

Summary of HIV/AIDS among Indigenous people

Australian Indigenous HealthInfoNet

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In Australia, the cumulative number of HIV diagnoses by the end of 2003 after adjustment for reporting delay was estimated to be 20,580 R[1]. For the same period, after adjustment for reporting delay, there were 9,380 AIDS cases and 6,372 deaths following AIDS. In comparison, there were 203 HIV notifications among the Indigenous population in the period 1992-2003 and 78 AIDS diagnoses.

Notification rates for HIV infection and AIDS are similar for the Indigenous population and the non-Indigenous population, and appear to have declined at similar rates over the past decade. For the five-year period 1999-2003, the notification rate for HIV infection was 3.8 cases per 100,000 for both the Indigenous and non-Indigenous populations [1]. These rates are lower than those reported for 1992-1998: 5.2 per 100,000 for Indigenous people and 5.5 per 100,000 for non-Indigenous people [2]. For 1999-2003, the rates of AIDS diagnoses were 1.2 per 100,000 for both the Indigenous and non-Indigenous populations [Derived from [1]].

There have been some important differences between Indigenous people and the total population in the characteristics of newly diagnosed HIV infection over the ten-year period 1994-2003 - in terms of age at diagnosis and exposure categories [1]. The median age of diagnosis of HIV among Indigenous people was 30 years compared with almost 33 years for the total population. In contrast to the total population, for which less than 8% of diagnoses of HIV occurred in females, more than 31% of cases reported among

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Indigenous people occurred in females. Infection was acquired by heterosexual contact in 39% of cases among Indigenous people and in only 11% of cases among the total population. Male homosexual contact was responsible for 77% of cases in the total population and for 36% in the Indigenous population, and male homosexual contact with injecting drug use for 4% and almost 11% respectively. Injecting drug use without male homosexual contact was responsible for 4% of cases in the total population and for more than 12% in the Indigenous population.

HIV/AIDS interventions

It is necessary for HIV/AIDS interventions to be integrated into other health education programs as high risk behaviours can increase susceptibility [3]. It has been suggested that the most effective HIV prevention strategies require the integration and coordination of clinical and population health (including health education) and that none of these activities are likely to be effective if implemented in isolation. There are cultural sensitivities surrounding the discussion of HIV prevention within Indigenous communities, but steps have been taken to address some of these issues.

In rural and remote Indigenous communities, the detection, prevention and treatment of HIV is dependent on social and geographical factors. Community infrastructure is often limited and access to general health care, hospitals and specialist care may be restricted. Treatment of a patient within their community may not always be possible.

Culturally acceptable dialogue and resources are fundamental in influencing community action, and also for guiding program development. Resources that are culturally appropriate are also important for achieving improved access to appropriate health care information.

The employment of Indigenous workers is important for successful program outcomes. The Nganampa Health Council (NHC) Safe ceremonies strategy, for example, employs six senior Indigenous men to oversee safe ceremonial practice. The aim of the project is to reduce the risk of transmission of blood-borne viruses, including HIV. No formal evaluation has been published, but the strategy has been considered successful and has been extended [4].

There are clear examples of successful consultation and planning as well as the implementation of culturally-appropriate strategies. NHC and Ngaanyatjarra Health Service (both Aboriginal community-controlled services) have undertaken successful consultation, education and policy initiatives among communities in their area. Both services indicated that responses to HIV education were initially hostile, but, after increased consultation, education and policy development, attitudes moderated [5]. Today, both services have community policies in place that protect

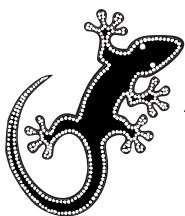
confidentiality among HIV infected people within the community.

The fear of breach of confidentiality is a particular problem in dealing with HIV/AIDS generally, not just with Indigenous people [6]. NHC has addressed the issue of confidentiality on the Anangu Pitjantjatjara (AP) Lands in SA by introducing confidential coded testing for HIV tests conducted in clinics. Results indicated that the number of HIV tests increased dramatically after this strategy was initiated [7].

Building networks and partnerships in the area of HIV/AIDS is essential for successful outcomes. The approach to the HIV epidemic in Australia has generally been characterised by a partnership between government, medical professionals and the affected community [8][9]. The extension of this partnership philosophy has been incorporated into the National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998-99, which emphasises community involvement at every level of the decision-making and policy formation processes, recognising that a lack of partnerships has in the past, been a major contributing factor to the lack of success of sexual health programs.

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Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to ‘closing the gap’ in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet’s work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet’s work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfonet.ecu.edu.au) is free and available to everyone.

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