Curtin University

PEOPLE ON THE MOVE: SEXUAL HEALTH IN AUSTRALIA

REVIEW OF PROJECTS AND RESEARCH 2021 - 2025

WA SEXUAL HEALTH AND BLOOD-BORNE VIRUS APPLIED RESEARCH AND EVALUATION NETWORK

ODYSSEY migration & mobility public health research hub

CoPAHM Community of Practice for Action on HIV & Mobility

SIREN WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network

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Curtin University would like to pay respect to the Aboriginal and Torres Strait Islander members of our community by acknowledging the traditional owners of the land on which the Perth campus is located, the Whadjuk people of the Nyungar Nation.

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FOR MORE INFORMATION

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You can find out more about SiREN at https://siren.org.au/

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CONTENTS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANSPS	Australian Needle Syringe Program Survey
BBVs	Blood-borne viruses
CaLD	Culturally and linguistically diverse
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
CoPAHM	Community of Practice for Action on HIV and Mobility
ELoFTS	Expatriates, longer-term or frequent travellers
GBM	Gay and bisexual men
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
ISSHN	International Student Sexual Health Network
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LHIV	Living with HIV
MiBSS	Migrant Blood-Borne Virus and Sexual Health Survey
MSM	Men who have sex with men
PEP	Post-exposure Prophylaxis
PLHIV	People living with HIV
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
SH	Sexual health
SiREN	Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network
STIs	Sexually transmissible infections

GLOSSARY

CaLD	CaLD is a term used to describe people of a non-Anglo-Celtic origin (usually based on language spoken at home and/or country of birth)
CERIPH	CERIPH is a multidisciplinary research centre that seeks solutions that promote health, prevent disease and protect populations from harm. For more details, visit https://www.ceriph.org/
Coelho Networks	Coelho Networks specialises in designing solutions for the inclusion of people from migrant and refugee backgrounds, asylum seekers, and mobile populations in public health initiatives. For more details, visit https://www.coelhonetworks.com.au/
CoPAHM	CoPAHM is used by members to identify ways to ensure that migrant and mobile populations are part of the ongoing dialogue on HIV prevention, treatment and support. The role of the CoPAHM is to increase partnerships and collaboration among stakeholders to facilitate policy, research and practice efforts regarding HIV and mobility. For more details, visit https://www.odysseyresearch.org/copahm
ISSHN	The main goal of ISSHN is for a multi-sector collaboration to advocate for greater access to sexual and reproductive health for all international students. For more details, visit https://www.odysseyresearch.org/isshn
Mobile and migrant populations	Refers to people who travel overseas and/or were born overseas
Odyssey Research Hub	The Odyssey Hub houses researchers from the Curtin School of Population Health, working in collaboration with researchers from other disciplines and international institutions to investigate issues relating to public health, population mobility and migration. For more details, visit https://www.odysseyresearch.org/
Population mobility	Refers to the movement of people between countries

OVERVIEW

The world's population is increasingly mobile. Public health is confronted by issues inexorably linked to population mobility and migration, including the transmission and treatment of blood-borne viruses (BBVs) and sexually transmissible infections (STIs). Australia is highly multicultural. According to the 2021 Census, almost a third (30%) of the Australian population was born overseas, 22% had both parents born overseas, and 48% had at least one parent born overseas (Australian Bureau of Statistics [ABS], 2022).

People from culturally and linguistically diverse (CaLD) backgrounds are recognised as a priority population in the National Sexually Transmissible Infections and Blood-Borne Viruses Strategies (Australian Government Department of Health and Aged Care, 2023). This population encompasses a wide range of migration experiences, levels of English proficiency, health literacy, and cultural beliefs and practices, all of which can influence access to health care and overall health outcomes (Camlin & Charlebois, 2019). Consequently, the relationship between sexual health and population mobility is complex, and the drivers of BBVs and STIs amongst people on the move require future policy, programs, and research to build upon the existing evidence base of what works to address community needs.

In this report, the term mobile and migrant populations refers to migrants to Australia and people who travel from Australia (including those known as ELoFTs – expatriates, longer-term or frequent travellers) (Crawford et al., 2016). The report provides an overview of projects and research to address the impact of STIs and BBVs for mobile and migrant populations in Australia from 2021 to 2025. It aims to inform work within the sector moving forward to ensure mobile and migrant populations are not left behind in the progress towards health equity in Australia.

WHO ARE WE TALKING ABOUT?

Terminology regarding ethnicity, culture, religion, language and other factors relating to migration is diverse. The terms 'migrant' and 'CaLD' are commonly used by the Australian government and non-government sector. CaLD is a term used to describe people of a non-Anglo-Celtic origin (usually based on language spoken at home and/or country of birth), while migrant refers to any individual born overseas. Together, the terms are used to reflect people from diverse backgrounds.

It is important to note that people from CaLD or migrant backgrounds may not use these terms to describe themselves. The Federation of Ethnic Communities' Councils of Australia (FECCA, 2020) uses the term 'cultural, ethnic and linguistic diversity' to capture consideration of race and ethnicity. More recently, the label 'CARM' (culturally and racially marginalised) has been suggested; however, critics note that it may reinforce narratives of perpetual marginalisation (Abdi et al., 2025). There is currently no singular term that captures communities' diverse experiences and backgrounds, and the language and terminology are often contested. We use the language presently evidenced in policy and practice documents to enable consistent reporting in line with government documents.

Note that the language used in the project spotlights and publication summaries throughout this report is consistent with the language and terminology adopted in each project and publication.

WHAT ARE WE TALKING ABOUT?

BBVs

BBVs include human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), which are all nationally notifiable infections in Australia.

HIV

Since 2021, HIV notification rates among Australian-born people have remained relatively consistent (1.8 per 100,000 in 2021 compared with 2.1 per 100,000 in 2024) (King et al., 2025). However, notification rates have increased for people born in Latin America and the Caribbean, and sub-Saharan Africa (King et al., 2025).

Table 1. HIV notification rates per 100,000 population by selected region of birth, 2021 – 2024

Region of birth	2021	2022	2023	2024
Australia	1.8	1.8	1.9	2.1
Latin America and the Caribbean	7.9	7	10	13.6
Southeast Asia	7.8	6.9	8.9	7.7
Sub-Saharan Africa	3.1	6.1	6.9	7.4

Data retrieved from the 2024 HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024

In 2021, 15% of total HIV notifications attributed to male-to-male sex were acquired overseas, with a higher proportion of overseas acquisition among those born overseas (29% compared with 3% for Australian-born) (King et al., 2022). Among notifications attributed to heterosexual sex, 47% acquired HIV overseas, again with a higher proportion among those born overseas (54% compared with 38% for Australian-born) (King et al., 2022). In 2022, among people from CaLD backgrounds (based on country or birth and/or language spoken at home), 67% were estimated to have acquired HIV after migration, with only 10% believed to have acquired HIV before migration (Naruka et al., 2024). Data for overseas-acquired HIV in 2023 are not available.

People born overseas are also more likely to be diagnosed with HIV late (52% in 2022) (Naruka et al., 2024). The proportion of late HIV diagnoses over the five years 2017-2021 was highest among people born in sub-Saharan Africa (59%), Southeast Asia (57%) and Latin America or the Caribbean (44%) (King et al., 2022). In 2023, among men who have sex with men, 52% of men born in Southeast Asia and 35% of men born in Latin America and the Caribbean were diagnosed late, compared with 26% of Australia-born men (King et al., 2024). For men reporting heterosexual sex, 77% from East Asia and 62% from sub-Saharan Africa were diagnosed late, compared with 52% of Australian-born men. For women reporting heterosexual exposure, 59% from East Asia and 56% from sub-Saharan Africa were diagnosed late, compared with 26% of Australian-born women (King et al., 2024).

Estimates from 2023 also suggest that a higher proportion of people born overseas are likely to be undiagnosed (King et al., 2024). People living with HIV born in Southeast Asia had the highest estimated proportion of people who were undiagnosed (23%), followed by people living with HIV born in Latin America or the Caribbean (13%) and sub-Saharan Africa (7%) (King et al., 2024).

