



Why isn't biomedical HIV prevention protecting newly-arrived overseas born men who have sex with men? The failure of Australia's clinical health service delivery models to adapt to the new landscape of HIV prevention and care.

**Nicholas Medland** | 7 December 2017

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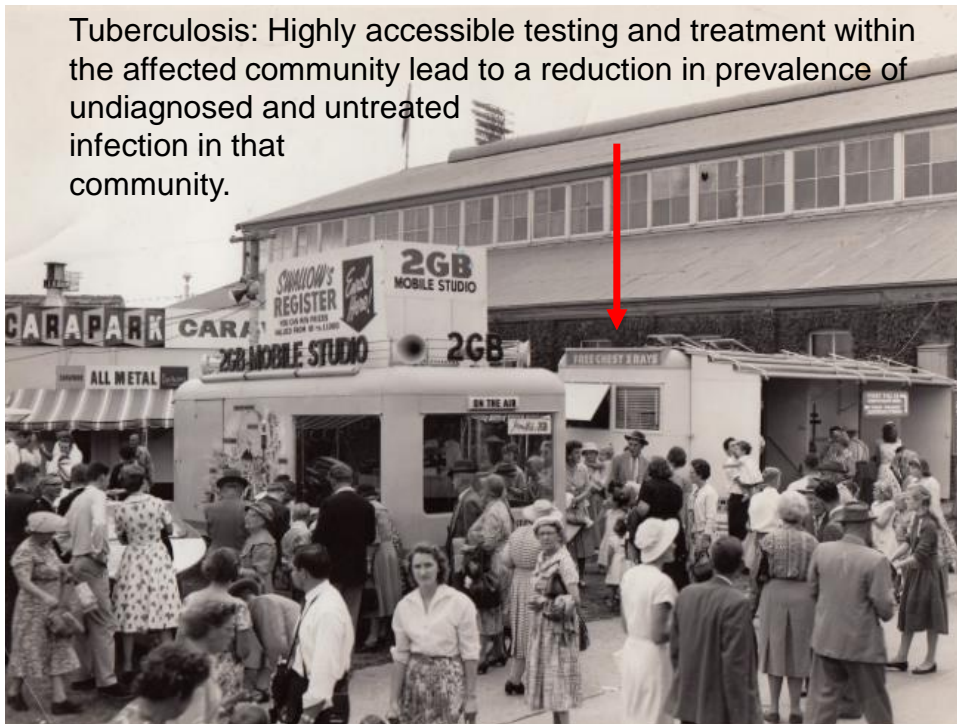
