

The Changing Face of HIV in NSW and Australia



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HIV in NSW

NSW HIV Strategy
2012-2015
A NEW ERA

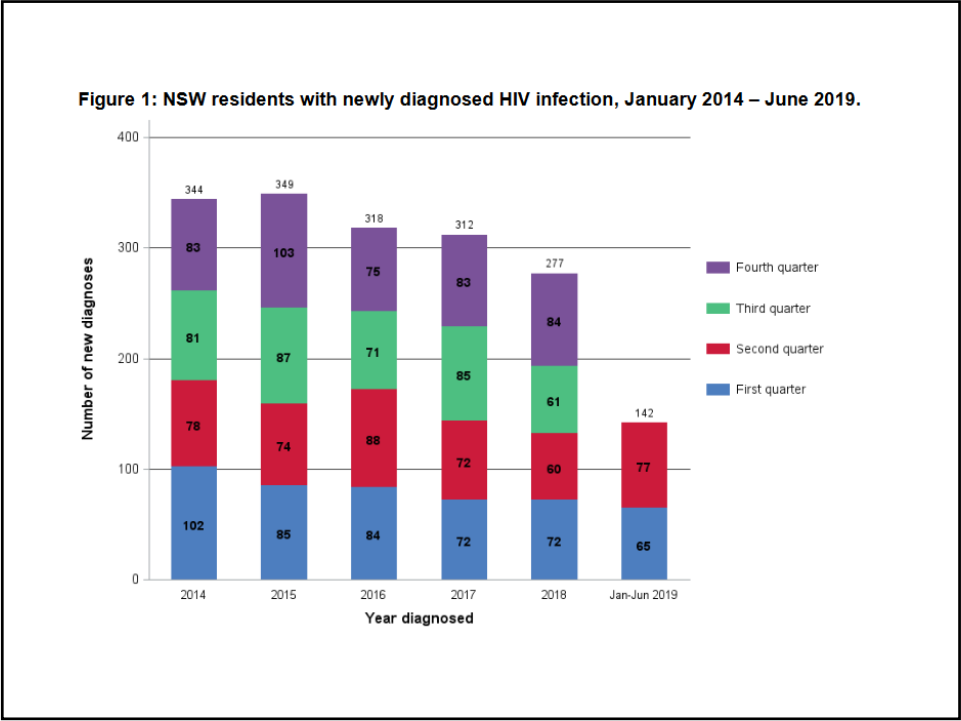


NSW
HIV STRATEGY
2016-2020

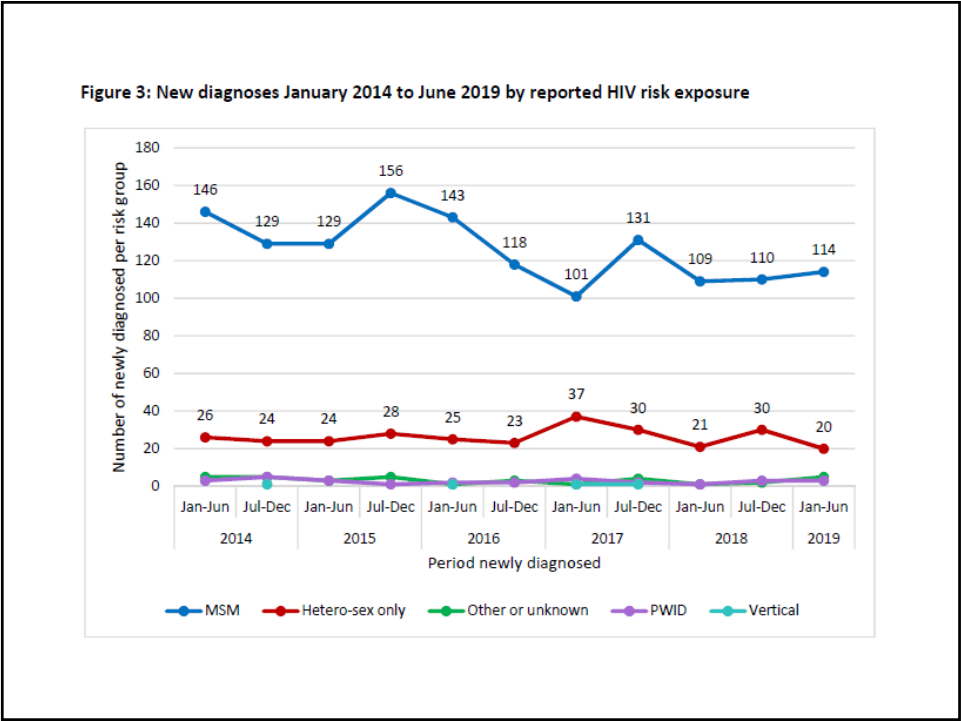
$$[\text{TEST OFTEN}] + [\text{TREAT EARLY}] + [\text{PREVENT}] = \text{HEART 2020}$$



