Providing inclusive HIV care for overseas-born gay, bisexual, and other men who have sex with men:

A PRACTICE GUIDE

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We acknowledge the traditional custodians of the unceded land on which ACON, Positive Life New South Wales, and the University of New South Wales sit. We pay our respects to all Aboriginal and Torres Strait Islander peoples whose lands, winds, and waters we have the privilege of sharing.

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USING THIS GUIDE

The numbered recommendations serve as reference points to the summary and are not intended as linear steps

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GLOSSARY

ACON Health Limited

ACON Health Limited, a community health organisation in NSW focused on HIV prevention, LGBTQ+ health, and wellbeing. *www.acon.org.au*

BGF (Bobby Goldsmith Foundation)

Australia's longest-running HIV charity, led by and for people living with HIV. BGF provides practical, emotional, and financial support to help people living with HIV maintain their independence, wellbeing, and dignity. The foundation also advocates for the rights of people living with HIV and works to reduce stigma across the community. *www.bgf.org.au*

GBM

Gay, bisexual, and other men who have sex with men

HALC (HIV/AIDS Legal Centre)

A community legal centre in New South Wales led by and for people living with and affected by HIV. HALC provides free and confidential legal advice, representation, and advocacy, supporting the rights and wellbeing of people living with HIV and their communities. *www.halc.org.au*

HIV

Human Immunodeficiency Virus

MHAHS (Multicultural HIV and Hepatitis Service)

A service that supports people from culturally and linguistically diverse backgrounds affected by HIV, viral hepatitis and STIs. MHAHS provides multilingual resources, community education, and peer-based programs, ensuring people can access care and support in ways that respect their culture and language. *www.mhahs.org.au*

Overseas Born (OS-Born)

Refers to people who were born outside Australia. In this guide, the term is used to recognise the diverse cultural, linguistic, and lived experiences of gay, bisexual and queer men, and trans people who have migrated to Australia. It acknowledges the strengths, challenges, and unique health needs of overseas-born communities.

PANA (Positive Asian Network Australia)

A peer-based network led by and for Asian people living with HIV in Australia. PANA creates safe spaces for connection, support, and advocacy, and works to amplify the voices and experiences of Asian communities within the HIV response. *www.napwha.org.au/pana*

Patient-Centred HIV Care Model

A collaborative approach to HIV care that integrates medical treatment with pharmacy, community, and support services. This model places people living with HIV at the centre of their care, recognising their individual needs and circumstances, while building strong partnerships between clinicians, pharmacists, and community organisations. The aim is to improve health outcomes, strengthen trust, and ensure that care is holistic, respectful, and accessible.

Person-centred care

An approach to healthcare that centres a person's autonomy, dignity, experiences and goals, enabling them to lead conversations about their health and make decisions collaboratively with healthcare providers (ASHM & NAPWHA 2022).

PLAN (Positive Latinx Australian Network)

A peer-based network led by and for Latinx people living with HIV in Australia. PLAN provides culturally safe spaces for connection and support, promotes visibility of Latinx experiences, and advocates for the needs and rights of Latinx communities within the HIV response. *www.napwha.org.au/plan*

Positive Life NSW

A peer-based organisation led by and for people living with HIV in New South Wales. Positive Life provides advocacy, support, and community connection, working to promote the health, dignity, and rights of all people living with HIV. *www.positivelife.org.au*

STIs

Sexually Transmitted Infections

U=U (Undetectable = Untransmittable)

A global health message led by and for people living with HIV. U=U means that when a person living with HIV is on effective treatment and has an undetectable viral load, they cannot pass on HIV to their sexual partners. U=U promotes dignity, reduces stigma, and empowers people living with HIV by highlighting the effectiveness of treatment and the importance of access to care.

Treatment as Prevention (TasP)

A HIV prevention strategy where people living with HIV take antiretroviral therapy to suppress the virus to an undetectable level, which prevents sexual transmission of HIV to partners. Maintaining an undetectable viral load through consistent treatment is therefore both beneficial for health and effective for preventing HIV transmission (U=U) (Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine [ASHM] 2023).

EXECUTIVE SUMMARY

The purpose of this practice guide is to provide service providers with resources for engaging with OS-Born GBM living with HIV.

Many OS-Born GBM living with HIV experience increased challenges when engaging with HIV care services in Australia when compared with their Australian born counterparts. Common barriers (see Körner, 2007; Philpot et al., 2023, 2022) addressed in this guide include:

- Understandings of HIV as a fatal and untreatable condition
- Concerns about the impact of HIV on permanent migration opportunities
- Uncertainty about the confidentiality of their health records
- Challenges in understanding complex medical terminology
- Exclusion from Medicare and therefore subsidised healthcare

These recommendations are based on community consultations with OS-Born GBM living with HIV and healthcare professionals with experience in providing HIV care for OS-Born GBM living with HIV in Australia. Two consultations were held with OS-Born GBM living with HIV and two with HIV service providers. Consultations were also held with peer-based HIV organisations, including Positive Asian Network Australia (PANA), and the Positive Latinx Australia Network (PLAN).

In this guide, we make several recommendations driven by person-centred approaches to providing HIV care. These recommendations include:

- Allowing individuals to process their diagnosis and information at their own pace
- Ensuring referrals to culturally appropriate peer support services are made at or soon after diagnosis, and form part of ongoing HIV care.
- Ensuring referrals are made to psychosocial support services.
- Ask clients about their understanding of information being conveyed to ensure it has been understood correctly.
- Where possible, allow extra time for consultations to account for language barriers, unfamiliarity with Australian health systems, and potential migration concerns.
- Acknowledge that migration and visas may be a concern for many clients and make referrals to migration services, emphasising that most people living with HIV succeed in obtaining permanent residency.
- Where possible, encourage clients to maintain continuity of care to establish a trusting relationship.
- Avoid using complex medical terms and instead speak in plain language.
- Emphasise that a client's health information is strictly confidential and will not be shared with government health and immigration departments.
- Provide resources on if and when a client might need to disclose their HIV status.
- Discuss undetectable viral load to clients in simple language and explicitly state that when an individual has an undetectable viral load there is zero risk of transmission.
- If appropriate, refer clients to publicly funded sexual health clinics and other allied health services.

