

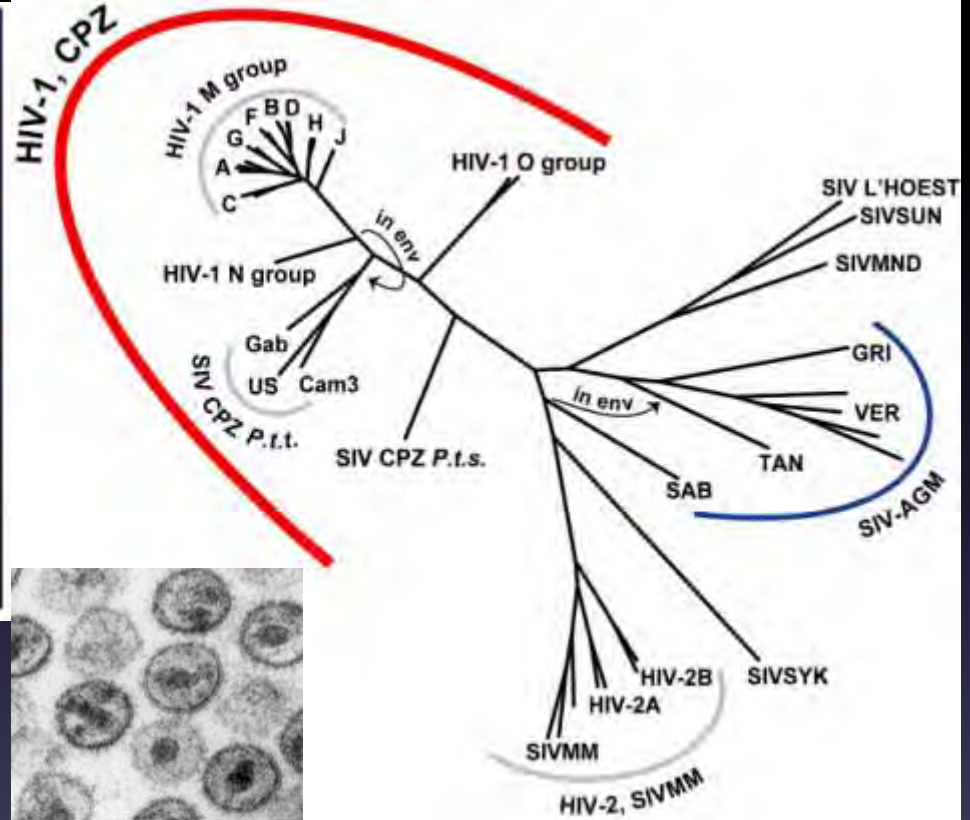
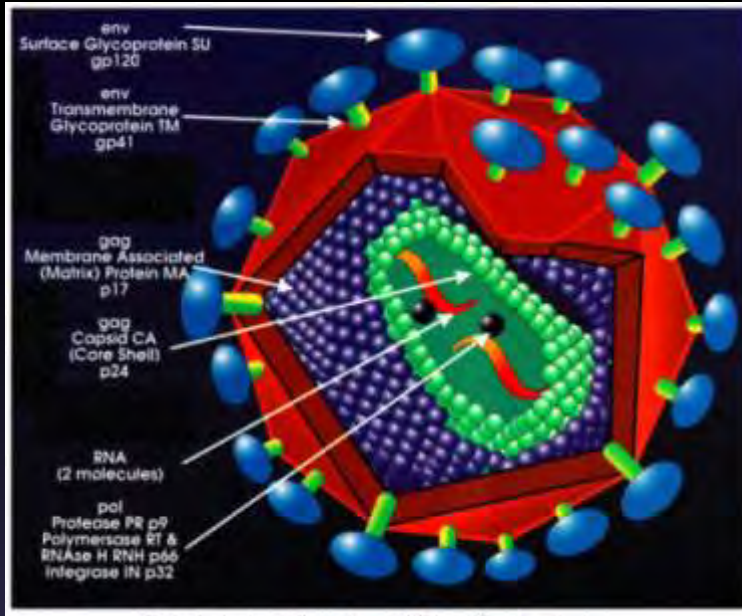
HIV in the African diaspora

Epidemiology of HIV amongst African immigrants living in the industrialised world

