



Public Health
England

Protecting and improving the nation's health

The health and wellbeing of black and minority ethnic gay, bisexual and other men who have sex with men

Event report

Event held: 2 October 2014
Coin Street Community Centre,
London



About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Executive summary

A Public Health England (PHE) conference on 2 October 2014 highlighted the fact that black and minority ethnic (BME) gay and bisexual men are likely to experience compound impacts of discrimination on the grounds of their sexual orientation and ethnicity. They may also face barriers in accessing services and support, due to racism or homophobia in the communities they live and work in.

PHE's ambition is that all gay, bisexual and other men who have sex with men (MSM) should enjoy long healthy lives, and maintain respectful and fulfilling social and sexual relationships. To achieve this ambition the organisation is working with partners across the public health system to focus on three specific areas where inequalities are most significant, ie, sexual health and HIV, mental health and wellbeing and drugs, alcohol and tobacco use. Working with communities and service users is at the core, but there is also a need to improve training for professionals so that services can be universally inclusive, while in some areas specialist services may also need to be targeted.

PHE thanks the MAC AIDS Foundation for funding this multi-component project, which aims to increase understanding of BME MSM identity, and the health and social care needs of this group, as well as to widen access to services among BME, lesbian, gay, bisexual and transgendered (LGBT), faith and third-sector organisations. Partner agencies are leading three parallel learning sets to provide structured and interconnected learning. The programme provides financial support, policy advice and access to information that will help build capacity of the partners and through them, build the resilience of smaller local and community-based organisations.

The following key issues emerged as part of the workshops:

- the personal testimonies of BME gay and bisexual men remain untold and would greatly assist in demystifying homosexuality within the BME community
- the recording of data requires an accurate representation of the LGBT community
- community-based health services which have a focus on overall health rather than offering simply sexual health services would encourage greater uptake
- challenging the invisibility of minorities within minorities, would be critical, as would training mental health practitioners to overcome structural and intuitional blocks
- the trans workshop highlighted the need for the trans movement to be mobilized and work together with BME trans in order to draw on each other's support
- the absence of disaggregated data providing information on substance use among the BME MSM community limits the extent to which policies and services can be planned

PHE needs to develop more specific data and use it to focus a better understanding of the epidemiology and demographics in this area.

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During the workshops there was a call for better data reporting, greater visibility and above all guidelines for commissioners to ensure responsiveness. With the conference, PHE has initiated dialogue and seeks to engage with the community and strengthen recognition.

Introduction

This document provides a summary of the PHE conference on 'Black and minority ethnic gay, bisexual and other men who have sex with men's health and wellbeing' on 2 October 2014 (agenda annex one) at the Coin Street Community Centre.

BME MSM potentially experience compound impacts of discrimination. Problems experienced by BME MSM groups include:

- black MSM are **15 times more likely** to be HIV positive compared with general population (1)
- a **third** of Asian men and mixed ethnicity men have experienced domestic abuse since the age of 16 compared to one in five of white gay and bisexual men (2)
- **7%** of black gay and bisexual men have **never tested** for any sexually transmitted infection compared to 26% of white gay and bisexual men (3)
- this group also has significantly higher rates of **suicide, self-harm and mental ill health** (4)
- ethnic minority gay men living with HIV are prone to more psychological stress than white gay HIV positive men (5)

PHE continues its work to address issues related to lesbian, gay, bisexual and trans communities, and to address inequalities. The programme is funded by the MAC AIDS Foundation from July 2014 to July 2015 and is non-recurrent funding. PHE is providing some funding in-kind, through support from health and wellbeing and sexual health teams.

The event marked the first phase of a 12-month project at PHE, and provided a platform to engage with over 90 stakeholders and partners. The delegate list is enclosed as annex two.

