

ASSESSING PRE-EXPOSURE PROPHYLAXIS-BASED HEALTH PROMOTION FOR ABORIGINAL AND TORRES STRAIT ISLANDER GAY AND BISEXUAL MEN

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Background: Since 2011, HIV notifications have remained steady for non-Indigenous Australians, while the rates have increased for Aboriginal and Torres Strait Islander (hereafter 'Indigenous') people. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention technology currently being used in at risk populations, including men who have sex with men (MSM). As there is evidence that Indigenous Australians may experience difficulties in accessing preventative primary health interventions, it is reasonable to ask whether PrEP is being effectively promoted to at risk Indigenous MSM.

Methods: Semi-structured, in-depth interviews were conducted with health professionals and advocates, including workers at AIDS Councils and sexual health clinics, clinicians and researchers. Participants were recruited purposively. Interviews were recorded and transcribed, and analysis was conducted using an iterative categorization approach.

Results: Key themes included barriers to access, the requirement for PrEP to be part of combination HIV prevention approaches, and the problem of which agencies should undertake the work. All participants believed that PrEP was an important HIV preventative tool. Respondents suggested a range of barriers that Indigenous Australians might face in accessing PrEP, including stigma, remoteness, lack of specialised services, lack of trials in relevant jurisdictions, cost, and cultural attitudes towards taking medications as prevention.

Many respondents emphasised the importance of promoting PrEP as part of a wider HIV prevention campaign including condoms and treatment as prevention, especially in Indigenous populations where sexually transmitted infections can be at epidemic rates. Respondents highlighted the need for Indigenous Australians to be involved in the development, implementation and promotion of health interventions to ensure community engagement and positive outcomes for Indigenous people.

Conclusion: Despite recognition of the need for targeted Indigenous HIV prevention health promotion that includes PrEP, there are few examples of this work occurring. Collaboration across different health service modalities is required to address this gap.

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