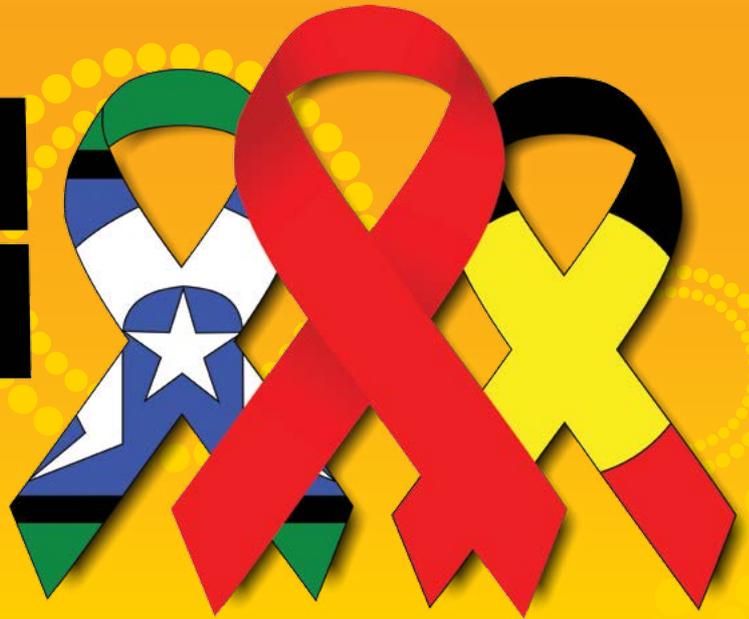


U AND ME

CAN STOP

HIV



HIV

and Aboriginal &
Torres Strait Islander
Communities IN 2016



SAHMRI
South Australian Health &
Medical Research Institute



ABOUT THIS BOOKLET

This booklet was prepared by the Infection and Immunity Theme team at the South Australian Health and Medical Research Institute (SAHMRI). Funding for the booklet was provided by the Commonwealth Department of Health.

We produced the booklet to highlight the risk that HIV could take hold in our community and inform discussion of actions needed to prevent this from happening. We also wanted the booklet to profile Aboriginal and Torres Strait Islander HIV Awareness Week – ATSIHAW – and the role played by the community and Aboriginal Community Controlled Health Services in making it such a success. Now in its third year, ATSIHAW community engagement is continuing to grow and your tremendous commitment is evident in these pages.

Thank you.

SAHMRI acknowledges the Kurna people as the traditional custodians of the Adelaide Plains region, where the SAHMRI building is located. We recognise the Kurna people's cultural, spiritual, physical and emotional connection with their land. We honour and pay our respects to Kurna elders, both past and present, and all generations of Kurna people, now and into the future.

NEW WEBSITE!

ATSIHIV.org.au, launched for World AIDS Day 2016, has been developed by SAHMRI to be the go-to resource on HIV for Aboriginal and Torres Strait Islander people and community health services across Australia. It provides accessible and relevant information on HIV – on how HIV is transmitted, on HIV prevention, and on providing care and support for people in our community who live with HIV. It contains clear information on the basics of HIV transmission risks, with strong emphasis on condom use, as well as information on harm reduction for injecting drug users and new prevention tools such as Pre-Exposure Prophylaxis (PrEP). It explains the need for regular HIV testing, and provides tips and resources for dealing with an HIV diagnosis. Throughout the website we stress the safety and effectiveness of modern HIV treatment medications – including the role of ‘treatment as prevention’ in preventing onward transmission.

The website has also been designed to support community health professionals, educators and health promoters, with information on latest data on HIV among A&TSI communities, key research projects, and links provided for other useful online resources on HIV.

ATSIHIV.org.au was developed with funding provided by the Commonwealth Department of Health.

Contents

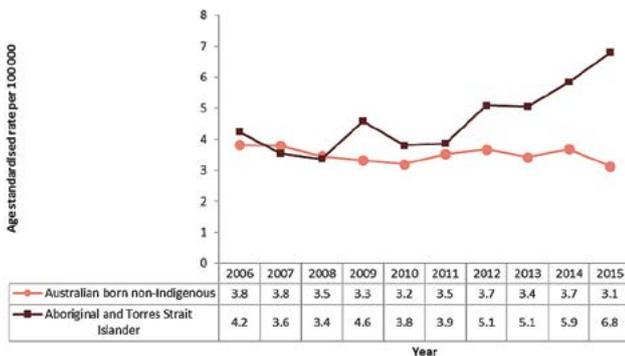
HIV and Aboriginal & Torres Strait Islander Communities: the shift in the data	2
2015 HIGH LEVEL SUMMIT – recommendations and progress.....	6
Where to from here in 2017	9
Aboriginal & Torres Strait Islander HIV Awareness Week 2016 - program of events	11
ATSIHAW Ambassadors.....	15
ATSIHIV.org.au.....	20

It is time for strong, nationally coordinated actions to prevent HIV taking a hold in Aboriginal and Torres Strait Islander communities. If nothing changes we risk a rapid escalation in the rate of HIV in the Aboriginal and Torres Strait Islander population, with remote communities particularly at risk of outbreaks.

Rising HIV rates among Aboriginal and Torres Strait Islander people have been observed in data analyses over the last few years. New data for 2006–2015 show that this trend continues. There is now a clear and widening divergence in HIV rates between the Australian Indigenous population and the Australian-born non-Indigenous population: rates going up for the Indigenous population but down for the non-Indigenous Australian-born population.

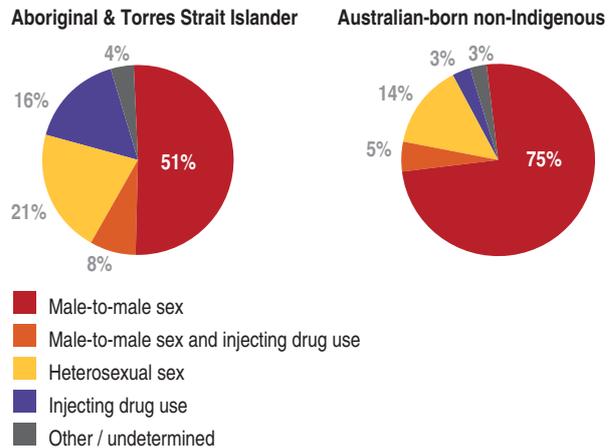
The rate of HIV diagnosis among Aboriginal and Torres Strait Islander people is now more than double the Australian-born non-Indigenous rate: 6.8 per 100 000 people compared to 3.1 per 100 000, for 2015¹.

FIGURE 1: Newly diagnosed HIV notification rate in the Australian-born population per 100 000, 2006–2015, by Aboriginal and Torres Strait Islander status²



As can be seen in the 2015 surveillance data snapshot below, the rate increase for the Aboriginal and Torres Strait Islander population has occurred in the context of increasingly significant differences between modes of transmission for the Indigenous and non-Indigenous Australian-born population, notably the significantly higher proportion of new cases among Aboriginal and Torres Strait Islander people attributed to injecting drug use - 16% compared to 3% for the non-Indigenous population, for 2010–2014.

Figure 2: Newly diagnosed HIV infection and HIV exposure category, 2011–2015, by Aboriginal and Torres Strait Islander status



2015 DATA SNAPSHOT

The recently released HIV surveillance data for 2015³ show:

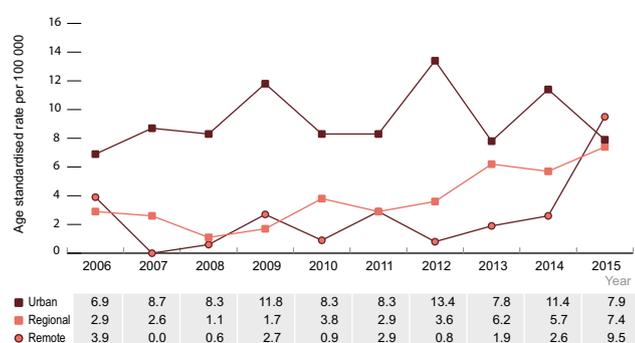
- The highest ever number of HIV notifications for Aboriginal and Torres Strait Islander people in any one year since 1992, when data was first collected
- The rate of HIV diagnoses in 2015 among Aboriginal and Torres Strait Islander people was more than double that of the Australian-born, non-Indigenous population (6.8 compared to 3.1 per 100 000)
- Aboriginal and Torres Strait Islander people comprised 4% of all HIV diagnoses (38 of the 1025 notifications)
- Over the five years to the end of 2015, a distinguishable clear trend of divergence in HIV diagnosis rates for Aboriginal and Torres Strait Islander people away from Australian-born non-Indigenous rates (see Figure 1)
- Over the last five years to the end of 2015, there was a two-fold increase in the notification rate of newly diagnosed HIV among Aboriginal and Torres Strait Islander males (from 6.2 per 100 000 in 2011, to 12.4 per 100 000 in 2015), whilst the rate in the non-Indigenous Australian-born male population decreased by 12%
- In 2015, the notification rate of newly diagnosed HIV infection in the Aboriginal and Torres Strait Islander population was highest among those residing in remote areas (see Figure 3 below).
- A higher proportion of notifications of newly diagnosed HIV among the Aboriginal and Torres Strait Islander population was attributed to injecting drug use (16% compared to 3% for the Australian-born non-Indigenous population)
- A higher proportion of notifications of newly diagnosed HIV among the Aboriginal and Torres Strait Islander population was attributed to heterosexual sex (21%



compared to 14% for the Australian-born non-Indigenous population)

- 30% of the new HIV diagnoses among the Aboriginal and Torres Strait Islander population were determined to be late diagnoses, i.e., for people who had been infected for at least 4 years without being tested.

