





HIV AND MOBILITY IN AUSTRALIA

Interim Report Card – a snapshot of progress and activity

This *Report Card* provides a snapshot of current activities in Australia relating to the most urgent 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 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.**

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 **60** 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

The CoPAHM coordinated a mapping activity with members between **March – July 2015**. This audit sought to highlight current activities with mobile populations and areas where there is limited momentum. Priority strategies in the *HIV and Mobility in Australia: A Road Map for Action* were identified as those with a proposed timeframe of 'urgently', 'ASAP' and '2015'. All CoPAHM members were invited to provide details of their organisation's current projects relating to these 24 priority strategies. 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 priority strategies.

Understanding the Report Card

The *Report Card* is based on:

- **24** responses, from AIDS Councils, government departments, non-government organisations, research institutions and national peak bodies.
- **90** 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).

The types of activities are documented in the full mapping audit which can be accessed through the SiREN website at <http://siren.org.au/hivandmobility-1/community-of-practice/>

What now?

- This is a snapshot in time – further mapping across the five action areas is required periodically to monitor progress against the *Road Map*.
- This *Report Card* highlights momentum across the 5 priority action areas. Encouragingly there is momentum across four of the five action areas, with strong momentum in community mobilisation. **We now need to see meaningful action to address areas where there is limited or no momentum, to move towards a goal of zero new infections in Australia by 2020.**

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	Timeframe	M
1. International Leadership and Global Health Governance		
1.1 Parliamentary liaison group (PLG)* to have greater awareness of relationship between HIV and mobility.	ASAP	●
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.	2015	●
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.	Urgently	●
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.	ASAP	●
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.	ASAP	●
2.4 Provide financing and funding for a comprehensive and integrated response to at-risk mobile populations migrants.	2015	●
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.	2015	●
3. Community Mobilisation		
3.1 Develop an advocacy network of migrant community groups.	2015	●
4. Development of Services for Mobile or Migrant People and Groups		
4.1 Ensure travel medicine clinics continue to deliver HIV information to travellers.	ASAP	●
4.2 Encourage sexual health testing for travellers upon return to Australia.	ASAP	●
4.3 Further develop programs and services to be delivered by peers in migrant and multicultural organisations and HIV sector organisations.	2015	●
4.4 Enhance specific strategies aimed at GSM from migrant backgrounds through sexual health clinics and AIDS Councils and other relevant community based organisations.	2015	●
4.5 Expand strategies to inform and engage GSM who have at-risk sex in high prevalence countries.	2015	●
4.6 Enhance specific strategies aimed at migrant sex workers at peer-based sex worker programs, sexual health clinics and advocacy organisations.	2015	●
4.7 Enhance specific strategies aimed at PWID from migrant backgrounds through needle and syringe programs or alcohol and other drug programs.	2015	●
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.	2015	●
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.	2015	●
4.10 Assess viability of delivering peer based information for incoming and outgoing backpackers.	2015	●
5. Research, Surveillance and Evaluation		
5.1 Standardise surveillance for sub populations such as GSM, sex workers, PWIDs.	ASAP	●
5.2 Design studies/ monitoring to better understand acquisition risks for different people.	ASAP	●
5.3 Analysis of the costs and benefits of universal access to treatments.	ASAP	●
5.4 Effectiveness of health screening of asylum seekers.	2015	●
5.5 Investigate and consolidate studies of available services and health seeking behaviours of migrants relating to HIV.	2015	●
5.6 Phylogenetic analysis to understand spread of HIV in migrant and mobile populations.	2015	●

* 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.



Contact details

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

Follow us on twitter at [@CoPAHM](https://twitter.com/CoPAHM) or get involved using the hashtag [#HIVMobile](https://twitter.com/#!/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/>

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Note

This *Report Card* provides a snapshot audit of action on HIV and mobility issues in Australia. Whilst every effort has been made to consolidate all activity in this *Report Card*, it is possible that it is not fully representative given the dynamic nature of building momentum. The *Report Card* will be updated periodically and feedback is invited, please email copahm@curtin.edu.au with any input.