

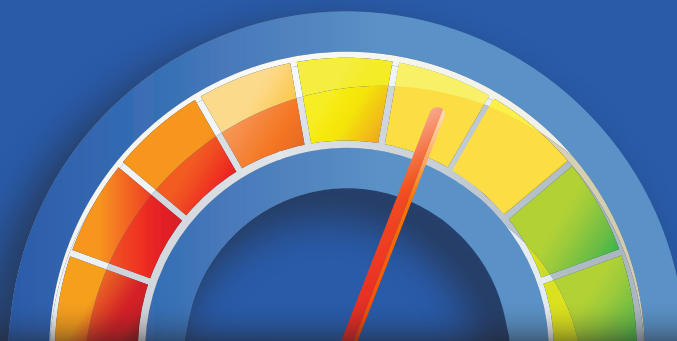


HIV AND MOBILITY IN AUSTRALIA

Interim Report Card Two – a snapshot of progress and activity

This second Report Card provides a snapshot of current activities in Australia relating to the 71 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 70 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

This *Report Card* builds on an initial mapping conducted in 2015 of 24 priority strategies from the *Road Map* with a proposed timeframe of 'urgently', 'ASAP', and '2015'. This initial mapping can be accessed through the SIREN website at <http://siren.org.au/hivandmobility-1/reportcard/>

This *Report Card* presents the findings of a second mapping activity that was coordinated with CoPAHM members between February - May 2016. All CoPAHM members were invited to provide details of their organisation's current projects relating to all 71 strategies in the *Road Map*. 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 strategies and highlights areas where there is limited momentum

Understanding the Report Card

The *Report Card* is based on:

- 28 responses, from AIDS Councils, government departments, non-government organisations, research institutions and national peak bodies.
- 184 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).

What now?

The *Report Card* is a snapshot in time. Periodic mapping of activity is required to monitor progress in momentum. Encouragingly momentum is building across four of the five action areas, with strong momentum in community mobilisation. However, there are priority strategies identified in the *Road Map* that have little to no activity, and progress on these is now overdue. **Meaningful action is needed to progress priority strategies with little to no momentum.**

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	M
1. International Leadership and Global Health Governance	
1.1 Parliamentary liaison group (PLG)* to have greater awareness of relationship between HIV and mobility.	
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.	●
1.3 Participation in international monitoring and surveillance activities including the development of standardised definitions and measurement tools	●
1.4 Consider programs, responses, policies outside Australia that may have downstream effects in Australia relating to the behaviour/attitudes of travellers to and from Australia	●
1.5 Continue to ratify International agreements such as the Millennium Development Goals, the International Labour Organization (ILO) World of Work provision of PLHIV, UNGASS 2006, Political declaration to HIV/AIDS 2011, and Migrant Workers Convention	●
1.6 Continue to build relationships with new players in global HIV and health governance arena such as the Global Fund, Gates, Lowy, PEPFAR (President's Emergency Plan for AIDS relief), Oxfam, Red Cross, IOM (International Organization for Migration), ICASO (International Council of AIDS ServiceOrganizations), UNHCR (United Nations Refugee Agency) and Immigration Department	●
1.7 Advocacy regarding need for greater attention on mobility and cross border issues as well as in-country responses to HIV at UNAIDS and other AIDS organisations	●
1.8 Advocacy regarding international health governance and impact across border HIV policies and programs at G20, APEC and CHOGM	●
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.	●
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.	●
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.	●
2.4 Provide financing and funding for a comprehensive and integrated response to at-risk mobile populations migrants.	●
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.	●
2.6 Review and reform any CW laws (and policies) which relate to migration and temporary migration which are inconsistent with other laws and policies or otherwise counterproductive such as tax, health, social security and immigration.	●
2.7 Develop public relations plan aimed at delivering positive stories on migrants' contribution to society dispelling myths, correcting misinformation with overall aim of changing perception of migrants in general community	●
2.8 Prioritise resources and services for at-risk subgroups according to risk and vulnerability as follows: <ul style="list-style-type: none"> • PLHIV migrants/visa holders who do not have access to treatments • Partners of PLHIV from migrant/mobile backgrounds • Migrants generally from high prevalence countries • GSM particularly from Asian backgrounds and other high prevalence countries especially GSM African men • Migrants sex workers from CaLD backgrounds • PWID from CaLD backgrounds • Some priority groups travelling to high prevalence countries 	●
2.9 Sensitivity and skills training for police, immigration, health and embassy staff to include accurate content and contexts regarding above risk subgroups	●
2.10 Continue to protect migrants' human rights and legal protection against discrimination	●

* 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.

2. Commonwealth and State Leadership

- 2.11 Continue efforts at state and CW Govt based law reform which takes into account needs of migrant sex workers as part of efforts to incorporate an evidence-based decriminalisation of sex work across all states and territories ●
- 2.12 Provide resources for training to ensure a competent and sensitive health workforce which has the capacity to meet the needs of diverse mobile and migrant ●
- 2.13 Provide funding and resources to support networks of migration organisations ●

3. Community Mobilisation

- 3.1 Develop an advocacy network of migrant community groups. ●
- 3.2 Develop HIV knowledge and capacity amongst migrant community, cultural and spiritual leaders ●
- 3.3 Support and build capacity of migrant groups and mobile populations (including PLHIV) to develop skills in advocacy, the development of advocacy networks and peers involvement. ●
- 3.4 Further develop partnerships with transnational NGOs and aid organisations working in HIV/AIDS across borders ●
- 3.5 Further develop partnerships with transnational companies who employ people in Australia and high prevalence ●
- 3.6 Further develop and deliver sensitive and comprehensive HIV programs which address wider issues such as gender ●
- 3.7 Further develop and deliver programs which promote access to HIV testing and treatment services for migrant and mobile populations ●
- 3.8 Further develop programs (personal perspectives etc.) which aim to reduce stigma and discrimination related to migrant and mobile populations ●
- 3.9 Develop referral pathways, translated documents and migration rights and responsibilities for migration agents and ●
- 3.10 Develop mutual sensitivity training regard issues around sexuality, cultural sensitivity, alcohol and drug use, sex work ●
- 3.11 Develop multilingual and culturally sensitive materials focussing on prevention information for new arrivals and for ●