Dr Chris Lemoh

Monash Health

The virus

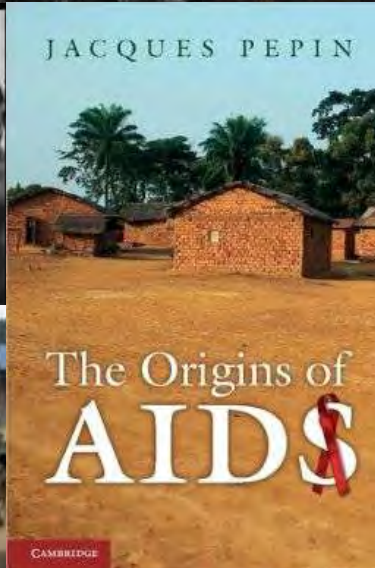


- Family: *Retroviridae*
- Subfamily: *Lentiviridae*
- Genus: *Lentivirus*

Transmission

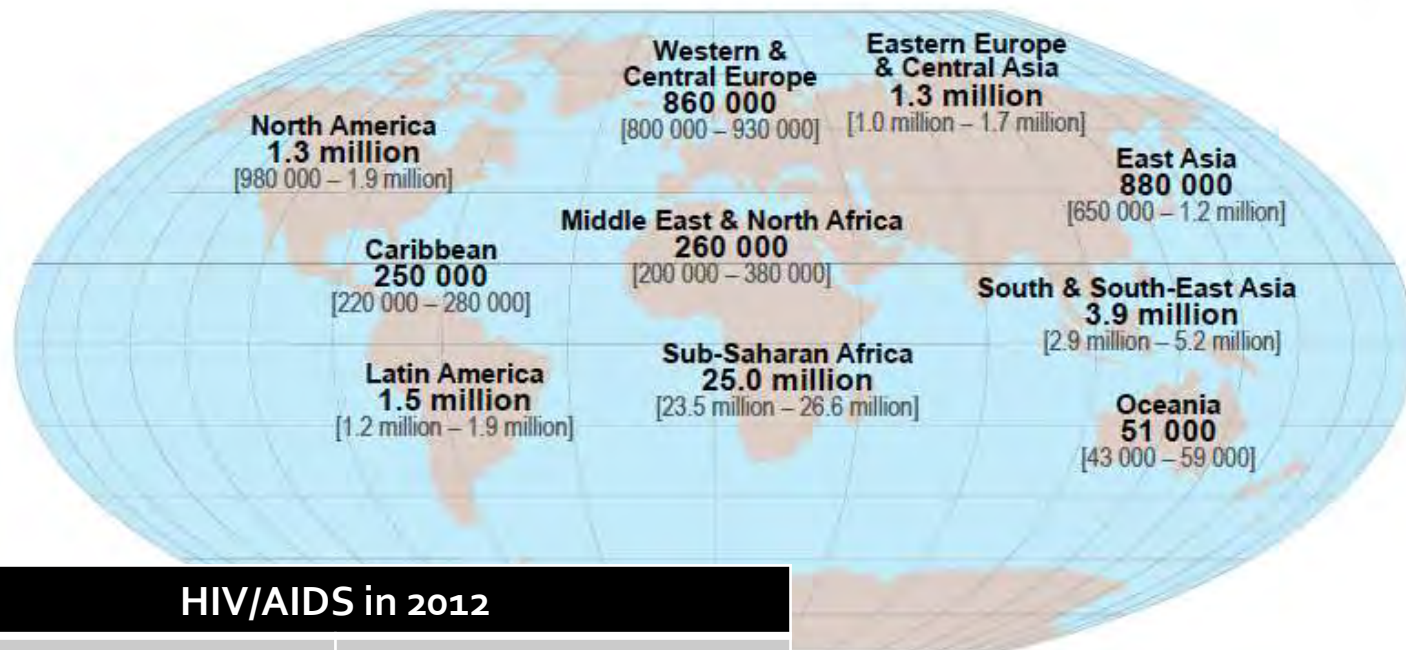


Origins of AIDS epidemic



Global AIDS epidemic

Adults and children estimated to be living with HIV | 2012



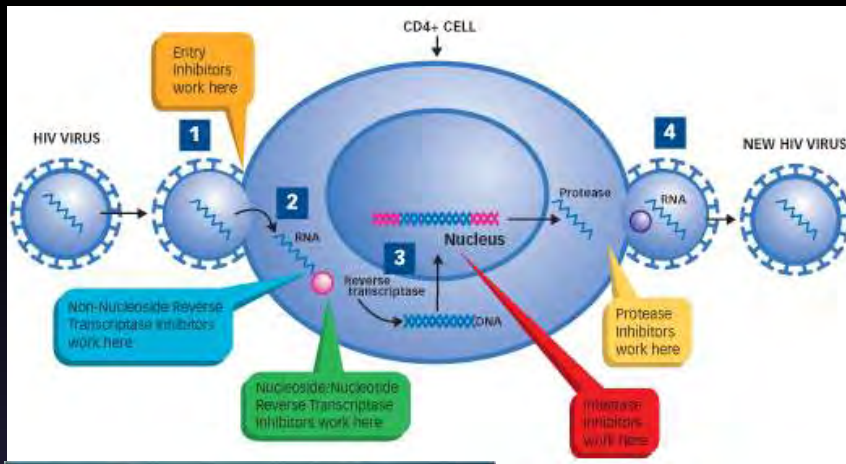
HIV/AIDS in 2012

Number of PLHIV	35.3 million
New HIV infections	2.3 million
AIDS-related deaths	1.6 million

Recent developments

- Global availability of ART
- HIV as a chronic illness
- Combination prevention
- UN Political Declaration
- “Getting to Zero”

Treatment and prognosis



CAUTION:
LIFE AHEAD!



Chronic care model of HIV

Physical	Psychological	Social
Understanding illness	Empowerment	Collaboration with health professionals
Health-promoting behaviour	Cognitive skills of self-management	Self-disclosure/coping with stigma
Adherence to treatment	Positive emotional states	Positive relationships
Self-monitoring	Identity normalization	Social support
Accessing services		
Preventing transmission		