Hepatitis B

Data for HBV and people born and/or travelling overseas is limited. In 2021, an estimated 76% of people living with chronic hepatitis B (CHB) were born overseas, with the highest estimated prevalence among people born in Northeast Asia (5%), Southeast Asia (4.03%), and sub-Saharan Africa (2.28%) (King et al., 2022). Data from the Viral Hepatitis Mapping Project 2022 and 2023 were consistent (MacLachlan et al., 2024; MacLachlan et al., 2025), with the highest proportions of people living with CHB born in Northeast Asia (23%) and Southeast Asia (22.5%) (Naruka et al., 2024). Countries overrepresented in estimated CHB prevalence include Cambodia (7.4%), Vietnam (7.3%), China (6%), and Taiwan (5.6%) (King et al., 2025).

Hepatitis C

National data do not currently report on HCV incidence and prevalence data among people born and or/travelling overseas. Only three respondents in the 2024 Australian Needle Syringe Program Survey (ANSPS) reported having a parent who spoke a language other than English at home (Heard et al., 2025); no data on travel were presented.

Findings from the 2022 ANSPS indicate that testing for HCV in the past 12 months was significantly lower among participants from CaLD backgrounds who inject drugs (39%) compared with Australian-born participants (54%) (Naruka et al., 2024). HCV antibody prevalence among people who inject drugs born in non-English speaking countries was 37% in 2022, compared with 32% among those born in Australia. Participants who inject drugs and were born in a non-English speaking country reported a lower proportion of HCV treatment uptake (17%) than Australian-born participants (47%) (Naruka et al., 2024).

BBV knowledge

Data on BBV knowledge comes mainly from the Migrant Blood-Borne Virus and Sexual Health Survey (MiBSS) conducted in 2021-2022 (n=1,465 participants born in Southeast Asia, Northeast Asia and sub-Saharan Africa) (Vujcich et al., 2022a). Majority of participants had heard of HIV (94%); however, less than a third (30%) knew about the availability of medication to live a normal life (Vujcich et al., 2022a). While PrEP knowledge was low (15%), 70% of men who are sexually attracted to men knew of PrEP (Vujcich et al., 2022a). Knowledge of PrEP was also high (90%) among participants in the 2023 NSW Gay Asian Men Survey (Kaewnukul et al., 2024).

A third of participants in MiBSS either had not heard of hepatitis B (7%) or had heard of hepatitis but were not sure what type (24%) (Vujcich et al., 2022a). Of the third who reported knowing what hepatitis B is (32%), less than or just over half knew that you could not get hepatitis B from contaminated water (44%), that there was no cure for hepatitis B (55%), or that hepatitis B could not be passed from sharing food (55%). Most participants were aware of a vaccine for hepatitis B (83%).

More than two-thirds of MiBSS participants had heard of hepatitis C and knew what it was (70%), and of those, most correctly identified that it could be transmitted through sharing injecting equipment (85%). Less than a third knew of a medication for hepatitis C (27%) (Vujcich et al., 2022a).

Data on BBV knowledge is available for Australian-born men travelling to Southeast Asia, derived from the NEXUS 2 survey conducted in 2024 (CERIPH, 2024). Most participants recognised anal sex (85%) and vaginal sex (80%) as a mode of transmission for HIV. Blood contact and sharing used needles were identified by more than 70% of participants as modes of transmission for HIV, hepatitis B and hepatitis C (CERIPH, 2024).

STIs

STIs are a group of infections primarily transmitted through sexual contact.

STI incidence

National data for people born and/or travelling overseas and STIs is limited. Data from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS) indicate the STI incidence among people from CaLD backgrounds attending sexual clinics increased between 2013 and 2022 (Naruka et al., 2024).

Table 2. STI incidence per 100 person years among people from CaLD backgrounds attending sexual health clinics, 2013, 2016, 2019 and 2022.

	2013	**2016**	**2019**	**2022**
Chlamydia	12.5	17.2	22.5	26.3
Gonorrhoea	10.4	15	18.4	19.5
Infectious syphilis	1.8	3.1	3.4	4.8

Data from HIV, viral hepatitis and sexually transmissible infections among people from culturally and linguistically diverse backgrounds in Australia: Enhanced surveillance report, originally sourced from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS)

STI knowledge

More than half of participants in the MiBSS survey reported having heard of gonorrhoea (61.3%), syphilis (63.8%), and chlamydia (51.8%) (Vujcich et al., 2022a). A smaller proportion of participants reported knowing some STIs but not knowing what they are called in English (16.2%).

Among participants in the NEXUS2 survey (CERIPH, 2024), mixed knowledge on STI transmission was reported, with only about half of men identifying oral sex as a transmission source.

Table 3. STI knowledge by transmission mode for Australian-born men travelling to Southeast Asia

	Vaginal sex	**Anal sex**	**Oral sex**
Chlamydia	79%	54%	46%
Genital herpes	80%	65%	58%
Gonorrhoea	83%	68%	53%
HPV	58%	47%	46%
Syphilis	81%	65%	55%

Data from the NEXUS2 survey, rounded to nearest whole number

STI and BBV testing

Almost half of MiBSS survey participants were either unsure if they had been tested for HIV, hepatitis B, hepatitis C or STIs (13.6%) or had never tested (31.9%) (Vujcich et al., 2022a). Less than one-fifth had tested in the last 12 months (17.5%) or in the last one to two years (13.7%). However, less than half of participants (41%) were aware that HIV testing was not included in all blood tests – as such, actual testing rates may be lower than self-reported (Vujcich et al., 2022a).

Among participants in the 2023 NSW Gay Asian Men Community Survey, 37% had never tested for STIs (Kaewnukul et al., 2024). Over half (51%) had tested for STIs in the last 12 months. For HIV testing, 90% had ever tested, with 78% having tested in the last 12 months. However, among those who had arrived in the last five years (n=140), just under half had never tested for HIV (47%) and just over a third had ever tested for hepatitis C (36%) (Kaewnukul et al., 2024).

In the NEXUS2 survey, less than a quarter of men reported having a sexual health test before (14%) or after (10%) travel (CERIPH, 2024). Less than a third (28%) reported having a sexual health test within the last two years. More than half of participants were either unsure (38%) of their last sexual health test or had tested more than five years ago (16%) (CERIPH, 2024).

A COORDINATED APPROACH

The following sections describe case studies of Australian-based projects in response to sexual health and population mobility across four domains, outlined in the diagram below (Figure 1).

- **Advocacy and partnership**, including promoting equitable access to prevention, testing and treatment and multisectoral partnerships to ensure a cohesive response
- **Peer-led responses,** a cornerstone to Australia's response to BBVs and STIs, ensuring effective and tailored responses
- **Practice and evaluation,** the implementation and continuous improvement of programs, policies and services
- **Research and surveillance,** the evidence base for Australia's response.