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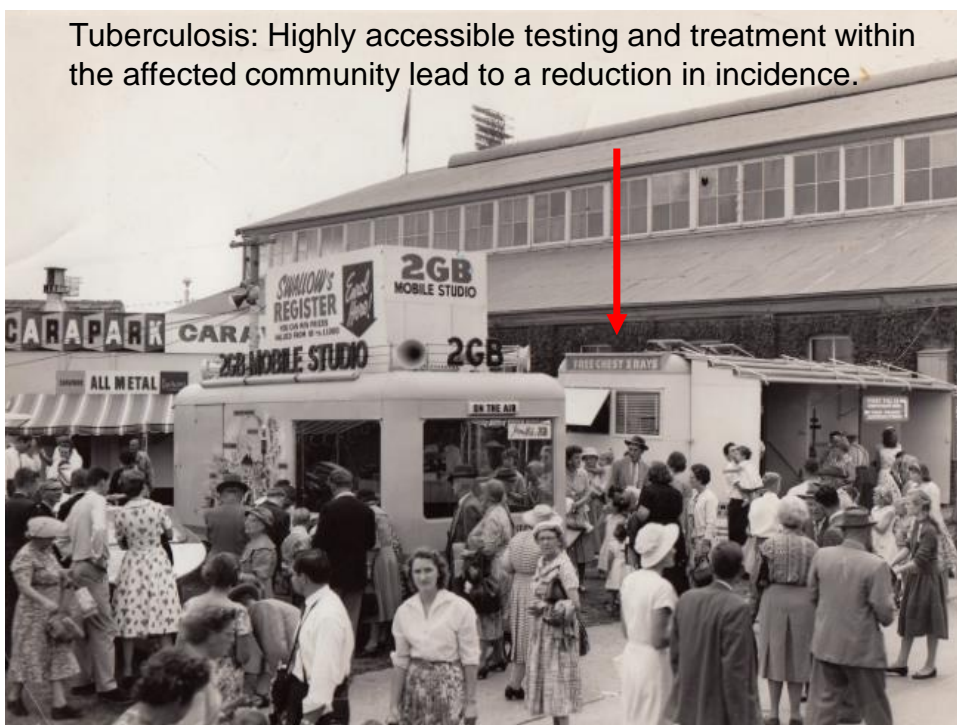
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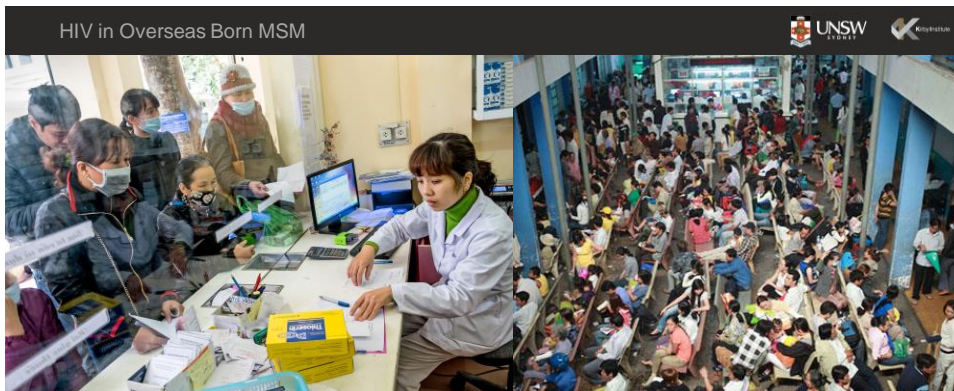
Tuberculosis: Highly accessible testing and treatment within the affected community lead to a reduction in prevalence of undiagnosed and untreated infection in that community.