Swendeman et al. 2009

Social determinants of health

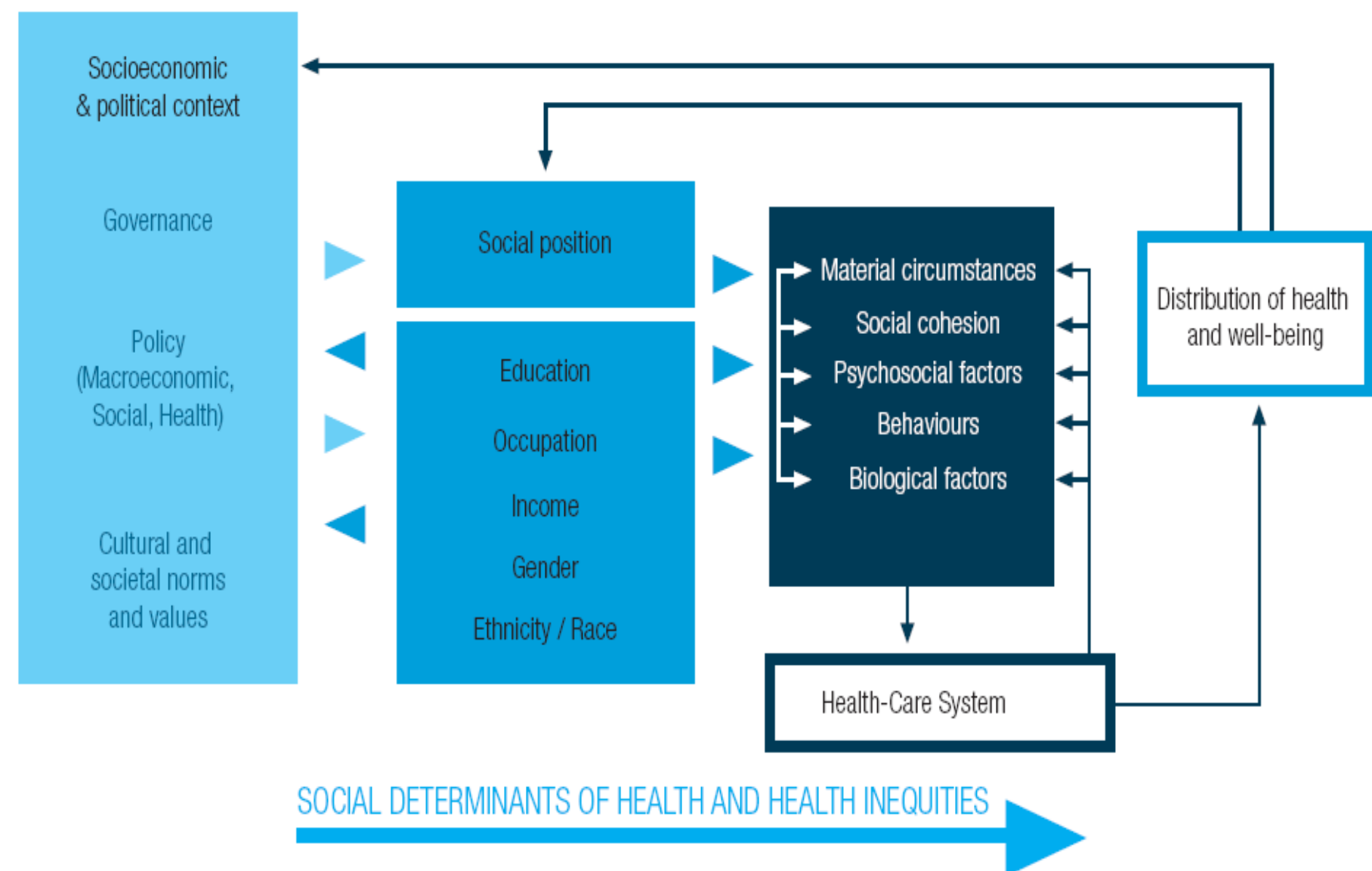
What are social determinants of health?

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”

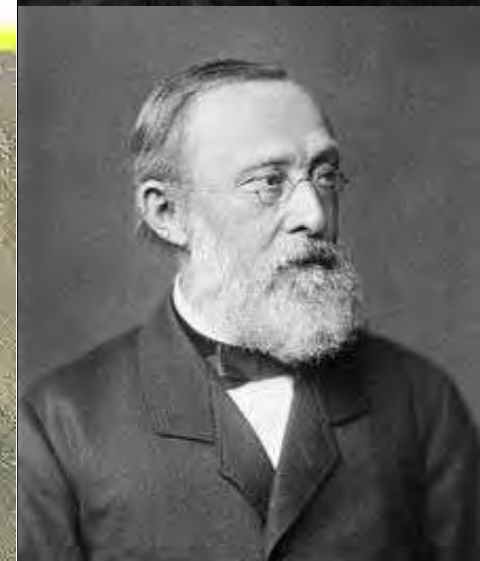
http://www.who.int/social_determinants/en/

- Action-oriented conceptual framework developed by Commission on the Social Determinants of Health:
 - Core values: health equity
 - Framework: human rights
 - Focus: distribution of power (empowerment)

Figure 4.1 Commission on Social Determinants of Health conceptual framework.



Source: Amended from Solar & Irwin, 2007



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

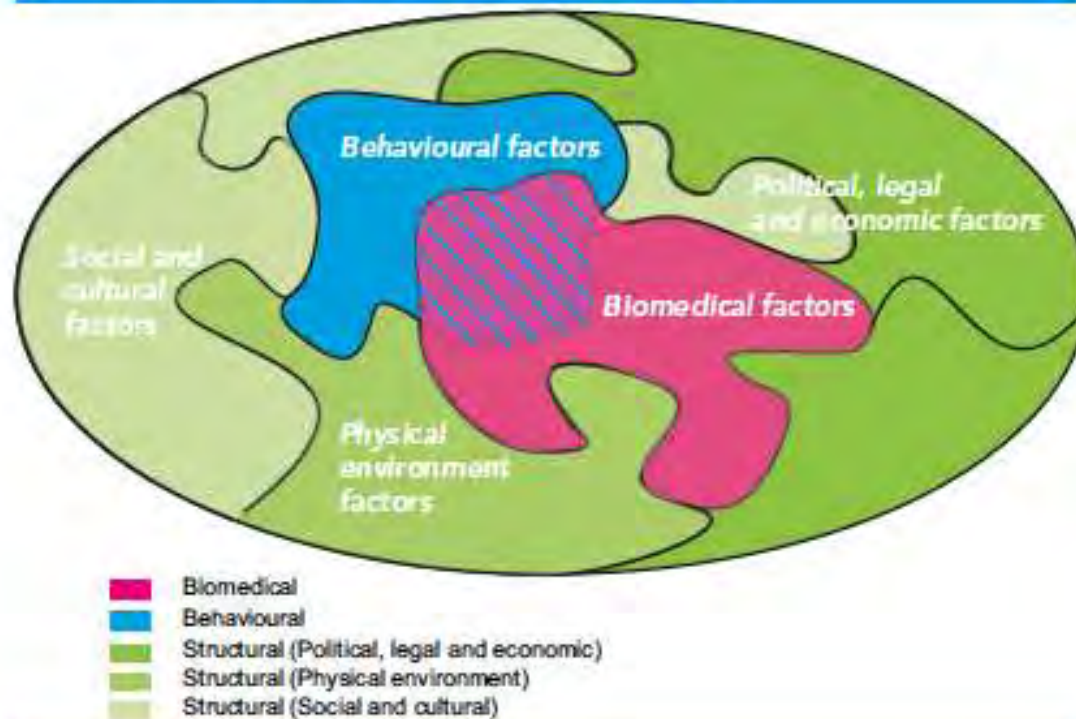
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²Division of Rheumatology and Immunology, Department of Medicine, Vanderbilt University School of Medicine, Nashville, TN, USA

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

HIV prevention

Figure 1. Interacting causes of HIV risk and vulnerability



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

UNAIDS 2010
Kippax 2012

Key affected populations

- Incidence
- Prevalence
- Vulnerability
- MSM
- PWID
- Sex workers
- Migrants?

