

# BARRIERS TO ACCESSING HIV AND SEXUAL HEALTH CARE FOR PEOPLE FROM A CALD BACKGROUND



## RECOMMENDATIONS BRIEFING PAPER

June 2022

This briefing paper draws from a discussion paper developed by the Australian Federation of AIDS Organisations (AFAO), in partnership with six culturally and linguistically diverse (CALD) and blood-borne virus (BBS) specialist organisations\* and the Federation of Ethnic Communities Councils of Australia (FECCA), with input from AFAO member organisations and national organisations representing priority populations. The full discussion paper identifies specific issues and barriers to universal health care for people from a CALD background in relation to HIV and sexual health. The paper summarises key research from within Australia, as well as international research with people from CALD backgrounds in high-income countries, as well as including reference to the experiences of services providers. The final section of the discussion paper proposes recommendations that can help build on our strengths and partnerships in our response to HIV in Australia.

The full discussion paper with references for all papers can be viewed here: <https://tinyurl.com/ye26awxu>.

**The development of the *Ninth National HIV Strategy* presents an opportunity to further invest in programs and services to help overcome the barriers for people from a CALD background in accessing HIV and sexual health services and therefore help contribute to achieving our ambitious national goal of ending HIV transmission in Australia.**

## HIV PREVENTION, TESTING AND TREATMENT

1. Invest in local solutions as the priority populations at risk will vary in each jurisdiction, build on the strengths of communities and implement HIV programs in partnership with people from CALD backgrounds.
2. Promote and increase access to HIV testing among overseas-born GBMSM, particularly from Asia and Latin America, soon after arriving in Australia.
3. Advocate for a policy mechanism that enables individuals who want to take PrEP, but who are not eligible for Medicare due to their visa status, to access subsidised PrEP as a public health measure to prevent HIV.
4. Explore and evaluate different options for HIV testing, such as dried blood spot testing and rapid HIV testing, and make them available in different settings to increase HIV testing uptake among people from CALD backgrounds.
5. Develop national and state/territory processes to ensure people from a CALD background input into the development, implementation and monitoring of responses to working with their communities.

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\* Victorian African Health Action Network (VAHAN), Centre for Culture, Ethnicity and Health (CEH) Multicultural HIV and Hepatitis Service (MHAHS), Relationships Australia South Australia (RASA), Ethnic Communities Council of Queensland (ECCQ), Community of Practice for Action on HIV and Mobility (CoPAHM)/Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN), Curtin University.

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## STRUCTURAL BARRIERS TO ACCESSING HEALTH CARE

6. Review immigration health screening policies to ensure they do not deter people in Australia from HIV testing.
7. Support HIV organisations to implement systemic and organisational change, including providing professional development, to enable the provision and co-design of culturally appropriate services and programs for people from a CALD background.
8. Support GPs to identify people from a CALD background who may be at increased risk and maximise opportunistic testing and provide education on cross-cultural communication on HIV testing.
9. Funding to support organisations to develop HIV social marketing campaigns and resources that are culturally engaging and appropriate, tested with the audience, written in plain English and available in community languages for priority populations.

## SOCIAL AND CULTURAL ISSUES

10. Use the Australian Human Rights Commission's Anti-Racism Framework to inform the next **National HIV Strategy** and its implementation.
11. Invest in research studies to demonstrate what interventions are effective at reducing stigma and discrimination for people from a CALD background living with and at risk of HIV when accessing health services.
12. Engage people from CALD backgrounds in all levels of policy, program, service, and research design.
13. Promote Australian government leadership on HIV in the Asia Pacific region to support effective local HIV policies, legislation and programs, particularly with mobile populations.

## RESEARCH AND EVALUATION

14. Invest in evaluation to identify which HIV programs are effective at increasing HIV prevention, testing and treatment among people from CALD backgrounds.
15. Reach national agreement on CALD indicators that could be collected by HIV national surveillance (ethnicity and visa status were specifically identified), behavioural research and program evaluations.
16. Invest in regular behavioural research with migrants to better understand factors related to HIV and other STIs, in partnership with NGOs, state/territory health departments and CALD communities.