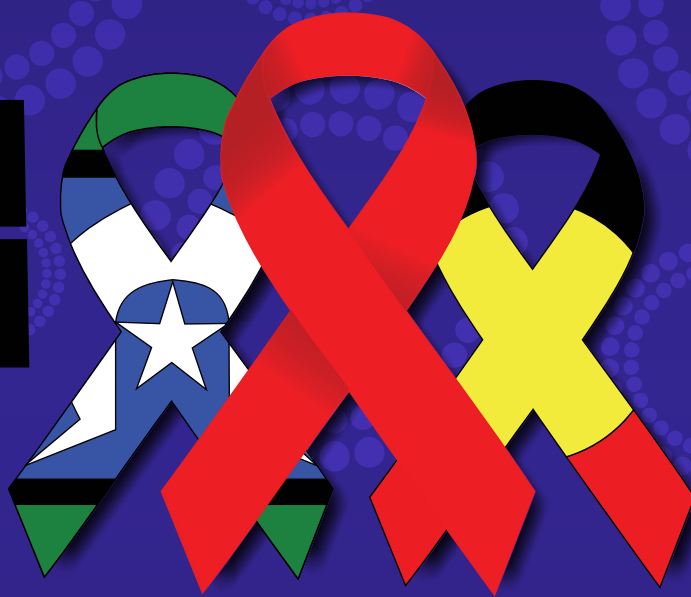
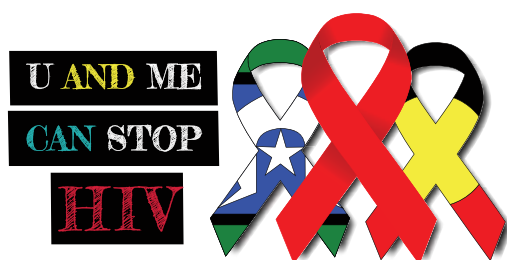


# HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2017



# U AND ME CAN STOP HIV



## ABOUT THIS BOOKLET

This booklet was prepared by the Infection and Immunity Theme team at the South Australian Health and Medical Research Institute (SAHMRI).

We produced the booklet to highlight the current situation of HIV in our communities and to inform policy, practice and action.

The booklet profiles Aboriginal and Torres Strait Islander Awareness Week – ATSIHAW – and the role played by Aboriginal Community Controlled Health Services and e communities and in making it such a success. Now in its fourth year, ATSIHAW community engagement is continuing to grow. Follow us on Facebook!

## WEBSITE

**ATSIHIV.org.au**, launched for World AIDS Day 2016, has been developed by SAHMRI as 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 for health practitioners and communities – on how HIV is transmitted, on HIV prevention, and on providing care and support for people in our community who live with HIV.

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



[www.facebook.com/ATSIHAW](https://www.facebook.com/ATSIHAW)

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.



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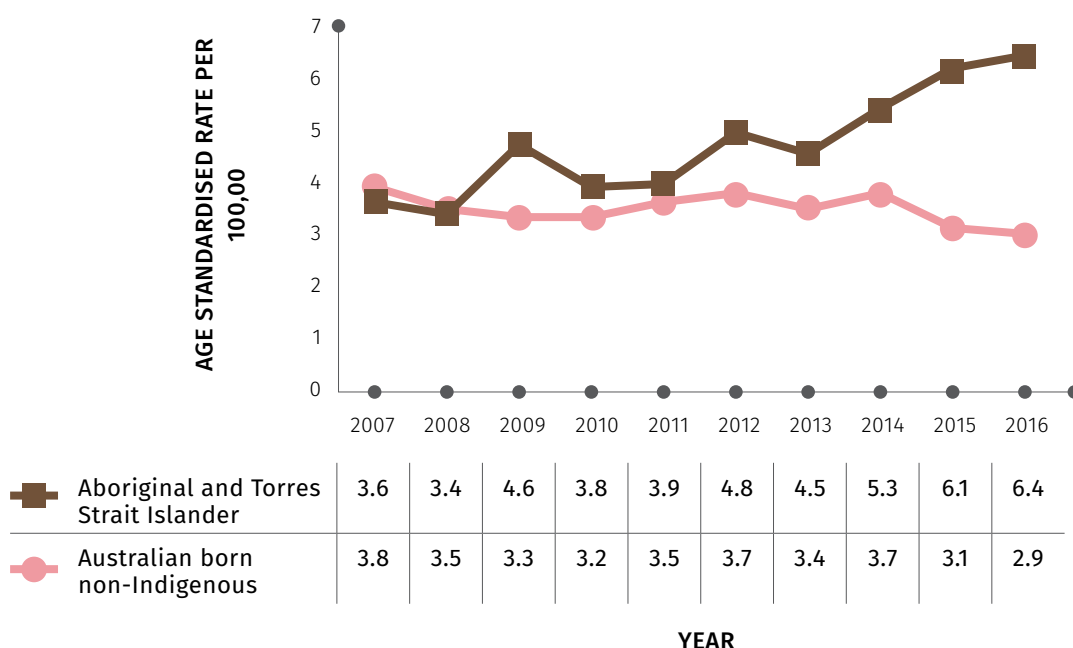
## 1. HIV AND ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE: THE DATA

Over the last 5 years there has been a 33% *increase* in the rate of new HIV diagnoses among Aboriginal and Torres Strait Islander people. At the same time there has been a 22% *decrease* for Australian-born non-Indigenous people<sup>1</sup>. This is not acceptable in Australia; now is the time to think seriously about how we can quickly close this new gap in health outcomes for Australia's First Nations peoples.

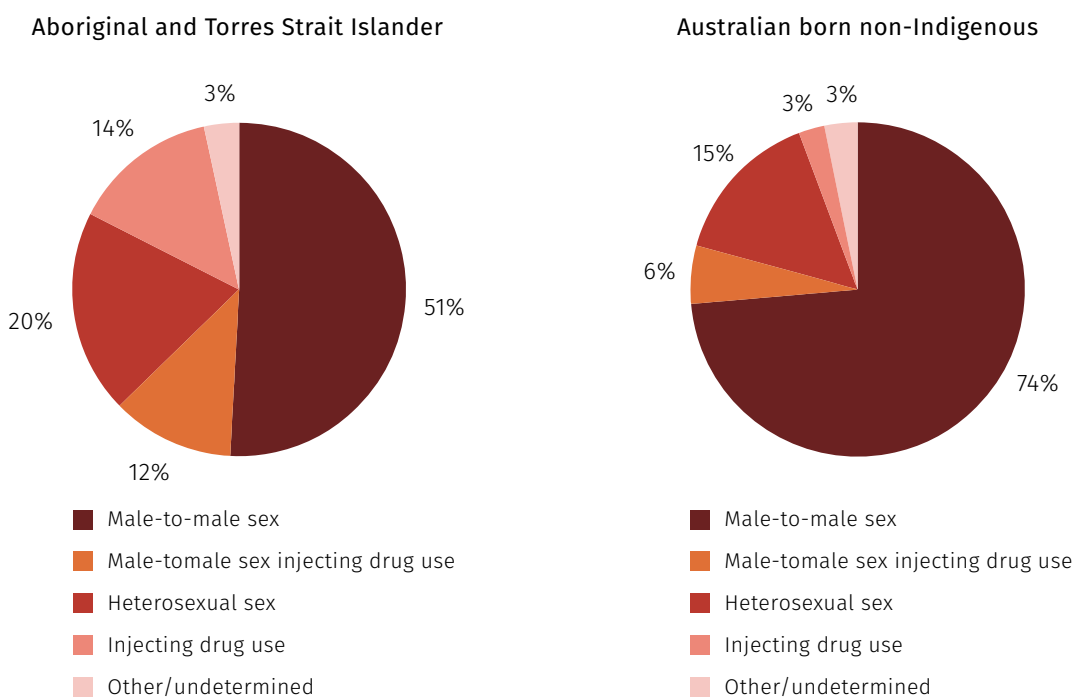
The recently released *Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people Annual Surveillance Report 2017*<sup>2</sup> shows that the rate of diagnosis of HIV for Aboriginal and Torres Strait Islander people is now more than double that for non-Indigenous Australian-born people (6.4 per 100 000 in 2016, compared to 2.9).<sup>3</sup>

