After AIDS2014: Stepping up the pace in preventing HIV transmission in migrant and refugee communities

Multicultural Sexual Health Network (MSHN) report
Introduction
The Multicultural Sexual Health Network (MSHN) is an initiative of Multicultural Health and Support Service (MHSS), a program of the Centre for Culture Ethnicity and Health (CEH). MSHN is a platform that brings together stakeholders from different sectors—such as health, youth, settlement, education, employment and housing—to discuss strategies to address emerging blood borne viruses (BBV) and sexually transmissible infections (STI) affecting asylum seekers, refugees, migrants and international students.

More than 50 people attended this forum on 21st October 2014 to reflect on the 20th International AIDS Conference (AIDS2014), held in Melbourne in July 2014. The forum provided the opportunity for participants to share promising practices in preventing HIV transmission in migrant and refugee communities and mobile population groups such as temporary migrants and international students.

The forum was divided into three sessions:

- Session 1: Presentations on HIV policy framework and research on mobile and key affected populations.
- Session 2: Presentations on barriers and enablers of working with key affected populations.
- Session 3: Group discussions on five key priority areas for action—prevention, addressing stigma and discrimination, improving treatment and service coordination—in the seventh National HIV strategy 2014-2017

Presentations

HIV policy context and HIV Working Group

Michael West, A/manager, Sexual Health & Viral Hepatitis Section, Population Health, Policy and Programs, Prevention and Population Health Branch, Department of Health

Michael’s opening remarks reflected on AIDS2014 conference as a “massive global intervention that refreshed and renewed the national conversation about HIV”. He noted that the conference resulted in a renewed commitment to, among other things:

- Virtual elimination of new Australian HIV transmissions by the end of 2020
- Removal of HIV related immigration restrictions
Michael described the new 2020 UNAIDS ‘90 90 90’ targets (see, http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf ), launched by UNAIDS Executive Director Michel Sidibé at AIDS2014, as significant and ambitious. These targets are:

1. By 2020, 90% of all people living with HIV will know their HIV status.
2. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
3. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

Michael noted that Australia is currently seeing the highest rates of HIV notifications in 20 years. He attributed this trend to increased testing and shifting epidemic patterns. He added that higher rates of heterosexually acquired HIV are being seen in some jurisdictions in people from high HIV prevalence countries, such as African and South East Asian countries, and sexual partners of people from these countries. According to Michael, normalising HIV testing is an important aspect of the approach to reduce transmission “to say HIV testing is no different to breast screening... and expanding HIV testing points in Victoria.” This, he believed, was also a fundamental strategy in reducing HIV stigma and discrimination.

“We need to engage all aspects of a partnership response...Affected communities need to be at the table in real ways and honouring the GIPA (Greater Involvement of People Living with HIV/AIDS) principle of designing program interventions. We need to normalise HIV testing...to say HIV testing is no different to breast screening...and expanding the HIV testing points in Victoria”. (Michael West)

Reiterating the UNAIDS 2020 targets Michael reported the Victorian Department of Health is committed to eliminating HIV transmission in Australia by fostering strong partnerships with the service sector. He believed the establishment of the Department of Health Advisory Committee on Blood Borne Viruses (DACBBV) in 2013, has been pivotal in providing prompt advice on policy issues, and implementation plans to address BBVs and STI in Victoria. The Department of Health HIV Working Group, which was established in the lead up to AIDS2014, has been instrumental in providing expert advice to the DoH, through DACBBV, in designing the HIV implementation plan for Victoria.
Graham noted that globalisation has irrevocably changed the world economically and socially and one consequence of this mass mobility has been a major factor and driver of the HIV epidemic. Unfortunately, traditional public health interventions, the ‘contain and control’ methods, have been ineffective in

The AIDS 2014 Legacy Statement, which was agreed on by all Health Ministers, commits each of the nine jurisdictions to take all necessary action, in partnerships with key affected communities and sector partners, to remove barriers to testing, treatment, prevention, care and support, across legal, regulatory, policy, social, political and economic domains.