Setting the scene: keynote speakers

Speakers

Professor Kevin Fenton	National Director of Health and Wellbeing, PHE
Phyll Opoku-Gyimah	Executive Director of UK Black Pride
Dr Antoine Rogers	Principal Lecturer in Sociology, Southbank University

The three opening speakers provided a context for the day, talking about the political, social and academic experiences of black and ethnic minority gay, bisexual and other men who have sex with men.

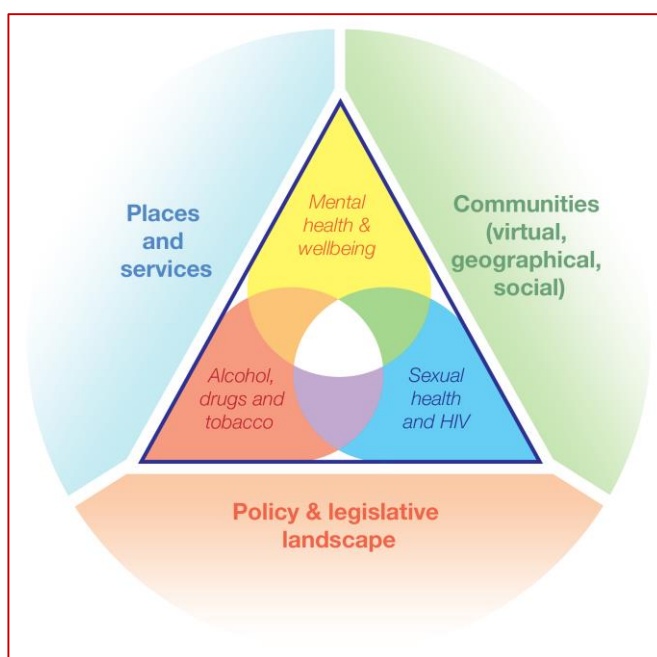
Professor Fenton set out PHE's ambition that all gay, bisexual and other MSM should enjoy long, healthy lives, and have respectful and fulfilling social and sexual relationships. To achieve this ambition the organisation is working with partners across the public health system. The initial focus is on the three specific areas where inequalities are most significant:

- sexual health and HIV
- mental health and wellbeing
- drugs, alcohol and tobacco use

He recognised the need for better use of data to prioritise and understand the needs of minorities within minority communities and for a looser dialogue between communities and policy makers and commissioners.

There are several potential spaces for action. Increasing testing in ethnic communities is at the core of the work. More needs to be done to focus on prevention as well as treatment services. This will require working with communities and service users, but there is also a need to persuade agencies to improve training for professionals so that services can be universally inclusive. In some areas there may also be a need for better targeted specialist services.

The work that PHE is doing is not happening in a vacuum. There is a long history of organisations and initiatives that have focused in some way on the needs of BME MSM, although few have been able to achieve long term sustainability and secure further progress. There have been some great initiatives and projects around the country,



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although some have waxed and waned. The Black Gay Men's Advisory Group was wound down around 2009, as was the Black LGBT Centre in Peckham in the 1980s. The Black Connection closed in March 2014 after nine years. As a national agency of government, PHE provides a new component and one that hopes to re-energise and reinvigorate the community.

This change is taking place in a time of reform and austerity within the NHS, requiring PHE to work differently and more smartly, working through partnerships, developing specific data and using it to focus on epidemiology and demographics.

Justice-neutral

Phyll Opoku-Gyimah challenged the audience with a quotation by Archbishop Desmond Tutu: "If you are neutral in a situation of injustice, you have chosen the side of the oppressor". She reminded delegates that the response to the inequalities that Professor Fenton had set out, needed to come from within our communities, and not be imposed from outside. She highlighted the chronic under-representation of lesbian, gay, bisexual and trans ethnic voices and history in the UK.

She believes there have been many achievements to celebrate. Organisations like UK Black Pride are working hard to raise the profile within and across communities. The generation who lived through the advent of HIV and the high-profile racial tensions of the eighties drove many of the social movements. However, they have aged and the younger generation are not as empowered and engaged. Leaders must think about succession planning and sharing the learning and skills from the past.

