



Curtin University

# COMMUNITY OF PRACTICE FOR ACTION ON ON HIV AND MOBILITY STRATEGIC PLAN 2021-2025

# Context

## HIV AND POPULATION MOBILITY: IN BRIEF

Population mobility has increased dramatically in the last sixty years,<sup>1</sup> contributing to the transmission of a number of infectious diseases globally, including HIV. Notifications of HIV in countries such as Australia, the United States, Canada and some European nations have increased among people born overseas, and in some instances, among people travelling to other countries.<sup>2</sup>

The relationship between HIV and population mobility is complex, and the causal links between HIV and the experiences of people travelling to and from regions of high HIV prevalence are not well understood.<sup>3</sup> Overlaid are issues of stigma, discrimination, racism, and evolving economic and migration policies which influence access to testing and treatment services.

## WHO ARE WE TALKING ABOUT?

In this document, we use the term migrant and mobile populations to refer to people who travel to Australia from sub-Saharan Africa, North East and South East Asia regions, and Australian-born people who travel to these regions. Migrant and mobile populations include a range of people with diverse and intersecting experiences including women, gay men and other men who have sex with men and people with culturally and linguistically diverse backgrounds. The needs of these sub-groups are unique and complex.<sup>4</sup> Australia's response needs to reflect this complexity in order to address relevant issues. This requires partnerships across a range of sectors and organisations to ensure an integrated response to HIV and population mobility.

## COMMUNITY OF PRACTICE FOR ACTION ON HIV AND MOBILITY

The *HIV and Mobility in Australia: Road Map for Action (Road Map)* discussion paper, released in December 2014, explored the links between HIV and population mobility in Australia. It built on a range of work conducted around Australia and internationally. The *Road Map* proposed 71 strategies across a range of stakeholders to operationalise recommendations from Australia's national HIV strategies. Since the release of the *Road Map*, we have seen ongoing momentum to address the strategies across practice and research, documented in the *Interim Report Cards*. However, many of these strategies require long-term action and maintenance to be effective.

The *Road Map* intended to stimulate discussion and action amongst stakeholders with an interest in HIV and population mobility issues. A **Community of Practice for Action on HIV and Mobility (CoPAHM)** was established in March 2015 to help keep HIV and population mobility issues on the national agenda, with funding for secretariat support from the WA Department of Health Sexual Health and Blood-Borne Virus Program. The current CoPAHM membership includes over 220 stakeholders from government, non-government, research, community organisations and national peak bodies who are interested in working together to progress actions.

In 2018, The *HIV and Mobility in Australia: Priority Actions* report was released, which built on the *Road Map* and provided approaches for working collaboratively to end HIV transmission among migrant and mobile populations. Six priority action areas were proposed to further operationalise

1. World Tourism Organization. International tourist arrivals up 4% reach a record 1.2 billion in 2015 2016. Available from:

<http://media.unwto.org/press-release/2016-01-18/international-tourist-arrivals-4-reach-record-12-billion-2015>.

2. Crawford G, Lobo R, Brown G, Langdon P. HIV and Mobility in Australia: Road Map for Action. Perth, Western Australia: Western Australian Centre for Health Promotion Research and Australian Research Centre in Sex, Health and Society; 2014.

3. Deane KD, Parkhurst JO, Johnston D. Linking migration, mobility and HIV. *Tropical Medicine & International Health*. 2010;15(12):1458-63.

4. International Organization for Migration. Human Mobility and HIV 2018 [Available from: <https://www.iom.int/human-mobility-hiv>].

the Australian response to HIV and population mobility and future iterations of national and jurisdictional policies relating to HIV:

- **Local solutions:** Relevant jurisdictions to plan and implement state-specific responses to HIV in migrant and mobile populations
- **Health literacy:** Increase health literacy and know how to access combination prevention strategies available
- **Test:** Understand and reduce barriers to HIV testing and make new testing technologies widely available
- **Treatment and prevention medication:** Advocate for the inception of a policy mechanism to provide access to HIV treatment and PrEP for temporary visa holders who are ineligible for Medicare
- **Inform:** Harmonise surveillance data reporting for both migrant and mobile populations, including sexual behaviour, testing rates, notifications, treatment initiation and PrEP
- **Evaluate:** Develop core indicators to assess effectiveness of HIV programs for mobile and migrant populations

For more information, please see [Priority Actions](#).

Addressing HIV and population mobility is a shared challenge. The role of **CoPAHM** is to support the mobilisation of relevant sectors and organisations in the response to HIV and population mobility nationally. It is essential that there is a collaborative approach between the Australian Government and state and territory governments, community-led organisations, peak bodies, clinical services, research groups, and affected communities, to work together to provide informed leadership, policy and coordinated support. These groups constitute the key stakeholders\* for this Strategy.

CoPAHM is supported by a National Governance Group (NGG) who are responsible for the strategic direction of CoPAHM. The NGG provide leadership, monitor progress of CoPAHM activities nationally, and provide direction to the CoPAHM Coordinator.

