HIV and Aboriginal & Torres Strait Islander Communities in 2018
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 communities in making it such a success. Now in its fifth 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 Australian Government Department of Health.

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.
Recently released HIV surveillance data showing a 24% decrease in HIV notifications among Australian-born non-Indigenous people in the period 2015 to 2017 have been greeted with cautious optimism. This ends a period of stability in HIV notifications between 2008 and 2014.

In contrast, HIV diagnosis rates among Aboriginal and Torres Strait Islander peoples are starkly different; rates of diagnosis have been consistently higher than for the non-Indigenous Australian-born population for the past ten years, and a growing divergence is occurring. HIV diagnosis rates during this past 10-year period for Aboriginal and Torres Strait Islander people have increased by 35% overall, with annual diagnosis rates ranging from 25% higher than the non-Indigenous Australian-born population to more than double the diagnosis rate for the non-Indigenous Australian-born population.

Nationally collated HIV surveillance data also show differences in modes of HIV transmission between the Aboriginal and Torres Strait Islander population and the non-Indigenous Australian-born population. There is a greater proportion of Aboriginal and Torres Strait Islander cases attributed to heterosexual sex, injecting drug use and among women than non-Indigenous cases.

Other STI rates remain unacceptably high among Aboriginal and Torres Strait Islander people, with an ongoing syphilis outbreak in communities across Queensland, the Northern Territory, Western Australia and South Australia. STIs potentiate HIV acquisition and these high rates of STIs substantially increase the risk of HIV taking hold in Aboriginal and Torres Strait Islander communities, particularly in the many remote communities where STIs are endemic.

Figure 1 Newly diagnosed HIV infection and HIV exposure category, 2013–2017, by Aboriginal and Torres Strait Islander status

<table>
<thead>
<tr>
<th>Category</th>
<th>Aboriginal and Torres Strait Islander</th>
<th>Australian-born non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-to-male sex</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Male-to-male sex &amp; injecting drug use</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Heterosexual sex</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>45%</td>
<td>71%</td>
</tr>
<tr>
<td>Other / underdetermined</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>
HIV DATA SNAPSHOT: WIDENING DISPARITIES

<table>
<thead>
<tr>
<th>Non-Indigenous population</th>
<th>Aboriginal &amp; Torres Strait Islander population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notifications</strong></td>
<td></td>
</tr>
<tr>
<td>963 new HIV notifications in Australia, whole population; 846 in males (88%)</td>
<td>31 new HIV diagnoses (3% of total diagnoses); 23 in males (74%).</td>
</tr>
<tr>
<td>12% decline in HIV notifications in Australia between 2013 and 2017 (whole population)</td>
<td>41% increase in HIV notifications between 2013 and 2017</td>
</tr>
<tr>
<td><strong>Notification rate</strong></td>
<td></td>
</tr>
<tr>
<td>In 2017 the HIV notification rate for the non-Indigenous Australian-born population was 2.8 per 100,000</td>
<td>In 2017 the HIV notification rate was 4.6 per 100,000. This is 1.6 times the rate for the Australian-born non-Indigenous population</td>
</tr>
<tr>
<td><strong>Male-to-male sex as risk exposure</strong></td>
<td></td>
</tr>
<tr>
<td>Male-to-male sex reported as major risk exposure for 71% of diagnoses between 2013 and 2017 (Australian-born non-Indigenous population)</td>
<td>Male-to-male sex reported as major risk exposure for 45% of diagnoses between 2013 and 2017</td>
</tr>
<tr>
<td><strong>Heterosexual sex as risk exposure</strong></td>
<td></td>
</tr>
<tr>
<td>Heterosexual sex reported as major risk exposure for 18% of diagnoses over the years 2013 to 2017 (Australian-born non-Indigenous population)</td>
<td>Heterosexual sex reported as major risk exposure for 21% of diagnoses over the years 2013 to 2017</td>
</tr>
<tr>
<td><strong>Injecting drug use as risk exposure</strong></td>
<td></td>
</tr>
<tr>
<td>3% of notifications attributed to injecting drug use over the years 2015–2017 (Australian-born non-Indigenous population)</td>
<td>18% of notifications attributed to injecting drug use over the years 2015–2017</td>
</tr>
<tr>
<td><strong>People living with HIV</strong></td>
<td></td>
</tr>
<tr>
<td>Estimated 27,545 people with HIV in Australia in 2017—whole population (estimated that 11% of these people are undiagnosed)</td>
<td>Estimated 582 Aboriginal and Torres Strait Islander people with HIV in Australia in 2017 (estimated that 18% of these people are undiagnosed)</td>
</tr>
</tbody>
</table>

