HIV AND MOBILITY IN AUSTRALIA

Interim Report Card Two – a snapshot of progress and activity

This second Report Card provides a snapshot of current activities in Australia relating to the 71 recommendations in the HIV and Mobility in Australia: Road Map for Action. The Report Card is designed to stimulate and prioritise further activity under the five action areas identified in the Road Map.

1. International Leadership and Global Health Governance ●

2. Commonwealth and State Leadership ●

3. Community Mobilisation ●

4. Development of Services for Mobile or Migrant People and Groups ●

5. Research, Surveillance and Evaluation ●

HIV and Mobility in Australia: A Road Map for Action

In the last decade, HIV diagnoses in Australia have increased amongst people travelling to and from countries of high HIV prevalence. The 7th National HIV Strategy acknowledges mobile populations, including people and their partners who travel to or from countries of high HIV prevalence, as well as travellers and mobile workers, as priority populations for action in Australia.

The *HIV and Mobility in Australia: Road Map for Action* is a call to action to achieve Australia's goal of zero infections by 2020, ensuring no one is left behind.

The *HIV and Mobility in Australia: Road Map for Action* proposes 71 strategies under five action areas to operationalise the relevant areas proposed in the 7th National HIV Strategy for migrant and mobile populations. These action areas are:

1. International Leadership and Gloval Health Governance
2. Commonwealth and State Leadership
3. Community Mobilisation
4. Development of Services for Mobile or Migrant People and Groups
5. Research, Surveillance and Evaluation

Community of Practice for Action on HIV and Mobility

Existing prevention initiatives for mobile populations do exist but are not well coordinated and are often ad hoc or pilot in nature. Structural barriers to accessing testing, treatment and care undermine our efforts to end HIV by 2020. To keep HIV and mobility issues on the national agenda the **Community of Practice for Action on HIV and Mobility (CoPAHM)** was established with funding from the WA Department of Health Sexual Health and Blood-Borne Virus Program. The CoPAHM is an alliance of over 70 stakeholders from government and non-government organisations, research institutions, community groups, and national peak bodies. These members have an interest in HIV and mobility issues and wish to remain connected or collaborate with others working, researching or developing policy in this area. The role of the CoPAHM is to increase partnerships and collaboration among stakeholders to facilitate policy, research and practice efforts regarding HIV and mobility.

Developing the Report Card

This *Report Card* builds on an initial mapping conducted in 2015 of 24 priority strategies from the *Road Map* with a proposed timeframe of 'urgently', 'ASAP', and '2015'. This initial mapping can be accessed through the SiREN website at http://siren.org.au/hivandmobility-1/reportcard/

This *Report Card* presents the findings of a second mapping activity that was coordinated with CoPAHM members between February - May 2016. All CoPAHM members were invited to provide details of their organisation's current projects relating to all 71 strategies in the *Road Map*. This information was consolidated at a national level. The resulting *Report Card* in the form of a stocktake of activity provides an overview of national momentum in relation to these strategies and highlights areas where there is limited momentum

Understanding the Report Card

The *Report Card* is based on:
- 28 responses, from AIDS Councils, government departments, non-government organisations, research institutions and national peak bodies.
- 184 activities recorded.

The *Report Card* has been categorised based on current momentum (M) under the following headings:

- 🔴 No momentum (0 activities)
- 🟠 Limited momentum (1-2 activities)
- 🟡 Building momentum (3-4 activities)
- 🟢 Strong momentum (5 activities or more).

What now?

The *Report Card* is a snapshot in time. Periodic mapping of activity is required to monitor progress in momentum. Encouragingly momentum is building across four of the five action areas, with strong momentum in community mobilisation. However, there are priority strategies identified in the *Road Map* that have little to no activity, and progress on these is now overdue. **Meaningful action is needed to progress priority strategies with little to no momentum.**

For those who have an interest in HIV and mobility, we invite you to join the CoPAHM. For further information on what this involves, please email us at copahm@curtin.edu.au

Five Action Areas and Priority Strategies	M

1. International Leadership and Global Health Governance

1.1 Parliamentary liaison group (PLG)* to have greater awareness of relationship between HIV and mobility.

1.2 Develop whole of government approach including the Prime Minister, Foreign Affairs, Trade and Immigration paying particular attention to the impact of trade and commerce on health in Australia and the Pacific region. ●

1.3 Participation in international monitoring and surveillance activities including the development of standardised definitions and measurement tools ●

1.4 Consider programs, responses, policies outside Australia that may have downstream effects in Australia relating to the behaviour/attitudes of travellers to and from Australia ●