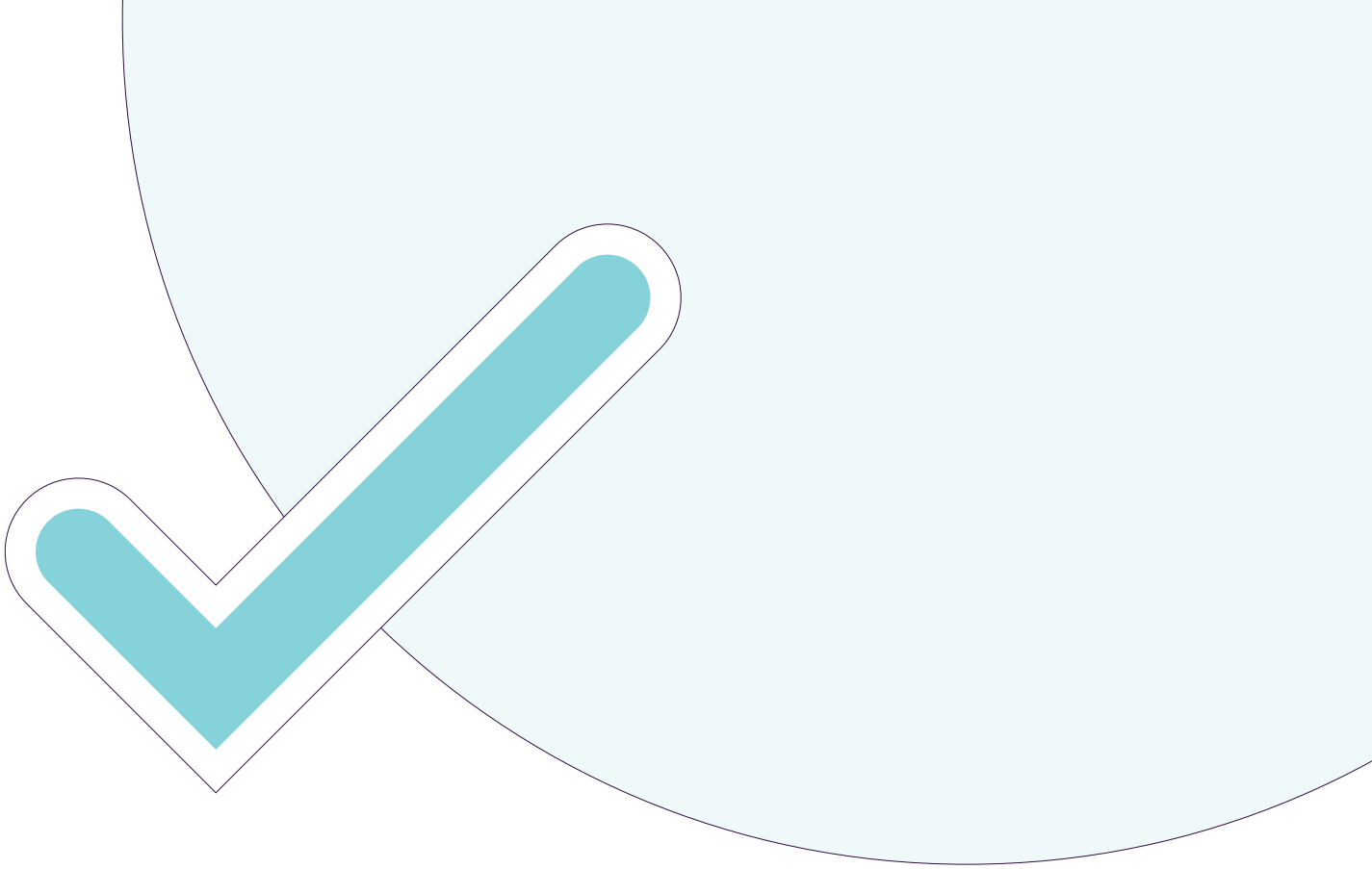
BACKGROUND

OS-Born GBM have not seen the same declining rate of HIV diagnoses as their Australian born counterparts and represent an increasing proportion of new HIV diagnoses. (King et al., 2024; New South Wales Ministry of Health 2024). An important element of TasP as a pillar of virtual elimination of HIV is ensuring OS-Born GBM living with HIV maintain connection to care. Improving access to services is crucial to achieving this target.

Many OS-Born GBM living with HIV experience increased challenges when engaging in HIV care compared to their Australian born counterparts. Common barriers include understandings of HIV as a fatal condition, concerns about the impact of HIV on opportunities for permanent migration, fears about a lack of confidentiality in health services, challenges in understanding complex medical terminology, and exclusion from Medicare and lack of access to subsidised healthcare (see Körner, 2007; Philpot et al., 2023, 2022).

Due to these barriers, OS-Born GBM living with HIV have poorer retention in care, are more likely to initiate HIV treatment later, and take longer to reach viral suppression (Gunaratnam et al., 2019; Marukutira et al., 2020). By delaying treatment uptake, barriers to seeking HIV care not only increase the negative impact of HIV on an individual's health but also increase the risk of onward HIV transmission.

Many HIV diagnoses are being delivered by service providers who are not HIV specialists or are not authorised to prescribe treatment for HIV under Australian prescribing regulations. The purpose of this guide is to provide a resource for clinicians to both convey HIV diagnoses and provide ongoing HIV-related care. While this guide specifically focuses on OS-Born GBM living with HIV, many of the recommendations in this guide can also be applied to all people living with HIV regardless of gender, sexuality, or country of birth.



