



Aboriginal and Torres Strait Islander community input and the Australian HIV response

Key Points:

- 1. The Anwernekenhe National HIV Alliance (ANA) is an Aboriginal and Torres Strait Islander community-based organisation that aims to improve the lives and protect the rights of Aboriginal and Torres Strait Islander people affected by HIV. The core work of the ANA is to provide input to government and other stakeholders on the needs of HIV affected Aboriginal and Torres Strait Islander community members, in particular Aboriginal and Torres Strait Islander people with HIV, gay and bisexual men, sistergirls, people who inject drugs and sex workers. This input will enable better identification and development of priorities and actions for HIV prevention, care and support.**
- 2. Higher/Disproportionate rates of injecting drug use among Indigenous people are recognised as a priority issue under Australia's Seventh National HIV Strategy/Fourth Aboriginal and Torres Strait Islander Strategy/Eora Action Plan.**
- 3. Affected Aboriginal and Torres Strait Islander communities must have a meaningful role in the monitoring and implementation of the Seventh National HIV Strategy, Fourth National Aboriginal and Torres Strait Islander BBV and STI strategy and the Eora Action Plan.**

The Seventh National HIV Strategy and Fourth Aboriginal and Torres Strait Islander Strategy

- Although Aboriginal and Torres Strait Islander populations have rates of HIV similar to the general population, Aboriginal and Torres Strait Islander people are named as a priority population in Australia's *Seventh National HIV Strategy*, as well as under the *Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy* (the Strategies). This is for a number of reasons, including the potential for an acceleration of the HIV epidemic among Indigenous communities given:
 - the high prevalence of sexually transmissible infections (increasing the likelihood of HIV transmission) in many remote and very remote communities
 - higher rates of injecting drug use and sharing of injecting and other equipment
 - the ongoing incidence of HIV amongst sistergirls and gay and bisexual Aboriginal and Torres Strait Island men, which is exacerbated by a tendency for later diagnosis than their non-Indigenous counterparts
 - limited access to culturally appropriate HIV care and prevention services
 - the over-representation of Aboriginal and Torres Strait Islander men and women in prisons and juvenile detention, increasing the likelihood of injecting drug use
 - the geographical, cultural and social circumstances of many communities, including high mobility, lower health literacy, and issues such as shame and underlying poor health status
 - the unhindered movement and interaction of people between Australia and the Western Province of Papua New Guinea via the Torres Strait Islands and the Top End.

- Addressing increases in STI diagnoses among people from Aboriginal and Torres Strait Islander communities is a priority under the HIV Strategy as well as under the Aboriginal and Torres Strait Islander strategy. This is because HIV transmission occurs more easily in the presence of STIs.

The Eora Action Plan

The [Eora Action Plan](#), launched in July 2014 in Sydney at the Indigenous Pre-Conference to AIDS 2014, is a charter for the response to HIV among Aboriginal and Torres Strait Islander communities.

The Eora Action Plan sets out some clear strategies and goals. The goals are to:

1. Reduce the number of newly diagnosed HIV cases among Aboriginal and Torres Strait Islander peoples by 50%
2. Eliminate all mother to child transmissions among Aboriginal and Torres Strait Islander peoples
3. Ensure antiretroviral treatments are available and accessible and correctly utilised by 80% of Aboriginal and Torres Strait Islander people living with HIV
4. Move toward reducing rates of other STIs in Aboriginal and Torres Strait Islander communities by 50%
5. Reduce rates of sharing injecting equipment by 50% among Aboriginal and Torres Strait Islander people who inject drugs.

Current epidemiology/statistics

- *The Blood borne virus and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2014* provides data and analyses for 2013 regarding STI and BBV diagnoses among people from Aboriginal and Torres Strait Islander communities, with key findings for 2013 including:
 - People among Aboriginal and Torres Strait Islander communities continue to be over-represented in reports for STIs and viral hepatitis, with disproportionately high chlamydia and gonorrhoea reports particularly notable. Outer regional, remote and very remote Aboriginal and Torres Strait Islander communities continue to experience substantially higher rates of chlamydia, gonorrhoea and infectious syphilis compared with inner regional and urban centres
 - Diagnoses of infectious syphilis increased in Aboriginal and Torres Strait Islander communities, particularly in Queensland
 - Diagnoses of newly acquired hepatitis C and newly acquired hepatitis B are reported at disproportionately high rates among Aboriginal and Torres Strait Islander communities
 - HIV continues to be diagnosed at a similar rate to the non-Indigenous population although there are substantial differences in exposure categories.
- While only 3% of HIV transmissions between 2009 and 2013 were attributed to injecting drug use for the general population, HIV transmission was attributed to injecting drug use for 12% of cases among people from Aboriginal and Torres Strait Islander communities over that period.
- More information is required about the population characteristics of Aboriginal and Torres Strait Islander people accessing HIV testing, to supplement that collected through social and behavioural data about gay

men and MSM. Baseline testing rates in Aboriginal and Torres Strait Islander communities are not known; this information is crucial to identifying barriers to HIV testing for Aboriginal and Torres Strait Islander people and for the development of properly targeted strategies to promote testing among A&TSI people who are at risk of STI and/or BBV acquisition.

- To facilitate awareness and discussion of these issues, *HIV Australia*, AFAO's magazine, produced a specially edition titled [Respect and resilience: shaping the response to HIV and STIs among Aboriginal and Torres Strait Island communities](#).

This edition focused on current and emerging HIV-related issues for Aboriginal and Torres Strait Island communities. Contributions came from a wide range of individuals, including Aboriginal and Torres Strait Islander people with HIV, academics and community based organisations.

Its strong research focus was complimented by stunning visuals provided by renowned Indigenous artist, Arone Meeks

The ANA and the HIV Partnership

- The success of the Australian response to HIV is attributable to the strength of the involvement of affected communities.
- The 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: gay men and MSM; sistergirls; people with HIV; people who inject drugs; people who engage in sex work; and lesbians and heterosexual men at risk of HIV infection.
- The ANA's 5th 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 (available at <http://ana.org.au/publication/ana-strategic-plan/>), which sets out its goals and community priorities for actions to address the issues raised and considered at the conference. The 6th Anwernekenhe National Aboriginal and Torres Strait Islander Community Conference is scheduled for the middle of 2015. The ANA's 6th Anwernekenhe National Aboriginal and Torres Strait Islander Community Conference on HIV/AIDS, is scheduled for August 2016, in Brisbane
- Key issues to be addressed in development of the next HIV strategy and Aboriginal and Torres Strait Islander BBV & STIs strategy include:
 - Ensuring that harm reduction principles underpin priority actions set out in the strategies, to prevent transmission of HIV and viral hepatitis among Aboriginal and Torres Strait Islander people who inject drugs, including initiatives to enhance access to needle and syringe programs (NSPs) and drug treatment programs
 - The need for targeted pre-and post-release BBV prevention programs for prisoners from Aboriginal and Torres Strait Islander communities.
 - Workforce development for services delivering in HIV/BBV/STI prevention programs for people among Aboriginal and Torres Strait Islander communities must include the development of culturally effective health promotion programs. In his address to the Sydney consultation on development of

the Aboriginal Health Plan, the Minister for Indigenous Health identified increasing the number of Indigenous people in health workforce as a major priority.

- High priority must be given to addressing the increasing rates of injecting drug use in some Aboriginal and Torres Strait Islander communities.