The latest surveillance data shows that HIV for the Aboriginal and Torres Strait Islander population continues to occur in the context of significant differences between modes of transmission for the Aboriginal and Torres Strait Islander population and the non-Indigenous Australian-born population, notably the higher proportion of new cases attributed to injecting drug use and heterosexual sex for Aboriginal and Torres Strait Islander people. There is also a higher proportion of new diagnoses among women for the Aboriginal and Torres Strait Islander population. These are important differences to understand because it is clear that strategies which are targeted and specific to these groups are under-developed for the Australian context.

**Figure 1: Newly diagnosed HIV notification rate in the Australian-born population per 100 000, 2007 – 2016, by Aboriginal and Torres Strait Islander status<sup>4</sup>**



**Figure 2: Newly diagnosed HIV infection and HIV exposure category, 2012–2016, by Aboriginal and Torres Strait Islander status<sup>5</sup>**



## 2016 DATA SNAPSHOT: RISING RATES AND WIDENING DISPARITIES

The HIV surveillance data for 2016 show:

### New diagnoses

- In 2016 there was a total of 1013 new diagnoses of HIV in Australia. 46 of these new diagnoses were among Aboriginal and Torres Strait Islander people, representing 5% of the total number of HIV diagnoses. (Aboriginal and Torres Strait Islander people represent 2.8% of the population.<sup>6</sup>)
- The rate of HIV notifications in the Aboriginal and Torres Strait Islander population increased by 33% from 2012 to 2016. The rate of HIV notifications in the non-Indigenous Australian-born population decreased by 22% from 2012 to 2016.
- In 2016 the HIV notification rate for Aboriginal and Torres Strait Islander people was 2.2 times that of the Australian-born non-Indigenous population.
- Between 2007 and 2011, HIV notification rates among Aboriginal and Torres Strait Islander males were stable, but rates increased by 90% between

2011 and 2016. In contrast, the HIV notification rate in the Australian-born non-Indigenous male population fell by 15% between 2011 and 2016.

- In the past five years, a higher proportion of HIV diagnoses among the Aboriginal and Torres Strait Islander population was attributed to heterosexual sex (20%) and injecting drug use (14%) compared to the Australian-born non-Indigenous population (15% and 3%, respectively) (**Figure 2**).

### Late diagnoses

- Based on the test for immune function for people newly diagnosed with HIV, a quarter (26%) of the new HIV diagnoses among Aboriginal and Torres Strait Islander people in 2016 were classified as late diagnoses. These people are likely to have acquired HIV at least four years prior to diagnosis without being tested.

### People living with HIV

- There were an estimated 574 Aboriginal and Torres Strait Islander people with HIV in Australia in 2016. Of those, an estimated 20% (111 people) were undiagnosed, compared to an estimated 8% of Australian-born non-Indigenous people with undiagnosed HIV.

## VULNERABILITIES: COMPOUNDING RISK FACTORS

There is a range of intersecting vulnerabilities that potentially contribute to disparities in HIV data between the Aboriginal and Torres Strait Islander population and the non-Indigenous Australian-born population:

- **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 (needle and syringe programs) is inadequate. In 2016 the proportion of Aboriginal and Torres Strait Islander people attending NSPs who reported receptive syringe sharing increased from 18% in 2007, to 28%; this proportion was higher than for non-Indigenous participants (28% versus 17%).<sup>7</sup>
- **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. 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<sup>8</sup> and there is a high degree of social interaction between Australian and PNG nationals.

## COMMON STIS AFFECTING ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES INCLUDE:

**Chlamydia** is the most common STI in Australia, predominantly in the age group 15-25 years. In 2016 rates among Aboriginal young people were 3 times those for the non-Indigenous population.<sup>9</sup> 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.

**Gonorrhoea** and **syphilis** disproportionately affect young Aboriginal and Torres Strait Islander people, particularly in remote and isolated communities. In 2016, the **gonorrhoea** notification rate in the Aboriginal and Torres Strait Islander population was nearly 7 times that of the non-Indigenous population (582 vs 84 per 100 000 population), increasing to 30 times higher in remote and very remote areas.<sup>10</sup> In 2016, the **syphilis** rate in the Aboriginal and Torres Strait Islander population was 5.4 times as high as the non-Indigenous population (67 vs 12 per 100 000 population), increasing to 50 times as high in remote and very remote areas. Both STIs can cause major issues in pregnancy, including still-birth, and babies can be born with both 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 found to have trichomonas. Untreated trichomonas can cause premature birth and low birth weight.



## 2. INTERNATIONAL AND NATIONAL POLICY CONTEXT

In 2015 UNAIDS set the “90-90-90” targets, that by 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.<sup>11</sup>

We need to act to turn around rising HIV rates and late diagnoses among Aboriginal and Torres Strait communities or we risk a major escalation in HIV rates among Aboriginal and Torres Strait Islander people – as has occurred recently with the ongoing syphilis outbreak across northern and central Australia, and more recently in South Australia. We need strong actions to educate our communities about HIV, and prevent HIV taking hold among Australia’s First Peoples.

*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*, which are shortly to run their course, did not include indicators to measure whether prevention programs are targeting and reaching Aboriginal and Torres Strait Islander communities. This is despite the fact that Aboriginal and Torres Strait Islander people represent a priority population under each of the national blood-borne virus and STI strategies, and despite assertions such as:

‘Persistently high rates of STI, the disproportionate burden of viral hepatitis, and vulnerability to an HIV epidemic underline the urgency of addressing these infections in this population.’<sup>12</sup>

A new suite of BBV / STI strategies is currently under development. It is crucial that they enable actions to prevent a major escalation in HIV for people among Aboriginal and Torres Strait Islander communities and a widening health gap. We need to ensure that HIV-positive people among Aboriginal and Torres Strait Islander communities are not effectively consigned to be among the 10% of people living with HIV who do not know their HIV status; or who are not on treatment; or who do not achieve viral suppression.