1.5 Continue to ratify International agreements such as the Millennium Development Goals, the International Labour Organization (ILO) World of Work provision of PLHIV, UNGASS 2006, Political declaration to HIV/AIDS 2011, and Migrant Workers Convention ●

1.6 Continue to build relationships with new players in global HIV and health governance arena such as the Global Fund, Gates, Lowy, PEPFAR (President's Emergency Plan for AIDS relief), Oxfam, Red Cross, IOM (International Organization for Migration), ICASO (International Council of AIDS ServiceOrganizations), UNHCR (United Nations Refugee Agency) and Immigration Department ●

1.7 Advocacy regarding need for greater attention on mobility and cross border issues as well as in-country responses to HIV at UNAIDS and other AIDS organisations ●

1.8 Advocacy regarding international health governance and impact across border HIV policies and programs at G20, APEC and CHOGM ●

2. Commonwealth and State Leadership

2.1 Reform policies on universal access to HIV treatment and related health care for temporary visa holders currently without Medicare access. ●

2.2 Create migrant health units in State Health Departments (if they are not in existence) to provide policy advice in matters regarding impacts of mobility, cross border health issues and migrant health. ●

2.3 Create (or enhance) a health unit within the Department of Immigration to provide policy advice on matters regarding cross border health issues and migrant health. ●

2.4 Provide financing and funding for a comprehensive and integrated response to at-risk mobile populations migrants. ●

2.5 Develop a whole of government approach to meeting migrant social and health needs including access to housing, education, employment, health and recreation services both integrated into main stream services as well as specific community based programs. ●

2.6 Review and reform any CW laws (and policies) which relate to migration and temporary migration which are inconsistent with other laws and policies or otherwise counterproductive such as tax, health, social security and immigration. ●

2.7 Develop public relations plan aimed at delivering positive stories on migrants' contribution to society dispelling myths, correcting misinformation with overall aim of changing perception of migrants in general community ●

2.8 Prioritise resources and services for at-risk subgroups according to risk and vulnerability as follows: ●
    • PLHIV migrants/visa holders who do not have access to treatments
    • Partners of PLHIV from migrant/mobile backgrounds
    • Migrants generally from high prevalence countries
    • GMSM particularly from Asian backgrounds and other high prevalence countries especially GMSM
     African men
    • Migrants sex workers from CaLD backgrounds
    • PWID from CaLD backgrounds
    • Some priority groups travelling to high prevalence countries

2.9 Sensitivity and skills training for police, immigration, health and embassy staff to include accurate content and contexts regarding above risk subgroups ●

2.10 Continue to protect migrants' human rights and legal protection against discrimination ●

* Footnote: Since the publication of the Road Map the Parliamentary Liaison Group no longer exists, and a Parliamentary Friends of HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Diseases has been developed.

Five Action Areas and Priority Strategies	M

2. Commonwealth and State Leadership

2.11 Continue efforts at state and CW Govt based law reform which takes into account needs of migrant sex workers as part of efforts to incorporate an evidence-based decriminalisation of sex work across all states and territories ●

2.12 Provide resources for training to ensure a competent and sensitive health workforce which has the capacity to meet the needs of diverse mobile and migrant ●

2.13 Provide funding and resources to support networks of migration organisations ●

3. Community Mobilisation

3.1 Develop an advocacy network of migrant community groups. ●

3.2 Develop HIV knowledge and capacity amongst migrant community, cultural and spiritual leaders ●

3.3 Support and build capacity of migrant groups and mobile populations (including PLHIV) to develop skills in advocacy, the development of advocacy networks and peers involvement. ●

3.4 Further develop partnerships with transnational NGOs and aid organisations working in HIV/AIDS across borders ●

3.5 Further develop partnerships with transnational companies who employ people in Australia and high prevalence ●

3.6 Further develop and deliver sensitive and comprehensive HIV programs which address wider issues such as gender ●

3.7 Further develop and deliver programs which promote access to HIV testing and treatment services for migrant and mobile populations ●

3.8 Further develop programs (personal perspectives etc.) which aim to reduce stigma and discrimination related to migrant and mobile populations ●

3.9 Develop referral pathways, translated documents and migration rights and responsibilities for migration agents and ●

3.10 Develop mutual sensitivity training regard issues around sexuality, cultural sensitivity, alcohol and drug use, sex work ●

3.11 Develop multilingual and culturally sensitive materials focussing on prevention information for new arrivals and for ●

