



In 2009, AFAO initiated a series of consultation meetings with African¹ community leaders, influential stakeholders, HIV sector agencies (both CALD and mainstream) and HIV-positive African people. The consultations presented information about the HIV response in Australia and data on HIV diagnoses among African-born people, and invited participants to identify key issues of concern in relation to HIV and their communities.

The consultations were followed in 2011 and 2012 by two national forums which aimed to further support and develop the African community response to HIV in Australia.²

The AFAO discussion paper, *HIV and sub-Saharan African Communities in Australia*³ (2014), draws upon the consultations and forums, as well as published research and interviews with HIV service providers and key stakeholders, to set out and analyse key HIV-related issues for African communities. This overview is one of a series of briefing papers which summarise the main issues raised in the discussion paper. A full list of papers is on the last page of this briefing paper.

Background

With an estimated 24.7 million people with HIV (PHIV) in sub-Saharan Africa, the region accounts for nearly 71% of the global number of people living with HIV.⁴ All countries in the region have high rates (prevalence) of HIV.

Australia's *Seventh National HIV Strategy 2014–2017* identifies people from countries with a high prevalence of HIV and their partners as a priority population for HIV prevention and health promotion.⁵ This includes people from Africa and Asia.

At the time of the 2011 Census there were 337,791 African-born people living in Australia, representing a diverse range of cultures and language groups from across the African continent.⁶

In 2013 there were 1,236 new diagnoses of HIV in Australia. Of these diagnoses, 98 (7.9%) were among people born in sub-Saharan Africa. Since 2009, 8.9% of all diagnoses in Australia have been among people born in Africa,⁷ although Africans are only around 1.4% of the total population. This high rate of diagnoses peaked in 2010 with 121 diagnoses. Although the rate has dropped since then, and appears to be stabilising at a lower level, it is still disproportionate compared to rates of HIV in other population groups in Australia (other than gay men).

The majority of people of African background who were diagnosed with HIV between 2009 and 2013 were heterosexual (78%).⁸ This contrasts with the Australian epidemic as a whole, in which the majority of HIV diagnoses are among gay men (67% between 2009 and 2013), with only 25% among heterosexuals.⁹ Due to the increasing number of people born in Africa who have been diagnosed with HIV, they now represent a majority of the diagnoses among heterosexuals in Australia (30% between 2009 and 2013).¹⁰ Between 2002 and 2012 only 11% of diagnoses among people born in Africa were among gay men and other men who have sex with men (MSM).¹¹

Based on information collected from people at diagnosis, many of these HIV infections appear to have been acquired in Africa; however, there is evidence that some people have become infected with HIV in Australia,¹² and both social research and community consultations indicate a number of HIV risk factors for African Australians. (SEE AFAO BRIEFING PAPERS #2: MEN, #3: WOMEN AND #4: YOUNG PEOPLE). More research is needed to confirm where infections are occurring, so that HIV prevention programs can be effectively targeted.

Diagnoses among people born in Africa are generally consistent with patterns of African migration to Australia. A majority of diagnoses are among people from higher prevalence regions in Africa and the larger African communities in Australia. However there is considerable diversity among the people diagnosed, with people from many different countries and language groups affected.

Key challenges for people with HIV:

- **Stigma and discrimination:** African people with HIV may experience stigma and discrimination from multiple sources, including services, the wider Australian community, and their own community.
- **Late diagnosis:** Around 50% of new diagnoses of HIV among African people between 2009 and 2013 were advanced or late, compared to around 35% among people born in Australia.¹³ Delayed diagnosis can compromise health outcomes for people with HIV, who may also be more likely to infect others if unaware of their HIV status.
- **The shock of an unexpected diagnosis:** Social research and anecdotal reports from service providers indicate that many African-born people do not expect to be diagnosed with HIV, and may only be diagnosed when they or a partner are ill or pregnant.
- **Immigration-related problems such as financial hardship and difficulty accessing treatment:** Both research findings^{14 15} and reports from service providers suggest that a significant proportion of African people with HIV have found out their status only when tested for immigration purposes. A positive HIV test result adds to the uncertainty about the success of their application for residency, and people on temporary visas may not be eligible for Medicare, subsidised medications under the Pharmaceutical Benefits Scheme (PBS) and Centrelink payments. This can cause severe financial hardship. Ineligibility for Medicare and subsidised medications can mean that people are not receiving optimum treatment.
- **Gender and sexuality:** With the exception of a small South Australian study in 2014¹⁶, there have been no studies of gender/sexuality-specific issues affecting HIV-positive Africans in Australia, although social research into the experience of HIV-positive migrants and refugees has provided some insights on these issues. The South Australian study, which focussed mainly on women's service delivery needs and experience, indicated that gender inequity can make it difficult for women to negotiate safe sex, and that women with HIV may fear being stigmatised as sexually immoral. More broadly focussed Australian research, overseas research with African diaspora communities, and comments from service providers confirm these findings and also suggest that:
 - African women living with HIV may face stigma related to bottle-feeding, as well as problems related to gender inequity in intimate relationships.
 - Only a minority of African men who are HIV-positive are engaging with support services, which may have a negative impact on their own health and that of their sexual partners.
 - African gay men and MSM are extremely marginalised and stigmatised.
- **Criminal prosecutions:** Between 2001 and early 2012, more than half of the defendants in criminal cases relating to HIV exposure or transmission involving heterosexuals were African men. This disproportionate representation has been seen in other western countries and is likely due to a number of factors, including:
 - racism or prejudice on the part of complainants, police and prosecutors, and
 - lack of cultural competence leading to failed public health management of men who are known or thought to be placing others at risk. SEE ALSO AFAO BRIEFING PAPER #7: CRIMINALISATION (ENGLISH ONLY)

