



HIV AND MOBILITY IN AUSTRALIA: ROAD MAP FOR ACTION



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Glossary

AAC	AIDS Action Council
AB-DGN	African and Black Diaspora Global Network
ACLAF	African Communities Leaders Advisory Forum
ACON	AIDS Council of New South Wales
AFAO	Australian Federation of AIDS Organisations
AIVL	Australian Injecting and Illicit Drug Users' League
ARCSHS	Australian Research Centre for Sex, Health and Society
ASHM	Australasian Society of HIV Medicine
ATRAS	Australian HIV Observational Database Temporary Residents Access Study
BRICS countries	Brazil, Russia, India, China and South Africa
CaLD	Culturally and linguistically diverse
CEH	Centre for Culture, Ethnicity and Health
CHOGM	Commonwealth Heads of Government Meeting
CW Government	Commonwealth Government
ECCQ	Ethnic Communities Council of Queensland
FASSTT	Forum of Australian Services for Survivors of Torture and Trauma
FP NSW	Family Planning NSW
GARP	Global AIDS Response Progress (formerly known as UNGASS)
ICASO	International Council of AIDS Service Organizations
ILO	International Labour Organization
IOM	International Organization for Migration
KWP	The Knowledge, The Will and The Power
LASS	Leicestershire AIDS Support Services
MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections
MHSS	Multicultural Health and Support Service
MMRC	Metropolitan Migrant Resource Centre
MSHN	Multicultural Sexual Health Network
NAPWHA	National Association of People with HIV Australia
OECD	Organisation for Economic Cooperation and Development
PaKoMi Project	(Pa = Participation, Ko = Cooperation and Mi = HIV prevention in migrants) Project
PEACE	Personal Education and Community Empowerment (Relationships Australia SA)
PEPFAR	President's Emergency Plan for AIDS Relief
PLG	Parliamentary Liaison Group
RHeaNA	The Refugee Health Network of Australia
SiREN	Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network
SHBBVP	Sexual Health and Blood-borne Virus Program
SWOP	Sex Workers Outreach Program
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Project
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WA	Western Australia
WAAC	Western Australian AIDS Council
WACHPR	Western Australian Centre for Health Promotion Research
WHO	World Health Organisation

Other Acronyms

ACT	Australian Capital Territory
AIDS	Acquired Immune Deficiency Syndrome
ASAP	As soon as possible
ART	Antiretroviral treatment
BBV	Blood borne virus
DIDO	Drive-in drive-out
FIFO	Fly-in fly-out
GDP	Gross domestic product
GMSM	Gay and other men who have sex with men
GNI	Gross national income
HIV	Human Immunodeficiency Virus
ICT	Information communication technology
IDU	Injecting drug use
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Non-government organisation
NSW	New South Wales
NSEP	Needle and Syringe Exchange Program
NT	Northern Territory
PLHIV	People living with HIV
PWID	People who inject drugs
Qld	Queensland
SA	South Australia
STI	Sexually transmitted infection
US	United States
WA	Western Australia

