

# Ensuring First Nations Peoples are not left behind in Australia's HIV elimination efforts

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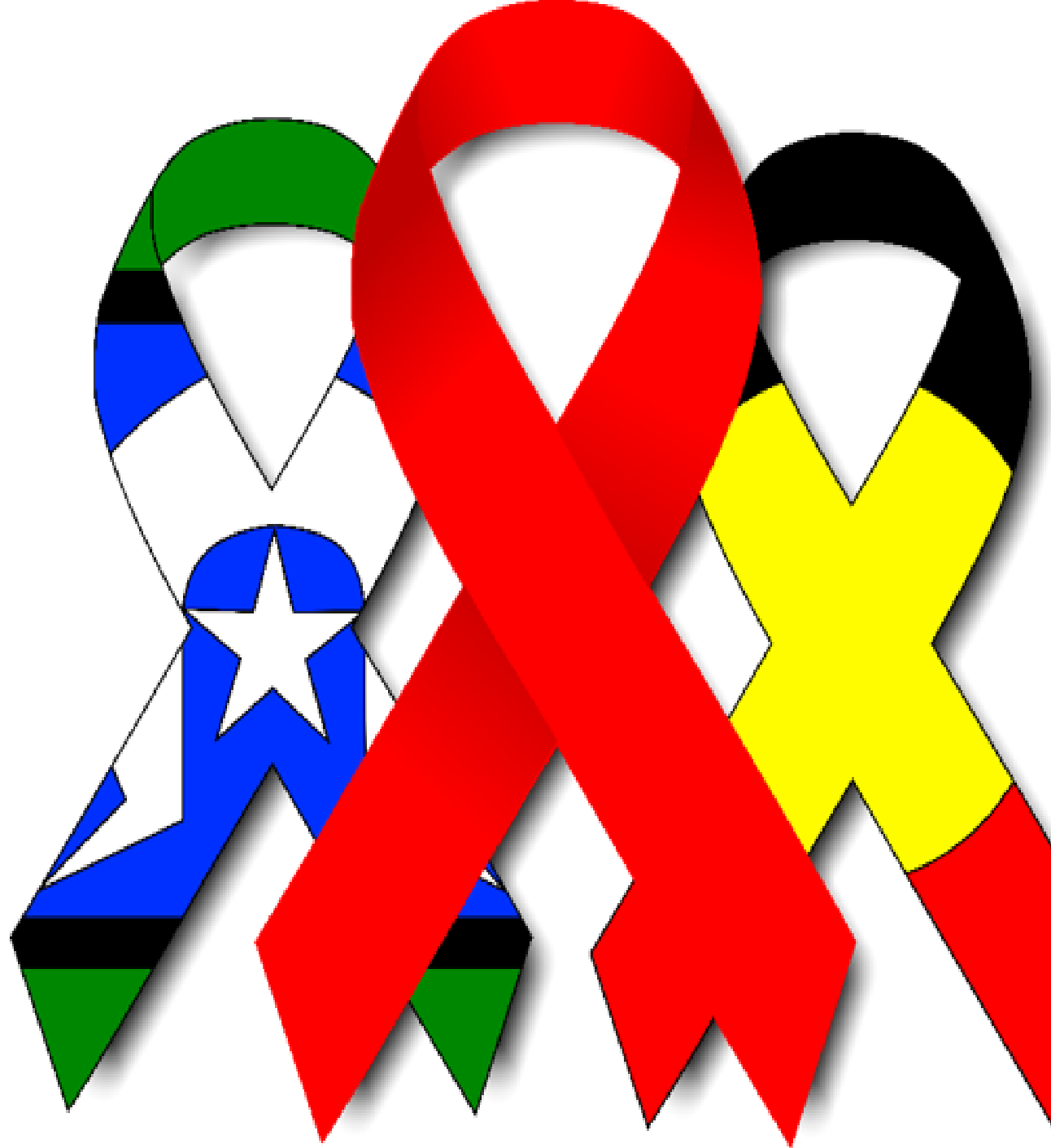


## Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

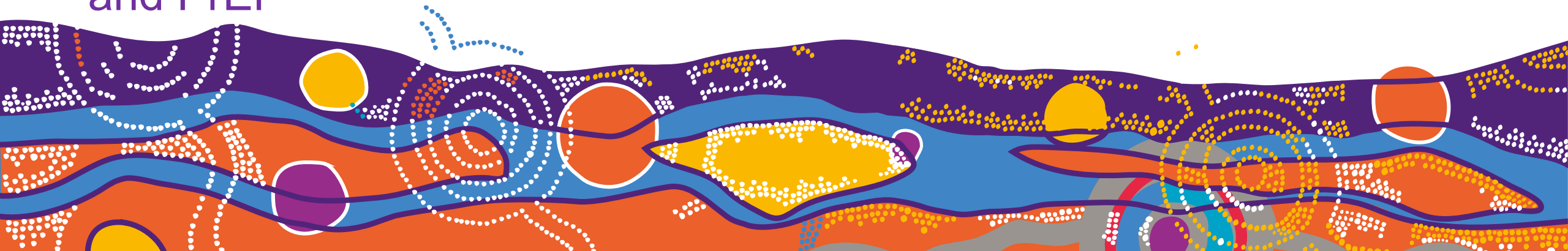
We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.



# HIV among First Nations Australians context is important

- Unlike many other countries that have been colonised, diagnoses population rates of HIV remain low among First Nations Peoples.
- This is despite very significant risk factors
- Many reasons speculated – community mobilization, community awareness, education and programs, demographic differences in population, younger more remote, relationality, responsibility, sexual networks, overall Australian initiatives, like NSP, early adopters of TasP and PrEP



What, where, and whom should we be working to achieve elimination?



# Current Status of First Nations Peoples and HIV

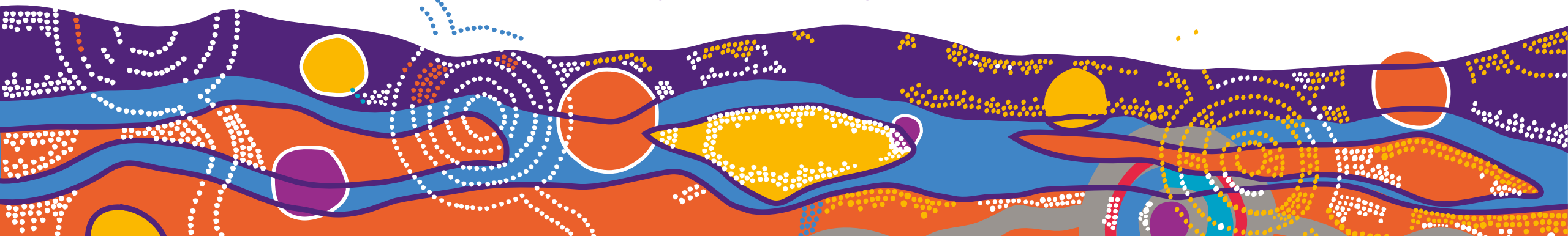
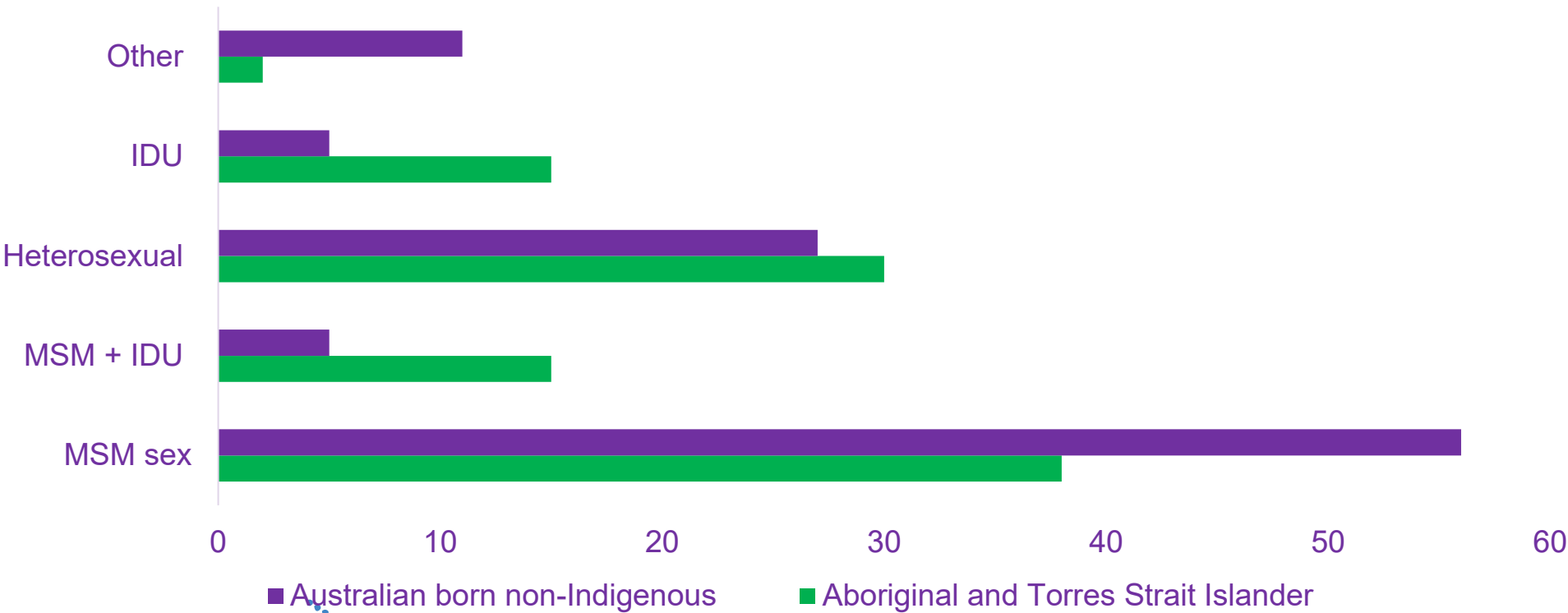
- Overall new cases of HIV remain around 20 cases per year
- In 2014 estimated 686,000 population and 34 cases
- In 2024 estimated 1,000,000 First Nations Australians, but 24 cases of HIV diagnosed