4. Development of Services for Mobile or Migrant People and Groups

4.1 Ensure travel medicine clinics continue to deliver HIV information to travellers. ●

4.2 Encourage sexual health testing for travellers upon return to Australia. ●

4.3 Further develop programs and services to be delivered by peers in migrant and multicultural organisations and HIV sector organisations. ●

4.4 Enhance specific strategies aimed at GMSM from migrant backgrounds through sexual health clinics and AIDS Councils and other relevant community based organisations. ●

4.5 Expand strategies to inform and engage GMSM who have at-risk sex in high prevalence countries. ●

4.6 Enhance specific strategies aimed at migrant sex workers at peer-based sex worker programs, sexual health clinics and advocacy organisations. ●

4.7 Enhance specific strategies aimed at PWID from migrant backgrounds through needle and syringe programs or alcohol and other drug programs. ●

4.8 Assess viability of in-situ information in high tourist areas and or high prevalence areas such as Phuket, Bangkok and Bali in partnership with, or supportive of, local organisations. ●

4.9 Deliver information to travellers via social marketing or other appropriate means to specific mobile populations and travellers who are at higher risk of acquisition of HIV. ●

4.10 Assess viability of delivering peer based information for incoming and outgoing backpackers. ●

4.11 Expand culturally sensitive and accessible treatment, care and support for migrants living with HIV ●

4.12 Deliver sensitive HIV screening for migrants and mobile populations including antenatal screening and sexual health screening ●

4.13 Support current agencies to implement programs for Australian students overseas and international students doing sex work in Australia. Link in with universities to work better with students ●

Five Action Areas and Priority Strategies	M
4. Development of Services for Mobile or Migrant People and Groups	
4.14 Consider responses for partners of travellers	🟠
4.15 Consider inter-state migration—people may access services in other states if there are shortages of services in their	🟡
4.16 Identify what services are needed on arrival in Australia, by whom, and who is responsible for providing services.	🟢
4.17 Consider needs of travellers before arriving in Australia, while in Australia, and after leaving Australia. Consider differences depending on visa type. Bridging visas may be most vulnerable.	🟠
4.18 Advocate for increased availability of multilingual and culturally sensitive materials in particular prevention information for new arrivals and for specific sub populations including asylum seekers	🟠
4.19 Better availability of accessible health hardware (condoms, sterile injecting equipment) where migrants and travellers can access it	🟡
5. Research, Surveillance and Evaluation	
5.1 Standardise surveillance for sub populations such as GMSM, sex workers, PWIDs.	🟡
5.2 Design studies/ monitoring to better understand acquisition risks for different people.	🟡
5.3 Analysis of the costs and benefits of universal access to treatments.	🟠
5.4 Effectiveness of health screening of asylum seekers.	🔴
5.5 Investigate and consolidate studies of available services and health seeking behaviours of migrants relating to HIV.	🟡
5.6 Phylogenetic analysis to understand spread of HIV in migrant and mobile populations.	🟠
5.7 Analysis of uptake and maintenance of treatment by migrants	🔴
5.8 Analysis of effectiveness of treatments on health of migrants	🔴
5.9 Identify where HIV infections are occurring to target and tailor interventions (replicate work from UK)	🟠
5.10 Review the impacts of legal regulations on migrant health and access to HIV treatments	🟠
5.11 Analysis of factors that hinder provision of HIV treatment to migrants	🔴
5.12 Develop core evaluation indicators for programs aimed at migrant groups or mobile populations to better contribute to evidence of what works	🔴
5.13 Explore the feasibility of the role of treatment in preventing HIV transmission in migrant communities	🔴
5.14 Quality of life, coping strategies and support needs unique or specific to migrants living with HIV	🔴
5.15 Analysis of media contribution to discrimination and stigma of migrants	🟠
5.16 Conduct cost benefit analysis on different interventions aimed at different mobile populations	🔴
5.17 Look at pathways and experiences of mobile populations and migrants to identify opportunities for policy and program intervention	🟠
5.18 Risk factor analysis for HIV infection in HIV positive and/or the general migrant population	🔴
5.19 Analyse impact of increased migration on HIV prevalence	🔴
5.20 Report on community level HIV migration patterns to Australia (i.e. state based surveillance based on migration patterns)	🔴

Contact details

For further information, do not hesitate to contact CoPAHM at **copahm@curtin.edu.au**

Follow us on twitter at **@CoPAHM** or get involved using the hashtag **#HIVMobile**

To download a copy of this *Report Card* or a copy of the *Road Map* please visit our website.
Additionally, for further information about CoPAHM or to join please visit
http://siren.org.au/hivandmobility-1/community-of-practice/