

Terms of Reference

Purpose

This document sets out the scope for the *Community of Practice for Action on HIV and Mobility*.

Background

The HIV and Mobility in Australia: Road Map for Action (Road Map for Action) report, released in 2014, explores the links between HIV and mobility in Australia and outlines a research and action agenda for priority populations. The report was the first attempt to capture what we know about HIV and mobility in migrant and mobile populations in Australia. It offers an implementation plan to operationalise the recommendations of the 7th National HIV Strategy in relation to migrant and mobile populations. As an outcome of the *Road Map* a Community of Practice for Action on HIV and Mobility (CoPAHM) has been established through seed funding from the WA Department of Health Sexual Health and Blood-Borne Virus Program.

Function

The *CoPAHM* shall be a forum to develop a cross-sector alliance of organisations, clinicians, community members and members of affected populations who 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. A **community of practice** is “a group of practitioners with a common sense of purpose who agree to work together to solve problems, share knowledge, cultivate best practice and foster innovation. Communities of practice are characterised by the willing participation of members, and their ongoing interaction in developing a chosen area of practice”.¹

The broad role of the CoPAHM is to support the implementation of the recommendations of the Road Map. Specifically the CoPAHM will:

1. Alert State and Commonwealth governments of key issues in relation to HIV and mobility.
2. Identify key priority areas for action and initiatives to address these.
3. Work together with researchers to develop appropriate research and evaluation questions and advise on appropriateness/suitability of proposed research.
4. Disseminate relevant health research, policy and practice information.
5. Facilitate and provide information about opportunities for professional development (for members and for other people working in the sector).
6. Stimulate community engagement and discussion about HIV prevention, diagnosis and care in relation to mobility (including stigma and discrimination against PLHIV and migrant/mobile groups associated with HIV in the public consciousness).
7. Develop papers, position statements, tools for advocacy or other HIV and mobility resources.
8. Any other relevant activities arising.

Communication

- Communication will take place mainly via email and teleconference or videoconferencing/skype meetings.
- One face-to-face meeting a year of all CoPAHM members is suggested at a relevant national or state conference.

Membership and Roles

The *CoPAHM Coordinator* will manage the technical and administrative aspects of the community, e.g. facilitate discussions, conduct evaluations, call meetings, provide secretariat support, update website, and monitor and report on progress.

¹ Griffith University (2006). *Guidelines for establishing Communities of Practice*.
[http://policies.griffith.edu.au/pdf/Establishing Communities of Practice.pdf](http://policies.griffith.edu.au/pdf/Establishing%20Communities%20of%20Practice.pdf)

Membership will comprise practitioners, clinicians, researchers, members of affected communities and policymakers with an interest in progressing action on issues associated with HIV and mobility in Australia. Members may either choose to be an *observer* (receiving updates) an *associate member* (receiving updates and commenting on policies and other activity as part of a specific action group) or a *full member* who would assist to set direction, participate in decision making and provide leadership. A minimum tenure of 12 months is encouraged for full membership.

State and Territory (S/T) sub groups will comprise members in each jurisdiction, responsible for managing local action plans. Additional *sub groups/special interest groups* may be developed in response to priorities identified in the CoPAHM as needed, producing tangible outputs.

One full member from each S/T will be required to participate as part of a *national governance group* (NGG). The NGG will provide leadership, monitor progress of CoPAHM activities across States and Territories, and provide direction to the CoPAHM Coordinator. The NGG will meet (face to face or online) at least quarterly with a minimum quorum of 5 representatives. These meetings will also be attended by the CoPAHM Coordinator and members of the project team. The position of *Chair* will rotate every 12 months (recruited from full members).

In the interim a small working group will comprise the NGG. This will include representation from CoPAHM, La Trobe, Department of Health WA, Department of Health SA and AFAO.

Conflict of Interest

Members have an obligation to declare any actual or potential conflict of interest.

Evaluation

Effectiveness of the CoPAHM will be assessed annually through an electronic survey and the results in a report to be distributed for discussion by members. The following will be assessed: outcomes achieved; level of participation (e.g. type of membership, frequency of contact/input, leadership, contribution); member satisfaction with the CoPAHM and the perceived value over the stated period.²

Endorsement date:

Annual review date:

² Adapted from <http://e-cop.weebly.com/terms-of-reference.html>