

2019 AUSTRALASIAN

# SEXUAL HEALTH



CONFERENCE



#SH19 @ASHMMEDIA

16-18 September 2019

PERTH CONVENTION &  
EXHIBITION CENTRE



#HIVAUS19 @ASHMMEDIA

17-19 September 2019

PERTH CONVENTION &  
EXHIBITION CENTRE

2019 AUSTRALASIAN

# HIV & AIDS



CONFERENCE

## KEY FINDINGS REPORT

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# CONTENTS

From 16–19 September 2019, researchers, policy makers, clinicians and community leaders gathered in Perth to discuss cutting-edge research, build on successes and collaboratively approach challenges in addressing HIV and sexual health at the joint [Australasian HIV & AIDS and Sexual Health Conferences](#).

These annual joint conferences are the region's flagship events for HIV and sexual health research, hosted and organised annually by the [Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine \(ASHM\)](#), a peak organisation of health professionals in Australia and New Zealand.

The Sexual Health Conference is coordinated in collaboration with the Australasian Sexual Health Alliance (ASHA), a group of partner organisations established to improve national and local responses to sexual health issues via a multidisciplinary support network for the sexual health workforce.

This report provides a snapshot of select key findings from the conferences. For a more expansive range of presentations, to view slides, to read abstracts and to listen to audio, visit the ['Agenda'](#) page of the [conference website](#) and click on the individually hyperlinked sessions.

## **3 Introduction**

## **4 Clinical Management and Therapeutics Theme**

- » PrEP
- » Gonorrhoea
- » Maternal contraception
- » Snapshot: WA Syphilis Outbreak

## **8 Basic Science Theme**

- » HTLV-1
- » Gonorrhoea
- » HIV and Ageing
- » HIV Vaccine

## **12 Prevention, Epidemiology and Health Promotion Theme**

- » HIV: No One Left Behind - Mobility/Migration
- » Spotlight on "Syphilaxis"
- » Papua New Guinea
- » Youth and Sexual Health

## **16 Social, Political and Cultural Aspects Theme**

- » HIV Criminalisation
- » Transgender and Gender Diverse People
- » Indigenous Australians

## **21 With Thanks**

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# INTRODUCTION

October 2019 marked ASHM's 30th year serving the sector. In that time we have seen the most extraordinary achievements in the prevention, treatment and care of HIV, blood-borne viruses (BBVs) and sexual health, informed by latest research and guided by the needs and engagement of affected communities.

This year's HIV and sexual health conferences focused on tackling late diagnosis; getting treatment to those who need it; reaching more people through innovative delivery and the removal of unnecessary and obstructive laws and policies.

Trans and gender diverse sexual health and contraception and reproductive rights for women were also featured.

Spotlights were shone on highly mobile people and those born overseas, HIV and ageing, the transmission of drug-resistant gonorrhoea and the syphilis outbreak in remote and regional Australia.

In our globalised, highly mobile world, the responsibility we have to our neighbours in Papua New Guinea (PNG) and across our region should be obvious. At this conference, ASHM and partners re-committed to the need for urgent action required to properly respond to HIV in PNG and address an escalating crisis within health systems and service access. We welcomed leaders from PNG, Timor Leste, Singapore and across the region.

Closer to home, Aboriginal and Torres Strait Islander communities are disproportionately affected by outbreaks of HIV, syphilis and epidemic levels of sexually transmissible infections as well as the threats posed by HTLV-1. Delegates and organisations at the conferences were called upon to become signatories to the [Noongar Boodja Statement](#), a call to close the gap on STIs and BBVs among Indigenous peoples of Australasia.

We hope you enjoy these highlights from the conferences.

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**ashm** conference and events division

## PrEP

**“Australia will fail to eliminate HIV transmissions in gay and bisexual men (GBM) unless PrEP is made available to all gay and bisexual men, regardless of their visa status.”**

DR NICK MEDLAND , ASHM VICE PRESIDENT, BOARD OF DIRECTORS

Thanks to the introduction of pre-exposure prophylaxis (PrEP) - a pill that can be taken taken as prescribed to prevent HIV - Australia has achieved globally unprecedented reductions in HIV infections in GBM. PrEP eligibility, awareness and use have rapidly increased, with PrEP coverage reaching 39% of eligible men in 2018 ([Gay Community Periodic Surveys 2014-18](#)). However, as PrEP use has risen among Australian GBM, willingness to use it among non-users has plateaued.