The paradigm of health and wellbeing is expanding and the work is now broader, although HIV remains a significant issue. Mental health and substance use are becoming much more visible burdens on our communities. The response is not just about clinics and professionals, as there are structural issues like racism and discrimination that have as yet to be addressed. In these times of austerity, she said, there are reports of increasing intolerance: life experience can be negative and isolating for those who aren't obviously white and British. She believes that although there has been significant legislative progress, this hasn't entirely translated into visibility and acceptance.

Opoku-Gyimah stressed that all of us live our lives through multiple identities, and make decisions about those identities depending on how safe we feel and those around us. Our sense of self evolves and change as we grow and age and respond to change and fluidity in our lives. Within this context, she said, enabling space for reflection is manifestly important.

Out and proud

Dr Rogers provided an overview of the academic discourse around ethnicity and health through the prism of gay and bisexual men. Dr Rogers' work with the black LGBT arts and heritage organisation Rukus has given him an opportunity to work with the experience of black gay and British men. The significance of the interrelationship between culture and identity become evident during his talk, as did a sense of various communities' limited knowledge and understanding. Levels of 'outness' are a reflection upon the degree of how resolved individuals are regarding their sexual identity. This clearly gives rise to cognitive dissonance relating to identity. Coming out and being out requires negotiation with the wider community, which is often not possible. The lack of an interrelationship between the safe space defined by family, and the wider world formed within a racist construct, creates an uneasy option for many gay men and women.

Many lesbian women from BME communities are subject to abuse, violence and rape. This hostile context leaves lesbian, gay, bisexual and trans people in ethnic communities to consider "What are you coming out into?" he said. Encapsulating diversity and difference is important, but so is defining a 'safe space' that enables communities to come together while respecting diversity. This highlights the importance of being mindful of other people's sensitivities when claiming back power and respect.

All three speakers touched on the complexity of both sexual identity and ethnic identity. A comment from the audience reiterated this through the example that blue and yellow when laid on top of each other create green, a completely unique colour. Likewise a gay identity when combined with being an Asian muslim, itself a strong identity, creates a potentially isolated perspective.

PHE BME MSM project overview

Dr Justin Varney, national lead for adult health and wellbeing, PHE, gave an overview of the project and the support of the MAC AIDS Foundation.

The BME MSM project has four key components:

- increasing understanding of BME MSM identity, health and social care needs and access issues among BME, LGBT and faith third-sector organisations and leaders through three structured and interconnected learning sets
- increasing understanding of sexual orientation and minority identity among healthcare professionals through an e-learning module
- increasing visibility of BME LGBT people through boosting the relevant contents of the NHS and PHE image bank
- piloting and evaluating five different models of direct intervention for BME MSM focused on:
 - group behaviour change interventions
 - group behaviour change interventions for newly diagnosed HIV+ BME MSM

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- individual behaviour change interventions
- online engagement with BME MSM

An evaluation of the pilot intervention projects and learning sets is being undertaken by De Montfort University.

The BME MSM project is part of the wider work of PHE and is monitored and overseen by the PHE sexual health and wellbeing board, chaired by Professor Kevin Fenton. The project is delivered through the adult health and wellbeing team.

The project team is currently establishing a BME MSM project advisory committee to inform the work of the project delivery team and the ongoing work programme within PHE.

Workshop summaries

Two sets of workshops focused on discussing key themes and exploring how PHE could enable change and action to address the challenges affecting BME MSM.

The morning workshops explored the social construct of sexual and gender identity within ethnic communities and looked at the specific issues and barriers for different groups.

The afternoon workshops considered how best PHE can support the health needs of GBT BME MSM communities.