Definitions

CD4	A type of white blood cell that protects the body from infection(s). ¹
Concentrated epidemic	The HIV prevalence rate is <1% in the general population, but >5% in at least one high-risk subpopulation, such as GSM, PWID, sex workers or the clients of sex workers. ⁴
Contain and control	Traditional approach to public health and disease outbreak.
Diaspora; African and Black Diaspora	Populations outside their country of origin usually sustaining ties and developing links both with that country of origin and across countries of settlement/residence. ² The African and Black Diaspora (ABD) are populations of Black Africans and their descendants who are dispersed through a mix of forced and willing migration and who may or may not maintain strong ties to their African origin. The ABD broadly encompasses populations of: recent migrants; second generation and multi-generational populations; refugee and asylum seekers; and mobile populations (e.g. temporary migrant workers).
Generalised epidemic	The HIV prevalence rate is >1% in the general population. ⁴
Globalisation	'...the increasing economic and financial integration of economies around the world. It removes national boundaries from the financing, production, sale and distribution of goods and services and includes movement of technology, finance and labour.' ³
Global South and Global North	The UN classifies the global North as having more developed regions, which includes Europe and Northern America, while the global South encompasses less developed regions including Africa, Latin America and the Caribbean, Asia (except Japan) and Oceania (except Australia and New Zealand). It is recognised this is just one way of conceptualising the process of development.
Low, middle and high income countries	Economies are divided according to the 2012 GNI per capita. The groups are: low income, \$1,035 or less; lower middle income, \$1,036 - \$4,085; upper middle income, \$4,086 - \$12,615; and high income, \$12,616 or more. ⁴
Migrant	In this discussion paper the term 'migrant' refers to a person undergoing a semi-permanent or permanent change of residence which involves a change of his/her social, economic and/or cultural environment. ² It includes individuals who migrate to Australia as 457 visa holders, migrant workers, international students, refugees and asylum seekers; but excludes travellers, tourists and business people. The UN defines migrant as an individual who has resided in a foreign country for more than one year irrespective of the causes, voluntary or involuntary, and the means, regular or irregular, used to migrate. ⁴
Migration	A process of moving, either across an international border, or within a state which results in a temporary or (semi-) permanent change of residence. ²
Mobile populations	People who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons. ⁵
Mobility and movement	Human geographic mobility, which encompasses any kind of movement of people, regardless of length, composition and causes.
Multiculturalism	The cultural and ethnic diversity of Australia.
Priority populations/ populations at-risk of HIV	Examples of priority populations are GSM, sex workers, PWID, mobile populations and migrants.
Trans* people	Trans* is an abbreviation for transgender. Transgender is a term for people whose gender behaviour, expression or identity or behaviour is different from those typically associated with their assigned sex at birth. ⁶
Treatment as prevention (TasP)	Used to describe HIV prevention methods that use antiretroviral therapy in PLHIV to decrease the chance of HIV transmission independent of CD4 cell count. ⁷

“

Uncertainty about how much the disease will spread – how soon and to whom remains the public discourse about AIDS. Will it, as it spreads around the world, remain restricted, largely, to marginal populations: to the so-called risk groups and then to large sections of the urban poor? Or will it become the classic pandemic affecting entire regions? Both views are in fact being held simultaneously.

Like the effects of industrial pollution and the new system of global financial markets, the AIDS crisis is evidence of a world in which nothing important is regional, local, limited; in which everything that can be circulated does, and every problem is, or destined to become, worldwide.....People circulate in greater numbers than before. And diseases.

From the untrammelled intercontinental air travel for leisure and business of the privileged to the unprecedented migrations of the underprivileged for villages to cities and legally and illegally from country to country – all this physical mobility and interconnectedness (with it consequent dissolving of old taboos, social and sexual) as is vital; to the maximum functioning of the advanced world...

But now that heightened modern interconnectedness in space, which is not only personal but social, structural, is the bearer of a health menace sometimes described as a threat to the species itself; and the fear of AIDS is of a piece with attention to other unfolding disasters that are the by-products of advanced society...AIDS is one of the dystopian harbingers of the global village, that future which is already here and always before us, which no one knows how to refuse.⁸

”

Susan Sontag ‘AIDS and its Metaphors’ (1988)

Executive Summary

In 1989, Australia became one of the first countries in the world to develop a formal strategy to address HIV/AIDS; many elements of the first strategy remain today. Australia adopted a human rights approach and prioritised mobilising affected communities, developing peer-based education, legal protection for people at-risk of and living with HIV, and a harm reduction approach regarding illicit drug use. As a result, Australia has avoided a generalised epidemic, with HIV transmission mainly concentrated amongst specific populations, gay and other men who have sex with men being the largest.

HIV diagnoses in Australia have been increasing among people travelling to and from high HIV prevalence countries. The Seventh National HIV Strategy (2014-2017) states people and their partners who travel to or from high HIV prevalence countries, as well as travellers and mobile workers as priority populations in Australia.

The HIV and Mobility in Australia: Road Map for Action discussion paper explores the links between HIV and mobility in Australia, in particular the increase in HIV diagnoses in the last five to ten years among people travelling to and from regions of high HIV prevalence. The paper is an outcome of the Western Australia (WA) HIV and Mobility Project. The project involved collaboration between the Western Australian Centre for Health Promotion Research (WACHPR) and the Australian Research Centre in Sex, Health and Society (ARCSHS), with support from the Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN).