Always been a different epidemiological profile of people diagnosed with HIV, relative to non-Indigenous Australians less MSM, more MSM and IDU, more IDU, higher proportion of cases among women and higher proportion of cases heterosexually acquired.



# Epidemiological differences in HIV cases

HIV Cases by Exposure by Aboriginal and Torres Strait Islander Status 2021-2023



# Contextual issues that require addressing to end HIV

Australia unique, very high rates of STIs among First Nations Peoples, yet stable and low rates of HIV

Infectious syphilis cases continues to peak--- much greater potency and relational and place-based strategies are required

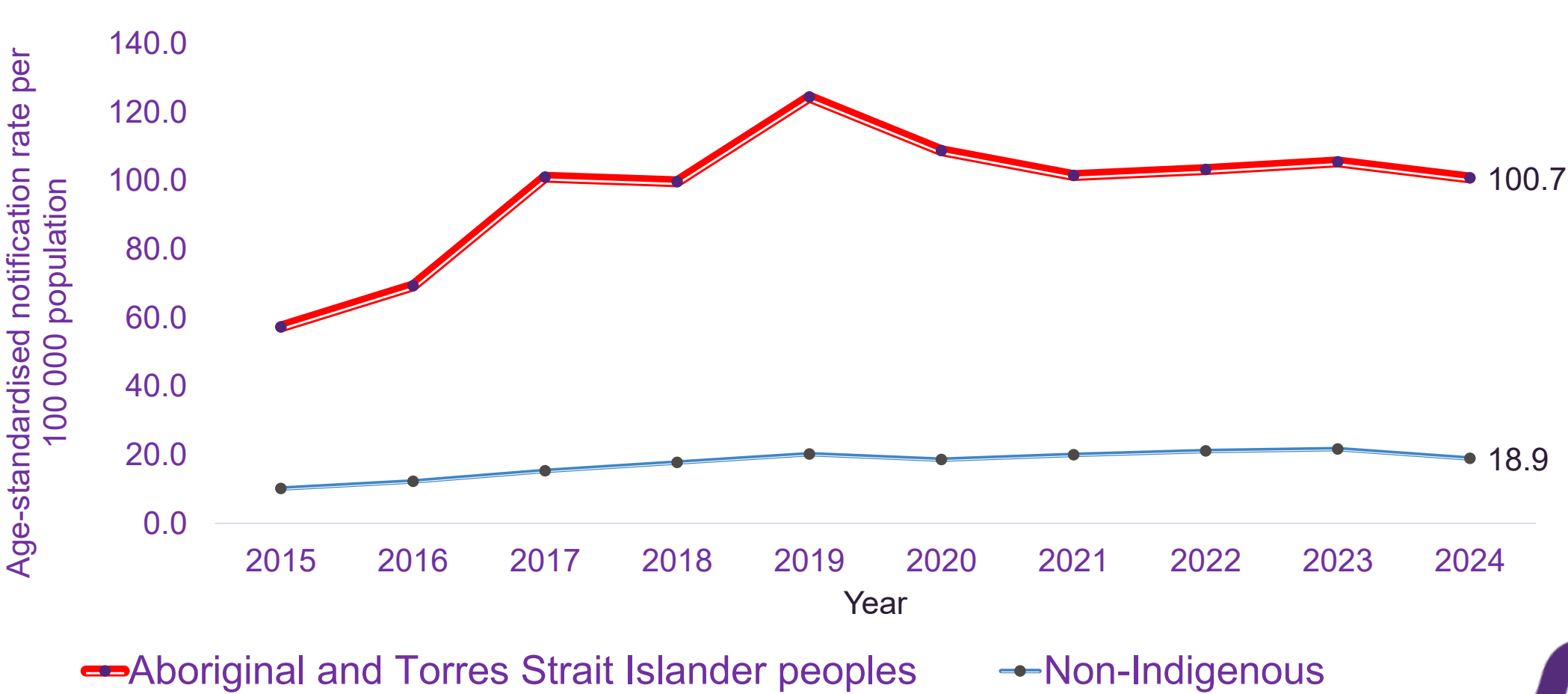
Under recognised and untouched epidemic of injecting drug use in Aboriginal communities particularly ice --- especially in communities where alcohol is not permitted.

