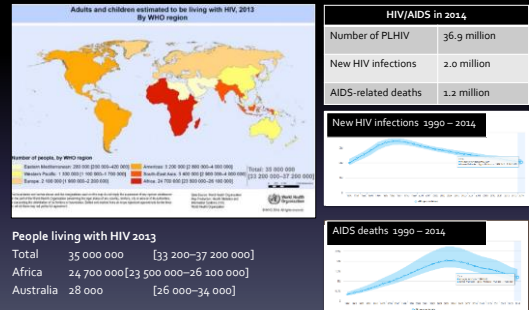


Moving targets



Chris Lemoh
Monash Health
September 2015

Global HIV/AIDS epidemic



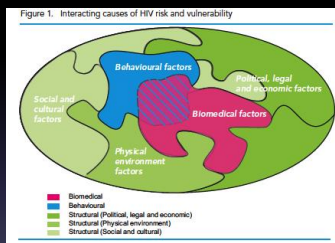
Treatment and prognosis



New developments in HIV

- HIV as a chronic condition
- Universal access to ART
 - “No one left behind”
- Combination prevention
- Pre-exposure prophylaxis (PrEP)
- Treatment-as-prevention (TasP)
- “Rapid testing”
- Point-of-care testing

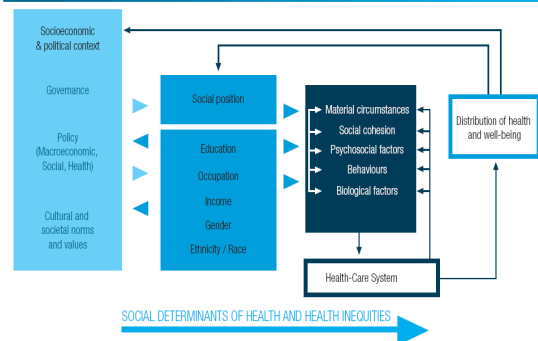
HIV prevention



“effective prevention is marked by the building of genuine partnerships among government, affected communities, public health, and researchers.”

UNAIDS 2010
Kippax 2012

Figure 4.1 Commission on Social Determinants of Health conceptual framework.



Source: Amended from Solar & Irwin, 2007

Political determinants of social determinants of health



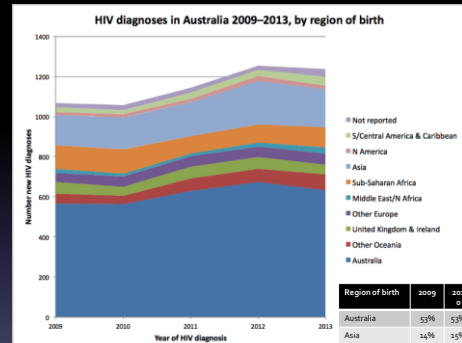
4. We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.

Limitations of United Nations



Australian record in HIV

Achievements	Challenges
Continued low HIV incidence and prevalence	High incidence within certain sub-populations of MSM
Avoidance of HIV epidemics amongst sex workers and people injecting drugs	Small but ongoing rise in heterosexually acquired HIV
Widespread access to affordable treatment and support	Under-servicing of women and ethnic minorities
Strong partnership between policy-makers, researchers, public health, service providers and affected communities	Legal and other structural barriers to engagement of sex workers, people using illicit drugs and migrants
Strong record in HIV research: basic science, epidemiology	Slow adoption of innovative strategies for prevention and care in marginalised populations



Kirby Institute 2014

HIV in migrants

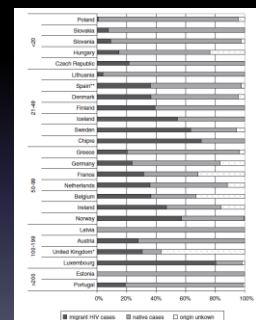
- Late diagnosis
- TB
 - Africa, Asia, Eastern Europe
- Mother-to-child transmission
- HIV-related stigma
- Poverty
- Similar disease progression
 - Adherence
 - HIV-1 subtypes
- Similar response to cART