The NGG currently includes representation from CoPAHM, Curtin University, La Trobe, University of Southern Queensland, Queensland University of Technology, Department of Health WA, Department of Health South Australia and Australian Federation of AIDS Organisations (AFAO).

This document sets out the strategic plan for CoPAHM for 2021-2025. It builds on a number of national and jurisdictional strategies to address HIV prevention, testing, treatment and management in Australia.



# Vision

Equitable outcomes for migrant and mobile populations in HIV prevention, testing, treatment and quality of life

# Mission

To support a national, collaborative and equitable response to HIV and population mobility issues across research, practice and policy

# Priorities

## 1. *Strategic leadership*

- Support ongoing actions towards an integrated response to HIV and population mobility
- Advocate to key stakeholders for action on issues related to migrant and mobile populations in Australia's HIV response
- Provide responsible and sustainable governance and management of CoPAHM in partnership with key stakeholders

## 2. *Highly skilled and knowledgeable workforce*

- Share new research findings and promote new practice initiatives
- Support knowledge translation<sup>1</sup> activities
- Identify and support opportunities for professional development and capacity building

## 3. *Ongoing monitoring and evaluation*

- Assess progress of Australia's response to HIV and population mobility
- Identify and support research and evaluation opportunities to address knowledge gaps that limit Australia's response to HIV and population mobility issues

# Guiding Principles

CoPAHM is guided by four main principles. These principles underpin the strategic approach to HIV management for migrant and mobile populations in Australia.

- **Partnerships and collaboration** - Working with other groups to achieve vision, including peak, government and non-government organisations and affected communities
- **Access and equity** - Addressing determinants of health that impact HIV outcomes, acknowledging that intersecting characteristics result in unique challenges and experiences for priority populations
- **Evidence** - Supporting research, policy and practice responses informed by evidence
- **Ethics and human rights** - Ensuring ethical practice

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<sup>1</sup> Knowledge translation is the process of creating and sharing knowledge as well as supporting its ethical application

The *Road Map* provides 10 guiding principles for Australia’s response to HIV and mobility, linked to the priorities outlined in the current and previous iterations of national HIV strategies and UNAIDS strategies. The guiding principles provide a strategic approach to HIV management for mobile and migrant populations. These are provided in brief below. For more information, please refer to the [Road Map](#).

1. Incorporate a human rights approach – stigma and discrimination directed at mobile populations and migrants must be reduced.
2. Reduce all barriers to testing and access to treatment.
3. Pay attention to the confluence between HIV and mobility – acknowledge that due to an increase in migration and mobility, HIV affects a diverse range of Australians.
4. Move beyond ‘narrow protectionist policies’ – recognition that migrant health screening (including for HIV) should be a voluntary, two-way process which also provides migrants with access to treatment as needed
5. Commit resources to improve migrant health.
6. Continue to develop links and cooperative partnerships with affected communities locally and internationally.
7. Participate in and contribute to global health governance.
8. Create closer cooperation between Australia and the HIV policy, public health, treatment and support sectors in countries of origin and destination for Australian mobile populations and migrants.
9. Acknowledge that mobile populations and migrants need more than information (even if it is translated). Specialist services as well as generalised services need to be provided.
10. Know your epidemic(s) – continue surveillance and monitoring and develop evaluation strategies in conjunction with migrant and mobile populations.



# ACTION PLAN

The following table outlines the CoPAHM’s objectives, activities and measures of success for the 2021-2025 period. Each objective aims to support the mobilisation of sectors and organisations in the national response to HIV and mobility. Each objective links with key areas of action from the Eighth National HIV Strategy, which are provided in brief below. For more information, please refer to the [Eighth National HIV Strategy \(2018 - 2022\)](#).

Objectives and activities	Measures of Success	8 <sup>th</sup> National Strategy*
<b>Strategic Leadership</b>		
<b>1.1 Support ongoing actions towards an integrated response to HIV and population mobility</b>		
Maintain and build strategic partnerships with relevant organisations and affected communities to deliver effective advocacy, policies, and procedures related to HIV and population mobility issues	Evidence of collaborative activities with key partners including state based CoPAHMs/groups; Evidence of CoPAHM leadership in advocacy, policy and procedural reports; Participation in relevant meetings or fora to plan or co-design actions.	16, 27
Continue to support national and jurisdictional working groups related to HIV and population mobility issues, including support for research and intervention activity	Evidence of collaborative research and intervention development activity with national working groups.	20, 21
<b>1.2 Advocate to key stakeholders for action on issues related to migrant and mobile populations in Australia’s HIV response</b>		
Prioritise advocacy issues for HIV and population mobility	Priorities determined; Evidence of CoPAHM leadership in advocacy, policy and procedural reports.	31, 33
Advocate for the inclusion of population mobility issues at a national and state level, including providing representation in groups and events relating to population mobility.	Evidence of migrant and mobile populations on national and state HIV agenda and strategies; Evidence of CoPAHM representation and facilitation of discussion of migrant and mobile population’s issues at key HIV and population mobility related fora and in targeted communications and social media.	27, 31
<b>1.3 Provide responsible and sustainable governance and management in partnership with stakeholders</b>		
Determine priorities to support those working in HIV and population mobility in partnership with the National Governance Group	Priorities for future direction with National Governance Group determined annually.	31, 33
Deliver effective policies and procedures that support CoPAHM’s stakeholders	CoPAHM terms of reference developed and reviewed; Strategic plan developed and endorsed; Monitoring and evaluation plan developed and endorsed.	26, 27
<b>Highly skilled and knowledgeable workforce</b>		
<b>2.1 Share new research findings and promote new practice initiatives</b>		
Host an online hub of up to date publications, strategic documents and discussion papers relating to CoPAHM and HIV and population mobility	Development of a dedicated website during 2020/21. Content updated every 3 months.	20, 21