HIV prevention and awareness programs

A range of successful HIV programs have been developed and implemented in African communities in Australia based on locally identified needs. A resource published by AFAO in 2013 lists these programs by state/territory, and is available at www.afao.org.au/what-we-do/health-promotion/cald. This document will be updated in 2015.

There is a need for continued collaboration between services and consultation with affected communities. Only by building such a partnership can we ensure that the increase in diagnoses – including late diagnoses – is addressed.

There is a pressing need for more epidemiological and social research into HIV-related issues in order to develop appropriate and targeted prevention, care and support initiatives. However, program development should not wait on further research findings.

Key issues

- **Mythologies around HIV transmission and illness:** While it is not clear how widespread these ideas are, myths and misconceptions can include beliefs that:
 - HIV always leads to illness and death
 - people who are HIV-positive cannot have children
 - all people with HIV are prevented from entering Australia, therefore HIV does not exist here
 - HIV can be caught via casual social contact
 - religious faith can ‘cure’ people with HIV.
- **Lack of baseline for HIV testing in African communities:** Testing rates in African communities are believed to be low. Barriers to testing may include fear of confidentiality being breached, stigma and lack of cultural competence among GPs and testing service staff.
- **Racism and stigma:** African communities have been stigmatised by racist portrayals of Africans as vectors of disease (AIDS), and by association with sensationalist media coverage of criminal cases. As a result, African communities may be suspicious of the motivations of organisations wishing to discuss HIV with them, or may dismiss concerns about HIV as racist. Community leaders have suggested that a broad-based HIV prevention campaign would both raise awareness of HIV and help relieve African communities’ feelings of being ‘singled out’ and stigmatised by association with HIV.
- **Gender inequity:**
 - In sub-Saharan Africa factors such as sexual violence, domestic violence, early marriage, polygamy, difficulty negotiating safe sex, older men’s sexual exploitation of young women, and lack of financial independence contribute to higher rates of HIV among women. Some of these factors, in addition to the impact of changing gender roles upon arrival in Australia, may also contribute to women’s vulnerability to HIV after migration.
 - There has been very little Australian research into, and few programs that address, African men’s sexual behaviour and attitudes; however local and overseas research suggests that migration to more sexually open cultures, as well as difficulty adjusting to changing gender role expectations in Australia, can result in African men taking more sexual risks.
- **Cultural and religious sensitivities around talking about sex:** While African communities in Australia are very diverse, some common cultural beliefs and attitudes related to sex and sexual health among African communities include:
 - open discussion of sex is not acceptable, or only within single gender groups
 - religious taboos regarding sex which may not correspond to actual behaviour
 - health issues are considered the responsibility of women, rather than men

- cultural constraints around condom use, and the belief that condom use indicates immorality or infidelity.
- **Gay men and other men who have sex with men (MSM):** There is no specific research into the experience of African gay men and other MSM in Australia; however, prejudice against homosexuality is widespread in African communities. Throughout the African diaspora, African men who have sex with men have been found to be at higher risk of acquiring HIV than heterosexual men and women.
- **Young people:** While epidemiological data does not indicate that young heterosexual people of African background are particularly at risk of acquiring HIV in Australia, there is some evidence of relatively high rates of sexually transmissible infections and teenage pregnancy among this group, as well as some involvement with injecting drug use. This indicates behaviour which may put young people at risk of exposure to HIV.
- **The diversity of African communities** in Australia may present challenges when developing prevention and awareness campaigns.

FOR MORE DETAIL AND REFERENCES ON ALL THESE ISSUES, PLEASE SEE THE OTHER BRIEFING PAPERS IN THIS SERIES.

BRIEFING PAPERS:

HIV AND SUB-SAHARAN AFRICAN COMMUNITIES IN AUSTRALIA

1. Overview (available in Arabic, Amharic, English and French)
2. Men (English only)
3. Women (English only)
4. Young people (available in English and French)
5. People with HIV (English only)
6. Gay men and men who have sex with men (MSM) (English only)
7. Criminalisation (English only)
8. Prevention & awareness (English only)
9. Stigma (available in English and French)

Download these briefings from:
www.afao.org.au/library/discussion-and-briefing-papers

More papers will be translated as funding permits.

