Curtin University

HIV AND MOBILITY IN AUSTRALIA:

REPORT CARD 2023

CoPAHM Community of Practice for Action on HIV & Mobility

CERIPH HEALTH PROMOTION | HEALTHIER POPULATIONS

ODYSSEY migration & mobility/ public health research hub

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FOR MORE INFORMATION

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You can find out more about CoPAHM at https://www.odysseyresearch.org/copahm

Curtin University would like to pay respect to the Aboriginal and Torres Strait Islander members of our community by acknowledging the traditional owners of the land on which the Perth campus is located, the Whadjuk people of the Nyungar Nation.

CONTENTS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARCSHS	Australian Research Centre in Sex, Health and Society
ASHM	Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine
CaLD	Culturally and linguistically diverse
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
CoPAHM	Community of Practice for Action on HIV and Mobility
DoH	Department of Health
GP	General practitioner
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LHIV	Living with HIV
MSM	Men who have sex with men
NSW	New South Wales
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PEP	Post-exposure Prophylaxis
PLHIV	People living with HIV
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
SE Asia	Southeast Asia
SiREN	Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network
U=U	Undetectable Equals Untransmittable
WA	Western Australia

OVERVIEW

The world's population is increasingly mobile. Public health is confronted by issues inexorably linked to population mobility and migration, including HIV (1). The relationship between HIV and population mobility is complex, and the drivers of HIV amongst people on the move remain poorly understood. A range of factors influence access to testing, treatment, and care. These include level of control over travel, experiences of trauma, transnational health practices, individual and organisational health literacy, cultural and linguistic diversity, economic, health and migration policies, racism and discrimination, social networks, and support in country of origin and destination (2-4). In 2014, the *HIV and Mobility in Australia: Road Map for Action* (*Road Map*) discussion paper was released. This document was the first attempt to capture what we know about HIV and mobility and proposed 71 strategies across a range of stakeholders to operationalise the recommendations from Australia's national HIV strategies.

The *Road Map* intended to stimulate discussion and action amongst stakeholders with an interest in HIV and mobility issues. A Community of Practice for Action on HIV and Mobility (CoPAHM) was established in March 2015 to help keep HIV and mobility issues on the national agenda, with funding for secretariat support from the Western Australian Department of Health Sexual Health and Blood-Borne Virus Program. The role of CoPAHM is to increase partnerships and collaboration among stakeholders to facilitate policy, research and practice efforts regarding HIV and mobility.

The *Road Map* identified actions to be addressed within the timeframes of the *Seventh National HIV Strategy (2014-2017)*. At the conclusion of 2017, several strategies remained unaddressed. New prevention opportunities subsequently emerged. In 2018, the Community of Practice for Action on HIV and Mobility (CoPAHM) released *HIV and Mobility in Australia: Priority Actions (Priority Actions),* developed in consultation with the CoPAHM National Governance Group with feedback from the CoPAHM members. The document outlined actions proposed for addressing gaps in Australia's current response to HIV and Mobility, complementing existing national and state strategies and policies and building on findings from two previous Interim Report Cards.

Six priority actions were proposed:

1. **Local solutions:** Plan and implement jurisdiction-specific HIV responses for and with migrant and mobile populations
2. **Health literacy:** Increase health literacy regarding access to available prevention strategies
3. **Test:** Understand and reduce barriers to HIV testing and make new testing technologies widely available
4. **Treatment and prevention:** Advocate for a policy mechanism to provide access to HIV treatment and PrEP for temporary visa holders who are ineligible for Medicare
5. **Inform:** Harmonise surveillance data reporting for migrant and mobile populations, including sexual behaviour, testing rates, notifications, treatment initiation and PrEP
6. **Evaluate:** Develop core indicators to assess effectiveness of HIV programs for mobile and migrant populations

WHO ARE WE TALKING ABOUT?