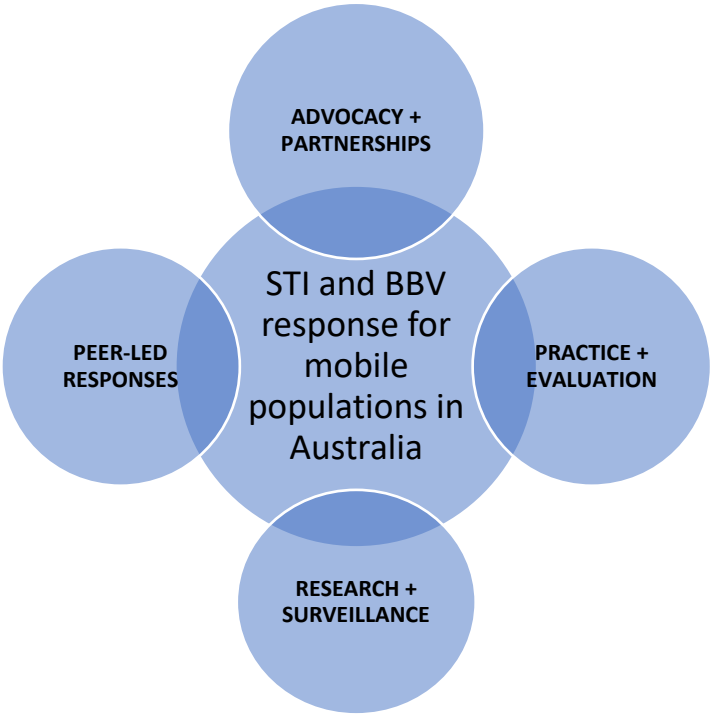


Figure 1. STI and BBV response for mobile and migrant populations in Australia

These domains represent a coordinated approach to improve health outcomes for mobile and migrant populations, incorporating principles from across the national strategies for STIs and BBVs. Representing a multi-strategic approach, they address key intervention areas such as the policy environment, building the evidence base through conducting research and surveillance, and adopting collaborative ways of working with mobile and migrant populations. Furthermore, the domains highlight the significance of peer-led approaches and best practice delivery and evaluation of health promotion interventions. Collectively, the cases illustrate key lessons learnt from the STI and BBV response in Australia for mobile and migrant populations with a focus on projects conducted by the WA Sexual Health and Blood-borne Virus Research and Evaluation Network between 2021 to 2025.

DOMAIN 1: ADVOCACY AND PARTNERSHIPS

Advocacy and partnerships are central in Australia's coordinated response to STIs and BBVs, emphasised in national and jurisdiction-level strategies. Mobile and migrant populations may face challenges such as language barriers, limited health literacy, unfamiliarity with the Australian or other countries' healthcare systems, and fear of discrimination and stigma, all of which may prevent or delay engaging in STI and BBV testing and treatment. Addressing existing inequities and ensuring accessible prevention, testing, and treatment services are critical to Australia's response.

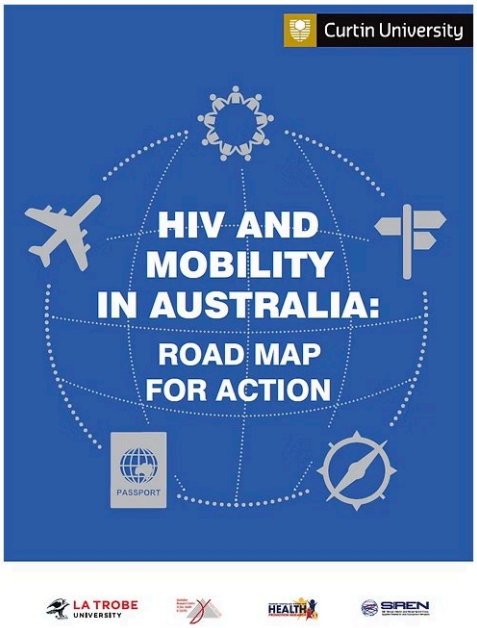
Partnerships (including across policy, research, clinical services and community-based organisations) ensure a cohesive and multi-sectoral approach. Partnerships should align with national strategies while ensuring community priorities are met.

PROJECT SPOTLIGHTS

THE COMMUNITY OF PRACTICE FOR ACTION ON HIV AND MOBILITY

Curtin School of Population Health, Collaboration for Evidence, Research and Impact in Public Health, Community of Practice for Action on HIV and Mobility, Australia

ABOUT THE PROJECT



The HIV and Mobility in Australia: Road Map for Action (*Road Map*) discussion paper, released in December 2014, explored the links between HIV and population mobility and proposed 71 strategies to operationalise Australia's national HIV strategies.

Subsequently, the Community of Practice for Action on HIV and Mobility (CoPAHM) was established in March 2015 with seed funding from the WA Department of Health Sexual Health and Blood-Borne Virus Program. The CoPAHM is now an alliance of over 300 stakeholders from government and non-government organisations, research institutions, community groups, and national peak bodies. These members share an interest in HIV and mobility issues and can remain connected or collaborate with others working, researching or developing policy in this area. Members use the CoPAHM to identify ways to work together to progress the action areas highlighted within the *Road Map*, ensuring that mobile and migrant populations are part of the ongoing dialogue on HIV prevention, treatment and support. The role of the CoPAHM is to increase partnerships and collaboration among stakeholders to facilitate policy, research and practice efforts regarding HIV and mobility.

Since establishing the CoPAHM, the HIV sector has seen ongoing momentum to address *Road Map* strategies across policy, practice and research, documented in the 2015 and 2016 Interim Report Cards and the 2023 Report Card. In 2019, the HIV and Mobility in Australia: Priority Actions document was released to further operationalise the Australian response to HIV and Mobility. These collaborative efforts ensure that population mobility is part of the ongoing national dialogue on HIV prevention, treatment, and support.

Furthermore, CoPAHM has recently developed an evaluation report reviewing progress towards meeting the 71 strategies outlined in the *Road Map.*

PROJECT PUBLICATIONS

Odyssey Migration and Mobility Public Health Research Hub. (2023). Multicultural Framework Review Submission.

Odyssey, a research group that is part of CERIPH at Curtin University developed a submission to the Multicultural Framework review in September 2023. The Multicultural Framework Review was undertaken by the Australian Government to examine the state of Australia's multicultural society, including laws, policies and institutional settings.

Community of Practice for Action on HIV and Mobility. (2023). Eight years: A journey of HIV and Mobility. Perth, WA: Collaboration for Evidence, Research and Impact in Public Health, Curtin University.

This report summarises the outputs and outcomes achieved over the past eight years since the establishment of the CoPAHM. The CoPAHM continues to keep HIV and population mobility issues on the national agenda, building partnerships and collaboration among stakeholders to facilitate policy, research and practice efforts regarding HIV and mobility. Findings highlight the CoPAHM's pivotal role as a platform for strong partnerships, research, and dialogue on HIV and population mobility, and support the rationale for the CoPAHM's future sustainability.

Access all CoPAHM publications via the Odyssey Research Hub here.

INTERNATIONAL STUDENT SEXUAL HEALTH NETWORK

Collaboration for Evidence, Research and Impact in Public Health, Community of Practice for Action on HIV and Mobility and Coelho Networks, Australia

ABOUT THE PROJECT

The International Student Sexual Health Network (ISSHN) was established in 2015 to address an urgent need to provide international students with comprehensive sexuality and sexual health information. The goal of ISSHN is for a multi-sector collaboration to advocate for greater access to sexual and reproductive health for all international students. ISSHN members comprise several not-for-profit organisations, education providers, private and publicly funded clinics across Australia, international student associations, as well as individual community members.

PROJECT PUBLICATIONS

International Student Sexual Health Network (2024). Position Paper: Deed Policy Revisions. Perth, WA: International Student Sexual Health Network.

In response to the Government's Deed for Provision of Overseas Student Health Cover, ISSHN members published a position paper in 2024. In it, ISSHN describes how the current overseas student health cover (OSHC) policy is unaffordable and does not meet the needs of international students, exposing inequities for international students. The ISSHN proposes that the following actions be addressed as a matter of urgency:

1. An annual meeting of ISSHN, Universities Australia, the Australian Tertiary Education Commission, international student organisations, and relevant ministers and policy makers
2. Universal access to culturally safe sexual and reproductive healthcare and prevention technologies
3. OSHC-funded initiatives to improve sexual health literacy (including relationships, consent and pleasure) of international students that are culturally safe and appropriate, delivered by educational institutions in partnership with members from ISSHN and international student organisations.

International Student Sexual Health Network (2024). Consultation Paper - Improving the Overseas Student Health Cover Response.

ISSHN developed a submission to the Improving the Overseas Student Health Cover Consultation Paper, submitted in May 2024. Coordinated by the Australian Government Department of Health, Disability and Ageing, the paper aimed to improve OSHC for international students.

