

Summary Report of Key Learnings from a Scoping Study of HIV Testing in Australia

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AFAO undertook a scoping study of HIV testing in Australia to better understand the reasons why people test for HIV too infrequently, or not at all and to identify strategies and resources to support HIV testing among different sub-populations at risk of HIV. Key learnings from each phase of the project are described below.

Data review

Gay men have relatively high rates of testing, with 67% of participants in the Gay Community Periodic Surveys (GCPS) reporting testing in the previous 12 months (Mao et al. 2018). Over the past ten years, sustained high levels of lifetime HIV testing (being tested at least once for HIV) were recorded nationally among GCPS participants, 92% in 2008 and 89% in 2017 (Mao et al. 2018).

Among 569 non-HIV positive respondents in a recent cross-sectional survey of Asian gay men in Sydney 93% had ever had a HIV test, 82% (465) had their most recent test within the past 12 months and 40% (225) tested more than three times in the past 12 months. The highest 12-month testing rate by birthplace was Thailand (95%) and lowest the Philippines (67%). However, it should be noted that 40% of participants born in Thailand were recruited from HIV testing sites (Wong et al, 2018).

The rates of HIV testing among sex workers are very high, for example data from public sexual health clinics in NSW show that 85% of female sex workers and 92% of male sex workers had tested in the previous 12 months (Callander et al., 2016).

The rates of HIV testing among heterosexual Australians is relatively low with a national survey of health and relationships showing that only 34.7% of heterosexual men had ever been tested for HIV compared to 88.7% of homosexual men and 53.9% of bisexual men, and only 36.6% of heterosexual women had ever tested compared to 49.8% of lesbian women and 49.6% of bisexual women (Grulich et al., 2015).

The data review revealed that there is very little data on the rates and frequency HIV testing for key populations other than gay and bisexual men.

Literature review

Peer reviewed literature about HIV testing in Australia published between the years 2014-2019 was reviewed. The initial search identified 82 articles, on closer reading 64 articles were assessed as relevant and reviewed. Below is a summary of some of the key insights from the literature:

Barriers to HIV testing

- low perception of risk (Knight et al., 2014; Yang et al., 2014; Bolsewicz et al., 2015; Down et al., 2015).
- fear of testing positive (Yang et al., 2014)
- embarrassment, fear of talking to a doctor, perceived discrimination (Yang et al., 2014)
- concerns about confidentiality (Knight et al., 2014); poor public knowledge of HIV (Bolsewicz et al., 2015)
- heterosexuals historically considered low risk and some migrant communities unfamiliar with the health care system or the concept of preventive care, poor health literacy, and an expectation that doctors will initiate HIV testing in a system that is patient-directed (Bolsewicz et al., 2015; Mullins et al., 2018)

- providers that lack confidence, or who are avoidant of uncomfortable interactions, or who are not aware of current testing guidelines and have limited knowledge of HIV epidemiology and therefore underestimate patient risk (Bolsekicz et al., 2015), lack of understanding of the benefits of early diagnosis among GPs and among non-gay populations (Leidel et al., 2015)
- concerns about what a positive test result might mean for health insurance or employment (Bolsekicz et al., 2015)
- finding time to test, cost, stress related to waiting for results and need to go back for results (Conway et al., 2015). Convenience needs to be paramount (Lin et al., 2015)
- not all factors that influence HIV testing can be altered, for example demographic characteristics such as age, education, living in a rural area or being born in a high prevalence country (Bolsekicz et al., 2015)
- factors that contribute to low rates of HIV testing among Indigenous Australian's include fears of testing HIV positive, inconvenient hours and location of testing sites, distrust of healthcare providers, experiences of discrimination in healthcare, lack of anonymity in small communities, low perceived risk, feeling invulnerable, and perceiving questions about sex and drug use as shaming and judgmental (Jongbloed et al., 2019)

Missed opportunities for testing

- missed opportunities for testing based on clinical indicators (Lin et al., 2019, Mallitt et al. 2018; Ward et al., 2016)
- Ward et al. (2016) found that while current guidelines recommend that all Aboriginal and Torres Strait Islander Peoples are tested for HIV if they test positive for another STI within 30 days of diagnosis only 31.8% of those diagnosed with another STI were tested for HIV

New technologies and new models to enable HIV testing

- Australia was relatively slow to adopt HIV rapid testing. Rapid testing was available through a small number of implementation studies in 2013, but was only approved for use outside of implementation studies in 2014 (Prestage et al., 2016)
- Australian studies have found that community-based HIV testing is highly acceptable to gay men (Beng et al., 2014), has attracted first time testers, younger gay men and gay men from Asian backgrounds (Lee et al. 2019)
- evidence suggests that community-based HIV testing has had limited impact on the frequency of testing among gay men (Bissessor et al, 2017)
- a comparison of an express testing clinic with a routine clinic at a Sydney sexual health service, found that the express clinic was associated with increased re-testing among high risk gay and bisexual men and doubled the number of tests the service was able to perform overall. The authors argue that optimising current services by adding an express option may be a more cost-effective way to increase testing and re-testing than building a new service (Knight et al., 2019)
- a self-test only became available in Australia in early 2019, however, modelling done by Bell et al. (2019), suggests that self-tests will increase access to and uptake of testing if used to compliment other services rather than replace them.
- a randomized trial in Australia showed that self-tests for gay and bisexual men doubled frequency overall and by 3.95 times among non-recent testers. The authors note that self-tests may also assist to normalise HIV testing (Jamil et al, 2017)
- HIV testing among Aboriginal and Torres Strait Islander Peoples would be enhanced by implementation of 'culturally safe care' (Jongbloed et al., 2019)
- a trial of opt-out testing conducted at a general practice clinic providing medical care to homeless and marginalised people, found that this novel approach to HIV testing was feasible and acceptable to both clients and clinicians (Leidel et al., 2017)

While there is a significant body of research that explores barriers and enablers of testing, acceptability of rapid tests, and community-based models of testing, there is a notable absence of research that explores the social dimensions and cultural meanings of HIV testing in contemporary Australia (Davis, 2014).

