What do we need to better understand the needs of mobile and migrant populations in Australia?

Is a HIV national response achievable?

Lisa Bastian
Sexual Health & Blood-borne Virus Program
WA Health

MEDIA RELEASE
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Overseas born Aussies highest in over a century

The proportion of Australians who were born overseas has hit its highest point in over 120 years, with 28 per cent of Australia's population born overseas, according to figures released today by the Australian Bureau of Statistics (ABS).

"Australia has traditionally had a high proportion of migrants, but we've now hit a peak not seen since the late 1800s," said Beidar Cho from the ABS.

The percentage of Australian residents born overseas has increased every year for the last 15 years.

"The number of Australian residents born in India has almost tripled over the last 10 years and residents born in China have more than doubled in this time."

The change in our migrant mix can best be observed in the differences in median age of certain groups.

"Migrants born in Italy, for example, had a median age of 64.7 years in 2005. This increased to 69.3 years in 2015 - indicating a drop in recent migration and the aging of existing migrants," said Ms Cho.

"On the other hand, migrants from our Asian neighbours, such as India, have seen a reduction in median age from 37 years in 2005 to 33.4 years in 2015."
HIV & Mobility
what are we talking about

**MOBILITY FACTORS**

- **Mobile populations:** People who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons.
  

- **HIV diagnoses** have been increasing among people from high HIV prevalence countries, including South-East Asia and Sub-Saharan Africa. Women from these population groups have a higher risk of HIV than women in the general population.

- **Travellers & Mobile Workers**
  - People who engage in unsafe behaviours while travelling, or who travel to or from high prevalence countries, are at higher risk of exposure to themselves or transmission to others. People from high prevalence countries in Australia temporarily, such as mobile workers, are emerging as significant in areas such as WA.

**HIV notifications in mobile and migrant populations within Australia, 2014**

**Men who have men sex with men (MSM)**
- Increased proportion of MSM diagnosed with HIV were born in Asia
- Asian-born men made up 44% of new diagnoses in 2014 compared to 21% in 2005

**Heterosexual people**
- 39% of heterosexual transmission were in people from high-prevalence countries or partners were from high prevalence countries

Source: The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2015. The Kirby Institute, UNSW Australia, Sydney NSW 2052
HIV notifications in mobile and migrant populations within Australia, 2014

**Pregnant women**
- Decreased mother-to-child transmission BUT increased number of deliveries in women with HIV infection

**Late and advanced HIV diagnoses**
- Proportion with late diagnosis was highest in those born in South East Asia (42%) and sub-Saharan Africa (38%)

The Kirby Institute, UNSW Australia, Sydney NSW 2052

South Australia and West Australia

<table>
<thead>
<tr>
<th>Year</th>
<th>South Australia</th>
<th>Western Australia</th>
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<tbody>
<tr>
<td>2010</td>
<td>48</td>
<td>113</td>
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<tr>
<td>2011</td>
<td>68</td>
<td>105</td>
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<td>139</td>
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<tr>
<td>2015</td>
<td>58</td>
<td>131</td>
</tr>
<tr>
<td>2016 (YTD)</td>
<td>46</td>
<td>98 (YTD - 30 Sep 2016)</td>
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Source:
SA – Data - Communicable Disease Control Directorate, Department of Health SA
WA Data - Communicable Disease Control Directorate, Department of Health WA
South Australia

- Overseas born notifications
  - In 2014, **47 per cent** of notifications were among people born outside Australia
  - There has been an increase in the number of overseas born cases over the past five years
  - Regions/countries of birth identified were Africa (n=11), Asia (n=9), the Americas (n=3), United Kingdom (n=2) and the Middle East (n=1).

- Overseas acquired infection
  - 83 per cent (n=19) of those born overseas acquired HIV overseas and 17 per cent (n=4) acquired HIV in Australia.

- CALD communities
  - An average of 41 per cent of annual HIV notifications in South Australia were among people of CALD backgrounds (2010-2014).