African diaspora

- Historical links
 - Slave trade
 - Colonialism
 - Economic & humanitarian migration
 - Racial/ethnic politics & culture
 - Personal & population links with Africa



Wat a devilment a Englan!

Dem face war an brave de worse,

But me wonderin how dem gwine stan

Colonizin in reverse

– The Rt Hon Dr Louise Bennett Coverley OM OJ
MBE

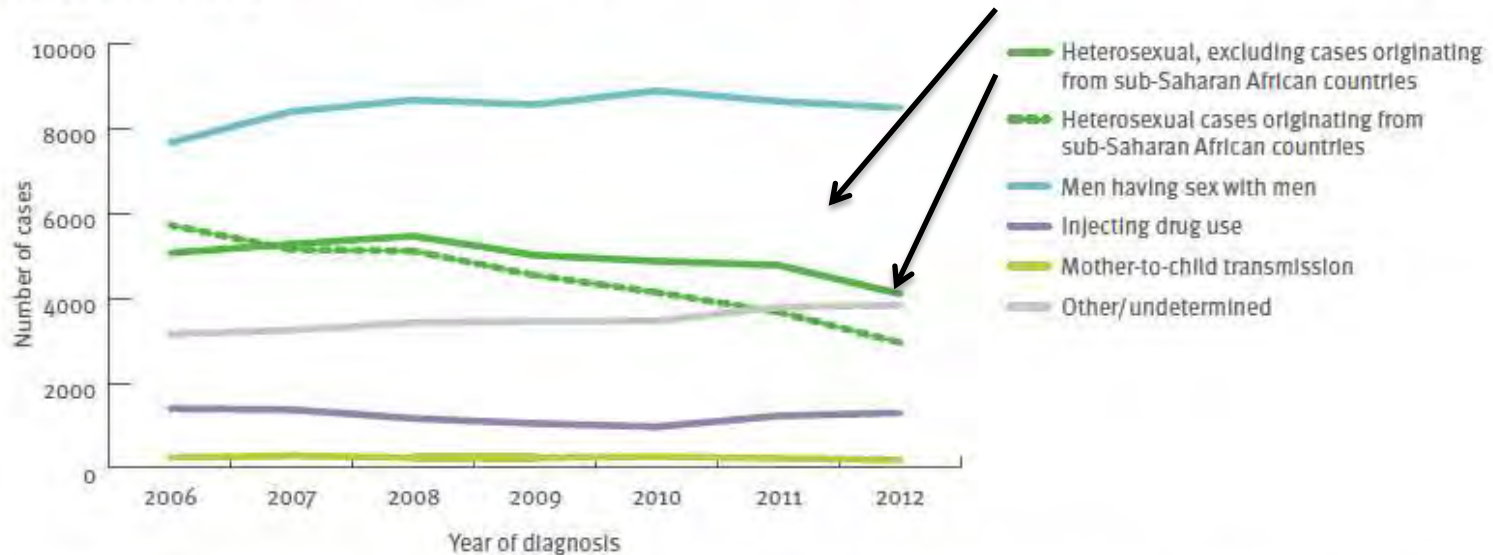


African migrants amongst OECD HIV cases 2009



African migrants in European HIV surveillance

Figure G: Trends of reported HIV diagnoses, by transmission mode and year of diagnosis, adjusted for reporting delay, EU/EEA, 2006–2012



Data included from: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Sweden and United Kingdom.

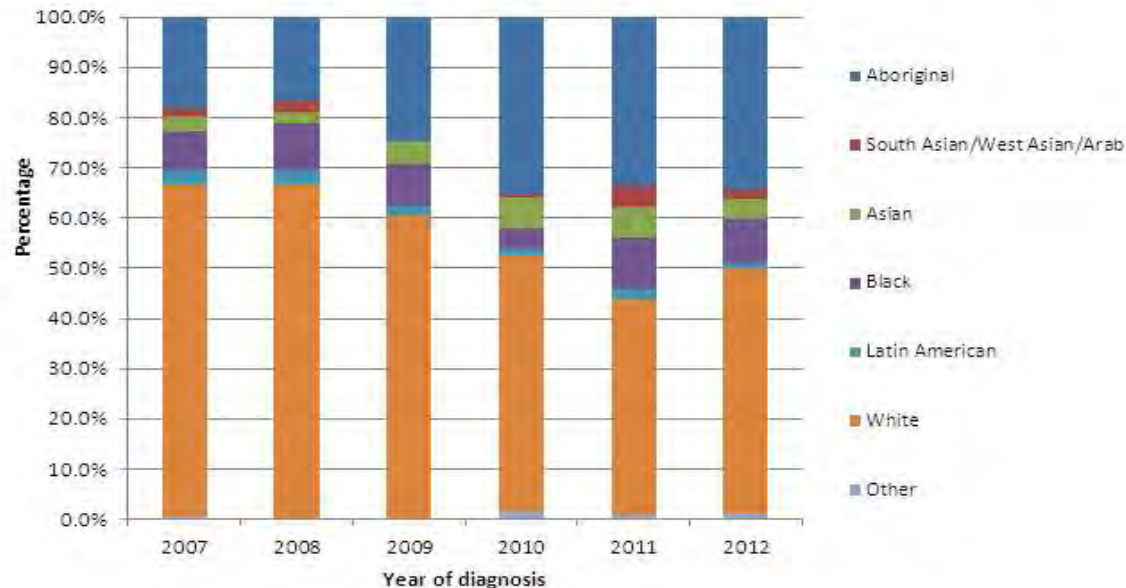
- Heterosexually-exposed African migrants
 - Second-largest exposure category 2006
 - Subsequent decline?

