



James Ward—tackling STIs in Indigenous Australians



James Ward faced several challenges growing up as an Indigenous Australian that he preferred not to focus on during this interview with *The Lancet Infectious Diseases*. While acknowledging Australia has made progress in Indigenous health, Wards says the country “hasn’t come anything like as far as it could or should have”. Today, in his role as Director of the University of Queensland Poche Centre for Indigenous Health, Brisbane, QLD, Australia, he and his team are attempting to accelerate improvements in health, especially sexually transmitted infections (STIs) and other infectious diseases among these populations, the most disadvantaged of all Australians.

Ward started his working career in health in Alice Springs, NT, helping educate the mostly Indigenous population on HIV, the importance of testing, and other STIs. It was the peak of the early HIV epidemic in Australia. With few resources, Ward and his team got education, testing, and treatment services rolling in this town.

After completing an arts and management degree, Ward went to the University of Western Australia in Perth, WA, to study medicine, but found that he didn’t easily make the personal connection with patients or agree with the hierarchical way in which he saw senior medical staff were treating them. He decided instead to focus on policy, taking a role at Aboriginal Health & Medical Research Council of New South Wales (NSW), and also completed an epidemiology focused PhD on STIs in Indigenous Australians.

Ward says “despite me being as passionate as hell about bringing down STI prevalence in this population, rates have remained stubbornly high over the past 25 years”. He says the Indigenous Australian population is unique in that HIV rates are low among a population where STI rates are extremely high. “This unique situation is partially attributable to limited sexual mixing between remote community residents and the rest of Australia. Despite the success of low HIV rates, there are major challenges still, syphilis notifications are around five to eight times higher in Indigenous Australians compared with the general population”. Ward and his colleagues had previously established in the STRIVE study that around one in five young people in remote Australia were diagnosed with at least one STI per annum. This trial was the first assessing large scale clinical quality improvement strategies for the control of STIs in 68 remote Aboriginal primary care centres. Despite improving testing coverage by 38% in intervention clusters, this was not enough to impact STI prevalence. This and other studies he has conducted left Ward believing that “while individual interventions are important to test and trial and can have marginal impact, the real potential will be achieved when all these ‘single bullet’ interventions are combined to bring down STI rates among Indigenous Australians”.

Today, Ward’s team is planning a precision public health study focused on STI control. “In this study we are combining

social determinants data, health services data, qualitative data collected by peers, and genomics data typing both gonorrhoea and syphilis, and then we will map everything at a local level to generate a precision public health approach in shaping our interventions and where best to scale them up”, he explains. “Working with the communities we will then present them with multiple interventions that fit best with their data, so they can decide how to proceed—this could include education, increased access, testing and incentives to encourage young Indigenous Australians at the highest risk of STIs to engage with health services. This will link multiple areas together and remove the traditional silos of criminal justice, housing, and education and health”.

Ward’s long career has also involved multiple studies involving other infectious diseases. During a five-year stint as head of Infection and Immunity for Aboriginal Health at the South Australian Health and Medical Research Institute, Adelaide, SA, he worked with long-time collaborator Helen Marshall to study the impact of meningococcal B vaccination in Indigenous adolescents, not only against meningitis B, but also gonorrhoea. Indigenous Australian adolescents have some of the highest rates of gonorrhoea globally.

When COVID-19 arrived, Ward, who was heavily involved in the Australian and Indigenous responses, thinks that for once, Australia got it right and quickly identified Indigenous Australians as a priority vulnerable population and appropriately protected them. While Australia remained relatively isolated, rates of infection among Indigenous Australians were around half that of the non-Indigenous population. But he laments “as we as a nation opened up, this equity focus on Indigenous Australians rapidly fell away, and new infections surged”.

An especially forgotten population among all Australians is LGBTQ Indigenous Australians, a topic close to Ward’s heart as one of few openly gay Indigenous Australian researchers. He is preparing a grant submission to establish a unique model of care and other interventions especially for young LGBTQ Indigenous Australians in Brisbane and south east Queensland. “This and other services that allow Indigenous populations to self-determine and be self-sufficient will be a huge step towards closing the gap in health indicators between Indigenous Australians and the general population”, Ward says, explaining that non-Indigenous non-governmental organisations, while well-intentioned, are not delivering the change Indigenous Australians need.

Outside of work, Ward is a keen gym-goer and an animal lover and homebody who enjoys walking his chocolate Labrador with husband Simon.

Tony Kirby