International Student Sexual Health Network (2022). Submission to the Inquiry to Universal Access to Reproductive Health.

ISSHN submitted a position paper to the Senate Inquiry into Universal Access to Reproductive Health in December 2022. The inquiry was established to investigate barriers to the National Women's Health Strategy in relation to universal access to reproductive health.

Access all ISSHN publications via the Odyssey Research Hub here.

RELEVANT RECENT PUBLICATIONS

Carter, D. J., Rahmani A., Evans, R., Stratigos, A. & Brown, J. (2023). HIV-related Legal Needs, Demographic Change, and Trends in Australia since 1992: A Review of Legal Administrative Data. *AIDS and Behavior, 28,* 574-582. https://doi.org/10.1007/s10461-023-04245-3

This paper analysed legal administrative data since 1992 from the Australian specialist HIV community legal service, the HIV/AIDS Legal Centre. Approximately 40% of people living with HIV in NSW accessed this legal service in the past five years. Clients receiving legal services relating to immigration law increased, while discrimination matters decreased. The demographic profile of clients has become younger, more likely to be born overseas, and to identify as heterosexual. The authors note the importance of an enabling legal and policy environment to support Australia's response to HIV.

Lakin, K. & Kane, S. (2023). A critical interpretive synthesis of migrants' experiences of the Australian health system. *International Journal for Equity in Health, 22*(7). https://doi.org/10.1186/s12939-022-01821-2

This paper reports the results of a systematic review of 104 papers, conducted to critically examine how policy and literature conceptualise migrants' interactions with and experiences of the Australian health system. It was found that Australian literature and policy documents consistently homogenise migrants according to an assumed cultural identity, linguistic affiliation, and/or broad geographic origin. Research and policy should recognise and engage with the multifaceted and shifting ways in which migrants define their identity during encounters with destination-country health systems. This has implications for the design and implementation of policies and programs aimed at enhancing the responsiveness of Australia's health system.

ADVOCACY AND PARTERSHIPS: KEY TAKEAWAYS

- **Advocacy and partnerships are essential** in addressing the impact of STIs and BBVs among mobile and migrant populations in Australia.
- **Mobile and migrant populations face specific barriers** such as language, health literacy, and stigmas which can hinder access to sexual health services.
- **Collaboration with diverse stakeholders,** including community members, clinicians, researchers, service providers, and policymakers, helps develop tailored, evidence-based responses.
- **Advocacy plays a critical role** in bringing community experiences to the attention of policymakers, shaping policy and funding priorities.
- **Effective partnerships ensure equity**, making sure health interventions and systems are culturally appropriate and safe, and meet the unique needs of mobile and migrant populations.

DOMAIN 2: PEER-LED RESPONSES

Peer-led responses are crucial to address STIs and BBVs among mobile and migrant populations in Australia, with a focus on reducing stigma and improving health outcomes. Peers may share similar cultural backgrounds, languages, and lived experiences with their communities, making them uniquely positioned to communicate sensitive health information in a relatable, culturally appropriate manner and to advocate on behalf of their communities. Peer-led initiatives may help break down barriers experienced by mobile and migrant populations by providing non-judgmental emotional support, accurate information, and direct connections to healthcare services. Peer support may be informal or formal, including face-to-face support such as peer navigators or support groups, through online or social media, and may occur between countries.

Adopting participatory peer-led responses requires appropriately valuing the time and contribution of peers and providing adequate reimbursement for their involvement. By integrating peer-led approaches, STI/BBV services can become more accessible, culturally safe, and community-driven, ultimately leading to better engagement, early detection of infections, and improved public health outcomes for mobile and migrant populations in Australia.

PROJECT SPOTLIGHTS

THE SRIKANDI PROJECT

Curtin School of Population Health, Collaboration for Evidence, Research and Impact in Public Health, Community of Practice for Action on HIV and Mobility, Australia

ABOUT THE PROJECT

This study used a participatory action research approach, supported by six volunteer community researchers (women born in Indonesia). The project was informed by two systematic reviews and an analysis of existing Australian HIV resources. Phase One of the study involved five focus groups (n=21 participants) and 10 interviews with Indonesian women. In Phase Two, results were presented back to community via initial co-design workshops (n=3) with Indonesian women (n=21) and organisations (n=3), which determined the intervention – a model for implementing a community-led action group. In Phase Three, a conceptual model of a community-led action group was developed through two co-design workshops with Indonesian women (n=18), alongside community researcher input and a literature review and tested via a community workshop.

Across the four-year project, there were an estimated 591 hours of community input, comprising 393 hours of face-to-face time from community researchers and 198 hours contributed by an additional 70 Indonesian women who were involved in the project.

Phase One results emphasised the intersectionality of gender, migration, and sexual health, as well as the influence of transnationalism on health. Phase Two revealed the need for a strengths-focused, community-led intervention taking a broader view of health beyond HIV. Phase Three presents a conceptual model describing the processes for forming and maintaining community ownership of a group of Indonesian women focused on health and wellbeing.

PROJECT PUBLICATIONS

Gray, C., Crawford, G., Maycock, B., & Lobo, R. (2022). “Maybe it’s an Indo thing”: Transnational health experiences of Indonesian women living in Australia. *Health & Place*, 81, 103006. https://doi.org/10.1016/j.healthplace.2023.103006

This paper explores how transnationalism influences health-seeking behaviour among Indonesian women living in Perth, Western Australia. Using a participatory action research approach, five focus groups with 21 Indonesian women living in Perth were conducted. Transnational practices were common amongst Indonesian women. Transnational health-seeking (seeking Indonesian resources in Australia), transnational social support (between countries), and transnational healthcare (return to Indonesia) were widespread practices among Indonesian women. Transnational social networks were a critical source of health information and support. Findings suggest public health interventions may be improved through utilisation of transnational social networks.

Gray, C., Crawford, G., Maycock, B., & Lobo, R. (2022). Exploring the Intersections of Migration, Gender, and Sexual Health with Indonesian Women in Perth, Western Australia. *International Journal of Environmental Research and Public Health*, *19*(20), 13707. https://doi.org/10.3390/ijerph192013707

This paper explores the intersections of migration, gender, and sexual health with Indonesian women living in Perth, Western Australia. This study formed part of a broader participatory action research initiative aimed at co-designing an intervention to enhance HIV testing among migrant Indonesian women. Unstructured interviews were conducted with adult Indonesian women (n=10), focusing on their migration experiences and sexual health. Structural and sociocultural factors, including visa status, affected the women’s sense of belonging in Australia, influencing their help-seeking behaviour and involvement in sexual relationships. Public health interventions aimed at improving women’s sexual health should consider the intersecting factors of gender, culture, and migration experiences, particularly in relation to migration policies and procedures.

Gray, C., Crawford, G., Maycock, B., & Lobo, R. (2021). Socioecological factors influencing sexual health experiences and health outcomes of migrant Asian women living in ‘western’ high-income countries: A systematic review. *International Journal of Environmental Research and Public Health, 18*(5), 2469. https://doi.org/10.3390/ijerph18052469

This systematic review explored socioecological factors influencing sexual health experiences and health outcomes of migrant Asian women living in "Western" high-income countries. Five academic databases were searched for peer-reviewed articles published between 2000 and 2019. The four levels of Bronfenbrenner's socioecological model were applied to examine the influence of individual, interpersonal, institutional, and societal factors. Most studies (n=13) reported individual-level factors, focusing on knowledge and use of contraceptives. At a societal level, host country sociocultural factors, including gender and cultural norms, influenced knowledge, ability to access and utilise contraceptives, and access to health services. Findings suggest that the public health policy, practice, and research to improve the sexual health of migrant women requires greater consideration of the intersecting factors of gender, culture, and the migration process.

Access all the Srikandi project publications via the Odyssey research hub here.