FIGURE 3: Newly diagnosed HIV notification rate in the Australian-born population per 100 000, 2015, by Aboriginal and Torres Strait Islander status and area of residence⁴



Source: State and Territory health authorities; includes all states and territories

RECOGNISING THE VULNERABILITIES

Aboriginal communities experience a range of health disparities which have a profound impact on personal and community life and a heightened risk of HIV is just one component of the grossly disproportionate burden of ill-health borne by the Aboriginal community.

It could be said that data on rising HIV rates are cause for concern but given the small number of new infections among Aboriginal and Torres Strait Islander people each year, HIV prevention targeting Aboriginal communities is sufficiently and appropriately prioritised under Australia's national and state/territory blood-borne virus and STI prevention strategies. It could be argued that that the situation should be closely monitored at the national level but does not warrant urgent Commonwealth action given other Aboriginal health priorities, such as prevention of diabetes and kidney disease, and addressing child and maternal health issues.

Focussing on the current small number of HIV cases misses the point: the vulnerabilities of the Aboriginal and Torres Strait Islander population to infectious disease mean that we must take heed of the rate increase and we must understand what is driving that increase. This starts with recognising the nature of the primary vulnerabilities that potentially contribute directly to the increasing rate of new HIV diagnoses in the population, and to widening disparities between modes of transmission:

Injecting drug use is increasing among Aboriginal and Torres Strait Islander people, including among the

significant sub-population of people who have been in prison. Increasingly disproportionate rates of HIV diagnoses between the Indigenous and non-Indigenous population indicate that harm reduction strategies are not reaching injecting drug users in Aboriginal communities and that communities' access to NSPs is inadequate.

The high prevalence of other STI's among Aboriginal and Torres Strait Islander people, particularly in remote communities, heightens the risk of HIV taking hold in communities. Men and women with STIs are at significantly higher risk of acquiring HIV sexually and face a range of serious long-term health problems (see box below). STIs are endemic in some remote communities, many people having more than one STI. Limited sexual networks in remote communities with endemic STI rates mean that if a person in a sexual network acquires HIV, either sexually or through injecting drug use, there is potential for an outbreak of HIV in the community.

Proximity to the Western Province of PNG, where HIV rates are high, means that Torres Strait Islanders and Top End communities are at heightened risk of HIV. Australian and PNG nationals can travel freely between Australia and PNG in the Torres Strait Protected Zone to undertake traditional activities⁵ and there is a high degree social interaction between Australian and PNG nationals.

Common STIs affecting people among Aboriginal and Torres Strait Islander communities include:

Chlamydia is the most common STI in Australia, predominantly in the age group 15-25 years. Rates among Aboriginal people are between 3 and 5 times those for the non-Indigenous population - across metropolitan, regional and remote areas. Chlamydia rarely has symptoms. It is easily tested for, and treated with a one-off dose of antibiotics. If not detected and treated chlamydia can cause pelvic inflammatory disease and other serious complications in women, including poor outcomes in pregnancy.

Gonorrhoeae and **syphilis** disproportionately affect young Aboriginal and Torres Strait Islander people, particularly in remote and isolated communities. Rates of gonorrhoeae are 30 times higher for the Indigenous population compared to the non-Indigenous population; and syphilis rates are five times higher. Both STIs can cause major issues in pregnancy, including still-birth, and babies can be born with these infections. Both conditions are relatively easy tested for and treated with antibiotics.

Trichomonas is very prevalent among Aboriginal and Torres Strait Islander people. In remote communities around 25% of women have been found to have trichomonas. Untreated trichomonas can cause premature birth and low birth weight.

LESSONS FROM CANADA

These ongoing vulnerabilities and the steady increase in HIV rates among Aboriginal and Torres Strait Islander people over recent years indicate the potential for a rapid escalation in HIV rates as has occurred among Canada's First Nations people⁶. In Canada unsafe injecting practices among Indigenous injecting drug users has been identified as the primary driver of HIV outbreaks, and inadequate access to services for people with HIV in remote Indigenous communities meant that outbreaks have been difficult to address once they had taken hold.

Australia is in a position to learn from the Canadian experience and take pre-emptive action to avoid a similar situation occurring here.

THE 90-90-90 TARGETS AND THE 10-10-10

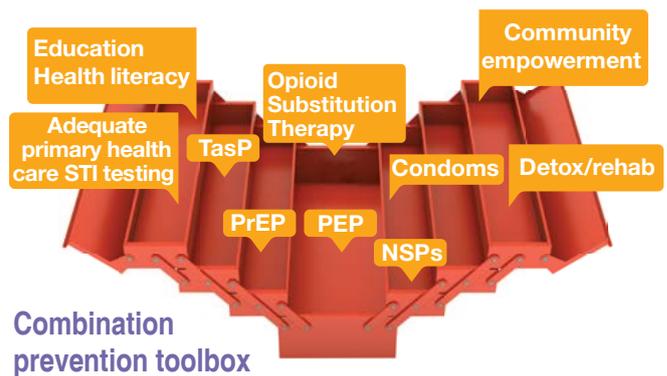
In 2015 UNAIDS set the "90-90-90" targets" that by year 2020:

- 90% of all people living with HIV will know their HIV status
- 90% of all people who have been diagnosed with HIV will receive antiretroviral treatment
- 90% of those receiving treatment will achieve viral suppression.⁷ Australia's *Seventh National HIV Strategy 2014-2017* and *Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014-2017* both incorporate those targets⁸, with indicators to measure progress. These strategies do not include indicators to measure whether up-scaled prevention programs are targeting and reaching Aboriginal and Torres Strait Islander communities.

But what of the populations that make up the 10-10-10? As noted by Ass. Prof James Ward in his keynote address to the 2016 Australasian HIV & AIDS Conference:

'It is imperative that Aboriginal people are not the 10-10-10 in the 90-90-90 health strategy targets – that *no one* gets left behind.'⁹ The divergence between Indigenous and non-Indigenous HIV rates in Australian surveillance data for recent years may be an indicator that people among Aboriginal and Torres Strait Islander communities are not benefiting from recent advances in HIV testing diagnostics and treatment.

The use of HIV antiretrovirals for pre- and post-exposure prophylaxis (PrEP and PEP) is now a major aspect of prevention strategies for Australian gay men, with sophisticated health promotion campaigns explaining these new prevention 'tools', and the need for routine HIV and STI testing. Added to this are education campaigns targeting gay men to explain the personal benefits of commencing HIV treatment immediately after diagnosis, and to explain the concept of 'treatment as prevention' – whereby onward



transmission of HIV will be curbed once most people with HIV access treatment and achieve undetectable viral load.

Australia's gay community is relatively health literate and has engaged with these campaigns. In contrast, the overall level of health literacy among Aboriginal and Torres Strait Islander communities is generally low, and there is very poor understanding of HIV exposure risks. Myths regarding modes of HIV transmission persist, fuelling HIV-related stigma and shame, and complicating efforts to address cultural taboos regarding discussion of sex, sexuality and illicit drug use.

Aboriginal and Torres Strait Islander communities are being left behind in efforts to reach the 90-90-90 targets, and technological advances in HIV prevention, testing diagnostics and treatment have had no real impact on HIV morbidity for the Indigenous population.

EORA CALL TO ACTION

The *Eora Action Plan*¹⁰ was launched at the Eora Call to Action conference, held on land of the Eora nations at Darling Harbour, Sydney on 17 July 2014. The Eora conference, part of 'Our Story, Our Time, Our Future' - the Indigenous Pre-Conference for the 20th International AIDS Conference (AIDS 2014) held in Melbourne - attracted more than 250 Indigenous health experts from around the world and was a unique opportunity for high-level discussion of how best to prevent and address HIV and AIDS in Indigenous communities.

The Eora Action Plan voices the concerns of Aboriginal and Torres Strait Islander peoples about HIV and its potential impact on communities. It is framed in the context of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) and the global targets set in the 2011 United Nations Political Declaration on HIV/AIDS (UNPD). We now have the even more ambitious 2015 UNAIDS 90-90-90 targets. Eora priority actions for ensuring A&TSI communities are embraced by goal-setting remain relevant, particularly calls to:

- Promote and include HIV on the national Aboriginal and Torres Strait Islander health agenda
- Reduce vulnerability to HIV by implementing evidence-based, high impact strategies to reduce rates of other STIs in Aboriginal and Torres Strait Islander communities



- Reduce vulnerability to HIV among people who inject drugs by strengthening and addressing this within a harm reduction framework
- Ensure the central involvement and participation of Aboriginal and Torres Strait Islander peoples in the design, development, implementation and evaluation of culturally respectful and relevant HIV prevention, treatment, care and support programmes that engage young people and acknowledge the wisdom of Elders
- Enhance and build on knowledge about Aboriginal and Torres Strait Islander peoples living with HIV, toward enhancing engagement with health services and the health workforce
- Enhance engagement with remote communities and increase access to HIV prevention and testing services for people in those communities
- Ensure all services are accountable for making their services accessible to and culturally appropriate for Aboriginal and Torres Strait Islander peoples.

