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HIV & Mobility what are we talking about?



Mobile populations: People who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons.

HIV & Mobility: Road Map for Action

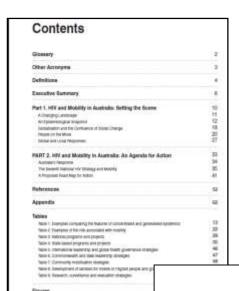


Figure 1: HW diagnosis in Auditors Figure 2: Diagnosis algunos HV

Figure 1 Type or register.

Part 1. HIV and Mobility in Australia: Setting the Scene

Five Areas for Action to each of Name action when an outlied it augmented for privacy required the angual pines recombilise and given by changing achievings of the BM, Note DED DN work consideration Was windy to model it come area. Flari others, however there should be a Includes regional research it required constituent to activity it of whee-5. Separational Landonskip and from company of his recognity in Michael Hardford Society and Co. Start In Street for advenues and Complete State Extractly be extend that specific S. Carrennelly Muldination. E. Discolingations of Euritran for materials sales a seculation hand Models of Migrant Freight and Small prime for action presented here through 5. Services Season and of an excession below to make and

Executive Summary

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Part 2.
HIV and Mobility
in Australia:
An Agenda for Action



A Road Map for Action

71 strategies, Five Action Areas

- 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. Surveillance, Research and Evaluation









Community of Practice for Action on HIV and Mobility (CoPAHM)

- At our launch Dec 2014- HIV and Mobility Networking Group; 20+ members
- Funded in March, 2015 by the WA SHBBVP

Vision

- Increase partnership and collaboration among stakeholders
- Identify ways of working together to progress the five action areas
- Facilitate policy, research and practice efforts regarding HIV and mobility

74 members from a range of backgrounds, across all jurisdictions.

- Government
- Non-government
- Research
- Community groups
- National peak bodies









Report Card 1 & 2

Audit 1 conducted with CoPAHM members (June-September 2015)

- 24 responses nationally
- 90 activities listed across 24 priority *Road Map* strategies

Audit 2 conducted with CoPAHM members (February – May 2016)

- 28 responses nationally
- 184 activities listed across 71 Road Map strategies

Building Momentum in the Five Action Areas:

Audit 1 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 Audit 2 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

Report Card- Examples

Action Area	Strategy	Action
Development of Services for Mobile or Migrant People and Groups	4.1 Ensure travel medicine clinics continue to deliver HIV information to travellers	HIVFQ will follow up with this in the coming months. TasCAHRD is a member of the 62 providers' network organised by the Tasmanian Migrant Resource Centre. Northern Territory AIDS and Hepatitis Council (NTAHC) has an ongoing relationship
		with Clinic 34 and Tope End Medical Services who deliver HIV information to travellers.
		ASHM delivers wide range of education and resources to support health professionals in a variety of settings to increase testing and improve management & treatment.
	4.2 Encourage sexual health testing for travellers upon return to Australia	The NT CDC and the NTAHC are currently designing an HIV testing campaign targeting CALD communities and people travelling to high-prevalence countries.
		HIVFQ will follow up with this in the coming months.
		Through ECCQ's education program participants are made aware of the risks of travelling home to high prevalence countries and are encouraged to get tested on their return.
		Victorian AIDS Council's (VAC) ongoing Drama Down Under Campaign targets regular STI testing.
		WA Health funds the WA AIDS Council to provide on-line and airport based sexual health information. This campaign encourages safe sex and STI/HIV testing.
		ASHM delivers wide range of education and resources to support health professionals in a variety of settings to increase testing and improve management & treatment.
		ACT Testing Month targets sexual health testing for travellers.

