



The failure of Australia's clinical health service delivery models to adapt to the new landscape of HIV prevention and care.

Nicholas Medland | 3 November 2018

HIV and Health Care Access



- **No competing interests to declare.**



Biomedical
prevention
in MSM in
Australia.

Rupanyup, VIC 3388



HIV and Health Care Access

UNSW
STUDY

Kiersey Institute

Risk in the setting of a high prevalence of undiagnosed and untreated infection is determined by environmental and behavioural factors.



HIV and Health Care Access

UNSW
STUDY

Kiersey Institute

Risk in the setting of a low prevalence of undiagnosed and untreated infection is determined by health care access and migration.



MSM at most risk of HIV

**Those left behind by
behavioural prevention**

**Those left behind by
biomedical prevention**

**Those left behind by
biomedical prevention**

will be those with less health care access including:

- **Uninsured (Medicare ineligible)**
- **Remote**
- **Indigenous**
- **Social determinants of health**

Temporary visa holders in Australia do not have access to universal health care (Medicare ineligible)

1.5 - 2.0 million temporary visa holders

>750,000 temporary workers + >750,000 overseas students +

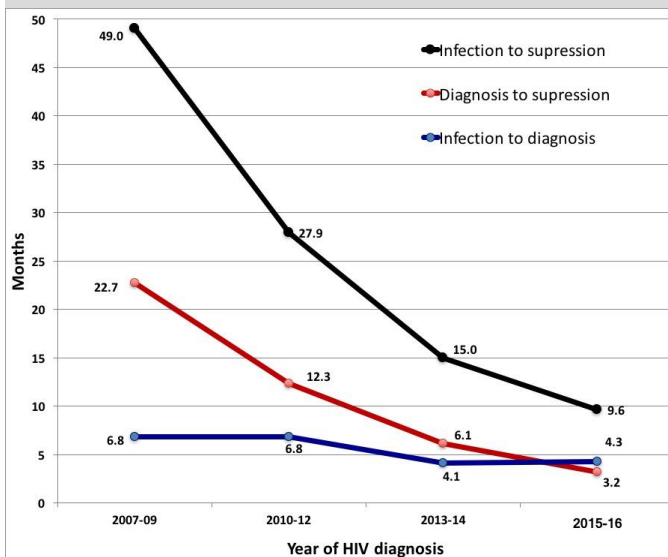
>250,000 working holiday makers

~ 8% of the Australian population...

~ 15% of 15-50yo males...

20%-25% of MSM ...

Time from HIV infection to viral suppression: 2007-2016



ART coverage in diagnosed > 95%

Retention in those on ART > 98%

Medland *et al*, AIDS 31:2377-2385, (2017)

Newly diagnosed HIV in newly arrived Asian born MSM

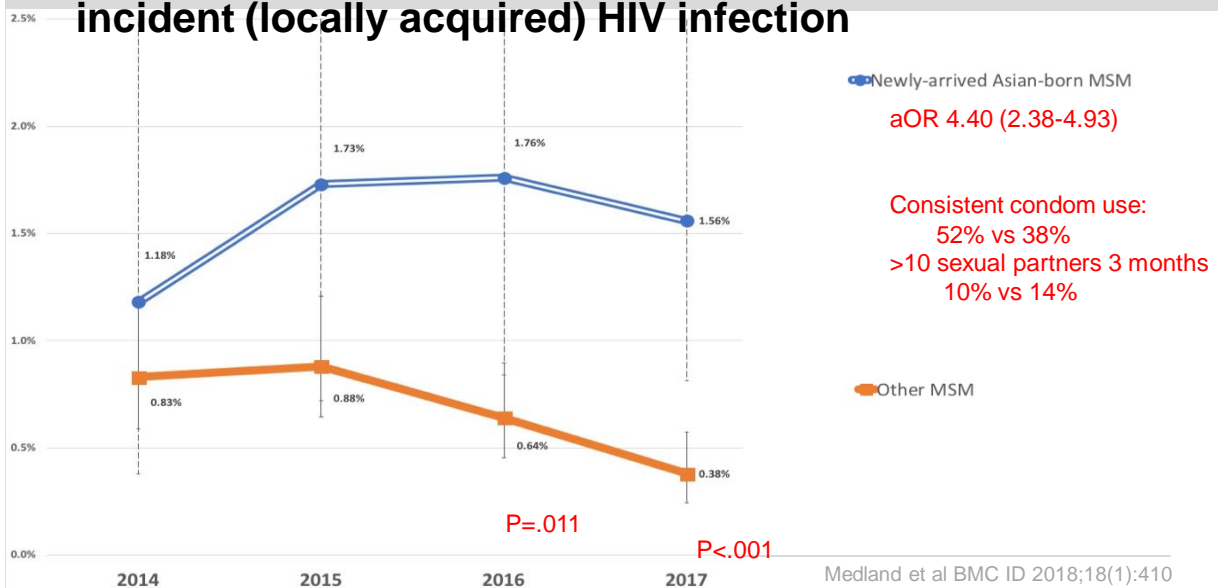
Compared to other newly diagnosed MSM, newly-diagnosed newly-arrived Asian-born MSM at sexual health centres in Sydney and Melbourne:

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

Later diagnosis and higher prevalence of untreated infection are the same thing.

Varma et al Australasian HIV&AIDS Conference 2018

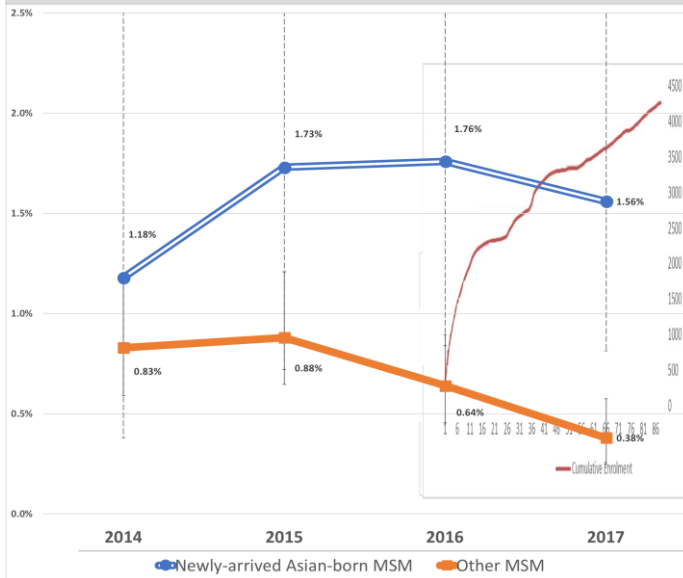
Proportion of MSM tested each year diagnosed with incident (locally acquired) HIV infection



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TasP or PrEP?



Difference emerged in year to June 2016.

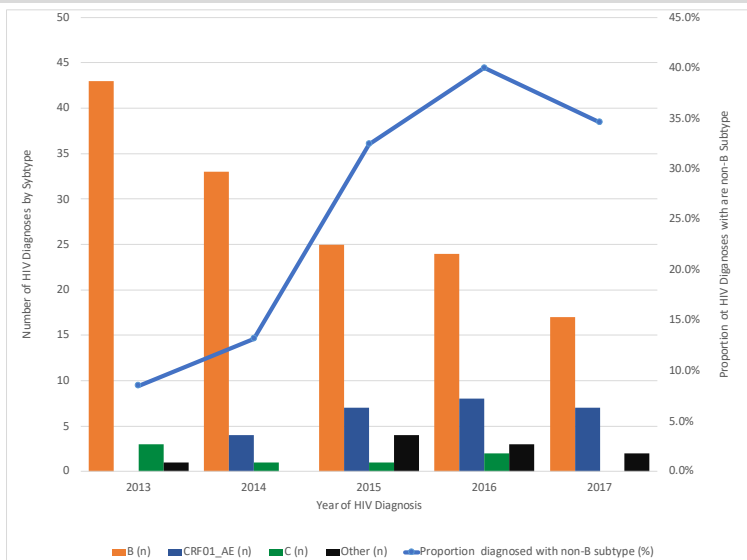
PrEPX commenced enrolment July 2016.

