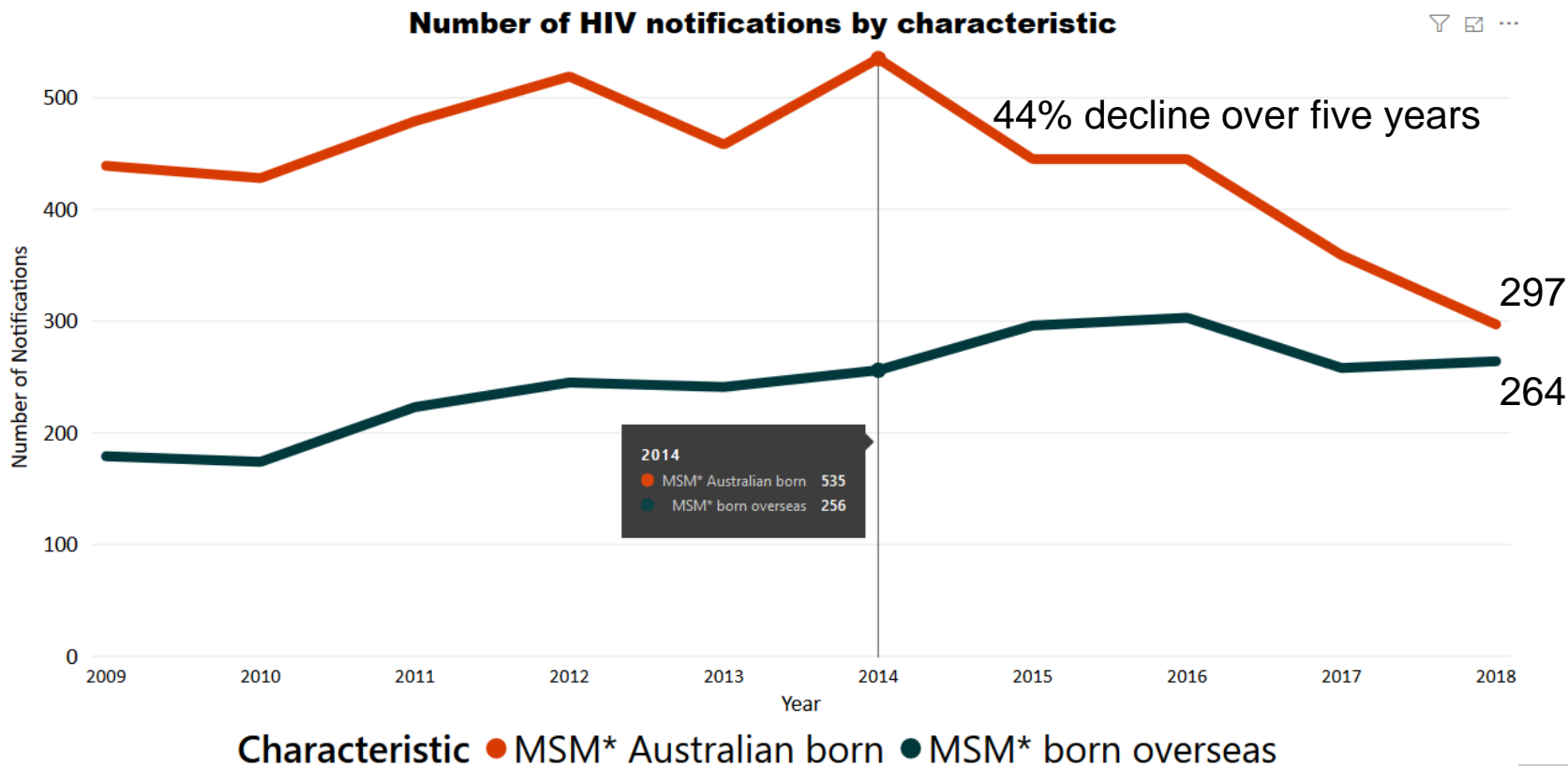


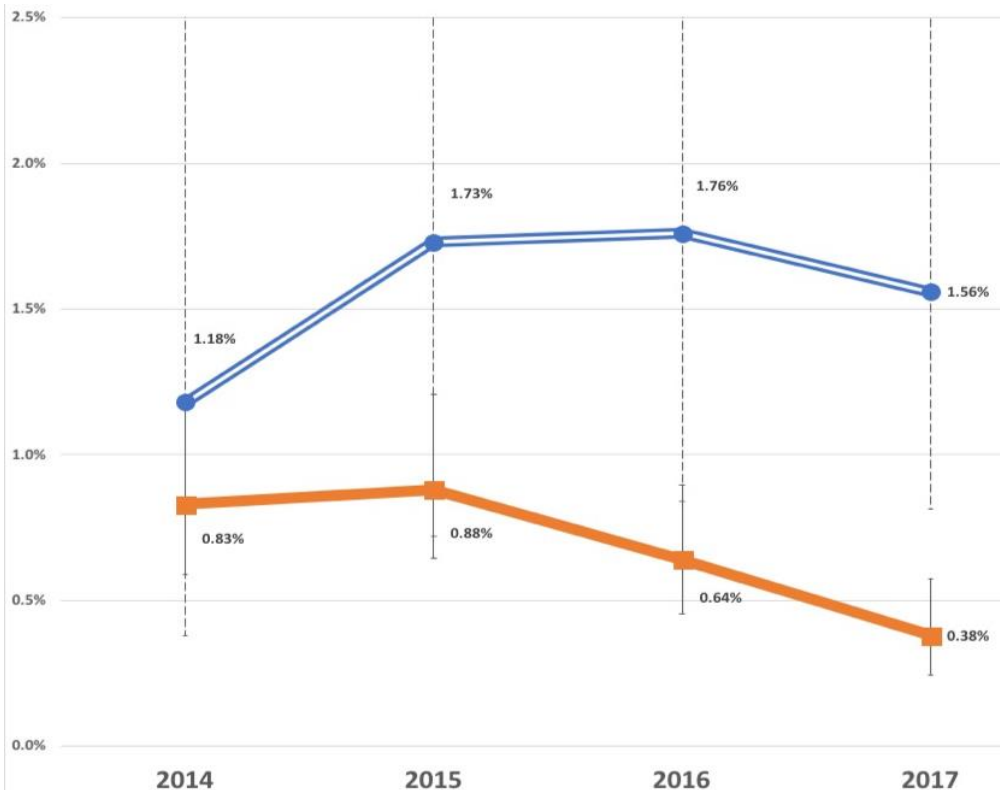


ART and PrEP in migrant key affected populations (newly arrived Asian-born MSM)

Nick Medland | 19th September 2019



Declining incident HIV in 12,000 MSM attending MSHC



aOR 4.40 (2.38-4.93)