Australian Health Ministers commit to:
- Working towards the virtual elimination of new Australian HIV transmissions by the end of 2020
- A rejuvenated response to HIV and ensuring that the HIV responses of all jurisdictions reflect new scientific advances and the vision of ending HIV and AIDS
- Continue measures to ensure Aboriginal and Torres Strait Islander people remain a high priority area for Australia’s HIV response and to achieving HIV prevention and treatment targets – with a focus on research and health literacy
- Take necessary actions, in partnership with key affected communities and sector partners, to remove barriers to accessing HIV testing, treatment, prevention, care and support across legal, regulatory, policy, social, political and economic domains
- Continue to support high quality, multi-disciplinary, collaborative research that incorporates basic science, clinical research, social and behavioural science and operational research to inform local and international action to eliminate HIV
- Advance actions to ensure an appropriately trained and supported HIV workforce, including in clinical, community, research and policy and program areas
preventing HIV transmission in mobile populations and have resulted in breaches of human rights and ‘misdirection’ of resources. Graham argued that although the Australian government has recently included people travelling to and from high prevalence countries as a priority population in the National HIV strategy, there are still significant policy barriers and relatively few resources directed at preventing HIV transmission in this group.

“Relatively few resources have been directed at or sustained around HIV and mobile population and there are significant policy barriers that still have not been removed to achieve effective programs...we need investment on the ground. If we want an effective, sustained leverage, then we need shifts at all levels”. (Dr Graham Brown)

The *HIV and Mobility Roadmap for Action* report addresses key issues relating to HIV in migrant and mobile populations to guide practice, policy and research. The report also suggests a strategic approach to HIV management for migrant and mobile population groups in Australia. Graham concluded his presentation by stating five key recommendations for immediate actions:

- Get HIV and mobility on the state and national agenda, and highlight the national legislative and policy barriers to effective programs in WA
- Build formal partnerships across the HIV, migrant, and key resource and travel industry sectors and program investments
- Find ways to remove structural and social barriers to testing and treatment for mobile and migrant populations
- Support capacity of peer advocacy networks within migrant and mobile populations
- Prioritise applied strategic research to directly support and guide the investment.


**Migrant Communities and HIV**

*Dr Chris Lemoh, Infectious Diseases Physician, Monash Health and Victorian African Health Action Network*

Chris reflected on key issues affecting the way migrants and refugees communities in Australia respond to HIV. In the lead-up to the conference, the Australian Federation of Aids Organisations (AFAO) established the African reference group to mobilise African communities in addressing HIV. The Victorian African Health Action Network (VAHAN), was founded out of this process and has been working in close partnership with the African and Black Diaspora Global Network on HIV and AIDS (ABDGN) to strengthen African communities’ response to HIV and associated stigma and discrimination.

“The global village was a real opportunity for us to share knowledge and perspectives amongst people from different theoretical backgrounds and
different disciplines, from medicine to sociology. Reflecting on how we think about these issues of mobility, identity and HIV, and how we can put our thoughts into action.” (Dr Chris Lemoh)

According to Chris, the AIDS 2014 global village provided a real opportunity for Africans living in the diaspora to share knowledge and best practice, and discuss community-led strategies to address HIV. For Chris, the AIDS conference was significant in acknowledging that:

- Upholding human rights is essential for an effective HIV response
- Treatment as prevention is a necessary strategy in reducing HIV incidences
- Marginalised groups such as sex workers, people who inject drugs, migrant, refugees and same-sex attracted people have special issues that require attention. The conference slogan, “no one left behind”, encouraged action towards developing inclusive policies and services to address issues faced by all of these groups
- “The end of AIDS” AIDS is now a preventable condition at both a population and individual level and ‘the end of AIDS’ is now a realistic goal for public health.

The African Diaspora Zone at AIDS2014

*Jill Sergeant, Project Officer, Australian Federation of AIDS Organisations (AFAO)*

Since the 1980s, AFAO has been providing support to the Australian policy, advocacy and health promotion response to HIV/AIDS. In 2009, AFAO became aware of an increasing number of HIV diagnoses among people born in Sub-Saharan Africa. Jill reported that in Australia, people born in Sub-Saharan Africa account for 9% of HIV diagnoses; even though this population make up only 1% of the total population. She noted that this disproportionate rate of HIV is seen in sub-Saharan Africa communities in other developed countries such as those in Europe. As a result, the organisation established the African reference group to initiate communities’ responses to HIV. The reference group has representation from all states and territories and is currently seeking members from Northern territory and Tasmania.