Interactive workshop

Approach

An interactive workshop was held during AFAO's biannual Members' Meeting. The meeting delegates included people working in health promotion, policy and research. The first stage of the workshop was a presentation of epidemiological and behavioural data, and key findings from the research literature on HIV testing in Australia. The presentation was followed by small group work, with each group focusing on one of six different populations (heterosexual women, heterosexual men, Aboriginal and Torres Strait Islander Peoples, trans and gender diverse people, overseas-born Asian and South American gay and bisexual men, and international students). While participants were free to join any group, they were encouraged to join a group working on a population with which they identified and/or had professional expertise. The groups were asked to consider five questions drawing on the research presentation and their own expertise:

- what do we know about this population overall?
- what do we know about this population in terms of their relationship with health, healthcare and HIV?
- what are their risk behaviours?
- what matters to this population?
- what are two to three practical concepts that warrant either further investigation or should be seriously considered?

Outcomes

The small groups identified factors that could increase HIV testing among these different populations.

Heterosexual women: This group began by interrogating the category and expanded the population category to include all women (cis and trans) and raised uncertainty about the usefulness of the category 'heterosexual' women for targeting HIV testing. This group also questioned the assumption that different models of testing are needed for women, proposing that 'what works for other communities will also work for women'.

Heterosexual men: This group discussed what would need to change for men to invest in sexual health and HIV:

- alter the way heterosexual men engage with sexual healthcare
- change their perception of HIV risk
- general practitioners to be more proactive about testing
- policy support to broaden access to rapid HIV testing to all populations

Aboriginal and Torres Strait Islander Peoples: This group identified ways HIV testing could be increased:

- working from a family-centred approach
- integrated HIV and STI testing essential
- supporting local community champions
- including HIV testing as part of the Indigenous Health Check
- integrate health checks with local social event, for example, sporting events
- stop working with a deficit model

Trans and gender diverse people: This group grappled with the lack of data for this population to inform interventions for sexual health and HIV. The group also observed that trans and gender diverse people are severely under resourced and underrepresented in conversations about HIV.

Overseas-born Asian and South American gay and bisexual men: This group identified barriers to accessing HIV testing and healthcare for these men:

- English language proficiency and lack of access to interpreters
- Medicare ineligibility: lack of unawareness that HIV testing is available for free without Medicare
- non-gay identifying but have sex with men, or if gay may not have LGBT peers
- distrust of medical organisations
- time poor with focus on study and/or work
- limited access to services outside of metro areas
- cultural perceptions of health and healthcare
- religious beliefs

International students: This group identified options for HIV testing services to better serve international students:

- mobile HIV and sexual health services for educational institutions
- free, quick and peer-led services
- easily accessible and in-language information online
- peer navigated migration projects in educational institutions

Innovation and significance

By utilising a diversity of HIV sector expertise and research knowledge, the workshop was able to identify strategies to engage key populations who have not traditionally engaged with HIV testing messages.

It was clear that peer-led and created programs and resources will be central to increasing the rate and frequency of HIV testing regardless of who is being targeted. The workshop achieved practical outcomes within a tight timeframe. However, the time allocated for this workshop did not offer the opportunity for strategies to be developed into policy, education and prevention concepts. While participants were enthusiastic about the process, they wanted to develop their initial ideas further.

The workshop showed the value of bringing together different expertise from across the Australian HIV sector and research knowledge to work through contemporary issues in the Australian HIV response.

Review of online education and health promotion materials

A review of digital health promotion resources related to HIV testing was conducted in February 2019. The review sourced material from all Australian jurisdictions and from a diversity of organisations including the websites of state and territory departments of health, people living with HIV organisations, AIDS councils, family planning and reproductive health organisations, and public sexual health clinics.

All the Australian states and territories have online information about HIV testing, including information about what it involves, who should test, how often and where to test. There is good linking of information across different services and webpages, maximising the reach of individual resources and potentially reducing the need for duplication.

While there are online resources relevant to a range of different populations and communities, available nationally, the spread across jurisdictions is uneven. Some jurisdictions have no targeted information for culturally and linguistically diverse people. Further, resources aimed at non-gay audiences, that focus on broad categories of sexual risk, may have limited salience for individuals and populations who do not perceive themselves to be part of HIV affected communities, for example, heterosexual men who travel regularly to countries with a high HIV prevalence.

Next Steps

AFAO will continue to work closely with the Kirby Institute, UNSW, Sydney and the Centre for Social Research in Health, UNSW, Sydney to identify ways to strengthen our knowledge and understanding of HIV testing patterns.

Following the success of the interactive workshop conducted during the AFAO Members Meeting in May 2019, AFAO will explore opportunities to facilitate a series of follow-up workshops to allow ideas developed in the initial workshop to be developed into concepts to guide policy and health promotion initiatives. These workshops could be conducted face-to-face or as webinars.

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