Consistent condom use: 52% vs 38%

>10 sexual partners 3 months: 10% vs 14%

● Newly-arrived Asian-born MSM

■ Other MSM

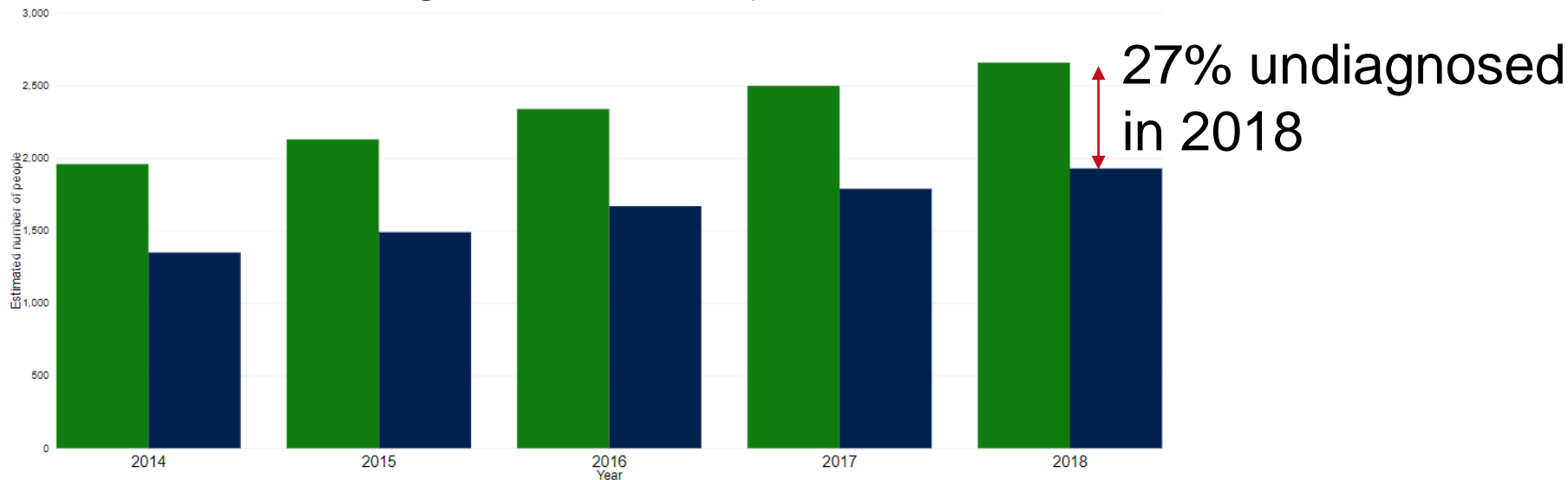
Late Diagnosis

111 newly-diagnosed, newly-arrived Asian-born MSM at MSHC, SSHC, RPASH

- Compared to 209 newly-diagnosed Australian-born and long-term resident MSM
- 61% International students
- 29% never testing vs 11%
- CD4 cell count at Dx:
 - < 350/uL 55% vs 22%
 - > 500/uL 15% vs 55%