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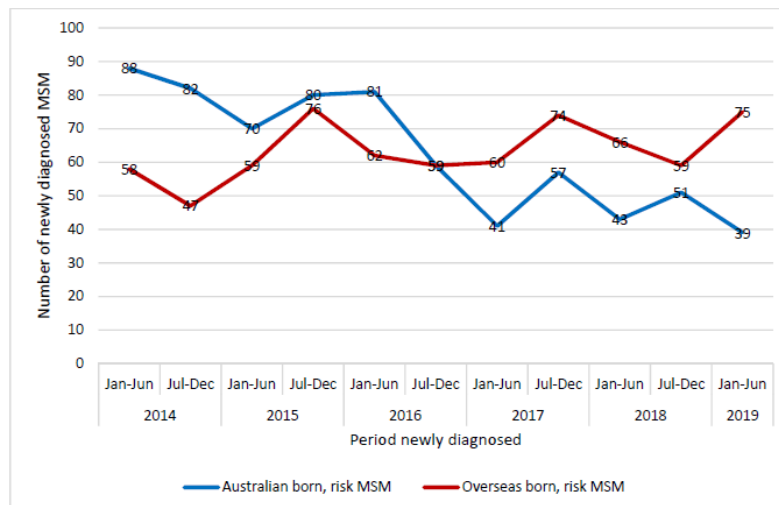
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Breakdown of new HIV Diagnoses

- New HIV diagnoses from January – June 2019
- By gender
 - 90.8% male
 - 5.6% female
 - 3.5% transgender
- By Aboriginal and Torres Strait Islander status
 - Aboriginal and/or Torres Strait Islander 2.1%
 - Non-Aboriginal 97.9%

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Figure 4: New diagnoses January 2014 to June 2019 in Australian versus overseas-born MSM



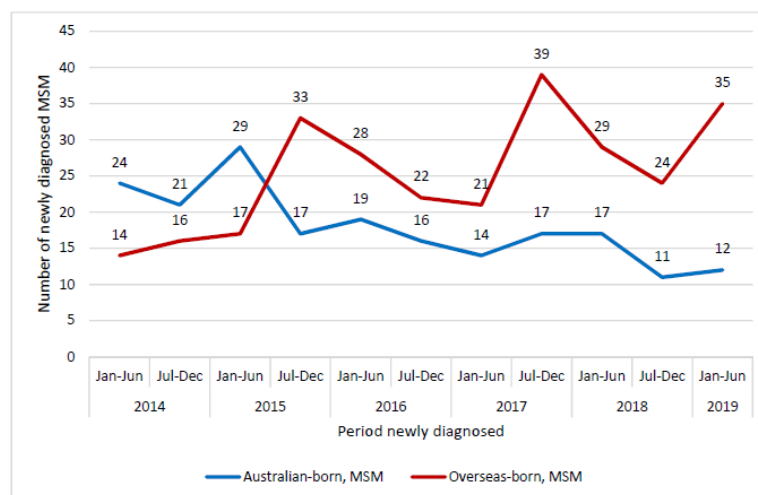
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Early Stage HIV Infection by Australian vs Overseas-Born MSM from January – June 2019

- 49% of **Australian-born newly diagnosed MSM** in Jan - June 2019 had evidence of early stage infection, = **39% less** compared to the Jan - Jun 2014-2018 average
- 24% of **overseas-born MSM newly diagnosed** in Jan - Jun 2019 had evidence of early stage infection, = **38% less** compared to the January to June 2014-2018 average
- **Similar decreases in early stage infection over a five year period**
- And 78% of newly diagnosed overseas-born MSM most likely acquired their infection in Australia

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Figure 11: New diagnoses January 2014 to June 2019 with evidence of late diagnosis, for Australian versus overseas born MSM



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Summary of NSW HIV Data

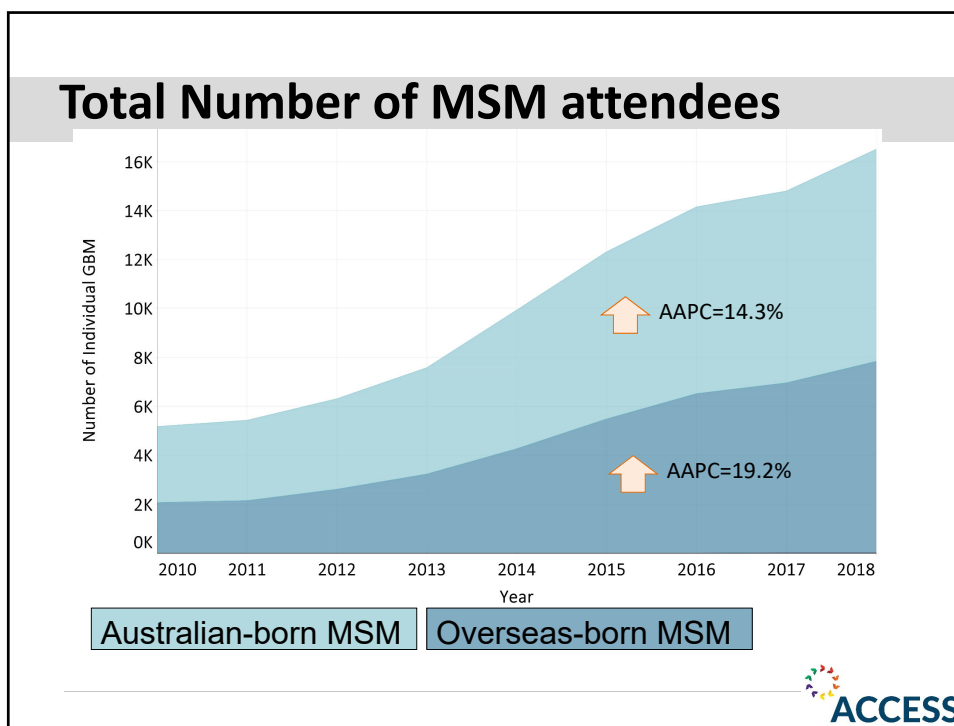
- HIV diagnoses continue to fall – has been the trend over five year period for Australian-born MSM and heterosexuals
- However Aboriginal and/or Torres Strait Islander HIV notifications have almost doubled, and notifications of overseas-born MSM have increased by 23% in the same period over the last five years
- Decline in new notifications of Australian born MSM with late stage diagnosis
- Increases in new notifications of overseas-born MSM are being driven by those being diagnosed late