Morning workshops

BME trans workshop: themes arising

Facilitators: Kat Gupta and Mehboob Dada

An opportunity for the trans BME to be provided a space and create a narrative of self-determined identity is critical. One of the ways forward may be acknowledging that the trans movement needs to work together with BME trans and draw on each other's support to address trans's issues. Sexual health services focusing and looking at the needs of trans BME MSM is a gap. An approach towards integrated health care, inclusive of BME trans would assure that we are truly responsive.

Projects need to be documented and better evaluated so that evidence of good practice is highlighted and disseminated. The BME trans community raise a number of specific cultural nuances, including language, feelings of isolation and other issues that distinguish them, which require accommodation. Being mindful of these through coproduction and building links with trans communities and LGBT groups is important. For all of this to be meaningfully taken forward developing data and evidence will be key and as stated by Kat Gupta: "If you are not counted, you don't count."

BME gay and bisexual men

Facilitators: Dennis L Carney and Dr Antoine Rogers

The personal testimonies of BME gay and bisexual men remain untold and finding a means of doing so would greatly assist demystifying homosexuality within the BME community. There are clearly cultural and ethnic nuances that need to be acknowledged in order to assure targeted responses. Starting from where people are at culturally or with faith groups, and who people are rather than how they are defined by others would be vital. Enabling a space and facilitating dialogue of the nature that PHE is providing would be important.

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The health sector needs to find better understanding of the issues affecting BME gay and bisexual men. Gathering data and evidence of good practice would be an important starting point. Use of current research and linking this with a move towards greater disaggregation of data collated on BME would assist the process. Involving BME gay and bisexual men as service users and citizens is important in determining areas of concern and priorities. This would better inform local commissioning that involves multi-disciplinary research addressing a wide range of health sector issues affecting the BME population. Facilitating communication between stakeholders, and working with the wider communities and service users to ensure shared commissioning priorities, would enable this process to go forward.

Funding for BME communities per se, is an issue. Ensuring we support groups that are otherwise under-represented among BME gay and bisexual men would be important in addressing diversity of needs. Coordinated funding support towards training and building skills competencies is equally key, so that agencies are not set up to fail.

BME non-gay/bi identified men who have sex with men

Facilitators: Vernal Scott and Owen Brigstock-Barron

Currently sexual orientation is coded within primary care systems as a paraphilia, which puts it alongside bestiality. This is a historical legacy issue and one with the Royal College of General Practice has been actively trying to address. This highlights the critical importance of collating data that accurately represents the diversity of the BME MSM community. This requires a process on an individual basis that highlights the importance of recording representative data. On an institutional basis, informing the local authorities, health, social and education sectors and alerting them about how BME identified MSM are accounted for.

PHE is leading the way by involving BME non-gay/bi identified MSM. Coproduction with this community from a point of conception in the planning process would inform strategies and policies. This needs to be common practice and in line with agreed legislative guidelines. Guidance for local authorities to provide space and opportunities for engagement would be key as would be opportunities for being heard through therapeutic and counselling service provision.

Discussion and feedback issues from wider audience:

- ensure that we encapsulate diversity and difference but acknowledge what is a safe space that enables us to come and respect
- enabling the funders to recognise and celebrate history and commonalities that bring people together, and move away from a narrative around disease and isolation would be important.
- claiming power and respect: Nothing about us without us

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- mental health impact on the BME community is enormous. I am black/bruised/black – this is a reality for many black women who come out
- mental health issues require greater solidarity among the community, who add to getting it right
- not coming out and what you're coming out into raise many questions

Afternoon workshops

How PHE can support the health needs of GBT BME MSM communities?

Sexual health and BME MSM

Facilitators: Marion Wadibia and Mehboob Dada

The BME MSM community is stronger together, and harnessing community willingness is important. Community-based sexual health services with a focus on overall health and offering health services, of which sexual health is but one, would encourage greater uptake from this group. While there are some good services, community leaders' advocacy for the health and wellbeing of these groups would also encourage greater uptake of sexual health services. For instance, the availability of post-exposure prophylaxis (PEP), access to this, knowledge of and involvement in current research is limited among the BME MSM. How can information about this be best disseminated?