The continuing increase in HIV rates among Aboriginal and Torres Strait Islander people each year is occurring despite major advances in HIV testing, diagnostics and treatment. Innovative HIV test-and-treat strategies and large scale PrEP trials have successfully engaged the gay community but people among Aboriginal and Torres Strait Islander communities are generally not benefiting from these advances. This is contrary to the ‘grounds for optimism’ expressed in the Fourth National Aboriginal and Torres Strait Islander Blood-borne Virus and Sexually Transmitted Infection Strategy 2014-2017:

‘Scientific advances in preventing and treating HIV have provided us with the knowledge and the means to make dramatic reductions in new HIV infections. Groundbreaking antiviral treatments for hepatitis C will become available in Australia during the life of (this Strategy). ... ..Innovative testing technologies are creating opportunities to significantly improve testing accessibility, which will contribute to reduced transmission of many STI and BBV.’<sup>13</sup>

Commenting on the growing divergence between HIV rates between the Aboriginal and Torres Strait Islander population and the non-Indigenous Australian-born population, A/Prof James Ward, Head of infectious Diseases Research – Aboriginal Health, at the South Australian Health and Medical Research Institute (SAHMRI) said:

‘This should not be happening in 2017 when we have all the answers at hand to prevent HIV, including PrEP (pre-exposure prophylaxis) and strategies such as “treatment as prevention”, which aim to prevent HIV at a population level by reducing transmissions.

‘This data highlights the need for culturally relevant HIV prevention programs for Aboriginal people. We need enhanced community education, and targeted testing and treatment initiatives’.

Without addressing the above issues, the gap in HIV outcomes between Australian-born non-Indigenous people and First Peoples’ HIV status is very likely to grow. Changes are needed immediately to achieve HIV elimination in Australia and ensure Aboriginal and Torres Strait Islander communities are not left behind.

## 3. TARGETED EDUCATION AND HEALTH PROMOTION – WHAT’S HAPPENING?

The 2016 data brings home the urgent need for HIV, STI and BBV education and health promotion campaigns that are developed specifically for our communities – with communities’ input.

SAHMRI is leading some exciting new community driven projects, funded by the Commonwealth. These programs aim to be culturally sensitive and targeted to the various sub-populations at risk of HIV – considering the need to simultaneously develop and roll out initiatives to quickly bring down STI rates.

### ATSIHAW – MOBILISING COMMUNITIES

The inaugural ATSIHAW was held in November 2014 to get a conversation going in Aboriginal and Torres Strait Islander communities about HIV prevention and the importance of regular testing for HIV. Now in its fourth year, ATSIHAW is recognised as the key initiative for raising awareness of HIV among Aboriginal and Torres Strait Islander communities.

ATSIHAW has proven to be an effective means of mobilising communities to address rising rates of diagnosis, as well as engaging HIV researchers, doctors, health workers and policy-makers. ATSIHAW has been funded by the Commonwealth since its inception. This commitment has been crucial to ATSIHAW’s success.

The ATSIHAW theme, “U AND ME CAN STOP HIV”, highlights that ATSIHAW is not just to enhance community awareness that HIV is an issue for Aboriginal and Torres Strait Islander people, it’s about engaging communities in actions to bring rates down. This starts with education – on modes of transmission; the importance of regular testing for STIs and BBVs; safe sex and safe injecting; and biomedical prevention options. Aboriginal and Torres Strait Islander communities need to be brought up to speed in these areas.

Each year ATSIHAW events that aim to promote awareness of HIV are run in local community based organisations. ATSIHAW 2017 runs from 27 November to 1 December 2017, with over 50 community events and activities to be held across Australia – see page 14.

The ATSIHAW Facebook page maintains community engagement throughout the year, and provides updates on what’s happening where during the week of ATSIHAW, and news updates and resource-sharing through the year:

**[www.facebook.com/ATSIHAW](http://www.facebook.com/ATSIHAW)**

ATSIHAW’s high profile Ambassadors 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. See page 28 for profiles of our fantastic Ambassadors.

### WEBSITE ON HIV AND ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

**[ATSIHIV.org.au](http://ATSIHIV.org.au)**, launched for World AIDS Day 2016, has been developed by SAHMRI as 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 for health practitioners and communities – on how HIV is transmitted, on HIV prevention, and on providing care and support for people in our community who live with HIV.

**[ATSIHIV.org.au](http://ATSIHIV.org.au)** was developed with funding provided by the Commonwealth Department of Health.





# U AND ME CAN STOP HIV



The website is also intended to support educators in delivery of cross-jurisdictional BBV and STI prevention initiatives, with information on latest data on HIV among Aboriginal & Torres Strait Islander communities, HIV research projects, and links to useful online resources – complementing the range of resources targeting young people and remote community services hosted on the Young, Deadly, Free website.

[www.youngdeadlyfree.org.au](http://www.youngdeadlyfree.org.au)

## NEW HIV ANIMATION RESOURCES

There are limited culturally accessible resources available for educating communities regarding new HIV prevention tools such as PrEP (pre-exposure prophylaxis) and 'treatment as prevention', treatment advances and tips for living well with HIV.

SAHMRI has developed a new set of animated videos - on HIV, STIs and PrEP - specifically for Aboriginal and Torres Strait Islander communities. The messaging in these videos has been focus tested with Aboriginal community groups, and assumes no prior knowledge about HIV or STIs. The primary target audience is Aboriginal and Torres Strait Islander young people, including young people in remote communities. Each of the videos includes messaging to counter shame and stigma associated with HIV and STIs, and stresses the need for community action to increase testing rates.

These videos will be shared on social media through the year, including on the ATSIHAW page [www.facebook.com/ATSIHAW/](https://www.facebook.com/ATSIHAW/). See all three videos here on our website, [www.atsihiv.org.au](http://www.atsihiv.org.au) – here. [www.atsihiv.org.au/health-promotion/hiv-health-promotion-resources/](http://www.atsihiv.org.au/health-promotion/hiv-health-promotion-resources/)



*HIV explainer, including information on treatment, and treatment as prevention*



*PrEP explainer*



*STIs explainer*

# U AND ME CAN STOP HIV

## NEW HIV INFOGRAPHICS

SAHMRI has also produced a set of infographics on HIV, mainly for use in social media, and in our Young, Deadly, Free peer education program (see [www.youngdeadlyfree.org.au](http://www.youngdeadlyfree.org.au)). These range from very clear, direct messaging on HIV prevention, through to graphics that present key surveillance data.

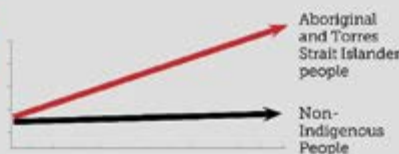


## HIV - HOW DO YOU GET IT?

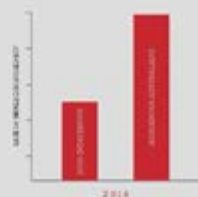
**YOU CAN GET HIV FROM  
SOMEONE WHO HAS IT DURING  
SEX OR FROM SHARING DRUG  
INJECTING EQUIPMENT.**

## HIV – THE FACTS

HIV rates have stabilised in Australia for non-Indigenous people but have been going up for Aboriginal and Torres Strait Islander people.