South Australia and West Australia

- HIV notifications among women in South Australia represented between 17 and 35 per cent between 2010 and 2014
- HIV notifications among women in West Australia represented 22 and 33 per cent in the same period

<table>
<thead>
<tr>
<th>Year</th>
<th>HIV notifications among women</th>
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<tr>
<td></td>
<td>South Australia</td>
<td>Western Australia</td>
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<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>2010</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>2011</td>
<td>18</td>
<td>26</td>
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<td>2013</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>2014</td>
<td>19</td>
<td>35</td>
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Source:
SA Data - Communicable Disease Control Directorate, Department of Health SA
WA Data - Communicable Disease Control Directorate, Department of Health WA
### Key findings from qualitative research

<table>
<thead>
<tr>
<th>Study</th>
<th>Key findings/recommendations</th>
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</thead>
</table>
| Person A et al AIDS Education and Prevention, 26(3), 245-255, 2014 | • Current HIV approach is not transferrable to migrant communities  
• Cultural competency framework required  
• System-wide and organisation level support and commitment  
• Personal networks may have influence on travellers  
• Better support for migrant communities, especially women to transition to citizenship |
| Agu J et al Int. J Environmental Research and Public Health, 13 (485), 1-22, 2016 | • Recognition of diversity and the need for targeted approaches  
• Stigma and discrimination is not limited to health-care settings  
• Promote knowledge of host countries laws and individual’s responsibilities |
| Brown et al Sexual Health, 11, 247-555, 2014 | • Social norms and networks seem to be influential in expatriate communities  
• Need for education and prevention in key countries with strong expatriate communities  
• Need for effective engagement with cross-border epidemics |
| Dean J et al Culture, Health & Sexuality, 1-14, 2016 | • Resettlement has positive and negative on young peoples’ sexual health literacy, behaviour and well-being  
• Traditional family structures and parenting roles are changing  
• Divergent attitudes and beliefs between young people and older adults  
• Early post-arrival culturally relevant sexuality education is recommended |
| Horyniak D et al Journal of Ethnicity is Substance Abuse, 13: 405-429, 2014 | • African communities’ resettlement experiences characterised by social disadvantage and exclusion, unemployment, discrimination and racism  
• Injecting drug use is highly stigmatised in African communities  
• Interventions that emphasize cultural beliefs and promote community dialogue about substance use are recommended to prevent further marginalisation |
| Blondell S et al AIDS Behaviour, 19: 2012-2024, 2015 | • Migrant communities are not homogenous  
• Complexity of factors that influence HIV testing across individual, community and structural levels  
• HIV testing must be within a comprehensive framework of access |
Immigration Policy

Annual Population Growth, Australia 1982-2015

Source: Australian Bureau of Statistics, 3101.0 – Australian Demographic Statistics, December Quarter 2015, published by the Lowy Institute
Annual intake for select visa types in Australia

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<tbody>
<tr>
<td>Skilled 457 (temp)</td>
<td>25,368</td>
<td>36,900</td>
<td>48,590</td>
<td>101,290</td>
<td>126,360</td>
<td>96,060</td>
<td>279</td>
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<tr>
<td>Working holiday (temp)</td>
<td>52,700</td>
<td>76,600</td>
<td>104,400</td>
<td>194,582</td>
<td>258,248</td>
<td>226,812</td>
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<tr>
<td>International student (temp)</td>
<td>68,611</td>
<td>146,565</td>
<td>175,825</td>
<td>319,632</td>
<td>295,278</td>
<td>299,540</td>
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<tr>
<td>Skilled (permanent)</td>
<td>19,657</td>
<td>44,730</td>
<td>77,878</td>
<td>114,777</td>
<td>128,973</td>
<td>127,774</td>
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<tr>
<td>Family (permanent)</td>
<td>36,450</td>
<td>33,470</td>
<td>41,736</td>
<td>56,365</td>
<td>61,185</td>
<td>61,085</td>
<td>67</td>
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<tr>
<td>Humanitarian (permanent)</td>
<td>11,902</td>
<td>13,733</td>
<td>13,078</td>
<td>13,373</td>
<td>15,985</td>
<td>13,756</td>
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</tr>
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Source: Lowy Institute for International Policy, October 2016

Biofutures Acceleration Program
Biofutures Queensland is looking to accelerate the development of new and expanded bioeconomies.