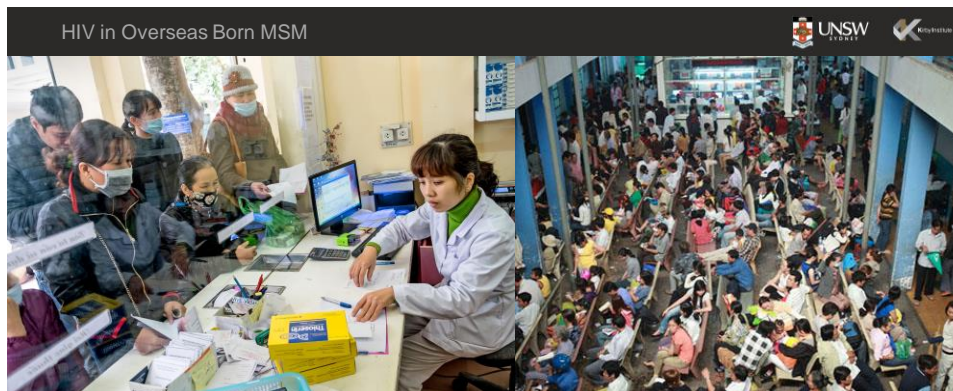


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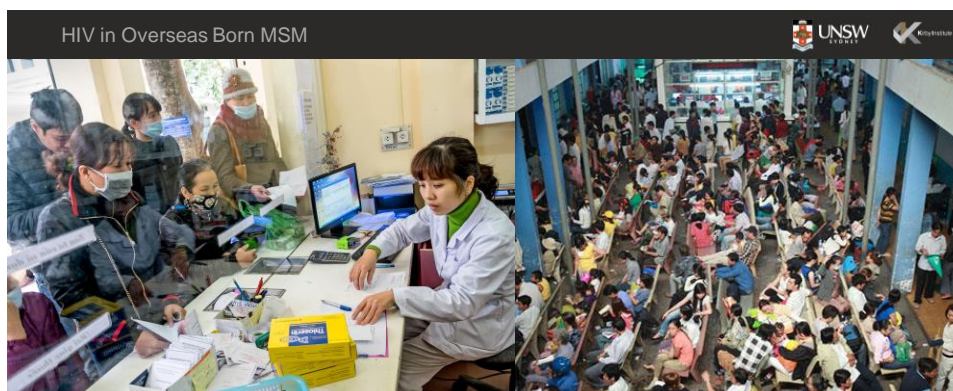
Tuberculosis: Highly accessible testing and treatment within the affected community lead to a reduction in incidence.





**Overcrowding is a risk factor for TB in Vietnam and wearing masks are potentially protective.**

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**Overcrowding is a risk factor for TB in Vietnam and wearing masks are potentially protective.**

**-because the prevalence of undiagnosed and untreated TB is high**

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**Overcrowding is a NOT risk factor for TB in Australia and wearing masks is NOT protective.**

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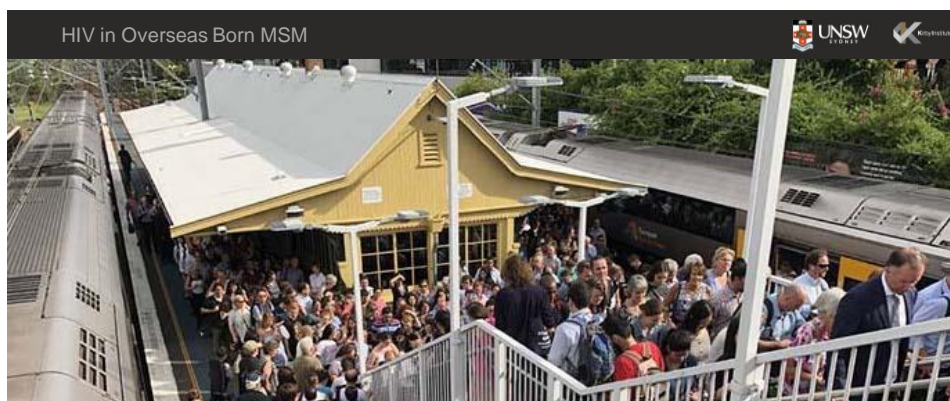
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**Overcrowding is a NOT risk factor for TB in Australia and wearing masks is NOT protective.**

**-because the prevalence of undiagnosed and untreated TB is low**

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**The risk of TB in Australia is related to whether people in your environment have access to diagnosis and treatment.**

**-the transition from behavioural to health care access risk factors is complete.**

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## Hospital provision of tuberculosis services

**Issue number:**

02/2017

**Date Issued:**

03 Feb 2017

**Issued to:**

Public hospitals and health services

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“To protect public health and minimise the potential barriers for continuing care, both inpatient and outpatient services related to TB (including pathology, diagnostics and pharmaceuticals) should be provided free of charge to all people presenting to public hospitals and health services in Victoria, regardless of Medicare eligibility or residency status.”

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## HIV

### Hospital provision of tuberculosis services

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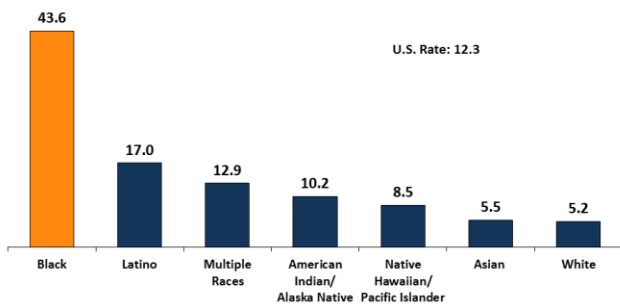
**It will be necessary for us to make all health services related to HIV testing, prevention and treatment free of charge to all people presenting to public hospitals and health services.**

