Australian Federation of AIDS Organisations

Joint comments on the public consultation draft of the

Fourth National Aboriginal and Torres Strait islander Blood Borne Virus and Sexually Transmitted Infections Strategy

23 May 2014

The Anwernekenhe National HIV Alliance and the Australian Federation of AIDS Organisations are pleased to provide a joint submission regarding the public consultation draft of the National Aboriginal and Torres Strait Islander BBV and STI Strategy 2014- 2017.

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance; and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops and formulates policy on HIV issues, and provides HIV policy advice to the Commonwealth, state and territory governments.

The Anwernekenhe National HIV Alliance (ANA) was established to provide national leadership in promoting culturally appropriate services and outcomes for Aboriginal and Torres Strait Islander people in HIV education, prevention, treatment, care and support. The ANA works with communities affected by HIV, especially those communities most vulnerable to HIV and most affected by its impacts, including: people with HIV; gay men and other men who have sex with men (MSM); sistergirls; people who inject drugs; people who engage in sex work; and lesbians and heterosexual men at risk of HIV infection.

The ANA's fifth Anwernekenhe National Aboriginal and Torres Strait Islander Community Conference on HIV/AIDS, held in Cairns in August 2011, represented a benchmark in the ANA's development. Community attendees actively contributed to the development of the ANA's *Strategic Plan 2011-2015*, which sets out its key goals and community priorities for actions to address the issues raised and considered at the conference.

AFAO and the ANA provided joint comments regarding the last draft of the Fourth National Aboriginal and Torres Strait islander Blood Borne Virus and Sexually Transmitted Infections Strategy (submission dated 15 April). The comments below take into account revisions made to the last draft. We are pleased to note that the

current draft incorporates many of our suggestions; however, we remain concerned that some of the priority actions are still too vague, that linkages to priority populations and actions set out in the other strategies need to be identified, and that some of the terminology remains inconsistent both within this Strategy and between Strategies. This means that some of the comments made below reiterate points made in our last submission.

Comments/suggested revisions re the draft Strategy

1. Introduction

- We are pleased that many of our suggested changes have been made to the Introduction.
- The low uptake of BBV treatment among people in Aboriginal and Torres Strait Islander communities is highlighted in the Introduction, as it should be, yet there is inadequate reference to issues regarding treatment uptake through the rest of the draft Strategy. There is also no reference to treatment as prevention. The whole Strategy needs reviewing to ensure that issues regarding the need to increase treatment uptake are identified and that relevant priority actions are added.
- Page 5, second last paragraph, delete the “and” before “associated” (typo only).

2.2 Emerging issues

- Page 7: some of the content in the “Blood borne viruses” section should be moved to/repeated in the “Emerging issues” section, e.g., reference to the risks associated with rising rates of injecting drug use.

- The paragraph in the last draft commencing “An emerging issue is the potential impact of fly in fly out workers …” has been removed from this section and there is no reference to this issue elsewhere in the current draft. This is a key emerging issue and we strongly urge that this paragraph be re-inserted, along with appropriate priority actions.

3. Measuring progress

- The “Achievements” box at the end of the section in the last draft has been removed, making this Strategy inconsistent with the other BBV/STI strategies.

3.2 Objectives

We reiterate the need for the following changes:

- Objective number 3: revise to include, as objective **3.3**, “Achieve higher rates and frequency of BBV and STI testing

- Current 3.3 would become 3.4

- Add “**3.5** Increase the proportion of people with BBVs on treatment.” This is an example of the general omission of objectives and actions in the draft Strategy regarding the low rate of ART uptake among people with HIV among Aboriginal and Torres Strait Islander communities - despite the reference in the Strategy introduction to the apparently “extremely low” number of Aboriginal and Torres Strait Islander people with BBVs on antiviral treatment, and the “urgency” of acting to address the very high rates of STIs and viral hepatitis in this population. This lack of reference to treatment take-up rates and to the need to improve access and take-up (for both individual benefit and in the context of treatment as prevention), needs to be remedied throughout the Strategy and linkages to the HIV Strategy should be identified.