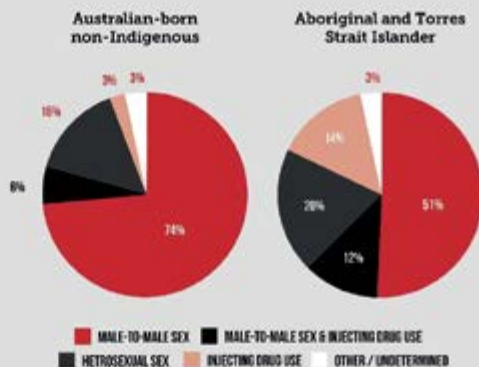


In 2016, there were **46 new HIV diagnoses in Aboriginal and Torres Strait Islander people in Australia**, accounting for 5% of all HIV diagnoses (1,013) and increasing from 33 new diagnoses in 2012. The HIV notification rate was two times higher in Aboriginal and Torres Strait Islander people than in the non-Indigenous population.



### HIV and Aboriginal communities – the differences

A higher proportion of new HIV diagnoses for Aboriginal and Torres Strait Islander people is due to injecting drug use and heterosexual sex compared to diagnoses for non-Indigenous people born in Australia.



## REMOTE STI AND BBV PROJECT

SAHMRI has been funded by the Commonwealth Department of Health to develop and deliver the Remote STI and BBV Project – *Young, deadly, STI & BBV free*. The project is funded from 1 July 2016 to 30 June 2019.

The Project is comprised of interrelated activities which aim to substantially increase STI and BBV testing and treatment rates for Aboriginal and Torres Strait Islander young people living in remote communities across Queensland, Northern Territory, Western Australia and South Australia. Project activities, delivered in partnership with Aboriginal Community Controlled Health Services and their affiliates, include:

- **Peer education for young people** – the trialling of a culturally appropriate, peer-led education program on STIs and BBVs targeting young people aged 15 to 29 years living in remote and very remote Aboriginal communities across Queensland, the Northern Territory, Western Australia and South Australia.
- **Resource development** – development of culturally appropriate web-based and print resources on STIs and BBVs for young people, parents, Elders, teachers and mentors.
- **Peer education for clinicians** – development of resources to support multi-disciplinary support networks for improved clinical and organisational practice.
- **Monitoring and reporting of STI and BBV testing and treatment rates** – nominated participating services will provide non-identifiable clinical and laboratory testing data for evaluation of the effectiveness of the project in increasing STI and BBV testing rates.

For further information see [www.youngdeadlyfree.org.au](http://www.youngdeadlyfree.org.au)



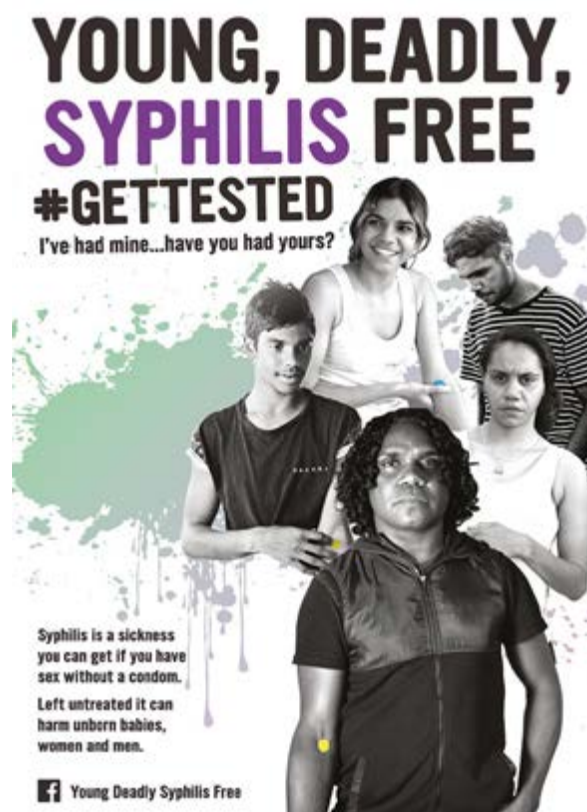
## SYPHILIS CAMPAIGN

*Young, deadly, syphilis free* is a multi-strategy STI awareness-raising campaign, developed in response to the ongoing syphilis outbreak affecting regional and remote Aboriginal and Torres Strait Islander communities in: northern and western Queensland, including Torres Strait Islands; the Northern Territory; the Kimberley region of Western Australia; and the Far North and Western regions of South Australia.

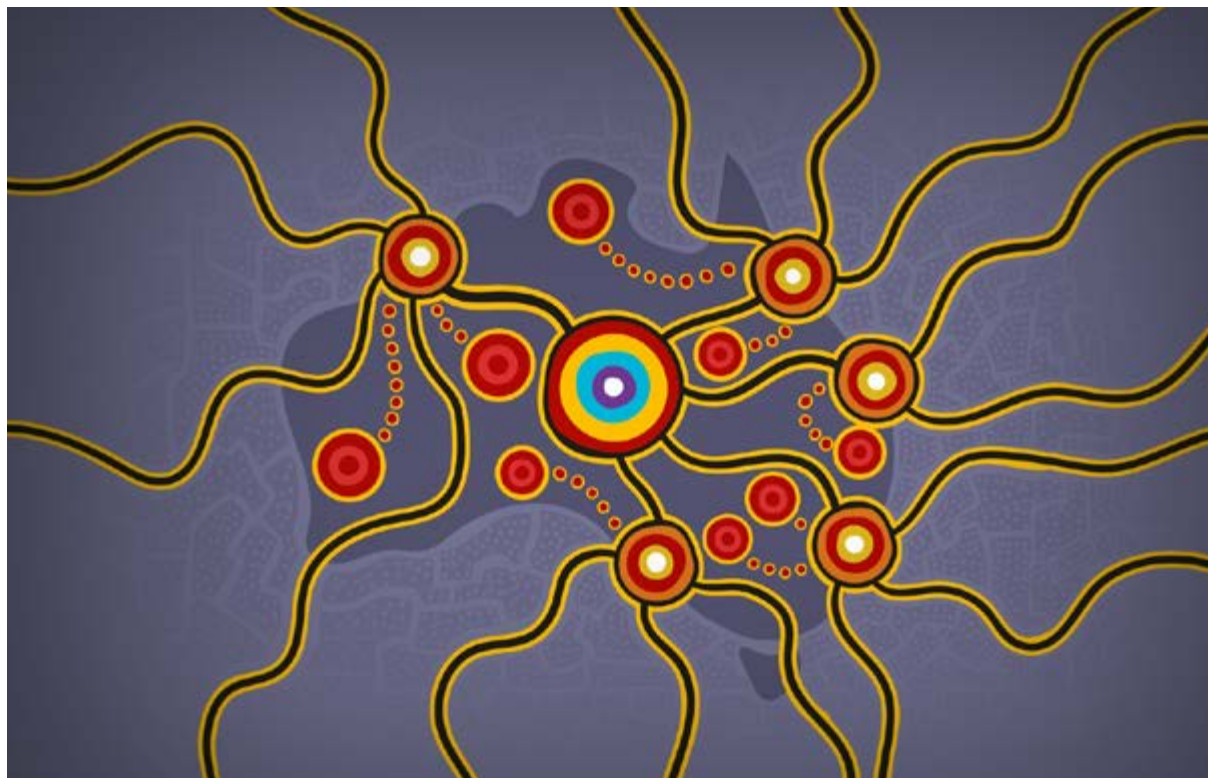
The campaign has been developed by SAHMRI in consultation with the Multijurisdictional Syphilis Outbreak Group of the Communicable Diseases Network Australia. The campaign is funded by the Commonwealth Department of Health.