PERSON-CENTRED CARE

The following recommendations are guided by a person-centred approach to healthcare provision. Person-centred care can be defined as the holistic provision of healthcare that accounts for the unique circumstances of individuals beyond just specific medical conditions (Byrne et al., 2020; Stewart, 2001). Approaches to person-centred care not only account for the physical aspects of health but also consider an individual's mental health and wellbeing. Additionally, person-centred approaches also account for the economic, cultural, psychosocial, and familial context which also affect an individual's health (Ahmed et al., 2018; Byrne et al., 2020).

Core aspects of person-centred care include an understanding of a medical condition from a person's perspective, clear and open communication, shared decision-making between individuals and health providers, respecting individual autonomy, and the development of an ongoing relationship between individuals and healthcare providers (Epstein, 1996; Greene et al., 2012; Kitson et al., 2013; McWhinney, 1985; Mead and Bower, 2000; Miles and Asbridge, 2020).

Person-centred care is an important aspect in the provision of HIV-related care (Byrd et al., 2020; Department of Health, 2024; Grimsrud et al., 2017, 2016; Pantelic et al., 2018; Wells et al., 2023).

The Patient-centered HIV Care Model integrated community-based pharmacists with HIV medical providers and required them to share patient clinical information, identify therapy-related problems, and develop therapy-related action plans. Person-centred approaches have been shown to improve decision-making around HIV care, treatment adherence, retention in care, mortality, and transmission risk (Byrd et al., 2020; Duncombe et al., 2015; Hoang et al., 2009).

Person-centred care does not necessarily mean that interactions between individuals and health-care providers are person-led and in many instances, it may be entirely appropriate for the clinical encounter to be led by a service provider (Wells et al., 2022b). Person-centred approaches to healthcare provision require healthcare professionals to understand how health conditions are understood by individuals. By understanding how an individual understands HIV, for example, service providers are better equipped to address individual's concerns and (mis-)understandings of HIV, assess what emotional supports are needed, and individual's readiness to being on treatment, and the types of treatment most appropriate for an individual.

RECOMMENDATIONS

Conversation prompts supporting these recommendations and their implementation can be found on page 15.

The barriers experienced by OS-Born GBM living with HIV make relationships and engagements with healthcare more tenuous. It is therefore essential that their first engagement with healthcare services be affirming, free of stigma and discrimination, and culturally safe.

The following developed recommendations are based on focus groups conducted with OS-Born GBM living with HIV and experienced HIV care providers (including sexual health physicians, nurses, social workers, immunologists, and pharmacists). Methods and participant demographics are described in Appendix A and participant demographics in Appendix B.

As stated, person-centred approaches to healthcare provision are underpinned by an understanding of the broader context within which an individual lives. For some individuals, HIV may not be the primary and most pressing concern. Rather, mental health, financial situation, housing and/or food security, visa status, or stigma may be more pressing issues. Taking a person-centred approach to providing HIV care enables service providers to better understand the priority health areas of their clients.

Recommendations are described in detail below. Here, we provide a short summary of these recommendations with suggestions of important information to convey when engaging with OS-Born GBM living with HIV. Most importantly, information should be conveyed with warmth, and service providers should use simple language and convey reassuring facts.

Recommendation 1

Allow individuals to process their diagnosis at their own pace

Receiving an HIV diagnosis is often experienced as a difficult and challenging moment and for many and has been described as a period in which processing information can be difficult (Wells et al., 2022b). This is because understandings of HIV are often outdated. Both those who are diagnosed and services providers themselves may not understand the current context of HIV treatment and prevention.

In our consultations, both healthcare workers and OS-Born GBM living with HIV alike described delivering/receiving an HIV diagnosis as a moment in which information could be difficult to process. It was recommended that clinicians not overload individuals with large quantities of information at once and that service providers allow time for individuals to process their diagnosis at their own pace.

However, there were several crucial messages that should be included when an HIV diagnosis is delivered, ensuring to ask and address any misconceptions.

- Service providers should be aware that some OS-Born GBM living with HIV may be reluctant to ask questions of service providers. It is important to emphasise to clients that they are able to ask questions of service providers.
- It is crucial that service providers emphasise the effectiveness of modern HIV treatment and that treatment enables individuals to maintain healthy lives.
- Service providers should inform individuals that treatment can supress HIV to undetectable levels meaning there is zero risk on onward transmission.
- Newly diagnosed OS-born GBM should be referred to psychosocial support services (recommendation 5), including HIV peer support organisations. A list of HIV peer support organisations can be found in recommendation 2.

Recommendation 2

Refer to HIV peer support services at diagnosis and beyond

A list of Australian peer support organisations can be found at www.napwha.org.au/hiv-peer-support/.

