HIV and the First Peoples of Australia—
Our Story, Our Time, Our Journey

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Overview

• Our Story
• Our Time
• Our Future
• Perspective of where I am coming from.

Social Determinants of Health

- Education
- Income and social status
- Gender and culture
- Social support networks
- Health care access
- Employment and conditions
- Healthy childhood development
Indigenous specific determinants of health & HIV

- Intergenerational trauma
- Cultural continuity
- Stigma, discrimination and racism
- Colonisation
- Poverty
- Globalisation
- Territory and land status

Indigenous Peoples and HIV (Reported diagnoses rates per 100,000)

- USA 21/100,000
- Canada 178/100,000
- Australia 48/100,000
- NZ 35/100,000

Is there a standard reference you can give for this. Also to note that they are all interlinked in complex ways, perhaps give example.
are these "notification rates" (could also be "reported diagnosis rates). Need to give a time period too.
and explain why only these 4 countries

Indigenous Peoples HIV Point Prevalences

- Guatemala 16%
- West Papua 3%
- Cameroon 10%
- Botswana 21%
- Peru 7%
- Brazil 0.4%
- Uganda 6%
- Greenland 4 x AIDS related deaths compared to Europe

China high prevalences in provinces with high no. of Indigenous peoples
"Adivasis" largest population - zero data

Our Story

- First collected data on Aboriginal and Torres Strait Islander status in 1992
- Stable numbers over the last 22 years while non communicable diseases have increased exponentially ...... but

I dont know anything about the different Indigenous definitions in places like Uganda, Botswana, Cameroon,better make sure you are on top of these, as there will be lots of people from these countries.
Also can you give date of survey, or at least say "point prevalence since....."
I guess a number of these will be small samples etc too

First collected data on Aboriginal and Torres Strait Islander status in 1992
Stable numbers over the last 22 years while non communicable diseases have increased exponentially ...... but
**Other characteristics at diagnosis**

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean CD4+ Cell Count</td>
<td>444</td>
<td>448</td>
</tr>
<tr>
<td>Newly acquired HIV</td>
<td>26%</td>
<td>34%</td>
</tr>
<tr>
<td>Late diagnosis CD4+ (200-249)</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Advanced HIV (CD4&lt;=200)</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Total Cases Males (%)</td>
<td>79%</td>
<td>91%</td>
</tr>
<tr>
<td>Mean Age @ Diagnosis (yrs)</td>
<td>33.3</td>
<td>34</td>
</tr>
</tbody>
</table>

**Exploring why rates have remained stable?**

- Policy response - including partnerships
- Involvement of affected populations
- Prevention efforts – health promotion and education
- Other Prevention – NSPs
- Surveillance and research

**Policy response**

- Image of various policy-related materials.

**Involvement of affected populations**

- Image with social media outreach materials.
Prevention

Mainstream and Aboriginal campaigns

Needle Syringe Programs

Ref: Return on investment 2: Evaluating the cost effectiveness of needle and syringe programs in Australia 2009. NCHECR Sydney

Surveillance system

Our Time: 4 areas where we need to make a difference?

• Addressing STIs in communities where high rates have been sustained
• Addressing higher risk practices among Aboriginal & TSI MSM
• Addressing risk practices associated with IDU
• PNG- TSI cross borer zone

Kirby Institute Aboriginal and Torres Strait Islander Surveillance reports. Sydney
Burden of disease related to STIs in remote communities

STIs

- Based on observed associations between STIs and subsequent HIV acquisition and shedding, STIs are considered to be cofactors in HIV transmission, and STI treatment forms part of the strategy for prevention of HIV infection.
- Then STI reductions should be a priority for us all.

Addressing IDU risk

- Combination of data we can conclude that injecting drug use among Aboriginal IDU points to a largely underestimated and under recognised problem within many communities.
- Needle syringe program data -12% of all clients in 2012, 10% over the last decade, HCV rates escalating plus community concerns.
- GOANNA survey- 3% of participants reported injecting drugs in the year preceding survey.