Figure 2 Newly diagnosed HIV notification rate per 100,000 Australian-born population, 2008–2017, by Aboriginal and Torres Strait Islander status

![Figure 2](image)
BEHIND THE DATA

Male-to-male sex continues to be the major HIV risk exposure in Australia but the percentage of new HIV diagnoses attributed to male-to-male sex has declined significantly—by 12% over the past five years, and by 15% between 2016 and 2017. This decline is acknowledged to be the major factor in the 7% decline in Australian HIV notifications for the whole Australian population over that period.\textsuperscript{1}

The U=U (undetectable equals untransmissible) movement, and large scale PrEP (HIV pre-exposure prophylaxis) trials have targeted and successfully engaged the gay community, with concerted advocacy leading to the listing of Truvada for PrEP under the PBS and enhanced access to PrEP for gay men. Unfortunately, however, the data for the Aboriginal and Torres Strait Islander population reflects the fact that the benefits of advances in prevention science and U=U messaging have generally not yet reached Aboriginal and Torres Strait Islander people\textsuperscript{3}, including gay men, and heterosexual people in sero-discordant relationships among our communities.

The underlying burden of high STI rates among Aboriginal and Torres Strait Islander people, combined with increasing injecting drug use, means that there is an ongoing risk of rapid escalation in HIV rates, with local outbreaks—as has occurred among First Nation peoples of Canada.\textsuperscript{4}

- **Injecting drug** use continues to increase 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 and Torres Strait Islander communities and that communities’ access to NSPs (needle and syringe programs) 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. 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.

- **The higher estimated proportion of Aboriginal and Torres Strait Islander people with HIV who are undiagnosed compared to the non-Indigenous population; and the higher proportion of Aboriginal people diagnosed with HIV who are not connected to care:** In 2017 there were an estimated 2899 (11%) people living with HIV in Australia who were unaware of their HIV status (undiagnosed). Compared to overall, the estimated proportion with undiagnosed HIV was higher in people with heterosexual sex (17%) and injecting drug use (15%) as their HIV risk exposure, and lower in men with male-to-male sex as their risk exposure (9%). The estimated proportion with undiagnosed HIV was also higher among women (13%).\textsuperscript{5} Considering the divergences in modes of transmission for the Indigenous and non-Indigenous population, there is a clear need for improved surveillance data on HIV diagnosis and retention in care for Aboriginal and Torres Strait Islander people if we are to substantially improve treatment rates, and effect treatment as prevention in Aboriginal and Torres Strait Islander communities.

- **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\textsuperscript{6} and there is a high degree of social interaction between Australian and PNG nationals.

Failure to address gaps in HIV surveillance and further invest in the development of culturally appropriate HIV prevention and health promotion programs that take these intersecting vulnerabilities into account will mean that disparities in HIV data between the Indigenous population and the non-Indigenous Australian-born population will widen.\textsuperscript{6}
POLICY CONTEXT

GLOBAL AND DOMESTIC TARGET SETTING

Target-setting has been credited as the driving force behind decreasing rates of HIV diagnosis and enhanced treatment engagement in Australia. In 2014 UNAIDS set ambitious HIV diagnosis and treatment targets to be reached by 2030. Australia adopted the first-stage ‘90-90-90’ targets to be reached by 2020, incorporating these into the Seventh National HIV Strategy 2014–2017 and the Fourth National A&TSI STI and BBV Strategy 2014–2017. The HIV Strategy included priority actions to facilitate reaching these targets, including actions to enable regulatory reform crucial to the trialling and rollout of biomedical prevention strategies (rapid HIV testing, and HIV pre-exposure prophylaxis or ‘PrEP’), and development of health promotion campaigns to build awareness of rapid testing and PrEP among gay men.