In a recent behavioural survey, 25% of GBM still remain at high risk of HIV, combining anal intercourse with lack of condom or PrEP use.

Studies show poor PrEP uptake in (i) less populous states/territories; (ii) non-Anglo GBM; (iii) men with lower levels of education (iv) men without full-time employment.

Services need to adapt and innovate to ensure PrEP uptake reaches the levels required to maximise HIV prevention impact. Australia has set a national target of PrEP coverage reaching 75% of those eligible by the end of 2022 ([Eighth National HIV Strategy 2018-2022](#)).

### **Delivery innovations to consider include:**

- » Highlighting ‘on demand’ PrEP to men who periodically engage in condomless anal intercourse (CAIC) or sex related drug use (‘chemsex’);
- » Raising awareness of PrEP amongst groups with low uptake; and
- » Alternative ways of taking PrEP for those with concerns about medication, with long-acting injections seen as more attractive than daily pills by eligible non-users.

### **Notes for Clinicians**

Growing numbers of GBM are adopting biomedical prevention strategies (such as PrEP) and acknowledging the prevention benefits of people with an undetectable viral load (treatment as prevention) in place of consistent condom use. Clinicians and educators should be aware of trends in casual sex and agreements among partnered men to better support appropriate testing and disclosure about risk behaviours.



[Read the conference proffered papers on PrEP.](#)

# GONORRHOEA

**The transmission of antimicrobial resistance to *N. gonorrhoeae* is directly proportional to prevalence. The number of gonorrhoea notifications in Australia continues to increase at a dramatic rate, from 66.9 to 125.9 notifications per 100 000 population in 2014 and 2018, respectively.**

Compared to other sexually transmitted bacteria, *N. gonorrhoeae* has an extraordinary capacity to develop and retain antimicrobial resistance (AMR). The threat of untreatable gonorrhoea now looms on the horizon while the arsenal of effective antimicrobial agents diminishes with time. Current evidence highlights the need for renewed efforts to ensure individuals at risk of gonorrhoea infection are tested, accurately diagnosed and appropriately treated.

## Clinical Guidelines

The sporadic isolates resistant to ceftriaxone, and the increasingly low and high level azithromycin resistance being reported has led to the British Association for Sexual Health and HIV (BASHH) removing azithromycin from their treatment guidelines, and to the Australian STI Management Guidelines increasing the dosage for pharyngeal infection. These treatment modifications include retaining dual therapy to reduce further resistance; improving cure rates as the minimum inhibitory concentration (MICs) for azithromycin approach clinical break points; and addressing the poor drug uptake in the pharynx.



See treatment guidelines - [Recommendations for Treatment of Gonococcal Infections in the era of MDR/XDR Gonorrhoea](#) (document for Sexual Health specialists)

## What does the future hold?

### VACCINES

- » A vaccine is possible and potentially effective, even with partial efficiency.
- » Population vaccination of 30-75% would achieve good epidemiological effectiveness.

### DIAGNOSIS

- » Point-of-care tests (PoCT) to facilitate treatment and contact tracing. See [TTANGO2 trial](#).
- » The role of pooled specimen testing using GeneXpert as a point-of-care nucleic acid test in GBM requires further investigation. Has potential for screening GBM for Chlamydia and *N. gonorrhoeae*. ([Speers., 2018](#)).

### TREATMENT

- » A few existing drugs (such as ertapenem) can be repositioned to help manage multi-drug resistant (MDR) and extensively-drug resistant (XDR) gonorrhoea.
- » Recent clinical trials involving solithromycin and delafloxacin have been disappointing. At present, zoliflodacin and gepotidacin appear to be the most promising antimicrobial agents in clinical development but it is unlikely that either of these new agents could be promoted for monotherapy of gonorrhoea.
- » The pre-clinical pipeline remains relatively empty of agents likely to progress to clinical development for gonorrhoea treatment and increased investment into gonorrhoea-specific drug discovery is recommended.