The campaign's focus is on encouraging young Aboriginal and Torres Strait Islander young people to test for syphilis, and other STIs and BBVs – including HIV – to assist in bringing the outbreak under control. The aim of the campaign is that 30,000 young people in communities affected by the syphilis outbreak test for STIs by June 2018.

For further information see [www.youngdeadlyfree.org.au](http://www.youngdeadlyfree.org.au) and our **Facebook** page at <https://www.facebook.com/youngdeadlysyphilisfree>







## CRE-ASH: CENTRE FOR RESEARCH EXCELLENCE IN ABORIGINAL SEXUAL HEALTH AND BBVS

**CRE-ASH** is a five year, **National Health and Medical Research Council** funded project established in 2016 to develop a sentinel surveillance network to monitor trends in STI and BBV testing and diagnosis data for the Aboriginal and Torres Strait Islander population. CRE-ASH is led from SAHMRI.

The main source of information on STIs and BBVs among Australian populations has to date come from routine clinical notification data through the National Notifiable Diseases Surveillance System. This form of surveillance involves laboratories or clinicians reporting diagnoses of selected STIs and BBVs to health departments. Relying on notifications alone to guide policy and health care interventions has limitations, and there are major gaps in the completeness of notification of cases by Aboriginal or Torres Strait Islander status.

CRE-ASH seeks to address these gaps by providing improved data on epidemics, patterns of infection, access to health centres, and the extent of STI/BBV testing occurring within health centres. It will also provide much needed data on issues affecting population groups' access to health care, STI/BBV testing, and timely treatment, and on risk behaviours in key population groups.

The CRE-ASH network consists of five Aboriginal and or Torres Strait Islander clinical hubs which have been established to coordinate research and its translation, capacity development, and initiatives with local Aboriginal primary health care services. The network also collects behavioural characteristics on young Aboriginal people aged 15 to 29 years attending participating health centres.

## WHERE TO FROM HERE IN 2018?

Australia will soon launch a new set of national strategies to address blood-borne viruses and STIs, including the *Sixth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy*.

In implementing the new strategies we need strong public health actions 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. Prevention strategies must focus on:

- **MSM:** Men who have sex with men (MSM) continue to constitute the largest single group for both Indigenous and non-Indigenous HIV diagnoses. We need further research to inform development of prevention strategies targeting Aboriginal and Torres Strait Islander gay men and other MSM.
- **People who inject drugs:** There has been limited community education on harm reduction in Aboriginal and Torres Strait Islander 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 enhanced NSP access, particularly in regional areas.
- **Testing, treatment and care:** We need to better understand the social determinants of health creating barriers to access, and develop actions to address these barriers. Key determinants that must be addressed include lower education outcomes, lower income and employment opportunities, and real or perceived discriminatory practices in health service delivery. These factors all compound HIV risk.
- **‘Treatment as prevention’ and PrEP strategies** need to be scaled up for targeting Aboriginal and Torres Strait Islander people at high risk. We need to increase HIV testing rates, reduce late diagnoses, and enhance adherence to HIV antiretroviral treatment. We also need to enhance Aboriginal and Torres Strait Islanders’ access to PrEP.

- **STI control:** Given that presence of STIs potentiate HIV acquisition, it’s crucial that cross-jurisdictional efforts to reduce the high rates of other STIs prevalent in many communities are sustained and that HIV testing is offered as part of comprehensive STI testing.

We cannot countenance accepting HIV as yet another health burden borne by Aboriginal and Torres Strait Islander communities. Now is the time for decisive, nationally coordinated actions to bring HIV rates down among Australia’s First Peoples.



## ATSIHAW COMMUNITY EVENTS FOR 2017



### Official Launch

**Parliament House Canberra**

**Date:** 29 November 2017

#### Speakers:

- Senator Dean Smith - official host in his capacity as co-chair of the Parliamentary Liaison Group on HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Diseases
- The Hon. Ken Wyatt AM, MP - Minister for Indigenous Health
- Michelle Tobin - Chair, Positive Aboriginal Torres Strait Islander Network (PATSIIN)
- Dr Dawn Casey - Deputy CEO, National Aboriginal Community Controlled Health Organisation (NACCHO)
- Professor Sharon Lewin - Chair, Ministerial Advisory Committee on Blood-borne Viruses and Sexually Transmissible Infections
- A/Professor James Ward, Head Infectious Diseases Research Aboriginal Health, Infection Immunity Theme, SAHMRI.

## ACT



### Winnunga Nimmityah

63 Boolimba Cres, Narrabundah ACT 2604

**Title:** Community BBQ

**Venue:** Winnunga Nimmityah, 63 Boolimba Cres, Narrabundah ACT 2604

**Date:** Friday 1st Dec

**Time:** 11am

**Contact:** Lisa Barnes

**Email:** Lisa.Barnes@winnunga.org.au



### Department of Health NATSIS

**Title:** HIV and our mob - World AIDS day

**Date:** Friday 1st Dec

**Time:** 9am - 5pm

**Venue:** Multipurpose Room, Sirius Building, Furzer Street, Woden Town Centre, ACT

**Contact:** Kartika Medcraft

**Email:** kartika.medcraft@health.gov.au



## NEW SOUTH WALES



### North Coast Area Health Service (NCAHS) - Harm Reduction Health Promotion Team

1/145 Wharf Street, Tweed Heads NSW

**Title:** Light up Byron Bay lighthouse red (Raise Awareness WAD)

**Date:** 31st November to 2nd December

**Time:** 7pm to 10pm nightly

**Venue:** Byron Bay Lighthouse

**Contact:** Larissa Smyth

**Email:** Larissa.smyth@ncahs.health.nsw.gov.au <https://sahmronline.sharepoint.com/teams/InfectionImmunity/ATSIHAW/Shared Documents/janine.sutton@health.nsw.gov.au>