The data for the Australian population overall has fuelled commentary that Australia is at a turning point—that we’re seeing the results of regulatory changes enhancing gay men’s access to rapid testing and PrEP, combined with well-targeted HIV prevention, testing and treatment campaigns which have resonated with the gay community. Crucially, it is acknowledged that we are starting to see the impact of ‘treatment as prevention’ on rates—a higher proportion of people with HIV on treatment and achieving undetectable viral load, thereby preventing onward transmission.

Australia has now adopted the second-stage UNAIDS targets in the new national BBV and STI strategies, including the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022.

The new targets are that by 2022 Australia will:

- Increase to 95% the percentage of people with HIV who are diagnosed
- Increase to 95% the proportion of people diagnosed with HIV who are retained in care
- Increase to 95% the percentage of people diagnosed with HIV on treatment
- Increase to 95% the percentage of those on treatment with an undetectable viral load.

We need to acknowledge and address the fact that the 95-95-95 targets incorporated into the new Aboriginal and Torres Strait Islander strategy relate to HIV diagnosis and treatment rates for the whole Australian population, including the Indigenous population. With no specific targets set for the small Indigenous population, Australia could focus entirely on non-Indigenous populations and reach these overall targets—despite continued increases in HIV rates and poor retention in care for Aboriginal and Torres Strait Islander people.

In implementing the second stage 95-95-95 UNAIDS targets in the implementation of the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022, we need to ensure that Aboriginal and Torres Strait Islander HIV-positive people are specifically targeted, and not consigned to the 5% left behind. We must strive to ensure that by 2022 at least 95% of the Aboriginal and Torres Strait Islander population of people living with HIV know their HIV status; are on treatment; and achieve viral suppression.
### WHAT’S NEEDED?

#### THE PRIORITIES

<table>
<thead>
<tr>
<th>Actions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PrEP</strong></td>
<td>Develop culturally appropriate and accessible education and health promotion resources on PrEP, targeting Aboriginal and Torres Strait Islander people at risk of HIV—including gay men, other men who have sex with men, and people in a sero-discordant relationship (sexual relationship with an HIV-positive person).&lt;br&gt;Develop resources on PrEP to support clinicians working in AHSs/sexual health services.&lt;br&gt;Identify and address issues affecting availability of PrEP in AHSs/sexual health services.&lt;br&gt;Work with AHSs to ensure availability of and access to PrEP for at-risk Aboriginal and Torres Strait Islander people.&lt;br&gt;Monitor and evaluate numbers of Aboriginal and Torres Strait Islander people accessing PrEP, and identify issues in accessing PrEP for people in regional and remote settings.</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Develop campaigns to normalise HIV testing, especially in the context of other sexual health checks, and to reduce rates of late diagnoses.&lt;br&gt;Develop campaigns to support ACCHS and sexual health service clinicians in offering HIV testing and increasing opportunistic HIV testing.</td>
</tr>
<tr>
<td><strong>Treatment as prevention (TasP)</strong></td>
<td>Develop culturally appropriate and accessible education and health promotion resources on HIV treatment and TasP, with resources targeting Aboriginal and Torres Strait Islander men and women living with HIV separately.&lt;br&gt;Identify gaps in the HIV diagnosis and care ‘cascade’ for the Aboriginal and Torres Strait Islander population, including data on delayed diagnosis of HIV, engagement with care and the number of people achieving undetectable viral load.&lt;br&gt;Analyse diagnosis and care cascade data to inform development of treatment as prevention campaigns targeting Aboriginal and Torres Strait Islander people with HIV and AHS clinicians, with the aim of encouraging early treatment and retention in care.</td>
</tr>
<tr>
<td><strong>Injecting drug use</strong></td>
<td>Enhance access to NSPs (services providing disposable syringes) for Aboriginal and Torres Strat Islander injecting drug users.&lt;br&gt;Develop culturally appropriate and accessible education and health promotion resources on harm reduction for Aboriginal and Torres Strait Islander injecting drug users, addressing fear and stigma associated with disclosing injecting drug use.</td>
</tr>
<tr>
<td><strong>Contact tracing</strong></td>
<td>Develop strategies to support clinicians in HIV contact tracing, particularly for clinicians practising in regional and remote areas and in the context of outbreak scenarios.</td>
</tr>
<tr>
<td><strong>Monitoring and surveillance</strong></td>
<td>Enhance HIV monitoring and surveillance for the Indigenous population, including via ATLAS.&lt;br&gt;Development of systems to ensure active management of patients with HIV and strong coordination of care to support adherence to treatment and reduce ‘loss to follow up’, and support the achievement and maintenance of sustained viral suppression.&lt;br&gt;Enhance national coordination of cross-jurisdictional efforts to reduce the high rates of other STIs prevalent in Aboriginal and Torres Strait Islander communities.</td>
</tr>
<tr>
<td><strong>Addressing STIs</strong></td>
<td>Ensure that projects to reduce the high rates of STIs in Aboriginal and Torres Strait Islander communities include a focus on HIV.</td>
</tr>
</tbody>
</table>
TARGETED EDUCATION AND HEALTH PROMOTION—WHAT’S HAPPENING?