4. Development of Services for Mobile or Migrant People and Groups

- 4.1 Ensure travel medicine clinics continue to deliver HIV information to travellers. ●
- 4.2 Encourage sexual health testing for travellers upon return to Australia. ●
- 4.3 Further develop programs and services to be delivered by peers in migrant and multicultural organisations and HIV sector organisations. ●
- 4.4 Enhance specific strategies aimed at GSM from migrant backgrounds through sexual health clinics and AIDS Councils and other relevant community based organisations. ●
- 4.5 Expand strategies to inform and engage GSM who have at-risk sex in high prevalence countries. ●
- 4.6 Enhance specific strategies aimed at migrant sex workers at peer-based sex worker programs, sexual health clinics and advocacy organisations. ●
- 4.7 Enhance specific strategies aimed at PWID from migrant backgrounds through needle and syringe programs or alcohol and other drug programs. ●
- 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. ●
- 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. ●
- 4.10 Assess viability of delivering peer based information for incoming and outgoing backpackers. ●
- 4.11 Expand culturally sensitive and accessible treatment, care and support for migrants living with HIV ●
- 4.12 Deliver sensitive HIV screening for migrants and mobile populations including antenatal screening and sexual health screening ●
- 4.13 Support current agencies to implement programs for Australian students overseas and international students doing sex work in Australia. Link in with universities to work better with students ●



Five Action Areas and Priority Strategies	M
4. Development of Services for Mobile or Migrant People and Groups	
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 GSM, 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)	●

Action Area	Program/Activity	Status Summary	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	* the name is now Parliamentary Friends of HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Diseases		
	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			
	1.3 Participation in international monitoring and surveillance activities including the development of standardised definitions and measurement tools			
	1.4 Consider programs, responses, policies outside Australia that may have downstream effects in Australia relating to the behaviour/attitudes of travellers to and from Australia			
	1.5 Continue to ratify International agreements such as the Millennium Development Goals, the International Labour Organization (ILO) World of Work provision of PLHIV, UNGASS 2006, Political declaration to HIV/AIDS 2011, and Migrant Workers Convention			
	1.6 Continue to build relationships with new players in global HIV and health governance arena such as the Global Fund, Gates, Lowy, PEPFAR (President's Emergency Plan for AIDS relief), Oxfam, Red Cross, IOM (International Organization for Migration), ICASO (International Council of AIDS Service Organizations), UNHCR (United Nations Refugee Agency) and Immigration Department			
	1.7 Advocacy regarding need for greater attention on mobility and cross border issues as well as in-country responses to HIV at UNAIDS and other AIDS organisations			
	1.8 Advocacy regarding international health governance and impact across border HIV policies and programs at G20, APEC and CHOGM			
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.	NT CDC	Melissa Warner
		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.	HIVFQ	
		WA Health Operational Directive has been released to address Provision of Treatment to Medicare Ineligible Patients in WA Public Hospitals	WA Health	

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	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	<p>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)</p> <p>Migrant Health Services (MHS) provide comprehensive primary health care to newly arrived refugees and asylum seekers with a focus on people with complex health and social needs. Clients are generally seen for the first 6 to 12 months after arrival and then transitioned to a local GP; clients with complex needs continue to be seen for up to 5 years; and services are ongoing for clients living with HIV. Work in collaboration with Royal District Nursing Service (RDNS) SA, RAH and the Queen Elizabeth Hospital.</p> <p>Senior policy position for culturally and linguistically diverse communities is located in the Diversity Unit within Vic DHHS.</p>	<p>HEHS</p> <p>MHS</p> <p>Vic DHHS</p>	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			
	2.4 Provide financing and funding for a comprehensive and integrated response to at-risk mobile populations migrants	<p>SA Health administered grant funding in 2015-16 through until 2017-18 to 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.</p> <p>Vic DHHS funds the Victorian Refugee Health Network to facilitate greater coordination and collaboration amongst health and community services in relation to refugee health. DHHS also funds a range of specialised services including the Refugee Health Nurse program in Community Health.</p> <p>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.</p>	<p>SA Health</p> <p>Vic DHHS</p> <p>ARCSHS</p>	Daniel Gallant
	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	WA Office of Multicultural Interests	Helen Maddocks
	2.6 Review and reform any CW laws (and policies) which relate to migration and temporary migration which are inconsistent with other laws and policies or otherwise counterproductive such as tax, health, social security and immigration.			
	2.7 Develop public relations plan aimed at delivering positive stories on migrants' contribution to society dispelling myths, correcting misinformation with overall aim of changing perception of migrants in general community			

