



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.



This mapping activity was last updated on the 5th of November, 2015

Action Area	Program/Activity	Status Summary	Proposed Responsibility	Timeframe	Organisation	Contact Person
International Leadership and Global Health Governance	1.1 Parliamentary liaison group (PLG) to have greater awareness of relationship between HIV and mobility		HIV/AIDS peak organisations	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		Commonwealth Government, Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS).	2015		
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	The Northern Territory Centre for Disease Control (NT CDC) currently provides "compassionate access" to HIV medication to a number of HIV positive individuals without Medicare coverage. HIV Foundation Queensland (HIVFQ) has recently completed a mapping of current protocols for each QLD Health and Hospital System (HHS) regarding access to HIV related services and treatment for people who are Medicare ineligible. This information will be used to advocate for universal access to the QLD Minister for Health.	Commonwealth Government	Urgently	NT CDC	
	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	Humanitarian Entrant Health Service (Public Health and Ambulatory Care) (HEHS). Provides post-arrival health screening for migrants from refugee backgrounds. Provides clinical service. Policy overseen by WA Refugee Health Advisory Council (WARHAC)	State Governments	ASAP	HEHS	Aesen Thambiran
	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		Commonwealth Government	ASAP		
	2.4 Provide financing and funding for a comprehensive and integrated response to at-risk mobile populations migrants	South Australia (SA) Health administered grant funding in 2015-16 through until 2017-18 to Personal Education and Community Empowerment (PEACE) Multicultural Services at Relationships Australia SA (RASA) to auspice the SA African Communities Health Advisory Council to implement a peer led HIV and STI prevention initiative incorporating overseas travel and migration. Commonwealth Government supported the funding of the HIV and Mobility Project at Australian Research Centre in Sex Health and Society (ARCSHS), a joint initiative of ARCSHS, CERIPH and SIREN which produced the HIV and Mobility Road Map.	Commonwealth Government, State Governments	2015	SA Health	Daniel Gallant
					ARCSHS	

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	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	Integrated Settlement Group - convened by Office of Multicultural Interests WA	Commonwealth Government, State Governments	2015	WA Office of Multicultural Interests	Helen Maddocks
Community Mobilisation	3.1 Develop an advocacy network of migrant community groups,	<p>The CALD HIV Interagency Committee (CHIC) established a strategic document, HIV Prevention in CALD Communities in South Australia 2012-16. CHIC membership includes PEACE Multicultural Services at Relationships Australia SA (RASA), SA African Communities Health Advisory Council, Flinders University, Gay Men's Health SA, Positive Life SA, SHine SA, SA Sex Industry Network, Migrant Youth SA and SA Health.</p> <p>Ethnic Communities Council of Queensland (ECCQ) engages community and religious leaders through Dialogues, Forums and leaders meetings. The purpose is to raise awareness and for them to be HIV champions among their constituents.</p> <p>The AIDS Action Council of the ACT is working closely on a project with Companion House to develop an advocacy network.</p> <p>NT AIDS and Hepatitis Council (NTAHC) have developed an advocacy network in the NT through the following agencies and community groups: - Melaleuca Refugee Centre; African/Australian Society; Red Cross; Multicultural Centre of the NT; The Adult Migrant English Program; My Sisters Kitchen; Darwin Community Arts - Malak Monthly Dinners; St Vincent De Paul</p> <p>The Australian Federation of AIDS Organisations (AFAO) African Reference Group supports the development and maintenance of state-based networks of people involved in HIV prevention, care and support for people among African communities. The group also provides a point of reference for discussion of emerging policy issues and for development of health promotion resources. Reference Group to meet face-to-face in July. New AFAO multicultural reference group to be formed in 15/16 - similar model, involving migrant and refugee communities affected by HIV. African faith-based leaders meeting also to be held in July 2015. Evaluations of the Reference Group national face-to-face meeting and the African faith-based meeting to inform programming of AFAO National Forum on HIV and Migrant/Refugee Communities, to be held in early 2016.</p> <p>WA AIDS Council participates in AFAO African Project including assisting mobilisation of WA communities, faith leaders and elders.</p> <p>Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD) is participating in the AFAO mapping of African Health Promotion projects.</p> <p>The Multicultural Health and Support Service (MHSS) launched Multicultural Community Action Network 2015 for community members to network with other community members and learn skills to advocate for their own communities.</p>	HIV/AIDS peak organisations, migrant peak organisations, State HIV organisations, State migrant organisations	2015	<p>RASA</p> <p>ECCQ</p> <p>AIDS Action Council of the ACT</p> <p>NTAHC</p> <p>AFAO</p> <p>AFAO African Project</p> <p>TasCAHRD</p> <p>MHSS</p>	<p>Enaam Oudih</p> <p>Zhihong Gu</p> <p>Phillipa Moss</p> <p>Kim Gates</p> <p>Rob Lakes, Linda Forbes</p> <p>Tapuwa Bofu</p>