Del Amo, *Eur J Pub Health* (2010)
Easterbrook, *JAIDS* (2010)
Caro-Munillo, *Enferm Infect Microbiol Clin* (2009)
Dodds, *J Commun Applied Soc Psychol* (2006)

HIV in migrants in EU 2006

- Migrants
 - 58% of all HIV cases
 - 18% of MSM PLHIV
 - Wide variation



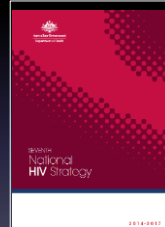
Del Amo *Eur J Public Health* 2010

Migration and vulnerability

Social	Structural macro-level factors	Socio-economic inequalities Power inequalities
	Structural intermediate-level factors	Limited social capital Bi-directional interactions of cultural norms (specific geographical-cultural-time context)
Individual	Cultural and psychosocial mediators	Loss of cultural individual beliefs Migration stress Depleted psychosocial resources
	Behaviours	Low use of HIV prevention and care services Elevated levels of sexual risk behaviours

Soskolne & Shtarkshall 2002

Priority populations in national strategy

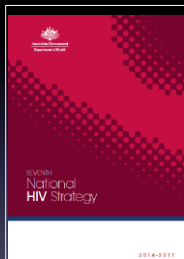


- Priority populations
 - PLHIV*
 - Gay men and other MSM*
 - Indigenous people*
 - People from high prevalence countries and their partners*
 - Travellers and mobile workers*
 - Sex workers*
 - People who inject drugs*
 - People in custodial settings*

*Not mutually exclusive!

Department of Health and Ageing. 2014. Seventh National HIV Strategy 2014-2017

Targets in national strategy



4.3 Targets

Targets are included for the first time in the Strategy, providing a renewed focus for action and a framework for accountability. These targets have been adopted to the Australian context from those in the UN Declaration, and were endorsed by all members of the Council of Australian Governments (COAG) Standing Council on Health in 2013.

The targets of the Strategy are to:

1. reduce sexual transmission of HIV by 50 per cent by 2015
2. sustain the low general population rates of HIV in Aboriginal and Torres Strait Islander people and communities
3. sustain the virtual elimination of HIV amongst sex workers
4. sustain the virtual elimination of HIV amongst people who inject drugs
5. sustain the virtual elimination of mother-to-child HIV transmission
6. increase treatment uptake by people with HIV to 90 per cent
7. maintain effective prevention programs targeting sex workers and for people who inject drugs.

Department of Health and Ageing. 2014. Seventh National HIV Strategy 2014-2017

When to start HIV treatment

2011:
CD4 count <350 cells/ μ L



Late presentation of HIV infection: a consensus definition

A consensus definition of late presentation of HIV infection was developed by the International AIDS Society (IAS) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) in 2011. The definition is based on the following criteria:

1. CD4 count <350 cells/ μ L
2. CD4 count <350 cells/ μ L and/or
3. CD4 count <350 cells/ μ L and/or
4. CD4 count <350 cells/ μ L and/or
5. CD4 count <350 cells/ μ L and/or
6. CD4 count <350 cells/ μ L and/or
7. CD4 count <350 cells/ μ L and/or
8. CD4 count <350 cells/ μ L and/or
9. CD4 count <350 cells/ μ L and/or
10. CD4 count <350 cells/ μ L and/or

When to start antiretroviral therapy in people with HIV

ART should be initiated in all people with HIV, regardless of their CD4 count, as soon as possible after diagnosis. The following criteria should be used to determine when to start ART:

1. CD4 count <350 cells/ μ L
2. CD4 count <350 cells/ μ L and/or
3. CD4 count <350 cells/ μ L and/or
4. CD4 count <350 cells/ μ L and/or
5. CD4 count <350 cells/ μ L and/or
6. CD4 count <350 cells/ μ L and/or
7. CD4 count <350 cells/ μ L and/or
8. CD4 count <350 cells/ μ L and/or
9. CD4 count <350 cells/ μ L and/or
10. CD4 count <350 cells/ μ L and/or