# MATERNAL CONTRACEPTION

**“For many women, introducing contraception at six weeks postpartum is too late.”**

PROFESSOR SHARON CAMERON, CONSULTANT, UNIVERSITY OF EDINBURGH AND NHS Lothian, UK

There is growing recognition that we have underestimated women’s need for effective contraception in the postpartum period. UK studies have revealed 1 in 13 UK abortions are in women who gave birth the previous year. Ovulation can resume as early as day 25 postpartum in women who aren’t breastfeeding and exclusive breastfeeding rates at 6 weeks are low: Scotland and England (28%) Australia (39%).

~50% of women are sexually active by week 6 ([McDonald & Brown BJOG 2013](#)).

In the UK, many midwives were found to lack the time or the skills to discuss contraception in the maternity ward, and mothers weren’t particularly receptive. The 6-week postpartum GP visit was considered not very contraception focused, the appointment was not always attended and most importantly, it was too late for the many mothers who had already resumed sex.

## Recommendations:

- » Contraceptive counselling should be available antenatally.
- » Contraception should be initiated by 21 days.
- » Contraception can be initiated immediately following childbirth if desired + medically eligible.



View the keynote presentation “[Putting Contraception back in to Maternity Care](#)”



Read about the [APPLES pilot project in Scotland](#) (APPLES, Cameron et al., BJOG 2017).

# SNAPSHOT: WESTERN AUSTRALIA SYPHILIS OUTBREAK

As of June 2019, notifications of infectious syphilis in Western Australia (WA) were 53% higher than the previous 12-month period and more than double the previous 5-year mean. (See 2019 second quarterly STI and BBV report (Word 889KB)).

Notifications have primarily affected Aboriginal people in remote areas in northern WA and GBM in Perth. However, since 2016, notifications are also increasing in heterosexuals in Perth, with women seeing an almost 3-fold increase compared to the previous 12-months.



See slide presentation [WA Syphilis Epidemiology by Dr Clare Huppertz and Syphilis in Gay/MSM in WA: Epidemiology and Emergent Trends by Garry Kuchel](#)

## Notes for Clinicians

In contrast with the infectious syphilis outbreak in the USA which is mainly affecting people who inject drugs, heterosexual people contracting syphilis in Perth do not appear to have any particular risk factors. This makes it difficult for clinicians, especially antenatal care providers, to identify patients who should be offered opportunistic syphilis testing and pregnant women who should be offered syphilis testing in the second and third trimesters. Qualitative interviews may be useful to collect risk behaviour information which patients may be reluctant to divulge to their GP e.g. heterosexual-identifying males who have sex with men.

## Remote Western Australia

The increased notifications in the Kimberley, Pilbara and Goldfields regions are part of a larger outbreak in northern Australia that commenced in January 2011 in north west Queensland. The [WA Syphilis Outbreak Response Action Plan](#) has been developed to guide WA's approach in combating the outbreak in the Kimberley and Pilbara, and help to prevent its spread.



See also the [DoH page](#) on the outbreak in northern and central Australia.



See also the [Syphilis Outbreak Training Website](#) that was launched during the conference.

## HTLV-1: A NEW HOPE FOR TREATMENT

**“We urgently need to better understand the effect of this virus in Indigenous communities and this must be done with Indigenous guidance and leadership.”**

DR LLOYD EINSIEDEL, EXECUTIVE DIRECTOR CENTRAL AUSTRALIA, BAKER HEART & DIABETES INSTITUTE

Human T Leukemia Virus type 1 (HTLV-1) is a highly contagious blood-borne virus associated with a rapidly fatal form of leukemia, inflammation in various organs including the lungs, and an increased risk of other infections. Indigenous communities in central Australia have the highest prevalence rates of HTLV-1 in the world, often greater than 50%. To date there are no known vaccines or treatments.

Pre-clinical studies in mice have suggested HTLV-1 may be susceptible to some antiretroviral compounds developed for HIV. An [investigation into preventative and therapeutic intervention strategies against HTLV-1](#) found the Inhibitor of Apoptosis (IAP) antagonist, birinapant, to be effective at killing HTLV-1-infected cells and is a proof-of-concept for the use of IAP inhibitors against HTLV-1.