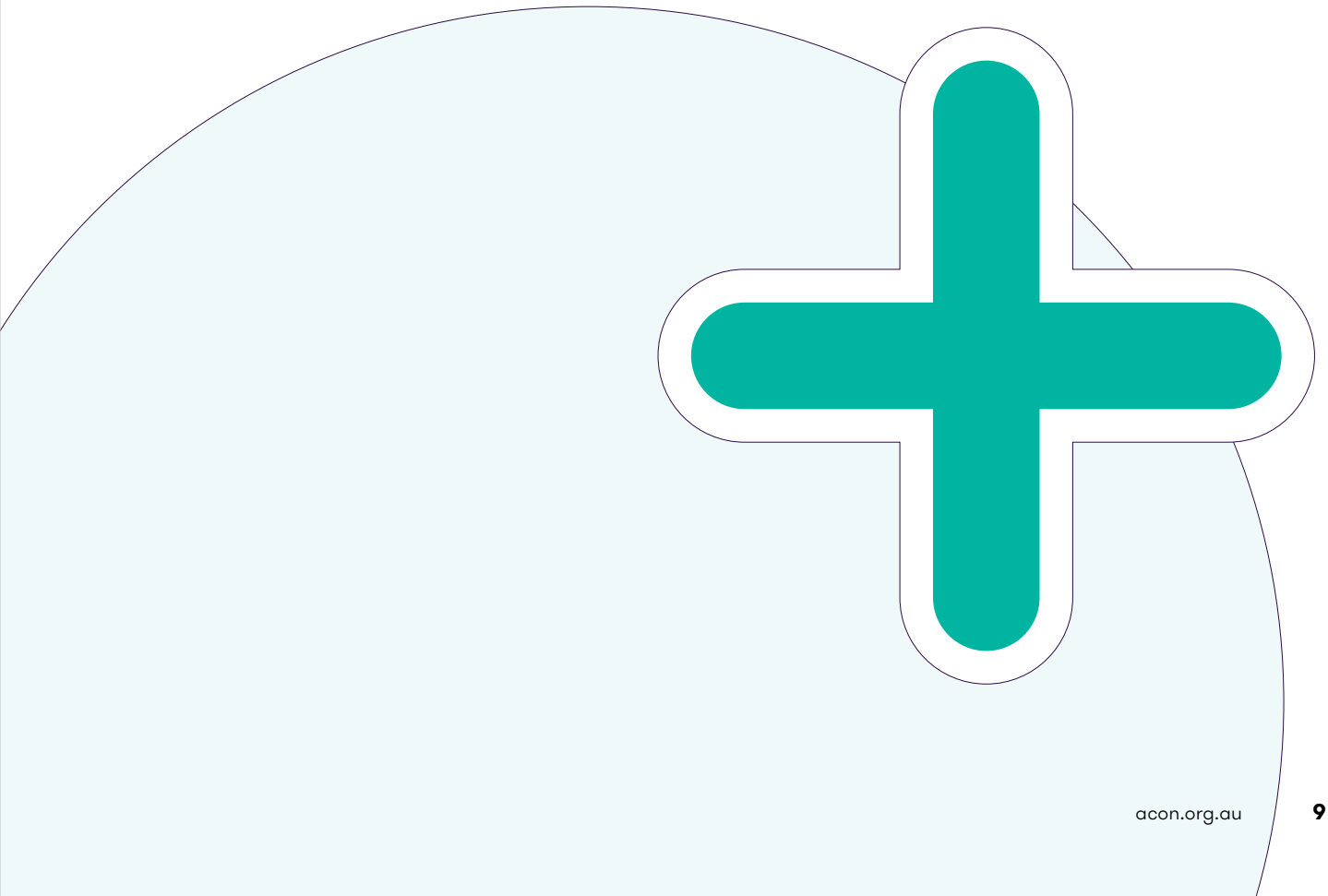
Scan Here

HIV peer support services create a sense of belonging, offer perspectives from people living with HIV, and improve treatment adherence and retention in care (Davis et al., 2017; Krulic et al., 2023; Wells et al., 2022; Bauermeister et al., 2021). These services take multiple forms, including group-based education programs, individual peer navigation, and social events.

Many peer organisations also have employees and volunteers who speak multiple languages. Additionally many peer organisations have peer support workers who were also born overseas and as well as living with HIV, also have migration experience. These multiple shared experiences enable peers to provide culturally specific support in a way that Australian-born peers may not be able to offer.

Peer organisations offer a range of support that goes well beyond HIV care. This includes counselling, mental health support, alcohol and other drug programs, and help with employment, finances, housing, and migration. For OS-Born gay and bisexual men (GBM) living with HIV, connecting with these services can make it easier to understand and access Australia's healthcare system. Many peer organisations also run social groups that are not focused on HIV, providing safe and welcoming spaces to meet other GBM and build community connections.

Given the benefits of HIV peer support programs, it is recommended that referrals to peer support services are made. Peer-based programs can be particularly beneficial in helping newly diagnosed OS-Born GBM living with HIV adjust to their diagnosis and navigate the Australian healthcare system. However, peer support services can also benefit those that have been living with HIV for quite some time. It is therefore important that referrals to peer support organisation not only occur around the time of diagnosis, but also form part of an individual's ongoing HIV care.



Recommendation 3

Visa stress: Discuss migration issues and connect with migration services early

The impact of HIV on permanent migration is a substantial concern for many OS-Born GBM living with HIV. Under Australian migration policy, individuals with health conditions deemed to place undue burden on Australia's health system (including HIV) may be denied opportunities for permanent migration. While individuals can apply for a waiver to this policy, this creates additional barriers to an already complex migration process and can negatively impact the mental health of temporary visa holders living with HIV.

It is crucial that individuals are referred to legal experts who specialise in HIV migration early and recommended to inform their migration agent of their HIV status. This ensures that OS-Born GBM receive reputable and relevant advice early to give people the best opportunities to obtaining permanent migration. The HIV/AIDS Legal Centre (HALC) (www.halc.org.au/publications/guides-to-hiv-and-the-law/) specialises in all aspects of law related to HIV, particularly laws and policies around migration. For many people on low income, these services are often free.

It is not the place of health service providers to offer legal advice. However, clinicians can ensure OS-Born GBM are aware that HIV does not necessarily foreclose permanent migration opportunities. HALC's Positive Migration Guide (www.halc.org.au/wp-content/uploads/2022/03/HALC-Positive-Migration-Guide-FINAL.pdf) may be a useful reference for OS-Born GBM living with HIV.

Clinicians should also refer clients to HIV peer support services. Many HIV peer organisations employ individuals living with HIV who have been through the migration process. These individuals can provide real-life examples of successful migration and help individuals manage their mental health through this process.

We recommend:

- Asking OS-Born GBM what their migration/visa status is.
- Asking whether OS-Born GBM have sought advice about their migration pathway, specifically in relation to their HIV status.
- Referring OS-Born GBM to organisations such as HALC to receive migration advice in specifically in relation to their HIV status.
- Acknowledge that HIV may add complexity to the migration pathway, but organisations such as HALC can assist with the process.
- Emphasise that people living with HIV, often with the help of specialist HIV migration services, can be successful in obtaining permanent residency.
- Making referrals to HIV peer support services: many of these organisations have employees with lived experience of successfully migrating while living with HIV. These employees can be examples that obtaining permanent residency while living with HIV is possible.