In this document the term mobile populations refers to migrants (defined as people born overseas) to Australia and people who travel from Australia (including those known as ELoFTs – expatriates, longer-term or frequent travellers) (5). People from, and who travel to, higher HIV prevalence countries, and their partners, remain a priority population in Australia's national HIV strategies. Since the release of the *Road Map* in 2014, people born overseas have continued to be overrepresented in national HIV data (6). In 2021, HIV notification rates among Australian-born people was 1.7 per 100 000. In the same year, rates were highest among people born in Southeast Asia (8.3 per 100 000), Latin America and the Caribbean (6.1 per 100 000), and sub-Saharan Africa (3.3 per 100 000) (6). These rates should be interpreted with caution, given COVID-19 travel restrictions between 2020 to 2022.

People born overseas are also more likely to be diagnosed with HIV late. The proportion of late HIV diagnoses over the last five years (2017-2021) was highest among people born in sub-Saharan Africa (59%), Southeast Asia (57%) and Latin America or the Caribbean (44%) (6). Estimates also suggest that a higher proportion of people born overseas are likely to be undiagnosed. Undiagnosed HIV was highest among people living with HIV born in Southeast Asia (25%), Latin America (25%) and sub-Saharan Africa (10%), compared to Australian-born (5%) (6). In 2021, 15% of HIV notifications attributed to male-to-male sex was acquired overseas, higher among overseas-born (29%) than Australian-born (3%) (6). Among notifications attributed to heterosexual exposure, 47% were acquired overseas, also higher among people born overseas (54%) than Australian-born (48%) (6). Again, these rates should be interpreted with caution given COVID-19 travel restrictions.

A NOTE ON THE TERM CALD

Terminology regarding ethnicity, culture, religion, language and other factors relating to migration is diverse. This Guide uses the terms 'migrant' and 'culturally and linguistically diverse', commonly used by the Australian government and non-government sector. CaLD is a term used to describe people of a non-Anglo-Celtic origin, while migrant refers to an individual born overseas, regardless of their visa status. Together the terms are used to reflect people from diverse backgrounds. It is important to note that people from CaLD or migrant backgrounds may not use these terms to describe themselves. The Federation of Ethnic Communities' Councils of Australia (FECCA) uses the term 'cultural, ethnic and linguistic diversity' to capture consideration of race/ethnicity (7). There is currently no singular term that captures communities' diverse experiences and backgrounds.

DEVELOPING THIS REPORT CARD

In 2022-23, the CoPAHM mapped activity relating to the six priority actions. A survey was emailed to the CoPAHM members in April 2022, inviting comments on activities relating to priority actions being undertaken by their organisation. A rapid review of Google Scholar, Australian HIV organisational websites, the CoPAHM e-News archives, and the Australasian HIV conference programs (2019-2022) was undertaken to complement members' inputs. This Report Card provides a brief update on known activities (>2019) for each priority action, outlined above, with links to exemplar projects where available. A contemporary overview of the priority action area, with reference to the peer-reviewed literature, is provided. Next steps are highlighted with the intention to stimulate discussion and prioritise further activity across policy, practice, and research.

LOCAL SOLUTIONS

PLAN AND IMPLEMENT JURISDICTION-SPECIFIC HIV RESPONSES FOR AND WITH MIGRANT AND MOBILE POPULATIONS

THE NEED

Recognition of the heterogeneity of mobile populations reduces the risk of failing to meet the needs of specific communities. While there are key priorities at a national level, each jurisdiction has a unique epidemiology and patterns of migration and mobility. Tailored approaches are required to address and monitor the specific needs of priority populations.

THE ACTION

1 DEVELOP A LOCAL COPAHM (OR WORKING GROUP) IN EACH RELEVANT JURISDICTION.

ACTIVITY: There is evidence of two jurisdictional CoPAHMs: Queensland and Western Australia. These local CoPAHMs work with relevant organisations to identify opportunities, to maintain a registry of past and present projects, and to collaborate on projects. We are aware of other groups within different jurisdictions that are collaborating on work that overlaps with HIV and mobility.

SUMMARY: There is scope for additional local CoPAHM or working groups led by a relevant organisation.