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		Multicultural Community Action Network was launched in 2015 for community members to network with other community members and learn skills to advocate for their own communities.			MHSS	Tapuwa Bofu
		Multicultural Sexual Health Network is a platform that brings stakeholders together across different sectors to discuss emerging sexual health issues and strategies to ensure better health and wellbeing outcomes for multicultural communities in Victoria.			MHSS	Rebecca Reeves
		National Association of People With HIV Australia (NAPWHA) membership identified CALD needs assessment for PozAction 2016 workplan. NAPWHA's PLHIV Networks contain significant representation from CALD communities and they meet twice a year face-to-face. NAPWHA's work in PNG and partnership with Igat Hope makes it well placed for community advocacy in relation to PNG migrants.			NAPWHA	
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.	Travel medicine clinics	ASAP	HIVFQ	Melissa Warner
		TasCAHRD is a member of the 62 providers' network organised by the Tasmanian Migrant Resource Centre.			TasCAHRD	
		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.			NTAHC	
	4.2 Encourage sexual health testing for travellers upon return to Australia	ASHM delivers wide range of education and resources to support health professionals in a variety of settings to increase testing and improve management & treatment.	Travel medicine clinics, GPs	ASAP	ASHM	Emily Wheeler
		The NT CDC and the NTAHC are currently designing an HIV testing campaign targeting CALD communities and people travelling to high-prevalence countries.			NT CDC	Jan Holt
		HIVFQ will follow up with this in the coming months.			HIVFQ	Melissa Warner
		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.			ECCQ	Zhihong Gu
		Victorian AIDS Council's (VAC) ongoing Drama Down Under Campaign targets regular STI testing.			VAC	Simon Ruth
		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.			WA AIDS Council	Andrew Burry
		ASHM delivers wide range of education and resources to support health professionals in a variety of settings to increase testing and improve management & treatment.			ASHM	Emily Wheeler
ACT Testing Month targets sexual health testing for travellers.	AIDS Action Council. Canberra Sexual Health Centre					