Action Area	Program/Activity	Status Summary	Organisation	Contact Person
	<p>2.8 Prioritise resources and services for at-risk subgroups according to risk and vulnerability as follows:</p> <ul style="list-style-type: none"> • PLHIV migrants/visa holders who do not have access to treatments • Partners of PLHIV from migrant/mobile backgrounds • Migrants generally from high prevalence countries • GMSM particularly from Asian backgrounds and other high prevalence countries especially GMSM African men • Migrants sex workers from CaLD backgrounds • PWID from CaLD backgrounds • Some priority groups travelling to high prevalence countries 			
	<p>2.9 Sensitivity and skills training for police, immigration, health and embassy staff to include accurate content and contexts regarding above risk subgroups</p>	<p>Victorian police receive LGBTI training and cultural awareness/competency training, funded by VicPol.</p> <p>HepatitisWA is the preferred service provider for BBV education and infection control training to all new WA Police recruits and cadets. During the 2015 calendar year, this involved delivery of workshops to 365 WA Police staff members. HepatitisWA also provides HIP/HOP training to all adult prisoners and juveniles within the metropolitan region. SHBBVP, WASUA, HepatitisWA, and the Mental Health Commission deliver information and training to health service providers in WA.</p> <p>Scarlet Alliance have provided training to some police departments, health staff, and immigration in the past, but it should be compulsory and periodic. The persistent issues and discrimination experienced by CaLD sex workers and the transience of staff within health, police, immigration and embassies demonstrate the need for compulsory and ongoing skills and sensitivity training for anyone working with CaLD sex workers conducted by CaLD sex workers.</p>	<p>Vic Police</p> <p>HepatitisWA</p> <p>Scarlet Alliance</p>	<p>Matt Armstrong</p>
	<p>2.10 Continue to protect migrants' human rights and legal protection against discrimination</p>	<p>Victoria's <i>Charter of Human Rights and Responsibilities Act 2006</i> (The Charter) requires the Victorian Government, public servants, local councils, Victoria Police and other public authorities to act compatibly with human rights, and to consider human rights when developing policies, making laws, delivering services and making decisions.</p>		
	<p>2.11 Continue efforts at state and CW Govt based law reform which takes into account needs of migrant sex workers as part of efforts to incorporate an evidence-based decriminalisation of sex work across all states and territories</p>	<p>Scarlet Alliance continues to promote the value of decriminalisation of sex work, necessary for the health, rights and safety of CaLD sex workers including the Lancet research finding that decriminalisation of sex work alone would avert 33-46% of HIV infections in the next decade.</p>	<p>Scarlet Alliance</p>	
	<p>2.12 Provide resources for training to ensure a competent and sensitive health workforce which has the capacity to meet the needs of diverse mobile and migrant populations</p>	<p>Vic DHHS funds the Multicultural Health and Social Support Service (MHSS) to provide education, information and support on issues of sexual health, HIV/AIDS and blood-borne viruses. MHSS works with migrant and refugee communities as well as health service providers. Vic DHHS co-funds Foundation House which provides services to support people from refugee backgrounds who have survived torture or war related trauma. These services include training to service providers, research and working directly with individual survivors, their families and communities as well as working in settings such as schools, primary health care and mainstream mental health.</p>		

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		<p>SHBBVP has developed a workforce calendar to enable training organisations to promote sexual health and BBV related training and to help raise awareness about education and training opportunities for health professionals</p> <p>SANTAP (Scarlet Alliance National Training and Assessment Project) sets the benchmark for best practice peer education and provides workforce development for experienced peer educators and training for new peer educators. The online training for new peer educators is currently being translated into the 3 key community languages to increase the availability and skills of trained CaLD peer educators.</p>	<p>WA Health</p> <p>Scarlet Alliance</p>	<p>Adie Seward</p>
	2.13 Provide funding and resources to support networks of migration organisations			
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 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>CoPAHM SA established, with current member representation from: African Communities Council of SA, Clinic 275, Council of International Students Australia, Drug and Alcohol Services SA, Flinders University of SA, Migrant Health Service, RDNS SA, Relationships Australia SA (PEACE and MOSAIC Programs), SA Sex Industry Network, SAMESH, SHine SA, Women's Health Service, STI and BBV Section, SA Health.</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 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. AFAO has received funding from ViiV to auspice the transition of the Reference Group to an independent entity.</p> <p>A new AFAO mobility reference group was formed in early 2016 to inform the programming and goals for a national forum on HIV and mobility hosted by AFAO, planned for May 2016. The reference group includes representatives of migrant health organisations. Forum invitees will include representatives from new structures created under 2.2.</p> <p>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.</p>	<p>PEACE-RASA</p> <p>CoPAHM SA</p> <p>AIDS Action Council of the ACT</p> <p>NTAHC</p> <p>AFAO</p> <p>MHSS</p>	<p>Enaam Oudih</p> <p>Enaam Oudih and Lea Narciso</p> <p>Phillipa Moss</p> <p>Kim Gates</p> <p>Linda Forbes</p> <p>Tapuwa Bofu</p>

