

# **NAVIGATING CONTINUITY OF CARE ACROSS BORDERS: EXPERIENCES OF OVERSEAS-BORN GAY AND BISEXUAL MEN IN AUSTRALIA**

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## **Background:**

Continuity of care including testing, HIV prevention and treatment is critical for the sexual health of migrant gay and bisexual men (GBM), yet migrants may experience disruptions due to cross-border mobility, unfamiliarity with new systems, or mismatched care. This study explored how recently-arrived migrant GBM navigated testing, PrEP, and antiretroviral treatment (ART) across time and geography, and how they managed care transitions before and after migration.

## **Methods:**

We conducted semi-structured interviews with 25 overseas-born GBM living in Australia for <5 years in June-December 2024. The Framework Method was used for analysis.

## **Results:**

Median age was 29 years, 15 were born in Asia, 4 in South America, 3 in North America and 2 in Africa. Some participants described home-country systems where HIV self-testing and PrEP were free and easily accessible (not their experience in Australia). Participants used diverse strategies to manage care when migrating. Some brought large quantities of PrEP or ART from their home countries. Others avoided testing or care locally, instead relying on service visits back home, delaying timely engagement with Australian services. Familiarity with healthcare in participants' home countries influenced expectations, sometimes leading to comparisons that favoured former systems due to lower cost or greater accessibility. Peer networks and trusted individuals supported care transitions—by recommending clinics, translating information, or offering emotional reassurance. Structural barriers disrupted continuity, including Medicare ineligibility, cross-country medication availability, unclear access pathways, and limited knowledge of local systems.

## **Conclusion:**

Continuity of care for overseas-born GBM reflects deeper inequalities tied to migration, stigma, and health system fragmentation. Participants' accounts demonstrate that mobility between countries can either disrupt or sustain care, and that home country systems may be experienced as more reliable than Australia's. Cross-border cooperation, migrant-sensitive policies, and culturally informed communication are essential to ensure care is uninterrupted, equitable, and responsive to the needs of migrants.

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