URGENT NEED FOR LEADERSHIP AND STRONG, COORDINATED ACTION

HIV prevention targeting Aboriginal and Torres Straits Islander communities needs to be elevated in policy development and programming, and awareness of HIV must be elevated at the community level. The Commonwealth's new investments in programs to develop online STI/BBV education and health promotion resources for Aboriginal people, including on HIV, will be of limited impact unless there is funding to ensure fast, effective and sustainable rollout of these resources by local community organisations. Online resources will not reach Aboriginal people most at risk of HIV unless there is substantial investment in complementary education and health promotion programs targeted to community needs.

There is an urgent need is for strong Commonwealth leadership to facilitate cross-jurisdictional support for actions to address rising HIV rates in the Aboriginal and Torres Strait Islander population. It is imperative to have adequately prepared health systems, as well as an informed health workforce, to prevent HIV taking hold in communities, and respond appropriately in the event of an outbreak. Within remote communities, 1-2 new HIV diagnoses should be considered an outbreak risk, and it is essential that the healthcare workforce is aware of this and in a position to respond accordingly. The Indigenous health workforce needs the knowledge and skills to recognise risk factors around HIV transmission/acquisition within their community, so they can develop culturally sensitive responses. Underpinning all outbreak responses must be community engagement and consultation; involving local elders and community leaders in grass roots action is essential to any outbreak response within Aboriginal and Torres Strait Islander communities.



Artwork by Stephen Morgan, a Gamilaroi man, from North West NSW now living in Sydney. The painting was commissioned by the International Indigenous Working Group on HIV & AIDS, for 'Our Story, Our Time, Our Future' - the Indigenous Pre-Conference for the 20th International AIDS Conference

2015 HIGH LEVEL SUMMIT – recommendations and progress

An initiative of Aboriginal and Torres Strait Islander HIV Awareness Week 2015 (ATSIHAW), the December 2015 *High Level Summit on Rising HIV, Sexually Transmissible Infections (STI) and Viral Hepatitis in Aboriginal and Torres Strait Islander Communities* (the Summit), was one of the most important communicable disease meetings in Aboriginal and Torres Strait Islander health in more than 30 years. The Summit brought together 90 high-level stakeholders to discuss key public health funding, policy and clinical priorities for addressing rising rates of STIs and blood-borne viruses (BBVs) among the Aboriginal and Torres Strait Islander population. The Summit was convened by the South Australian Health and Medical Research Institute (SAHMRI), in partnership with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

and the Queensland HIV Foundation, with funding support provided by the Department of Health Canberra.

The Final Report of the Summit, published in April 2016, calls for strong and immediate action on these issues, and includes a set of recommendations for public health funding, policy and clinical actions that would make a substantial impact on preventing and treating STIs, HIV and other blood-borne viruses among Aboriginal and Torres Strait Islander communities.

Summit report card

Some of the actions proposed in the Summit Report have been implemented, some are well on the way but there has been little or no progress on others. Here's a report card on progress made on recommendations to address HIV and STIs.

HIV REPORT CARD

OBJECTIVES	KEY SUMMIT RECOMMENDATIONS	PROGRESS REPORT
1.1 Strengthening HIV testing	Normalise HIV testing in primary health care services, including by revision of clinical guidelines and monitoring/evaluation systems	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposals for reviews of guidelines and monitoring/evaluation systems made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Better define risk groups for HIV testing and incorporate HIV testing indicators in National KPIs	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposals made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Develop a clear statement on use of HIV Point of Care testing and develop models for rollout	<ul style="list-style-type: none"> To be completed Earlier paper published in ANZJPH, Ward et al., highlighted issues - discussion paper to be developed
1.2 Workforce development	Provide ACCHS staff with education on HIV exposure risk, modes of transmission; and provide PHC and ACCHS workforce with education on HIV testing, screening and management, including on biomedical advances in prevention (PrEP, PEP and treatment as prevention)	<ul style="list-style-type: none"> Recent roadshow hosted by HIV Foundation Queensland in partnership with SAHMRI met with >60 ACCHS staff to discuss HIV implications ATSIHAW Committee is currently developing a proposal for normalising testing in Aboriginal and Torres Strait Islander communities
	Develop strategies for normalising NSPs amongst the primary health care and ACCHS workforce as pivotal to BBV prevention	<ul style="list-style-type: none"> No progress since Summit
	Develop workforce education on community engagement, including messaging on contact tracing and case management	<ul style="list-style-type: none"> No progress since Summit
	Provide education on outbreak response processes (primary health care and ACCHS workforce)	<ul style="list-style-type: none"> No progress since Summit
	Develop workforce skills and competency at appropriate levels, including by introduction of certificate or diploma course on HIV	<ul style="list-style-type: none"> No progress since Summit



OBJECTIVES	KEY SUMMIT RECOMMENDATIONS	PROGRESS REPORT
1.3 HIV management within PHCs	Enhance funding to support case management by primary health care services	<ul style="list-style-type: none"> ● No progress since Summit
	Develop localised, and national (standardised) HIV management plans	<ul style="list-style-type: none"> ● No progress since Summit
1.4 Community engagement	Fund community programs to increase awareness of HIV (exposure risk, modes of transmission, management)	<ul style="list-style-type: none"> ● Further discussion among partners following Summit ● Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
1.5 Outbreak response preparedness	Develop interventions targeting high-risk groups (young people, MSM, IDU, women, TSI and PNG nationals), that acknowledge and address: urban/regional/remote difference; the impact of shame and stigma; issues related to alcohol and substance abuse	<ul style="list-style-type: none"> ● No progress since Summit
	CDNA to include an HIV outbreak response in its Series of National Guidelines (SoNGs) specific to Aboriginal communities	<ul style="list-style-type: none"> ● Further discussion among partners following Summit ● Proposal for an HIV outbreak SoNG made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Ensure that the health care workforce is equipped to respond to an HIV outbreak	<ul style="list-style-type: none"> ● Further discussion among partners following Summit ● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
1.6 Funding	Enhance funding for: NACCHO and affiliates; organisations providing workforce development on HIV; community engagement; AMSs; ACCHS; and PHC services	<ul style="list-style-type: none"> ● Further discussion among partners following Summit ● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Provide funding to support 'combination prevention' strategies for HIV (NSPs, PrEP, PEP)	<ul style="list-style-type: none"> ● Further discussion among partners following Summit ● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)

STIs REPORT CARD

OBJECTIVES	KEY SUMMIT RECOMMENDATIONS	PROGRESS REPORT
2.1 Strengthening STI testing	Include age-based indicators for STI testing in National KPIs	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Provide funding for increased STI testing in endemic areas	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Fund Point of Care testing provided in PHCs	<ul style="list-style-type: none"> Commonwealth Department of Health has funded expansion of TTANGO trial in Aboriginal communities 2016-2018
	Incorporate STI testing into A&TSI Adult Health Assessments	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal to amend MBS listing for Adult Health Assessments made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
2.2 Workforce development	Educate workforce on importance of data collection for STI management	
	Fund PHC services to deliver sexual health programs; and fund NACCHO and affiliates to support staff in remote settings	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
2.3 Community engagement	Enhance funding for community engagement efforts toward engaging local communities regarding STI and BBV prevention, to enable incentives for participation in STI screening; and to educate and train Aboriginal health Workers	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Develop mass campaigns promoting testing and safe sex	<ul style="list-style-type: none"> SAHMRI has been funded in 2016 to develop campaigns for syphilis and for remote communities
	Develop evidence-based, age-appropriate early childhood programs to enhance health literacy	<ul style="list-style-type: none"> No progress since Summit
2.4 Systems change	Build patient recall prompts into Communicare and other patient management systems to facilitate enhanced testing	<ul style="list-style-type: none"> Early discussions are underway between affiliate organisations to discuss templates within PMS (led by AH&MRC)
	Authorise practice nurses to prescribe nominated vaccinations, and provide PBS Item Number	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposals made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Enhance role of practice nurses and AHWs in triaging of patients	<ul style="list-style-type: none"> Further discussion among partners following Summit Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)
	Revise STI screening guidelines to increase opportunities for testing in conjunction with, e.g., PAP smears, contraception consultation	<ul style="list-style-type: none"> No progress since Summit
2.5 Research	Fund research efforts that study the per capita costing of providing appropriate and BBV care within Aboriginal communities	<ul style="list-style-type: none"> No progress since Summit



Where to from here in 2017

In 2017 Australia will launch a new set of national strategies to address blood-borne viruses and STIs, including the *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2017-2020*. The 2015 Summit recommendations, the result of high-level input from 90 experts from around Australia, provide the fundamental framework for developing strong actions for the next Strategy, with a particular focus on addressing emerging issues brought to the fore by recent data trends.

MSM: Men who have sex with men continues to be the largest single group for both Indigenous and non-Indigenous HIV diagnoses. Studies have found higher prevalence of condom-less anal intercourse with casual partners and higher rates of IDU and other drug use among Aboriginal and Torres Strait Islander MSM. We need further research to inform development of prevention strategies.

Women: HIV diagnosis rates for Aboriginal and Torres Strait Islander females have been four to seven times those for non-Indigenous females, with three quarters of HIV cases among Indigenous women acquired heterosexually, and 20% reported as from IDU. We need culturally and gender-sensitive prevention and treatment strategies for women in Aboriginal and Torres Strait Islander communities.