Medland et al BMC ID 2018;18(1):410

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Non B HIV subtype in newly diagnosed HIV in long term resident MSM at MSHC



Selective and effective suppression of B (GWM) epidemic.

Medland et al, under review

Hypothesis

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

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

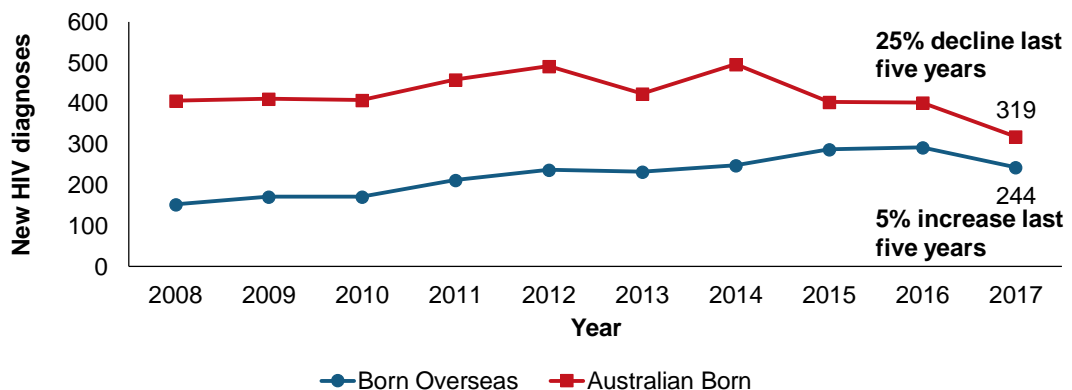
who

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

because

They have reduced health care access

HIV notifications reporting male-to-male sex, by country of birth



Hypothesis

Indigenous people are at increased risk of HIV

because

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

because

Their sexual partners are **more likely** to be Indigenous people

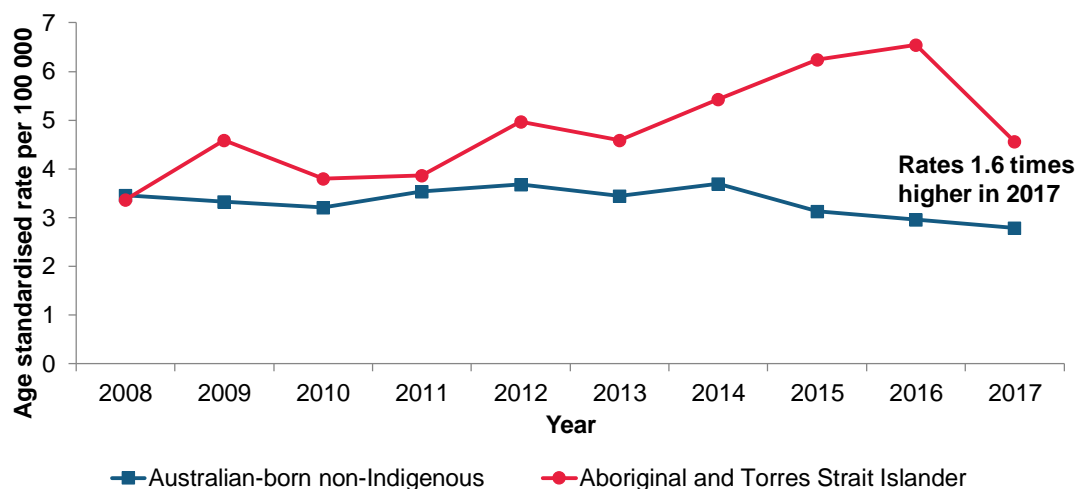
who

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

because

They have reduced health care access

HIV notification rate, by Indigenous status



Hypothesis

Other group with reduced access are at increased risk of HIV

because

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

because

Their sexual partners are **more likely** to be **other group with reduced access**

who

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

because

They have reduced health care access

Four Pillars of the HIV Response

Prevention

Testing

Treatment

Protection from discrimination

**None of these can be done
well unless all of them
are done effectively**

Four Pillars of the HIV Response

ACCESS TO HEALTH CARE

Prevention + Testing + Treatment

Protection from discrimination

**None of these can be done
well unless all of them
are done effectively**

Four Pillars of the HIV Response

Testing without offering treatment and protection from discrimination is cruel, unethical and makes no public health sense.