### Southern NSW Local Health District (SNSWLHD)

3/34 Lowe St Queanbeyan NSW 2620

**Title:** U and Me can stop HIV, come and have a yarn

**Date:** Friday 1st Dec

**Time:** 4pm - 8pm

**Venue:** Youth Centre Queanbeyan Park, Queanbeyan NSW 2620

**Contact:** Kevin Schamburg

**Email:** kevin.schamburg@health.nsw.gov.au



### Bullinah Aboriginal Health Service

120 Tamar St, Ballina NSW 2478

**Title:** HIV Awareness display

**Date:** 1st December

**Time:** 9am to 5pm

**Venue:** Bullinah AHS, 120 Tamar Street, Ballina NSW 2478

**Contact:** Sumara

**Email:** sumarae@bullinahahs.org.au



### Brookong Centre Sexual Health

79 Brookong Ave Wagga NSW 2650

**Title:** You and me can stop HIV - let's not forget it's still here and yarn

**Date:** Friday 1st Dec

**Time:** 10am - 2pm

**Venue:** Ashmont Community Centre, 42 Tobruk Street Ashmont NSW

**Contact:** Janine Sutton

**Email:** janine.sutton@health.nsw.gov.au



### Albury Wodonga Health

569 Smollett Street, Albury NSW 2640

**Title:** U and Me can stop HIV, come and have a yarn

**Date:** Friday 1st Dec

**Venue:** Youth Centre

**Time:** 4pm-8pm

**Contact:** Helen Best

**Email:** helen.best@awh.org.au



### Brookong Centre Sexual Health

79 Brookong Ave Wagga NSW 2650

**Title:** You and me can stop HIV - let's not forget it's still here and yarn some more

**Date:** Friday 1st Dec

**Time:** 10am - 2pm

**Venue:** Tolland Community Centre 41 Bruce Street, Tolland NSW 2650

**Contact:** Janine Sutton

**Email:** janine.sutton@health.nsw.gov.au

# U AND ME CAN STOP HIV

## NEW SOUTH WALES



### Orange Aboriginal Medical Service

27-312 Perc Griffith Way Orange NSW 2800

**Title:** It's all about protection!

**Date:** Friday 1st Dec

**Time:** 12pm

**Venue:** OAMS, 27-312 Perc Griffith Way Orange

**Contact:** Michael Halls

**Email:** michaelh@oams.net.au



### ACON Surry Hills/ Redfern Aboriginal Medical Service

414 Elizabeth Street, Surry Hills NSW

**Title:** Stall in collaboration with Redfern AMS

**Event:** Stall

**Date:** 1st December

**Time:** 10:30am to 2:00pm

**Venue:** Redfern Aboriginal Medical Service

**Contact:** Ronald May or Teddy Cook

**Email:** tcook@acon.org.au or rmay@acon.org.au



### Far West Local Health District (NSW Health)

Broken Hill Base Hospital Primary Health Centre (sex health team)  
Thomas Street, Broken Hill NSW 2880

