available in the retrieved literature, the organization does suggest that evaluation is a priority, stressing the importance of creating a “sustainable” national health strategy.

This project is focused on Ukrainian youth. Although the project appears to include both male and female youth, the mandates of the project do not include a gender mainstreaming basis.

3. University of Victoria, Unit for Research and Education on the Convention on the Rights of the Child (URECRC):

“Starting from Strengths: Working with communities to care for AIDS orphans” – Malawi

Focus: Policy development, research and education in children’s advocacy
Building partnerships and networks nationally and internationally
Development, implementation and evaluation of research and training program for community-based capacity for support of AIDS orphans
Targeting psychosocial as well as health needs of AIDS orphans
Participatory action research building on cultural values

Target: Children and youth; orphans of AIDS; women
Capacity building for community leaders, NGOs, educators, governments

Evaluation: Policy guidelines and research report for policy implementation piloted and evaluated
Evaluation of participatory workshops to inform policy guideline documents
No mention of on-going evaluation of project

Funding: CIDA; IDRC; UNICEF, Malawi; Save the Children, USA; University of Malawi; University of Victoria; World Vision, Malawi.

The primary goal of the URECRC is children’s advocacy. From this viewpoint, the “Starting from Strengths” project for AIDS orphans in Malawi was developed. Based at the University of Victoria, the project is research-focused, including the development, implementation and evaluation of programs to increase community-based capacity to support AIDS orphans. The research focus has been placed on determining the local need and capacity for support, and developing a community support training program. A related URECRC project in South Africa describes the evaluation of participatory workshops to build child-support capacity and increase collaboration between the community and local, provincial and national leaders. Evaluation of each stage of the program is outlined, and is of key importance in this research process.

Community and youth involvement is stressed throughout the literature regarding the “Starting from Strengths” program. The importance of building capacity based on cultural norms, including traditional leaders and the youth themselves in the process is emphasized throughout the program literature; for example, recognizing the matrilineal or patrilineal expectations and support for orphaned children. Recognition of social determinants of community health is also incorporated; one of the targets of the program is creating income-generating programs to address other implications of the AIDS epidemic, which affect children in the communities.

Promoting psychosocial as well as physical health and well-being is addressed through emphasis on the awareness of the grieving process and vulnerability of orphaned children, and involving children and their guardians in designing grief programs in tandem with HIV education programming.

The “Starting from Strengths” program provides a valuable example of cross-cultural collaboration in HIV training. Local, regional, national and international collaboration is one of the stated project goals to support children affected by the AIDS epidemic. Placing the ownership of the program in the hands of the children and community and teaching children’s advocacy in the context of established cultural traditions creates community respect and interest in the program, which is critical for positive project impact. The program literature describes teaching children’s advocacy in traditional communities in terms of preserving the “dignity” of children, where the concept of “advocacy” was a foreign one.

Although the “Starting from Strengths” program is a useful model in the consideration of an International Institute on HIV, its focus is primarily on advocacy for AIDS orphans, and does not operate from a gender-based perspective. In keeping with the focus on sociocultural determinants and perspective of issues surrounding the impacts of HIV, the recognition of gender inequality is voiced within the literature. For example, the authors stress the importance of gender equality in instigating income generating programs to address poverty alleviation. However, a gender-based perspective of the issues contributing to and addressing the needs of AIDS orphans in Africa is not an intrinsic focus of the program model.

4. North-South Institute: Gender and Economic Reform in Africa (GERA) – APEC Research

- Focus:** Network of research supports efforts around the world to increase cooperation effectiveness, ensure development sustainability; improve global governance, and enhance gender equality
Increase the capacity of African research organizations and women's groups to research, analyze, and influence economic policies from a gender perspective
Technical advisor to the APEC Industry, Science and Technology Working Group on a Gender Stocktaking project, and to the Conference Board of Canada on a project titled "Gender Mainstreaming Good Practices" book
All-African Steering committee – committed to African ownership (secretariat moved from Ottawa to Accra, Ghana in 1999)
- Target:** African grassroots, research and academic organizations; governments, trade organizations; women's groups
- Evaluation:** A mid-term evaluation of the GERA program was undertaken in late 1999
Follow-up reviewed regarding each on-going project
Desired “sustainability” and “accountability” of program and projects
- Funding:** CIDA; Danish Ministry of Foreign Affairs; SIDA; African Development Bank

The North-South Institute (NSI) is the “the only independent research institute in Canada focused on international development.” Enhancing Gender Equality is one of the four key areas of research currently conducted through the Institute, with studies conducted in Africa and Bangladesh. Of these, the Gender and Economic Reforms in Africa Program (GERA), is very applicable to the planning of the ACEWH International Institute.