HIV CLINICAL CONCIERGE PROGRAM

NSW Multicultural HIV and Hepatitis Service (MHAHS), New South Wales

ABOUT THE PROJECT

The MHAHS HIV Clinical Concierge Program assists clients from CaLD backgrounds who have received a diagnosis of HIV. The program matches clients with Clinical Concierges who are bilingual/bicultural support workers, carefully selected and trained to deliver culturally appropriate, in-language support and education. The program aims to enhance HIV health literacy, support treatment initiation and adherence, and facilitate navigation of the health system and engagement with various HIV support services. Clinical Concierges provide clients with personalised support over the phone or face-to-face, for up to 12 months. All Clinical Concierges engaged in client support receive clinical supervision from the Program Coordinator, a Senior Social Worker who monitors client progress and regularly updates referrers. Clients do not need a Medicare card to access this service.

RELEVANT RECENT PUBLICATIONS

Krulic, T., Brown, G., Graham, S., Araya, C., Cañita, E. & Bourne, A. (2025). Regaining Control, Quality of Life, and the Experiences of New and Temporary Migrants Who Participated in Peer Navigation for People Living with HIV in Australia: A Qualitative Study. *Journal of the Association of Nurses in AIDS Care.* https://doi.org/10.1097/JNC.0000000000000531

This paper examines the quality and impact of HIV peer navigation for new and temporary migrants (n=15) in Melbourne, Victoria. Participants faced stigma, discrimination, and social exclusion due to transnational experiences of HIV, sexuality, and gender. Peer navigation provided hope, acceptance, and practical support, helping them access health, legal, and social services. The findings highlight the importance of navigators with lived experience in enhancing support and suggest improvements in recruitment, training, and service policies to assist migrants better.

Krulic, T., Brown, G., Graham, S., McCarthy, A. & Bourne, A. (2024). Stepping out of secrecy: heterosexuality, quality of life, and experiences of HIV peer navigation in Australia. *Culture, Health & Sexuality, 26*(10), 1285-1300. https://doi.org/10.1080/13691058.2024.2308667

This study explores the role of sexual identity and gender in the success of peer support programs. There is recognition that most of the funding for treatment and prevention programs for people living with HIV goes to key target populations. However, there remains a gap in this space for HIV-positive heterosexual individuals. The article explores how this gap might impact the role and position of HIV-positive peer support outcomes.

Aibangbee, M., Micheal, S., Liamputtong, P., Pithavadian, R., Hossain, S. Z., Mpofu, E. & Dune, T. (2024). Socioecologies in shaping migrants and refugee youths' sexual and reproductive health and rights: a participatory action research study. *Reproductive Health, 21*(134). https://doi.org/10.1186/s12978-024-01879-x

This paper examines socioecological factors that support the sexual and reproductive health and rights (SRHR) of migrant and refugee youth (MRY) in Greater Western Sydney, Australia, who face increased SRH risks due to various barriers. Focus groups were conducted with MRY aged 15–29 (n=87), thematic analysis identified key facilitators at the microsystem and exosystem levels: (1) peer relationships and support, with friends as trusted sources of SRHR advice; (2) access to contraception and STI prevention; and (3) digital platforms as valuable SRHR information resources. The study recommends SRHR interventions that strengthen peer networks, improve contraceptive access, and create culturally relevant digital resources. Further research should explore facilitators across all socioecological levels to better support MRY's SRHR.

PEER-LED RESPONSES: KEY TAKEAWAYS

- **Peer-led responses are vital** for reducing the impact of STIs and BBVs among mobile and migrant populations in Australia.
- **Peers build trust and reduce stigma** by sharing cultural backgrounds, language, and lived experience with their communities.
- **Peer-led initiatives improve health literacy** by providing culturally appropriate education and accurate sexual health information.
- **These approaches help overcome key barriers,** including misinformation, fear of discrimination, and limited health service access.
- **Peers serve as role models,** promoting positive health behaviours and encouraging engagement with healthcare services.
- **Integrating peer-led models** into health interventions enhances cultural safety, service accessibility, and community engagement.

DOMAIN 3: PRACTICE AND EVALUATION

Addressing STIs and BBVs within mobile and migrant populations in Australia necessitates the implementation of targeted, evidence-informed programs alongside robust evaluation frameworks. Effective program delivery requires adopting a comprehensive multi-strategy approach across the socio-ecological domains in which people live. Furthermore, culturally responsive programming is essential to ensure that interventions are relevant, respectful, and effective in promoting positive, culturally safe outcomes. Systematic evaluation is critical for assessing program efficacy, identifying areas for improvement, and ensuring accountability. This requires qualified staff with expertise and capabilities in planning, implementing, and evaluating health promotion interventions.

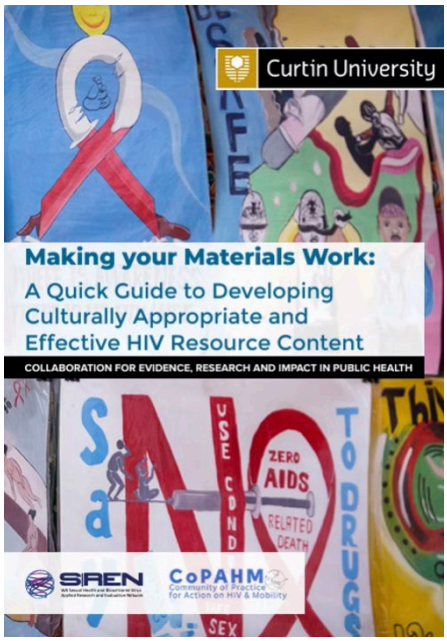
By grounding initiatives in both community-specific insights and empirical evidence and adopting a comprehensive strategy, programs can more effectively contribute to health equity and reduce sexual health disparities across Australia's diverse population.

PROJECT SPOTLIGHTS

CALD SEXUAL HEALTH RESOURCES

Community of Practice for Action on HIV and Mobility, Australia

ABOUT THE PROJECT



In 2021, the WA SHBBVP approached SiREN and CoPAHM to assist in research to inform the development of resources to communicate sexual health information to people from CaLD backgrounds. It was intended that these resources would be housed on the Department of Health website, covering eight sexual health and blood-borne virus topics, and would provide information on: symptoms, preventing infection, testing methods and treatment options, the risks of untreated infections, and the locations of testing services.

The purpose of this research was to pre-test draft resources with the target audience (CaLD consumers), to improve resources before distribution. The research team conducted interviews and focus groups with people from CaLD backgrounds (n=28), assessing clarity of message, readability, and appropriateness of design and information. This feedback was then incorporated into the resources. The project was supported by an Advisory Group led by WA SHBBVP, involving experts working in organisations to address sexual health among people from CaLD backgrounds.

PROJECT PUBLICATIONS

Community of Practice for Action on HIV and Mobility. (2022). Making your Materials Work: A Quick Guide to Developing Culturally Appropriate and Effective HIV Resource Content. Collaboration for Evidence, Research and Impact in Public Health, Curtin University.

Making your Materials Work: A Quick Guide to Developing Culturally Appropriate and Effective HIV Resource Content (the Guide) is for those working with migrants and people from CaLD backgrounds in Australia to prevent and manage HIV. The Guide contains information, practical tools, and quick links to assist practitioners in planning, implementing, and evaluating culturally and literacy-appropriate HIV information, education, and communication resources. Information was compiled through a literature review and the results of a health literacy INDEX evaluation of available HIV resources in Australia.

Gray, C., Crawford, G., Roberts, M. & Vujcich, D. (2024). 'You are making it sound like you are talking to a child': exploring community sentiment on developing and disseminating tailored sexual health education resources for migrants, *Health Education Research*, 39(5), 444–453. https://doi.org/10.1093/her/cyae014

This study involved five focus groups (n=18) and interviews (n=9) with CaLD migrants to assess the clarity, comprehensiveness, cultural relevance, and dissemination of state-developed sexual health resources. Three main themes were developed: simplicity, cultural norms, and dissemination strategies. While participants generally found the resources appropriate and understandable, overly simplified language led to vagueness, misinformation, and stigma. The study suggests that effective health resources require more than translation—they should include diverse formats, greater consideration of health literacy, and collaboration with target communities to improve design and distribution.