**Australia’s massive investment in treatment as prevention, U=U and PrEP will be less effective until this happens.**

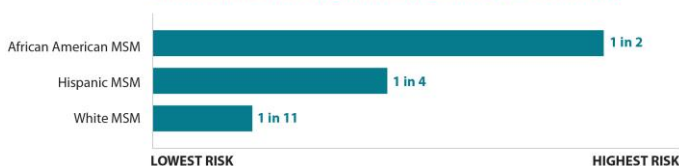
**It will take us several years to realise that this is necessary.**

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**Rates of New HIV Diagnoses per 100,000, by Race/Ethnicity, 2016**



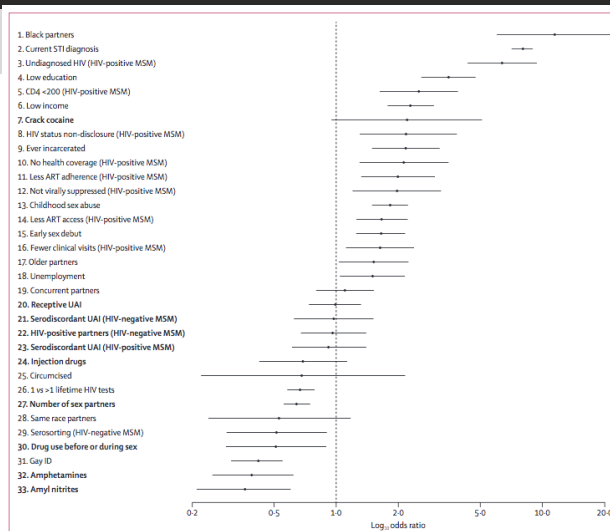
**Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity**



1. CDC Surveillance Report 2017 (slide: Kaiser Permanente)

2. CDC CROI 2016

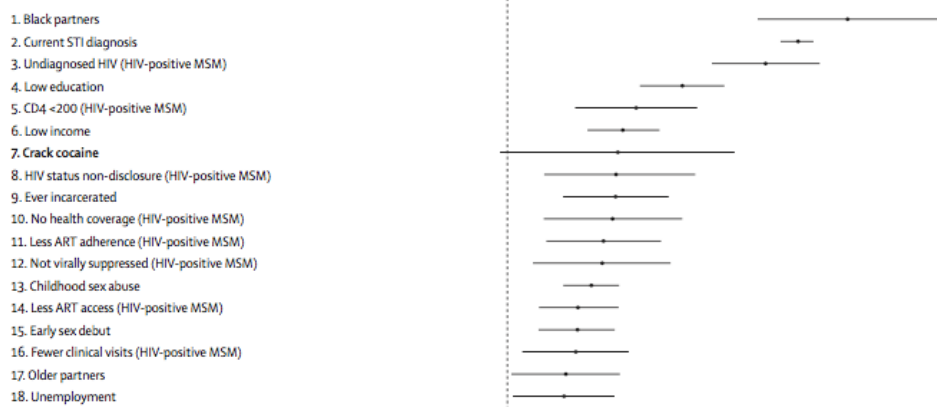
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**Rank order of summary ORs comparing black MSM with other MSM across outcomes associated with HIV infection**

Millett et al. Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. Lancet. 2012 Jul 28;380(9839):341