SAHMRI is leading innovative community-driven projects, funded by the Commonwealth, which include development of culturally sensitive HIV education and health promotion resources targeted to the Aboriginal and Torres Strait Islander sub-populations at risk of HIV. Messaging and rollout of resources takes into account the need to simultaneously develop and roll out initiatives to quickly bring down STI rates.

ATSIHAW—MOBILISING COMMUNITIES

The inaugural Aboriginal and Torres Strait Islander HIV Awareness Week 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. ATSIHAW is held in late November/early December each year—spanning World AIDS Day and is now recognised as the key initiative for raising awareness of HIV among Aboriginal and Torres Strait Islander people. The overarching theme of the week, 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 whole communities in actions to bring rates down. It is crucial that our communities are brought up to speed on HIV prevention, including PrEP, and on the efficacy of modern HIV treatment.

Each year ATSIHAW events are held in local community organisations across Australia—in urban, regional and remote communities—with over 60 events planned between 26 November and 5 December for ATSIHAW 2018. The ATSIHAW Facebook page and regular newsletters play a major role in maintaining community engagement, with news posts and resource-sharing throughout the year and regular updates on what’s happening during the week of ATSIHAW.

ATSIHAW’s high profile Ambassadors help spread the word about ATSIHAW and the role all individuals can play in preventing HIV and ending the stigma around HIV. See page 19 for profiles of our fantastic Ambassadors.

ATSIHAW has been funded by the Commonwealth since its inception. This commitment has been crucial to ATSIHAW’s success.

WEBSITE ON HIV AND ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Launched for World AIDS Day 2016, ATSIHIV.org.au has been developed by SAHMRI as the go-to site for accessing resources on HIV for Aboriginal and Torres Strait Islander people, community health educators and clinicians practising in Aboriginal health services. The website was developed with funding provided by the Australian Government Department of Health.

The website also hosts resources 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 publications, and links to useful online resources—complementing the range of STI, HIV and viral hepatitis resources targeting young people and remote community services hosted on the youngdeadlyfree.org.au website.
HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2018

HIV VIDEOS

Launched as part of ATSIHAW 2018, we have produced engaging new videos for use on social media and in community education.

These videos were developed with substantial and enthusiastic community involvement, locals stepping up as to act in them and assisting with script development. This is community input at its most authentic. Our new video to support Aboriginal Health Workers in offering HIV testing highlights the need to normalise HIV testing as a part of sexual health checks, and the need to counter HIV-related shame and stigma.