African migrants in Canadian HIV surveillance

Race/ethnicity

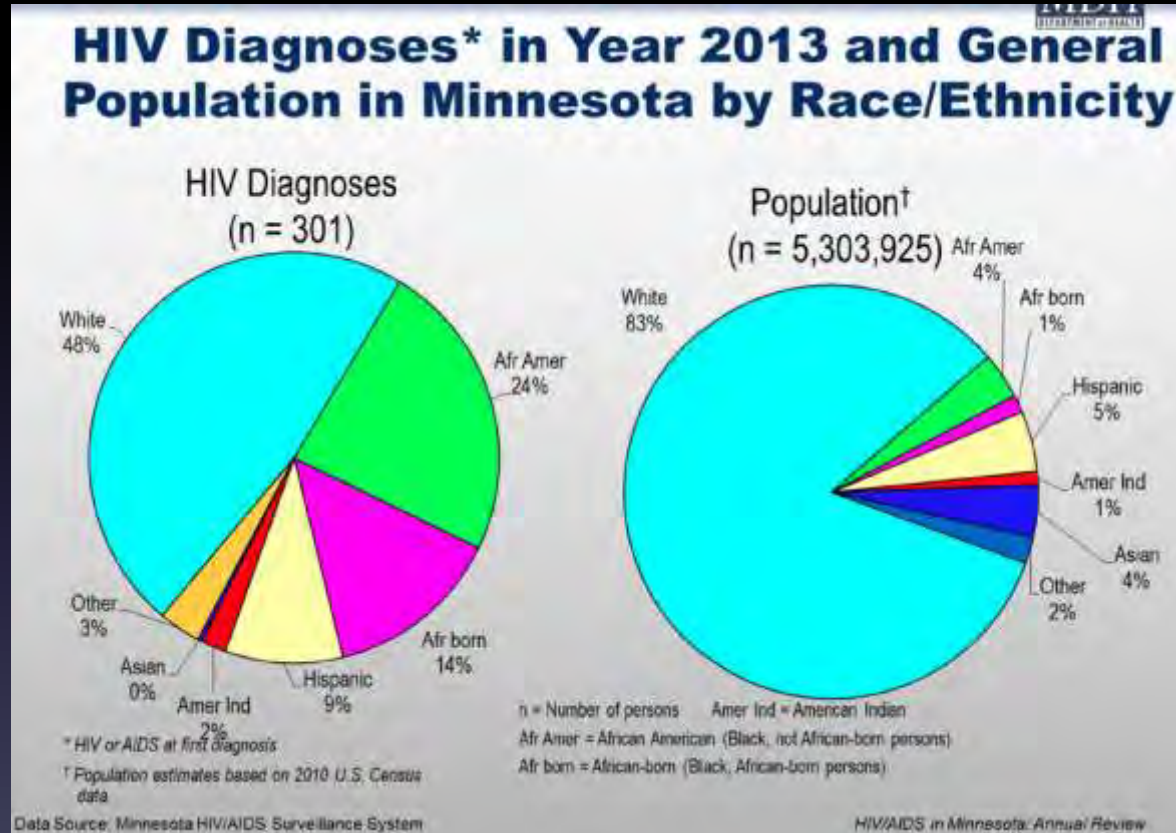
In 2012, 59.3% of all reported AIDS cases included information on race/ethnicity. Of these, 49.0% of AIDS cases identified themselves as White, 34.3% as Aboriginal and 8.8% as Black. See [Figure 9](#).

Figure 9. Proportion of reported AIDS cases among adults (≥15 years) by race/ethnicity – Canada: 2007-2012



- 8.8% of HIV cases in Canada 2012 were Black
 - African-born not distinguished

African migrants in US HIV surveillance

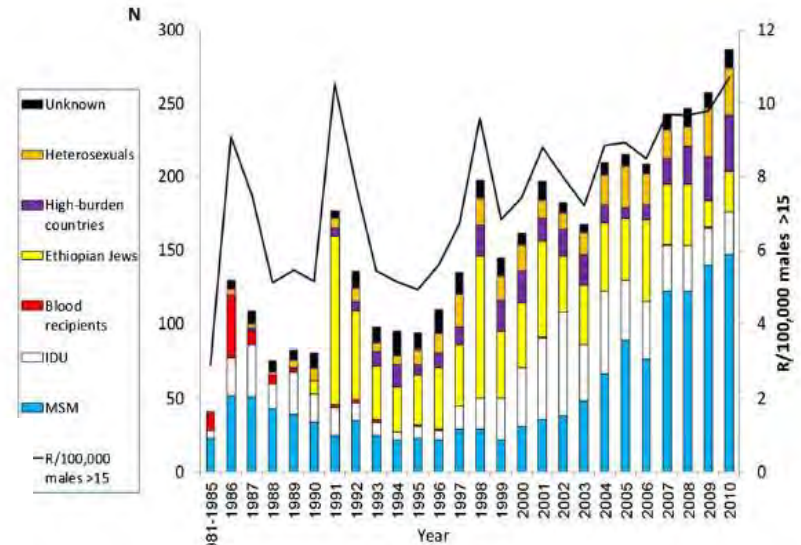


- Black African-born over-represented: 14% of HIV cases but 1% of population

African migrants in Israeli HIV surveillance

Figure 2 Number of all 4208 new HIV/AIDS cases reported in Israeli men >15 years, by risk group, 1981–2010.