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	4.3 Further develop programs and services to be delivered by peers in migrant and multicultural organisations and HIV sector organisations	<p>Multicultural HIV and Hepatitis Service (MHAHS) works in partnership with community organisations, local health districts and other HIV sector agencies in NSW to implement community development initiatives and provide resources to increase awareness of HIV testing, treatment and prevention among priority CALD communities.</p> <p>ECCQ conducts gender based community education and delivers them in community languages.</p> <p>ECCQ hold HIV awareness raising events targeting African communities, particularly around World AIDS Day (1 December).</p> <p>ECCQ distributes HIV resources in various languages at meetings, community events and workshops.</p> <p>ECCQ provides information and support to some migrants with HIV and their family.</p> <p>Sexual Health Information Networking Education SA (Shine) has recently created and filled the position of Culturally and Linguistically Diverse Youth Project Officer. Part of the role for this worker is to fulfil SHine SA's commitment to implementing strategies from the CALD HIV Interagency Committee Strategic Document. Specifically, this means that SHine SA is working towards providing HIV-related workforce development opportunities for the CALD and Migrant Health services sectors in South Australia. It is SHine SA's intention that these activities be delivered in partnership with other relevant organisations - such as PEACE Multicultural Services at Relationships Australia SA.</p> <p>Plans are underway for the SA African Communities Health Advisory Council, through PEACE Multicultural Services at RASA, to host Dr Lydia Mungherera from Uganda in Adelaide in November 2015 to participate in a range of PLHIV peer to peer and professional speaking engagements about living with HIV as a woman from Africa. The Multicultural Youth Drive develops educational resources/activities using art, such as the development of a short film, "Left Out."</p> <p>Alfred Multicultural HIV Service's utilise CALD peer models.</p> <p>WA AIDS Council and the (WA) Metropolitan Migrant Resource Centre collaborate on community development initiatives and resources increase awareness about HIV and destigmatise HIV.</p> <p>NTAHC have collaborated with the advocacy network listed above to develop campaigns and resources increase awareness about blood borne viruses which also address stigma and discrimination whilst breaking down myths.</p> <p>AIDS Action Council project in partnership with Companion House. ACT Testing Month targets MSM and specific migrant and CALD strategies.</p>	Multicultural groups, HIV sector organisations	2015	<p>MHAHS</p> <p>ECCQ</p> <p>SHine SA</p> <p>RASA</p> <p>Alfred Health</p> <p>WA AIDS Council</p> <p>NTAHC</p> <p>AIDS Action Council. Canberra Sexual Health Centre</p>	<p>Zhihong Gu</p> <p>Holley Skene</p> <p>Enaam Oudih</p> <p>Andrew Burry</p> <p>Kim Gates</p>

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		<p>The AFAO African Reference Group supports the development and maintenance of state-based networks of people involved in HIV prevention, care and support for people among African communities. The group also provides a point of reference for discussion of emerging policy issues and for development of health promotion resources. Reference Group to meet face-to-face in July. New AFAO multicultural reference group to be formed in 15/16 - similar model, involving migrant and refugee communities affected by HIV. African faith-based leaders meeting also to be held in July 2015. Evaluations of the Reference Group national face-to-face meeting and the African faith-based meeting to inform programming of AFAO National Forum on HIV and Migrant/Refugee Communities, to be held in early 2016.</p>			AFAO	Rob Lakes, Linda Forbes
		<p>Peer Education program recruits and trains members of the community to be Peer Educators and share health information on BBV & STIs to their community in their language of choice.</p>			MHSS	Phuong Nguyen
		<p>Victorian Department of Health & Human Services (DHHS) funds the Multicultural Health & Support Service to undertake peer lead health promotion and education programs for the prevention of BBV/STIs in migrant communities.</p>			MHSS	Alison Coelho
		<p>Work coordinated and shared nationwide through the PozAction group, NAPWHA national forums and Women's and ATSI network meetings. Speakers Beuraus support and develop CALD speakers and reflect the diversity of the Australian PLHIV population. Regional outreach forums and communications channels regularly cover peer education, multicultural and migrant issues for PLHIV.</p>			NAPWHA	
		<p>NSW & QLD: Specialised low literacy resources produced and distributed for migrant and CALD PLHIV by state based PLHIV peer organisations relating to the benefits of early treatment, treatments access, community pharmacies and co-payment removal.</p>			NAPWHA	
		<p>QLD: Rapid testing services developed to include bi-lingual African worker in partnership with ECCQ. Bi-monthly CALD peer support groups. In partnership with the Ethnic Community Council of QLD and Toowoomba Sexual health QPP runs the OraSure mail HIV testing service for African Communities. Immigration support in relation to compassionate access for ARV's.</p>				
		<p>VIC just completed a needs assessment for CALD communities. This will inform development of health promotion and education initiatives for CALD populations.</p>				
		<p>NT: Positive Women's network support group has majority CALD representation.</p>				

