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 Kaurna people as the traditional custodians of the Adelaide Plains region, where the SAHMRI building is located. We recognise the Kaurna people’s cultural, spiritual, physical and emotional connection with their land. We honour and pay our respects to Kaurna elders, both past and present, and all generations of Kaurna 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 2015.

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

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.

2015 DATA SNAPSHOT

The recently released HIV surveillance data for 2015 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%
30% of the new HIV diagnoses among the Aboriginal and Torres Strait Islander people, including among 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 residence.

![HIV notification rate graph](image)

**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 STIs 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 activities 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 trichonomas. Untreated trichonomas 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 people. 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. 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 targets, 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. 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 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 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 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.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY SUMMIT RECOMMENDATIONS</th>
<th>PROGRESS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Strengthening HIV testing</td>
<td>Normalise HIV testing in primary health care services, including by revision of clinical guidelines and monitoring/evaluation systems</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposals for reviews of guidelines and monitoring/evaluation systems made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Better define risk groups for HIV testing and incorporate HIV testing indicators in National KPIs</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposals made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Develop a clear statement on use of HIV Point of Care testing and develop models for rollout</td>
<td>To be completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Earlier paper published in ANZJPH, Ward et al., highlighted issues - discussion paper to be developed</td>
</tr>
<tr>
<td>1.2 Workforce development</td>
<td>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)</td>
<td>Recent roadmap hosted by HIV Foundation Queensland in partnership with SAHMRI met with &gt;60 ACCHS staff to discuss HIV implications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ATSIHAW Committee is currently developing a proposal for normalising testing in Aboriginal and Torres Strait Islander communities</td>
</tr>
<tr>
<td></td>
<td>Develop strategies for normalising NSPs amongst the primary health care and ACCHS workforce as pivotal to BBV prevention</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td></td>
<td>Develop workforce education on community engagement, including messaging on contact tracing and case management</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td></td>
<td>Provide education on outbreak response processes (primary health care and ACCHS workforce)</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td></td>
<td>Develop workforce skills and competency at appropriate levels, including by introduction of certificate or diploma course on HIV</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>KEY SUMMIT RECOMMENDATIONS</td>
<td>PROGRESS REPORT</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1.3 HIV management within PHCs</td>
<td>Enhance funding to support case management by primary health care services</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td></td>
<td>Develop localised, and national (standardised) HIV management plans</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td>1.4 Community engagement</td>
<td>Fund community programs to increase awareness of HIV (exposure risk, modes of transmission, management)</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td>1.5 Outbreak response preparedness</td>
<td>Develop interventions targeting high-risk groups (young people, MSM, IDU, women, TSI and PNG nationals)</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td></td>
<td>CDNA to include an HIV outbreak response in its Series of National Guidelines (SoNGs) specific to Aboriginal communities</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal for an HIV outbreak SoNG made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Ensure that the health care workforce is equipped to respond to an HIV outbreak</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td>1.6 Funding</td>
<td>Enhance funding for: NACCHO and affiliates; organisations providing workforce development on HIV; community engagement; AMSs; ACCHS; and PHC services</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Provide funding to support ‘combination prevention’ strategies for HIV (NSPs, PEP, PEP)</td>
<td>Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
</tbody>
</table>
## STIs REPORT CARD