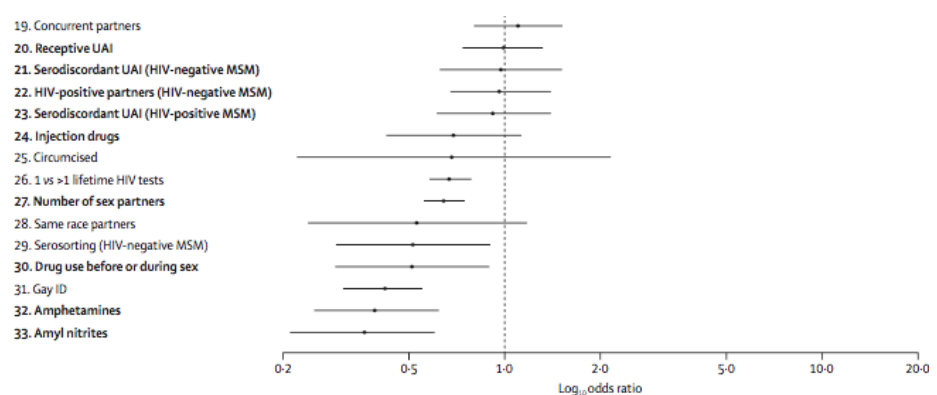
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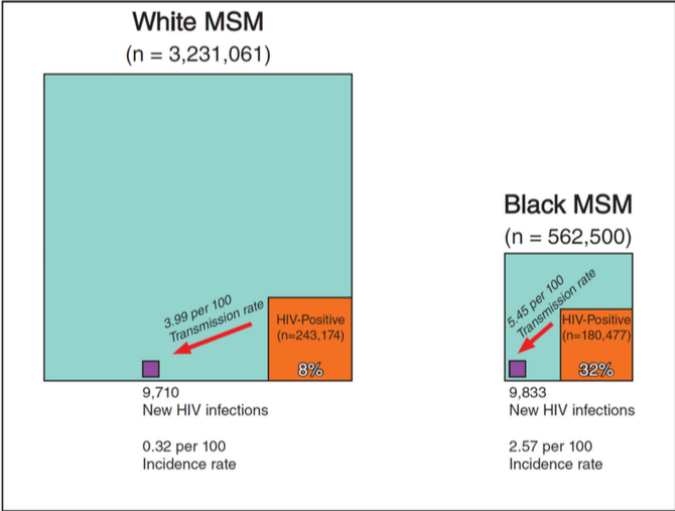
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**Those potentially at risk (MSM)**

26

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**Those left behind by behavioural prevention**

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**Those now at risk (MSM)**



**Those left behind by behavioural prevention**

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**Those potentially at risk (MSM)**

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### Those potentially at risk (MSM)



Those left behind by  
biomedical prevention

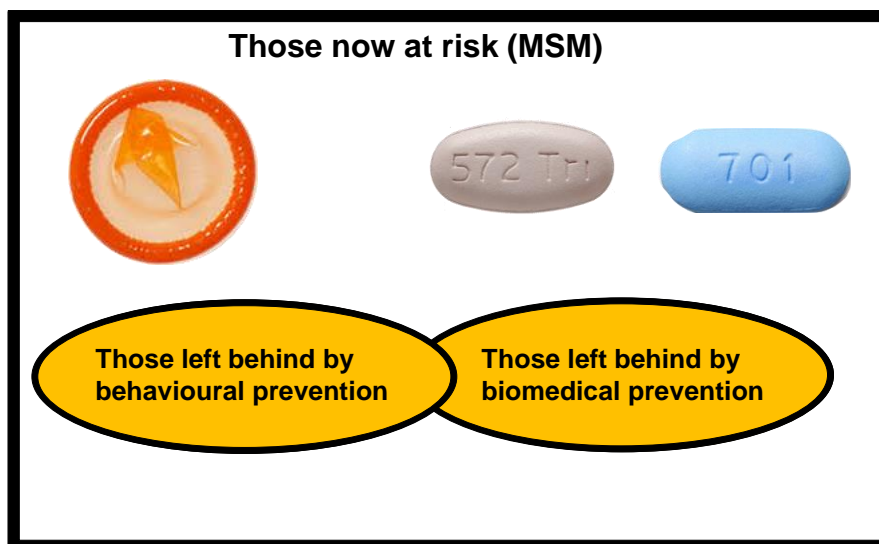
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### Those now at risk (MSM)

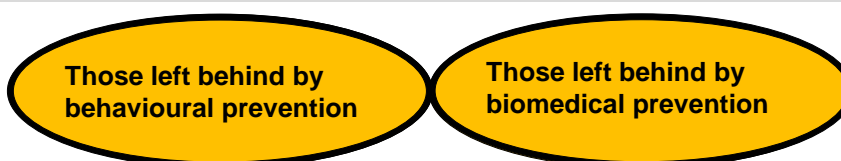


Those left behind by  
biomedical prevention

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**Those being exposed to HIV before 2015 are different people to those exposed after 2015.**