Action Area	Program/Activity	Status Summary	Proposed Responsibility	Timeframe	Organisation	Contact Person
4.4 Enhance specific strategies aimed at GMSM from migrant backgrounds through sexual health clinics and AIDS Councils and other relevant community based organisations		Gay Men's Health SA at RASA facilitates an online and face to face peer engagement program for Asian same sex attracted young men. PEACE Multicultural Services at RASA also facilitates support services for CALD gay men and MSM.	HIV organisations, Gay community, sexual health clinics	2015	RASA	Ben Yi
		RAPID clinic offers free (no Medicare card required) rapid HIV testing in Brisbane and Gold Coast.			HIVFQ	Melissa Warner
		MHAHS is a member of the Asian Gay Men's Working Group, which is chaired by ACON, to implement activities targeting this group.			MHAHS	Ben Yi
		ARCSHS conducts accredited pre/post HIV test discussion accredited training in Victoria. The program is investigating opportunities to increase training access to interpreters.			ARCSHS	
		The WA AIDS Council is currently writing a GMSM Health strategy. This is an opportunity to ensure sexual health programs and clinics such as the M Clinic are inclusive and sensitive of migrant communities.			WA AIDS Council	Andrew Burry
		SHine SA and VAC have recently acquired the funding for SA Targeted HIV and STI Prevention. A transition and implementation period is currently underway. As part of this program specific strategies targeting GMSM from migrant backgrounds will be developed and delivered in partnership with other relevant organisations in the SA sector.				
4.5 Expand strategies to inform and engage GMSM who have at-risk sex in high prevalence countries		WA AIDS Council to continue to promote campaigns aimed at people travelling to high prevalence countries, i.e. Sex in other cities.	Community HIV organisations, sexual health clinics	2015	WA AIDS Council	Andrew Burry
		ACT Testing Month. AFAO campaigns			AFAO	
		NTAHC has an ongoing relationship with Bali Peduli a HIV Charity run organisation in Bali. Relationship includes the exchange of information and provision of resources.			NTAHC	Kim Gates
4.6 Enhance specific strategies aimed at migrant sex workers at peer-based sex worker programs, sexual health clinics and advocacy organisations		Sex workers from CALD backgrounds are represented on the NTAHC Sex Worker Reference Group. Resources in languages other than English are available to sex workers from CALD backgrounds through NTAHC's peer-based Sex Worker Outreach Program.	Community HIV organisations, sexual health clinics	2015	NT Sex Worker Outreach Program, NTAHC	Leanne Melling

Action Area	Program/Activity	Status Summary	Proposed Responsibility	Timeframe	Organisation	Contact Person
		NSW Sex Worker Outreach Program employs multicultural outreach workers.			NSW Sex Workers Outreach Program	
		Respect Inc. employs CALD workers to provide information and support to migrant sex workers.			Respect Inc.	
		Magenta, the sex worker service in WA, employs a CaLD worker to improve the cultural security of the service for CaLD sex workers; multi-language resources are available to CaLD sex workers.			Magenta, Sexual and Reproductive Health WA	Max Taylor
		AIDS Action Council SWOP program provides a peer based CALD outreach model to sex workers and brothels in the ACT.				
		Vic DHHS funds Resource Health and Education (RhED) program.		2015	ReED	
		The Migration Project has continued to provide support to peer educators through the production of resources, interpreting support, peer translation checking, access to current information and appropriate referrals. The project has been able to provide important support in linking sex workers with peer educators by providing multilingual joint outreach and through peer interpreting support. A peer educator handout resource was seen to be a useful first step in reaching out to sex workers who do not speak much English during outreach and who may otherwise be suspicious or not understand the reason for the outreach visit. Once this initial introduction was facilitated through the resource, the peer educator could then offer translated resources and ongoing support. Scarlet Alliance continues to support member projects to implement improved services for migrant sex workers. The steering committee continues to be an important mechanism for sex worker organisations with 3 new peer educators employed by state and territory sex worker organisations from the steering committee in 2014. Their continued involvement in the steering committee has been a source of ongoing support for their work.			Scarlet Alliance	
	4.7 Enhance specific strategies aimed at PWID from migrant backgrounds through needle and syringe programs or alcohol and other drug programs	Vic DHHS funds a network of five primary needles and syringe programs as part of multidisciplinary services in key locations that include PWID from migrant communities.	Service user groups, community HIV organisations	2015		
		Queensland Health funds the Queensland Injectors Health Network to implement strategies for BBV prevention in migrant people who inject drugs.		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	WA AIDS Council provides material support to AFAO International Program (Bangkok) and has generated community links in Malaysia.	Research institutions, community HIV organisations	2015	WA AIDS Council	