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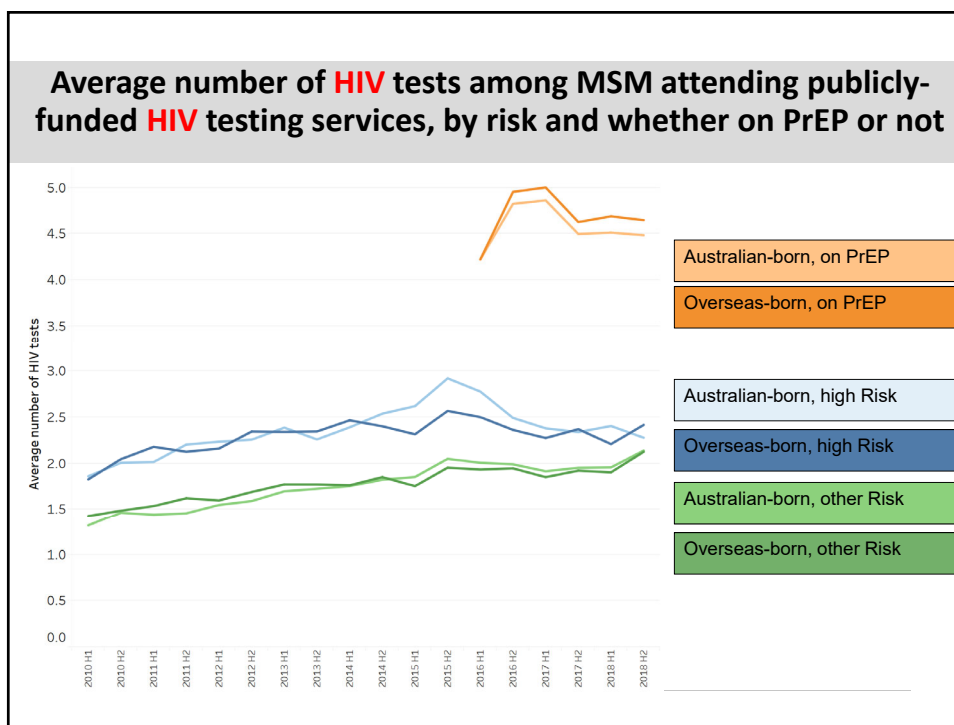
NSW Data cont.

- NSW Health suggesting the rise in notifications of late stage infection in overseas-born MSM may reflect increased testing in this group due to specific initiatives targeting culturally and linguistically diverse (CALD) MSM
- Interesting to see where these overseas-born MSM are getting tested, as data from the ACCESS study suggests equal rates of testing and an increase in those attending sexual health clinics