People who inject drugs (PWID): This increase in HIV cases attributed to IDU among Indigenous PWID may be attributed to higher rates of equipment sharing, less perceived HIV risk, and sharing in larger groups as well as in more regional and remote areas where harm reduction services are not as accessible. There has been limited community education on harm reduction in Indigenous communities, with fear and stigma associated with talking about injecting behaviour. The Canadian experience points to the need for focused strategies and interventions including education, health promotion, testing, contact tracing and NSP, particularly in regional areas.

Young people: The median age at HIV diagnosis is significantly younger for Aboriginal and Torres Strait Islander people, for people under the age of 20, with higher rates of heterosexual transmission. This mirrors the situation for Canadian First Nations peoples, and is of particular concern given the HIV infection vulnerabilities associated with the high rates of STIs among young Aboriginal and Torres Strait Islander people, particularly in remote areas.

Testing, treatment and care - urban communities: HIV notification rates for Aboriginal and Torres Strait Islander people for 2015 were double that of non-Indigenous people regardless of whether they resided in metropolitan, regional or remote area. However, rates among Aboriginal and Torres Strait Islander people in major cities were three to four times higher than for non-Indigenous populations. Given that testing, treatment and care for people with HIV is more available in major cities we need to better understand the social determinants of health at play, including cultural safety, and develop actions to address this disparity.

Testing, treatment and care - regional communities: There is a need for workforce development on HIV specific to Aboriginal and Torres Strait Islander communities, including emphasis on service linkage. A recent study in Australian STI endemic communities showed low HIV testing rates soon after a positive STI diagnosis. This is contrary to clinical guidelines and creates the potential for an HIV outbreak to go un-noticed. Given the increased risk

of HIV co-infection for people with other STI's, particularly for Aboriginal and Torres Strait Islander people, we urgently need improved rates of HIV testing for people with STIs, and an enhanced and targeted prevention response.

Treatment as prevention: Aboriginal and Torres Strait Islander communities are not seeing the benefits of TasP and 'test and treat' strategies. Advanced-stage diagnoses were significantly more common in the Indigenous population but we do not have access to data that would enable a comprehensive testing and treatment cascade for Indigenous populations. This should be an immediate priority.

The Summit recommendations highlight the need for nationally coordinated actions to address the potential for HIV outbreaks in Aboriginal and Torres Strait Islander communities. Continued surveillance, including real-time monitoring, will be of utmost importance to ensuring timely collection and analysis of data, to prevent or contain outbreaks, and to assess whether the 90-90-90 targets are being met for the Indigenous population. There is a pressing need for development of a national guideline for responding to HIV outbreaks in Aboriginal communities, taking into account close kinship systems and high mobility between small communities.

We need to take action, not just observe. We need public health decisions at both local and national levels, including further research, and increased resourcing for targeted responses and risk management strategies for preventing and treating HIV among Aboriginal and Torres Strait Islander people and not relegating the population to the 10-10-10 left behind.

ABORIGINAL & TORRES STRAIT ISLANDER HIV AWARENESS WEEK – ATSIHAW

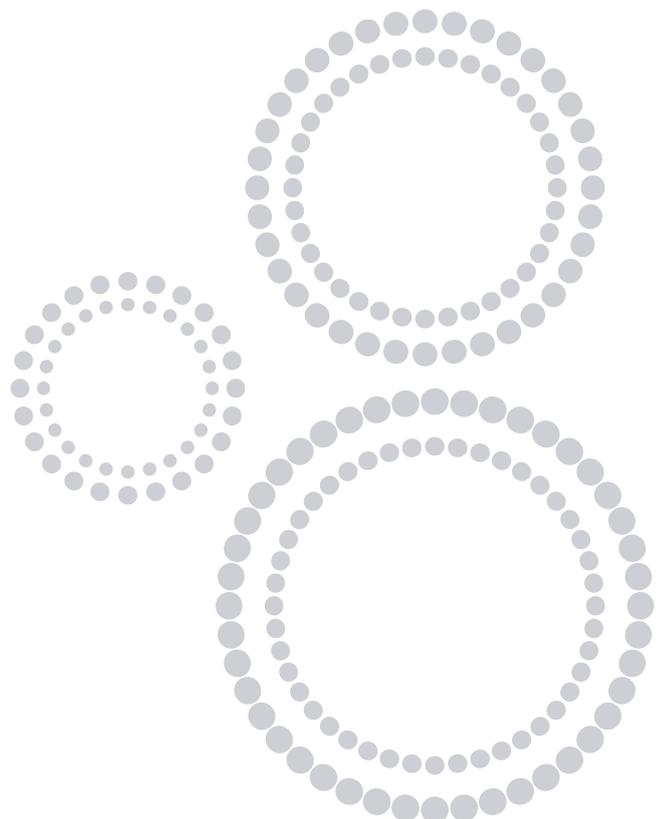
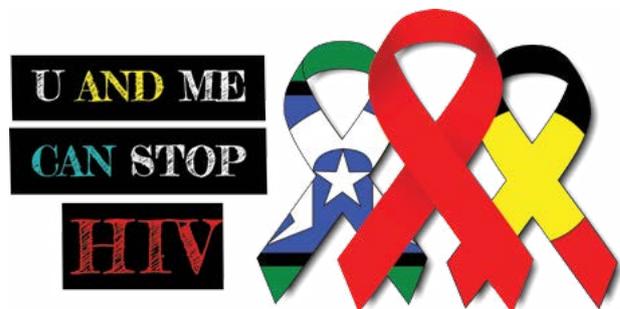
Established in 2014, Aboriginal and Torres Strait Islander HIV Awareness Week is an annual program of events that seeks to raise the Aboriginal and Torres Strait Islander (A&TSI) community's awareness of HIV; enhance understanding of epidemiological trends and prevention issues amongst the health workforce; identify research needs; and inform policy development to address HIV prevention and access to treatment issues. ATSIHAW has proven itself to be a powerful initiative that engages Aboriginal and Torres Strait Islander communities, researchers, clinicians and policy advocates alike.

ATSIHAW is funded by the Commonwealth Department of Health, until June 2017.

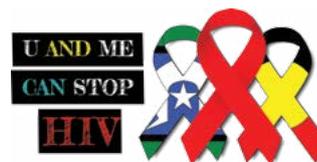
The overarching theme of ATSIHAW is U AND ME CAN STOP HIV. The theme highlights that the aim of ATSIHAW is not just to enhance community awareness that HIV is an issue for Aboriginal and Torres Strait Islander people - we need also to enhance understanding of: modes of transmission; safe sex and safe injecting; the importance

of regular testing for STIs and BBVs; and biomedical prevention options. Aboriginal and Torres Strait Islander communities need to be brought up to speed in these areas.

Rising HIV rates among Aboriginal and Torres Strait Islander communities involve a range of social determinants of health and are complex to address, but there is a clear need for urgent action to enhance STI/HIV testing rates, and to address barriers to access to treatment. Although only in its third year, ATSIHAW is already recognised as the key event for raising awareness and mobilising action to address HIV among the Aboriginal and Torres Strait Islander community.



Aboriginal & Torres Strait Islander HIV Awareness Week 2016



Program of Events

ACT

Official Launch ATSIHAW

Parliament House Canberra

DATE: 30 November 2016

TIME: Breakfast 7.30 – 8.45am

SPEAKERS: The Hon. Sussan Ley, Minister for Health and Aged Care, Sen Dean Smith, Hon Ken Wyatt MP, Prof Sharon Lewin, Ms Pat Turner, A/Prof James Ward.

Winnunga AMS Canberra

63 Boolimba Cres, Narrabundah

DATE: Thursday 1 Dec

TITLE: Don't stress get the test

CONTACT: Christine Saddler

EMAIL: christinesaddler@winnunga.org.au

NEW SOUTH WALES

Tharawal Aboriginal Corporation

21 Deans Road, Airds

EVENT: Tharawal AMS will light up red

DATE: from 2 December

TIME: 6.30 – 8.30pm

TITLE: Message for ATSIHAW 2016 - That we are one mob one blood that can be free of HIV

Stall in foyer during ATSIHAW

CONTACT: Dolie Ufi

EMAIL: Ufi@tacams.com.au

Griffith HS NSW

38-42 Jondaryan Ave, Griffith

DATE: 28 November – 2 December

EVENT: Flag flying

CONTACT: Stacey Meredith

EMAIL: smeredith@griffithams.org.au

Coomella Health Aboriginal Corporation

51 Sturt Place, Dareton

EVENT: Messages of reducing stigma and increasing HIV testing will be conveyed

DATE: 29 November

TIME: 10am

VENUE: Coomealla Health Aboriginal Corporation

CONTACT: Alesha Rowe

EMAIL: aleshar@chac.org.au

Albury Wodonga Aboriginal Health Service

644 Daniel St, Glenroy

EVENT: Messages of reducing stigma and increasing HIV testing will be conveyed

DATE: 2 December

TIME: 10am

VENUE: Albury Wodonga Aboriginal Health Service

CONTACT: Selina Clark

EMAIL: Selina@awahs.com.au

AMS REDFERN

36 Turner St, Redfern

DATE: 28 November – 2 December

TIMES: 9.30am–12pm & 1–4pm

MESSAGES: Together through community HIV and AIDS awareness health promotion and education we can prevent and reduce the risk of ourselves, our mob and support our loved ones who are living with HIV / AIDS and those who are Survivors... (U & Me can stop HIV)