2 MEANINGFUL INVOLVEMENT OF PEOPLE FROM MIGRANT AND MOBILE POPULATIONS IN PLANNING AND IMPLEMENTING RESPONSES TO HIV

ACTIVITY: There is evidence of two local, community-led groups working in the area of HIV and Mobility - the Victorian African Health Action Network and Srikandi. CEH hosts a Multicultural Health & Support Advisory Body. In 2022, Health Equity Matters released the Barriers to Accessing HIV and Sexual Health Care for People From a CaLD Background report, which provided recommendations for working with people from CaLD backgrounds. Relevant organisations involve affected communities in broader issues that overlap with HIV and mobility; examples include Monash Sexual Health Collective, Health Equity Matters CaLD Affiliates group and the Australian Multicultural Health Collaborative.

SUMMARY: Consensus on what constitutes meaningful involvement, and mechanisms by which to support this, are still required. Further examples are needed of ways in which affected individuals and communities can be supported to not just participate in, but lead research, practice, and decision-making with a focus on structural reform.

HEALTH LITERACY

INCREASE HEALTH LITERACY REGARDING ACCESS TO AVAILABLE PREVENTION STRATEGIES

THE NEED

Australia's HIV response includes a combination of behavioural strategies, improved access to the means of prevention and structural changes and reforms. Health literacy remains vital in supporting access to, and use of, prevention strategies. There is increasing focus on the heath literacy needs for international students (8, 9) and migrants more broadly (10, 11). In addition, evaluations of HIV (12) and PEP (13) resources indicate that current patient education materials have high health literacy demands, which may pose challenges for some individuals in understanding and applying the available information.

Barriers remain to accessing, and utilising, PrEP, with most of the recent research focusing on Asian MSM (14, 15). PrEP remains difficult to access for people who are Medicare ineligible (16). Previous research with PLHIV and LGBTIQ has highlighted that PEP is largely under-utilised and not well-understood (17-19), however, remains a critical component of prevention, particularly for those unable to access or adhere to PrEP (20). It is likely that knowledge of PEP amongst mobile and migrant groups is also limited. Additionally, research suggests healthcare workers may benefit from increased training and resources on prescribing PrEP (21), including on-demand PrEP (22).

THE ACTION

1 **RESEARCH TO BETTER UNDERSTAND THE BARRIERS EXPERIENCED BY INDIVIDUALS MOBILE AND MIGRANT POPULATIONS TO ACCESS AND INITIATE PREP AND PEP, PARTICULARLY AMONG GAY ASIAN MEN.**

ACTIVITY: Health Equity Matters released a research brief on overseas born MSM and health promotion implications. Phillips et al. identified barriers to PrEP including cost, perceived side effects, and a lack of confidence and support to access PrEP. Sudarto et al. reported internalised stigma and stigmatising attitudes towards PrEP as barriers to PrEP use among gay Asian men.

Curtin research found attitudes towards HIV and perspectives of risk limited awareness and uptake of PrEP among heterosexual migrants. Barriers reported among Medicare-ineligible patients at PrEPMe clinics included cost of medical appointments and pathology, and difficulties navigating the Australian healthcare system. No known research has explored barriers to PEP among mobile populations.

SUMMARY: Several projects have explored barriers to PrEP for gay Asian men. Understanding barriers to PrEP access and use by other priority populations, such as women from CaLD backgrounds or people travelling overseas, is also of interest. Understandings of PEP barriers are limited.

2 DETERMINE APPROPRIATE MECHANISMS TO IMPROVE HEALTH LITERACY, SUCH AS PEER EDUCATION, FACT SHEETS AND RESOURCES, KNOWLEDGE DISSEMINATION THROUGH PAPER-BASED AND DIGITAL MEDIA, INVOLVEMENT OF BILINGUAL WORKERS AND OPPORTUNISTIC EDUCATION BY HEALTH PROFESSIONALS.

ACTIVITY: Multiple projects aim to increase health literacy amongst community through peer-education, community-based workshops, resources, and other forms of knowledge dissemination. Specific examples include NAPWHA's Health Literacy Framework, the 'Have Fun Butt Play Safe' multicultural communities campaign, Caddyshack's 'The Kit' developed for international students, MHAHS's 'HIV. What You Need to Know', and SiREN's CaLD Sexual Health Resource Review.

Multicultural Health & Support Services (MHSS) provide community education sessions and peer-education projects for people from CaLD backgrounds. In 2022, CoPAHM released A Quick Guide to Developing Culturally Appropriate and Effective HIV Resource Content. CEH provides an online health literacy course.