- Objective 4: replace “receiving appropriate management for BBVs” with “receiving optimal treatment, care and support”. In respect of HIV, the term “management” is used regarding people with HIV who are considered to be placing others at risk of acquiring HIV, and is therefore ambiguous.

- Objective 5.1: “Increas(ing) engagement” with community is not an objective; it is a means to an end. We suggest objectives along the lines of: “develop programs to address issues affecting Aboriginal and Torres Strait islander people’s experience of stigma” and “address discrimination and human rights issues affecting people with HIV and people among affected communities”. These objectives and associated priority actions should mirror the terminology

used in the objectives and actions drafted for the Seventh HIV Strategy, and linkages between the Strategies should be identified.

- Reference should be made to emerging issues regarding prevention issues for populations moving between the TSI and PNG border, as identified in the Prevention section, at 6.1.5.

Targets

- Page 10-11: there is a need to ensure that this Strategy is consistent with priority actions in the other BBV/STI strategies. The draft Seventh National HIV Strategy's focus on the goals of reducing sexual transmission of HIV by 50% by 2015 and "sustain(ing) the low general population rates of HIV in A&TSI people and communities" is not reflected in the draft A&TSI Strategy. The prevalence of HIV in the general A&TSI population may be commensurate with the nonindigenous population but the rates of new diagnoses among gay men and other MSM is not. The UNPD target of reducing sexual transmissions by 50% applies to gay men and MSM among A&TSI communities and needs to be included as an objective in the ATSI Strategy, with targeted actions taking into account cultural considerations.

- Page 10: Add the following targets –

    5. Increase the proportion of people in A&TSI communities with HIV/viral hepatitis on antivirals

    6. Reduce the number of new HIV infections among A&TSI gay men, other MSM, and sistergirls by 50%.

3.4 Indicators

- Page 12: We cannot agree that there are no indicators available to measure progress in reducing stigma, discrimination and in addressing human rights issues. We propose that the overall objective in respect of human rights and discrimination issues should be "to identify and address human rights and discrimination issues affecting people with HIV in ATSI communities and

among priority sub-populations such as gay men, other MSM, and sistergirls". Many of these issues, affecting access to BBV/STI testing and to health and support services, have been identified. Objectives, actions and indicators need to be developed to ensure that steps are taken to address these issues with the life of this strategy. Without such a focus there is a real risk that this strategy will go no way toward enabling actions to address the known issues, and only enable further identification of issues – to little effect. We propose that this section of the Strategy be refocused to align with the other strategies in the suite, including by adding meaningful actions to address discrimination and human rights issues identified by the MACBBVS Legal and Discrimination Working Group in the set of seven papers released last year.

Pages 11-12: boxed Objectives/Sub-objectives/Indicators

- Page 11: The indicator for "Improve knowledge and awareness of STIs and BBVs" is too vague, and is immeasurable.

- Page 12: The Objective "Increase the number receiving appropriate management for BBVs" should be "Increase the number of people with BBVs receiving appropriate treatment, care and support for BBVs".

- There are no Sub-objectives or Indicators for this Objective, nor for some of the other Objectives in the box.

4. Guiding principles

- Page 14: We propose that the Guiding Principles should be re-framed, so as to mirror those drafted for the Seventh National HIV Strategy (page 10 of the latter, current draft), but including the text drafted specifically for the A&TSI strategy regarding the particular health equality and human rights issues for people among A&TSI communities.

- The basic Guiding Principles relevant to Australia's partnership response to HIV and the sustaining of an enabling legal environment need to be repeated in each of the strategies, this being a fundamental component of their utility as a coordinated and complementary suite of strategies.

5. Priority groups

- Reference to sex workers should, for consistency with the wording in the other dot points, be replaced with “people who engage in sex work”.

6.1 Prevention

- Boxed dot points page 17: add –

    - Identify and address barriers to treatment uptake among people with BBVs
    - Increase the proportion of people with BBVs on antiviral treatment.

- See comments above regarding the need to include actions to enhance treatment uptake throughout the Strategy – to reflect the draft Seventh HIV Strategy’s focus on treatment for individual benefit and as treatment as prevention.