Australia's strain of HTLV-1 is genetically different and potentially functionally different to that seen in other endemic areas, such as Brazil and Japan. A look at [novel aspects of the Australian HTLV-1c strains](#) recommended further studies to examine the functions of HTLV-1c regulatory and accessory genes and to develop vaccines and antiviral drug treatments to combat HTLV-1c transmission.



[See the HTVL-1 Conference Symposium](#)



## ***N. GONORRHOEAE*: ANTIMICROBIAL RESISTANCE AND RESISTANCE TESTING IN PRACTICE**

**“Laboratories are shooting themselves in the foot.”**

ASSOCIATE PROFESSOR DEBORAH WILLIAMSON, CLINICAL AND PUBLIC HEALTH MICROBIOLOGIST,  
DEPUTY DIRECTOR OF THE MICROBIOLOGICAL DIAGNOSTIC UNIT PUBLIC HEALTH LABORATORY AT  
THE DOHERTY INSTITUTE

Australia's widespread adoption of culture-independent diagnostic testing for *N. gonorrhoeae* is hampering the ability of laboratories to detect antimicrobial resistance and limiting our understanding.

The implementation of new assays to facilitate 'precision' treatment, based on the prediction of *N. gonorrhoeae* susceptibility to old anti-gonococcal drugs, combined with individualised therapy, has been shown to slow resistance spread and reduce the number of gonorrhoea cases. They could also enable the recycling of older antibiotics and facilitate the sparing use of ceftriaxone.

Molecular tests for *N. gonorrhoeae* need to enhance (not replace) culture-based *N. gonorrhoeae* AMR surveillance. Real time testing for antimicrobial resistance is required to guide treatment.

Molecular *N. gonorrhoeae* resistance testing is already underway in Australia.

### **Combining behaviour with laboratory data**

Combining laboratory and epidemiological data provides far greater insights into the spread of AMR *N. gonorrhoeae* than either alone, yet few surveillance programmes combine AMR data with epidemiological and individual-level behavioural risk factors. Such information can provide insights into factors promoting the acquisition of resistant *N. gonorrhoeae*, such as sexual orientation, international travel or sexual behaviours. Identification of specific risk groups may enable targeted public health action. The next step is to combine and translate these learnings into policy and practice.

## HIV AND AGEING

**“For people with HIV, and for community organisations that serve and represent them, living simultaneously with HIV and with the consequences of ageing is a new frontier,”**

NAPWHA REPORT, HIV AND AGEING

Many people living with HIV (PLHIV) are already dealing with the changes and challenges of growing older, and many more will be doing so in coming decades. Evidence suggests that the prevalence of comorbidities and other age-related conditions is higher amongst PLHIV than in their HIV negative peers, even after adjustment for age and traditional risk factors. Why? To answer this, two questions which more than likely interact must be addressed and better understood:

- » Does HIV cause accelerated ageing through pathways common to the ageing process?
- » Or is HIV an additional risk factor for a variety of chronic conditions thereby accentuating the prevalence of a co-morbidity at each age?

The [Growing Older with HIV Basic Science Symposium](#) looked at cardiovascular disease (CVD), cognitive and brain ageing, and accelerated atherosclerosis. Studies found:

- » Measures of monocyte activation may be useful in predicting CVD risk not accounted for by traditional risk factors or dyslipidemia.
- » There is a significant link between periodontitis and atherosclerosis in younger, comparable adult HIV patients stable on anti-retroviral therapy (ART).
- » Studies seem to suggest a relationship between HIV and deterioration of brain function according to age.

Despite divergence of opinions as to whether HIV accelerates or accentuates ageing, there is agreement on the need for person-centred, individualised care that goes beyond the HIV care cascades and involves routine screening and treatment of age-related illnesses, assessment of functional status and disability and optimisation of Quality of Life (QoL). It is essential that such care addresses the higher levels of alcohol and other drug use (AOD) and smoking, lower exercise and poverty, as well as psychosocial and welfare issues.