Recommendation 4

Ensure U=U is communicated clearly, in plain language, and zero transmission risk is emphasised

All people living with HIV, regardless of background or migration status, should be informed that when an individual's viral load is undetectable, there is zero risk of onward transmission. However, for some OS-Born GBM living with HIV, stating "undetectable equals untransmittible" or "U=U" may not be easily understood.

It is essential for service providers to explicitly state that there is zero risk of HIV transmission when an individual's viral load is undetectablei (refer to WHO footnote as this gives an international validation to the statement). Avoid qualifications such as "almost" zero, or "negligible" risk as they imply that while unlikely, there is still a small possibility for HIV transmission.

Information should be tailored to a patient's needs and technical terms such as "undetectable" or "untransmittable" may not always be understood. Some service providers may inadvertently assume that OS-Born GBM are aware of the benefits of an undetectable viral load. However, not all countries have equal access to knowledge.

Service providers should avoid technical language and explicitly state that when a person's viral load is undetectable, there is zero risk of sexual transmission. Phrases such as "you can't pass it on" can be a useful way of quickly and easily conveying this message.

Similarly, asking patients to explain what they understand about an undetectable viral load can be an opportunity to correct any misinformation.

In addition to communicating information about undetectable viral load, service providers should also ensure that clients are aware of other STIs and the importance of regular STI testing were appropriate.

Recommendation 5

Refer to Psychosocial supports

Living with HIV can negatively impact mental health owing to societal and internalised stigma, concerns about the health impacts of HIV, as well as fears of HIV limiting opportunities for migration and permanent residency. It is therefore essential that OS-Born GBM living with HIV are referred to Psychosocial support services.

For some OS-Born GBM living with HIV mental health support may be considered financially unavailable, particularly for those who are excluded from Medicare. Many publicly funded sexual health services and community-based HIV peer organisations offer psychological, counselling, and social work services for free or at low cost. Ensuring OS-Born GBM living with HIV are aware that these services are available at low or no cost is crucial.

i In 2023, the World Health Organization strengthened the language in their HIV guidelines to explicitly state that there was "zero" risk of HIV transmission when someone living with HIV had an undetectable viral load (World Health Organization, 2023).

Recommendation 6

Allow additional time to ensure all information is fully understood

Particularly when providing care to OS-Born GBM living with HIV who are recently diagnosed with HIV, clinicians should allow extra time for consultations. Recently diagnosed OS-Born GBM living with HIV may have different needs when compared to their Australian counterparts, including challenges understanding technical medical terms in English, concerns about the impact of HIV on their visa, an unfamiliarity with Australia's healthcare system, and potential cost of medication and health services.

Allowing additional consultation time allows space for clinicians to ensure individuals fully and correctly understand information being conveyed, as described above. Extra time also provides an opportunity for clinicians to address non-medical aspects related to living with HIV such as concerns about migration opportunities. Where possible, service providers should also engage early with translators and offer clients an option for interpreters who may want to communicate in languages other than English.

Allowing additional time to ensure OS-Born GBM fully understand information being conveyed, and have opportunities to ask questions or raise concerns, may also facilitate increased participation and autonomy of clients in managing HIV.

Recommendation 7

Regularly ask clients about their understanding of information being conveyed

During focus groups, it was emphasised that each individual is different and has different levels of HIV awareness. Service providers should regularly ask their clients' if they understand information that is being conveyed. This approach enables service providers an opportunity to address any misunderstandings or misinformation.

Some OS-Born GBM living with HIV may be reluctant to ask questions or raise concerns with service providers. It is necessary to emphasise that clients are able to ask questions of service providers and raise issues and concerns, including potential treatment side effects.

Service providers should also ask about concerns that their clients have beyond just HIV to identify other potential issues that may impact an individual's health, including (but not limited to) sexual health, mental health, housing and financial security, food security etc. Actively asking about other, non-HIV specific concern will allow service providers to direct clients to appropriate services.

Allowing opportunities for individuals to ask questions and express concerns should not be limited to the end of a consultation and should instead form part of an ongoing dialogue between service providers and their clients. This approach enables shared decision-making between clinicians and their clients while also allowing clinicians to tailor consultations to individual needs.

Recommendation 8

Emphasise the value of continuity of care

Where possible, service providers should emphasise to clients the value of maintaining continuum of care between clients and healthcare workers. Maintaining an ongoing relationship can help build a sense of trust between service providers and their clients.

Additionally, developing a relationship between service providers and their clients can reduce the number of service providers an individual needs to disclose their HIV status and medical history to.

Recommendation 9

Use non-technical language and provide HIV resources in their preferred language

For some OS-Born men living with HIV, language barriers can make understanding information about HIV more challenging. Where possible, service providers should provide individuals with information and resources in their preferred language.

Emphasising the effectiveness of HIV treatment can be particularly important for some OS-Born GBM living with HIV who may come from contexts where awareness of, and access to, treatment may be more limited. It is necessary to convey in plain language that current medications minimise the health impact of HIV and enable people living HIV to live an otherwise long and healthy life.

HIV peer support services are effective in conveying complex medical information about HIV in plain language. HIV peer support workers are well-situated and have the capacity to help OS-Born help GBM living with HIV understand aspects of HIV, including treatment and undetectable viral load.

Some HIV peer support services also have support workers who speak languages other than English. These services can be a valuable resource for connecting OS-Born GBM with peers who have shared language and lived experience in a way that professional translators may not be able to offer.

Professional interpreters can play an important role in communicating between healthcare workers and clients who experience challenges with English. When using interpreters, it is also beneficial for clinicians to avoid using a person's name to increase confidentiality. Additionally, avoiding terms relating to HIV specifically and instead using terms such as "your condition" can make individuals more comfortable.

