

ACCESS TO HIV TREATMENT FOR PEOPLE NEWLY DIAGNOSED WITH HIV AND THE 'POLITICS' OF MIGRATION.

Jeanne Ellard and Dean Murphy

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge and pay our respects to the Kurna people, the traditional custodians whose ancestral lands we gather on. We acknowledge the deep feelings of attachment and relationship of the Kurna people to country and we respect and value their past, present and ongoing connection to the land and cultural beliefs.



PROJECT ACKNOWLEDGEMENTS

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The Investigator team is Dean Murphy, Jeanne Ellard, Adam Bourne and Dion Kagan

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DISCLOSURES

No pharmaceutical grants were received for this research.

Dean Murphy has received honoraria and research funding from Gilead Sciences and ViiV Healthcare for other research unrelated to this study.

Jeanne Ellard has received honoraria from Gilead Sciences.

DEMOGRAPHIC PROFILE

Gender and sexuality: 30 participants identified as gay/queer men, 5 bisexual men, 4 heterosexual men, and 5 heterosexual women.

The median age of the sample was 39 years (range 24–67)

Only one participant was not taking HIV treatment at the time of interview

Country of birth:

16 Australia/New Zealand born (16)

United Kingdom (3)

Southern Africa (3)

Middle-East (1)

South-east Asia (12)

South America (6)

Oceania (2)

Caribbean (1)

APPROACH

- Data collected via 44 semi-structured interviews with people newly diagnosed with HIV (within the past 12 months).
- The interviews were conducted between December 2023 – August 2025 (recruitment is ongoing)
- 20 participants on temporary visas were included in this analysis. We asked participants about their experiences of accessing health care in Australia, including HIV treatment and care.

ACCESSING HIV TREATMENT

Interviewer: When you were first diagnosed [...] were you worried about getting treatment because you're not a citizen and so on? Would that worry you?

I was worried, but the doctor, the same day when she told me that, I know she told me that the medicine here in Australia is free for everyone and just the \$30 for the bottle was just for something like the deliveries [co-payment] or something like that. And that's it. But in that time, I didn't have full job and that's why I had to change to another clinic for the prescription for free (Camilo, gay man, 32).

The thing is I was afraid or sad because maybe I had to cancel my plan to come to Australia, which I didn't want that to happen. [...] But then I start searching information, looking for associations here writing, emailing them. So, It was nice because I was very quick, so that made me feel like, okay, everything is going to be okay. You're going to be fine. You can get your medication here too, so no worries [...]

So, did you ever think about not coming because of HIV?

Yes. I mean, if I couldn't get my medication for free, I knew how expensive is HIV medication. So, I was like, well, I can't afford that. [...] my health is first then everything else. (Jose, Queer man, 28).

ACCESS TO TREATMENT

*But here I'm very happy the government or maybe Australia the government help this problem for every people. Even we don't have visa or don't have here the permanent residency, citizen, **they still help the people**. I'm very thank you for them (Quinn, bisexual man, 30).*

Has your doctor ever talked to you about injectable treatment, or have you ever asked them about it? Have they Mentioned it?

*Well, that was really interesting in the way that when I asked, they told me that it was just for people with Medicare and just with pretty much citizens or something. And as I'm not like from here, it was like, and **I'm getting the treatment for free. I am not going to say anything**. I just said, oh, yeah, that's fine (Agustin, gay man, 28).*

MAKING CONTRIBUTION?

You haven't had to pay anything for treatment?

No, I don't think so. And even I asked, they said that they [...] don't discriminate between local and [overseas] So I was like really? And I feel bad at the same time because I feel lucky, but I feel bad at the same time.

Yeah, because that's actually, it's probably the case that in almost all cases, anyone in your situation got treatment, but it used to have to come through a of compassionate access scheme with the pharmaceutical companies. But now our commonwealth government, are funding treatment for everyone regardless of their Medicare access.

I really appreciate that. And I do hope in the future I can contribute back if I can.

Yes. as I say, I think you're probably already contributing to just by being here as an international.

[...] one is from work sponsorship, and this is from my partner, but at least I need to have some certain value in order for Australian to keep me. So, we'll see. That is a both side agreement, mutual agreement. So, it's not only my side. I need to be valuable myself too. (Lôc gay man, 32)

SCAPEGOATING

Dutton vows 'deeper cuts' to student enrolments, migration numbers

Under a Coalition government, Mr Dutton vowed that people overstaying their visa conditions would be swiftly deported, and foreign students would face an alternative plan on enrolment caps. He declined to provide further details.

"There will be deeper cuts because I want housing for Australians," he said. (AFR, November 19, 2024).

Labor increasing overseas student intake places 'even more pressure' on housing markets

This places even more pressure on housing and apartment prices and, of course, makes the rental market less affordable. (Sky news website August 5, 2025).

HIV MIGRATION HEALTH THRESHOLD

When I got that call and stuff [HIV diagnosis], that was the first thing that came to my mind. I was like, what am I going to do now? I know that Australia has this thing where they do the calculation and stuff, and then I started looking at other things. I started just seeing could this policy be changed? Then I found this review. I think they're doing a review of the migration health requirement, [...] So, through that review, they've asked for community consultation as to reasons why the migration health requirements[is] actually discriminatory. If you ask me personally, I would think it's sort of discriminatory because especially for someone who's [...] got the thing [HIV] after coming to Australia, it's telling them, oh, you know what? You don't fit the profile. It creates a lot of uncertainty in your head. You're like, I don't know what my future looks like, and it's not like this thing affects me on a daily basis. I still live my perfect life, but just because of this hypothetical cost that I'm going to cost the taxpayer or whatever, they just deny you the chance (Santosh, gay man, 24)

SUMMARY

- Overseas migrants without Medicare coverage experienced good access to HIV treatment and care
- While participants were relieved and grateful to have access to treatment, some participants perceived themselves to be a burden on the Australian community
- International students and temporary visa holders may not recognise the contributions they make to the Australian economy and community through their student fees, and labour (often in the care economy and hospitality)
- Media and political discourses frequently frame temporary migrants (i.e. international students) as negatively impacting the Australia economy/society
- Ironically, the costs of HIV treatments that are being covered by the Australian Government for temporary visa holders without Medicare coverage could be used to deny or delay permanent residency.
- The provision of free access to HIV treatment for people without Medicare is a significant step toward health equity, but the 'politics' of migration and our migration system impedes efforts towards broader health justice.

THANK YOU