Southeast Asian-born people living in Australia

The HIV diagnosis and care cascade, 2014-2018

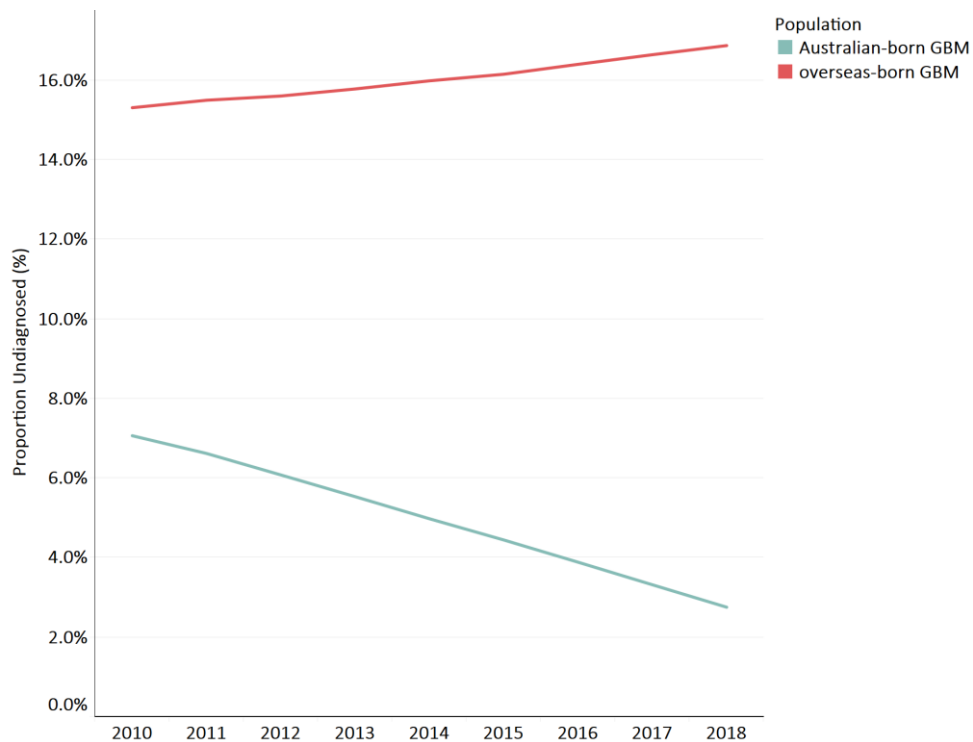


Cascade stage ● Living with HIV ● Living & diagnosed with HIV

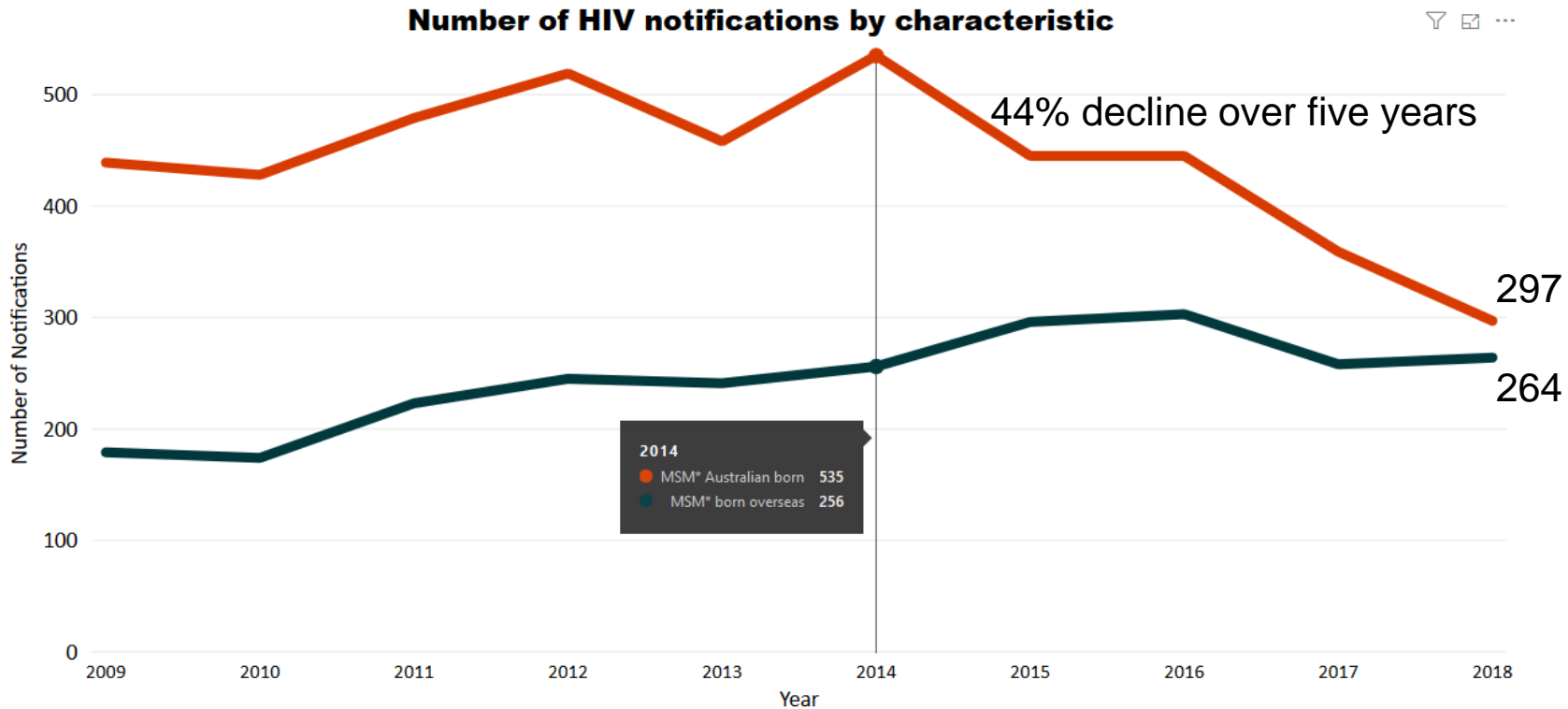
Year	2014		2015		2016		2017		2018	
Cascade stage	Estimated number of people	UNAIDS target progress	Estimated number of people	UNAIDS target progress	Estimated number of people	UNAIDS target progress	Estimated number of people	UNAIDS target progress	Estimated number of people	UNAIDS target progress
Living with HIV	1,960		2,130		2,340		2,500		2,660	
Living & diagnosed with HIV	1,350	69%	1,490	70%	1,670	71%	1,790	72%	1,930	73%

UNAIDS TARGETS
No targets met

Undiagnosed GBM by place of birth



Number of HIV notifications by characteristic



Characteristic ● MSM* Australian born ● MSM* born overseas

Why have notifications declined in Australia

1. Viral suppression:

- Early diagnosis
- Low undiagnosed fraction
- High rates of treatment uptake

2. PrEP uptake:

- Has been so successful because UVL was already interrupting transmission chains.