SUMMARY: Current health literacy activities should be sustained. There are opportunities to further support community-led education, as outlined in Health Equity Matters Agenda 2025. Consistent with the evidence (23), health literacy efforts should go beyond resources towards developing critical health literacy, enabling individuals and communities to have greater control over their health.

3 HIV COMMUNITY-LED ORGANISATIONS AND OTHER NON-GOVERNMENT ORGANISATIONS TO EXPAND TARGETED PROMOTION OF PREP, PEP AND TASP TO PRIORITY MIGRANT GROUPS, PARTICULARLY GAY ASIAN MEN.

ACTIVITY: A few organisations provide targeted promotion to migrant groups. Health Equity Matters houses a repository of fact sheets on PrEP, PEP and TasP in languages other than English. ACON provides targeted support for gay Asian men. PrEPaccessNOW (PAN) provides translated information on accessing PrEP, including financial support.

Findings from the Medicare Ineligible Expanded Implementation in Communities (MI-EPIC) demonstrated high-adherence amongst Medicare-ineligible people with free PrEP and translated information.

SUMMARY: Wider promotion of PrEP, PEP and TasP to other groups, such as people who are travelling to higher-prevalence countries (24), is warranted.

4 INCREASE PREP AWARENESS AND EXPAND THE NUMBER OF SITES WHERE PREP IS AVAILABLE.

ACTIVITY: The PrEPARE project and the Gay Community Periodic Surveys show that PrEP awareness (and utilisation of) is increasing among gay and bisexual men. However, the Migrant Blood-Borne Virus and Sexual Health Survey (MiBSS) results show a low awareness of PrEP among groups outside of MSM.

SUMMARY: Further promotion of PrEP to groups beyond MSM, such as CaLD women, is warranted.

5 CONTINUED WORK WITH GPS AND EMERGENCY DEPARTMENT STAFF BY HIV NATIONAL PEAK ORGANISATIONS AND NON-GOVERNMENT ORGANISATIONS TO INCREASE KNOWLEDGE OF PREP AND PEP, AND HOW TO DISCUSS THE USE OF PREP AND PEP IN A NON-JUDGMENTAL MANNER.

ACTIVITY: We are aware of work with health professionals to increase their knowledge of PrEP and PEP. Examples of research projects include PrEP in practice and the PrEPIT evaluation. Training is also provided via ASHM. Power et al. recommends additional resources and tools need to be provided for healthcare workers to discuss and prescribe on-demand PrEP, particularly to MSM from diverse backgrounds.

SUMMARY: Continued work with health professionals to support prescribing on PrEP, including on-demand PrEP, and PEP, is on-going.

TEST

UNDERSTAND AND REDUCE BARRIERS TO HIV TESTING AND MAKE NEW TESTING TECHNOLOGIES WIDELY AVAILABLE

THE NEED

Barriers to accessing HIV testing for migrant populations are complex and include both sociocultural and structural factors (15, 25-35). These include: low visibility of HIV; an assumption that Australia is 'free' from HIV; the perception that HIV is a 'death sentence'; low risk perception of HIV; experiences of stigma and discrimination, including HIV-related stigma; barriers to health services, including cost; supernatural beliefs; and limited opportunities to test, particularly for those not regularly engaged with health services.

There are missed opportunities through primary care and other health services to test and diagnose HIV (36). While doctors are aware of the main context for testing (male patients who have sex with other men), testing rates are suboptimal among other priority populations (37). There is a push to normalise offering HIV testing, particularly among non-MSM populations (38). New testing methods (including rapid testing, HIV self-collection kits and HIV self-testing kits) present an opportunity to diversify opportunities to test. There are also opportunities to expand the number of rapid testing centres, particularly outside metropolitan areas.

THE ACTION

1 **CONTINUED JOINT ADVOCACY FOR APPROVAL OF HIV SELF-TESTING KITS BY THE THERAPEUTIC GOODS ADMINISTRATION, WITH SUPPORT AVAILABLE TO LINK PEOPLE PROMPTLY TO CARE AFTER A POSITIVE TEST.**

ACTIVITY: Atomo HIV self-testing kit TGA approved.