**It would have been very surprising if the demographics of new HIV infections did not change.**

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**Those left behind by  
biomedical prevention**

**will be those with less health care access**

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- **Social determinants of health**

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**But it will also appear in other groups**

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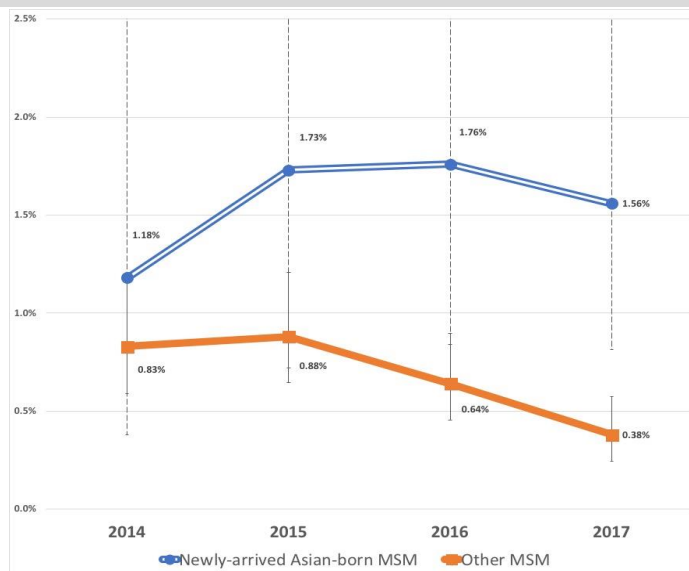
Those left behind by  
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**The reason we are seeing this effect  
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prevalence in this group**

**But it will also appear in other groups  
It also explains the divergence in  
Indigenous HIV**

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### Proportion tested each year with incident HIV infection



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## **Compared to other newly diagnosed MSM, newly-diagnosed newly-arrived Asian-born MSM:**

- **88% no medicare**
- **61% international students**
- **29% never tested before vs 11%**
- **CD4 326 vs 520 (i.e. delayed diagnosis)**

## **Hypothesis**

**Newly-arrived Asian-born MSM are at increased risk of HIV**



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**Their sexual partners are more likely to be newly-arrived Asian-born MSM**

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**They don't have medicare cards.**

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**because**

**There is a higher prevalence of undiagnosed and untreated HIV in their sexual partners.**

**because**

**Their sexual partners are more likely to be newly-arrived Asian-born MSM**

**who**

**Are likely to have delayed HIV diagnosis and viral suppression**

**because**

**They don't have medicare cards.**

**or**

**Newly-arrived Asian-born MSM also may have poorer knowledge of HIV and sexual health or be less successful in negotiation behavioural risk reduction strategies.**

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## Four Pillars of the HIV response

**Prevention**

**Testing**

**Treatment**

**Protection from discrimination**

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## Four Pillars of the HIV response

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**None of these can be done  
well unless all of them  
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## Four Pillars of the HIV response

**Prevention Testing Treatment**  
**ACCESS TO HEALTH CARE**  
**Protection from discrimination**

**None of these can be done  
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### Why might overseas born MSM access health care less?

1. They don't see the need
2. They don't trust it
3. They can't afford it
4. They don't want to

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**In most of the world this is little or no expectation of confidentiality, privacy, protection from discrimination in health care access.**

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**In most of the world, disclosing your sexuality to a health care provider is unthinkable.**

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**Why might overseas born MSM access health care less?**

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## Obstacles to Primary Care in OB MSM

1. **Presumption of discrimination within the health care system (sexuality and HIV status)**
2. **Expectation of violation of privacy, confidentiality**
3. **Fear of a positive result and its implications**
4. **Cost**
5. **Language**

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## Obstacles to Primary Care in OB MSM

1. **Discrimination in health care (sexuality and HIV status)**
2. **Privacy, confidentiality**
3. **Fear of a positive result**
4. **Cost**

