

# Navigating continuity of care across borders: experiences of recently-arrived migrant gay and bisexual men in Australia

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# Disclosure of Interest Statement

- The Centre for Social Research in Health receives funding from the Australian Government Department of Health. This study was supported by funding from a National Health and Medical Research Council Partnership Project (GNT2002625) and the Faculty of Arts, Design & Architecture, UNSW Sydney.
- No pharmaceutical grants were received for this study.

# Introduction

- Continuity of care (testing, PrEP, ART, etc.) is essential.
- Migrants often face disruptions due to mobility, unfamiliarity with systems, cost, etc.
- Gaps in continuity can undermine HIV prevention and treatment outcomes.

# Method

- **Semi-structured** interviews (June–Dec 2024)
- **Analysis:** Framework Method
- **Inclusion criteria:**
  - ≥18 years old;
  - male (this includes cisgender and transgender men)
  - identifies as gay or bisexual or a man who has sex with men
  - was born overseas and lives in Australia
  - is **a recent migrant e.g. ≤ 5 years** in Australia
  - can participate in an interview in English or Mandarin
- **Recruitment strategies:**
  - Paid advertisement (Facebook, Instagram)
  - Community-based organization cooperation
  - Snowball sampling
  - Research connect

# Characteristics of participants (n=24)

Region	Subregion	Country	Count
Africa (1)	Southern Africa (1)	Lesotho	1
Americas (6)	North America (2)	Canada	1
		USA	1
	South America (3)	Brazil	1
		Colombia	2
		Venezuela	1
Asia (16)	East Asia (6)	China (incl. Taiwan)	5
		Japan	1
	South Asia (4)	India	2
		Nepal	1
		Pakistan	1
		Indonesia	1
	Southeast Asia (6)	Malaysia	1
		Philippines	2
		Vietnam	2
Middle East (1)	Western Asia (1)	Lebanon	1

# Characteristics of participants (n=24)

Category	Subcategory	Count
Interview Platform	Zoom	19
	Phone call	5
Interview Language	English	20
	Mandarin	4
Gender	Man	23
	Other: fluid	1
Sexuality	Gay	20
	Bisexual	3
	Pansexual	1
Partners	Male partners	21
	Male, female and non-binary partners	3
Length of residency in Australia	<2 years	13
	2–5 years	11
HIV status	HIV-negative	21
	Living with HIV	4

# Pre-departure

- Positively preparing: carrying PrEP or ARVs, before travel testing
- *I stocked up on my PrEP in Malaysia before coming, because I read online that Medicare had a backlog. I came with PR, so I applied for Medicare when I landed, but just in case, I brought bottles from home. (P03, Malaysia)*
- *Before I came, I brought six months of (ART) medicine with me... I didn't know if I could get it here. (P08, China, PLWH)*
- *"I did a full check-up before I came, including HIV and STIs, because I didn't know if it would be easy to access here." (P22, Brazil)*

# Pre-departure

## ➤ Searching for information but falling into an information gap

- *I searched online and found government and ACON websites. I knew I'd need a GP and Medicare card, but the cost was still blurry. (P09, Canada)*
- *Before I came, I tried to look for information online about HIV treatment in Australia. But it was very confusing. Some websites said it's free, others said you need to pay, and I couldn't tell which one was real and which one was fake...I just gave up searching until I arrived here. (P21, Colombia, PLWH)*

# Pre-departure

- No preparation at all: relying on assumptions that didn't match reality
- *When I came, I was not prepared at all...I thought it will be straightforward, but the truth is I found it's very different to my country...I knew nothing...I feel confused. (P10, Philippines)*
- *In China I used to buy anonymous HIV self-test kits. Here I didn't bring any, I thought maybe it's also available...but I didn't find it. (P14, China)*

# Pre-departure

## ➤ Visa-related worries emerging early

- *I didn't declare about my HIV status when I applied for the visa. I was really worried it might affect my application... Before leaving, I was afraid to ask too much or to search too much information, in case it could be noticed. (P08, China, PLWH)*
- *Before I travel, one thing I would be concerned about is the requirement for PR, that you cannot have HIV or hepatitis. Before I came, I already knew about this rule. It made me worried that if I ever got HIV, I would lose the chance for PR. (P24 Vietnam) \*Misunderstanding*

Information gaps, disclosure burdens, Visa fears...

How do migrants enter the  
Australian system once  
they arrive?