SUMMARY: Increase awareness of HIV self-testing kit availability (see below).

2 **INTERVENTIONS DELIVERED IN PARTNERSHIP BETWEEN RESEARCHERS, GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS THAT EXPLORE THE EFFECTIVENESS OF MAKING RAPID TESTING AND/OR SELF-COLLECTION KITS AVAILABLE IN COMMUNITY-BASED SETTINGS, SUCH AS AT MULTICULTURAL ORGANISATIONS.**

ACTIVITY: Rapid testing and self-testing kits are available at most organisations that are funded to respond to HIV. There are several examples of out-reach projects, including the CONNECT project which provides free self-testing kits via vending machines at universities and other settings with translated instructions, and the FORTH trial.

SUMMARY: Continue to explore the effectiveness of rapid testing, self-testing and/or self-collection kits in community-based settings, particularly among groups such as Asian MSM, women, and travellers.

3 CONTINUED IMPLEMENTATION OF INTERVENTIONS TO ADDRESS STIGMA AND DISCRIMINATION, DELIVERED IN PARTNERSHIP WITH GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS.

ACTIVITY: There is evidence of several projects to address stigma and discrimination, including the Positive Leadership Development Institute, the Stigma Research Stream and work being undertaken by MHSS. NAPWHA is advocating for a national campaign to reduce stigma as a barrier to testing. Findings from Broady et al. demonstrated positive results in reducing stigmatising attitudes towards people living with HIV through brief online videos.

SUMMARY: Ongoing work is necessary to address HIV-related stigma. Health Equity Matters Agenda 2025 provides further recommendations.

4 CONTINUED WORK WITH GPS BY PEAK BODIES, GOVERNMENT AND COMMUNITY-LED NON-GOVERNMENT ORGANISATIONS TO INCREASE HEALTH CARE PROVIDER KNOWLEDGE OF AT-RISK POPULATIONS FOR HIV TESTING AND HIV INDICATORS[1]; AND PROVISION OF NECESSARY TRAINING FOR CROSS-CULTURAL COMMUNICATION ON HIV TESTING.

ACTIVITY: Training for GPs and health professionals on HIV, and cross-cultural communication, is available in several formats. This includes the Blood Borne Viruses Online Training (SA), Your Cultural Lens (WA), HIV Online Learning Australia, and training provided by ASHM.

SUMMARY: Continue to support health professionals to access training, including in cross-cultural communication.

[1] http://testingportal.ashm.org.au/images/HIV_Testing_Policy_Feb_2017.pdf

TREAT

ADVOCATE FOR A POLICY MECHANISM TO PROVIDE ACCESS TO HIV TREATMENT AND PREP FOR TEMPORARY VISA HOLDERS WHO ARE INELIGIBLE FOR MEDICARE

THE NEED

Providing universal access to HIV treatment and PrEP for temporary residents without Medicare access is critical to meet Australia's target of virtual elimination of transmission by 2030. Affordable access to HIV treatment for people who are without Medicare is supported by a Federation Funding Agreement model. PrEP is currently not subsidised for those without Medicare, and while PrEP bought online is at a similar cost, there may be delivery delays of up to 4-6 weeks, leaving people at risk for HIV infection (39).

THE ACTION

1 COMMITMENT FROM BOTH POLITICAL PARTIES LEADING INTO THE 2019 FEDERAL ELECTION TO PROVIDE ACCESS TO HIV TREATMENT FOR THOSE WHO ARE INELIGIBLE FOR MEDICARE.

ACTIVITY: In 2021, the Federal Government announced investment into supporting people without Medicare to access HIV treatment; further funding was announced in 2023.

SUMMARY: Continue to monitor uptake of treatment and maintain pressure for ongoing investment. Continue research to further demonstrate the financial and public health benefit of universal access. Maintain efforts to support early access to treatment as needed.

2 CONTINUED COLLABORATIVE PRESSURE FROM ALL HIV COMMUNITY ORGANISATIONS AND RELEVANT MULTICULTURAL ORGANISATIONS, PEAK BODIES, STATE DEPARTMENTS AND PUBLIC HEALTH ORGANISATIONS FOR AFFORDABLE PREP.