Age standardised notification rate of newly diagnosed hepatitis C infection by Aboriginal & TSI status, year

1. Jurisdictions (NT, SA, TAS & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses.

Source: State/Territory health authorities.
Gay and other men who sex with men risk practices

- Analysis of Gay Periodic Community Surveys 2007-2011
- An equivalent proportion of Indigenous and Anglo Australian men reported being HIV-positive (9.6%)
- Untested 14.2% vs. 12.6%

Ref: Lea T et al., Elevated reporting of unprotected anal intercourse and injecting drug use but no difference in HIV prevalence among Indigenous Australian gay and bisexual men compared with their non-Indigenous peers. *Sex Health.*

### Gay Men Risk Practices

<table>
<thead>
<tr>
<th></th>
<th>Indigenous n = 1278, (5.1%)</th>
<th>Non Indigenous n = 24,002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Any injecting drug use past 6 months</td>
<td>112</td>
<td>8.8</td>
</tr>
<tr>
<td>UAIC past 6 mo</td>
<td>357</td>
<td>28</td>
</tr>
<tr>
<td>UAIR past 6 mo</td>
<td>519</td>
<td>42</td>
</tr>
<tr>
<td>Group sex after or during club drug use past 6 mo</td>
<td>306</td>
<td>24</td>
</tr>
</tbody>
</table>

### Getting to Zero

Of the 430 Aboriginal and TSI living with HIV and what % know their status

- LINKED to care
- REMAIN in care
- Receiving treatment
- Undetectable VL

### TasP-HIV and our treatment cascade

- Very little is known about the treatment cascade
- Getting to zero discrimination and stigma
- In doing this need to maintain focus on social and structural factors, including concurrent risk factors
- Don’t lose key messages of HP
- Thorough epidemic appraisals and interventions based on this
- Promotion of early detection (clinics)
- Treatment pathways accessible and affordable
Our Future: ANTHYM- National Youth Committee

Eora Call to Action- Our Goals

• Reduce the number of newly diagnosed HIV cases among Aboriginal and Torres Strait Island peoples by 50%;

• Eliminate all mother to child HIV transmissions among Aboriginal and Torres Strait Islander peoples;

• Ensure antiretroviral treatments are available and accessible and correctly utilised by 80% of Aboriginal and Torres Strait Islander peoples living with HIV;

• Move toward reducing rates of other STIs in Aboriginal and Torres Strait Islander communities by 50%; and

• Reduce rates of sharing injecting equipment by 80% among Aboriginal and Torres Strait Islander peoples who inject drugs.

Eora Action Plan on HIV

Website: www.eoracalltoaction.wordpress.com
Facebook: Eora Call to Action

Aboriginal and Torres Strait Islander HIV Awareness Weeks

• In 2014 Baker IDI were funded to develop and implement national Aboriginal and Torres Strait Islander Aboriginal and Torres Strait Islander HIV awareness weeks to coincide with World AIDS Day December 1 beginning in 2014 and ending in 2017.

    Overall Goal:

    • The overall goal of this week will be to develop genuine attitude and behavioural changes in the Aboriginal and Torres Strait Islander population, fostering not only increased environmental HIV/AIDS awareness but also a sense of empowerment and commitment to leadership in Aboriginal and Torres Strait Islander HIV/AIDS.

    • Launch of Theme: YOU and ME Can STOP HIV; U & ME CAN STOP HIV
In summary

• Our Story: At a crossroads
• Our Time: Recent increases in HIV suggest a scaling up in four areas
  (i) Reducing risk among gay and other men who have sex with men
  (ii) Known that IDU ignites sexual epidemics particularly among SW - Understanding HIV among IDU in Australia and targeting interventions
  (iii) Our efforts need to be maintained on STIs
  (iv) Our efforts in the PNG and TSI treaty zone
• Our Future: Get behind us and move us forward

Acknowledgements

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