6.1.1 Health promotion, social marketing and education

- Page 18, fourth paragraph; this wording is too vague and fails to identify the need for sex and sexuality education in schools. We propose revision to:

> “Given the high burden of STIs among young A&TSI people, the relatively high pregnancy rate among A&TSI teenagers and the population profile of the community, particular consideration should be given to targeting young A&TSI people in the development of national and state/territory sex and sexuality education curricula for schools.”

6.1.3 Safe injecting practices

- Page 19, third paragraph: we propose replacing “respected” (last word) with “heeded”. This wording is stronger and more meaningful in terms of developing relevant priority actions.

- Page 19, last paragraph: should include reference to the potential introduction of NSP’s in prisons, as per the draft Seventh National HIV Strategy.

6.1.4 Safe sexual practices

- References to “sex education” should be to “sex and sexuality education ..”.
- Page 20, fourth paragraph: the first sentence has been revised and improved. We propose that it be further revised to “... is attributed to unprotected anal intercourse among gay men and other MSM …”.

6.1.5 Prevention at the TSI/PNG Border

- Given that this section remains in the current draft, the removal of reference to issues relating to fly-in fly-out workforces as an emerging issue (see comment above regarding 2.2), is particularly difficult to understand. As proposed above, the section regarding emerging issues relating to the fly-in/fly-out workforce should be re-inserted at section 2.2, and a paragraph added here, at 6.1.5.

6.2 Testing

- Page 21, priority actions box: the first dot point is too vague. Activities to be built on under this Strategy should be identified.
- The box needs an additional priority action regarding the need for sex and sexuality curricula for schools that address the needs of young A&TSI people, particularly HIV and sexual health education for young gay men.

6.3 Management, care and support

- In respect of HIV, the term “management” is commonly used regarding the management of people with HIV who are considered to be placing others at risk of acquiring HIV, and is therefore ambiguous. We propose that this heading be changed to “Treatment, care and support”.

6.3.1

- Page 24, last paragraph: the reference to the importance of identifying and addressing barriers to treatment access is very strong here but not so

elsewhere in the Strategy – see other comments above. The focus on enhancing ART uptake needs to be strengthened throughout the document.

6.3.2

- AFAO has provided comments on the draft National STI Strategy. We ask that this section be reviewed in the light of those comments.

- References to “point of care” tests, such as in paragraph 6 of page 22, should be replaced with “rapid tests for use in community settings”. As has been recognised in revision of the National HIV Testing Policy, the term “point of care” testing connotes testing in care settings. The term should not be used where the context includes non-laboratory/non-clinical community settings, as is the case here.

6.5 Removing barriers

- The first dot point is too vague. We propose the following:
    - Identify issues and policies that fuel stigma and discrimination in community and health care settings, and support the development of programs designed to increase individual and community resilience

- The last dot pointed action “Establish a dialogue …” is inadequate and does not constitute a targeted action. The point needs to be reformulated and include action(s) to identify and address the issues that fuel stigma and the legal and policy issues that require reform.

7. System barriers and enablers

- Contrary to the statement that it is not possible to develop actions toward addressing stigma/discrimination and human rights issues, this section includes a range of excellent potential actions to address issues ranging from systemic and psycho-social access barriers and discrimination/inequalities, to the workforce development needs. We propose that a set of boxed actions be added to this section, drawn from this section (and relevant sections of the other strategies), as part of a general scan of the strategy to pull out practical actions to address the issues identified.

Appendix 4: priority populations

- Gay men and sistergirls need to be named here and throughout the document in respect of BBV and STI sexual transmission.
- There is a need for definitional consistency across the strategies regarding the age range for “young people” as a population, and an explanation of differing definitions where necessary.
- As for the boxed “Priory actions” at the beginning of most sections of the Strategy, it is important that the priority population tables encapsulate all cogent points made in the text of the Strategy for carrying across to the action plans. If this is not practicable, this Appendix is not useful in its current form and should purely list the priority populations rather than attempt to summarise barriers to and the focus for effective responses to the issues for each sub-population.