HIV ANIMATIONS

SAHMRI has developed a 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 animations are shared on social media through the year, including on the ATSIHAW Facebook page www.facebook.com/ATSIHAW/. See all three videos here on our website, www.atsihiv.org.au.
HIV INFOGRAPHICS

SAHMRI has produced a set of infographics on HIV, mainly for use in social media, and in our Young, Deadly, Free peer education program, see youngdeadlyfree.org.au. These range from clear, direct messaging on HIV prevention, through to graphics that present key surveillance data, with a new set of infographics on treatment as prevention and PrEP.

HIV — THE FACTS

HIV rates have gone down for the non-Indigenous Australian-born Australian population over the last five years, but rates have gone up for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people
45% increase

Australian-born non-Indigenous people
12% decline

RESOURCES FOR CLINICIANS

We have developed resources to support Aboriginal health service clinicians in efforts to improve community STI and BBV testing rates and retain people in care, including a new video on HIV testing.

These resources are housed on the Young Deadly Free website youngdeadlyfree.org.au, with information on the resources available shared on social media and via newsletter to an extensive mailing list. Clinician resource packages are also distributed to Aboriginal Health Services on USB sticks.

The Young Deadly Free team has been busy creating new resources with communities across Australia. We have new TV ads, video messages and posters. Find them all under the Resources tab at youngdeadlyfree.org.au
SAHMRI has been funded by the Australian Government 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 16 to 29 years living in 25 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. We’ve produced beautiful posters featuring messages from community members, and engaging new videos for social media, filmed in remote communities across Australia, with talented young people acting in the videos and helping with the scripts.

- **Peer education for clinicians**—development of resources to support clinicians practising in remote communities, including videos providing guidance on encouraging testing and normalising testing for STIs and BBVs.

- **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 youngdeadlyfree.org.au

SAHMRI is delivering an STI and syphilis health promotion and community awareness campaign, developed in response to the ongoing syphilis outbreak and endemic rates of other STIs affecting regional and remote Aboriginal and Torres Strait Islander communities in: northern and western Queensland; 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 Australian Government Department of Health, to June 2019.

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.

For further information see youngdeadlyfree.org.au and our Facebook page at www.facebook.com/youngdeadlyfree/
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 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.

cre-ash.org.au/
Official Launch
Parliament House Canberra
Date: 27 November 2018
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
• Welcome to Country—Matilda House
• The Hon. Ken Wyatt AM, MP—Minister for Indigenous Health
• Dr Dawn Casey—Deputy CEO, National Aboriginal Community Controlled Health Organisation (NACCHO)
• Michelle Tobin—Chair, Anwernekenhe National HIV Alliance (ANA); Convener, Positive Aboriginal & Torres Strait Islander Network (PATSIN)
• Prof Brendan Murphy—Chief Medical Officer
• Darryl O’Donnell—CEO, AFAO
• A/Prof James Ward—Head Infectious Diseases Research Aboriginal Health, Infection Immunity Theme, SAHMRI

Winnunga Nimmityjah
Title: Community BBQ
Venue: Winnunga Nimmityjah, 63 Boolimba Cres, Narrabundah
Date: 3 Dec
Contact: Christine Saddler
Email: christine.saddler@winnunga.org.au

NATSISN (National Aboriginal and Torres Strait Islander Staff Network)
Title: HIV and community - Awareness event
Venue: Department of Health foyer, 51 Ellerston Ave, Isabella Plains
Date: 26 Nov–3 Dec
Time: 9:00–5:00
Contact: Kartika Medcraft
Email: kartika.medcraft@health.gov.au
NEW SOUTH WALES

Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) – Redfern AMS
Title: U and Me can stop HIV
Venue: Redfern AMS, 36 Turner Street, Redfern
Date: 28 Nov–5 Dec
Contact: Sophie Scobie
Email: sscobie@ahmrc.org.au