Action Area	Program/Activity	Status Summary	Organisation	Contact Person
		<p>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.</p> <p>Victorian African Health Action Network incorporated in December 2014. Its aim is to build capacity of Victorian African communities to understand prevention, diagnosis and management HIV and related conditions, in order improve engagement with public health, treatment and support services, as well as having input into HIV policy as it relates to Victoria's African communities.</p> <p>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.</p>	<p>MHSS</p> <p>VAHAN</p> <p>NAPWHA</p>	<p>Rebecca Reeves</p> <p>Chris Lemoh</p>
	3.2 Develop HIV knowledge and capacity amongst migrant community, cultural and spiritual leaders	<p>MHAHS works in partnership with community organisations, local health districts and other sector agencies in NSW to implement initiatives aimed to increase awareness of HIV testing, treatment and prevention among priority CALD communities. A project targeting the Thai community in NSW was completed in 2015. A 2016 wall calendar carrying HIV health promotion messages has been developed and distributed among the African community in NSW.</p> <p>SHine SA provides education and training for workers who work with CALD communities through the Freedom to Explore Sexual Health (FRESH) course, as well as its tailored training and forums program. SHine SA and SAMESH provide sexual health education for community groups including migrant/humanitarian groups.</p> <p>PEACE promotes BBV online training package, supports SA African Communities Health Advisory Committee (SAACHAC), strengthens CALD Women's Advisory Form, conducts training for African interpreters and supports the spiritual leaders' forum and resources established by Australian Federation of AIDS Organisations (AFAO). Community education with migrant and refugee community groups in Victoria about blood borne viruses and sexually transmissible infections. Groups include young people, people in custodial settings, women's groups, schools, faith leaders and more.</p> <p>The HIV and Mobility Forum, to be hosted by AFAO in May 2016, will address best practice health promotion to increase HIV knowledge and capacity among migrant communities at a national level. The Forum will feed into Activity 4 of the BBV and STI Prevention and Education Programme tender (Commonwealth Department of Health).</p> <p>It is anticipated that ASHM will be managing Activity 4 of the BBV/STI prevention and education program (July 2016 - June 2018). This project aims to work with sector partners to develop culturally appropriate BBV/STI online education resources for populations including priority CALD populations. Some of these resources may assist in developing HIV knowledge and capacity among leaders from migrant populations.</p> <p>Magenta provides HIV knowledge to CALD sex workers through outreach work. Bilingual staff are available.</p>	<p>MHAHS</p> <p>SHine SA and SAMESH</p> <p>PEACE</p> <p>MHSS</p> <p>AFAO</p> <p>ASHM</p> <p>Magenta</p>	<p>Enaam Oudih</p> <p>Scott McGill</p> <p>Josie Rayson</p>

Action Area	Program/Activity	Status Summary	Organisation	Contact Person
		WA AIDS Council works with the African community to run education, empowerment and engagement events, which in turn increase HIV knowledge within the communities	WA AIDS Council	
	3.3 Support and build capacity of migrant groups and mobile populations (including PLHIV) to develop skills in advocacy, the development of advocacy networks and peers involvement.	<p>PEACE supports CALD PLHIV to access SAMESH-funded Positive Leadership Development Institute (PLDI) program; and has developed a peer support model for CALD PLHIV.</p> <p>SAMESH supports PLDI workshops people living with HIV and offer Phoenix peer workshops for newly diagnosed HIV positive men.</p> <p>The Multicultural Community Action Network and Youth Ambassador's program provides training to migrant groups (e.g. how to utilise media) to support and build capacity for advocacy.</p> <p>Scarlet Alliance, through the migration project steering committee, and the speakers bureau supports and builds capacity of migrant and CaLD sex workers to represent and advocate on key issues.</p> <p>The WA AIDS Council supports, promotes and initiates peer involvement in projects focused on mobile populations.</p>	<p>PEACE</p> <p>SAMESH</p> <p>MHSS</p> <p>Scarlet Alliance</p> <p>WA AIDS Council</p>	<p>Enaam Oudih</p> <p>Tapuwa Bofu Hope Mathumbu</p>
	3.4 Further develop partnerships with transnational NGOs and aid organisations working in HIV/AIDS across borders	Scarlet Alliance International Program has successfully supported sex workers in the region to develop their capacity and skills through peer to peer capacity building programs in PNG, Timor Leste and Fiji. Sadly this is no longer funded as of 30 June 2015.	Scarlet Alliance	
	3.5 Further develop partnerships with transnational companies who employ people in Australia and high prevalence countries and have high level of cross border travel of employees			
	3.6 Further develop and deliver sensitive and comprehensive HIV programs which address wider issues such as gender equity, domestic and sexual violence and social exclusion	<p>Migrant Health Service provides service on an individual patient level- complex case/multi-disciplinary management of people living with HIV. MHS collaborates with RAH and RDNS SA.</p> <p>PEACE provides holistic individual support and case management to men and women living with HIV and their significant others. They conduct a monthly community forum for women, the Women's Lounge. Regularly address domestic violence and respectful relationships through community education and workshops. Leading a short film competition on respectful relationships through the Multicultural Youth Drive. There is a plan to develop a website for women living with HIV.</p> <p>CALD FRESH course provides training for workers who work with migrant and humanitarian populations and provides a comprehensive framework which includes topics of gender and power, sexual and domestic violence in a sexual and reproductive rights framework.</p> <p>Magenta WA provides migrant sex workers information on legal rights through outreach work and to individuals on request. They assist sex workers in dealing with police.</p> <p>WAAIDS Council delivers holistic sexual health programs that address healthy/respectful relationships, consent, and social cohesion.</p>	<p>MHS</p> <p>PEACE</p> <p>SHine SA & SAMESH</p> <p>Magenta</p> <p>WA AIDS Council</p>	<p>Enaam Oudih</p> <p>Josie Rayson</p>