The aims of the project were to:

- identify and review current programs and activities which have been implemented to respond to overseas-acquired HIV (in Australia and similar epidemics globally)
- develop a research and action agenda for priority populations to stimulate further discussion and support advocacy endeavours.

This discussion paper presents the findings of the project and proposes a 'road map for action' for HIV and mobility issues in Australia. While the project was initiated in response to the changing HIV epidemiology in WA, the proposed agenda for action is of national interest.

This paper has drawn on the published and grey literature^A, and feedback collected from the sector^B about HIV and mobility issues over the past twelve months, including the special sessions and meetings held at the 2013 Australasian HIV/AIDS Conference in Darwin and the 20th International AIDS Conference (AIDS 2014) in Melbourne.

^A Grey literature is not formally published in sources such as books or journal articles and includes communications e.g. reports, discussion papers, government documents, theses, dissertations and conference proceedings.

^B This discussion paper defines the sector as the sexual health and blood borne virus (BBV) sector.

Consultation Process

The consultation process for the development of this paper offered a range of opportunities for stakeholder groups to provide feedback, as outlined below:

21–23 October 2013

2013 Australasian HIV/AIDS Conference – meeting convened with key stakeholders to discuss the scope of the WA HIV and Mobility Project and outputs of interest.

3 June 2014

Key stakeholders invited to provide feedback on an early draft of the discussion paper. Discussion paper revised for wider consultation.

18 July 2014

Draft discussion paper open for consultation, available through the SIREN website.

21–25 July 2014

Consultation promoted to AIDS 2014 delegates who expressed interest in issues associated with HIV and mobility and the discussion paper.

29 July 2014

Discussion paper presented at the 'HIV and Mobile Populations' seminar in Perth, WA and feedback encouraged from attendees.

21 August 2014

Consultation period extended and reminders sent to key stakeholders.

19 September 2014

Consultation period closed.

24 October 2014

Feedback incorporated and discussion paper finalised.

This paper intends to stimulate discussion and action amongst stakeholders with an interest in HIV and mobility issues. These include peak bodies, service providers, non-government organisations (NGOs), research centres, state and Commonwealth (CW) governments, and policymakers. It is expected the proposed areas for action and strategies will be considered by stakeholders and modifications made to the proposed 'road map for action'. CW government buy-in and support for these strategies will be necessary

in some cases, and the associated lead-in times for advocacy and budgeting would need to be considered.

The categories and frameworks used to describe social groups of people, countries and epidemiological risk groups do not intend to amplify differences, minimise complexity or construct sets of mutually exclusive categories. A clear definition of mobility does not exist and the causal links between HIV and migration are also not well understood. Categories used in this paper offer only one means of presenting the concepts and issues relating to HIV and mobility, and to conceptualise populations at-risk, and risk behaviour in the context of developing a plan for action.

By proposing a series of interconnected strategies within each of these action areas, the road map is intended to support the move from rhetoric to action on HIV and mobility.

It is envisaged that the proposed road map will be discussed, considered and debated by stakeholders and affected communities and play a support role in guiding action within key areas of the National HIV Strategy. The associated implications for taking action need to be considered including advocacy required to secure CW and state government buy-in, and support for the implementation of priority actions, where appropriate.

Responses for mobile populations and HIV transmission require nuanced understanding of the dynamic nature of mobility and detailed understanding of the epidemiology of HIV and mobility. Sufficient resourcing from government, and mobilisation of peak bodies, community-based organisations and affected communities will be critical for effective implementation of responses. Population mobility will continue to affect characteristics of HIV epidemics globally. The development of harmonised interventions to prevent and manage HIV transmission within migrant and other mobile populations will progress Australia's goal of zero new infections by 2020, ensuring no one is left behind.

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

Part One examines the historical context of HIV/AIDS, the links between HIV and people on the move, and the characteristics of HIV epidemiology related to mobility. Key concepts associated with globalisation, mobility and global health governance structures are presented. The paper also provides an overview of the HIV policies, frameworks, strategies and programs in Australia, and in countries with similar epidemics.