<b>Objectives and activities</b>	<b>Measures of Success</b>	<b>8<sup>th</sup> National Strategy*</b>
Disseminate recent projects, research and media relating to HIV and mobility to CoPAHM members	Online strategies implemented: eNews compiled quarterly; regular tweeting from CoPAHM account.	17, 20
<b>2.2 Support knowledge translation activities</b>		
Develop fora to discuss current HIV and population mobility activities and future direction	Webinar hosted annually	4, 20, 21
Include CoPAHM's discussion papers, mapping and evidence briefs on the website for access by all CoPAHM members	CoPAHM discussion papers, mapping, evidence briefs and relevant documents uploaded on the website for access by all CoPAHM members	21
<b>2.3 Support opportunities for professional development and capacity building</b>		
Provide opportunities for research students and volunteers working on CoPAHM activities relevant to the sector	Evidence of regular involvement of research students and volunteers (at least 1 per annum)	20
Support organisations to plan or co-design actions and interventions that address HIV and population mobility priorities	Evidence of working with organisations to translate research findings and priorities into action	4, 21, 32
<b>Ongoing Monitoring and Evaluation</b>		
<b>3.1 Assess progress of Australia's response to HIV and population mobility</b>		
Provide commentary on HIV and population mobility related epidemiology at a national level in conjunction with State Epidemiology departments and Kirby Institute	Collaborative analysis of national HIV and population mobility epidemiology provided annually.	27, 31
Continue to monitor uptake and implementation of strategies in the Road Map and Priority Actions documents across organisations, state and territories governments and national government	Update on implementation of strategies in the Road Map and Priority Actions document published once in the grant term.	25, 26, 27
<b>3.2 Identify and support research and evaluation opportunities to address knowledge gaps that limit Australia's response to HIV and population mobility issues</b>		
Identify applied research or evaluation priorities with support from WA SHBBVP and CoPAHM members	Collaborative applied research or evaluation project identified once in the grant term.	7, 12, 28, 29, 30, 32
Support applied research or evaluation priorities with support from WA SHBBVP and CoPAHM members.	Collaborative applied research or evaluation project implemented once in the grant term.	1, 7, 12, 30, 32, 33

<b>KEY AREAS OF ACTION FROM THE EIGHTH NATIONAL HIV STRATEGY</b>
1. Maintain and implement targeted programs, including community-led and peer-based approaches, which improve HIV-related knowledge, reinforce prevention and promote safe behaviours in priority populations.
4. Increase the knowledge and awareness of HIV among general practitioners / primary care professionals in relation to the suite of available prevention methods, including TasP, PEP and PrEP; how to support priority populations; and the availability and effectiveness of HIV treatment, with a particular focus in areas of high need.
7. Improve surveillance and research on priority populations, including through improved data collections and greater granularity of epidemiological data, and use these data to inform approaches
12. Investigate a sustainable model for access to treatment for people with HIV who are ineligible for Medicare.
16. Increase HIV awareness, capability and collaboration of service providers to support people with HIV, including in settings such as drug and alcohol, mental health, aged care, disability, housing, employment, child and family, and justice and corrective services.
20. Develop knowledge and awareness of HIV across the multidisciplinary workforce to facilitate the delivery of appropriate services and address the ongoing care and support needs of people with HIV.
21. Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.
25. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.
26. Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment and care and support for people with HIV and affected communities.
27. Engage in dialogue with other government sectors to promote the use of up-to-date HIV related science to improve policies affecting people with HIV and to discuss the impacts of wider public policy decisions on the health of priority populations.
28. Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action.
29. Identify opportunities to improve the timeliness and consistency of data collection
30. Improve surveillance of issues impacting on people with HIV, including morbidity and mortality, stigma and discrimination, quality of life measures, the availability of new biomedical interventions and HIV drug resistance.
31. Build on the existing strong evidence base to effectively inform the implementation of the priority actions of this strategy.
32. Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy.
33. Explore opportunities for assessing the impact of legislation and regulation on barriers to equal access to health care.