The production of evidence-based practice engendered by PHE is enormously valued, but enabling access to this research and data in meaningful language would be important. Personal testimonies and histories are as important as gathering quantitative data. London draws together LGBT community and the diversity of this community may not necessarily be observed elsewhere in the UK. This is not to deny diversity elsewhere in the UK, but to highlight the importance of prioritising needs across the country.

Mental health and BME MSM

Facilitators: Sola Afuape and Dennis L Carney

PHE has a role to inform the public as well as GPs and service providers. Mental health affects everyone and as such, services need to be more inclusive and responsive to needs of BME LGBT. PHE has a role in emphasising the importance of grassroots services and ensuring that in identifying specified needs we avoid stigmatising through stereotyping but present good case histories of the diversity of the overall population affected by mental health. Being proactive rather than reactive in the approach, would provide a greater opportunity for PHE to take on board the mental health implications for BME MSM, within a context of being minorities within minorities.

Drugs, alcohol and tobacco and BME MSM

Facilitators: Allan Gregory and Barrie Dwyer

The absence of data related to the extent of drug use among the BME MSM populations, limits the extent to which policies and services can be planned. While PHE promotes harm reduction, for many people the use of substances challenges accepted norms. The current discourse around substance misuse also raises further questions regarding good practice and what responses need to be undertaken. Equally the use of cognitive engagement drugs, recreational drugs, hormones and self-medication are current issues that need further thought in working towards addressing issues of harm reduction.

Discussion and feedback issues from wider audience

- seeking a safe space: what is this? People feel excluded from community spaces
- how can we create safe spaces?
- ensure we encapsulate diversity and differences. Acknowledge that safe spaces will enable us to come together while respecting each other's diversity
- funders understand a narrative around disease and isolation but not creating one around history and community and what brings people together
- mental health: beaten/black/blue and this is a reality for women
- unity/solidarity empowers the communities and add safety to promote rights
- the challenges of coming out vs NOT coming out

Afternoon panel: perspectives from national strategic partners

Panelists

Dr Jane Anderson (chair), national lead for sexual and reproductive health, PHE.

Paul Martin OBE, chair of the National LGBT Partnership, chief executive of the Lesbian and Gay Foundation.

Ratna Dutt, chief executive at the Race Equality Foundation.

Jessica McFarling, policy officer, Faith Action.

The afternoon panel consisted of members of three national strategic partners: Faith Action; the National Lesbian, Gay, Bisexual and Trans Partnership; and the Race

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Equality Foundation. These three partner agencies are leading the development of three parallel learning sets to promote understanding of the needs of BME MSM in their respective sectors.

The Department of Health has established strategic partners appointed to bring together representatives from local, third sector, community-based organisations and private sector organisations to address locally identified issues, discuss strategies, allocate resources and co-produce interventions. The health and care voluntary sector strategic partner programme is a partnership between DH, PHE and NHS England for engaging the voluntary and community sector. The programme brings together 22 national strategic partner organisations that possess a sound understanding of the wider health sector and can contribute to national policy. These 22 partners have been selected to represent key sectors (including health and work, end of life, prisoners and gender issues) and have demonstrated their ability to tackle key health, social care and public health issues in their communities.

The strategic partners develop work plans that support delivery of DH, PHE and NHS England's priorities in addition to engaging on issues as they arise. The programme provides financial support, policy advice and access to information in a way that helps build capacity of the partners and through them builds the resilience of smaller local and community-based organisations. The strategic partners have been commissioned to lead the BME MSM sectoral learning sets as part of the PHE BME MSM project.

The panel members set out the importance of the third sector's role in responding to the challenges.