ACTIVITY: There is continued pressure from organisations for affordable PrEP, particularly to those without Medicare. PAN provides information on accessing subsidised, or free, PrEP for those without Medicare. Health Equity Matters ask for subsidised PrEP regardless of visa status in Agenda 2025.

SUMMARY: Continue to advocate for affordable PrEP, including for people without Medicare.

INFORM

HARMONISE SURVEILLANCE DATA REPORTING FOR BOTH MIGRANT AND MOBILE POPULATIONS, INCLUDING SEXUAL BEHAVIOUR, TESTING RATES, NOTIFICATIONS, TREATMENT INITIATION AND PREP

THE NEED

Surveillance data allow us to track trends as they emerge, to evaluate current strategies and to provide better understanding of populations that may experience different levels of risk. However, gaps remain in data at a national and jurisdictional level. Differences exist in how data are represented by jurisdiction, and data on mobile and migrant populations is not consistently present. Where it does exist, easily digestible, recent data are not always readily available online.

Currently, there are no routine data on testing uptake in mobile or migrant populations at a jurisdictional or national level.

THE ACTION

1 **RELEVANT JURISDICTIONAL GOVERNMENTS TO RELEASE SURVEILLANCE DATA PUBLICLY IN A TIMELY MANNER (ANNUALLY); AND REPORT ON PRIORITY MIGRANT AND MOBILE POPULATIONS (AND OVERSEAS VS. AUSTRALIAN ACQUIRED HIV).**

ACTIVITY: Data continues to be released ad-hoc in some jurisdictions. Data related to mobile populations continues to be presented inconsistently between jurisdictions. CoPAHM has released a commentary on overseas-acquired HIV (>2018), which makes recommendations on data.

Kirby Institute continues to release national data on HIV notifications annually. New methods have been applied to improve estimating the timing of HIV acquisition among migrants.

SUMMARY: Continue to advocate for resourcing to support timely release of jurisdictional data.

2 **INVESTMENT FROM THE AUSTRALIAN GOVERNMENT IN A COMMUNITY-BASED PERIODIC SURVEY OF HIV KNOWLEDGE AND USE OF HEALTH SERVICES FOR PRIORITY MIGRANT COMMUNITIES, TO BE DELIVERED IN PARTNERSHIP WITH RESEARCH, GOVERNMENT, NON-GOVERNMENT ORGANISATIONS AND COMMUNITIES.**

ACTIVITY: The MiBSS project has recently released results relating to HIV knowledge, PrEP and use of health services amongst migrants.

SUMMARY: Sustained funding is required to support periodic implementation of MiBSS.

3 CONVENE A NATIONAL ROUNDTABLE ON THE EPIDEMIOLOGICAL, BEHAVIOURAL AND SOCIAL DATA ROUTINELY REQUIRED TO INFORM AND MONITOR PROGRESS TOWARD THE GOALS OF AUSTRALIA'S HIV STRATEGIES, WITH AN EMPHASIS ON MOBILE AND MIGRANT POPULATIONS, AND IMPLEMENT NATIONAL REFORMS.[2]

SUMMARY: We do not have evidence of specific work to inform and monitor progress towards Australia's strategies that is specific to migrant and mobile populations. Some work is being progressed through the Kirby Institute and Health Equity Matters CaLD Affiliates Network to review how cultural diversity is captured and reported.

Health Equity Matters is seeking to build consensus on the long tail of Australia's HIV response, including data needs. We acknowledge other work is ongoing, of which there is overlap with HIV and mobility. For example, the Federation of Ethnic Communities' Councils of Australia (FECCA) is continuing to explore how reporting on cultural, ethnic and linguistic diversity can be more consistent.

SUMMARY: Continue to advocate for national discussion and action including through the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI).