CONTACT: Syl Phillips

EMAIL: SPhillips@amsredfern.org.au

Durri Aboriginal Community Medical Service

15-19 York Lane, Kempsey

DATE: Thursday 1st Dec 2016

TIME: 1–2pm

VENUE: DURRI ACMS Foyer

EVENT: Equalizing HIV, Equality for all from all

CONTACT: Raelene Davis

EMAIL: rdavis@durri.org.au

Riverina Medical and Dental Aboriginal Corporation

271 Edward St, Wagga Wagga

EVENT: Morning Tea

TIME: 10am

DATE: Tuesday 29 November 2016

EVENT: HIV Awareness week

TIME: 10am

DATE: Monday 28 November to Friday 2 December 2016

WHERE: Riv Med 271 Edward St Wagga Wagga

CONTACT: Bettina Goolagong

EMAIL: Bettina.goolagong@rivmed.org

Bullinah Aboriginal Health Service

120 Tamar Street, Ballina

EVENT: HIV Awareness week at Bullinah

DATE: 28 November – 2 December

TIME: 9am – 5pm

VENUE: Bullinah Aboriginal Health Service

CONTACT: Payden Samuelsson

EMAIL: paydens@bullinahahs.org.au

Yoorana Gunya

40/70 Church Street, Forbes

EVENT: Light Up Red

DATE: 29 November 2016

TIME: 8.30am – 5.30pm

VENUE: Yoorana Gunye

CONTACT: Dee Anderson

EMAIL: dee@yooranagunya.com.au

ACON NR

AIDS Council of NSW Northern Rivers

EVENT: Richmond Valley Christmas Tree light up and street party

Message: HIV is treatable, preventable and not a death sentence. Information and support locally available, testing and promotion, addressing the stigma

DATE: 1 December

TIME: 5 – 9pm

VENUE: Walker Street, Casino

CONTACT: Eddy Lampis

EMAIL: elampis@acon.org.au

QUEENSLAND

Thursday Island Queensland

Thursday Island in front of PHC clinic (Main Street)

DATE: 1 December 2016

TIME: 10am

EVENT: World AIDS Day event, Sausage sizzle stalls information and merchandise, messages about ATSIHAW 16 event

CONTACT: Richard Mola

EMAIL: Richard.mola@health.qld.gov.au

Carbal Medical Centre

104 Mary St, Toowoomba

DATE: Friday 2 December 2016

TIME: All day

EVENT: No shame be game

Staff will talk about sexual health screening, HIV Testing and treatments

CONTACT: Terri Celledoni

EMAIL: tcelledoni@carbal.com.au



Girudala Community Co-operative

50 George St, Bowen

EVENT: "Be REDDY" together: U and Me can stop HIV Morning Tea

DATE: 2 December 2016

TIME: 10am – 11am

VENUE: Proserpine Community Centre, 36 Gardenia St, Proserpine

CONTACT: Leanne Prise

EMAIL: lprise@girudala.com.au

Queensland AIDS Council / 2 Spirits Program

30 Helen St, Teneriffe, Brisbane Qld

EVENT: World AIDS Brisbane Candlelight Vigil "Remember and Celebrate"

DATE: 1 December 2016

TIME: 6.45pm

VENUE: Redacliffe Place, Brisbane City

CONTACT: Phillip Sariago

EMAIL: psariago@quac.org.au

Queensland Aboriginal and Islander Health Council

Level 2, 55 Russell Street, South Brisbane

EVENT: Morning Tea/ BBQ

DATE: 1 Dec 2016

TIME: 10am start

VENUE: Musgrave Park

CONTACT: Darren Braun

EMAIL: Darren.braun@qaihc.com.au

Inala Indigenous Health Southern Queensland Centre of Excellence

37 Wirraway Parade, Inala QLD

EVENT: HIV Awareness Week –

Main messages promoted throughout the week: HIV testing education, Reducing stigma and discrimination acknowledgement of World AIDS Day, Safe sex practices, Access to treatment

DATE: 28 November – 2 December 2016

TIMES: 8:30am – 4:30pm Daily

VENUE: Inala Indigenous Health

CONTACT: Caleb Meredith

EMAIL: Caleb.meredith@health.qld.gov.au

SOUTH AUSTRALIA

Pangula Mannamurna Aboriginal Corporation

191 Commercial Street, West Mount Gambier

EVENT: HIV Awareness display in waiting areas of Pangula Mannamurna Clinic

DATES: Daily 28 November to 2 December

MESSAGE: HIV is on the increase in Aboriginal and Torres Strait Islander communities, prevention of HIV.

CONTACT: Stacey Balhaves

EMAIL: stacey.balhaves@pangula.org.au

Aboriginal Health Council of South Australia

220 Franklin Street, Adelaide

TITLE: KNOWLEDGE IS POWER- U AND ME CAN STOP HIV

EVENT: Display stand in foyer

DATES: 28 November to 2 December

CONTACT: Jannaya Hall or Sarah Betts

EMAIL: Janaya.hall@ahcsa.org.au or sarah.betts@ahcsa.org.au

Tullawon Health

Yatala Clinic PMB 45 Ceduna SA

DATE: 29 November 2016

TITLE: If it's not on, it's not on!

EVENT: Messages - safe sex and safe injecting practices

CONTACT: David Gordon

EMAIL: Davidg@tullawon.org.au

Watto Purrunga Aboriginal Primary Health Care, SA

This service is part of the NALHN SA Health and will promote HIV Awareness Week across all four sites all week in northern Adelaide: Muna Paiendi, Kanggangawodli, Maringga Turtpandi and Wonggangga Turtpandi. Associated event details: Pre & Post HIV Counselling training for our clinical workers

DATE: 28 November - 2 December

CONTACT: Lisa Pigliafiori

EMAIL: Lisa.Pigliafiori@sa.gov.au

Nunkuwarrin Yunti of SA Incorporated

182-190 Wakefield Street Adelaide 5000

DATE: 28 November - 2 December

TIME: Daily 9-5pm

EVENT: Aboriginal & Torres Strait Islander HIV Awareness Week Info Stall & Raffle. There will be general information on HIV available at the Wakefield St site via an info stall in the Clinic waiting room. We will also be conducting a raffle at this site as well as the Clean Needle Program outreach locations. To enter the raffle the community member must answer two questions relating to HIV myths.

VENUE/S: Nunkuwarrin Yunti, Clean Needle Program Outreach Locations (Corner Sth Tce & Hutt St Parkland, West care- Wright St, Adelaide)

CONTACT: Kesha Roesch

EMAIL: keshar@nunku.org.au

SAHMRI World AIDS Day ATSIHAW Event

SAHMRI North Terrace, Adelaide SA

DATE: 1 December 2016

TIME: 10.30am – 12.30pm

EVENT: Launch of World AIDS day, guest speakers Ms Jill Davison, A /Prof James Ward, Mr Steve Wesselingh, Mr Neville Fazulla and community members

VENUE: SAHMRI Foyer

CONTACT: Neville Fazulla

EMAIL: Neville.fazulla@sahmri.com

Pika Wiya Health Service Aboriginal Corporation

46-50 Dartmouth Street, Port Augusta

EVENT: "HIV and What it means to me"

DATE: 1 December

HIV and what it means to me will be a day to promote friendly inclusive and positive information on sexual health.

VENUE: Port Augusta Clinic plus Davenport and Copley Clinics

CONTACT: Verity McTaggart

EMAIL: Verity.McTaggart@pikawiya.org.au

Port Lincoln Aboriginal Health Service

EVENT: ATSIHAW BBQ/Beach Info Day, promoting awareness around HIV, treatment and living with HIV

DATE: 2 December

TIME 1-3pm

VENUE: Front Street BBQ area weather permitting alternatively at PLAHS or Mallee Park

CONTACT: Morgan Hirschausen

EMAIL: morgan.hirschausen@plahs.org.au





Pika Wiya Health Service

2 Marryatt Street, Port Augusta SA

EVENT: Well Women's House HIV Awareness Day

DATE: 5 Dec 2016

TIME: 11am

VENUE: Well Women's House

CONTACT: Kerryn Dadleh

EMAIL: kerryn.dadleh@pikawiya.org.au

TASMANIA

Tasmanian Aboriginal Corporation

56 Patrick Street, Hobart

EVENT: Community BBQ

DATE: 1 December 2016

TIME: 2 – 7pm

TITLE: Messages for ATSIHAW 16

Your health is your business, be pro-active, having a sexual health check is easy. Clinical staff will be available to do Health Checks

HIV - treatment and prevention options

CONTACT: Sandra Wilcox

EMAIL: sandra.w@tacinc.com.au

VICTORIA

Ramahyuck Morwell

7-9 Buckley Street, Morwell Victoria

EVENT: Staff will wear t-shirts all week and provide information on all aspects of HIV treatment and prevention