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	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 for example:	Travel safe campaign delivered by PEACE Multicultural Services at Relationships Australia SA.	Transnational companies, travel medicine providers, community HIV organisations	2015	RASA	Enaam Oudih
		NTAHC has partnered with the NT Department of Health to develop a traveller's campaign that has a strong focus on people travelling to and from high prevalence countries. Campaign will be physically located at airports but will also be shared via social media.			NTAHC	Kim Gates
		WA AIDS Council to continue to promote campaigns aimed at people travelling to high prevalence countries, i.e. Sex in other cities etc.			WA AIDS Council	Andrew Burry
	<ul style="list-style-type: none"> • expatriate employees (resource sector, military/peace keeping and aid workers) working in high prevalence countries for extended periods • migrants returning to high prevalence countries for holidays 	WA AIDS Council continues to promote sexual health amongst international students, some of whom come from high prevalence Countries and return home during semester breaks.	Backpacker associations	2015	WA AIDS Council	Andrew Burry
		International Student Health and Wellbeing Fact Sheets including information on sexual health, STIs and HIV developed by Health in All Policies, SA Health.			SA Health	Health in All Policies
	<ul style="list-style-type: none"> • males, travelling to or through high prevalence countries. 	ECCQ's education program includes messages targeting people who travel to/from high prevalence countries.	Backpacker associations	2015	ECCQ	Zhihong Gu
		4.10 Assess viability of delivering peer based information for incoming and outgoing backpackers		Community HIV Education and Prevention (CHEP) program have made contact with major backpacker accommodation around QLD to promote HIV CHEP services (delivery of info sessions etc.) and resources. CHEP is in regular contact with 5 backpacker accommodations and provides free condoms and resources regularly.	2015	HIVFQ
		WA AIDS Council has established rapport with STA travel and is currently developing a relationship with Backpackers Australia.		WA AIDS Council		
Research, Surveillance and Evaluation	5.1 Standardise surveillance for sub populations such as GMSM, sex workers, PWIDs	NSW Ministry of Health, Health Protection, gather HIV surveillance data	Research centres, State epidemiology and surveillance	ASAP	Kirby Institute	
		The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses (ACCESS) network collects data on sub-populations, and could provide information but it would require further detail on specific indicators to assess.				
		Tasmania Communicable Disease Protection Unit (CDPU), Public Health Services, gathers some relevant surveillance data.				
		Sentinel surveillance in place at high caseload clinics in metropolitan Melbourne.			VAC	Simon Ruth

Action Area	Program/Activity	Status Summary	Proposed Responsibility	Timeframe	Organisation	Contact Person
		Ongoing analysis of HIV passive surveillance data by region of birth and time between arrival to Australia and HIV diagnosis. Sub analysis by exposure group, reason for testing and presentation at the time of test. Analysis of these data so far have shown Sub Saharan African women and young Asian gay men are disproportionately affected by HIV.			Burnet Institute	Carol El-Hayek
		The establishment of a BBV/STI sentinel surveillance system that captures data from clinics with a high caseload of migrants testing for HIV and hepatitis B and C to determine testing behaviours and engagement in care (ACCESS). We are at the end of the funding period for this and in the process of analysing data for reporting.			Burnet Institute	Carol El-Hayek
		WA Health Communicable Disease Control Directorate (CDCD) gathers some relevant surveillance data.			WA Health	Byron Minas
		Queensland Health Communicable Diseases Unit collects surveillance data on HIV notifications.			Queensland Health	
		The NT CDC collects surveillance data for a number of priority populations.			NT CDC	Jiunn-Yih Su
		The Migrant Sex Worker Research is the largest research of migrant sex workers across a range of states and territories in Australia. Over 1000 predominantly female sex workers engaged, with small representation of male and trans sex workers, 594 surveys deemed valid for analysis. Added to valuable research data on work, migration experiences, condom use, sources of information, access to services- employing peers in all critical aspects resulted in many benefits. The report will be released next month.			Scarlet Alliance	
		NAPWHA contributes PLHIV perspective to surveillance processes.			NAPWHA	
	5.2 Design studies/ monitoring to better understand acquisition risks for different people	HIV Seroconversion Project - A joint Kirby Institute and ARCSHS Project. Where possible comparison and analysis of those who acquired HIV overseas, and those born overseas who acquired HIV is being undertaken on past data. Funding for the current iteration of the Seroconversion Study ended in June 2015. The team is awaiting the outcome of an NHMRC proposal before they turn attention to how the study will proceed into the future.	Research centres in collaboration with key stakeholders including government and community organisations	ASAP	Kirby Institute, ARCSHS	Simon Ruth
		HIVFQ have recently provided ECCQ with seed funding to develop research for culturally and linguistically diverse sex workers and international students.			HIVFQ	Melissa Warner
		ECCQ organised two research workshops on the sexual health needs of international students and CALD sex workers attended by academics, community organisations, services providers and government. Following on from this working groups have been formed to develop specific research proposals.			ECCQ	Zhihong Gu
		Melbourne Gay Community Periodic Survey gathers data every year on behaviour and risk practices.			VAC	Simon Ruth