While interpreters can and do play an important role in communicating health information, some OS-Born GBM living with HIV may have concerns about confidentiality. Moreover, interpreters may also have their own biases around HIV and diverse sexualities that could negatively impact healthcare experiences of OS-Born GBM living with HIV. These negative impacts could result in a disengagement with care among OS-Born GBM living with HIV.

Where possible, services providers should also consider providing resources (both online and physical) in languages other than English.

Recommendation 10

Address concerns about confidentiality

Ensuring OS-Born GBM living with HIV are aware that health services are confidential is essential and can be a key barrier to seeking HIV care. Based on previous experiences, some OS-Born GBM living with HIV may have concerns that health-related information will be shared with government authorities.

Service providers should acknowledge concerns about confidentiality and emphasise that health information remains confidential. This is particularly important in discussions about migration, where OS-Born GBM living with HIV may assume that their HIV status be reported to migration authorities.

It is important that HIV service providers ensure they emphasise that medical records are protected and confidential, that employers will not be notified of an individuals' HIV status, and that government and immigration authorities are not notified with identifiable information about someone's HIV status.

Service providers should also inform that if a client believes their health records have been mishandled, they are able to contact the Office of the Australian Information Commissioner.

Recommendation 11

Providing resources on HIV status disclosure

It is important to provide information to OS-Born GBM living with HIV about laws and policies around disclosing HIV to sexual partners. These laws vary across state jurisdictions although broadly, you are not legally required to disclose your HIV status under Australian law provided you take reasonable precautions. These precautions include condoms or an undetectable viral load.

It is also important to inform OS-Born GBM living with HIV that they are not obliged to disclose their status to other healthcare professionals. However, in some instances it may be useful to inform a service provider about HIV status.

In some instances, failure to not disclose one's HIV status to sexual partners could have legal implications, although this is dependent on the specific laws of each state. These laws are also subject to change and in some instances, disclosure laws have not been tested in court.

Given the different disclosure laws, the shifting landscape of disclosure policy, and that HIV health service providers are not in a position to provide legal advice, HIV peer organisations are well situated to provide information about HIV disclosure laws. While these organisations cannot provide formal legal advice, they are able to provide general and state-specific advice on the legal landscape around HIV disclosure laws.

Recommendation 12

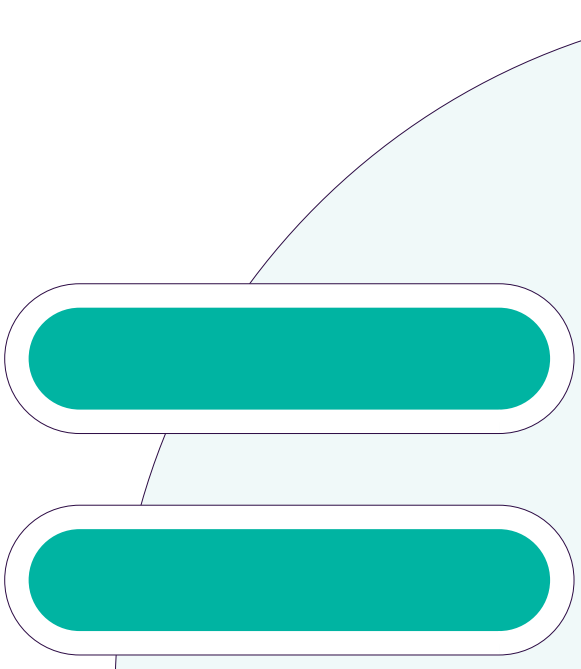
Refer to specialist sexual health services and allied health services

Many OS-Born GBM on temporary visas are not eligible for Medicare and access to subsided healthcare and medication. The Australian healthcare system is not necessarily straightforward. Some OS-Born GBM living with HIV may assume that they will not have access to affordable HIV care and treatment.

After arriving in Australia, OS-Born GBM, regardless of HIV status, need to adjust to a different and potentially unfamiliar healthcare system and may not be aware that HIV medication can only be prescribed services providers with specific s100 training. For non-specialist service providers, a list of s100 prescribers can be found here.

Publicly funded sexual health clinics play a vital role in providing HIV care to OS-Born GBM living with HIV without access to Medicare. Clinicians in private practice may considering referring OS-Born GBM living with HIV to these clinics for specialist care, particularly for those who do not have access to Medicare.

Actively showing clients where they can search for health information can also assist in helping OS-Born GBM living with HIV navigate Australia's health system. This can aid in connecting OS-Born GBM with other allied and primary healthcare services, as well as HIV peer support organisations.



CONVERSATION PROMPTS

This table provides examples of suggested conversation prompts for clinicians. These suggestion link to each of the recommendations in this report and the supplementary summary guide.

Recommendation 1 **Step A** **Process at their pace**	"We don't have to go through everything today. Let's focus on what's most important for you right now, and we can take things step by step. There's no rush—you have time to process everything." "Are there any things you are most worried about?" "Think of this like learning to drive. At first, there are a lot of things to remember—how to turn, when to stop, how to check mirrors. But after some practice, it becomes second nature. Managing HIV is the same: right now, it's new, but soon, it will just be part of your routine." "In fact, studies show that people who receive good emotional and medical support in the first few months of diagnosis feel significantly more confident and in control. In six months, you'll likely feel very different from how you do today."
Recommendation 2 **Step C** **HIV peer referrals**	"Talking to someone who has been through this before can be really helpful. Would you like me to connect you with a group where you can meet people who truly understand?" "Talking with a peer right now may feel scary, which is understandable. Peers can help you understand more about HIV and what it's like to live with. You do not have to join a peer group: you can also meet one person face-to-face. You could even call them so that it is more anonymous." "Peer organisations often provide counselling services. If you like, I can connect you to these." "It is okay if you do not feel ready to connect with a peer organisation yet. We can talk about it at another time. If you like, I can give you their website so you can look at it when you feel ready."
Recommendation 3 **Step G** **Visa stress and migration services**	"While migration processes can feel overwhelming, it's important to know that many people living with HIV have successfully obtained permanent residency. There are legal experts who specialise in this, and we can connect you with the right support early on." "Many people who apply for a health waiver in Australia due to HIV are approved. Many people have successfully gone through this process, and there are organisations that can help." "We don't have to talk about it now, but if you are thinking about migration there are organisations that can help with the process. (If a service provider is unfamiliar with these organisations): Peer organisations will be able to provide you with advice on which organisation to go to."