During the AIDS 2014 conference, the African reference group supported the activities of the African diaspora networking zone. The African Diaspora Networking Zone (ADNZ) was a partnership of AFAO, and the AFAO African Reference Group, the African and Black Diaspora Global Network for HIV and AIDS (ABDGN) and the Centre for Culture, Ethnicity and Health (CEH). CEH took the lead role in coordinating the zone as the local organisation. According to Jill, the conference provided an opportunity to connect with international advocates and to combat HIV related stigma, “by having such a high profile event with AIDS being talked about in a positive and progressive way”. Also, the conference provided a chance to strengthen the African communities’ response to HIV in Australia.
“AIDS 2014 was a really good opportunity to put HIV on the radar for Africa communities around Australia and potentially in a really positive way...it was a good opportunity to connect with international advocates and to combat HIV related stigma.” (Jill Sergeant)

To Jill, the ADNZ was an amazing and vibrant zone, with cultural activities such as drummers and an Ethiopian Coffee Ceremony as well as formal presentations in a program that ran parallel to the conference program. The zone aimed to:

- Increase attention to the impact of HIV in African Diaspora communities
- Promote resources and knowledge exchange with others addressing HIV in African Diaspora communities around the world
- Encourage networking

Without the ADNZ, there would have been very limited coverage of African diaspora issues at the conference. The ADNZ hosted facilitated discussions, it was a place to chill out and relax, people had meetings there and there were many resources on display and for distribution. A highlight of the ADNZ was the launch of the Diaspora Declaration, which is about developing a global framework for addressing HIV in diaspora populations. Jill commended the ABDGN for its initiative to address HIV in African Diaspora populations. For a summarised report of the ADNZ see [http://bit.ly/baobabreport14](http://bit.ly/baobabreport14)

**Working with People Living with HIV from Migrant and Refugee Communities**

*Maureen Plain, Coordinator, HIV CALD Service, Alfred Hospital*

The Alfred hospital, HIV CALD service is a state-wide service that has been supporting people living with HIV from culturally and linguistically diverse (CALD) backgrounds since 2004. The service has supported more than 100 clients from over 30 different cultural backgrounds. According to Maureen, most clients are diagnosed through the Department of Immigration and Border Protection health test (when applying for a visa to settle in Australia), during pregnancy testing or when they become unwell. Many clients have experienced trauma during migration, including periods of displacement and risky travel to Australia. Therefore, a positive HIV diagnosis is devastating for them. For those who have unresolved immigration issues, such as seeking asylum, overstayed visas or seeking permanent residency, they fear their diagnosis will impact on their eligibility to remain in Australia, causing further anxiety.

Maureen said that although anyone in Australia, regardless of visa situation, can access health services, some of her clients are not entitled to Medicare and, as a result, are not entitled to subsided treatment or medication. Therefore, this group of clients are not able to receive timely treatment for their condition. In addition, many clients from migrant and refugee backgrounds fear disclosing their HIV status due to associated stigma and discrimination. Some of them are reluctant to use interpreters for fear that the service

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provider will not adhere to confidentiality or will judge them and ask inappropriate questions.

“While clients of the CALD Service experience increasingly improved health, their fear of disclosure, stigma and discrimination can be overwhelming and perhaps more significant than the HIV itself”. (Maureen Plain)

Despite these challenges, Maureen said that most of the clients of the CALD Service show marked improvements, from being acutely unwell and suffering trauma associated with refugee or migration experience, to enjoying better health outcomes. The Service has also supported many clients to engage more with mainstream support services in the HIV sector such as the Positive Living Centre, Positive Women and Straight Arrows.

**Community Peer Support**

*Vincent Christian, Peer Support Officer, Straight Arrows*

Vincent said that through his work, he has come to learn that AIDS related stigma and discrimination are key issues that contribute to fear of disclosing HIV status and accessing support services for the majority of people from CALD backgrounds in Australia. He observed that many of his clients fear being shunned by other community members when they disclose their HIV status.

“My challenge with the African and also Indian communities, when they come and see me in the office and they see another African or another Indian, they run from my office and I have to chase after them, try to calm them down and take them out for a coffee somewhere else...The biggest issue I see is isolation. It creates fear”. (Vincent Christian)

Vincent noted that many CALD clients attend churches and mosques. However, for a long time, many spiritual leaders have been silent on HIV, and have not provided any care and support for people living with HIV. Nonetheless, this trend is now changing and some church pastors have begun to provide support. He urged all spiritual leaders to take an active role in creating a safe place that is free of stigma and discrimination for people living with HIV. He encouraged partnerships between faith-based institutions and service providers in preventing HIV, providing care and support for people living with HIV, and reducing HIV related stigma and discrimination.
Faith and HIV

*Marg Hayes, Coordinator, Catholic HIV/AIDS Ministry*

Catholic HIV/AIDS Ministry provides pastoral care to people living with HIV and their families and friends. According to Marg, the Ministry acknowledges that spirituality is very important for the person; it is what gives our life meaning, but it is not something we often talk about. Pastoral care enables the expression of the soul, giving the person a chance to really develop the whole of themselves. Many people talk about what it is like to be diagnosed with HIV, it is a whole upturning of their life. They talk about the fact that it brings forth that issue of death and yet we know people with HIV can live to a ripe old age. The importance of pastoral care is well illustrated in a book published by the Ministry in 2014 titled ‘Angles in disguise: Stories from Catholic HIV/AIDS Ministry, Catholic care’. This books is a memoir, a tribute, and an example of the HIV/AIDS ministry work in the archdiocese of Melbourne during the 1990s. For Marg, pastoral care helps people make sense of their diagnosis. How it fits with their sense of life.