Occasional outbreaks of HIV in communities





# Infectious syphilis notification rate, by Aboriginal and Torres Strait Islander status, 2015–2024



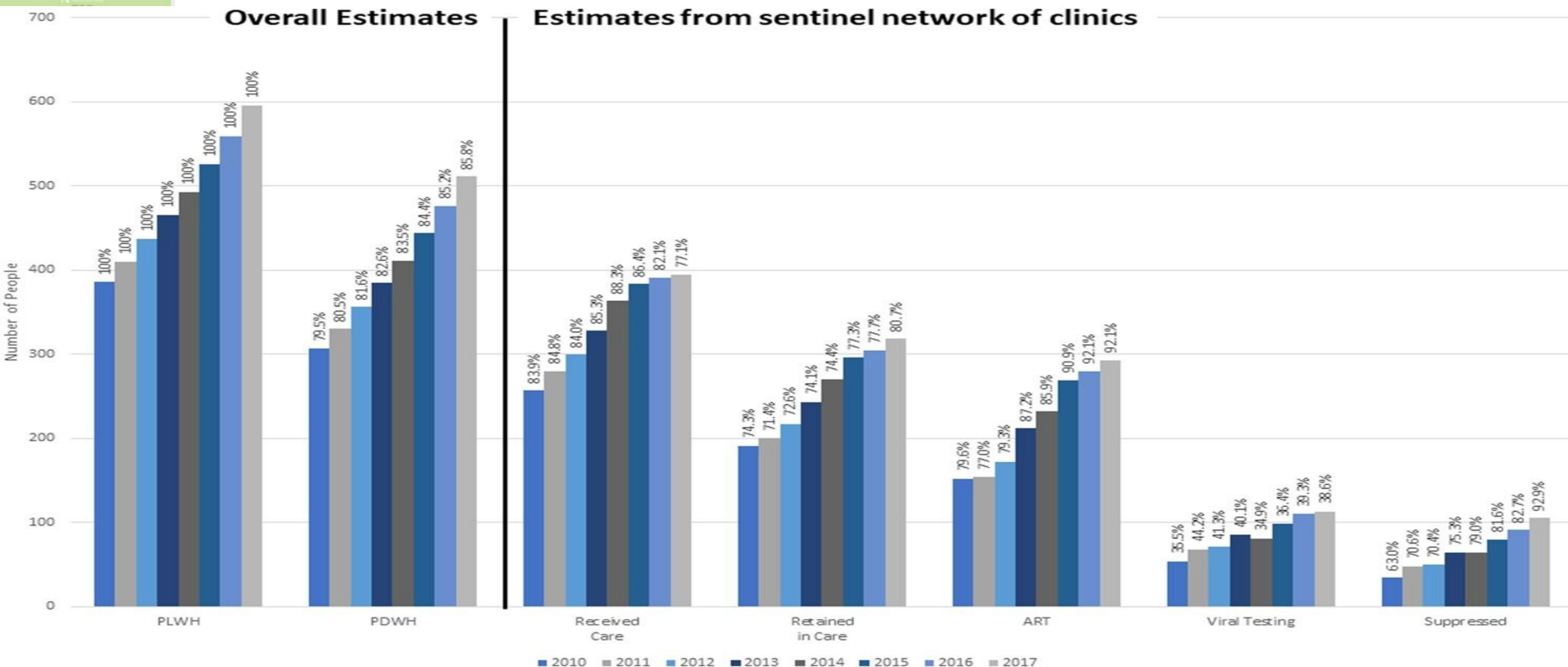


- Overall, estimate that 620 First Nations peoples are living with HIV
- Overall prevalence 0.09%
- Proportion of late diagnoses among FN women is greater than rest of population 48% vs 26%
- Estimated around 40 people not yet diagnosed