[See also the symposium: Long Term Impact of HIV](#)



[Read the NAPWHA report: HIV and Ageing in Australia](#)

The [Living Positive in Queensland qualitative longitudinal study](#) examined ageing in people living long term with HIV. Participants described uncertainty about ageing, expressing ambivalence in the face of debates surrounding adverse HIV ageing discourses and unknown futures. Having experienced stigma and discrimination in healthcare settings, they were concerned about stigma and discrimination in aged care settings and worried that the aged care sector was not ready to respond to the needs of PLHIV. Some of the most vulnerable participants described “back up plans” of treatment non-adherence – essentially a form of voluntary euthanasia or suicidal ideation.

## HIV VACCINE: T-CELL RESPONSES TO HIV

Western Australian researchers have been investigating how pathogen adaptation influences T- cell responses to HIV. They have previously demonstrated viral mutations that disrupt the HLA-peptide-TCR complex leading to loss of antigen recognition. This has now been expanded into a single-cell TCR analysis pipeline to delineate whether responses to the adapted form of the T-cell epitope are mediated by the recruitment of new clonotypes or by selection of particular clonotypes with more cross-reactive TCRs. The strategy has demonstrated co-existence of cross-reactive T-cells recognising the adapted and non-adapted viruses.



[View the slide presentation](#)



[Read the abstract](#)



[Listen to the audio recording](#)

## HIV: NO ONE LEFT BEHIND - MOBILITY/ MIGRATION

**With more than one billion people moving across the world in 2018, mobility is an increasingly important threat to Australia's HIV response. Australia has seen an increase in HIV notifications among people born overseas and people who travel to and from countries of high HIV prevalence. Australia has a target of reaching zero new HIV infections by 2022, but achieving this will require a more nuanced understanding of HIV among migrant and other mobile populations.**



[See CoPAHM: 'HIV and Mobility in Australia: Creating a Coalition for Action'](#)

In Australia, we are seeing divergence in HIV notifications between Australian born GBM and their overseas born peers, with 27% of HIV in Southeast Asian-born people living in Australia going undiagnosed. The sophistication required to navigate the layers of HIV prevention and the language we use to describe it can be an obstacle for those newly arrived. Treatment access can also be extremely difficult for PLHIV who are ineligible for Medicare.

Australians (mainly men) who travel to areas of high HIV prevalence are also falling through the gaps.

It is time for Australia to turn its attention to these emerging population groups. What is urgently required is leadership and resourcing.



[View the presentations in the Mobility/Migration symposium.](#)

## **SPOTLIGHT ON 'SYPHILAXIS': Should doxycycline be used as pre-exposure prophylaxis against syphilis infection in high-risk individuals?**

Antibiotic prophylaxis can reduce the risk of sexually transmissible infections (STIs), but concerns remain about the safety and feasibility of its implementation. An online survey of 517 Australian GBM found 13% of study participants had used antibiotics to prevent STIs, and 63% expressed interest in using them in this way.

About 1 in 10 GBM taking PrEP reported using doxycycline as a prophylaxis to prevent STIs.

Although not recommended or indicated for this purpose in any Australian guidelines more than half of the 13% in the survey reported getting their antibiotics from their GP.

Doctors and the wider sexual health provider community are being urged to be vigilant and take steps to discourage doxycycline use until there is more evidence of its safety and efficacy as an STI prophylaxis.



[Read more about the survey.](#)

# PAPUA NEW GUINEA

**“The rise in drug resistance is a serious threat to global health, resulting in unnecessary deaths, an increase in hard-to-treat infections, and ultimately increased healthcare costs.”**

DR ARUN MENON, ASHM INTERNATIONAL CLINICAL ADVISOR

The crises facing the HIV prevention, treatment and care responses in Papua New Guinea are grave and findings presented at conference painted a worrying picture. PNG has one of the highest levels of ART drug resistance in the world for those initiating treatment. Additionally, maternal child transmission remains persistently high and key populations can find it difficult to access services even where they exist due to high levels of stigma and fears of discrimination. At the session “[A Call to Action for HIV Treatment and Care in PNG](#)” experts warned those key issues require urgent action from Australia and the wider international community.