# Transition after arrival: *How do migrants first access services in Australia?*

## Diverse entry pathways

- **Quick access**

*"I got PrEP as soon as I arrived, through Medicare." (P09, Canada)*

- **Social support**

*"My partner came with me to the clinic, explained things, and reassured me." (P06, USA)*

- **Passive drivers**

*"I test every six months, so when the time came, I had to find a clinic here." (P13, India)*

- **Emotional drivers :**

*"When I started a new relationship, my partner told me to test and get PrEP." (P20, Pakistan)*

- **Delayed use**

*"For 1.5 years here I didn't test, I was afraid and didn't know where to go." (P10, Philippines)*

# Transition after arrival: *How do migrants first access services in Australia?*

## Appointment system frustrations

- “Here you must **call, wait**, and sometimes **travel far**.” (P17, Indonesia)
- “I hate making phone calls and **English is not my first language...In Australia you must call**, I feel stuck.” (P07, China)
- “That was my first time had sex with a man, I was so terrified and anxious...**We cannot do online form, and then we have to talk**. Make me shy...I called **Monday**, they only called me back **Friday**, then the appointment was in **next 2 weeks**.” (P16, Japan)

# Transition after arrival: *How do migrants first access services in Australia?*

## Appointment system frustrations

- *"I initially chose a Mandarin-speak GP, but found out he was old and didn't know about PrEP, wrongly referred me to a hospital that only accepted people with Medicare... I wasted money and time... If I was not that determined to get PrEP, I may already give up."* (P04, China)
- *I had to wait around three months for the PrEP appointment... Cost is still a big issue. Even with insurance, I don't know what will be reimbursed.* (P11, Nepal)

Many migrants do not rely solely on the Australian system.

# Cross-border reliance & comparisons: How do migrants rely on and compare *across borders*?

## ➤ Reliance on home country systems

- *At first, I kept flying back every six months to get my medication in China.* (P08, China PLWH)
- *I couldn't figure out what my student insurance covered...In the end, most of my HIV/sexual health tests were done in the Philippines. Even last year, I waited to fly home to get tested there instead. It's nice and cheap.* (P10, Philippine)

## Cross-border reliance & comparisons: How do migrants rely on and compare *across borders*?

- **Mobility as a “double-edged sword”**
- *“Before COVID I used to fly back every six months to get my medication. But **during the lockdown my medication ran out...** I was very anxious. I had to find help here in Australia, even though I was scared of the cost at first.” (P08, China PLWH)*
- *“In Venezuela treatment is very limited, and sometimes the medicine are expired when you finally get them...I have good treatment in Australia. **I worry what will happen if I travel back. Will I have access to the same medication? In Venezuela I cannot trust the system...I need to stay here.**” (P23, Venezuela PLWH, diagnosed in Australia)*

# Cross-border reliance & comparisons: How do migrants rely on and compare *across borders*?

## ➤ System comparisons

### Birth countries: cheaper, efficient, anonymous self-test

- **Free PrEP** access in birth country. (*P02 Lebanon, P05 Vietnam, P13 India, P20 Pakistan*)
- “The system here is complicated. You must book online or by phone, and sometimes it doesn’t work. In Nepal **you just go to the hospital, everything in one place.**” (*P11, Nepal*) \**Philippine, China, Malasia, Indonesia*
- **Free anonymous self-test kit access**—“When I was home, every three months I tested, sometimes with a free anonymous kit, sometimes mailing a self-test. In Australia I wanted to do the same but couldn’t.” (*P07, China, P08 China, P14 China*)

# Cross-border reliance & comparisons: How do migrants rely on and compare *across borders*?

## ➤ System comparisons

### Australia: professional, respectful, holistic but slower and costly

- “In my country the doctors only look at the disease, they give you the medicine, finish. Here the doctors also ask me about *my feelings, my mental health. They care about me as a person, not only the HIV.*” (P08, China, PLWH)
- “When I tested here, I felt more respected, they explained things to me carefully. In India, it was faster and cheaper, but here they cared more about me as a person.” (P13, India)
- “Here doctors are *not judgemental... very supportive... privacy.*” (P17, Indonesia)
- “The first time I tested in Australia was with a self-test kit...it cost around 30 to 50 dollars...I was *shocked about the price.*” (P22, Brazil)
- “We receive two invoice... *Mine was \$900, his \$1,200*” (P19, Colombia, diagnosed in Australia)

Peer networks and trusted support act as a crucial bridge between fragmented cross-border and local systems.

# Peer networks & trusted support

- **Practical help** (recommending clinics, explaining how to book appointments, translating medical instructions).
- **Emotional reassurance**, reducing fear or stigma when engaging with services.
- “[Name of an organization] changed my life...they run health information workshops and accepted me.” (P01, India)
- “I am black...My partner came with me to the clinic, explained things, and reassured me. Without him, I wouldn’t have gone.” (P06, USA)

Structural barriers prevent them from smoothly entering or consistently using services.