Aboriginal Health & Medical Research Council of NSW – Tharawal AMS
Title: U and Me can stop HIV
Venue: Tharawal AMS, 187 Riverside Dr, Airds
Date: 28 Nov–5 Dec
Contact: Pauline Weldon-Bowen
Email: pbowen@ahmrc.org.au

Bega Sexual Health Clinic
Title: You and Me can Stop HIV
Venue: South East Regional Hospital foyer and Bega AMS waiting room
Date: 29–30 November
Time: 10:00–2:00
Contact: Fiona Mckenna
Email: fiona.mckenna@health.nsw.gov.au

HARP Unit
Title: U and Me can stop HIV, come have a yarn—Displays and Information Stalls
Venue: Queanbeyan Hospital Foyer and Goulburn Community Health Centre
Date: 23–30 Nov
Contact: Kevin Schamburg
Email: kevin.schamburg@health.nsw.gov.au

Aboriginal Health & Medical Research Council of NSW – Rural Doctors Network
Title: U and Me can stop HIV
Venue: Rural Doctors Network – Conf. stall
Date: 28 Nov–5 Dec
Contact: Angela Draper
Email: adraper@ahmrc.org.au

Albury Community Health
Title: STIGMA Performance, Examining the prejudices, discrimination and stigma experiences by people living with HIV
Venue: Hothouse Theatre, Lincoln Causeway, Wodonga
Date: 8 Dec
Time: 7:20pm
Contact: Helen Best
Email: helen.best@awh.org.au

Griffith Community Health Centre
Title: World AIDS Day community Event
Venue: Memorial Gardens Griffith
Date: 1 Dec
Time: 6:30–8:30pm
Contact: Sally Davoren
Email: sally.davoren@health.nsw.gov.au

Illawarra Aboriginal Medical Service
Title: U and Me can stop HIV BBQ
Venue: Illawarra Aboriginal Medical Service (Wollongong)
Date: 29 Nov
Contact: Debbie Gaudie
Email: dgaudie@illawarraamd.com.au

MLHD Brookong Centre Sexual Health
Title: As a community we can all do our part in ending HIV as well as show our support for people living with HIV
Venue: local Aboriginal and youth based services
Date: 26–31 Nov
Contact: Janine Sutton
Email: janine.sutton@health.nsw.gov.au

Aboriginal Health Goulburn Aunty Jeans Program
Title: HIV prevention and awareness for the local Aboriginal community
Venue: Bourke Street Health Service
Date: 6 Dec
Time: 10:00am–2:00pm
Contact: Rick Shipp
Email: richard.shipp@health.nsw.gov.au

Orange Aboriginal Medical Service
Title: Get tested more treatment options
Venue: Orange AMS, 27–31 Perc Griffith Way, Orange
Date: 28 Nov–5 Dec
Contact: Michael Halls
Email: michaelh@oams.net.au

HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2018
NEW SOUTH WALES

Riverina Aboriginal Medical & Dental Corp
Title: Caring for our community for 30 years
Venue: Jack mission Oval, Ashmont
Date: 11 Nov
Time: 8:30–4:00
Contact: Latoya Terry
Email: latoya.terry@rivmed.org

Moruya - Eurobodalla Health Service
Title: Promotion and availability of HIV testing and treatment services in Eurobodalla
Venue: Batemans Bay and Moruya WAD Roadshow
Date: 1 Dec
Time: 9:00–1:00
Contact: Will Hooke
Email: william.hooke@health.nsw.gov.au

South East Regional Hospital, Health NSW
Title: Awareness of HIV
Venue: South East Regional Hospital Foyer
Date: 1 Dec
Time: 9:00am
Contact: Jo Donovan
Email: joanne.donovan@health.nsw.gov.au

Yoorana Gunya Aboriginal Family Healing Centre
Title: Health Awareness Day: Knowledge of what testing can be done for HIV, AIDS and treatment
Venue: Main Street, Forbes
Date: 14 Nov
Contact: Deanne Anderson
Email: dee@yooranagunya.com.au