DATES: 28 Nov – 2 Dec in clinic and community

CONTACT: Cathy Johnson

EMAIL: c.johnson@nindedana.net

Victorian Aboriginal Health Service

186 Nicholson St, Fitzroy Vic

EVENT: ATSIHAW BBQ for World AIDS Day

DATE: Thursday 1st December 2016

WHERE: VAHS Health Service

THEME: The importance of Harm Reduction

CONTACT: Sandra Gregson

EMAIL: sgregson@vahs.org.au

Rumbalara Aboriginal Co-Op

20 Rumbalara Road, Mooroopna VIC

EVENT: Promotion and Awareness

DATE: 28 November – 2 December 2016

TIME: 8.45 – 5pm

VENUE: Rumbalara Medical Clinic

CONTACT: Natasha Peterson

EMAIL: Natasha.peterson@raclimited.com.au

Ramahyuck

7-9 Buckley Street, Morwell VIC

EVENT: HIV Awareness

DATE: 28 November – 2 December 2016

TIME: 9am – 5pm

VENUE: Rahmayuck

CONTACT: Cathy Johnson

EMAIL: c.johnson@nindedana.net

Mallee District Aboriginal Services

9 Nolan Street, Kerang VIC

EVENT: World Aids Day and HIV Awareness Week

DATE: 28 November – 2 December 2016

TIME: all day

VENUE: MDAS Kerang

CONTACT: Melanie Lane

EMAIL: mlane@mdas.org.au

Njernda Aboriginal Corporation

84 Hare Street, Echuca VIC

EVENT: Community Awareness Open Day

DATE: 30 November 2016

TIME: 10am – 2pm

VENUE: Njernda Medical Centre

CONTACT: Keith Hearn

EMAIL: healthpromo@njernda.com.au

Bendigo and District Aboriginal Co-op

EVENT: HIV is everyone's business

MESSAGE: Promoting access to a service where clients can attend without risk of judgement or stigmatisation to be tested and supported

DATE: 1 December

TIME: 5pm – 9pm

VENUE: 13-15 Forest Street, Bendigo

CONTACT: Joan Whitehead

EMAIL: joan.whitehead@bdac.com.au

WESTERN AUSTRALIA/ NORTHERN TERRITORY

Goldfields Public Health Unit, Department of Health

36-42 Ware Street, Kalgoorlie, WA 6430

DATE: 28 November - 2 December

VENUE: Kalgoorlie and Boulder

EVENT: Light up Kalgoorlie – Boulder red. Positive speakers presenting at the high school

CONTACT: Joel Harrington

EMAIL: joel.harrington@health.wa.gov.au

Great Southern Aboriginal Health

61 Serpentine Road, Albany

EVENT: HIV Awareness Day

MESSAGE: "HIV is still on the rise, don't become a statistic"

DATE: 28 November – 2 December

TIME: 9am – 3.30pm

VENUE: Reception area, Great Southern Aboriginal Health, Albany

CONTACT: Gay Menerey

EMAIL: gabrielle.menerey@health.wa.gov.au

CONTACT: Elizabeth Brooker, Regional Sexual Health and Blood Borne Virus Project Officer

Bega Garnbirringu Health Service Kalgoorlie

16-18 MacDonald Street, Kalgoorlie WA

DATE: Monday 28 November

EVENT: ATSI HIV Awareness day

CONTACT: Beth Waters

EMAIL: beth.waters@bega.org.au

Mawarnkarra Health Service

20 Sholl St Roebourne WA 6718

DATE: Monday 28th November 2016

EVENT: Community BBQ

CONTACT: Margot McIlwain

EMAIL: M.Mcilwain@mhs.org.au

Tjuntjuntjara Clinic Spinifex Health Service

Tjuntjuntjara Clinic, Postal PMB 88,
Kalgoorlie WA 6430

CONTACT: Leanne Smithies

EMAIL: cmhrn@spinifexhealth.org



Derbarl Yerrigan Health Service Inc

156 Witternoom Street, East Perth WA

EVENT: ATSIHAW Breakfast

DATE: 28 November to 2 December 2016

WHERE: Across Derbarl Yerrigan Health sites

THEME: Get rid of the shame in talking about STI and BBV

CONTACT: Jarrod Minniecon

EMAIL: jarrod.minniecon@dyhs.org.au

Aboriginal Health Council of Western Australia

450 Beaufort Street, Highgate WA 6003

EVENT: U & Me can stop HIV – Morning tea

DATE: 28 November 2016

TIME: 10.30am

VENUE: Hyde Park (Community Park)

CONTACT: Jennifer Needham

EMAIL: Jennifer.needham@ahcwa.org

WA AIDS Council

664 Murray Street, West Perth WA

EVENT: Online HIV Quiz

DATE: 28 November onwards

VENUE: Online and In-house

CONTACT: Shahmir Rind

EMAIL: srind@wa aids.com

Puntukurnu Aboriginal Medical Service

PO Box 14 Newman, WA 6573

EVENT: Jiggalong Frisbee Competition

DATE: 3 December 2016

TIME: 10am

VENUE: school

CONTACT: Stephen Farrington

EMAIL: pams.sexualhealth@puntukurnu.com.au

MCLINIC

548 Newcastle Street, West Perth WA

EVENT: Facebook Campaign

DATE: 28 November – 2 December 2016

TIME: daily

VENUE: online and Mclinic

CONTACT: Anthony Smith

EMAIL: asmith@wa aids.com

Population Health Tom Price WACHS

PO Box 56, Tom Price WA

EVENT: Wakuthuni community ATSIHAW event

DATE: 29 November 2016

TIME: from 10am

VENUE: Wakuthuni Clinic

CONTACT: Fiona Agnew

EMAIL: Fiona.agnew@health.wa.gov.au

South West Aboriginal Medical Service

3/30 Wellington Street, Bunbury WA

EVENT: Feb 2017 Sexual Health Month

DATE: 1 February – 1 March 2017

VENUE: SWAMS Clinic and community events

CONTACT: Julie Knipping

EMAIL: hpc@swams.com.au

360 Health Kalgoorlie

6/377 Hannan Street, Kalgoorlie WA 6430

DATE: 28 November – 2 December

VENUE: Reception Area

CONTACT: Reception 1800 719 619

Pilbara Population Health Karratha

Nickol Bay Hospital Dampier Highway, Karratha

MESSAGE: Protect yourself – never share needles, get tested. Free screening BBV & UA

EVENT: HIV Awareness morning tea

DATE: 28 November – 1 December

VENUE: SWAMS Clinic and community events

CONTACT: Tina Chenery

EMAIL: tina.chenery@health.wa.gov.au

Wurli Wurlinjang Aboriginal Health Service and the Northern Territory AIDS & Hepatitis Council

35 Third Street Katherine

MESSAGE: Protect yourself against HIV, its moving

EVENT: Community Stall

DATE: 1 December

VENUE: Wurli Wurlinjang Aboriginal Health Service

CONTACT: Clare Anderson

EMAIL: clare.anderson@wurli.org.au



ATSIHAW Ambassadors

ATSIHAW has been able to recruit high profile Ambassadors to help spread the word about HIV in Aboriginal and Torres Strait Islander communities and the role all individuals can play in preventing HIV and ending the stigma around HIV.



STEVEN OLIVER

The fabulously funny Steven Oliver is the National Ambassador.

Steven is a descendant of the Kukuyalanji, Waanyi, Gangalidda, Woppaburra, Bundjalung and Biripi peoples. He studied at the Aboriginal Music Theatre Training Program in Perth, and was subsequently accepted into the Music Theatre Programme at the West Australian Academy of Performing Arts (WAAPA).

Upon his return to Queensland, he took on the role of Assistant Artistic Director with the Aboriginal Centre for the Performing Arts in Brisbane. He has worked with companies such as Yirra Yaakin Noongar Theatre, Kooemba Jdarra Theatre, La Boite Theatre, Jute Theatre, Kite Theatre and the Queensland Arts Council.

Seven's musical, *Black Queen Black King*, was shown as part of Queensland Theatre Company's Creative Development Series and his play, *Proper Solid*, produced by Jute Theatre in 2014, will tour Queensland in 2016. He is also a writer, poet, actor and associate producer for ABC's Logie nominated sketch show *Black Comedy*.

Steven says: "I'm doing this because I want to help fight and breakdown the stigma associated with HIV and those living with it."



SHARON BUSHBY

Sharon is an Aboriginal Health Worker who has worked in the community for the past 25 years.

Sharon says: "I have seen our communities face many new challenges in obtaining good health. Utilising weeks such as ATSIHAW is crucial in the effort to raise awareness in an area that might be seen as a difficult topic to discuss. Increasing communities' knowledge about the prevention of HIV, why it is important to be tested for HIV and the treatments that are now available, are all essential steps in the journey our communities are taking to better health. As a health professional I feel that it is paramount that we feel comfortable to discuss risk behaviours and prevention strategies during health screening of our clients, such as using condoms and not sharing injecting equipment. We should encourage our clients to be tested for HIV and other BBVs."



PAT ANDERSON, AO

Pat is an Alywarre woman known nationally and internationally as a powerful advocate for Aboriginal and Torres Strait Islander people. She has extensive experience in

Aboriginal health and advocacy and currently serves as the Chairperson of the Lowitja Institute. In 2014, Pat was

appointed Officer of the Order of Australia for distinguished service to Australia's First Peoples.

Pat says: "In the mid-1990s, I was part of the campaign to establish the national Aboriginal and Torres Strait Islander HIV/AIDS strategy. A lot has changed in the past 10 years, so get tested if you are worried because there are great treatments available. Let's keep on talking about HIV, stay safe and look after each other."



AMANDA SIBASADO

Amanda is a 28 year old Bard and Wardandi woman. She is passionate about holistic sexual health for our mob. She believes everyone has the right to safe, consensual, pleasurable sexual experiences. She is currently the Sexual Health Coordinator at Kimberley Aboriginal Medical Services.