EVEN ME?

WAAC, Western Australia

ABOUT THE PROJECT

The "Even Me?" campaign was created to improve HIV awareness, testing, and prevention among diverse communities in Western Australia. The campaign aims to raise awareness that HIV is not just a concern for gay and bisexual men. Increasingly, it affects people from heterosexual and diverse backgrounds who may not know their risk or how to protect themselves from acquiring HIV.

WAAC worked closely with community members, migrant health organisations, and healthcare providers to create resources that correct myths about HIV, explain how HIV is transmitted, encourage testing and treatment, and promote prevention options like PrEP, PEP, and condoms.

Campaign assets adopted inclusive and positive framing in everyday settings and highlighted social connections. The campaign assets were multi-modal, including posters, flyers and videos.

The campaign strategy includes three phases:

- Phase 1 (2025): Co-design a broad awareness campaign to shift attitudes towards HIV. Campaign must represent people from different cultural backgrounds to normalise sexual health discussions and HIV awareness.
- Phase 2 (2026): Building on Phase 1, the 2026 campaign will be more targeted, focusing on specific groups, such as communities from sub-Saharan Africa and Southeast Asia, based on data and community needs.
- Phase 3 (2027): to be determined based on learnings from Phases 1 and 2 and community needs.

Key learnings from Phase 1 and early evaluation show strong community resonance and acceptability of the campaign. Engagement with communities throughout the process indicated meaningful progress in ways of working alongside community members. Furthermore, the campaign offered an approach to the challenges of the broad use of the term 'CaLD' as a homogenising, colonial framework. Future phases will focus on specific populations defined by their own cultural identities (e.g. Southeast Asian women). The Even Me campaign supports more respectful, tailored, and effective messaging, developed with community members.

CONNECT PROJECT

Thorne Harbour Health, Victoria

ABOUT THE PROJECT

CONNECT is a national HIV self-test kit vending machine project that places vending machines in easily accessible public spaces such as universities and sex-on-premises venues. CONNECT aims to make HIV testing more convenient and private, thereby increasing testing rates and reducing the transmission of HIV. The project first launched in Adelaide and received positive evaluation feedback, indicating that the vending machines increased HIV testing accessibility.

Evaluation data indicated that since March 2022, of those registered to use CONNECT vending machines (n=3,470): 56% of users were overseas-born, 41% of users were from Asian countries, and 56% of users identified as part of the LGBTIQA+ community. Furthermore, two in three users reported never previously testing for HIV. Evaluation data indicated 75% of vending machine usage occurs on university campuses, informing the national rollout of 48 CONNECT vending machines across universities commencing in 2025.

HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMISSIBLE INFECTION PROGRAM

PEACE Multicultural Services, South Australia

ABOUT THE PROJECT

This program works with individuals and families affected by or at risk of STIs/BBVs. The program provides free support services, counselling, information sessions, and resources to help people understand STI/BBV infection and what it does to the body. The program increases understanding of how to recognise the symptoms of STIs/BBVs, what treatments are available, and assists people to engage in appropriate testing/check-ups, maintain follow-up, and access appropriate treatment. It also teaches people how to reduce the risk of contracting and transmitting STIs/BBVs.

The program builds social connections and peer support to develop personal confidence and support people to live healthy lives free of shame and stigma. Program participants are also supported and assisted in responding to unfair treatment or discrimination due to their STI/BBV status.

RELEVANT RECENT PUBLICATIONS

MacPhail, C., & Stratten, M. (2023). Sexual health in a new cultural context: a resource for international students in regional Australia. *Health Promotion International, 38*(4), 1-11. https://doi.org/10.1093/heapro/daab212

This paper explored the sexual health priorities of international students for the development of a sexual health and relationship information resource. A resource specifically for international students was developed and evaluated through focus group discussions. The resource Kit contains sexual health and relationship information and provides links to reputable online sexual health information. The Kit has been widely distributed to international students and is currently being further evaluated for use and acceptability.

Coleman, A., Maslen, B. J., & Foster, R. (2024). Inequities in PrEP use according to Medicare status in a publicly funded sexual health clinic; a retrospective analysis. *Sexual Health, 21,* SH23141. https://doi.org/10.1071/SH23141

This paper was a retrospective study of all PrEP-eligible men who have sex with men attending Sydney Sexual Health Centre for the first time. Of clients eligible (n=1,367), 52% (n=716) were overseas-born and 58% (n=414) of them were Medicare-ineligible. Medicare-ineligible clients were less likely to be on PrEP at initial visit, suggesting inequities in PrEP access and awareness.

PRACTICE AND EVALUATION: KEY TAKEAWAYS

- **Targeted, evidence informed programs** are essential to respond to STIs and BBVs among mobile and migrant populations in Australia.
- **Culturally responsive interventions** are crucial to ensure programs are relevant, respectful, and effective.
- **Robust evaluation frameworks** help assess program impact, guide improvements, and ensure accountability.
- **Combining community insights with empirical evidence** enhances the effectiveness and equity of interventions to address STIs and BBVs.
- **Well-designed interventions support health equity** by reducing disparities in sexual health outcomes among Australia's diverse communities.

DOMAIN 4: RESEARCH AND SURVEILLANCE

Research and surveillance are fundamental to addressing STIs and BBVs for mobile and migrant populations in Australia, providing necessary data to understand unique needs, behaviours, and health outcomes. Mobile and migrant populations are often underrepresented in mainstream health data, leading to gaps in knowledge that can hinder the development of effective and equitable public health responses.

Culturally sensitive research and surveillance can enable policymakers, community health organisations, and public health practitioners to identify emerging trends, monitor the prevalence of STIs and BBVs, and evaluate risk factors specific to different populations and groups. This evidence base is essential for informing targeted interventions, allocating resources efficiently, and shaping inclusive health policies. Without rigorous research and surveillance, efforts to reduce the impact of STIs and BBVs for mobile and migrant populations may be misdirected or ineffective, perpetuating health disparities and inequities.

PROJECT SPOTLIGHTS

THE NEXUS PROJECT

Curtin School of Population Health, Collaboration for Evidence, Research and Impact in Public Health, Community of Practice for Action on HIV and Mobility, Australia

ABOUT THE PROJECT

Population mobility is a factor in the increasing incidence of overseas-acquired HIV in Western Australia (WA). Southeast Asia (SEA) is a common place of acquisition, with infections identified amongst Australian male expatriates, longer-term and frequent travellers (ELoFTs). Research has indicated that strong Australian ELoFT culture and networks exist outside Australia, but there is little information regarding the local relationships formed by ELoFTs and the effects that culture and social networks have on their health.

The characteristics of those acquiring HIV overseas and the settings of these acquisitions warrant further exploration to develop effective interventions to reduce HIV and STI risk in these contexts. This grounded theory study seeks to understand social network processes of Australian male ELoFTs to SEA. The research also seeks to explore how ELoFT social networks may be harnessed for public health intervention to address HIV and more broadly, other STIs, particularly via peer education and social influence, a cornerstone of Australia's historical HIV response. Symbolic interaction provided the theoretical lens for this study.

PROJECT PUBLICATIONS

Collaboration for Evidence, Research and Impact in Public Health (CERIPH). (2024). *NEXUS2: A survey to collect sexual health behavioural data from Australian men travelling to Southeast Asia*. CERIPH, Curtin University: Bentley, Western Australia.

This report presents findings from the *NEXUS2* cross-sectional survey.

Crawford, G., Lobo, R., Maycock, B., & Brown, G. (2023). "More than mateship: exploring how Australian male expatriates, longer-term and frequent travellers experience social support." *International Journal of Qualitative Studies on Health and Well Being*, *18*(1). https://doi.org/10.1080/17482631.2023.2251222

This paper was part of a study examining social network processes of Australian male ELoFTs travelling, living, or working in Southeast Asia (SEA). Symbolic Interactionism and Grounded Theory were the conceptual framework and methodology supporting semi-structured, in-depth interviews (n=25) conducted in Australia and Thailand with Australian male ELoFTs to SEA, aged 18 years or older. Findings highlight supports that assist ELoFT transition and adjustment to the country of destination or manage their transnational experience. Influential places, people, and points in the migration journey mediated engagement with social support.