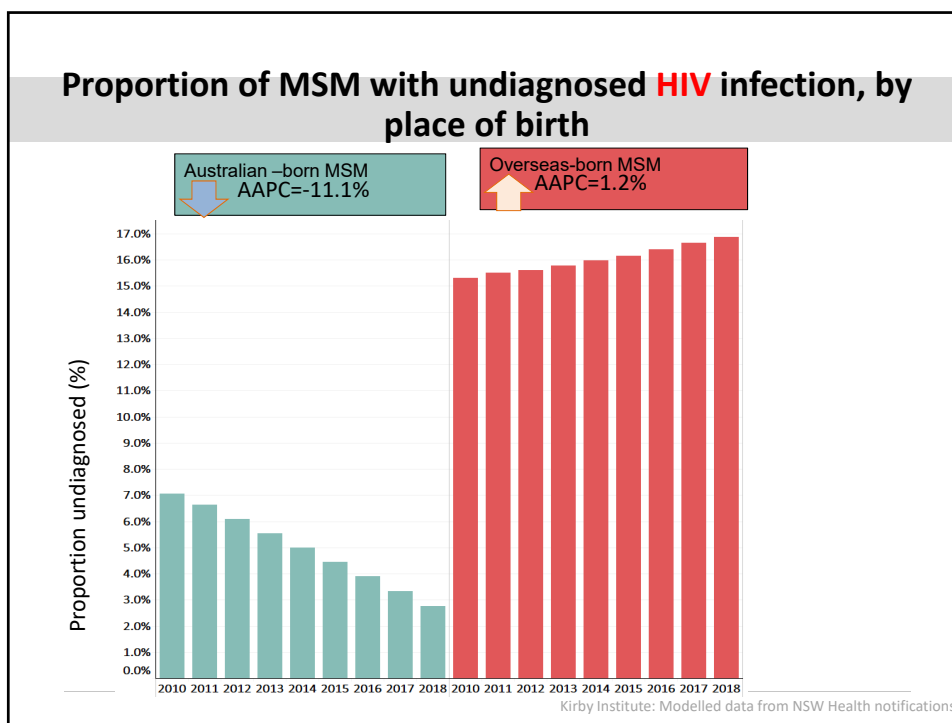
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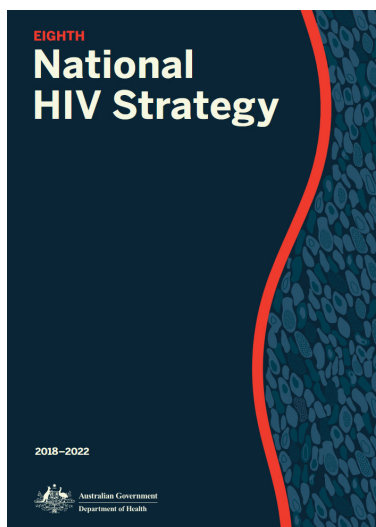
Future Considerations

- Concerning trends among overseas-born MSM
 - Increasing trend of undiagnosed infections
 - **16.9%** of overseas-born MSM had undiagnosed HIV in 2018
 - **Six times higher than among Australian-born MSM**
- More work needed to address HIV among overseas-born MSM:
 - Diagnoses among men from Asia increased from **18.5%** of notifications in 2014 to **29.2%** in 2018
 - Late HIV diagnoses among overseas-born MSM increased from **22.6%** in 2014 to **38.8%** in 2018
 - **44.6%** of all overseas-born MSM diagnosed with HIV in 2018 most likely acquired their infection overseas

Source: NSW HIV Strategy 2016-
2020 Quarter 4 & Annual 2018 Data

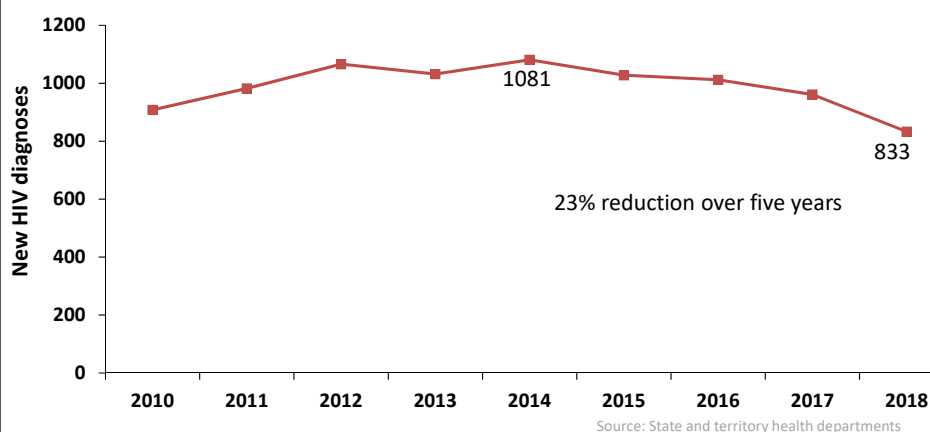
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HIV in Australia