[Read the call to action.](#)



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## Critical Concerns for HIV Treatment & Care in Papua New Guinea

### A Call to Action

HIV in Papua New Guinea (PNG) represents an escalating crisis of health systems and service access. High levels of drug resistance and persistent vertical transmission have contributed to complexity in clinical management, whilst key populations are not effectively reached by prevention and treatment services. Inadequate domestic funding and changing levels of donor commitment threaten progress previously achieved under the national response. Urgent action is required to mitigate HIV in PNG and address this growing health security risk to Australasia and the Indo-Pacific region.

# YOUTH AND SEXUAL HEALTH

## Young People's Sexual Health: Findings from the 6th National Survey of Secondary Students and Adolescent Sexual Health 2018

The 6th Survey, conducted online in 2018, engaged 6,327 year 10-12 students. Key findings from the survey demonstrate that there continues to be room to improve young peoples' sexual health knowledge; that students are largely engaging in responsible behaviours, though there is room to increase risk-reduction practices; and that students are accessing a diverse array of educational sources to learn about BBVs and STIs, though more could be done to improve programs both in and out of school.



[Read the study.](#)

### “SHE SEEMED VERY CLEAN TO ME ...”:

#### **Risk perceptions, misperceptions and sexual behaviours among young heterosexual people with gonorrhoea in Perth, WA**

A survey of heterosexual, non-Aboriginal, English speaking, youth (18-34 years) diagnosed with gonorrhoea identified the following trends:

- » Having several casual sexual partners following a long-term relationship breakup was commonly reported and condom use or sexual history was rarely discussed with sexual partners prior to sexual activity.
- » Sexually transmissible infections were common in participants' networks and considered easy to treat.
- » Condom use was considered unnecessary by some young women using hormonal (non-barrier) contraception.
- » Partners with good personal and household hygiene were often perceived as STI-free.



[Read the study abstract.](#)

## HIV CRIMINALISATION

**“We will not end the HIV epidemic by singling out people living with HIV as criminals; HIV prevention is a public health issue, and... HIV criminalisation hinders HIV prevention and care efforts, increasing everyone’s vulnerability to HIV”**

EDWIN BERNARD, GLOBAL CO-ORDINATOR, HIV JUSTICE NETWORK

A new report from the HIV Justice Network analyses the growing global movement against HIV criminalisation and identifies Australia and New Zealand as amongst the harshest countries in the world when it comes to criminalising PLHIV.

HIV criminalisation describes the unjust application of criminal and similar laws to PLHIV based on HIV positive status. Across the globe, laws used for this purpose are often written or applied based on myths and misconceptions about HIV and its modes of transmission.

HIV prevention is a public health issue, not a criminal justice one. If countries are serious about committing to the Sustainable Development Goals (SDGs) and reaching the UN 95-95-95 targets, efforts need to be increased to combat the discrimination and stigma experienced by PLHIV and the vulnerable and marginalised populations HIV affects.

Scientists, clinicians and other healthcare providers can help combat all kinds of stigma and discrimination against PLHIV by working with the most marginalised communities, and by challenging misconceptions around living with the virus, and how it is transmitted.



[See the NAPWHA Symposium: Not guilty! Living with HIV and the law](#)



[Read the report on the state of HIV criminalisation](#)



[Visit the ASHM’s Guide to Australian HIV Laws and Policies for Healthcare Professionals](#)



# HIV CRIMINALISATION

## MANDATORY HIV TESTING LAWS

**“Mandatory testing laws ignore the collective knowledge and expertise informing Australia’s national HIV strategy and world leading, successful HIV response.”**

NAPWHA

The National Association of People with HIV Australia (NAPWHA) have conducted a national audit of mandatory HIV testing laws. It found five states have legislation that allows for mandatory testing of a person whose bodily fluids come into contact with police and/or emergency service personnel. The audit found mandatory testing laws to be at odds with national HIV testing policy and revealed that they are operating outside the structured and highly successful HIV responses managed by clinicians and departments of health. It has called for a repeal of all mandatory testing laws used to test people for HIV following a possible exposure of a person to another’s bodily fluids.

The risk of an emergency service officer becoming HIV positive through occupation related spitting or biting is so small as to be almost impossible in real world scenarios. ASHM is available to provide clinical guidance to media and policymakers on this risk.