Access all the NEXUS project publications via the Odyssey research hub here.

THE MIGRANT BLOOD-BORNE VIRUS & SEXUAL HEALTH SURVEY

Curtin School of Population Health, Collaboration for Evidence, Research and Impact in Public Health, Australian Research Centre in Sex, Health and Society, La Trobe University, Centre for Social Research in Health, University of New South Wales, SHINE SA, University of Southern Queensland and Queensland University of Technology, Western Australia, Victoria, South Australia, Queensland and New South Wales

ABOUT THE PROJECT

The Migrant Blood-Borne Virus & Sexual Health Survey (MiBSS) study aimed to develop a greater understanding of BBVs and STIs among people born in Sub-Saharan Africa, Southeast Asia and Northeast Asia who are living in Australia. The project comprised three stages:

Stage One:

- Qualitative research into migrant STI and BBV help-seeking practices using a grounded theory approach
- Development of a draft English-language survey instrument (paper and online) investigating STI and BBV knowledge, attitudes, behaviours and practices
- Pre-testing of the draft survey instrument facilitated by peer researchers in each state
- Translation of the final English-language instrument into five languages

Stage Two:

- Administration of the final survey instruments to ~1,500 people born in sub-Saharan Africa, Southeast Asia and Northeast Asia who live in Western Australia, South Australia, Victoria and Queensland

Stage Three:

- Focus group discussions with members of the populations of interest and key service providers to: develop an understanding of group differences in survey responses; explore mechanisms and rationale behind observed associations; and workshop recommendations for STI and BBV health system and policy changes relevant to CaLD communities.

PROJECT PUBLICATIONS

Vujcich, D., Reid, A., Brown, G., Durham, J., Guy, R., Hartley, L., Mao, L., Mullens, A. B., Roberts, M., & Lobo, R. (2023). HIV-Related Knowledge and Practices among Asian and African Migrant Living in Australia: Results from a cross-sectional survey and qualitative study. *International Journal of Environmental Research and Public Health, 20*(5), 4347. https://doi.org/10.3390/ijerph20054347

This paper describes findings from the MiBSS, representing the first attempt to build the national evidence base regarding HIV knowledge, risk behaviours and testing among migrants in Australia. Non-probability sampling of adults born in Northeast Asia, Southeast Asia and sub-Saharan Africa was undertaken (n=1,489), and descriptive and bivariate analyses were conducted. Findings indicated low knowledge of pre-exposure prophylaxis, confusion around HIV testing practices, and varied condom use was reported. Less than one-third of respondents reported testing for any STI or BBV in the previous two years, and of these, less than half tested for HIV. These findings identify policy interventions and service improvements critically needed to reduce widening disparities regarding HIV in Australia.

Vujcich, D., Brown, G., Durham, J., Gu, Z., Hartley, L., Lobo, R., Mao, L., Moro, P., Pillay, V., Mullens, A. B., Oudih, E., Roberts, M., Wilshin, C., & Reid, A. (2022). Strategies for recruiting migrants to participate in a sexual health survey: Methods, results, and lessons. *International Journal of Environmental Research and Public Health, 19*(19), 12213. https://doi.org/10.3390/ijerph191912213

This paper describes the approaches taken to recruit adult migrants living in Australia for a sexual health and blood-borne virus survey (paper and online) and presents data detailing the outcomes of these approaches. Methods of recruitment included directly contacting people in individual and organisational networks, social media posts/advertising, promotion on websites, and face-to-face recruitment at public events/venues. The total sample comprised African and Asian migrants (n=1,454); most respondents were recruited to complete the paper version of the survey. Face-to-face invitations resulted in the highest number of completions. Facebook advertising did not recruit large numbers of respondents. Same-sex attraction and age (40–49 years) were statistically significant predictors of online survey completion.

Vujcich, D., Roberts, M., Gu, Z., Kao, S-C., Lobo, R., Mao, L., Oudih, E., Phoo, N., Wong, W., & Reid, A. (2021). Translating best practice into real practice: Methods, results and lessons from a project to translate an English sexual health survey into four Asian languages. *PLOS ONE, 16*(12): e0261074. https://doi.org/10.1371/journal.pone.0261074

This paper examines the process, results and lessons from a project to translate an English-language sexual health survey into Khmer, Karen, Vietnamese and Traditional Chinese. The approach to translation was based on the TRAPD (Translation, Review, Adjudication, Pretesting, and Documentation) model. The English-language survey was sent to two accredited, independent translators. At least one bilingual person was chosen to review and compare the translations, and preferred translations were selected through consensus. Agreed translations were pretested with small samples of individuals fluent in the survey language. Of the 51 survey questions, only nine resulted in identical independent translations in at least one language. Material differences between the translations related to: (1) the translation of technical terms and medical terminology (e.g. HIV); (2) variations in dialect; and (3) differences in cultural understandings of survey concepts (e.g. committed relationships).

Access all the MiBSS project publications via the Odyssey research hub here.

MIGRANT PERCEPTIONS OF HIV RISK

Curtin School of Population Health, Collaboration for Evidence, Research and Impact in Public Health, Community of Practice for Action on HIV and Mobility, Western Australia

ABOUT THE PROJECT

People born in high HIV prevalence regions, including sub-Saharan Africa, Southeast Asia and Northeast Asia, are disproportionately affected by HIV in Australia. This study aimed to explore perceptions of HIV risk among migrants from these regions living in Australia, and how they act on this. The research captured information about awareness and management of HIV risk, awareness and attitudes to PrEP, and the impact of COVID-19 on health-seeking behaviours among heterosexually identifying migrants.

PROJECT PUBLICATIONS

Lobo, R., Gianfrancesco, C., Truell, B., & Crawford, G. (2025). Perceptions of HIV risk amongst heterosexually identifying migrants from Southeast Asia, Northeast Asia, and sub-Saharan Africa living in Australia: implications for virtual elimination of HIV. *AIDS Care*, 1–13. https://doi.org/10.1080/09540121.2025.2564876

This paper explored perceptions of HIV risk among heterosexually identifying migrants (n=16) from Southeast Asia, Northeast Asia, and sub-Saharan Africa through in-depth interviews. Constructed themes were stigma and personal responsibility, access and awareness, proximity and distance, and differing socio-cultural attitudes. Cultural or community-based stigma influenced participants' perceptions of HIV or their reluctance to use PrEP, linked to morality and safety concerns. Limited uptake of PrEP was contrasted by generally high knowledge of HIV transmission, prevention, and treatment. Attitudes and perceptions were commonly influenced by access to sexual health

education, exposure to and visibility of HIV information, social proximity to people living with HIV, and sociocultural norms. Participant insights highlight the need for culturally responsive public health education outside dedicated sexual health spaces, particularly regarding PrEP, and reinforce the need for targeted, peer and community-led health promotion responses to support virtual elimination of HIV.

CALD HIV, VIRAL HEPATITIS & STI SURVEILLANCE REPORT

The Kirby Institute, UNSW Sydney, Australia

ABOUT THE PROJECT

This report offers a comprehensive analysis of national data on HIV, BBVs, and STIs in Australia, with a specific focus on people from CaLD backgrounds—an area previously underrepresented in national surveillance. Produced by the Kirby Institute, the report reviews existing health datasets, critiques the definitions and variables used to classify CaLD populations, and highlights the limitations of current data in capturing this group's experiences. The report examines trends in HIV notifications, testing patterns, and the incidence and prevalence of BBVs and STIs among CaLD populations, aiming to improve understanding and inform targeted health responses.

