



CEH/MHSS response to Victorian HIV Strategy 2017-2020

Introduction:

The Centre for Culture, Ethnicity and Health (CEH), via the Multicultural Health & Support Service (MHSS), welcomes the State Government's HIV Strategy 2017-2020.

The Multicultural Health & Support Service (MHSS) is a program of the Centre for Culture, Ethnicity and Health (CEH). We work with refugee and migrant communities in metropolitan Melbourne and regional Victoria to prevent transmission of blood borne viruses (BBV) and sexually transmissible infections (STI). MHSS collaborates with priority communities to improve their access to information, testing, care and support. MHSS also works with service providers to build capacity in designing culturally competent and inclusive services that provide relevant care and support to people from refugee and migrant communities, asylum seekers and mobile populations.

Our Response:

CEH endorses the initiative of the Victorian HIV Strategy 2017-2020 and sees this as an opportunity for greater collaboration and coordination across the state. Most importantly, the strategy provides Victoria with the prospect of a re-orienting focus to ensure a more targeted approach and to redress current inequities in resource distribution. We believe this strategy, although ambitious in its goals, are achievable and can lead to HIV elimination; if appropriate actions are undertaken and adequately match the shifting epidemic and migration patterns.

System Enablers

As an organisation that targets hard to reach communities we are pleased at the state's commitment to support research and evaluation as a way to improve the quality and completeness of data. We encourage any mechanism that improves quality, in particular



**multicultural health
& support service**

regarding notifications including country of birth, ethnicity and visa status.

Whilst the system enabler 1 (relating to improving skills, knowledge and attitudes) is relatively clear and relates to direct actions, system enabler 2 (relating to coordination and integration of service systems) lacks the same clarity regarding community consultations, strengthening links between services, promoting prevention and treatments services and increasing the capacity. CEH believes this needs to be more specific in order to meet the overall goals of the strategy.

Priority Populations

Whilst women and CALD populations are mentioned as 'priority populations', they are **not** addressed enough in the actual strategy within priority focus areas.

This is a very significant issue and means that women from CALD communities will be lacking support. It is important to understand that Women at Greater Risk of HIV and female PLWHIV (People Living with HIV/AIDS), mostly CALD, might not have the levels of agency, that other priority populations have, which may prevent them from benefiting from the strategy. This could also be the case with International students, especially females.

CEH advocates that the priority communities be more aligned with the National HIV strategy which clearly articulates international students and other CALD groups as critical in addressing HIV in Australia.

Stigma and Discrimination

Addressing stigma and discrimination that CALD PLWHIV face by their CALD communities and the wider community, should also be highlighted in the strategy. The Strategy *should* be addressing the following questions:

- What anti-discrimination programs have worked?
- Which ones haven't worked?
- Where is the stigma and discrimination in the community/ies coming from?
- What are the specific programs that will be rolled out to target this?



Additionally more focus is required on preventing stigma and discrimination originating from health services which prevents community members from seeking care.

Data/evidence for action

The strategy needs to provide some context regarding the number of people who are actually on treatment compared to the targets. Exploring this discrepancy and also the variances in the treatment cascade would support a more focussed approach in the actions of the strategy.

Priority communities

We recommend that the strategy embraces a more representative picture of the changing epidemic and migration patterns.

We strongly believe that the inclusion of international students, unregistered sex-workers, people from refugee and migrant backgrounds is critical to the success of the strategy.

CEH strongly recommends embedding a systems review within the strategy that explores opportunities to improve collaboration, coordination and equity of resource distribution.

Targeting and tailoring actions for hard to reach individuals and communities requires an approach that is resource intensive, but essential in order to realise the strategic potential of the overall goal of the Victorian HIV Strategy 2017-2020.

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