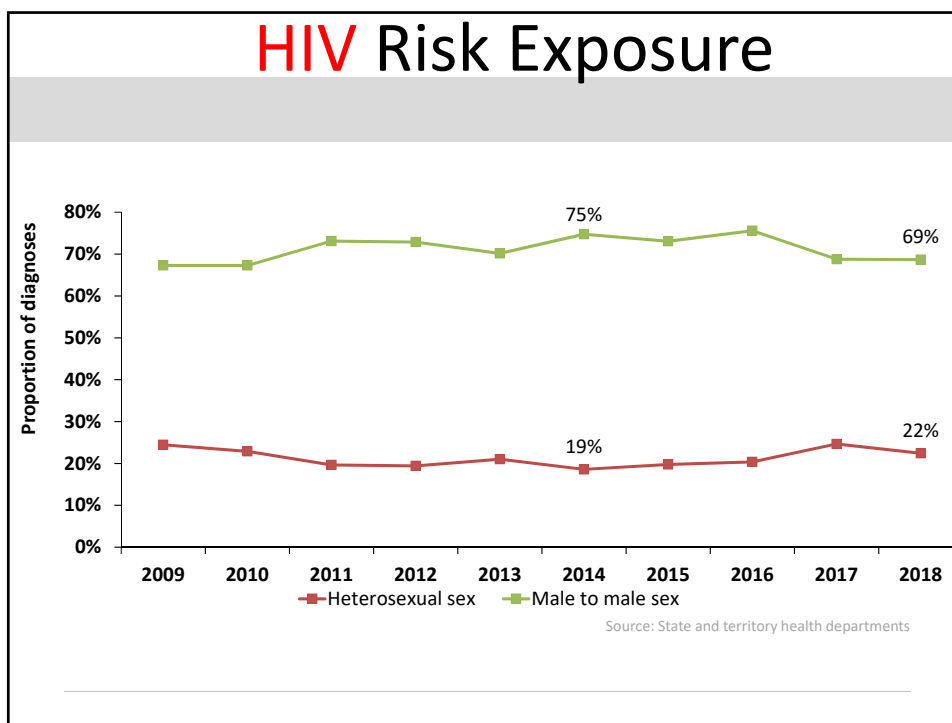


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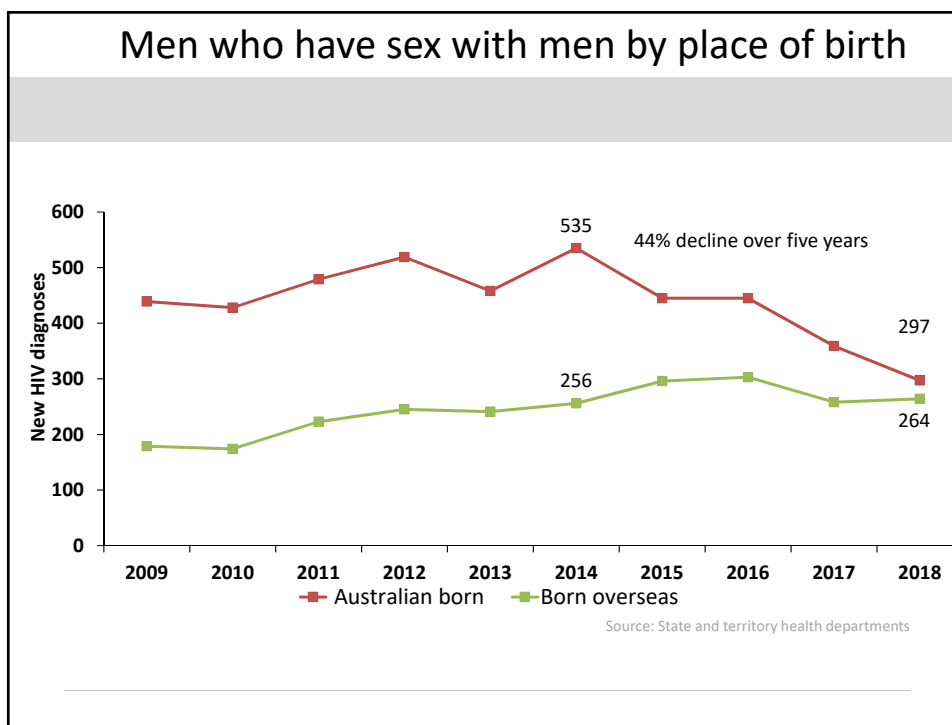
HIV Diagnoses in Australia