Amanda says: "HIV is a preventable disease. Let's keep our communities safe – use condoms and get tested for HIV regularly."



MARLENE KONG

Marlene is Program Head – Aboriginal and Torres Strait Islander Health Program, Kirby Institute, University of NSW.

Marlene says: "As a Worimi woman, I am passionate about improving the health of Australian Aboriginal and Torres Strait Islander people. This cannot be done without our people being involved in every aspect of health care, from the ground up to the Prime Minister of Australia, acting in good faith. Australia has a long way to go in bridging the big cultural gap that continues to exist in our practices today; HIV among our people being one of the growing and persistent health disparities.

"I call upon the leaders of our nation – especially those working in HIV medicine – to lead by example in addressing this important gap."



MARIO ASSAN

Mario is Senior Public Health Officer – Indigenous Sexual Health, with the Men's & Women's Health Program at the Thursday Island Primary Health Care Centre. He is a Torres Strait Islander with family connections to Badu Island.

Mario says: "People living with HIV should be supported, loved and accepted by our communities so that they feel that they are still part of our community. Discrimination should not be tolerated by anyone; we are all one people, regardless of race, religion or sexuality.

"It is important for the conversation about HIV and sexual health to be regularly highlighted on an everyday basis. We

should normalise the conversation particularly in indigenous communities to raise awareness in regards to sexual health. HIV awareness should be discussed every day – not only on World AIDS Day.”



BOBBY MAHER

Bobby is a Yamatji woman with ancestral ties to the Pilbara and Kimberley, born and raised on Njaki country in the South West of WA.

Bobby is passionate about promoting positive health messages in sexual health and respectful relationships through a human rights lens. She says: “It is important for our mob and all communities to have positive and clear messaging about HIV. If HIV gets into our communities it might be a real disaster for families. Understanding about preventing and managing HIV is really important. HIV is not a death sentence now. With good care, people with HIV can live a full and healthy life. Barriers such as discrimination and stigma can attack people’s self-esteem and prevents them from accessing health services. We need all our communities and services to understand this and to be the best that they can.”



PROFESSOR GRACELYN SMALLWOOD

Professor Smallwood is a Birrigubba, Kalkadoon and South-Sea Islander

woman born in Townsville in 1951. She is Professor of Nursing at Central Queensland University and Adjunct Professor at the Division of Tropical Health and Medicine at James Cook University (JCU), Townsville, Queensland (QLD), and is a Member of the Commonwealth Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections.

Professor Smallwood says “I am I have been advocating against the racism and violation of human rights against my people for the past 45 years. My parents also did so for 50 years, and my grandparents for another 50 years before that. I have dealt with almost every disease, both nationally and internationally, however I have never been able to come to terms with the ugly disease of racism.

“Since the prohibition of alcohol on many of our communities, we now have an ICE and other substance abuse epidemic. Extreme poverty, high unemployment rates, low self-esteem, with boredom, high rates of illness in particular, high rates of other sexually transmitted diseases symptoms are the perfect breeding ground for HIV/AIDS in any community.

“During my time on the National AIDS Council chaired by Ms. Ita Buttrose, I strongly advised that when prohibition occurs the drug lords and sly groggers have a field day in

our communities. Now the Chief of Police in Queensland has recently stated in a media conference that Queensland has an amphetamine epidemic. The solutions to assist in Closing the Gap are very simplistic: implement the recommendations of key documents such as The National Aboriginal Strategy, Royal Commission into Aboriginal Deaths in Custody, National Aboriginal Education Policy and the Bringing Them Home Report.

“HIV/AIDS must now be given priority attention in our communities and we should not wait until the tsunami arrives, we have to try and prevent its spread. Culturally appropriate Strategic Plans should be in place to monitor and evaluate the achievable goals and targets that are sustainable for quality KPIs. Collaboration of all Government and NGOs must occur for effective outcomes that meet the needs of the community.”



DION TATOW

Dion Tatow is Aboriginal (Iman and Wadja) and South Sea Islander (Ambrym Island, Vanuatu). Dion has contributed

significantly to the HIV sector over a long period – in Aboriginal and Torres Strait Islander health for 20 years for both the Commonwealth (OATSIH) and State Governments (Queensland Health) and for almost 10 years at QAIHC. His roles have focused on program development and implementation and policy development and evaluation with a particular focus on social and emotional wellbeing/mental health and sexual health/blood borne viruses in Aboriginal and Torres Strait Islander communities.

Dion has a Bachelor of Business degree and a Graduate Certificate in Health Service Management.

Dion has been involved with Aboriginal and Torres Strait Islander community based organisations since the early 1980s as an elected committee member.

Dion says: “Increasing rates of HIV infection amongst our population are concerning. We all need to increase our knowledge of HIV, protect ourselves against HIV infection and support those members of our communities living with HIV.”



ARONE MEEKS

Arone is a Kuku Midigi man, and currently lives in Cairns. He grew up near El Arish, in far north Queensland, although his country is the area around Laura, Cape York.

Arone is a visual artist who enjoys national and international success. A former member of the Boomalli urban Aboriginal artist’s co-operative, he won an Australia Council fellowship to study in Paris in 1989 and went on to exhibit throughout Europe and North and South America. His work appears in national and international collections, both public and private. In Australia, he is represented in many public



collections, including the National Gallery of Australia and the Queensland Art Gallery. His work is represented in collections in Canada, the United States, France and Japan.

Arone says 'HIV is everybody's business. Let's not make it part of our story – have an STI test.'



PROFESSOR KERRY ARABENA

Professor Arabena is a Torres Strait Islander woman. She is the current Chair for Indigenous Health and Head of the

Indigenous Health Equity Unit at the University of Melbourne.

Professor Arabena says: "We all need to do our bit to prevent HIV from escalating in our communities.

"I know we have been talking about it for a long time, but now more than ever we need to look after ourselves and each other. We can do this by getting tested."



BRETT WALLEY

Brett is a Nyoongar/Yamatji man originally from Morawa WA, but he has lived most of his life in the Perth region. He has over 20

years' experience in Aboriginal health, including in drug and alcohol counselling. He is currently Clinical Practice Support Officer/ TTANGO (Treat Test and Go), with the Aboriginal Health Council of Western Australia.

Brett says: "I am passionate about improving the sexual health of our people through Education, Health awareness and promotion and accessing appropriate health services. I encourage all people to go to an Aboriginal Medical Service to talk to an Aboriginal Health Practitioner/Worker and your doctor to get a blood test if they concerned about their Status of HIV/AIDS.

"As a father I would encourage other dads and parents to have the conversation with their kids to practise safe sex to prevent the spread and infection STIs and Blood Borne Viruses such as HIV and AIDS. We also know that Intravenous drug use is on the rise in our community, we can educate our people on getting tested for Blood Borne Viruses and to not share needles and equipment. The positive promotion of Needle Syringe exchange programs can also help protect our communities."



CELESTE CARNEGIE

Celeste is a Birrigubba woman from far North Queensland. She is 21 and currently resides in Sydney, NSW.

Celeste works part-time at the National Aboriginal Sporting Chance Academy (NASCA) in Redfern, where she mentors Indigenous young people across Australia in the areas of sport and education. Celeste recently commenced her

Diploma of Communications at the University of Technology, Sydney. She is passionate about working with Indigenous young people in the sexual health space and is eager to increase her knowledge of sexual and reproductive health.



GABRIEL BANI

Gabriel is a direct descendent of Athe Bari, and the Kuyku garka (Head man) of the Major Tribe of Wagadagam, a sovereign nation of people of the Torres Strait Islands.

Gabriel says: "My tribal totem is Koedal (crocodile), my tribal wind is the Kuki Guuba (Northwest Wind), and my tribal tongue is 'Mabuyag' which is a dialect of the Kala Lagaw Ya, the Western Island language. I speak my native tongue 'Kala Lagaw Ya' as my first language, Torres Strait Creole my second, and English is my third language.

"As a cultural mentor and advisor, my presentations at local Forums, national Conferences, and gatherings, focus on Cross Cultural Communication – identifying barriers, and working towards positive solutions."



JADE SMITH

Jade is a Guereng and Southern Baradah Kapalbara descendant with family heritage from Ireland and France as well. He was born and raised mostly in Rockhampton,

Central Queensland.

Jade was an Indigenous Youth Worker with Darumbal Community Youth Services, and then worked as Senior Indigenous Recruitment Officer/Cultural Awareness Officer and Team Leader of Woorabinda with Neato Employment Services. He went on to work with CQ Youth Connect as an Indigenous Engagement Officer and is now with CQ's Sexual Health Department.

Jade says: "I would really like to get the message out to our Indigenous communities especially that it is not shame to get a sexual health screening, it's just like seeing a doctor for a broken arm or a cold. You see a Sexual Health Worker to check up on your sexual health to make sure everything is working the way it should be."



PROFESSOR SHAUN EWAN

Professor Ewan is the Foundation Director of the Melbourne Poche Centre for Indigenous Health at The University of Melbourne. He has held the position

of Associate Dean (Indigenous Development) since its inception in 2010. Professor Ewan has a clinical background in physiotherapy, and holds postgraduate qualifications in international relations and education.

Professor Ewan says “If you’ve put yourself at risk either by having unprotected sex with a new partner or through sharing injecting equipment when injecting drugs, it’s better to get tested. Know your status so you look after your health and the mob’s health.”