Male



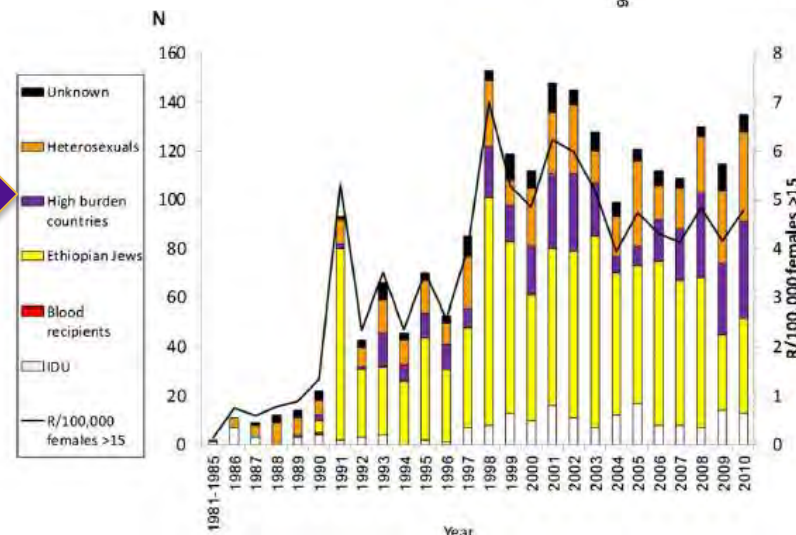
Jewish and non-Jewish migrants with HIV
1981–2009

Figure 3 Number of all 2268 new HIV/AIDS cases reported in Israeli women >15 years, by risk group, 1981–2010.

Ethiopian Jews

Migrants from "high-burden countries"

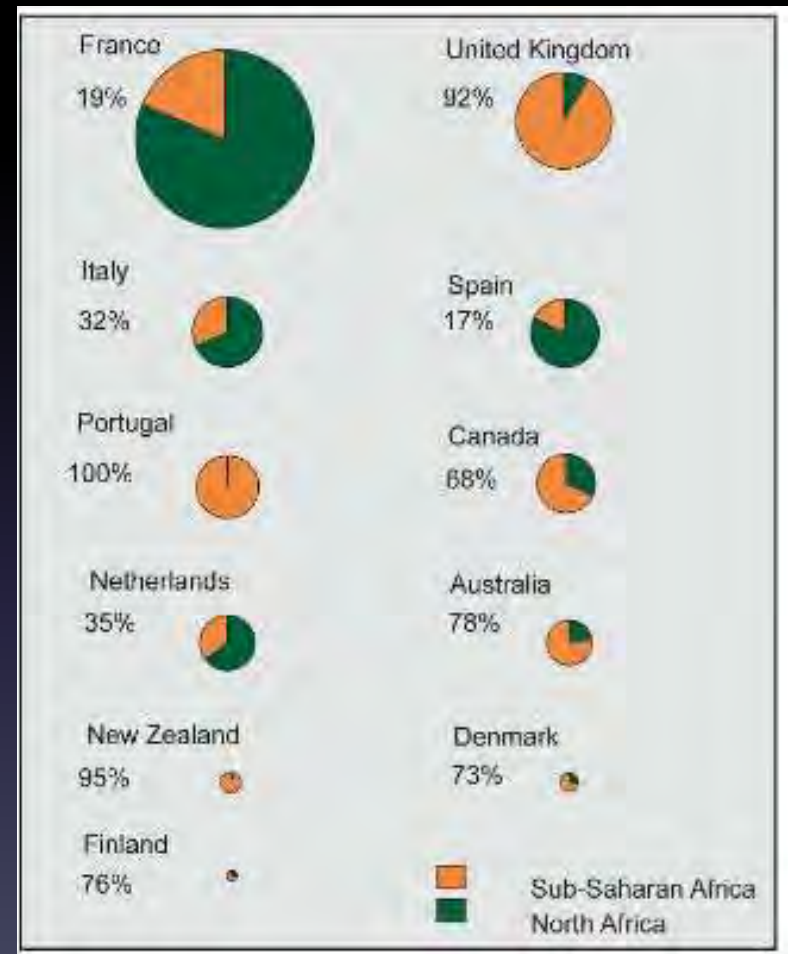
Female



“Sub-Saharan” Africa?

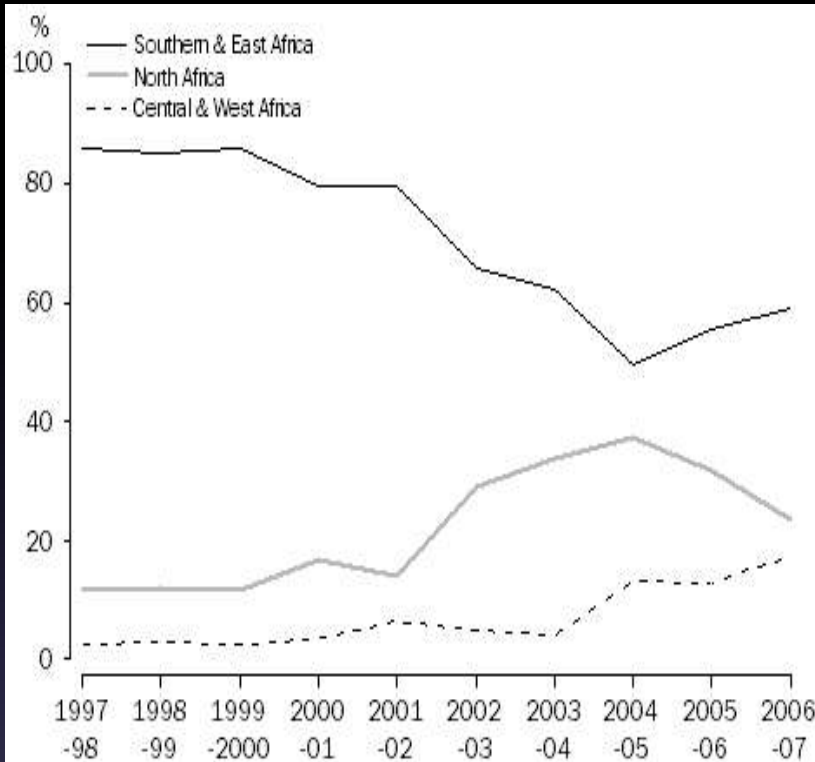


European colonial claims in Africa 1914

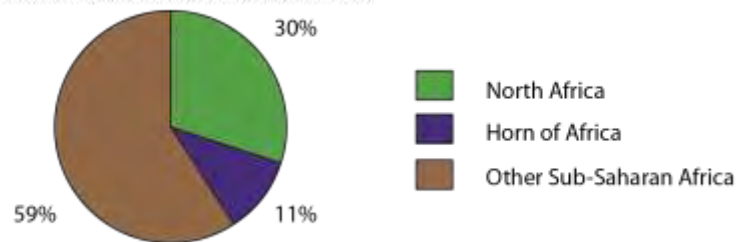


Proportion of African HIV cases from Sub-Saharan Africa

African communities in Australia



Source: DIAC: Settler arrivals 2006-2007, Table 1.2



Total number of African-born Victorian residents in 2006 = 64 314 persons



- 1% of Aus population born in Africa
- Victoria: large minority from Horn of Africa/North Africa