Next steps

Dr Justin Varney set out the commitments from PHE in terms of next steps at the closure of the event. These were:

- produce an event report for the end of November 2014 to participants
- establish the BME MSM advisory board by the end of November 2014
- continue to shine a light and draw attention to the inequalities between BME MSM and the general population of MSM
- continue to build on the event to create sustainable networks and partnerships for change, PHE has now established a LinkedIn group to help support this
- focus on what PHE can do within the national and local system to influence and support change

Closing points from delegates highlighted the:

- importance of PHE enabling the event and calling attention to the inequalities experienced by BME MSM individuals and communities
- need for better and more transparent data reporting and visibility of the resultant health issues
- importance of the trans community forming consensus on whether public bodies should routinely monitor trans status and support the development and visibility of BME trans voices
- need for intersectoral standards of best practice and promising practice, to stop people continually reinventing the wheel

References

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2. Ethnicity. Stonewall health briefing. Stonewall health briefings.
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3. Ibid
4. Minorities within minorities. The evidence base relating to minority groups within the LGBT community. www.lgf.org.uk/downloads/192
5. Ibid

Annex one

GBT and BME seminar agenda

Supporting the health and wellbeing of GBT BME communities

09:00-17:00 Thursday 2 October 2014

PROGRAMME

08:30-09:15	Registration and breakfast									
09:15-09:30	Welcome and introductions									
09:30-10:00	Setting the scene Professor Kevin Fenton, director of Health and Wellbeing, PHE									
10:00-10:50	Ethnicity and sexual identity: a socio-cultural landscape. Phyll Opoku-Gyimah Trustee and executive director, UK Black Pride Dr Antoine Rogers Principal lecturer in sociology, course director – social policy									
10:50-11:10	Coffee break									
11:10-12:15	Group workshop: understanding identity and ethnicity How PHE can better support GBT and BME communities to improve the health of BME MSM.									
Group workshop: Facilitators:	<table><thead><tr><th>Gay-bisexual BME</th><th>Trans BME</th><th>MSM BME facilitator</th></tr></thead><tbody><tr><td>Dennis L Carney</td><td>KAT</td><td>Vernal Scott</td></tr><tr><td>Dr Antoine Rogers</td><td>Mehboob Dada</td><td>Owen Barron</td></tr></tbody></table>	Gay-bisexual BME	Trans BME	MSM BME facilitator	Dennis L Carney	KAT	Vernal Scott	Dr Antoine Rogers	Mehboob Dada	Owen Barron
Gay-bisexual BME	Trans BME	MSM BME facilitator								
Dennis L Carney	KAT	Vernal Scott								
Dr Antoine Rogers	Mehboob Dada	Owen Barron								
12:15-12:45	Discussion and feedback from groups									
12:45-13:45	Lunch break									
13:45-14:15	Overview of PHE's black and minority ethnic gay, bisexual and other men who have sex with men project supported by the MAC AIDS Foundation Dr Justin Varney, national lead for adult health and wellbeing, PHE									
14:15-15:15	Supporting the health needs of GBT BME communities									

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Group workshop:	Mental health	Sexual health	Substance misuse
Facilitators:	Sola Afuape Dennis L Carney	Marion Wadibia Mehboob Dada	Allan Gregory Barrie Dwyer
15:15-15:35	Coffee break		
15:35-16:15	Discussion and feedback from groups		
16:15-16:50	Panel discussion <ul style="list-style-type: none">• Dr Jane Anderson (PHE), chair• Paul Martin OBE (LGF: The Lesbian and Gay Foundation)• Ratna Dutt (CEO at Race Equality Foundation)• Jessica McFarling (Faith Action)		
16:50-17:00	Looking ahead Dr Justin Varney (PHE)		
17:00	Closing		