2015:
Any CD4 count

UNAIDS 2011–2015 strategy: Getting to zero

- Zero new HIV infections
- Zero AIDS-related deaths
- Zero discrimination

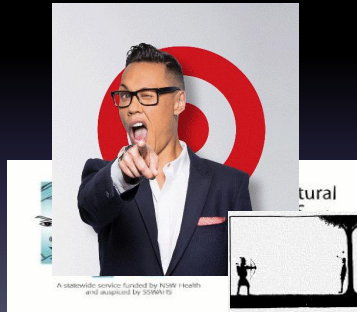


UN Political Declaration on HIV/AIDS: targets for 2015

1. Reduce sexual HIV transmission by 50%
2. Reduce HIV transmission in PWID by 50%
3. Eliminate new infections in children & substantially reduce maternal AIDS-related deaths
4. 15 million PLHIV on treatment
5. Reduce TB-associated deaths in PLHIV by 50%
6. Close resource gap: US\$ 22–24 billion in low/middle-income countries
7. Eliminate gender inequalities/violence: increase capacity of women & girls to protect themselves against HIV
8. Eliminate HIV-related stigma & discrimination
9. Eliminate HIV-related restrictions on entry/stay/residence
10. Integrate AIDS response into global health & development

UN General Assembly 2011

Targeted approaches to HIV prevention among immigrants living in high-income countries



The Legacies of Rudolf Virchow: Cellular Medicine in the 20th Century and Social Medicine in the 21st Century

Darren A. DeWalt MD and Theodore Pincus MD

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Key words: cellular medicine, social medicine, biopsychosocial model, Virchow

BMJ 2015;395:e997

Tropical Medicine and International Health doi:10.1111/tmi.12653-3156.2010.02647.x
 VOLUME 15 NO 12 PP 1458-1465 DECEMBER 2010

Linking migration, mobility and HIV

Kevin D. Deane¹, Justin O. Parkhurst² and Deborah Johnston¹

¹ School of Oriental and African Studies, London, UK
² London School of Hygiene and Tropical Medicine, London, UK

"I keep six honest serving men
 (They taught me all I knew);
 Their names are What and Why and When
 And How and Where and Who..."

- Rudyard Kipling



Classifications and categories

Australian Bureau of Statistics

Home Complete Survey Statistics Services Census Topics @ a Glance

ABS Home > Statistics > By Catalogue Number

1249.0 - Australian Standard Classification of Cultural and Ethnic Groups (ASCEG), 2011

LATEST ISSUE Released at 11:30 AM (CANBERRA TIME) 16/08/2011

ABS Home > Statistics > By Catalogue Number

1266.0 - Australian Standard Classification of Religious Groups, 2011

LATEST ISSUE Released at 11:30 AM (CANBERRA TIME) 26/07/2011

ABS Home > Statistics > By Catalogue Number

Australian Standard Geographical Classification

Released at 11:30 AM (CANBERRA TIME) 05/10/2011 Final

Here's looking at you...

The Gaze of Art and Science: To See Is Not to Know, and Vice Versa

By Rebecca Latham 1 August 17, 2011



Where to now?

ABN DGN NETWORK
 Together Learning Change

AFRICAN BLACK DIASPORA GLOBAL NETWORK

HIV AND MOBILITY IN AUSTRALIA: ROAD MAP FOR ACTION

under the baobab tree
 African diaspora in Australia

HIV and sub-Saharan African communities in Australia: Briefing Paper #1 Overview

<https://www.afao.org.au/library/topic/culturally-and-linguistically-diverse-communities/AFAO-Briefing-Paper-African-overview-Mar-2014-FINAL.pdf>
<http://www.afao.org.au/library/topic/international/Under-the-Baobab-Tree-AIDS-2014-Summary-Report.pdf>
http://aiken.org.au/wp-content/uploads/2015/09/HIV_and_Mobility_Report.pdf
<http://www.abdn.org>

Challenges



Make it happen



"And though my people may not be many, we are ready for the storm to come.
And though my people may not be many, we are ready to be strong as one."



Thank you