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		PEACE is working in collaboration with Flinders University on a study exploring the issue of stigma and discrimination around HIV.			RASA	Enaam Oudih
	5.3 Analysis of the costs and benefits of universal access to treatments	<p>WA Health (CDCD and the Data Linkage Unit) are working on a cost analysis of Medicare ineligible people accessing HIV treatment and care in WA tertiary hospitals.</p> <p>Kirby recently undertook The Australian HIV Observational Database Temporary Residents Access Study (ATRAS) – this was a one off national study</p>	Research centres, State epidemiology and surveillance	ASAP	WA Health Kirby Institute	Dr Donna Mak
	5.4 Effectiveness of health screening of asylum seekers	Vic DHHS funds the State Refugee Health Program via Foundation House that has a triage protocol with the Commonwealth for health screening for asylum seekers & GP guide (Promoting Refugee Health). Additionally Vic Refugee Health Program provides triage support to newly released asylum seekers for screening and health assessments.	Research centres, State epidemiology and surveillance	2015	Foundation House	Lindy Marlow
	5.5 Investigate and consolidate studies of available services and health seeking behaviours of migrants relating to HIV. Establish the barriers and enablers to HIV management at primary and tertiary health care levels; audit and feedback research—who is doing what and how, what needs to be improved (quality improvement research); social research on sexual attitudes, mores, networking and mixing in different migrant communities; social research in migrant communities on HIV related knowledge, attitudes and behaviours and the role and impact of religion, gender and culture	<p>The ARCSHS Futures Project is a national cross-sectional survey of PLHIV in Australia and is being conducted again in 2015. Australian people living with HIV (PLHIV). The survey has been revised via extensive consultation with community, the HIV sector and government. The survey now includes increased questions related to ethnicity, visa status, and other factors. Data analysis is expected to commence in early 2016.</p> <p>The Futures Project is also participating in a Victorian working group to look at additional research requirements and opportunities for Victorian CALD communities and HIV</p> <p>ARCSHS Healthy Minds study is a survey of Australian PLHIV regarding mental health. It has the potential to undertake some limited analyses of the results based on ethnicity. Note - CSRH study regarding ART uptake and barriers should be able to do the same.</p> <p>Burnet Institute is currently planning a study that will document the HIV testing "journey" of migrants including refugees and asylum seekers. This will incorporate documenting the monitoring patterns of those diagnosed positive. The aims of this project are 1. To understand the location, process, indicators and predictors of HIV testing and 2. To understand the follow up, treatment and monitoring of migrants diagnosed HIV positive 3. Identify points for intervention to reduce numbers of undiagnosed, incidence of late presentation and increase engagement in ongoing care.</p> <p>WA Country Health Service (WACHS) Midwest Public Health project to explore the service utilisation and cost of holistic care of a small cohort of Aboriginal people living with HIV in rural Australia. WACHS is working on documenting the services provided to the cohort and reviewing their HIV results to see what outcomes are possible with the provision of comprehensive case management.</p>	Research centres in collaboration with key stakeholders including government and community organisations	2015	ARCSHS ARCSHS Burnet Institute WACHS	 Carol El-Hayek Dr Marisa Gilles