Action Area	Program/Activity	Status Summary	Organisation	Contact Person
3.7 Further develop and deliver programs which promote access to HIV testing and treatment services for migrant and mobile populations		All people are screened as per Australasian Society for Infectious Diseases (ASID) guidelines, and are offered testing if returning from overseas.	MHS	
		The Know your Hep B Campaign promotes HIV testing. PEACE conducts regular stigma and discrimination campaigns.	PEACE	Enaam Oudih
		SHine SA provides comprehensive sexual and reproductive health services to migrant and humanitarian populations. SHine SA staff participate in cultural intelligence training opportunities and HIV updates	SHine SA & SAMESH	
		ASHM development of online education resources	ASHM	Scott McGill
		"Be Safe Stay Well" videos for international students developed by WA Health. The four were developed to provide international students with a better understanding of sexual health topics and the health care system in WA. The videos cover four different topics and are available on the HealthyWA website	WA Health	Megan Roberts
		Magenta provides information on sexual health and HIV testing through outreach work to sex workers. Clients are referred to the Magenta clinic for HIV testing and other STIs and BBVs.	Magenta	Josie Rayson
		Peer educators disseminate information and referrals for testing and treatment services to CaLD and migrant sex workers on outreach.	Scarlet Alliance	
3.8 Further develop programs (personal perspectives etc.) which aim to reduce stigma and discrimination related to migrant and mobile populations		MHS does this on an individual basis.	MHS	
		PEACE works with community leaders to assist them in taking a leadership position in relation to reducing stigma within the community. Conduct activities throughout the year to assist communities to address the myths associated with HIV. Assist service providers in understanding stigma and discrimination from a cultural perspective.	PEACE	Enaam Oudih
		Staying Negative campaign includes some stories from CALD GMSM who have migrated to Melbourne	VAC	Kent Burgess
		HepatitisWA provides hepatitis B workshops and education sessions that work with migrants from high prevalence countries (for hepatitis B)	HepatitisWA	Amanda Siebert
		Magenta discusses migrant sex work with sex workers to address stigma and discrimination, and dispel myths on sex work trafficking.	Magenta	Josie Rayson
		The anti-HIV stigma campaign ENUF invites and highlights stories from CALD who have experienced HIV stigma and discrimination.	Living Positive Victoria	Suzy Malhotra
		Stigma and discrimination continue to create barriers for migrant and CaLD sex workers. Representation by CaLD and migrant sex workers aims to address this.	Scarlet Alliance	

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	3.9 Develop referral pathways, translated documents and migration rights and responsibilities for migration agents and migration health services which have contact with migrants and other temporary visa holders	<p>Community members affected by or are family members of people with BBVs or STIs can be referred to MHSS through our 'Support for Connections' program. Clients are offered one on one support to learn more about these infections and be connected to an appropriate service if further testing is required.</p> <p>The Alcohol and Drug Information Service (ADIS), a confidential telephone counselling, information and referral service, provides information about how to access services.</p> <p>Magenta provides translated information and referrals to sex worker friendly immigration and legal services.</p> <p>PEACE does ad hoc work with agents on a case by case scenario.</p> <p>WA AIDS Council has provided training and development to various agencies involved with newly arrived migrants (such as settlement grant officers and social workers etc.), please note this training is done on request from the agency.</p>	<p>MHSS</p> <p>ADIS</p> <p>Magenta</p> <p>PEACE</p> <p>WA AIDS Council</p>	<p>Koula Neophytou</p> <p>Josie Rayson</p>
	3.10 Develop mutual sensitivity training regard issues around sexuality, cultural sensitivity, alcohol and drug use, sex work and any other related issues	<p>Volunteers and staff of PEACE required to complete the BBV online training package. Workers have access to new and emerging knowledge in this area of work. Conduct homophobia training to CALD communities and leaders. Challenge communities' attitudes regarding sex work, alcohol and other drugs (AOD) issues and all other related issues. Conduct workforce development activities to ensure settlement workers are able to respond appropriately when issues of HIV come up. Regularly raise the profile of HIV and other related issues within community forums and networks.</p> <p>The CALD FRESH course run by SHine SA offers training around sexual and gender diversity and includes topics around culturally sensitive sexual health promotion.</p> <p>Sex work sensitivity training developed and in use by SIN staff for education and training purposes both within the HIV sector and also broader service providers who may come into contact with sex workers in the line of their work.</p> <p>Training is offered to organisations to assist agencies to consider and practice culturally competency in the sexual health and support services they provide to multicultural communities.</p> <p>A educational tool (SHARE) is being developed which address issues around sexuality, cultural sensitivity, alcohol and drug use, and relationships which can be utilised by teachers in school-based settings.</p> <p>Annual face-to-face NSP Coordinator training for 30 participants is held to improve competence and confidence of NSP staff across WA. This includes sessions relating to cultural sensitivity, gender diversity, sex work, and alcohol and drug use.</p> <p>Magenta provides education on sex industry issues to GPS, as well as community education on sex worker issues through community forums.</p> <p>The Migrant Sex worker Steering Committee met to discuss ways in which sex worker organisations could provide improved services and be more welcoming and inclusive of migrant sex workers. This was then developed into a training for sex worker organisations which was presented to sex worker peer educators from around Australia at the National Forum</p>	<p>PEACE</p> <p>SHine SA & SAMESH</p> <p>SIN</p> <p>MHSS</p> <p>MHSS</p> <p>WA Health</p> <p>Magenta</p> <p>Scarlet Alliance</p>	<p>Enaam Oudih</p> <p>Rebecca Reeves</p> <p>Koula Neophytou</p> <p>Faye Thompson and Dave Worthington</p> <p>Josie Rayson</p>