CFMEU calls for tougher rules for 457 visas

If the CFMEU has its way, 457 visa holders in Capricornia may have to tell their families overseas to shake a leg and apply sooner rather than later.

The union said the program needed tightening to ensure that Australian workers and young people were given priority over temporary visa workers.

Immigration Department figures released this week showed there were 34,000 visa workers in Queensland at 31 March this year.

CFMEU National Secretary Michael O’Connor said the 457 visa workforce was growing much faster than Australian employment generally, and that was completely unsustainable in the current jobs climate.

“If the Abbott government is allowing too many employers to access visas without any obligation to look for Australian workers first - and young people especially are losing out,” Mr O’Connor said.

“Under the coalition, around two-thirds of all 457 visas are not subject to any employer obligation to advertise the job and test the local labour market, and nearly half of all 457 visas are still going to younger foreign workers aged 30 or less.”

Mr O’Connor said the obligation to look for Australian workers first, and prove that none were available, must apply to all employers seeking to get 457 visa workers in all occupations.
Business calls for more flexibility on migration policy

Claire Tyrrell - The West Australian on October 11, 2016, 8:22 am

Australia’s migration policy is too rigid and nowhere near responsive enough to the needs of business, a group of industry experts has warned.

Recent figures reveal 21,677 skilled migrants came to WA in 2015-16, where the State’s unemployed list hit 44,700.

Industry experts told a Curtin Business School/HealthCare Outlook Forumsemble event government and industry should invest in education and training to ensure migrant workers did not miss out opportunities for locals.

Additionally, the State should foster an environment for skilled migrants to thrive in areas of demand.

Despite WA’s economic slump, bricklayers are still on the Government’s list of urgently needed skilled migrants.

ABN Group managing director Dale Alcock said this showed how misaligned the system was with the needs of industry.

“The skills list is not dynamic,” he said. “Clearly we are in a down period in terms of construction so why should plumbers, tile setters, bricklayers and electricians be on the list today?”

The skills list, released by the Department of Immigration and Border Protection, was highlighted by Curtin Business School research fellow Roslyn Camersons.

Dr Cameron said the department’s data on its RoadWest Curtin Economic Centre report on mismatched skill shortages and mismatched the settlement of skilled migrants to WA.

She said more could be done to support skilled migrants who came to WA under their own steam, without employer sponsorship.

“They are the people who are on the skilled occupation list, they want to get to Australia, they have the skills but not a lot of safety nets when they get here,” she said.

These workers often plug skills shortages in regional WA.

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HIV Road Map for Action and ‘Snap-shot’ Report
Case Study - Community of Practice

Case Study 2 - Victoria
Implications for the 8th Australian HIV Strategy 2018-21

• Continued inclusion of migrant and mobile populations as a priority
• Consider options for enhanced HIV surveillance and monitoring
• Translation of emerging evidence into recommended priority actions
• Greater recognition of stigma, discrimination and structural barriers, including systemic racism

Closing Comments

• Immigration has changed, it brings about change, is inherently controversial and politically contested
• New research partnerships are needed with different disciplines – sociology, political scientists, social demographers
• Continue to define and understand the impact of structural barriers on individuals’ agency
• New policy and project partnerships are needed to participate in the ‘upstream’ policy debate and immigration ‘industry’ activity
• Research and evaluation to improve our understanding of the impact of changes in HIV epidemiology
• Continued community engagement, partnership and participation
• Continued leadership from community, peak bodies and all governments
• Get involved – visit CoPAHM

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