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>KEY SUMMIT RECOMMENDATIONS</th>
<th>PROGRESS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Strengthening STI testing</td>
<td>Include age-based indicators for STI testing in National KPIs</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Provide funding for increased STI testing in endemic areas</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Fund Point of Care testing provided in PHCs</td>
<td>Commonwealth Department of Health has funded expansion of TTANGO trial in Aboriginal communities 2016-2018</td>
</tr>
<tr>
<td></td>
<td>Incorporate STI testing into A&amp;TSI Adult Health Assessments</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal to amend MBS listing for Adult Health Assessments made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td>2.2 Workforce development</td>
<td>Educate workforce on importance of data collection for STI management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fund PHC services to deliver sexual health programs; and fund NACCHO and affiliates to support staff in remote settings</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td>2.3 Community engagement</td>
<td>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</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal for enhanced funding made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Develop mass campaigns promoting testing and safe sex</td>
<td>SAHMRI has been funded in 2016 to develop campaigns for syphilis and for remote communities</td>
</tr>
<tr>
<td></td>
<td>Develop evidence-based, age-appropriate early childhood programs to enhance health literacy</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td>2.4 Systems change</td>
<td>Build patient recall prompts into Communicare and other patient management systems to facilitate enhanced testing</td>
<td>Early discussions are underway between affiliate organisations to discuss templates within PMS (led by AH&amp;MRC)</td>
</tr>
<tr>
<td></td>
<td>Authorise practice nurses to prescribe nominated vaccinations, and provide PBS Item Number</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposals made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Enhance role of practice nurses and AHWs in triaging of patients</td>
<td>● Further discussion among partners following Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Proposal made to the Commonwealth Department of Health (SAHMRI briefing, September 2016)</td>
</tr>
<tr>
<td></td>
<td>Revise STI screening guidelines to increase opportunities for testing in conjunction with, e.g., PAP smears, contraception consultation</td>
<td>No progress since Summit</td>
</tr>
<tr>
<td>2.5 Research</td>
<td>Fund research efforts that study the per capita costing of providing appropriate and BBV care within Aboriginal communities</td>
<td>No progress since Summit</td>
</tr>
</tbody>
</table>
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 continue 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, Airids
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

Coomealla Health Aboriginal Corporation
51 Sturt Place, Dareton
DATE: 29 November
TIME: 10am
EVENT: Messages of reducing stigma and increasing HIV testing will be conveyed
VENUE: Coomealla Health Aboriginal Corporation
CONTACT: Alesha Rowe
EMAIL: aleshar@chac.org.au

Albury Wodonga Aboriginal Health Service
644 Daniel St, Glenroy
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
TIME: 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
DATE: Tuesday 29 November to Friday 2 December 2016
WHERE: Riv Med 271 Edward St Wagga Wagga
EVENT: No shame be game
Staff will talk about sexual health screening, HIV Testing and treatments
CONTACT: Terri Celledoni
EMAIL: tcelledoni@carbal.com.au

Bullinah Aboriginal Health Service
120 Tamar Street, Ballina
EVENT: HIV Awareness week at Bullinah
DATE: 28 November – 2 December
TIME: 5am – 5pm
VENUE: Bullinah Aboriginal Health Service
CONTACT: Payden Samuelsson
EMAIL: paydens@bullinahs.org.au

Yoorana Gunya
40/70 Church Street, Forbes
EVENT: Light Up Red
DATE: 29 November 216
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 Gardena St, Proserpine  
**CONTACT:** Leanne Frise  
**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:** Redcliffe Place, Brisbane City  
**CONTACT:** Phillip Sariago  
**EMAIL:** psariago@quac.org.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  
**TIME:** 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 Balnaves  
**EMAIL:** stacey.balnaves@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:** Janaya 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 Purrrunna 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 Paiend, Kangangangawodli, Maringga Turtpandi and Wonnangga 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.  
**VENUES:** Nunkuwarrin Yunti, Clean Needle Program Outreach Locations (Corner Sth Tce & Hutt St Parkland, West care- Wright St, Adelaide)  
**CONTACT:** Kesha Roessch  
**EMAIL:** kesha@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 PLASHS or Mallee Park  
**CONTACT:** Morgan Hirschhausen  
**EMAIL:** morgan.hirschhausen@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

Rumbalara Aboriginal Co-Op
20 Rumbalara Road, Mooroolbark 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

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

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: cmhm@spinifexhealth.org
Derbarl Yerrigan Health Service Inc
156 Wittenoom 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@waids.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@waids.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@wurl.org.au
STEVEN OLIVER

The fabulously funny Steven Oliver is the National Ambassador.

Steven is a descendant of the Kukuyalanji, Waanyi, Ganggalidda, 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 Alyawarre 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.”

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 Wadjia) 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 Boomallii 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 Koeodal (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 Ewen 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.”

**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 Kaurna 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 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.”
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’dje’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 Ngatjurnay 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**

2. Ibid.
3. Ibid.
4. Ibid.
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/
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.
Get involved

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

Get informed – ATSIHIV.org.au