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		WA AIDS Council provides education to health workers (including GPs) on HIV testing in a culturally sensitive manner (as well as the training being sexuality sensitive).	WA AIDS Council	
	3.11 Develop multilingual and culturally sensitive materials focussing on prevention information for new arrivals and for specific sub populations	<p>MHAHS distributes multilingual HIV resources and maintains a multilingual website which include prevention information.</p> <p>MHS does health education on an individual level in collaboration with RAH and RDNS SA.</p> <p>Travel Safe booklet available in English. Support the development of the first National magazine titled 'OMID' in English and Dari in support of all the LGBTIQ.</p> <p>Scarlet Alliance 'STI Handbook' (known as the red book), written collaboratively with sex workers nationally, provides sexual health information and STI prevention strategies for sex workers in four languages, English, Thai, Korean and Chinese.</p> <p>VAC supports a range of CALD GSM peer education and support programs including CALD Community Forums. VAC provides prevention resources to The Study Melbourne Student Centre.</p> <p>ASHM development of online education resources</p> <p>Magenta provides translated health and safety resources on sexual health, injecting drug use, business and taxation, legal rights and contraception in Chinese, Korean and Thai.</p> <p>Hepatitis B Handy Card produced by HepatitisWA and Cancer Council WA available in Arabic, Burmese, Chinese, Dari, Indonesian, Thai, and Vietnamese. There is also a DVD entitled Hepatitis B Family Business which has been produced in English, Burmese, Chin and Karen.</p> <p>Scarlet Alliance has produced translated resources in 3 key community languages on visas, laws, right and responsibilities when dealing with Australian Government Agencies for migrant sex workers. These have been incredibly popular and essential for the health, safety and rights of migrant sex workers.</p> <p>The 'Double Happiness' campaign supports the combined benefits of Pre-Exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP) for GSM. Factsheets supporting the campaign have been developed in Spanish, Cantonese and Mandarin. Further languages TBC.</p>	<p>MHAHS</p> <p>MHS</p> <p>PEACE</p> <p>SIN</p> <p>VAC</p> <p>ASHM</p> <p>Magenta</p> <p>HepatitisWA</p> <p>Scarlet Alliance</p> <p>Living Positive Victoria</p>	<p>Enaam Oudih</p> <p>Kent Burgess</p> <p>Josie Rayson</p> <p>Amanda Siebert</p> <p>Suzy Malhotra</p>
Development of Services for Mobile or Migrant People and Groups	4.1 Ensure travel medicine clinics continue to deliver HIV information to travellers	<p>ASHM delivers wide range of education and resources to support health professionals in a variety of settings to increase testing and improve management & treatment.</p> <p>TasCAHRD is a member of the 62 providers' network organised by the Tasmanian Migrant Resource Centre.</p> <p>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.</p>	<p>ASHM</p> <p>TasCAHRD</p> <p>NTAHC</p>	<p>Kim Gates</p>

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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.	NT CDC	Jan Holt
		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	
		ASHM will continue to work to disseminate information through GP update channels to encourage sexual health testing for travellers returning to Australia.	ASHM	Scott McGill
		ACT Testing Month targets sexual health testing for travellers.	AIDS Action Council.	
		MHS patients that travel overseas are encouraged to have testing.	MHS	
4.3 Further develop programs and services to be delivered by peers in migrant and multicultural organisations and HIV sector organisations		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.	MHAHS	
		ECCQ conducts gender and language based community education and delivers them in community languages, will hold HIV awareness raising events particularly around World AIDS Day (1 December), distributes HIV resources in various languages at meetings, community events and workshops and provides HIV information via phone to CALD communities.	ECCQ	Zhihong Gu
		SA African Communities Health Advisory Committee (SAACHAC) meet every 2 months. SAACHAC, through PEACE Multicultural Services at RASA, hosted 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 work of the SAACHAC continues as they meet every 2 months	PEACE-RASA	Enaam Oudih
		Developing Travel Safe campaign using community festivals. Conducting Travel Safe community workshops. Developing volunteers and peer support programs.	PEACE	Enaam Oudih
		WA AIDS Council collaborates with relevant community partners on community development initiatives and resources increase awareness about HIV and destigmatise HIV.	WA AIDS Council	Andrew Burry
		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.	NTAHC	Kim Gates

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		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.	MHSS	Phuong Nguyen
		Magenta has an advisory board of current sex workers who help shape programs to ensure relevance. Bilingual staff are employed as educators.	Magenta	Josie Rayson
		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.	NAPWHA	
		The Multicultural Youth Drive develops educational resources/activities using art, such as the development of a short film, "Left Out."	Multicultural Youth Drive	
		Currently supporting Peer Education program in the Bhutanese community which incorporates HIV awareness in sexual health education session for community members.	MHS	
	4.4 Enhance specific strategies aimed at GSM from migrant backgrounds through sexual health clinics and AIDS Councils and other relevant community based organisations	Establishment of UNIDOS and its Facebook page. Establishment of Boyz group.	PEACE	Enaam Oudih
		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 GSM 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
		VAC supports a range of CALD GSM peer education and support programs including CALD Community Forums. VAC provides prevention resources to The Study Melbourne Student Centre. CALD people living with HIV access a variety of VAC HIV support services in significant but lower than ideal numbers. These services include Community Support outreach by volunteers, counselling and care coordination.	Victorian Aids Council	Simon Ruth
		ACT Testing Month targets MSM and specific migrant and CALD strategies	AIDS Action Council	
	4.5 Expand strategies to inform and engage GSM who have at-risk sex in high prevalence countries	VAC's Centre Clinic & PRONTO! HIV Rapid Testing services both work to inform clients re sexual health & travel information for those who travel to high prevalence countries and also use these services	VAC	Kent Burgess
		Travel Safe campaign targeting CALD Communities and MSM.	PEACE	Enaam Oudih
		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

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	4.6 Enhance specific strategies aimed at migrant sex workers at peer-based sex worker programs, sexual health clinics and advocacy organisations	<p>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.</p> <p>NTAHCs' SWOP project has direct peer to peer referral pathways for migrant workers to access culturally and linguistically diverse (CALD) sex worker developed resources and translation services. Scarlet Alliance officers who are multilingual assist with cross-cultural issues via trans-national partnerships.</p> <p>NSW Sex Worker Outreach Program employs multicultural outreach workers.</p> <p>Respect Inc. employs CALD workers to provide information and support to migrant sex workers.</p> <p>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.</p> <p>AIDS Action Council SWOP program provides a peer based CALD outreach model to sex workers and brothels in the ACT.</p> <p>Vic DHHS funds Resource Health and Education (RhED) program.</p> <p>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.</p>	<p>NT Sex Worker Outreach Program, NTAHC</p> <p>NTAHC</p> <p>NSW Sex Workers Outreach Program</p> <p>Respect Inc.</p> <p>Magenta</p> <p>RhED</p> <p>Scarlet Alliance</p>	<p>Leanne Melling</p> <p>Josie Rayson</p>
	4.7 Enhance specific strategies aimed at PWID from migrant backgrounds through needle and syringe programs or alcohol and other drug programs	<p>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.</p> <p>Queensland Health funds the Queensland Injectors Health Network to implement strategies for BBV prevention in migrant people who inject drugs.</p> <p>HepatitisWA provides an NSP with 8% of client contacts being with CaLD populations.</p>	HepatitisWA	Nadia Cleber
	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			