**Title:** U and Me can stop HIV

**Date:** Nov/Dec 2017

**Time:** 10am - 4pm

**Venue:** Aboriginal Medical Service

**Contact:** Jo Lenton and Syl Phillips-Ayre

**Email:** Jo.Lenton@health.nsw.gov.au or Syl.PhillipsAyre@health.nsw.gov.au



### Walgett Aboriginal Medical Service (WAMS)

37 Pitt St., Walgett NSW 2832

**Event:** We can stop HIV

**Date:** 10th November 2017

**Venue:** Fox Street, Walgett

**Contact:** Bradley Smith

**Email:** brads@walgettams.com.au



### ACON Northern Rivers/ Bulgarr Ngaru

27 Uralba Street Lismore NSW 2480

**Title:** Stall in collaboration with AMS

**Date:** 6th December 2017

**Time:** 10am

**Venue:** Bulgarr Ngaru Aboriginal Medical Corporation, 153 Canterbury St, Casino NSW 2470

**Contact:** Edda Lampis or Troy Combo

**Email:** elampis@acon.org.au or tcombo@bnmacrv.com.au



### Durri Aboriginal Corporation Medical Service

15-19 York Lane Kempsey NSW

**Event:** Community Gathering

**Date:** 29th November 2017

**Venue:** Park

**Contact:** Natalie Riley

**Email:** Natalie.a.riley@durri.org.au



## NORTHERN TERRITORY



### Central Australian Aboriginal Congress

14 Leichhardt Terrace, Alice Springs  
NT 0870

**Event:** HIV awareness week  
promotional stall

**Date:** November 27th to December 1st

**Time:** 2 hours daily

**Venue:** Congress main clinic 25 Gap  
Road Alice Springs NT 0870

**Contact:** Natalee Norsworthy

**Email:** natalee.norsworthy2caac.org.au



### Royal Darwin SHBBV Unit

Rocklands Drive Tiwi

**Title:** Royal Darwin Hospital ATSIHAW  
stall

**Date:** 27th November

**Venue:** Royal Darwin Hospital,  
Rocklands Drive, Tiwi

**Contact:** Letishia Parter

**Email:** Letishia.parter@nt.gov.au



### Royal Darwin SHBBV Unit

Rocklands Drive Tiwi

**Title:** Wadeye ATSIHAW Youth Stall

**Date:** 28th November

**Venue:** Wadeye Youth Centre 50  
Perdjert Street Wadeye NT 0822

**Contact:** Letishia Parter

**Email:** Letishia.parter@nt.gov.au



### Wurli Wurlinjang Health Service

25 Third Street, Katherine NT

**Title:** Safe Sex, Health Check

**Date:** 1st December

**Time:** 10:30am

**Event:** Sexual Health and BBV  
Awareness

**Venue:** Katherine Tick Market area

**Contact:** Sherryl King

**Email:** sherryl.king@wurli.org.au



### NG Health - Warakurna Learning Centre

**Event:** Promoting HIV Awareness

**Time:** various times

**Venue:** Warakurna Community

**Contact:** Kathryn Ranui

**Email:** Kathryn.ranui@nghealth.org.au

## QUEENSLAND



### Thursday Island Queensland

74 Douglas St, Thursday Island QLD 4875

World Aids Day Ball

**Date:** 2nd December

**Time:** 6:30pm – 11:00pm

**Event:** World Aids Day Ball

**Venue:** Thursday Island Bowls Club

**Contact:** Richard Mola or Mario Assan

**Email:** Richard.mola@health.qld.gov.au  
or Mario.assan@health.qld.gov.au



### Girudala Community Co-operative

50 George St Bowen Qld

**Event:** Be proactive, learn about HIV

**Date:** 22nd November 2017

**Time:** 3:00pm – 5:00pm

**Venue:** Proserpine Youth space, Shop 4/ 56 Main St Proserpine

**Contact:** Leanne Prise

**Email:** lprise@girudala.com.au



### Joyce Palmer Health Service

1 Beach Road Palm Island Qld 4816

**Date:** 27th November

**Time:** 9:00am -2:00pm

**Event:** HIV Awareness Day

**Venue:** Palm Island Community Park

**Contact:** Bernard Longbottom

**Email:** bernard.longbottom@health.qld.gov.au



### Girudala Community Co-operative

50 George St Bowen Qld

**Event:** 2Gether - U and Me Can Stop HIV A healthy morning tea

**Date:** 29th November

**Time:** 2:30pm - 4:00pm

**Venue:** Bowen Shopping Centre, Richmond Rd Bowen

**Contact:** Leanne Prise

**Email:** lprise@girudala.com.au



### Girudala Community Co-operative

50 George St Bowen Qld

**Event:** 3 on 3 basketball competition

**Date:** 16th Nov

**Time:** 3:00pm - 6:00pm

**Venue:** Collinsville Youth Centre  
Pelican Street Collinsville QLD

**Contact:** Leanne Prise

**Email:** lprise@girudala.com.au



### ATSICHS Brisbane

55 Annerley Road, Woolloongabba Qld

**Event:** ATSICHS World AIDS Day

**Date:** 1st Dec

**Time:** 10:00am

**Venue:** Main Conference Room, 55 Annerley Rd Woolloongabba

**Contact:** Kirsten Wells

**Email:** kirsten.wells@atsichs.brisbane.org.au

## SOUTH AUSTRALIA



### Pangula Mannamurna Aboriginal Corporation

191 Commercial Street West Mount  
Gambier

**Message:** HIV is on the increase in  
Aboriginal & Torres Strait Islander  
communities, prevention of HIV.

**Venue:** Pangula Mannamurna  
community areas

**Time:** Various times

**Contact:** Stacey Balnaves

**Email:** stacey.balnaves@pangula.org.au



### SAMESH

57 Hyde Street Adelaide SA 5000

**Event:** 2nd Annual AIDS awareness  
BBQ

**Venue:** Hindmarsh Square, Adelaide  
SA 5000

**Date:** 1st December, 2017

**Time:** 1pm - 3pm

**Contact:** Daniel Jeffries

**Email:** daniel.jeffries@samesh.org.au



### Aboriginal Health Council of South Australia

220 Franklin Street Adelaide

**Title:** AHCSA HIV Awareness Week

**Event:** AHCSA Lobby

**Time:** 8am til late

**Dates:** 27th Nov to 1st Dec

**Contact:** Joshua Riessen

**Email:** joshua.riessen@ahcsa.org.au



### Pika Wiya Well Women's House

2 Marryatt Street, Port Augusta SA

**Event:** Let's talk about HIV

**Date:** Wednesday 29th Nov

**Time:** 10:30am

**Venue:** Gladstone Square BBQ Cnr  
Jervois & Marryatt St

**Contact:** Kerryn Dadleh

**Email:** kerryn.dadleh@pikawiya.org.au



### Watto Purrinna, 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:** Raise HIV  
awareness in our communities, offer  
STI health checks and referrals to  
external care providers

**Contact:** Lisa Pigliafiori

**Email:** Lisa.Pigliafiori@sa.gov.au



### Ceduna Koonibba Aboriginal Health Service

1 Eyre Highway, Ceduna

**Event:** CKAHSAC Screening Day

**Date:** 30th November

**Time:** 9am to 3pm

**Venue:** CKAHSAC Clinic

**Contact:** Patrick Sharpe

**Email:** Patrick.sharpe@ckahsac.org.au

## VICTORIA



### Victorian AIDS Council

6 Claremont Street, South Yarra VIC 3141

**Event:** HIV Awareness

**Venue:** Pronto, 175 Rose Street Fitzroy

**Dates:** 1st Dec and throughout week

**Time:** Various times

**Contact:** Peter Waples-Crowe

**Email:** Peter.Waples-Crowe@vac.org.au



### Victorian Aboriginal Health Service

186 Nicholson St, Fitzroy VIC 3065

**Event:** ATSIHAW - World AIDS day BBQ

**Message:** HIV is everyone's business

**Date:** 1st December

**Time:** 11:30 - 1pm

**Venue:** 13-15 Forest Street, Bendigo

**Contact:** Sandra Gregson

**Email:** sgregson@vahs.org.au



### Victorian AIDS Council

6 Claremont Street, South Yarra VIC 3141

**Event:** HIV Awareness

**Venue:** 6 Claremont St South Yarra VIC 3141

**Dates:** 1st Dec and throughout week

**Time:** Various times

**Contact:** Peter Waples-Crowe

**Email:** Peter.Waples-Crowe@vac.org.au



### Dandenong & District Aborigines Co-operation

3 Carroll Avenue Dandenong VIC 3175

**Event:** Community BBQ

**Message:** Promoting the importance of health checks and HIV screening, along with screening for other communicable diseases