Action Area	Program/Activity	Status Summary	Proposed Responsibility	Timeframe	Organisation	Contact Person
		<p>HIVFQ have recently provided ECCQ with seed funding to develop research for culturally and linguistically diverse sex workers and international students.</p> <p>HIV Cascade Reference Group has discussed HIV and Mobility related populations (e.g. CALD Communities) in relation to potential for targeted HIV Care Cascades for sub-populations. Challenges and opportunities identified and being discussed further for Annual Report of Behaviour for 2016.</p> <p>The NT CDC and NTAHC conducted a series of focus group discussions with CALD community members prior to designing the HIV testing campaign. These discussions focused on HIV awareness, risk behaviours and barriers to HIV testing.</p> <p>From 2014 onwards, data is available on the year of arrival for overseas born HIV notifications. Analysis of year of arrival, year of diagnosis and suspected place of acquisition would provide useful information. A survey conducted in NSW in 2012-2013, focusing on high HIV prevalence CALD communities, provides information on HIV knowledge, attitudes and testing patterns. Periodic national CALD surveys would be valuable.</p>			HIVQF	Melissa Warner
					Kirby Institute	
					NT CDC	Jan Holt
					Kirby Institute	
	5.6 Phylogenetic analysis to understand spread of HIV in migrant and mobile populations	<p>Currently working with VIDRL and Burnet labs to link phylogenetic data to HIV notification data in order to map transmission as well as distinguish between infections acquired in Australia, infections acquired overseas, recently infected (within previous 12 months of diagnosis) and delayed diagnoses and look for temporal changes in these patterns.</p> <p>Discussions are taking place as to how to further integrate routinely collected subtyping information into national surveillance.</p> <p>The Australian Molecular Epidemiology Network is analysing genotype HIV data from Queensland, NSW, Victoria, SA and WA. Pathwest has received and analysing the data.</p> <p>NAPWHA contributes the PLHIV perspective to the Australian Molecular Epidemiology Network in relation to HIV, migration, phylogenic testing and the development of national databases.</p>	Research centres in collaboration with key stakeholders including government and community organisations	2015	Burnet Institute	Carol El-Hayek
					Kirby Institute	
					State pathology laboratories	Alison Castley
					NAPWHA	

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	Additional Notes	<p>In 2013 AFAO published a mapping of programs and resources developed by Australian NGOs and government agencies to address HIV-related issues affecting African communities and other CALD communities. The purpose of this project is to identify effective programs and resources and share information. AFAO is currently expanding the mapping resource, mapping health promotion programs targeting people among CALD communities across Australia.</p> <p>In 2014/15, AFAO's will be reviewing, summarising and translating key health promotion messages on a variety of the AFAO's health promotion websites, including both HIV and STI prevention websites targeting GMSM (e.g., www.takingalook.org.au; thedramadownunder.info), and HIV-positive health promotion websites that are inclusive of all PLHIV (e.g., www.hivtnt.org.au; www.HIVnextsteps.org.au; www.yourbodyblueprint.org.au).</p> <p>ASHM collaborated with AFAO and National Association of People With HIV Australia (NAPWHA) to develop a submission to United Nations AIDS (UNAIDS) regarding Australia's status on the list of countries with discriminatory policies for HIV positive people. This included a session at the ASHM 2013 Conference in Darwin with speakers from both UNAIDS and the Department of Immigration as well as advocates from the Australian community and a stakeholder meeting immediately following to discuss possible actions to improve Australia's migration policies around HIV.</p> <p>ASHM works in collaborative partnership with organisations in Indonesia, Papua New Guinea, Timor Leste, the Pacific Islands, Philippines, and Vietnam. They support and develop the sharing of knowledge, skills and capacities of health care workers to provide best practice care for people living with HIV and AIDS.</p>			<p>AFAO</p> <p>ASHM; AFAO; NAPWHA</p> <p>ASHM</p>	<p>Rob Lakes; Linda Forbes</p>

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/CoPAHM)

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.