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	<p>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:</p> <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 	<p>Travel safe campaign delivered by PEACE Multicultural Services at Relationships Australia SA.</p> <p>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.</p> <p>WA AIDS Council to continue to promote campaigns aimed at people travelling to high prevalence countries, i.e. Sex in other cities etc.</p> <p>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.</p> <p>International Student Health and Wellbeing Fact Sheets including information on sexual health, STIs and HIV developed by Health in All Policies, SA Health.</p> <p>ECCQ's education program includes messages targeting people who travel to/from high prevalence countries.</p>	<p>RASA</p> <p>NTAHC</p> <p>WA AIDS Council</p> <p>WA AIDS Council</p> <p>SA Health</p> <p>ECCQ</p>	<p>Enaam Oudih</p> <p>Kim Gates</p> <p>Andrew Burry</p> <p>Andrew Burry</p> <p>Health in All Policies</p> <p>Zhihong Gu</p>
	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.	HIVFQ	Melissa Warner
	4.11 Expand culturally sensitive and accessible treatment, care and support for migrants living with HIV	<p>MHAHS provides a client support program for people from CALD backgrounds living with HIV. Psychosocial support is provided by bilingual/bicultural co-workers.</p> <p>MHS provides this service in collaboration with RAH and RDNS. MHS receives direct referral of all HIV positive humanitarian entrants.</p> <p>Developing the Shared Care Model in partnership with other organisations.</p> <p>ASHM will incorporate curricula on culturally sensitive and accessible care for migrants with HIV into its HIV-related short courses, updates and prescriber training.</p> <p>WA AIDS Council's clinical service team provide culturally sensitive support and care for people living with HIV, including migrants.</p>	<p>MHAHS</p> <p>MHS</p> <p>PEACE</p> <p>ASHM</p> <p>WA AIDS Council</p>	<p>Enaam Oudih</p> <p>Scott McGill</p>
	4.12 Deliver sensitive HIV screening for migrants and mobile populations including antenatal screening and sexual health screening	<p>MHS does this as per ASID guidelines.</p> <p>Shine SA delivers sensitive HIV and sexual health screening to migrants and mobile populations, and provides free interpreters when required.</p>	<p>MHS</p> <p>Shine SA & SAMESH</p>	

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		VAC's PRONTO! sees a significant number of GSM students from south east Asia for HIV and STI screening and prevention information	VAC	Kent Burgess
		Magenta provides a sex worker friendly clinic. HIV testing is free of charge, anonymous and no Medicare card is required. An onsite interpreter is available.	Magenta	Josie Rayson
		RAPID clinic offers free (no Medicare card required) rapid HIV testing in Brisbane and Gold Coast.	HIVFQ	Melissa Warner
	4.13 Support current agencies to implement programs for Australian students overseas and international students doing sex work in Australia. Link in with universities to work better with students	Conduct workshops and community education sessions for international students. Run English corners for International students of Chinese background. Work to establish a collective working model with international students.	PEACE	Enaam Oudih
		In discussions with Adelaide Uni, UniSA and Flinders University exploring effective ways in which to connect with international students in regards to sex work in SA.	SIN	
		VAC provides prevention resources to The Study Melbourne Student Centre. Training and secondary consultation is also delivered.	VAC	Kent Burgess
	4.14 Consider responses for partners of travellers	The Victorian Department of Health and Human Services (DHHS) funds the Victorian AIDS Council to provide specific strategies to meet the needs of culturally and linguistically diverse communities and people who travel to or are from high prevalence countries.	VAC	Colin Batrouney
	4.15 Consider inter-state migration—people may access services in other states if there are shortages of services in their own state	MHS accepts people from refugee/asylum seeker background who move from interstate and are PLHIV.	MHS	
		Through case management PEACE links clients with appropriate services in other states.	PEACE	Enaam Oudih
		Magenta has relationships with sex worker organisation in other jurisdictions, and works closely with Scarlet Alliance	Magenta	Josie Rayson
	4.16 Identify what services are needed on arrival in Australia, by whom, and who is responsible for providing services.	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.	Foundation House	Lindy Marlow
		MHS provides new arrival health assessment and ongoing management for refugees/asylum seekers with complex health needs.	MHS	
		Developing a Shared Care Model in partnership with MHS, RDNS SA, Centacare, SHine SA, SAMESH, Women's Health Service and working with some settlement services.	PEACE	Enaam Oudih
		Provide support services and peer education to people entering South Australia who identify as sex workers. Referrals to be made to SIN by organisations working with new arrivals to South Australia when disclosure of sex work occurs.	SIN	