Source: DIBP
ABS 2006 Census

Australian HIV response

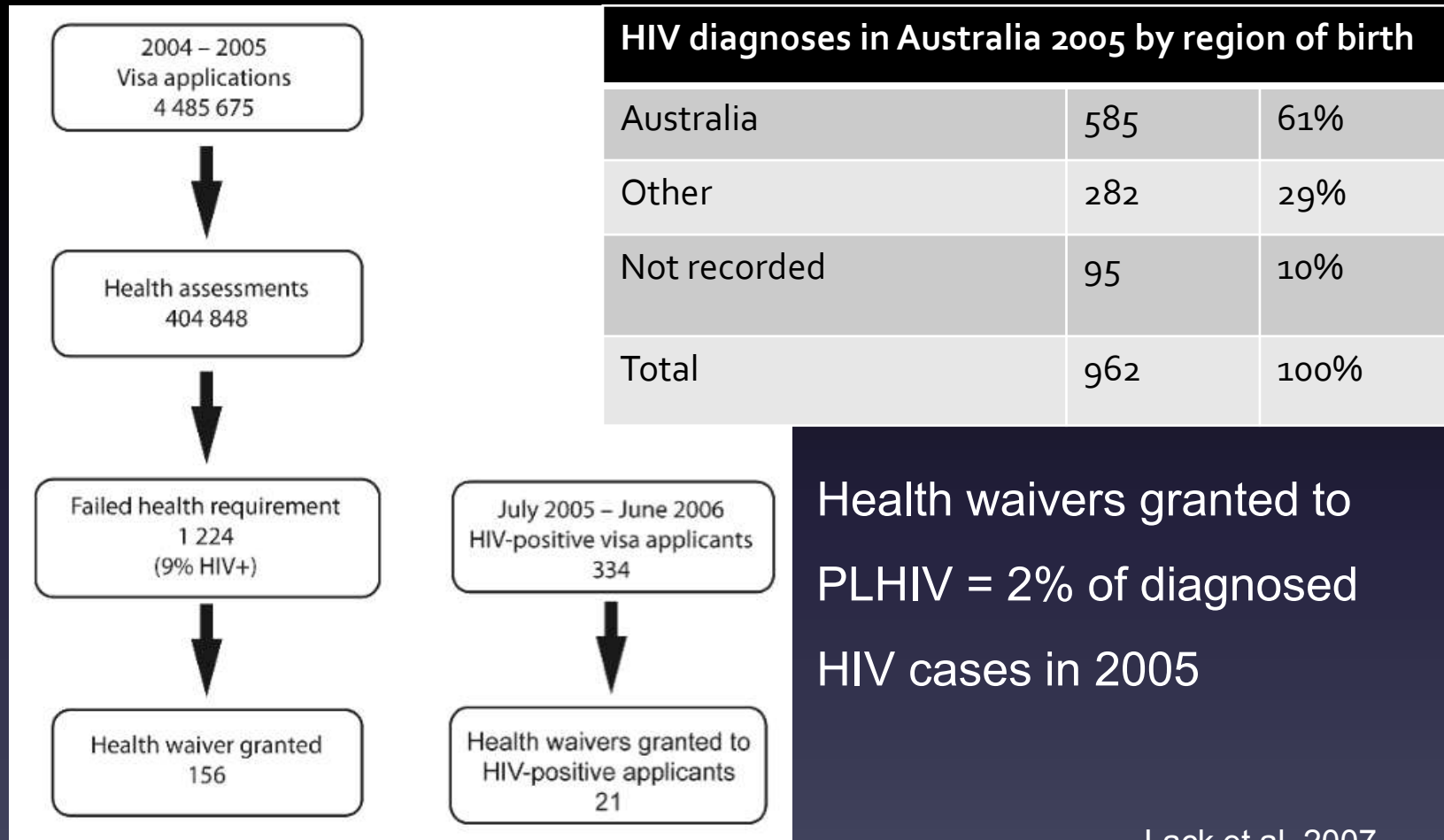
Achievements	Challenges
Continued low HIV incidence and prevalence	High incidence amongst certain MSM
Avoided HIV epidemics amongst: <ul style="list-style-type: none"> • Sex workers • People injecting drugs • Indigenous people 	Small, ongoing rise in heterosexually acquired HIV <ul style="list-style-type: none"> • Mainly born abroad • Mainly acquired abroad
Widespread access to affordable treatment and support	Under-servicing of women and ethnic minorities
Strong partnership between <ul style="list-style-type: none"> • policy-makers • researchers, • public health & service providers • affected communities 	Legal and other structural barriers to engagement: <ul style="list-style-type: none"> • sex workers • people using illicit drugs • migrants
Strong record in HIV research: <ul style="list-style-type: none"> • basic science • epidemiology 	Slow adoption of innovative strategies for prevention and care in marginalised populations

HIV screening to enter Australia

- Permanent visa
 - ≥ 15 years old
 - < 15 years old
 - Blood transfusion
 - For adoption
 - Biological mother HIV positive
 - Other clinical indication
- Factors considered:
 - Cost to Australian community
 - Public health
 - Health professional
 - Viral load “of a certain level”
 - Exposure-prone procedures
- Temporary visa
 - Intending to work as health professional
 - Student from sub-Saharan Africa intending to stay > 12 months