SHANA QUAYLE

Shana is a 20 year old Barkindji woman who now lives in Sydney. She was born in Albury NSW and grew up the small town of Leeton. Shana’s family is originally from Wilcannia.

Shana is the full-time Administration Officer at the Aboriginal Health & Medical Research Council of NSW.

Shana says: “I contribute to Aboriginal affairs in every way I can, learning more every day about my very own Culture. How we respond & promote HIV awareness all comes down to how we understand interdependence – it is not someone else’s problem, it is everyone’s. Hence the reason I support ATSIHAW. I think that it is important that HIV Awareness along with knowledge is promoted because it is not just the physical well-being of an individual; it is the social, emotional and cultural well-being of all indigenous communities.

“I have learnt and grown, also listened to stories vocalized by many – a young woman in particular, about facing HIV; the Journey she has endured but the support she has earned – she deserves gratitude. THANK YOU ATSIHAW.”



ROBYN FRASER

Robyn is a Kamilaroi woman, born at Pilliga in far west NSW and raised on the Pilliga Mission. She has lived in and around Aboriginal communities of Alexandria,

Redfern and Waterloo in Sydney all her life. Robyn is the receptionist/administration Assistant at the Aboriginal Health & Medical Research Council of NSW.

Robyn says: “Health and wellbeing is of the utmost importance for all Aboriginal and Torres Strait Islander people. I support ATSIHAW as I think this is the time to promote HIV awareness in Aboriginal & TSI communities. Knowledge is power and this week is a useful time to help further promote and give power through education to help in the prevention of HIV.”



SHAHMIR RIND

Shahmir is a Badimaya Yamatji man with family from Mount Magnet in Western Australia. He lives in Perth and is the Aboriginal and Torres Strait Islander Health

Promotion Officer at the WA AIDS Council. Shahmir’s work focusses on getting info out to the community, supporting

regional and metro events and finding new ways to engage with the community to further encourage testing and knowledge of HIV and BBVs.

Shahmir says: “Our mob needs to understand the importance of being tested regularly, especially for our regional communities where accessing services may not be as frequent as our metropolitan communities. The conversation around HIV and BBVs needs to be normalised as there is a lot of stigma and myths surrounding what they are and how they are transmitted. ATSIHAW is a great opportunity to get these conversations started and break down some of that shame and fear. ATSIHAW is an awesome time for people who do have questions to be able to raise them with their peers or health workers.”



SANDRA VAN DIERMEN

Sandra Van Diermen was born in Leigh Creek, in the Flinders Ranges of South Australia. Her parents were children of Cameleers – her Mum a Western

Arrernte woman. Sandra identifies with both her Aboriginal and Afghani heritage. She works at the Department for Communities & Social Inclusion, engaging with community to ensure the Aboriginal voice is heard in reforming the Ageing and Disability sectors.

Sandra says: “Awareness weeks are designed to help us all acknowledge issues and understand that there is something we can all do. Once we believed that getting HIV was a death sentence, and that it affected only gay men – that if someone wasn’t gay then they were ‘safe’ from contracting the virus. Through awareness-raising, education campaigns and committed research, there is now a better understanding of HIV. Sadly stigma and discrimination remains and these can steal away that sense of belonging that forms part of our foundations, leaving people feeling lost and alone. This compounds sickness and drives health and wellbeing from people’s lives. I support ATSIHAW because it is time for a new way. It’s time to throw out attitudes that exclude fellow human beings who are already struggling to live full and healthy lives. We need to accept and include; to believe in and value everyone. You and me can stop HIV.”



DOMINIC GUERRERA

Dominic is an Ngarrindjeri and Kurna man, born and raised in Adelaide. He has a keen interest in sexual health, harm minimisation and health promotion. Dominic is currently

employed as the STI Project Officer/ Community Educator at the Aboriginal Health Council of South Australia and has worked in Aboriginal Health for 12 years.

Dominic says: “I want to see greater education and awareness of HIV within our communities, particularly



around transmission and prevention. It's important that we have health promotion and resources that are Aboriginal-specific, so it's important to get involved in ATSIHAW events. I also want to see an end to stigma and discrimination towards people who are living with HIV; this includes making our health services safe spaces."



PHILLIP SARIAGO

Phillip is Darwin born and bred but has called Brisbane home for the past 20 years. Phillip is a descendant of the Gurindji People from the Northern Territory, and the Djaru People of the East Kimberley in Western Australian – both on his mother's side. Phillip has had a long affiliation with Queensland AIDS Council (QuAC) and the gar'ban'djee'lum network over the last 19 years. He is currently a Health Promotion Officer in the 2 Spirits Program at QuAC in Brisbane. Phillip is passionate about advocating for Aboriginal and Torres Strait Islander gay men, lesbians, sistergirls and brotherboys, to improve their sexual health and also overall health and wellbeing.

Phillip says: "I am honoured to be an ATSIHAW ambassador to promote HIV awareness. I can't stress enough how important it is for our mob to take control of our health and get tested regularly. We are individually responsible for protecting our own health, our family, our culture and our future."



ZANE ROE

Zane is a Wocca Wocca, Gureng Gureng man, currently studying for a diploma in Aboriginal & Torres Strait Islander Primary Health Care. He has worked as a men's

Indigenous health care worker in sexual health for four years, at Queensland Health (Metro South).

Zane says: 'I've been interested in medicine and good health since I was a young fella. My job involves educating our community on STI's and encouraging our mob to have regular sexual health checks. I would love to see our mob really support each other regarding sexual health and for us to break down the shame factor attached to this topic – in a way that's culturally sensitive and mindful of each person's journey in life. Let us teach our younger generation the proper way about safe sex practices. Let us stand together as One Mob and fight against HIV. Together nothing is impossible.'



GARRY SATTELL

Garry is a proud descendant of the Ngatjumay and Noongar peoples. He now lives and works in Victoria on Wurundjeri and Boon Wurrung Traditional Lands. He works at the Victorian Aboriginal Community Controlled

Health Organisation as the Sexual Health and Blood Borne Virus Coordinator, training and supporting Aboriginal Health Workers across the State. Garry previously worked with the Western Australian AIDS Council, and Hepatitis Victoria.

Garry says: 'I'm an HIV Ambassador because I've seen the harm that HIV and can do and I've seen what can be done to stop it! I know we can prevent people in our communities getting HIV, and that we can support people living with HIV to have healthy and rewarding lives. All it takes is for all of us to learn more about HIV, what it is, what we can do prevent it, and what we can do to support people with HIV in the community. I'm an ambassador because I know we need to break down the taboo around talking about sex and injecting drugs in our communities. We need to learn how to protect ourselves and our communities from HIV. Together we can stop it. We can stop it and with your help we will stop it. #UANDMECANSTOPHIV.'



Endnotes

1. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual Surveillance Report 2016. The Kirby Institute, UNSW Australia, Sydney NSW 2052. Available at <http://kirby.unsw.edu.au/surveillance/Annual-Surveillance-Reports>
2. Ibid.
3. Ibid.
4. Ibid.
5. Further information at <http://dfat.gov.au/geo/torres-strait/Pages/the-torres-strait-treaty.aspx>
6. BC Centre for Disease Control. HIV Annual Report 2014. Accessible at www.bccdc.ca
7. 90-90-90: An ambitious treatment target to help end the AIDS epidemic. Copyright © 2014. Joint United Nations Programme on HIV/AIDS (UNAIDS)
8. Both strategies available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>
9. Keynote address, Wednesday 16 November. *Evidence of divergence in HIV rates in Aboriginal and Torres Strait Islander communities*
10. Available at <https://eoracalltoaction.wordpress.com/>

ATSIHIV.ORG.AU

LAUNCH OF NEW WEBSITE ON HIV FOR THE A&TSI COMMUNITY

The new **ATSIHIV.org.au** website is intended to be the go-to resource for the Aboriginal and Torres Strait Islander community on HIV. It has been developed to provide the community with accessible and relevant information on HIV – on how HIV is transmitted, on HIV prevention, and on providing care and support for people in the community who live with HIV. The underlying message throughout the website is that HIV rates are rising in the Aboriginal and Torres Strait Islander community - we need to work together to educate ourselves about HIV, improve HIV testing rates, and end the stigma and discrimination associated with HIV.

The website contains clear information on the basics of HIV transmission risks, with strong emphasis on condom use, as well as information on new prevention tools such as Pre-Exposure Prophylaxis (PrEP) and on the role of treatment as

prevention in preventing onward transmission. The website also provides useful information on HIV testing, and tips and resources for dealing with an HIV diagnosis.

ATSIHIV.org.au has also been designed to support community health professionals, educators and health promoters, with clear information on HIV surveillance data, key research, new HIV prevention tools, types of testing, links to useful online resources about HIV and links to organisations and resources for people living with HIV.

ATSIHIV.org.au has been developed by the South Australian Health and Medical Research Institute (SAHMRI), with funding provided by the Commonwealth Department of Health.



ABORIGINAL AND TORRES STRAIT ISLANDER HIV AWARENESS WEEK ATSIHAW

**U AND ME
CAN STOP
HIV**



Get involved

- @ atsihaw@sahmri.com
- (08) 8128 4000
- f Aboriginal and Torres Strait Islander HIV Awareness Week

Get informed – ATSIHIV.org.au





SAHMRI
South Australian Health &
Medical Research Institute

08 8128 4000 | www.sahmri.com
North Terrace, Adelaide 5000 South Australia

ISBN: 978-0-646-96522-2