“What I would like to say to people living with HIV is, the God I know says you are welcome, the God that I read about in religious documents and from religious leaders says you are welcome. That is true in all of our religions”. (Marg Hayes)

Marg noted that all religions say something about welcoming everybody, about compassion, about justice and about celebrating life:

- In Buddhism: “Treat not others in ways that you yourself would find hurtful”
- In Hinduism: “This is the sum of duty, do not do to others what would cause pain if done to you”
- In Islam: “Not one of you truly believes until you wish for others what you wish for yourself”
- In Judaism: “What is hateful to you, do not do to your neighbour, this is the whole Torah, all the rest is commentary”

She encouraged all faith leaders to take an active role in preventing HIV transmission and providing care and support to those infected and affected by the disease.

**Resources for spiritual leaders:**

“Guide for spiritual leaders to prevent HIV transmission and eliminate HIV stigma within Australian migrant and refugee communities”


“HIV and Stigma in Australia: A Guide for Religious Leaders”

Key recommendations from group discussions

The group discussions, were prompted by three questions derived from the priority areas for action in the *Seventh National HIV Strategy*. These questions were:

- What do we need to do to improve HIV testing uptake in refugee and migrant population groups?
- What do we need to do to address HIV stigma and discrimination in refugee and migrant communities?
- How can we improve collaboration between services, such as settlement services, faith based institutions, mental health, drug and alcohol, disability, clinical and community services, to improve care and support needs of migrant and refugee people living with HIV?

The following recommendations were consistent across the discussion groups:

**For commonwealth government:**

To create an enabling environment by:

- Abolishing all HIV related visa restriction policies. These policies fuel stigma and discrimination.

**For Victorian state government:**

To create an enabling environment by:

- Making HIV testing easily accessible to migrant and refugee communities. This can be achieved by establishing culturally appropriate HIV rapid testing sites.

**For Victorian local governments:**

- For local governments to prioritise sexual health, prevention of blood borne viruses and sexually transmissible infections in migrant and refugee communities, by including in their *health and wellbeing plans*.

**For the service sector**

To actively engage refugee and migrant communities from high HIV prevalence countries by:

- Raising awareness and educating communities about HIV and sexuality, and debunking myths about transmission.
• Working closely with multi-sectoral service providers, particularly settlement services and faith-based institutions, to encourage HIV testing and uptake of treatment in refugee and migrant communities.

• Developing social marketing campaigns to address HIV stigma and discrimination in refugee and migrant communities.

• Educating health professionals in delivering culturally competent HIV services.

• Building capacity of interpreters on sexual health, blood borne viruses and sexually transmissible infections.
MHSS acknowledges the support of the Department of Health and participation of the following organisations at the forum:

1. Centre for Culture, Ethnicity and Health (CEH)
2. Resourcing Health & Education in the Sex Industry (RhED)
3. North Richmond Community Health (NRCH)
4. Burnet Institute
5. The Royal Women’s Hospital Foundation House
6. Ethnic Communities’ Council of Victoria (ECCV)
7. Monash Health
8. Victorian AIDS Council/Gay Men’s Health Centre
9. Family Planning Victoria
10. Deafness Foundation
11. Positive Women Victoria
12. Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University
13. Women with Disabilities Victoria
14. Spectrum Migrant Resource Centre
15. HIV CALD SERVICE, Alfred Health
16. Living Positive Victoria
17. Straight Arrows
18. Burnet Institute
19. City of Whittlesea
20. Darebin Community Health
21. Red Cross
22. South East Melbourne Medicare Local
23. Deakin University
24. Asylum Seekers Resource Centre
25. EACH
26. Women’s Health in the North
27. Uniting Church
28. Australian Federation of AIDS Organisations
29. Study Melbourne Student Centre
30. CatholicCare/ Catholic HIV/AIDS ministry
31. Polaron Language Services
32. Cohealth
33. Dianella Community Health Centre
34. AMES
35. Counselling Service, Victoria University