The AFAO discussion paper from which these papers are drawn, *HIV and sub-Saharan African communities in Australia* is available from AFAO on request (English only).

Next steps

As the national body representing Australia's community-based response to HIV, AFAO has a role to play in strengthening and supporting the multicultural health and HIV sectors' response to HIV among sub-Saharan African communities.

The AFAO discussion paper, *Implementing the United Nations Political Declaration on HIV/AIDS in Australia's Domestic Response: Turning Political Will into Action*, considers how Australia's HIV partnership can deliver best practice HIV prevention and support initiatives and meet the objectives of Australia's National HIV Strategy. The paper makes a number of recommendations for addressing HIV-related issues which may affect people from African communities.

(SEE: <http://bit.ly/unpd-afao>)

African community leaders who participated in AFAO's consultations and national forums have expressed a strong desire to address the impact of HIV in their communities within the context of Australia's HIV partnership. Since the forums, a number of them have participated in HIV health promotion initiatives in partnership with state-based organisations. In some cases, state-based networks have been established – partnerships between HIV services, multicultural health services, and African community members.

The AFAO national African Reference Group, originally established to oversee the planning for the national forums, has been considering how best to support the implementation of the recommendations arising from the forums and from the discussion paper on which this briefing is based.

In 2014 the Reference Group, in partnership with the Multicultural Health and Support Service (MHSS) at the Centre for Culture, Ethnicity and Health (CEH) and the African and Black Diaspora Global Network on HIV/AIDS (ABDGN) hosted the African Diaspora Networking Zone at the International AIDS conference in Melbourne (AIDS 2014). AIDS 2014 provided an important opportunity to raise awareness of HIV among Australia's African communities and engage them in the HIV response, and the networking zone was a focal point for discussion, networking and information sharing.

In 2015, the Reference Group will be focussing on building the capacity of state-based networks and developing recommendations for actions (by Reference Group members, partners, and AFAO and its members), toward increasing awareness of issues affecting HIV prevention and the care and support of people with HIV in African Australian communities. This will include a national meeting with faith leaders who work with African communities which will focus on the role that faith leaders can play in addressing HIV-related issues in their communities.

¹ AFAO acknowledges that no single term can encompass the diversity of the population being discussed in this paper. For ease of reading and consistency, the paper will generally use the phrases 'African-born' and 'African' rather than 'African-Australian' or other descriptors; and the term 'African communities' is intended to broadly include communities, ethnic and language groups, as well as individuals not connected to a particular African community. AFAO notes that referring to people as 'African' is a brief, convenient way to discuss aspects of identity and culture but in no way overlooks the fact that many are actually Australian citizens.

² Reports from the Forums are available from AFAO on request

³ Sergeant, J. (2014). *HIV and sub-Saharan African Communities in Australia*. Available from AFAO on request.

⁴ Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). *The Gap Report* UNAIDS, Geneva, 26.

⁵ Australian Government Department of Health (DoH). (2014). *The Seventh National HIV Strategy 2014-2017*. Commonwealth of Australia, Canberra, 14.

⁶ ABS. (2011). Unpublished Census data. TableBuilder 2011 [online]. ABS, Canberra. Retrieved from:

<http://www.abs.gov.au/websitedbs/censushome.nsf/home/tablebuilder>

⁷ The Kirby Institute. (2014). *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2014*. The Kirby Institute, the University of New South Wales, Sydney, 40.

⁸ Ibid. 40-42.

⁹ The Kirby Institute, (2014), op. cit, 11.

¹⁰ Ibid, 26.

¹¹ The Kirby Institute, unpublished data. More recent data is not yet available but is not likely to be significantly different. The term MSM is used to distinguish men who do not identify as gay but who do at times have sex with other men. They may consider themselves to be heterosexual.

¹² Lemoh, C., Baho, S., Grierson, J., Hellard, M., Street, A., Biggs, B. (2010). African Australians living with HIV: a case series from Victoria. *Sexual Health* 7(2) 142-148.

¹³ The Kirby Institute, (2014), op. cit, 31. Advanced HIV infection is defined by a CD4+ cell count of less than 200 cells/ μ l at HIV diagnosis. A late diagnosis is defined by a CD4+ cell count of less than 350 cells/ μ l at diagnosis.

¹⁴ Körner, H., Katsaros, E., Luisi, B. (2013). *Living with HIV and cultural diversity in Sydney: migration, gender and sexuality (Monograph 1/2013)*. NCHSR, The University of New South Wales, Sydney, 6.

¹⁵ Lemoh, C., Guy, R., Yohannes, K., Lewis, J., Street, A., Biggs, B., et al. (2009). Delayed diagnosis of HIV infection in Victoria 1994 to 2006 *Sexual Health* 6(2), 117-122.

¹⁶ HIV Women's Program & Positive Life SA. (2014). *Identity & Secrecy: The experiences of African and Asian women living with HIV in Australia*. Positive Life South Australia, Adelaide.