**Date:** 1st Dec

**Time:** 11am - 2pm

**Venue:** Dandenong & District Aborigines Co-op Community Rm 3 Carroll Ave Dandenong

**Contact:** Tarni Cooper

**Email:** tarni@ddacl.org.au



### Mallee District Aboriginal Services

9 Nolan Street, Kerang VIC

**Event:** U & Me can stop HIV

**Date:** 30th Nov

**Time:** 12pm

**Venue:** MDAS Kerang

**Contact:** Melanie Lane

**Email:** mlane@mdas.org.au



### West Gippsland Aboriginal Health Service - Drouin

25 Young Street, Drouin VIC 3818

**Event:** Dilly Bag Story

**Date:** Nov 27th - 1st Dec

**Time:** 11am

**Venue:** Drouin Medical Centre, 25 Young Street Drouin

**Contact:** Michelle Stankovic

**Email:** m.stankovic@nindedana.net



### Victorian AIDS Council

6 Claremont Street, South Yarra VIC 3141

**Event:** HIV Awareness

**Venue:** Positive Living Centre, 51 Commercial Road South Yarra

**Dates:** 1st Dec and throughout week

**Time:** Various times

**Contact:** Peter Waples-Crowe

**Email:** Peter.Waples-Crowe@vac.org.au



## VICTORIA



### West Gippsland Aboriginal Health Service - Morwell

25 Young Street, Drouin VIC 3818

**Event:** Dilly Bag Story

**Date:** Nov 27th - 1st Dec

**Time:** 11am

**Venue:** Morwell Medical Clinic Cnr  
Buckley & Collins Street, Morwell

**Contact:** Michelle Stankovic

**Email:** m.stankovic@nindedana.net



### West Gippsland Aboriginal Health Service - Sale

25 Young Street, Drouin VIC 3818

**Event:** Dilly Bag Story

**Date:** Nov 27th - 1st Dec

**Time:** 11am

**Venue:** Sale Medical Clinic, 2 Stead  
Street Sale

**Contact:** Michelle Stankovic

**Email:** m.stankovic@nindedana.net

## WESTERN AUSTRALIA



### Goldfields Public Health Unit, Department of Health

36-42 Ware Street, Kalgoorlie, WA  
6430

**Date:** 28th – 2nd November

**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



### Kimberley Aboriginal Medical Services

27 Napier Tce Broome WA 6725

**Event:** U and Me HIV free

**Message:** Encouraging testing  
and removing stigma, attempting  
to increase health literacy (myth  
busting)

**Date:** 28th/29th November

**Time:** afternoon event

**Venue:** Community Outdoor Space  
- agreed to through community  
consultation

**Contact:** Zoe Mephram

**Email:** shrf@kamsc.org.au

## WESTERN AUSTRALIA



### Bega Garnbirringu Health Service Kalgoorlie

16-18 MacDonald Street, Kalgoorlie  
WA 6430

**Date:** Monday 28th November

**Event:** HIV Awareness

**Message:** working with population health

**Venue:** Courtyard 16-18 MacDonald St Kalgoorlie

**Contact:** Beth Waters

**Email:** beth.waters@bega.org.au



### WA Aids Council

664 Murray Street, West Perth WA

**Event:** TBC

**Date:** TBC

**Venue:** TBC

**Contact:** Alicia King

**Email:** aking@waaid.com



### WACHS – Population Health Karratha

Nickol Bay Hospital, Dampier Highway WA

**Date:** 1st December

**Time:** 9am to 12pm

**Venue:** Youth Shed, Onslow

**Message:** Safe Sex

**Contact:** Jess Smith, Jan-Marie Grantham, Amalie McDonnell

**Email:** jessica.smith@health.wa.gov.au,  
amalie.McDonnell@health.wa.gov.au or  
Jan-Marie.Grantham@health.wa.gov.au



### WACHS – Hedland Health Campus

Colebatch Way South Hedland WA

**Venue:** Yandeyarra Clinic

**Message:** Safe Sex, regular STI and BBV testing. Awareness raising about HIV (as well as syphilis and Hep C)

**Contact:** Gloria Agale

**Email:** Gloria.agale@health.wa.gov.au



### Spinifex Health Service

Tjuntjuntjara Clinic, Postal PMB 88, Kalgoorlie WA 6430

**Event:** U and Me can stop HIV

**Message:** Ask about a check and don't be shame, it's better to know

**Venue:** Spinifex Health Clinic under veranda

**Date:** TBC

**Time:** TBC

**Contact:** Angela Dufek

**Email:** cqi@spinifexhealth.org.au



### Aboriginal Health Council of Western Australia

450 Beaufort Street, Highgate WA 6003

**Event:** TBC

**Time:** TBC

**Venue:** TBC

**Contact:** Jennifer Needham

**Email:** Jennifer.needham@ahcwa.org

## WESTERN AUSTRALIA



### Mawarnkarra Health Services

20 Sholl Street, Roebourne WA  
6718

**Event:** HIV Awareness Day BBQ

**Time:** 1pm

**Venue:** Mawarnkarra Health  
Services, 20 Scholl Street,  
Roebourne WA

**Contact:** Cody Schlink

**Email:** [c.schlink@mhs.org.au](mailto:c.schlink@mhs.org.au)

## ATSIHAW AMBASSADORS

### 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. Steven'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."

Check out Stephen's ATSIHAW video message on Facebook at <https://www.facebook.com/ATSIHAW/videos/vb.1553583654873679/1698648203700556/?type=3&theater>

### 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."

### 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."

### Nakia Cockatoo



Nakia is a Yupangathi, Iwaidja and Marrithyel man. He grew up in Humpty Doo before moving to Darwin. In 2014, Nakia was drafted into the AFL to play for Geelong and now lives in Victoria. He loves getting back up to the Top End when he can to see family,

friends and spend time out at Coburg Peninsula with his grandparents.

As professional athlete, Nakia understands the importance of good physical and mental health: "It's really important for young fellas to get an HIV and STI check regularly. It's respectful to yourself, your partner and your community. There's no need to get sick from sex; even if you're feeling ok, go get a simple check done. It's private, so no one knows and you don't have to feel shame. And always plan ahead and have a condom ready!"

## 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.

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 an Aboriginal medical doctor and currently completing her PhD.

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.



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“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 of time including working at 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. These include Black Community Housing Service Brisbane 2014-2015, gar'ban'djee'lum committee Brisbane 2008-2015, Chairperson – Anwernekenhe National Aboriginal and Torres Strait Islander HIV/AIDS Alliance 2008-2009, Secretary – Aboriginal and Torres Strait Islander Community Health Service Brisbane 2008-2009, Link-Up Queensland 2008-2009.

Dion was the Secretary of the Queensland AIDS Council from 2012-2014 and represented Aboriginal and Torres Strait Islander people on the board of the Australian Federation of AIDS Organisations in 2008-2009.

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

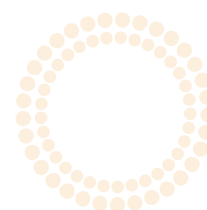


Arone is a Kuku Midigi man, and currently lives in Cairns. He grew up near El Arish, in far north Queensland, although his country is the area around Laura, Cape York.

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.’





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## 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.”

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## 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.”

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## Celeste Carnegie



Celeste is a Birrigubba woman from far North Queensland. She is 25 years of age 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.

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## 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.”

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## 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."

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## 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."

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## 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 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."

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## 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 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."

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## Shahmir Rind



Shahmir is a Badimaya Yamatji man with family from Mount Magnet in Western Australia. He lives in Perth.

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."

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## Sandra Van Diermen



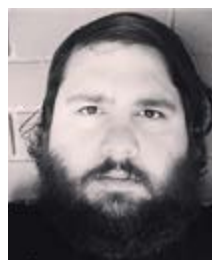
Sandra Van Diermen was born in Leigh Creek, in the Flinders Ranges of South Australia. Her parents were children of Cameleers – her Mum a Western Arrernte woman. Sandra identifies with both her Aboriginal and Afghani heritage. She works at the Department

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. U and me can stop HIV'

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## 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."

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## 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. 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.'

# U AND ME CAN STOP HIV

## Zane Roe



Zane is a Wocca, 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. Garry previously worked with VACCHO as the Sexual Health and Blood Borne Virus Coordinator, training and

supporting Aboriginal Health Workers across the State and at the Western Australian AIDS Council, and Hepatitis Victoria.

Garry says: 'I'm an HIV Ambassador because I've seen the harm that HIV 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 to 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. #UANDMECANSTOPIV.'

1. The Kirby Institute. *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2017*. Page 4. Available at <https://kirby.unsw.edu.au/report/aboriginal-surveillance-report-hiv-viral-hepatitis-and-stis-2017>
2. Ibid.
3. Ibid.
4. Graph drawn from Figure 1.1.14, *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2017*. Op cit.
5. Chart from Figure 1.1.3, *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2017*. Op cit.
6. Australian Bureau of Statistics - Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2016. Available at <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2075.0Main%20Features52016?opendocument&tabname=Summary&prodno=2075.0&issue=2016&num=&view=>
7. The Kirby Institute. *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2017*. P44. Op cit.
8. Further information at <http://dfat.gov.au/geo/torres-strait/Pages/the-torres-strait-treaty.aspx>
9. The Kirby Institute. *Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2017*. P7. Op cit.
10. Ibid. p8
11. 90-90-90: *An ambitious treatment target to help end the AIDS epidemic*. Copyright © 2014. Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at <http://www.unaids.org/en/resources/documents/2017/90-90-90>
12. *Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014–2017*. Commonwealth of Australia 2014. Foreword. Available at <http://www.health.gov.au/internet/main/publishing.nsf/content/ohp-bbvs-atsi>
13. Ibid.



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