Five Action Areas and Priority Strategies

International Leadership and Gk

- 1.1 Parliamentary liaison group (PLG)* to h.
- Develop whole of government approact particular attention to the impact of tra
- Participation in international monitorinal measurement tools
- 1.4 Consider programs, responses, policies behaviour/attitudes of travellers to and
- Continue to ratify International agreem Organization (ILO) World of Work provi-Workers Convention
- 1.6 Continue to build relationships with ne Lowy, PEPFAR (President's Emergency & ICASO (International Council of AID5 Se Department
- Advocacy regarding need for greater at UNAIDS and other AIDS organisations
- Advocacy regarding international heal and CHOGM

2. Commonwealth and State Leade

- Reform policies on universal access to Medicare access.
- Create migrant health units in State Hregarding impacts of mobility, cross b
- Create (or enhance) a health unit with cross border health issues and migran
- 2.4 Provide financing and funding for a co
- Develop a whole of government appreaducation, employment, health and recommunity based programs.
- Review and reform any CW laws (and) with other laws and policies or otherw
- Develop public relations plan aimed a correcting misinformation with overal
- 2.8 Prioritise resources and services for at PLHIV migrants/visa holders who
 - Partners of PLHIV from migrant/n
 Migrants generally from high pre-
 - GMSM particularly from Asian bac African men
 - Migrants sex workers from CaLD t
 - PWID from CaLD backgrounds
 - Some priority groups travelling to
- Sensitivity and skills training for police regarding above risk subgroups
- 2.10 Continue to protect migrants' human i

Five Action Areas and Priority Strategies

2. Commonwealth and State Leadershi

- 2.11 Continue efforts at state and CW Govt based efforts to incorporate an evidence-based de
- 2.12 Provide resources for training to ensure a co needs of diverse mobile and migrant
- 2.13 Provide funding and resources to support ne

3. Community Mobilisation

- 3.1 Develop an advocacy network of migrant co
- 3.2 Develop HIV knowledge and capacity amon
- Support and build capacity of migrant group development of advocacy networks and per
- 3.4 Further develop partnerships with transnati
- 3.5 Further develop partnerships with transnati
- 3.6 Further develop and deliver sensitive and co
- 3.7 Further develop and deliver programs which
- Further develop programs (personal persperand mobile populations)
- 3.9 Develop referral pathways, translated docur
- 3.10 Develop mutual sensitivity training regard is
- 3.11 Develop multilingual and culturally sensitive

4. Development of Services for Mobile

- 4.1 Ensure travel medicine clinics continue to de
- 4.2 Encourage sexual health testing for traveller
- 4.3 Further develop programs and services to b
- sector organisations.

 4.4 Enhance specific strategies aimed at GMSM
- and other relevant community based organ
- 4.5 Expand strategies to inform and engage GM
- 4.6 Enhance specific strategies aimed at migran advocacy organisations.
- 4.7 Enhance specific strategies aimed at PWID fi
- Assess viability of in-situ information in high in partnership with, or supportive of, local or

and other drug programs.

- 4.9 Deliver information to travellers via social m travellers who are at higher risk of acquisitio
- 4.10 Assess viability of delivering peer based info
- 4.11 Expand culturally sensitive and accessible to
- 4.12 Deliver sensitive HIV screening for migrants screening
- 4.13 Support current agencies to implement prog work in Australia. Link in with universities to

- 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)

Report Card: what is needed?

- Partnerships with transnational organisations that employ people in Australia and high prevalence countries with frequent cross border travel of employees (3.9)
- Consider needs of travellers before, during and after travel (4.17).
- Further research with migrant communities, including treatment and support needs of people living with HIV (5.7, 5.8, 5.10, 5.11, 5.14)
- Core evaluation indicators for programs aimed at migrant groups or mobile populations (5.12)









Where to?

- Keeping issues on the radar for all stakeholders (COPAHM role)
- Developing case studies with CoPAHM members to showcase work in HIV and mobility
- CoPAHM's 2nd Report Card distributed online
- Evaluation of CoPAHM
- Priority setting with CoPAHM members
- Advocacy to include priority action areas in the second implementation of the 7th National HIV Strategy

Where to?

- More evidence being generated –papers, Honours, Masters, PhD
- Looking for quick wins to build further momentum by learning from effective practice in other states and replicating or adapting
- More funding through ARC / other grants to collect data that informs policy and practice
- More harmonised surveillance
- More focus on translating research findings into practice and policy
- Innovation eg using online networks working with global partners



Evaluating the Sharing Stories youth theatre program: An interactive theatre and

drama-based strategy for sexual health promotion among multicultural youth

Mesons Roberts, Rosens Lotto, Jame Sciences

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Contact Us

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 the Road Map, or either of the Report Cards, for further information about CoPAHM or to join please visit http://siren.org.au/hivandmobility-1/community-of-practice/