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		Scarlet Alliance together with Empower foundation in Thailand and Zi teng in Hong Kong have produced pre-departure booklets for sex workers considering sex working in Australia. The pre departure booklets have been incredibly popular and an important component of prevention and support, promoting safe, independent migration pathways and avenues for support if required. These urgently require updating and reprinting. Unfortunately funding does not exist for this to occur.	Scarlet Alliance	
	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.	Scarlet Alliance continues to advocate for safe and equitable migration pathways and processes for migrant sex workers.	Scarlet Alliance	
	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	Scarlet Alliance continues to lobby and advocate for increased availability of translated, culturally appropriate information and resources at every opportunity. The importance of these materials cannot be overstated.	Scarlet Alliance	
	4.19 Better availability of accessible health hardware (condoms, sterile injecting equipment) where migrants and travellers can access it	MHS provides free condoms.	MHS	
		VAC provides Safe Sex packs to the Melbourne Student Centre targeting overseas students.	VAC	Kent Burgess
		Magenta provides low cost safe sex supplies to sex workers on sex industry premises and in-house.	Magenta	Josie Rayson
Research, Surveillance and Evaluation	5.1 Standardise surveillance for sub populations such as GMSM, sex workers, PWIDs	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.	Kirby Institute	
		Tasmania Communicable Disease Protection Unit (CDPU), Public Health Services, gathers some relevant surveillance data.	Tasmania CDPU	
		Sentinel surveillance in place at high caseload clinics in metropolitan Melbourne.	VAC	Simon Ruth
		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	

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		<p>The NT CDC collects surveillance data for a number of priority populations.</p> <p>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.</p>	<p>NT CDC</p> <p>Scarlet Alliance</p>	<p>Jiunn-Yih Su</p>
	5.2 Design studies/ monitoring to better understand acquisition risks for different people	<p>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.</p> <p>PEACE is working in collaboration with Flinders University on a study exploring the issue of stigma and discrimination around HIV.</p>	<p>Kirby Institute, ARCSHS</p> <p>RASA</p>	<p>Simon Ruth</p> <p>Enaam Oudih</p>
	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>	<p>WA Health</p> <p>Kirby Institute</p>	<p>Dr Donna Mak</p>
	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. 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 mid-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 if required</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>ARCSHS</p> <p>ARCSHS</p> <p>Burnet Institute</p>	<p>Carol El-Hayek</p>

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		<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> <p>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.</p>	<p>Kirby Institute</p> <p>NT CDC</p> <p>Kirby Institute</p> <p>Scarlet Alliance</p>	<p>Jan Holt</p>
	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>Burnet Institute</p> <p>Kirby Institute</p> <p>State pathology laboratories</p>	<p>Carol El-Hayek</p> <p>Alison Castley</p>
	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)	<p>Review of HIV notifications in people from high prevalence countries by geographic area is planned, to assist with targeting interventions.</p>	<p>Kirby Institute</p>	<p>Praveena Gunaratnam</p>
	5.10 Review the impacts of legal regulations on migrant health and access to HIV treatments	<p>Vic DHHS currently reviewing policy in regard to HIV positive individuals who are Medicare ineligible.</p>		
	5.11 Analysis of factors that hinder provision of HIV treatment to migrants			

Action Area	Program/Activity	Status Summary	Organisation	Contact Person
	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	Depending on the sample size achieved - analysis may be possible through the HIV Futures Study. Also ARCSHS are in discussions with PLHIV organisations to develop and validate a tailored QoL scale for programs working with PLHIV in Australia.	ARCSHS	
	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	Information about migrant experiences/needs are explored in forums such as the Multicultural Community Action Network to explore priority areas for action. Information from the workshops will be reviewed for policy implications.	MHSS	Tapuwa Bofu
	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)			

Additional Notes

Activity Type	Status Summary	Organisation	Contact Person
Mapping	<p>In 2015 AFAO published a mapping of programs and resources developed by Australian NGOs and government agencies to address HIV-related issues affecting CALD communities. The project aimed to identify effective programs and resources and share information between agencies. The mapping resource builds on a 2013 document which mapped health promotion with African Australian communities.</p> <p>In 2016, AFAO 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 (www.takingalook.org.au; www.getpep.info), and HIV-positive health promotion websites that are inclusive of all PLHIV (www.hivnt.org.au; www.HIVnextsteps.org.au).</p>	AFAO	
Advocacy	<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>In collaboration with stakeholders, WA Health's SHBBVP has developed new STI and BBV strategies which reflect the national strategies. The HIV strategy 2015-2018 includes mobile populations and people from CALD backgrounds within the priority populations.</p>	ASHM; AFAO; NAPWHA ASHM WA Health	
Research	Digital storytelling, culturally diverse young people and sexual health promotion. Collaborative grant received from UNSW to set up new partnerships and develop grant application to submit in early 2017	UNSW Australia	Dr Christy Newman
Research	Engaging young people from culturally and linguistically diverse backgrounds with sexual and reproductive health services in Sydney, Australia. Qualitative research protocol developed, ethical approval obtained, data collection commencing in 2016.	UNSW Australia	Jessica Botfield (PhD candidate), supervised by Prof Anthony Zwi, Dr Christy Newman, and Dr Alison Rutherford
Research	<p>Conduct a cross-sectional survey and follow-up in-depth interviews with MSM of Asian background (Chinese and Thai in particular). Ethics approval obtained from UNSW, ACON & WSLHD.</p> <p>A themed and dedicated issue of Poslink Newsletter to promote personal stories and services for CALD communities.</p> <p>A review of the best approaches to providing psychosocial support for International student MSM living with HIV in Australia.</p> <p>Report: 'Moving Forward Together. An assessment of the needs and opportunities for CALD communities in Victoria'. An internal evaluation of Living Positive Victoria's programs and services in relation to people affected by and living with HIV from CALD backgrounds.</p>	 Living Positive Victoria Living Positive Victoria Living Positive Victoria	 Dr Limin Mao; Mr Tim Chen, Mr Brent Mackie Suzy Malhotra Suzy Malhotra Suzy Malhotra

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/hashtag/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.

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