**EACH OF THESE OBSTACLES HAVE PREVIOUS EXISTED IN AUSTRALIA AND THEIR REMOVAL WAS CENTRAL TO THE AUSTRALIAN HIV RESPONSE**

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## **Overcoming Obstacles: we know what works**

**Health care services which are desirable, accessible, comprehensive, low cost and in the patient's own language.**

**Protect OB MSM from the negative consequences of a positive diagnosis:**

- **including information and advocacy in visa and immigration issues.**

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## **Some things which are not relevant**

**This population is now a high prevalence population and testing people before they enter the population will not make any difference.**

- **i.e. excluding HIV positive immigrants or temporary visa holders will not make much difference until the prevalence in this group is low.**

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## Population size?

- >700,000 temporary migrants + >700,000 overseas students + >250,000 working holiday makers  
~7% of the Australian population
- Likely to be a much higher proportion of males in Australia aged 25-40  
~14% of 25-40yo males
- MSM over-represented, particularly in newly-arrived Asian-born MSM  
**~20% of MSM**

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**This inequality is cruel and unacceptable and makes no public health sense.**

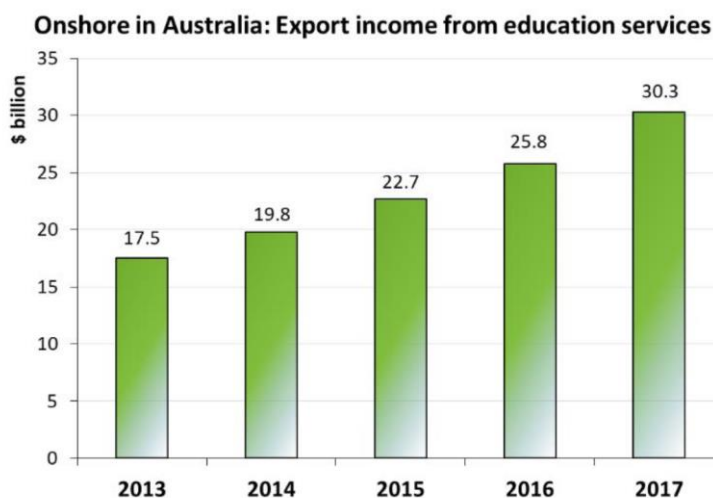
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## Why should we fund this?

**This inequality is cruel and unacceptable and makes no public health sense.**

- 1. Ethically: inhumane**
- 2. Epidemiologically: biomedical prevention will fail to eliminate HIV if coverage is incomplete**
- 3. Economic: fee paying students might stop coming to Australia**

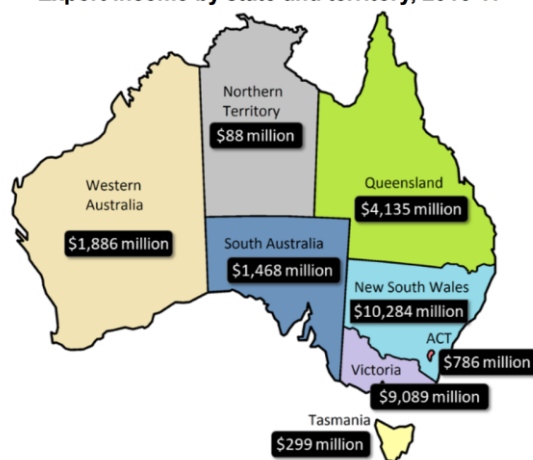
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<https://internationaleducation.gov.au/research/research-snapshots>

### Export income by state and territory, 2016-17



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[tps://internationaleducation.gov.au/research/research-snapshots](https://internationaleducation.gov.au/research/research-snapshots)


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## Summary

- 1. Overseas-born MSM are being left behind by the HIV treatment and prevention revolution.**
  - 2. This illuminates the limitations of our current approach and will undermine its success.**
  - 3. Precedents for this situation and its remedies exist internationally and in our own history.**
  - 4. Very quickly on arrival, overseas-born MSM need to be got at with the very highest quality and most appealing health care that we can come up with.**
-