QUEENSLAND

Girudala
Title: Together as a community we can stop HIV
Venue: Proserpine Town Park
Date: 27 Nov
Contact: Leanne Prise
Email: lprise@girudala.com.au

Girudala
Title: Together as a community we can stop HIV
Venue: Bowen Town Square
Date: 28 Nov
Contact: Leanne Prise
Email: lprise@girudala.com.au

Mamu Health Service
Title: Keep you clean, palya, Keep you safe
Venue: Main Clinic, Innisfail
Date: 7 Dec
Contact: Teayana Salter
Email: tsalter@mamuhsl.org.au

Gar’ban’djee’lum Network
16 Atkins Street Red Hill
Title: Brown Sugar
Venue: Australian National Hotel
Date: 30 Nov
Time: 7:00pm til late
Contact: Dion Tatow
Email: ddtat64@gmail.com

Cairns Sexual Health Service
Title: Sexual Health Forum
Venue: Yarrabah Community Hall
Date: 27 Nov
Time: 9:00am
Contact: Rhonda Lewis
Email: Rhondda.lewis@health.qld.gov.au
**VICTORIA**

**Victorian Aboriginal Health Service**
**Title:** HIV & AIDS Awareness day
**Venue:** VAHS Medical clinic, Fitzroy
**Date:** 30 Nov
**Time:** 9:00–5:00
**Contact:** Jermaine Charles
**Email:** jermaine.charles@vahs.org.au

**Mallee District Aboriginal Services**
**Title:** U and Me can stop HIV BBQ Event
**Venue:** MDAS Kerang
**Date:** 30 Nov
**Time:** 11:30am
**Contact:** Melanie Lane
**Email:** mlane@mdas.org.au

**Mallee District Aboriginal Services**
**Title:** U and me, HIV community BBQ
**Venue:** MDAS Community Hall, 70 Nyah Road Swan Hill
**Date:** 30 Nov
**Time:** 12:00pm
**Contact:** Djallarna Hamilton
**Email:** dhamilton@mdas.org.au

**Rumbalara Aboriginal Cooperative**
**Title:** HIV is a chronic disease, prevention of HIV, sexual health. Education with latest information for staff. Educating the community
**Venue:** Medical waiting areas
**Date:** 3–7 Dec
**Contact:** Karen Moodie
**Email:** karen.moodie@raclimited.com.au

**Thorne Harbour Health**
**Title:** Be aware of the rising rates of HIV in the Aboriginal community and the new options for prevention, care and treatment
**Venue:** Dandenong Aboriginal Health Service
**Date:** 30 Nov
**Time:** 11:00–1:00pm
**Contact:** Peter Waples-Crow
**Email:** peter.wapless-crowe@thorneharbour.org

**NORTHERN TERRITORY**

**Marthakal Homelands Health Service**
**Title:** We want to tell people about HIV - encourage testing & promote prevention
**Venue:** Mapurrui Health Clinic
**Date:** 1 Dec
**Contact:** Peter Malavisi
**Email:** health.manager@marthakal.org

**Central Australian Aboriginal Congress**
**Title:** Safe sex, preventative programs and health promotion including other services
**Venue:** Congress main clinic
**Date:** 30 Nov
**Time:** 10:00am
**Contact:** Natalee Norsworthy
**Email:** natalee.norsworthy@caac.org.au

**Sexual Health and Blood Borne Viruses Unit**
**Title:** Raising Awareness
**Venue:** BBQ in the park @ Mindil Beach
**Date:** 5 Dec
**Contact:** Letishia Parter
**Email:** letishia.parter@nt.gov.au

**Sexual Health and Blood Borne Viruses Unit**
**Title:** Raising Awareness among community and staff around reducing the risk of infection
**Venue:** Royal Darwin Hospital
**Date:** 30 Nov
**Contact:** Letishia Parter
**Email:** letishia.parter@nt.gov.au
Bega Gambirringu Health Service
Kalgoorlie
Title: HIV awareness week at Bega: Testing availability at Bega—confidentiality and culturally appropriate
Venue: Aboriginal Health Service Courtyard Bega, 16–18 Mcdonald Street Kalgoorlie
Date: 3–7 dec
Time: 8:30–4:30
Contact: Alicia Sheridan
Email: alicia.sheridan@bega.org.au

