

# INCREASING ACCESS TO VOLUNTARY, CULTURALLY-RESPONSIVE PREP FOR HIV PREVENTION FOR MIGRANT SUB-SAHARAN AFRICAN COMMUNITY MEMBERS IN GENERAL PRACTICE SETTINGS IN AUSTRALIA.

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## Background:

Australia has demonstrated significant success in the treatment and prevention of human immunodeficiency virus (HIV). Pre-exposure prophylaxis (PrEP) as HIV prevention has contributed to Australia's decrease in HIV transmission, reflected globally. However, migrants from sub-Saharan Africa (SSA) continue to represent a disproportionately high number of HIV notifications in Australia, with limited engagement with healthcare. Barriers to healthcare stem from multilevel factors including stigma, language barriers, cultural and gender norms, and accessibility of services.

## Methods:

This qualitative study was part of a larger project, incorporating co-design with key stakeholders/community partners to develop and conduct the research. Tailored recruitment strategies were implemented to engage participants (N=22) from three key informant groups: SSA community members (CM) (n=7), SSA bilingual cultural health workers (BCHW) (n=7), and healthcare professionals (HCP) (n=8). Data were collected via individual semi-structured in-depth interviews. Analysis was conducted to investigate perspectives of the key informant groups regarding HIV, PrEP and future directions to improve engagement.

## Results:

Participant narratives across three key informant groups revealed distinct diversity in preferred approaches to HIV healthcare/prevention. Findings indicate that SSA CM are willing to engage in PrEP as HIV prevention, reflected by BCHW perspectives. Suggested suitable strategies for improving accessibility for their communities highlight that tailored, culturally-responsive language is imperative in building trust and relationships to achieve improved outcomes. HCP perspectives conflicted with this notion, instead reinforcing current values of healthcare models as adequate. Findings therefore suggest current HIV healthcare models are at risk of practitioner bias and indicate a need for culturally-responsive approaches to prevent perpetuating stigma and enhancing barriers to adequate HIV treatment/prevention.

## Conclusion:

Insights suggest further research is necessary to improve understandings of multilevel factors that influence the client-practitioner encounter and impact upon

healthcare outcomes and service optimisation. Implications could aid further investigation and development of improved HIV prevention/healthcare for key populations globally.

**Disclosure of Interest Statement:**

The Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.