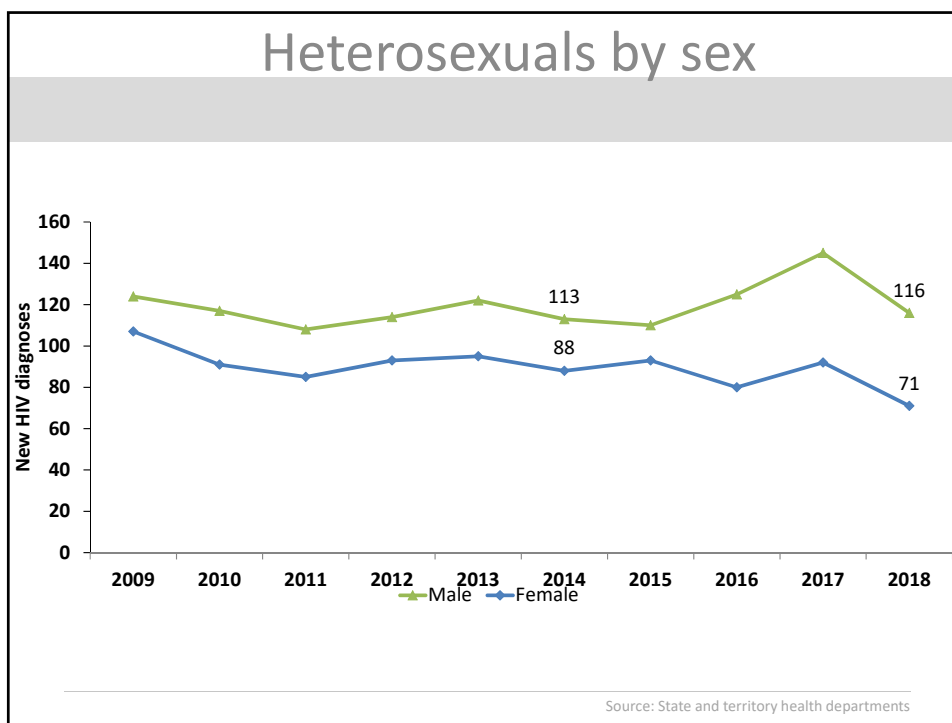
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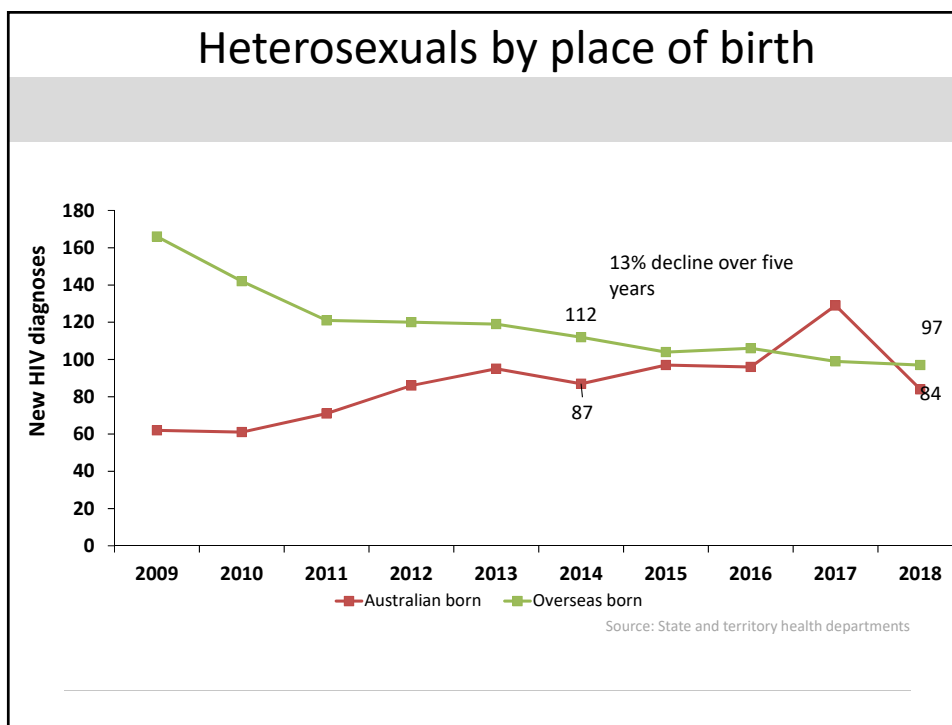
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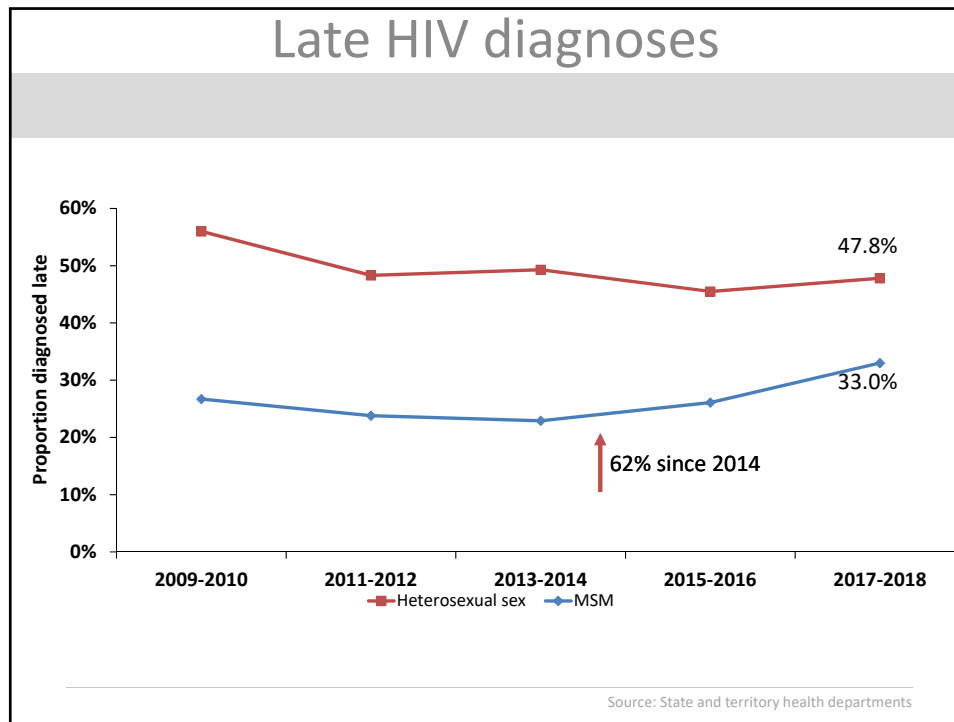
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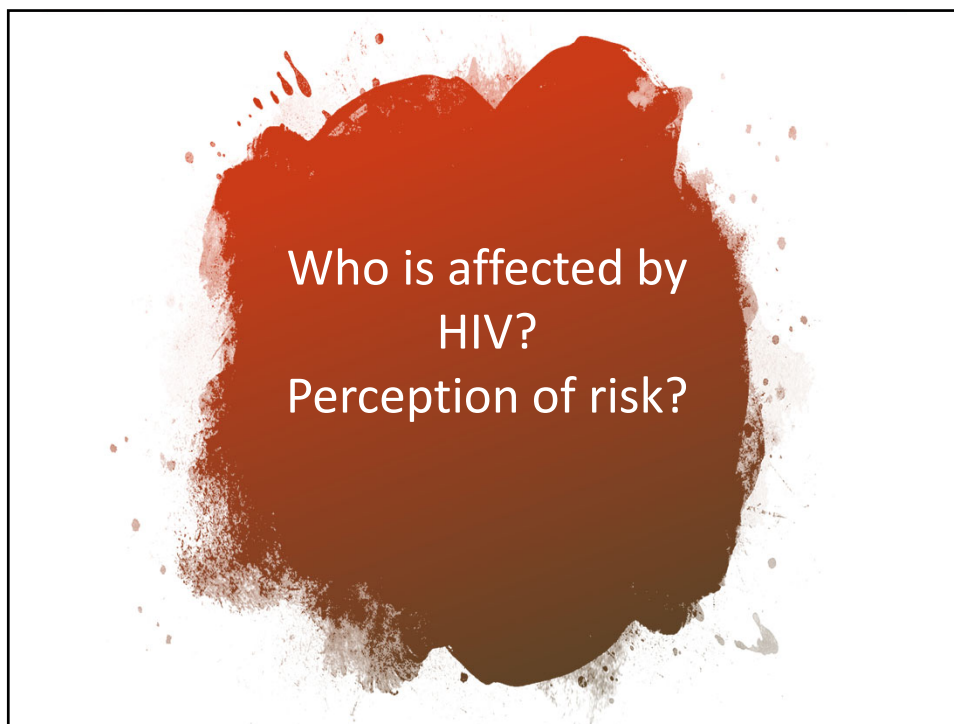