As the name implies, the GERA program is a gender-focused study designed to enhance and ensure gender equality and economic justice in Africa. The program supports research, training and advocacy of African women and women’s organizations. GERA is described “as much a team or network as it is a program.” The administration organizes and funds separate projects within sub-Saharan countries, provides training in research and advocacy skills, and has established a web of gender-focused researchers with common goals. One of the aims of the program is to expand the current network to incorporate a more diverse membership of countries and sectors.

An evaluation of the program and the on-going projects was undertaken in 1999, with a report on the progress of the projects and determination of future directions. Evaluation methods of the separate projects conducted through the program are described in brief throughout the report. The program appears to provide not only financial and research support and direction, but accountability

for progress in on-going projects. A stated objective of the program is sustainability and ensuring follow-up to research projects, as well as providing a marketable document of project highlights.

The GERA program is administered by a secretariat originally based in Canada, now moved to Accra, Ghana in order to promote African ownership. Although still supported through Canada's North-South Institute and CIDA, the program clearly stipulates the commitment to the primary involvement of African members, and focuses solely on issues affecting African people, particularly women. However, the mid-term report also states a desire to "bring in as many constituencies (academic, gender experts, NGOs, activists, trade unions, etc.) from as many countries as possible into the GERA network" (North-South Institute, 1999).

The GERA program could be a valuable model for consideration in the design of the ACEWH International Institute. Although not HIV-focused, the GERA program and supported research projects are administered and conducted by African members; a collaboration with such a program could provide a beneficial connection to projects and research regarding gender issues in African countries that could relate significantly to issues surrounding HIV/AIDS. The program's commitment to extending its branches to varied sectors and collaborative partnerships further encourages this possibility.

5. Canadian Institute for Health Research (CIHR): Institute of Gender and Health - Health Research Training Initiative

Focus: Supporting research that addresses how sex (biological factors) and gender (socio-cultural experiences) interact with other factors that influence health
Enhancing research capacity and training in gender and health research
Exerting international impact through strategic research and research capacity building
Project aim to support the development of innovative, trans-disciplinary training programs in health research that increase the capacity of health researchers in Canada and that reflect the scope of research priorities across Institutes)
Cross-Institute collaborations

Target: Health researchers / academics

Evaluation: no mention in available literature

Funding: CIHR

The CIHR Institute of Gender and Health (IGH) is a relatively new initiative, which has potential for beneficial collaboration with the proposed ACEWH International Institute. With the planned launch of research initiatives in the areas of "improving access and equity for marginalized

populations and vulnerable groups,” and the identification of health advantages and risk factors related to the interaction of sex, gender and environments (including cultural, social, behavioural and physical determinants), collaboration with the IGH could provide a valuable link to the status of health and gender issues in Canada, as well as having important applications for international work in the area of HIV/AIDS.

Instigation of research initiatives are planned for the 2002-2003 year, thus little can be stated about evaluation strategies regarding the projects. However, with the research initiatives of CIHR subject to peer-review and evaluation standards, an evaluation component will be an implicit requirement of IGH-supported projects.

Although the mandates of the institute are closely connected to the ACEWH goals of determining relationships between gender and health, none of the available literature explicitly cites HIV/AIDS as an area of proposed research at the present time. Also, the research initiatives of the IGH appear to be directed towards the Canadian context, rather than an international focus.

Dr. Mirium Stewart, IGH Scientific Director, and Kike Ehigator, Institute Liaison, have both been invited to the curriculum design workshop for the ACEWH International Institute. With the mandate of the IGH to support gender research, a partnership of the IGH Institute with the research arm of the ACEWH could combine the expertise of skilled gender-focused Canadian academics, as well as contribute to the possibilities for additional ACEWH funding for the International Institute.

Conclusions and Recommendations:

This paper provides a picture of the priorities and projects ongoing in Canadian HIV/AIDS and gender research and education.

Of the hundreds of HIV/AIDS education programs and workshops run through Canadian organizations, many are centred on youth health promotion and preventative health measures to decrease incidence of HIV/AIDS among youth and provide support and treatment for those living with the disease. HIV/AIDS organizations within each of Canada’s largest cities (Vancouver, Toronto and Montreal) also incorporate women-centred education and preventative health measures. Although emphasis appears to be placed on care and support of women living with HIV/AIDS, recent literature and ongoing research projects within Canadian HIV/AIDS organizations have emphasized the need to approach the issue of HIV/AIDS from a gender-based perspective.