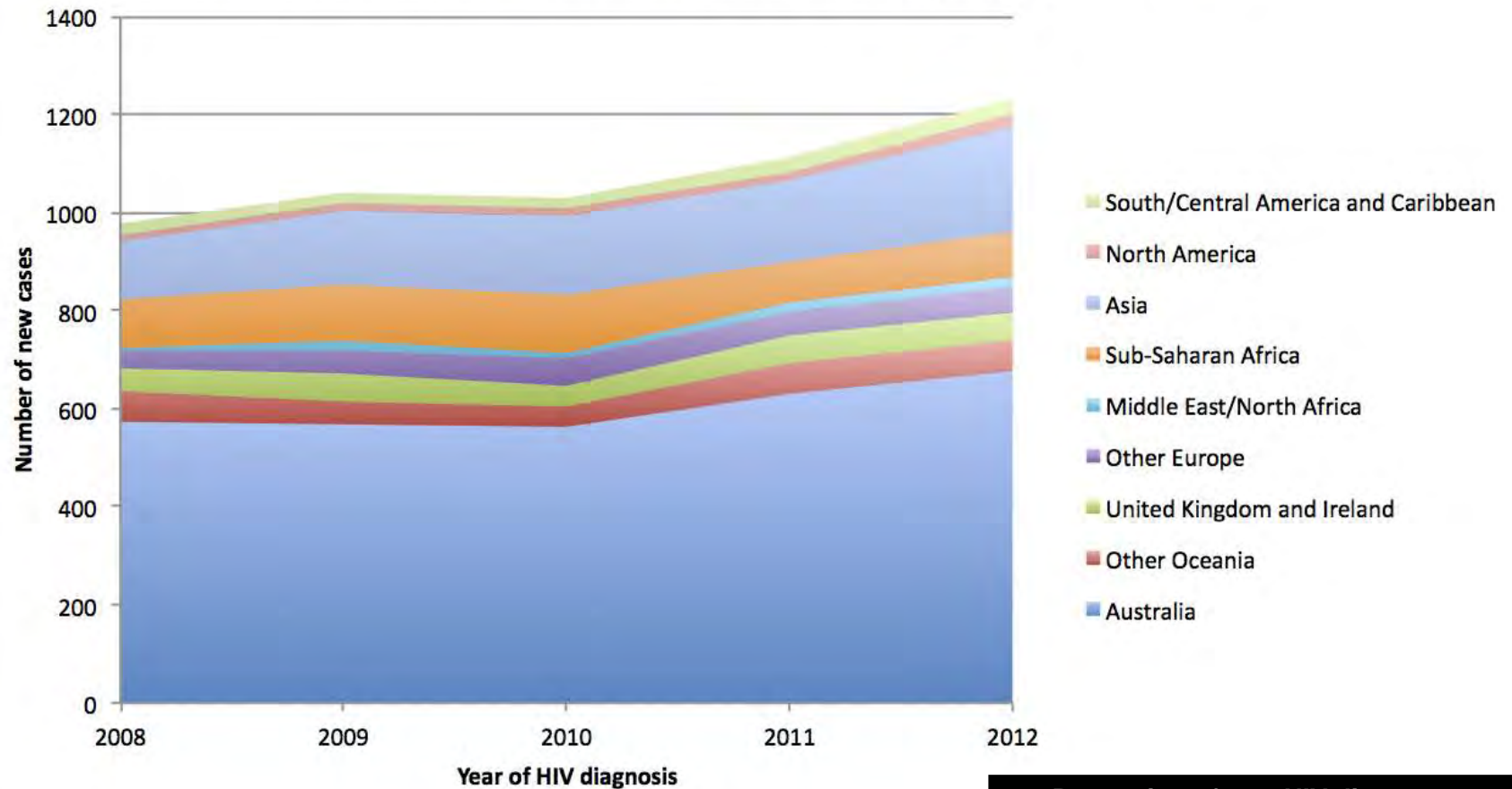
Migration health requirement



Lack et al. 2007

Kirby Institute 2006

New HIV cases in Australia 2008–2012, by region of birth



Diagnosis rate, by region of birth (cases/100 000/yr)

Australia	4.0 – 4.5
Asia	4.3 – 7.0
Sub-Saharan Africa	27.3 – 37.1

Kirby Institute 2013

Proportion of new HIV diagnoses

Region of birth	2006	2010	2012
Australia	57%	53%	54%
Asia	12%	15%	17%
Sub-Saharan Africa	7%	12%	7%

Issues for African diaspora PLHIV

- Over-representation amongst diagnosed cases of HIV
- Mainly heterosexual exposure
 - Important minority of African migrant MSM
- Late HIV diagnosis
- TB and chronic viral hepatitis
- HIV genetic diversity: non-B HIV-1 subtypes
- Intersecting stigma and discrimination
 - HIV-related stigma
 - Racism & xenophobia
 - Uncertain residency status
 - Poverty and marginalisation
 - Gender inequality
 - Homophobia

- Barriers accessing treatment
- Similar response to other PLHIV



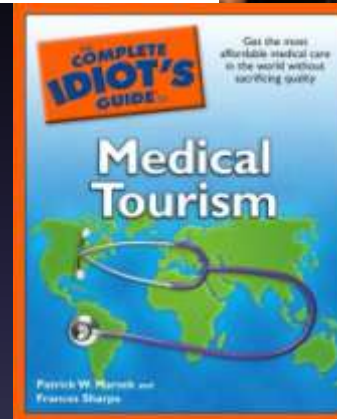
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Linking migration, mobility and HIV

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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

Conclusion

- African diaspora populations are over-represented in the HIV epidemics of industrialised countries
- Stigma and late diagnosis are key issues
- HIV-TB co-infection is commoner in African migrant PLHIV
- Complexity in place, time and person

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Southern Health (Monash Medical Centre)
St Vincent's Hospital (Melbourne)
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Inner South Community Health Service
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New Hope Foundation
Positive Women
Straight Arrows
Islamic Women's Welfare Council of Victoria
HealthWorks
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Julie Futol
Alison Coelho
Kate Bean
Naomi Ngo

"No man is an island entire of itself"



John Donne (1572-1631)