Recommendation 4 **Step B** **Simplify U=U**	"Once you're on treatment, the virus in your body becomes so low that it can't be passed on—even during sex, sharing needles, or blood exchange. It's like putting HIV to sleep permanently." "More than 10 years of research confirms that if you stay undetectable, there is zero risk of passing HIV to a partner. This has been proven in studies with over 150,000 cases and not a single transmission."
Recommendation 5 **Step D** **Connecting to mental health support**	"Speaking to a mental health professional could help you in adjusting to your diagnosis. If you like, I can refer you to someone you can speak with."
Recommendation 6 **Step E** **Slowing down the pace to help process**	"This is an important conversation, and I don't want you to feel rushed. If you ever need more time or have more questions, we can always set up another session." "When people feel heard and have time to ask questions, they are much more likely to stay on treatment and maintain good health. This is about your journey, and you deserve to take the time you need."
Recommendation 7 **Step E** **Is the information being understood?**	"HIV used to be a scary diagnosis back in the '80s and '90s because there was no treatment available. But today, the reality is completely different. People on treatment will reach a point where the virus is undetectable, which means two very important things: One: Your immune system will recover, and your health will be just as strong as someone who doesn't have HIV. Two: You won't be able to pass the virus on to anyone—through sex, or sharing objects. It simply won't happen." "After six months on treatment, most people have no detectable virus in their body, meaning it's completely controlled. Today, we call HIV a manageable condition rather than a 'deadly disease.'"
Recommendation 8 **Step I** **Importance of maintaining a relationship**	"It can be good to have the same doctor for your HIV care. This means that your doctor knows your medical history and you won't need to tell multiple healthcare professionals about your HIV status."

Recommendation 9 **Step B** **Using clear and simple language**	"HIV is not life-limiting anymore. With one pill a day, you will live just as long and as healthy as anyone else. We can go over this in whatever language makes you most comfortable." "I want to make sure you understand what I'm saying. If there is anything I say that you do not understand, please tell me. I won't be offended if you ask me to explain or repeat something."
Recommendation 10 **Step F** **The significance of confidentiality**	"Your medical records are protected by law. No one can access them without your explicit consent, not even immigration authorities."
Recommendation 11 **Step F** **Connecting with HIV resources and shifting landscapes**	"You don't have to tell anyone unless you want to. Some people choose to share, others don't, and both choices are okay. If you ever want advice on how to talk about it, I can help." "Sometimes you need to tell sex partners about your status which can be difficult. Peer support services can provide up-to-date advice on whether you need to and ways to do it." "You do not have to tell healthcare workers about your status. Sometimes it can be beneficial to though as it can help with things like which treatments to prescribe."
Recommendation 12 **Step H** **Referring to specialists and allied health**	"In Australia, most HIV services, including testing, treatment, and peer support, are free or low-cost. More importantly, everything is strictly confidential—your information is protected and will not be shared with any government authorities, including immigration."

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APPENDIX A: METHODS

Study setting

These recommendations are based on four focus groups conducted with two groups of people. Group one consisted of people living HIV from culturally, ethnically, or linguistically diverse backgrounds. Group two consisted of healthcare professionals with experience of delivering HIV care to people living with HIV from culturally, ethnically, or linguistically diverse backgrounds.

Eligibility

Potential participants were invited to participate in focus groups of up to eight people. Four focus groups were conducted and separated into two groups. Eligibility is described below:

Group one: eligible participants were 18 years or over, identified as male, were gay, bisexual, or a man who has sex with men, were born overseas and/or identified as being from a culturally, ethnically, or linguistically diverse background, and were living with HIV.

Group two: Eligible participants were sexual health physicians, pharmacists social workers, and mental health workers who had experience of providing healthcare to people living with HIV from culturally, ethnically, and linguistically diverse backgrounds within the previous twelve months.

Recruitment

Participants of group one were recruited through targeted advertisements placed on the social media pages and mailing lists of community-based HIV and LGBTQ+ health organisations. Participants were invited to complete an online expression of interest form. From there, a member of the research team invited them to participate in a focus group conducted either face-to-face or through videoconferencing software.

Focus group questions were developed based on existing literature (Körner, 2007; Philpot et al., 2022) and the professional expertise of the research team, two of whom have extensive experience in providing HIV peer support to people living with HIV from culturally, ethnically, and linguistically diverse backgrounds. Focus groups explored understandings and experiences of Australian HIV health services, barriers and facilitators to seeking HIV care, and how intersections of diverse sexuality, cultural, and ethnic identities impact interactions with HIV health services.

With participants' consent, focus groups were audio recorded, transcribed by a professional transcription service, and de-identified.

Analysis

Transcripts were entered into NVivo ver. 14 and analysed drawing on thematic analysis techniques (Braun et al., 2019; Braun and Clarke, 2021). After a close reading, transcripts were coded by NW and the research team then met to discuss complexities within the initial coding framework. Subsequent analysis was conducted by the research team and the codebook revised as new themes were identified.

Ethical approval

All authors approved these guidelines for publication. All procedures involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declarations and its later amendments. Ethics approval was provided by the UNSW Human Research Ethics Committee (iRECS6793) and the ACON Ethics Committee (202416).

Limitations

These recommendations are subject to several limitations. All participants living with HIV were recruited through community- and peer-based LGBTQ+ and HIV health organisations. As such, we were unable to obtain perspectives of OS-Born GBM who were less connected to care and these recommendations do not fully represent the HIV healthcare needs of all OS-Born GBM. The accounts that these recommendations are based on are therefore not necessarily representative of all OS-Born GBM living with HIV. Nonetheless, these accounts provide important insights into the forms of HIV support and care needs of OS-Born GBM living with HIV.