4 ANTICIPATE AND ADVANCE REFORMS INCLUDING CREATING A NATIONAL ONLINE DATA PORTAL FOR ACCESS TO JURISDICTIONAL QUARTERLY HIV DATA ON DEMAND; OR INCLUDING HIV IN AN EXISTING DATA PORTAL, SUCH AS THE NATIONAL NOTIFIABLE DISEASES SURVEILLANCE SYSTEM; AND, DEVELOPING HIV DATA REPORTS PERIODICALLY FOR MOBILE AND MIGRANT POPULATIONS.

ACTIVITY: We do not have evidence of specific work. We acknowledge that there is ongoing dialogue and work to progress this, including by the Kirby Institute and the Health Equity Matters CaLD Affiliates Network. The Kirby Institute is conducting a review into current CaLD data variables to inform data collection and reporting.

SUMMARY: Continue to advocate for a national online data portal and the development of specific reports for migrants and mobile populations.

[2] Strategy sourced from Health Equity Matters *HIV Blueprint*

MONITOR AND EVALUATE

DEVELOP CORE INDICATORS TO ASSESS EFFECTIVENESS OF HIV PROGRAMS FOR MOBILE AND MIGRANT POPULATIONS

THE NEED

Evaluation of programs and policies contributes to our understanding of what is most effective in HIV prevention and with whom. Current investment in health and support services for mobile populations is often ad-hoc with limited time and funding. As such, the evaluation of projects is often not reported on or not undertaken.

While programs are often diverse and employ a range of strategies, a core set of indicators are required to assist in determining successes of programs. Such indicators could address HIV-related stigma, attitudes towards condom usage and testing, and behaviour change.

THE ACTION

1 **CREATE PARTNERSHIPS BETWEEN RESEARCH ORGANISATIONS, PEAK BODIES, GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS WITH AFFECTED COMMUNITIES TO DEVELOP A SET OF CULTURALLY ACCEPTABLE INDICATORS AND TOOLS TO EVALUATE PROGRAMS THAT EXTEND BEYOND MEASURING KNOWLEDGE GAINS. SHORT-TERM PROXY INDICATORS MAY BE REQUIRED.**

ACTIVITY: We do not have evidence of specific activity to support this work. We acknowledge many projects delivered by organisations are undertaking culturally appropriate evaluation that extends beyond knowledge.

SUMMARY: Continue to advocate for a set of culturally acceptable indicators and tools to evaluate programs.

2 **JURISDICTIONAL GOVERNMENTS TO ENCOURAGE AND PROMOTE THE REPORTING OF EVALUATION BY GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS IN ONLINE REPORTS, PEER REVIEWED JOURNALS OR THROUGH ONLINE CASE STUDIES.**

ACTIVITY: We do not have evidence of specific activity to support this. We acknowledge that many organisations are disseminating findings through a range of formats, including back to community, supported by jurisdictional governments.

CoPAHM provides an e-News for dissemination of project data and online case studies. Project evaluations and lessons learned can be found in Health Equity Matters HIV Australia.

SUMMARY: Continue to encourage the dissemination of evaluation findings.

WHERE TO NEXT?

Since the release of the *Priority Actions* document in 2018, considerable work has been undertaken across policy, practice, and research to respond to HIV among migrant and mobile populations. Jurisdictional organisations and groups continue to collaborate on **local solutions**. The **health literacy** needs of Asian MSM in relation to PrEP has received considerable attention, as have the barriers to HIV **testing**. Federal reforms have provided **treatment** to people who are without Medicare. The rollout of the MiBSS survey has provided much needed data to **inform** policy and practice decisions. Organisations continue to **monitor and evaluate** the success of their projects.

However, ongoing investment and work is required to address the *Priority Actions* and make further progress towards addressing HIV among mobile and migrant populations. **Local solutions** require mechanisms which support meaningful involvement of affected communities. Projects are needed that increase the **health literacy** and awareness of PrEP among groups such as CaLD women and travellers. There are opportunities for the further roll out of HIV **testing** in community-based settings or online and campaigns that address HIV-related stigma. Subsidisation of PrEP for people without Medicare will remove cost-related barriers to utilisation. Further reforms on data variables that capture cultural diversity will **inform** funding and policy decisions, supported by culturally appropriate **evaluation** indicators.

We acknowledge that not all activity may have been captured in a dynamic and changing context.

We welcome any feedback on this document via copahm@curtin.edu.au

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