Temporary visa holders will test less if treatment is not available and if they fear a negative effect on future visa applications.

This will inevitably result in a higher prevalence of undiagnosed and untreated infection, lower uptake of PrEP (even if it is provided free) and a failure to achieve HIV elimination goals.



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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

“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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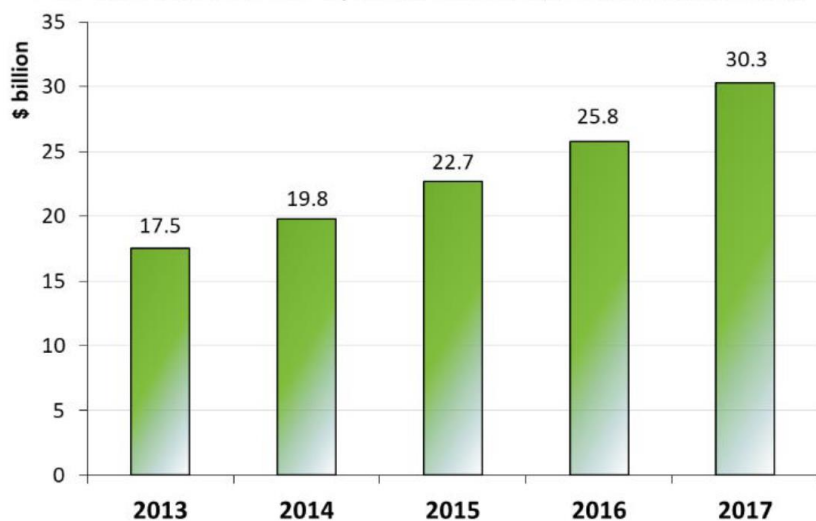
What is needed

1. **TB-like waiver for all costs associated with HIV testing, treatment and prevention.**
 2. **Rigorous protection from discrimination, including in permanent residence application.**
 3. **Aggressive promotion of testing, treatment and PrEP in identified subcommunities.**
-

Australia profits from temporary visas

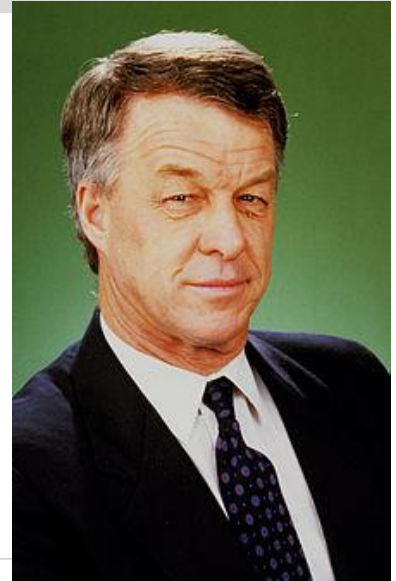


Onshore in Australia: Export income from education services



Medicare

- **An outstandingly successful universal health care system**
- **A key component of Australia's exemplary HIV response**
- **Medicare eligibility rules are a major obstacle to HIV elimination**
- **A national universal health insurance scheme for temporary visa holders that includes all aspects of HIV testing, treatment and preventions is now required.**



Summary

High coverage of PrEP and TasP across all MSM subpopulations will be required to eliminate HIV:

- **HIV testing is the gateway to both**
- **Testing without being able to offer treatment and protection from discrimination is cruel, unethical and will result in reduced uptake of PrEP**
- **HIV elimination will be deferred until both of these issues have been addressed and the return on the investment in PrEP and TasP will be less because of it**
- **TB is a precedent we should look to as an interim solution.**

Acknowledgements

Eric Chow, Tim Read, Suellen Nicholson, Doris Chibo, Catriona Bradshaw, Ian Denham, Praveena Gunaratnum, Jason Ong, Marcus Chen

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Skye McGregor, Rick Varma

Newly-arrived Asian-born and other MSM