Similarly, all healthcare providers who participated in consultations were highly experienced in providing HIV care and we were therefore unable to adequately explore what healthcare providers less experienced in HIV care felt would be useful.

APPENDIX B: PARTICIPANT DEMOGRAPHICS

Table 1: Participant demographics (people living with HIV) (n=14)

Age	20-29	6	●●●●●●
	30-39	4	●●●●
	40-49	4	●●●●
Sex at Birth	Male	14	●●●●●●●●●●●●●●
Gender	Male	14	●●●●●●●●●●●●●●
Sexuality	Gay	14	●●●●●●●●●●●●●●
Region of Birth	East Asia	4	●●●●
	Southeast Asia	4	●●●●
	South Asia	1	●
	South America	2	●●
	Central America	1	●
	The Middle East	1	●
	Eastern Europe	1	●
Year of Arrival in Australia	2005-2009	3	●●●
	2010-2014	0	
	2015-2019	5	●●●●●
	2020-2024	6	●●●●●●
Years living with HIV	1 year	0	
	2 years	2	●●
	3 years	1	●
	4 years	3	●●●
	5 years	0	
	6 years	1	●
	7 years	4	●●●●
	8 years	0	
	9 years	0	
	10+ years	3	●●●
Undetectable viral load	Yes	14	●●●●●●●●●●●●●●
	No	0	
Medicare	Yes	8	●●●●●●●●
	No	6	●●●●●●

Table 2: Participant demographics (healthcare workers) (n=10)ii

Professional Role	Social worker	3	●●●
	Pharmacist	2	●●
	Nurse	2	●●
	Counsellor	1	●
	Sexual Health Physician	1	●
	Immunology Registrar	1	●

ii Except for their primary role, limited demographic data was collected from clinicians. This is noted as a limitation in Appendix A.

APPENDIX C: SUPPORTING QUOTES

Table 3: Supporting quotes

The following quotes support recommendations above. Participants in focus groups one and two were all OS-Born GBM living with HIV. Participants in focus groups three and four were all healthcare workers experienced in providing care to OS-Born GBM living with HIV. Participants are referred to by focus group number, participant number, and whether they were living with HIV or healthcare workers (I.e., FG1, P1, Living with HIV).

Recommendation	Supporting Quote
Conveying an HIV diagnosis: clinicians should avoid overwhelming patients with too much information and allow them to process their diagnosis at their own pace	"I agree with [providing information] bit by bit. It's impossible unloading all that information at once" (FG1, P6, Living with HIV). "[For newly diagnosed patients] we just have to provide a more gentle, and I think slower, approach to their care" (FG3, P5, Healthcare worker).
Understanding patients' HIV awareness: Clinicians should regularly ask patients about their understanding of HIV and information being conveyed	"I also try and check back with the patient that they understand what I'm talking about. … Perhaps they have heard stories about how people live with HIV, what the prognosis is, but you know, correcting that and educating at the same time as well" (FG3, P5, Healthcare worker).
Allowing additional time for consultations helps to ensure patients fully understand information being conveyed	"Patience is always an underrated things in healthcare. We all know doctors are busy, but sometimes the moment you walk in you know they want to get you out of there and you don't want to ask questions" (FG1, P1, Living with HIV). "having an appropriate amount of undistracted time is something I use to make sure that the patient knows that [they are] priority at the moment as well" FG3, P2, Healthcare worker).
Visa and migration: Discuss migration issues when appropriate and connect with migration services early	"I think it's important, not that the doctor tells you the [visa] information, but the referral pathways" (FG1, P6, Living with HIV). "For many people, they're dealing with other issues as well as an HIV diagnosis and the HIV diagnosis may not be uppermost in their list of priorities when they're worrying … whether they'll ever get PR or a visa. As [healthcare workers], we need to be aware of that to be able to really support them" (FG3, P2, Healthcare worker)

Recommendation	Supporting Quote
Language: Use non-technical language and where possible provide HIV resources in patients' preferred language	"Something that should be implemented is giving information in different languages. I have met people that do struggle understanding English. Especially medical facts and that sort of vocabulary. … It should be better and easily accessible information" (FG2, P1, Living with HIV). "I also try and check back with the patient that they understand what I'm talking about" (FG3, P2, Healthcare worker).
Addressing concerns about confidentiality	"the issue of confidentiality is paramount. If I say what is unique to this group, the higher vigilance around confidentiality. I had a client who was convinced that Australian government will read my notes because he came from Iraq and what's happened to his country and he would be terrified. So, I would take the time to explain what happened to the notes. When we do note, what happened to confidentiality" (FG4, P1, Healthcare worker).
Providing resources on HIV status disclosure	"I have had a client who I recently saw. He thought that he had to disclose to everyone that he had HIV. He might've been told that and he did it before" (FG1, P5, Living with HIV). *Participant identified with both groups; contribution recorded in FG1
Make referrals to HIV peer support services at diagnosis and beyond	"The workshops I attended with ACON after that diagnosis: the doctor told me to check with ACON if they have workshops about people living with a new diagnosis and that was very helpful" (FG2, P5, Living with HIV). "For me there was definitely a lot going on [after being diagnosed]. … [It was] too much having that blast of information of everything." (FG1, P2, Living with HIV).
Ensure information about "Undetectable equals Untransmittible" (U=U) is communicated clearly, in plain language, and that the zero risk of HIV transmission is emphasised	"The doctors at [the sexual health clinic] said I am undetectable, but didn't explain what that means. … I had no idea. I knew I was fine physically, but I didn't what undetectable means really." (FG1, P5, Living with HIV).
Assist OS-Born GBM living with HIV become familiar with Australian healthcare services	"The issue that we have in Australia is that there's too many sites. … You come to Australia, you have no idea what ACON is, or MHAHS, or Positive Life. All those names mean nothing" (FG1, P6, Living with HIV).

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