[Read the NAPWHA report “The System is Broken.”](#)

## TRANSGENDER AND GENDER DIVERSE PEOPLE

**“There is still so much we don’t know about the sex lives, sexuality and sexual health of transgender and gender diverse people, but we’re glad to be starting to piece the puzzle together and help make our lives – in and out of the bedroom – more visible than ever before.”**

STUDY INVESTIGATORS LIZ DUCK-CHONG, TEDDY COOK, SHOSHANA ROSENBERG, MISH PONY AND JEREMY WIGGINS

Until recently, virtually nothing was known about the sexual lives of trans and gender diverse (TGD) people living in Australia. However, this changed with the presentation at the conference of the [first national survey of trans and gender diverse sexual health](#).

The survey collected data on TGD people’s experiences of sexuality, relationships, sexual health care, and how sexual practices intersected with technology, substance use, and gender affirmation.

Trans and gender diverse people reported experiencing very high rates of marginalisation when accessing care related to sexual health.

The survey also revealed a number of practices that place trans and gender diverse people at particular risk of HIV and other STIs.

More than half of TGD people who chose to answer an optional section of the survey reported experiencing sexual violence or coercion, a rate that is four times higher than the general Australian population.

These findings show a burden of HIV and STIs that challenge the ongoing invisibility of TGD populations in HIV and sexual health policy framework. They also highlight some of the unique barriers they face in accessing better sexual health, including insufficient sexual and reproductive health education, and ongoing discrimination within clinical spaces.

The survey identified an urgent need to prioritise health resources and services to support the sexual health and wellbeing of TGD people.

## **ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS AND SEXUAL HEALTH**

**Rates of STIs and BBVs in Aboriginal and Torres Strait Islander communities have been way too high for way too long – especially for young people in remote communities.**

**It's time to turn this around. This means making regular sexual health checks a normal part of life for sexually active young people – without stigma and without shame.**

**We need to encourage people in remote communities to test for STIs and BBVs. This starts with educating people in remote communities about STIs and BBVs and getting whole communities involved in getting rates down.**

**This website is a one-stop shop for resources about STIs and BBVs affecting young people in regional and remote Aboriginal and Torres Strait Islander communities.**

**<https://youngdeadlyfree.org.au/>**

Whilst attention is often concentrated on the statistics highlighting the unacceptable, persistent, disparities between Indigenous and non-Indigenous sexual health, the conference symposium "[Culture is Strength](#)" focused on how young Aboriginal people can and should lead solutions.

Presenters shared learnings from their individual projects and ways to upskill and empower future leaders in the Aboriginal health sector were discussed.

The presentation "[Taking the lead: the benefits of having First Nations people leading sexual health](#)" looked at the success of the MOST trial, where youth advised and co designed two strategies to enhance STI testing. The trial established a peer research methodology, involving Aboriginal community members who are new to research as co-leaders in health research. However, it also emphasised that - in recognition of Aboriginal people's historical and contemporary experiences of disempowerment in research - offering young people one-off research experiences alone is insufficient. More enduring forms of co-investigation are required, and research qualifications must be offered to support recognition of skills and future employability.

'Peer researchers' are members of a community, who through research training, become trusted members of a research team and work as researchers within their own communities, taking responsibility for leading research processes.

The page is framed by a vibrant, hand-drawn border. On the left, there's a vertical strip with a sun-like face at the top, followed by blue and red vertical bands, and a yellow circle. The bottom left features a large, colorful flower with a green center and red petals. The bottom center has a smaller flower with purple and green petals. The bottom right shows a large orange and green flower. The right side of the border is a tall, thin green stem with a large, multi-colored flower at the top. The background of the border is filled with various patterns like dots, wavy lines, and geometric shapes in yellow, blue, and green.

## **THE NOONGAR BOODJA STATEMENT**

### **ON CLOSING THE GAP ON STIs & BBVs AMONG INDIGENOUS PEOPLES OF AUSTRALASIA**

Delegates and organisations at the conferences were called upon to become signatories to the Noongar Boodja Statement, a call to close the gap on STIs and BBVs among Indigenous peoples of Australasia.

<https://www.ashm.org.au/ngs>

# WITH THANKS

The Conference Organisers gratefully acknowledge the generous support provided by the following organisations:

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