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HIV in newly-arrived Asian-born MSM

- **Higher rates of prevalent/long term infection: acquired in home country**
- **Higher rates of incident/recent infection: acquired after arrival in Australia**

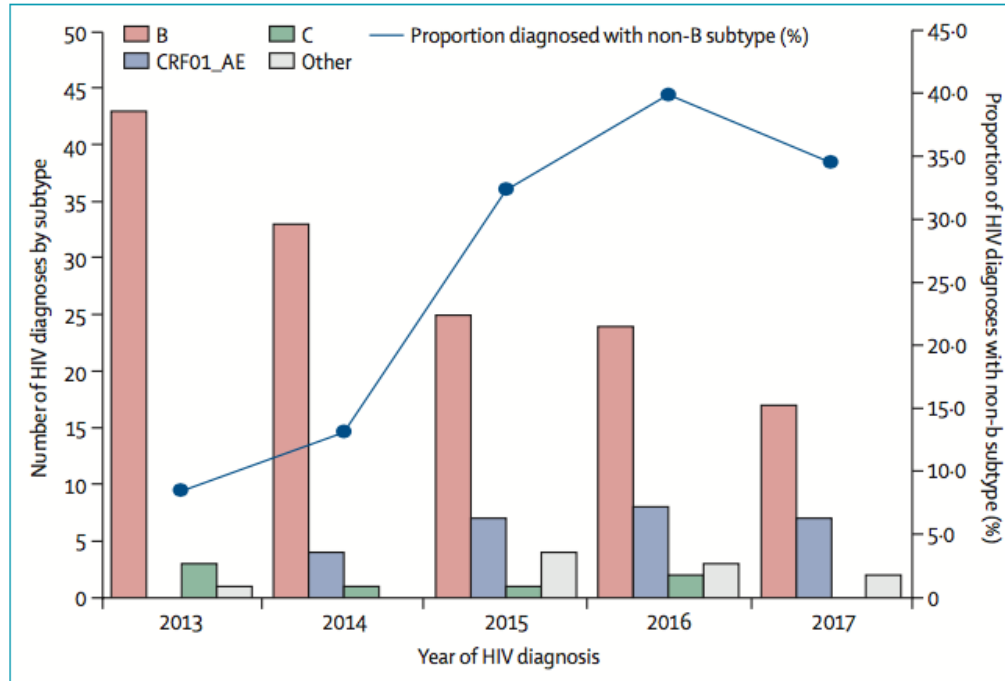


Figure: New HIV diagnoses by subtype and the proportion of new HIV diagnoses with non-B subtype
Diagnoses among long-term resident gay and bisexual men testing at Melbourne Sexual Health Centre.

Obstacles to successful biomedical HIV prevention

- **Sophistication required to navigate complexity of HIV prevention**
- **Language, culture**
- **Perception and understanding of risk**
- **HIV health literacy**
- **Discrimination in immigration**

Testing access and late diagnosis

Late diagnosis:

- **Limited free testing sites**
- **Fear of losing visa**
- **Discrimination in country of origin**
- **Avoiding testing in home country and arrive already HIV positive**

Treatment access

- **UK, NZ pay for treatment**
- **Uniformity needed in Australia: WA, SA pay for treatment**
- **Cost effective public health intervention**
- **Mechanism in place for tuberculosis**

Compassionate access programs

- **How sustainable are they?**
- **Problematic relationships with companies**
- **MSHC 260 patients ~ \$2.8M/year**
- **Have they prevented state health departments from responding?**

Free ART for all

- **Politically acceptable?**
- **Fear of attracting HIV positive migrants**

PrEP access

High coverage will not be achieved through:

- **Small intensive demonstration projects**
- **International importation**

Locally subsidised PrEP will need to be provided

Conclusion

Failing to provide adequate HIV prevention and treatment to people living in Australia is intolerable, unethical and irresponsible.

Elimination of HIV transmission through biomedical prevention will fail while there are unequal coverage of ART and PrEP.