# A HIV diagnosis and treatment cascade for Aboriginal and Torres Strait Islander peoples of Australia

Jacqueline H. Stephens , Richard T Gray , Rebecca Guy , Tobias Vickers  & James Ward 

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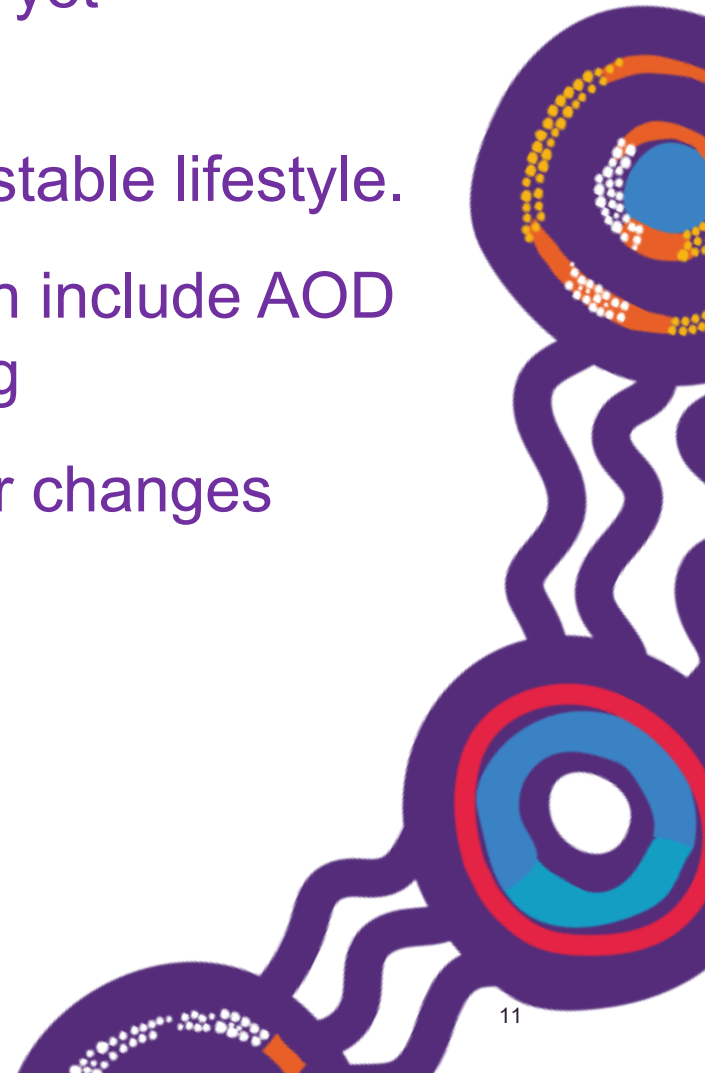
# What's required to reach elimination

Finding the 40 people estimated to be living with HIV but not yet diagnosed – needle in a haystack

Highly likely urban areas, highly likely to be mobile and not stable lifestyle.

Broadening testing availability in clinics beyond sexual health include AOD services, prisons, primary care plus exploration of self testing

Continue to monitor HIV care and management cascades for changes over time



# What's required to reach elimination

- Ongoing community education
- Ongoing efforts are required to reduce STIs in Aboriginal and Torres Strait Islander communities [prevention to management]
- Testing following positive diagnosis of another STI for HIV in primary care remains low around 30% but high rates of STI and HIV done on same day
- Increase harm reduction efforts among First Nations people who inject drugs
- Uptake of PreP
- Data availability that enable local solutions to be acted upon quickly



Rates of HIV are decreasing

First Nations Peoples have led the way.

If we continue, we should be ready by 2030

But if we don't have continued advocacy and effort, we could be in a very different situation in 2030

Remember liberation is the end game

