

AFAO Briefing Paper - May 1996

## HIV and Aboriginal & Torres Strait Islander Communities

### An emerging epidemic

The Evaluation of the second National HIV/AIDS Strategy has identified an early-stage "emerging epidemic" among Aboriginal and Torres Strait Islander communities.

Currently available data indicates rates of HIV infection amongst Aboriginal and Torres Strait Islander people are similar to those in the non-indigenous population. However, whereas the rate of new diagnosis for Australia overall reached a peak in the mid-1980s, it appears that the rate of HIV diagnosis in Aboriginal and Torres Strait Islander people is increasing. Male-to-male sex remains the dominant mode of transmission of HIV in Aboriginal and Torres Strait Islander populations, but it appears that there is also an increasing rate of heterosexual transmission.

There is a major imbalance in health status between indigenous and non-indigenous Australians. Existing health problems include malnutrition, tuberculosis, and other infectious diseases. On average, non-indigenous Australians can expect to live 20 years longer than indigenous Australians. There are high rates of STDs and there is evidence that injecting drug use is common in some Aboriginal and Torres Strait Islander communities, both urban and rural. All these things point to the possibility of a large HIV epidemic.

### What has been done to date?

Since 1986 the Commonwealth has earmarked funding for Aboriginal and Torres Strait Islander HIV/AIDS programs. The evaluation report on the second national strategy records that over \$15 million of HIV/AIDS funding has been spent on programs directed at Aboriginal and Torres Strait Islander people since 1989. Of this, \$9 million has come from the Special Funding Program, under which money has been given to the States and Territories specifically for Aboriginal HIV/AIDS programs. Funds have also been allocated under the Matched Funding Program, the National Education Program, the National Priorities Program and other programs.

The evaluation report states that much of the funding has been allocated to small and localised education and prevention programs, and that these programs appear to have had difficulties reaching their stated objectives. The report identifies the following reasons:

- inadequate health infrastructure
- competing primary health needs
- a lack of intersectoral cooperation
- inadequate training and support for indigenous health workers
- reluctance of Aboriginal and Torres Strait Islander communities to see HIV as a priority
- a reluctance by Aboriginal and Torres Strait Islander communities to come to terms with practices such as homosexuality and injecting drug use.



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Only a small amount of HIV/AIDS funding has been allocated to treatment and care for Aboriginal and Torres Strait Islander people, partly because of the current small number of cases. However the evaluation report noted that some HIV positive Aboriginal and Torres Strait Islander people have found difficulties in accessing treatment and care, both at indigenous services and mainstream HIV/AIDS services.

The Commonwealth Health Department organised a major Aboriginal and Torres Strait Islander HIV/AIDS Conference in Alice Springs in 1992, and funded an Aboriginal and Torres Strait Islander Gay Men and Transgender Conference in 1994 (AFAO participated in both of these conferences).

The Australian National Council on AIDS (ANCA) has an Aboriginal member, and ANCA has established an Indigenous Sexual Health Working Party (the AFAO president is a member of this working party).

### **Recommendations of the evaluation report**

The evaluation report recommends (in summary):

Work must proceed in close partnership with Aboriginal and Torres Strait Islander communities and in full recognition of their multiple health and social disadvantages.

- There must be better links between HIV/AIDS/STD initiatives, existing health services, and the Office for Aboriginal and Islander Health Services in the Department of Health and Family Services.
- Funding for HIV education and prevention for Aboriginal and Torres Strait Islander people is insufficient and should be increased. Programs need to be better evaluated and better targeted.
- There is a need for better social, behavioural and epidemiological data on HIV and STDs among Aboriginal and Torres Strait Islander people.
- There must be increased medical preparedness to deal with the epidemic. Necessary health infrastructure would include
  - development of appropriate treatment protocols
  - training for health care workers
  - measures to develop greater acceptance of HIV positive Aboriginal and Torres Strait Islander people
  - across all health services, especially in their own communities.

### **AFAO's position**

AFAO and its members are extremely concerned about the emerging epidemic in Aboriginal and Torres Strait Islander communities.

AFAO takes its advice on these issues from its Aboriginal and Torres Strait Islander Working Group, made up of people from Aboriginal and Torres Strait Islander communities around Australia.

AFAO and its members take particular note of the need for more intersectoral cooperation. All AIDS Councils have links with local Aboriginal and Torres Strait Islander health organisations and work with indigenous people in various ways. For example, the Northern Territory AIDS Council has a joint program with the Aboriginal Medical Service in Darwin, and the AIDS

Council of South Australia works closely with the Aboriginal health service in Adelaide on a program for indigenous injectors. Such cooperation needs to be continued and expanded.

AFAO and its members support the recommendations of the evaluation report relating to Aboriginal and Torres Strait Islander issues.