A gap in current HIV/AIDS programming in Canada is education and research focused on heterosexual males. The lack of knowledge and expertise in providing gender-focused training and resources for this group has negative implications for providing appropriate preventative health

education and support for HIV-positive heterosexual males in Canada, and is crucial for HIV/AIDS programming in countries which have a far higher prevalence of HIV-positive heterosexual males.

Although there are several valuable HIV/AIDS support and aid programs on-going through Canadian organizations such as CARE Canada and World Vision, there appear to be few connections and collaborations between national HIV/AIDS organizations and these international groups. One recommendation is for increased collaboration between Canada's HIV/AIDS and gender research and education organizations to broaden the scope of national HIV/AIDS and gender perspectives both domestically and overseas. Such collaborations could provide a valuable view of Canadian priorities and perspectives on HIV/AIDS prevention, care and education, which may contribute to Canadian bias in approaching collaborative efforts in these areas on a broader scale. Partnering domestic organizations with international initiatives could also aid Canadian provision of care and education for immigrant and minority groups.

There are several programs operating through Canadian government and private organizations conducting research and education in the areas of HIV/AIDS and gender. Of these, five programs were found to have valuable applicability to the proposed ACEWH International Institute in Halifax, NS. Further investigation of program models, evaluation methods and outcomes could positively inform the further development of the curriculum and evaluation design for the ACEWH Institute. Recurring themes within the analysis of these five institutions were the desire to create collaborative networks within the field of HIV/AIDS and gender education and research, the incorporation of all participants and interest groups within the studies and projects, a perspective of the social, cultural, political, economic as well as biological determinants of health, and an emphasis on program evaluation during and following project initiatives. These important considerations for cross-cultural collaboration stem from the sociocultural perspective of openness and inclusion of participants and perspectives in HIV/AIDS research and education. "Ownership" of the program appears to be a key priority of several institutes, particularly in international projects.

A common theme throughout the available institute and program literature was the desire for increased collaboration with a variety of sectors and institutions. This fact bodes well for the development of the ACEWH International Institute. None of the institutes retrieved through this review offered the focus on both international HIV/AIDS issues and gender, however all offer valuable expertise in one of these areas. Collaborative partnerships of the ACEWH International Institute with the five institutes outlined here, as well as involvement with additional national and international

programs on-going in Canada could prove to be very beneficial in determining and addressing areas of need in HIV/AIDS and gender research and education on a global scale.

List of Acronyms:

ACEWH – Atlantic Centre of Excellence for Women’s Health

AIDS – Acquired Immune Deficiency Syndrome

ACT – AIDS Committee of Toronto

CAS – Canadian AIDS Society

CIDA – Canadian International Development Agency

CIHR – Canadian Institute of Health Research

GERA – Gender and Economic Reforms in Africa Program

HIV – Human Immunodeficiency Virus

IDRC – International Development Research Centre

IGH – Institute of Gender and Health

NGO – Non-government organization

NSI – North-South Institute

UNAIDS – Joint United Nations programme on HIV/AIDS

UNICEF – United Nations Children’s Fund

URECRC – Unit for Research and Education on the Convention on the Rights of the Child

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Web Resources:

www.acdi-cida.gc.ca (Youth for Health Ukraine-Canada)

www.actoronto.org (AIDS Committee of Toronto)

www.aidsvancouver.ca (AIDS Vancouver)

www.cdn aids.ca (Canadian AIDS Network)

www.cihr-irsc.gc.ca/institutes/igh/ (Institute of Gender and Health - Health Research Training Initiative)

www.nsi-ins.ca (North-South Institute)

www.ratn.org (Regional AIDS Training Network)

Outline for Independent Study Critical Review:

- Adapt "Sociocultural issues in cross-cultural collaboration: a transformation from best practices to best processes" to a Health Education perspective (i.e. concentrating on issues of HIV/AIDS education and research in a culturally diverse group)
 - Power imbalances
 - Communication
 - Conflict

- Include issues of the subject at hand in collaborative efforts (i.e. what are the implications of collaborating on issues of HIV/AIDS and gender in culturally diverse groups?)

- Illustrate sections with hypotheses of impact of best processes in example from: AIDS and cultural practices in Africa: the case of the Tonga (Zambia). *Social Science and Medicine*, 52 (2001): 509-518.

- Identify gaps in existing HIV and gender education programs in Canada
 - International action / participation
 - HIV/AIDS focus
 - gender mainstreaming focus
 - evaluation methods (existence) and sustainability

[particularly those existing programs from organizations sending representatives to Institute curriculum design workshop]

- Identify possible issues to be faced in ACEWH Institute design and development considering all above