

CHANGING HIV TRENDS IN AUSTRALIA BRIEFING PAPER

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This briefing paper draws from a discussion paper developed by the Australian Federation of AIDS Organisations (AFAO), in partnership with six culturally and linguistically diverse (CALD) and blood-borne virus (BBS) specialist organisations* and the Federation of Ethnic Communities Councils of Australia (FECCA), with input from AFAO member organisations and national organisations representing priority populations. The full discussion paper identifies specific issues and barriers to universal health care for people from a CALD background in relation to HIV and sexual health. The paper summarises key research from within Australia, as well as international research with people from CALD backgrounds in high-income countries, as well as including reference to the experiences of services providers. The final section of the discussion paper proposes recommendations that can help build on our strengths and partnerships in our response to HIV in Australia.

The full discussion paper with references for all papers can be viewed here: <https://tinyurl.com/ye26awxu>.

HIV DIAGNOSES AMONG AUSTRALIAN-BORN AND OVERSEAS-BORN PEOPLE

In 2019, 47% of all HIV diagnoses were in people born outside Australia.¹⁵ Of HIV notifications between 2014 and 2017 with male-to-male sex as the exposure risk, 70% of Australian-born men were likely to have acquired HIV in Australia whereas it was 48 per cent among men not born in Australia.⁵

Among Australian-born people who acquired HIV through heterosexual sex, 40% were likely to have acquired HIV in Australia whereas it was 17% among people born overseas. One significant limitation of this data is that they may not represent the actual proportion, as the place of acquisition was not available for between 17% to 28% of HIV notifications.

HIV notifications among Australian-born GBMSM declined by 33% between 2016 and 2018, but among overseas-born GBMSM there was only a 13% decline.⁶ This small reduction in HIV notification among overseas born GBMSM is due to a sustained rise in late infections. Among the new HIV diagnoses in overseas born GBMSM, there was an increase in the proportion born in Asia from 2009 to 2018 (32% to 54%, respectively), and in Latin America and the Caribbean (8% to 14%, respectively). Among those born in high-income English-speaking countries there was a decline in the proportion of new HIV diagnoses from 2009 to 2018 (28% to 13%, respectively).⁶

Currently, there is no accurate way to assess cultural diversity among Australian-born GBMSM diagnosed with HIV. Understanding what proportion are in Anglo-Australian and people from CALD backgrounds, or how these trends may have changed over time, may highlight gaps and enable appropriate responses.⁶

LATE HIV DIAGNOSIS

Late diagnosis refers to a diagnosis of HIV where the illness has progressed. This can have significant impact on immediate and long-term health outcomes. The proportion of late HIV diagnoses in Australia has been relatively stable from 2008 to 2017, but as newly acquired infections decline late diagnoses are likely to make up a greater proportion of notifications.⁵ In 2017, 48% of people reporting heterosexual sex as their exposure risk were diagnosed late compared with 31% reporting male-to-male sex. From 2013 to 2017, the proportion of late diagnoses was higher among people born in Central America, sub-Saharan Africa, and Southeast Asia.⁵ The challenge of late HIV diagnoses among migrants is not unique to Australia. A systematic review of research concluded that migrants (particularly those from HIV endemic countries) to high-income countries are at high risk of HIV and have a higher frequency of delayed HIV diagnosis.¹⁶

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BARRIERS TO ACCESSING HIV AND SEXUAL HEALTH CARE FOR PEOPLE FROM A CALD BACKGROUND

Among Australian-born GBMSM, late HIV notifications from 2009 to 2018 declined by 28%, however, late notifications in overseas-born GBMSM increased by 47%.⁶ In 2018, for the first time there were more late diagnoses among overseas-born GBMSM (55%) than Australian-born (43%). Among overseas-born GBMSM with late diagnoses, HIV was more likely acquired prior to their arrival in Australia.

HIV DIAGNOSIS AND CARE CASCADE

The 'HIV diagnosis and care cascade' aims to have 90% of people living with HIV diagnosed, 90% of those diagnosed on treatment and 90% of those on treatment with viral suppression. In 2018 it was estimated that 90% of people living with HIV in Australia had been diagnosed, 89% of those diagnosed were receiving treatment and 95% of those on treatment had suppressed viral load.⁵ An analysis of the HIV care cascade among migrants in Australia found they had lower HIV diagnosis, treatment and viral suppression (85-85-93) compared to non-migrants (94-90-96).¹⁷ The study reported a particularly low proportion of people living with HIV born in Southeast Asia who were diagnosed and that migrants from countries who were not eligible for reciprocal health care arrangements in Australia had lower HIV diagnoses and care cascades compared to those who were eligible.

Among HIV positive Australian-born and overseas-born GBMSM, the situation in 2018 was identical. A similar proportion of people with HIV were on treatments (95% for Australian-born and 94% for overseas-born) and among men on treatments there were no differences in viral suppression by region of birth.⁶