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Summary

- Continued reduction in new HIV diagnoses
- Declines mainly seen in Australian born men who have sex with men
- No sustained declines seen in overseas born men who have sex with men, Australian born heterosexuals or Aboriginal and Torres Strait Islander peoples

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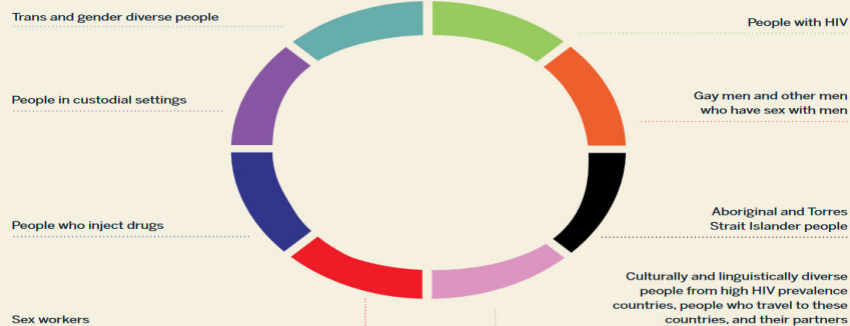


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Priority Populations in the National HIV Strategy 2018 - 2022

Figure 4:
Priority populations for the Eighth National HIV Strategy 2018-2022

Priority populations



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‘Normalising’ HIV Testing?

- Important for people to know their HIV status
- In Australia, in 2018 an estimated 2,899 people were unaware they were HIV positive



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What is Inclusion?



- An inclusive culture is one where everyone feels valued and respected and is able to fully contribute
- It is about removing barriers to make sure everyone can fully participate and have equal access to opportunities
- Inclusion is about empowering people to contribute their skills and perspectives for the benefit of organisational performance and outcomes

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Language



- Language is incredibly important and just one part of creating an inclusive, equitable, supportive and collaborative culture that welcomes all.
- “Please don’t call me a ‘diverse person.’”
- Individual people aren’t diverse – but groups and communities can be diverse.
- “For non-white people...being called ‘diverse’ is another reminder that white-skinned people are the most normal and accepted in the workplace. The same applies to underrepresented genders, people with disabilities, those from a lower socioeconomic status, etc.”
- Perhaps we need to think about how we use the term CALD in relation to HIV for example? Currently it is very homogenous and generic.

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- As PLHIV we have been at the forefront of speaking for ourselves –
- Nothing about us, without us
- Our work embodies the principles of GIPA and MIPA



A joint initiative between Living Positive Victoria and PozAction (Australia), GNP+, ICW and ICASO [December 2017]

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GIPA Call to Action

GIPA acknowledgement for the HIV/AIDS research community

CALL TO ACTION

If your research is about HIV and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with HIV and our participation as people living with HIV has influenced your work, we encourage you to consider and build upon the sample text provided as an acknowledgement of the role that people living with HIV have played in the response to HIV at the beginning of any presentation of your work.