# Structural barrier: Cost, Medicare and private insurance

## Medicare ineligible migrants

- *"I didn't get PrEP until I met the third healthcare provider...I paid \$40 for the first GP...I paid another \$40 at a private clinic, \$240 for blood tests, and \$150 for three bottles of PrEP. My insurance only reimbursed \$40 after a very complicated process."* (P04, China)
- *"For the diagnosis, we receive two invoice... Mine was \$900, his \$1,200... insurance said they can't pay... We had to request claims many times."* (P23, Venezuela PLWH, diagnosed in Australia)
- *"I paid over 3,000 AUD for student health insurance, yet I don't even know what I can do relating to sexual health and general health."* (P10, Philippine)

# Structural barrier: Cost, Medicare and private insurance

## Medicare eligible migrants

- *The Australian Medicare system is very different from what I used to know. So, I had to look into that first, the Australian medical system, how it works. Bulk billing was a foreign concept to me in the beginning, so I didn't know if it was going to be expensive to buy PrEP. (P09, Canada, granted PR before moving)*
- *"Even though I have Medicare, I still paid around 70 dollars when I first went to see a GP. I didn't expect that. In New Zealand it was free for me, so I was surprised here." (P15, China–NZ citizenship)*
- *In Australia there are too many clinics, I can't tell which are government ones, and I'm not knowledgeable about what kind of Medicare benefits I have right now, even though I got Medicare since last year...I want to choose this GP, but this GP need referral. How come I can get referral? ... This is my first time here. When I click "this is my first time", and then nothing respond. (P16, Japan, granted PR after moving)*

# Structural barrier: cross-country medication availability

- *"I didn't want to keep taking pills every day, one day I took many at once...My doctor suggest me the injection...But the problem is, you cannot find the injection in Colombia. I searched in pharmacies and online; even if you could buy it overseas, doctors there are not trained to apply it. So this option is not possible back home. That's why I want to stay here in Australia". (P19, Colombia, PLWH, diagnosed in Australia)*
- *"I switched to Biktarvy here. But if I return to Colombia, they don't have this medicine. I already checked, it's not available. So I must continue in Australia." (P21, Colombia, PLWH)*

# Recommendations

➤ **Authoritative, multilingual pre-departure information hub**

➤ **In Australia, and ideally cross-borders**

Cover testing, PrEP/ART, Medicare, private insurance, Visa/PR, cross-country drug availability

- *“Maybe there should be one official website, in different languages, where you can find all the steps clearly. Because now it’s too many websites, too many steps, you don’t know which one is correct.” (P07, China)*
- *“I wish there is an official platform between countries, so we can know what medicine is available at where.” (P21, Colombia, PLWH)*

# Recommendations

## ➤ Ensure confidentiality in Visa and migration processes

- “They should explain very clearly that **the health service and migration system are separate**. If someone had told me that earlier, I would not have been so afraid.” (P08, China, PLWH)
- “The medical checks for the Visa should be more **transparent**. They should tell you why they need blood again, and reassure you about **confidentiality**.” (P23, Venezuela, PLWH)
- **When I went for my PR medical check-up, I had huge anxiety—even though I was on PrEP, I worried I still had something. I thought, if I test positive, will I lose my PR? Because I have to renew my PR every 5 years.** (P04, Malaysia) *\*uncertainty keeps the anxiety going*

# Recommendations

## ➤ **Simplify appointment systems, expand online booking**

- *“I really wish there was an online booking form in different languages. I don’t like calling, it makes me anxious.” (P07, China)*
- *“At my uni they could promote better systems for students, not make us wait months for PrEP.” (P11, Nepal)*

## ➤ **Train GPs on PrEP/HIV and refer & provide one-stop sexual health entry points**

- *“GPs should know about PrEP, or at least be more familiar with where people can get this.” (P04, China)*
- *“It would be easier if I could just test, get results and PrEP in one place, like in my country.” (P20, Pakistan)*

# Recommendations

## ➤ Strengthen peer navigator & community organizations involvement

- “Universities or community groups should do more campaigns. Many international students don’t know where to go.” (P04, China)
- “If my partner didn’t help me, I wouldn’t go. Maybe having peer navigators would help people like me.” (P06, USA)

## ➤ Make student/private insurance coverage more transparent

- “They should make it clear for students, like what can be covered and how much they can pay you back...don’t just charge a lot and keep us guessing.” (P10, Philippines)
- “The claim process was so complicated, many steps... Insurance companies should make it easier, otherwise people give up.” (P24, Vietnam)

# Conclusion & Implications

- Continuity --> navigating fragmented, cross-border systems
- Continuity of care can be disrupted or sustained by mobility.
- International & 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.
- Stigma

***Intersections of culture and stigma: understanding barriers to sexual health service utilization among recently-arrived overseas-born gay and bisexual men in Australia***

HIV&AIDS Abstracts Session 11B: Social, political & cultural: Migration, culture, and stigma. Wednesday, Sep 17, 2025, 11:30 AM - 1:00 PM

**We acknowledge all the  
participants and our  
community organization  
partners.**

# Welcome comments & questions

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