Annex two

Participant	Organisation/company
Prince Agoro	African Institute for Social Development (AISD)
Amdani Juma	African Institute for Social Development (AISD)
Haseeb Khan	African Institute for Social Development (AISD)
Sabah Choudrey	Allsorts Youth Project
Hardev Malhi	Barts Health NHS Trust
Andy Williams	Barts Health NHS Trust
Calvin Stovell	Barts Sexual Health
Rob Berkeley	BlackoutUK
Phoenix Thomas	Brighton & Hove LGBT Switchboard
Roland Nedd	Brothers Healing
Jelena Nenadic	Cara Trust
Suzanna Hopwood	cliniQ
Davide Fasana	CNWL Sexual Health Services
Palesa	Leevy Community
Clington Forbes	Croydon council
Rusi Jaspal	De Montfort University
Iain Williamson	De Montfort University
Gerry Small	Enigma Club
Sultan Salimee	Essex Health Protection Team
Rodie Garland	FaithAction
Jessica McFarling	FaithAction
Moe Farah	Freelance
Godwyns Onwuchekwa	Godwyns Ent Ltd
Vicki Kirby	Guys and St Thomas NHS Foundation
Barrie Dwyer	Independent consultant/facilitator for GMFA
Amanda	Amito KwaAfrica
Paul Martin OBE	Lesbian and Gay Foundation
Dr. Antoine Rogers	South Bank University
Paul Steinberg	London Borough of Lambeth
Berta Grau Pujol	LSHTM
Akuadi Gladys Ofoche	LSHTM
Charlie	Witzel LSHTM
Mehboob Dada	Public Health England
Greg Ussher	METRO Charity
Hannah Dorling	National Institute for Health Research
Jose Resinente	Naz Project London
Carlos Corredor	Naz Project London
Marion Wadibia	NAZ Project London

D'relle Wickham	NAZ Project London
Vernal Scott	Naz Project London
Patrick Kuria	NHS
Wayne Mertins-Brown	NHS and Terrance Higgins Trust
Michail Sanidas	NHS England
Omar Al-Malazi	Omar Al-Malazi Therapy
Sola Afuape	Public Health England
Jane Anderson	Public Health England
Meroe Bleasdille	Public Health England
Dennis L Carney	Public Health England
Acheampong Elsie	Public Health England
Mary Maimo	Public Health England
Ramon Raja	Portraitist
Marc Thompson	Positively uk
Bola Akinwale	Public Health England
Owen Brigstock-Barron	Public Health England
Sophia Cook	Public Health England
Jacqueline Cox	Public Health England
Kevin Fenton	Public Health England
Josh Forde	Public Health England
Allan Gregory	Public Health England
Luis Guerra	Public Health England
Gwenda Hughes	Public Health England
Sean Kelleher	Public Health England
Hamish Mohammed	Public Health England
Joan Manwaring	Public Health England
Justin Varney	Public Health England
Ratna Dutt	Race Equality Foundation
Joel Simpson	Revision Centre for Integrative Psychosynthesis
Dennis L Carney	Public Health England
Daniel Dhliwayo	Shaka Services
Constantia Pennie	Shaka Services
Mike M King	South East London Health Protection Unit
Richard Cooper	Stonewall
Paul Dobb	Terrence Higgins Trust
Marcy Madzikanda	Terrence Higgins Trust
Cary James	Terrence Higgins Trust/ HIV Prevention England
Darren Brady	The Quest for Gay Men
Ade Adeniji	The Quest for Gay Men
Lee Gale	TM Training
Sal Khalifa	Trade Sexual Health
Veronica Nall	Trade Sexual Health

The health and wellbeing of black and minority ethnic gay, bisexual and other men who have sex with men

Trojan Gordon	Tribes, vibes, and scribes
Sonali Wayal	UCL
Kat Gupta	University of Nottingham
Sharif Mowlabocus	University of Sussex
Nobert Chipasha	West London Gay Men`s Project CIC
Yvonne	Nsiah West London Gay Men`s Project CIC
Karen Skipper	West London Gay Men's Project
Eric Yassine	Yassine Consulting Ltd