We encourage you to consider an acknowledgement of people living with HIV that reflects your research and what we are providing for your consideration is three different formats and lengths for you to adapt.

SAMPLE FULL TEXT

"I want to begin my presentation by thanking the people living with HIV who have generously shared their time, experiences, and bodies for the purposes of this research. Much of the fight against HIV and AIDS relies upon people living with HIV continuing to put themselves forward and this research and our fight against HIV and AIDS is indebted to those past and present."

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Best Practice Discussion Points

- Foster an organisational culture that strives for, supports and celebrates diversity, inclusion and cultural sensitivity
- Regularly discussing diversity - understanding, valuing and supporting diversity
- Demonstrating commitment to diversity in all that we do



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Suggested Introduction

“To start, I acknowledge the land on which we’re meeting on today – always was and always will be Aboriginal land.

The other thing I want to acknowledge is that I am an Ally to people living with HIV rather than someone living with HIV. The work I present here today respects the lived experience of people living with HIV and their centrality and guidance in presenting this information. I’d like to thank all the people and community members that participated in the *[insert what the presentation is about]* and gave their time and advice freely.....”

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Why is Inclusion, Diversity and Cultural Sensitivity Important?

- We have a divergence in the NSW and Australian HIV epidemics
- While new HIV diagnoses in MSM are decreasing, they are increasing or stabilising among other populations
- The main purposes of becoming more culturally competent is to become more effective in our relationships with the increasingly diverse community we represent
- Our approach to inclusion and diversity will create and sustain effective cultural change



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Discussion Points



- How can we be truly representative of our communities?
- How do we stay relevant and appeal to the new emerging demographics?
- What strategies and messaging do we need to employ to reach populations such as Aboriginal and Torres Strait Islanders, CALD, heterosexual men and women, transgender, youth and Medicare ineligible people?
- How will we react to the divergent epidemic?

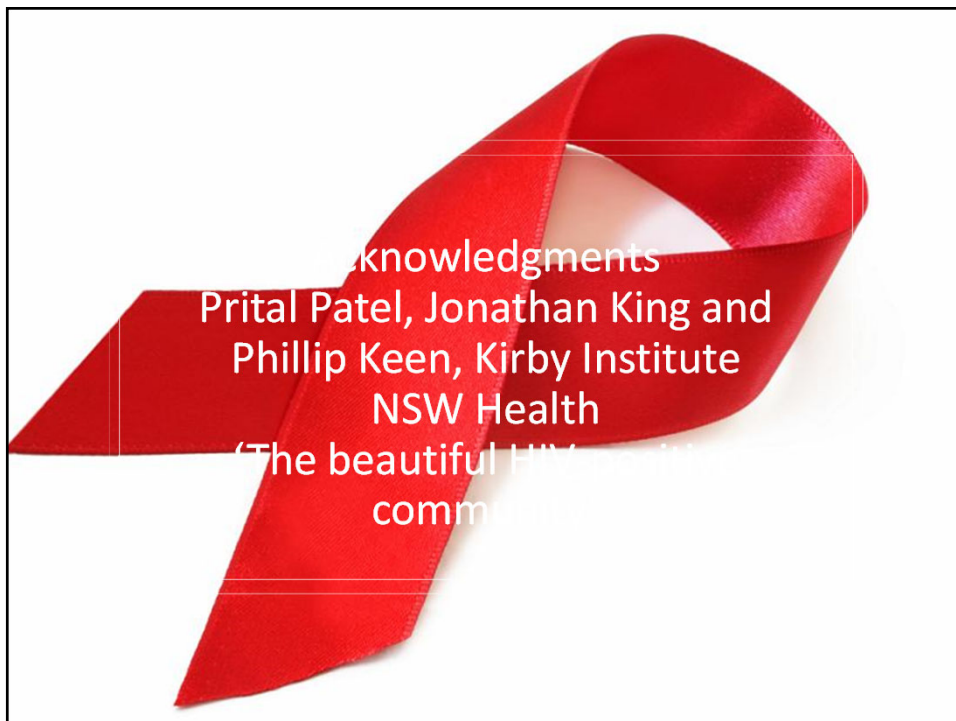
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“A member of the beautiful HIV-positive community”

- “Jen Power and Graham Brown from ARCSHS wrote recently in The Conversation about Jonathan van Ness of Queer Eye coming out about his HIV status, and commented –
- The sense of support and solidarity that comes with community is an important buffer against the negative impact of stigma and discrimination. For this reason, adequately funded peer programs and community organisations that connect HIV positive people with each other remain a vital part of the social response to HIV. These programs rely on the willingness of people living with HIV to be open about their status – despite the risks – as a means to offer advocacy and care for others. But it should not mask the reality that many people living with HIV continue to be silenced and isolated by stigma. For that to change, we need to build much greater awareness about the contemporary experience of living with HIV.

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