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

Part Two presents a suggested a framework for action. The proposed road map for action was informed by:

- The Seventh National HIV Strategy (2014-2017)
- Frameworks and approaches successfully used in Australia
- Frameworks and approaches used with mobile populations and migrants in similar countries
- Relevant research from Australia and overseas
- Discussions with key stakeholders.

Ten principles were identified for developing a strategic approach to HIV management for mobile populations and migrants in Australia:

- Incorporate a human rights approach to reduce stigma and discrimination directed at mobile populations and migrants
- Reduce all barriers to testing and access to treatment
- Pay attention to the confluence between HIV and mobility
- Move beyond 'narrow protectionist policies'
- Commit resources to improve migrant health
- Continue to develop links and cooperative partnerships with affected communities locally and internationally
- Participate in and contribute to global health governance
- Create closer cooperation between Australia and the HIV policy, public health, treatment and support sectors in countries of origin and destination for Australian mobile populations and migrants
- Acknowledge that mobile population and migrants need more than information (even if it is translated).
- Know your epidemic(s)—continue surveillance and monitoring and develop evaluation strategies in conjunction with migrant populations.

These 10 principles are reflected in five key areas for action, linked to the priorities outlined in the Seventh National HIV Strategy (2014-2017). The road map proposes specific strategies to address each action area including primary responsibilities and timeframes.

1. International Leadership and Global Health Governance

Overall Goals:

- Ensure Australia's population health response to HIV and mobile populations is contemporary and appropriate through participating in and contributing to international dialogue on cross border HIV responses
- The CW Government provides policy leadership to minimise rates of HIV as a result of mobility in the Pacific region and to ensure that Australian policies are consistent with this outcome
- The CW Government ensures that HIV and other health impacts are taken into consideration in non-health related international policy deliberations.

2. Commonwealth and State Leadership

Overall Goals:

- The Australian HIV response enables an effective response to migrants and mobile populations that experience increased vulnerability to HIV acquisition or transmission, within a human rights framework
- The CW and state governments show strong leadership in relation to building overall community support and consensus to prioritisation of health services related to mobile populations and migrants
- The CW and state governments provide appropriate funding levels and resources
- There are coherent legal and policy responses to mobile populations and migration.



3. Community Mobilisation

Overall Goals:

- Improve mobile population and migrant community awareness, health literacy, knowledge, attitudes and risk reduction behaviours around HIV in the context of living in Australia
- Develop partnerships between migrant groups, other community groups and the HIV sector to advocate for change and improvements in health and other service delivery
- Encourage leadership and peer advocacy within migrant and mobile populations and increase participation in the HIV response
- Encourage community consultation and empowerment through creative, flexible and ongoing engagement
- Develop social capital and resilience in migrant communities and mobile populations.

4. Development of Services for Mobile or Migrant Populations

Overall Goals:

- Maximise the physical, psychological, sexual and social health and well-being of migrants and other mobile people living with HIV through the provision of high quality, tailored, clinical services
- Increase the uptake of sexual health testing, treatment, sexual health education and referral amongst migrants and mobile populations with an emphasis on early detection and treatment
- Increase the health literacy of migrants and mobile populations
- Improve the capacity for migrants and other mobile populations in maintaining risk reduction strategies
- Decrease discriminative attitudes to migrants and other mobile people with HIV
- Understand cultural, structural impacts of services on mobile populations and migrants.

5. Research, Surveillance and Evaluation

Overall Goals:

- Provide high quality information to inform the strategic and policy response to mobile populations and migrants including:
 - Standardised surveillance for sub populations
 - Enhanced surveillance of where infections occur
 - Risk analysis for different groups
 - Cost benefit analysis of interventions and universal access to treatment
 - Evaluation of interventions for migrants and mobile populations
 - Evaluation of HIV screening for asylum seekers policy
 - Social research on migrant healthcare seeking behaviours, HIV knowledge and attitudes, and experiences of migrants living with HIV
 - Phylogenetic analysis of HIV transmission
 - Analysis of barriers to uptake, maintenance and effectiveness of treatment
 - Role and feasibility of treatment as prevention in migrant populations
 - Migration and HIV prevalence studies
 - Analysis of discrimination and stigma of migrants
 - Investigation of impacts of legislation on migrant health and access to HIV treatment.