

“Undetectability is a fallacy...it is not for Black Bodies”: Inequities, Structural Violence and the Uncertainty of Undetectability for Black communities living with HIV in Ontario, Canada.

Actioning Black Health (ACB-Health) Study

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Background

- ACB people living with HIV face health disparities and inequities that increase their burden of living with HIV
- Account for 30% of the HIV prevalence and 15% of HIV new infections despite making up less than 3% of the Canadian population
- In Ontario, Black communities account for 30% of the HIV prevalence and 25% of new diagnoses despite representing less than 5% of Ontario's population
- Timely linkage, access, engagement and adherence to HIV healthcare and treatment enable people living with HIV to achieve and maintain viral suppression or undetectability
- Undetectability is fundamental for optimizing health outcomes, decreasing HIV-related mortality and morbidity and preventing HIV transmission.

Method

- ❖ Institutional ethnography was used as a conceptual framework and method of inquiry
- ❖ The ACB-Health study problematized how efforts to manage HIV/AIDS ignore inequities shaping the social world of Black communities.
 - How do legislative frameworks, policies and institutional practices organize the social world of Black people living with HIV and constrain their “healthwork” of retention and adherence to HIV healthcare across the cascade, and their ability to achieve and maintain undetectability?
- ❖ A total of 35 interviews were conducted with:
 - 20 ACB people living with HIV
 - 15 health workers, including Healthcare Providers , panel physician, policy health actors and frontline healthcare workers- ASO, CBO
- ❖ Textual analysis
 - Legislative frameworks and institutional practices
 - Biomedical discourses and practices on HIV response

Results

Structural Violence



Inequities

❖ **Structural violence embedded within laws, policies and institutional practices produce inequities that constrain retention and adherence in healthcare and treatment.**

- Health determinants including poverty, financial instability, unemployment, homelessness, food insecurity and comorbidities
- Health system barriers including time and healthcare insurance, criminal law on HIV non-disclosure, stigma, racial discrimination and anti-Black racism constrain adherence



- Increased uncertainty for achieving and maintaining undetectability for Black people living with HIV in Canada
- HIV biomedical discourses and practices create a White viral upper class and a stigmatized and impoverished Black underclass

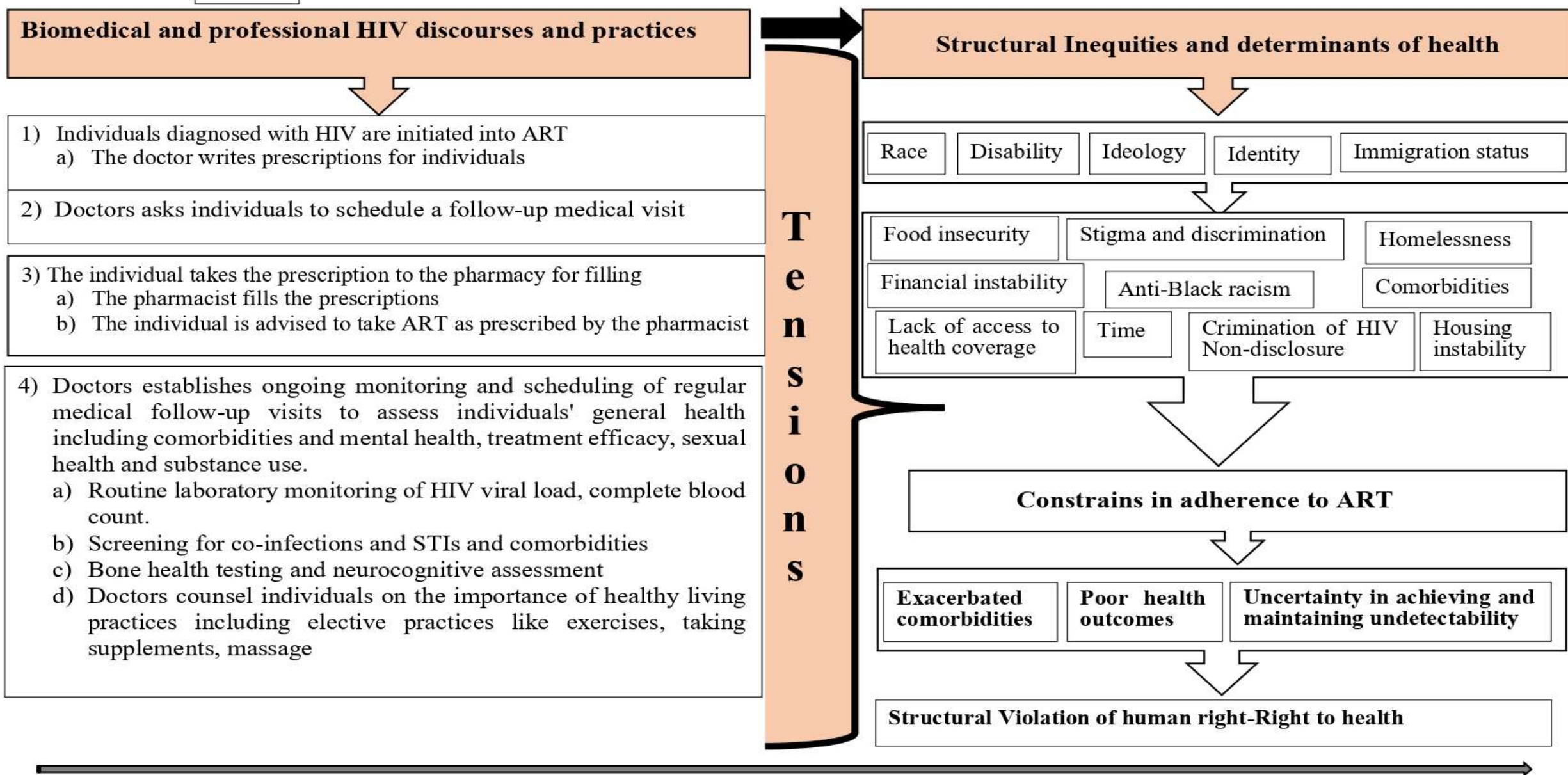


Figure 1: The work Process of Adherence to ART and achieving undetectability for African, Caribbean and Black Communities Living with HIV in Canada

Conclusion

“Undetectability is a fallacy...Undetectability is not for Black people ”

"Let us first deal with putting everyone on treatment, ensuring people access medication consistently and people have proper housing, nutrition, mental health care and psychosocial package that deals with racism, justice system, criminalization, immigration and all these other issues. There are so many other barriers before we [Black people] get there [undetectable levels], and we cannot leave anyone behind." (Bob- Black HIV+ man)

- Multi-sectoral law reforms that aim to eliminate unjust and discriminatory policies and institutional practices
- Implementing structural interventions that guarantee universal, comprehensive and equitable access to health
 - Equitable access to social determinants of health
 - Access to comprehensive HIV prevention programmes, treatment, care and support
 - Community collaboration
 - Culturally responsive, safe and relevant health and support services