RELEVANT RECENT PUBLICATIONS

Phoo, N. N. N., Reid, A., Lobo, R., Davies, M., & Vujcich, D. (2023). A web-based audio computer-assisted self-interview application with illustrated pictures to administer a hepatitis B survey among a Myanmar-born community in Perth, Australia: Development and user acceptance study. *JMIR Formative Research, 7*, Article e37358. https://doi.org/10.2196/37358

This study aimed to illustrate all the questions and response options in an audio computer-assisted self-interview (ACASI) application. This research is part of a larger study comparing different modes of survey administration (ACASI, face-to-face interviews, and self-administered paper surveys) to collect data on hepatitis B knowledge, attitudes, and practices among the Myanmar-born community (n=852) in Perth, Australia. This study describes the 2-phase process of developing a web-based ACASI application using illustrated pictures. Pretesting each element separately was a useful approach because it saved time to reprogram the application at a later stage. Future studies should also consider the participatory development of pictures and the visual design of user interfaces.

Phoo, N. N. N., Lobo, R., Vujcich, D., & Reid, A. (2022). Comparison of the ACASI mode to other survey modes in sexual behaviour surveys in Asia and Sub-Saharan Africa: Systematic literature review. *Journal of Medical Internet Research*, *24*(5), Article e37356. https://doi.org/10.2196/37356

This study aimed to review studies that compared the audio computer-assisted self-interview (ACASI) mode to other survey modes in sexual behaviour surveys in Asia and sub-Saharan Africa to ascertain the impact of survey mode on responses to sexual behaviour questions. A systematic literature review was conducted, and 21 papers were included. The face-to-face interview mode was the survey mode most frequently compared with the ACASI mode. Among commonly reported outcome variable groups, ACASI participants were more likely to report sexual behaviours, such as "forced sex," "multiple partners," "transactional sex," and "ever had sex."

Yu, S., Bavinton, B. R., Chan, C., MacGibbon, J., Mao, L., Vujcich, D., Broady, T. R. & Holt, M. (2024). Assessing HIV risk and the social and behavioural characteristics of gay and bisexual men who have recently migrated to Australia: an analysis of national, behavioural surveillance data 2019–2021. *Journal of the International AIDS Society, 27*(1), e26204. https://doi.org/10.1002/jia2.26204

This paper assessed social and sexual behaviours and the use of HIV prevention and testing among overseas-born gay and bisexual men. They found that recently arrived men from non-English-speaking countries reported similar levels of risk of HIV to longer-term residents, but lower levels of PrEP awareness and use, and greater reliance on HIV testing services, which are free or low cost.

Phillips, T. R., Medland, N., Chow, E. P. F., Maddaford, K., Wigan, R., Fairley, C. K., Bilardi, J. E., & Ong, J. J. (2022). Newly arrived Asian-born gay men in Australia: exploring men's HIV knowledge, attitudes, prevention strategies and facilitators toward safer sexual practices. *BMC Infectious Diseases, 22*(1), 209. https://doi.org/10.1186/s12879-022-07174-z

This study interviewed Asian-born gay, bisexual, and other men who have sex with men newly arrived in Australia to understand their HIV knowledge and preferences for HIV prevention strategies. Basic knowledge of HIV transmission and treatment was found; however, exposure to sexual identity and HIV-related stigma in the country of birth caused perceptions of HIV diagnosis to be devastating. Condom use for HIV prevention was common, but consistency of use varied. Many participants indicated an interest in PrEP but identified cost as a barrier. Sexual health counselling and connections with community groups appeared to facilitate PrEP and consistent condom use and were recommended to address HIV in this population.

Mengesha, Z., Hawkey, A. J., Baroudi, M., Ussher, J. M. & Perz, J. (2023). Men of refugee and migrant backgrounds resettled in Australia: A scoping review of sexual and reproductive health research. *Sexual Health, 20*(1), 20-34. https://doi.org/10.1071/SH22073

This review aimed to consolidate the available evidence on refugee and migrant men's sexual and reproductive health needs, understanding, and experiences of accessing services after resettlement in Australia. A World Health Organization framework for operationalising sexual health and its relationship with reproductive health was used to map 38 studies. The review found literature did not frame SRH as a human right but instead follows a risk-based biomedical approach to health care, keeping important aspects of SRH, such as gender-based violence and sexual pleasure, out of health services research. Authors suggest that gaps should be addressed to develop effective, equitable and gender-sensitive SRH programs for refugee and migrant men in Australia.

Aibangbee, M., Micheal, S., Liamputtong, P., Pithavadian, R., Hossain, S. Z., Mpofu, E. & Dune, T. M. (2024). Barriers to Sexual and Reproductive Health and Rights of Migrant and Refugee Youth: An Exploratory Socioecological Qualitative Analysis. *Youth, 4*(4), 1538-1566. https://doi.org/10.3390/youth4040099

This paper examined barriers affecting sexual and reproductive health rights (SRHR) of migrant and refugee youth (MRY). Seventeen focus groups were conducted with 87 young people (ages 16–26, from 20 cultural groups in Greater Western Sydney, Australia). Findings identified socioecological barriers, a lack of awareness about and access to services, and sociocultural dissonance as leading to the under-implementation of sexual health services. These barriers included cultural disconnects, language barriers, remote service locations, intergenerational cultural conflicts, and ineffective sexual health services. The findings suggested a need for a collaborative SRHR strategy and policy that empowers MRY agency across multicultural contexts.

Australian Federation of AIDS Organisations. (2022). Barriers to accessing HIV and sexual health care for people from a CALD background. Sydney, NSW: AFAO.

This paper has been developed by the 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. It identifies specific issues and barriers to universal health care for people from a CALD background in relation to HIV and sexual health.

RESEARCH AND SURVEILLANCE: KEY TAKEAWAYS

- **Research and surveillance are critical** for understanding and addressing sexual health needs of mobile and migrant populations in Australia.
- **Mobile and migrant populations are often underrepresented in health data,** resulting in knowledge gaps that hinder effective public health responses.
- **Culturally sensitive research** helps capture accurate data on behaviours, risk factors, and health outcomes specific to diverse groups.
- **Continuous surveillance enables early detection** of trends and monitoring of STI and BBV prevalence.
- **A strong evidence base informs targeted interventions,** resource allocation, and inclusive health policy development.
- **Without robust data,** sexual health initiatives may be ineffective, reinforcing existing health inequities in mobile and migrant populations.

WHERE TO NEXT?

The project case studies and publications examined throughout this report highlight impactful and vital work conducted in recent years to address STIs and BBVs among mobile and migrant populations in Australia.

Mobile and migrant populations often face intersecting barriers such as language, health literacy, stigma and unfamiliarity with the Australian healthcare system, all of which can delay or prevent access to testing, treatment, and prevention services for STIs and BBVs. Addressing these barriers requires the continued development and implementation of culturally responsive, peer-led programs that foster trust, reduce stigma, and deliver health information in ways that are appropriate, respectful, and effective.

Strengthening advocacy and cross-sector partnerships is vital to ensure the needs and experiences of mobile and migrant populations are central to policy development, funding decisions, and program design. These collaborative processes help ensure interventions are not only evidence-based but also grounded in the experiences of those they aim to serve. Peers, who share lived experiences and cultural understanding with their communities, are uniquely positioned to bridge communication gaps, combat misinformation, and encourage engagement with services through non-judgmental support. Integrating rigorous evaluation frameworks will support accountability and continuous improvement, ensuring that programs remain responsive and effective in a changing, diverse population landscape.

Additionally, research and surveillance must be expanded and made more inclusive to fill existing data gaps. Mobile and migrant populations remain underrepresented in mainstream health data, limiting the ability to design targeted and effective public health responses. Culturally sensitive research and ongoing surveillance are essential for monitoring emerging trends, identifying group-specific risk factors, and tracking health outcomes over time. By combining community-led approaches with empirical evidence and committing to inclusive, culturally safe strategies, Australia can make significant strides in reducing sexual health disparities and achieving equitable health outcomes for mobile and migrant populations.

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