Bega Gambirringu Health Service
Kalgoorlie
Title: HIV awareness within the indigenous community of the goldfields
Venue: Community Health Service
Date: 10 Nov
Time: 8:30am
Contact: Sonia Talamo
Email: robert.bell@bega.org.au

Karratha Health Campus
Title: School, community HIV education including prevention and safe sex messages
Date: 26 Nov
Contact: Jan Marie Grantham
Email: jan-marie.grantham@health.wa.gov.au

Pilbara Population Health
Title: School HIV awareness day with Indigenous students
Venue: Girls Academy/ CLONTARF
Contact: Chantelle Pears
Email: chantelle.pears@health.wa.gov.au

Pilbara Population Health - Roebourne District Hospital
Title: Raising awareness of the issue, promoting and offering testing
Venue: Roebourne Hospital and Community Health Centre
Date: 28 Nov–5 Dec
Time: all day
Contact: Leeanne Courtney
Email: leigh-anne.courtney@health.wa.gov.au

Ord Valley Aboriginal Health Service
Title: General education regarding HIV/ AIDS
Venue: Ski Beach, bush location
Date: 27 Nov
Contact: Jane Anglis
Email: jane.a@ovahs.org.au

Nullagine Clinic
Title: Screen and stay safe. Protection
Venue: Nullagine Clinic, Cooke Street Nullagine
Contact: Mary Anne Hanson
Email: mary-anne.hanson@health.wa.gov.au

Great Southern Aboriginal Health Service
Title: Family Fun Day to increase community awareness of HIV
Venue: Local Park
Date: 28 Nov
Time: 11:00–2:00pm
Contact: Megan Robson
Email: megan.robson@health.wa.gov.au

Derbal Yerrigan Health Service
Title: No shame in getting a test
Venue: Derbal Yerrigan Aboriginal Health Service
Date: 19 Nov
Time: 12:00pm
Contact: Jarrod Minnecon
Email: jarrod.minniecon@dyhs.org.au

Aboriginal Health Council of WA (AHCWA)
Title: DYHS and MC Health Service staff training: Encouraging health checks in your people, normalising STI and BBV testing with any presentation, showing the new animation for STI/BBV including what HIV and AIDS is
Venue: AHCWA offices, 450 Beaufort Street Highgate
Date: 26–28 Nov
Time: 9:30–10:30
Contact: Jen Needham
Email: jennifer.needham@ahcwa.org
Aboriginal Health Council of SA
Title: You and me can stop HIV
Venue: Reception area of Aboriginal Health Council of SA 220 Franklin Street Adelaide SA 5000
Date: 28 Nov–5 Dec
Time: all day
Contact: Sarah Betts
Email: sarah.betts@ahcsa.org

Pangula Mannamurna Aboriginal Corporation
Title: Community Awareness
Venue: Pangula Mannamurna, 191 Commercial St West Mt Gambier
Date: 28 Nov–5 Dec
Time: 9:00–5:00
Contact: Narelle Winterfield
Email: narelle@pangula.org.au

Tullawon Health Services, Yalata Community SA
Title: With HIV awareness we can prevent disease prevalence
Venue: Yalata Clinic
Date: 10 Dec
Contact: Natasha Desai
Email: natashad@tullawon.org.au

Drug and Alcohol Services SA
Title: ATSIHAW promotion through our clean needle exchange program
Venue: Drug and Alcohol Services, 91 Magill Road Stepney
Date: 26 Nov
Time: 9:00am
Contact: Kendall Robertson
Email: kendall.robertson@sa.gov.au

Nungay Night
Title: Get Your Glitter on Gurl
Venue: Chateau Apollo, 74 Frome St Adelaide
Date: 24 Nov
Time: 6:30pm
Contact: www.facebook.com/events/163851924543513/

Ceduna Koonibba Aboriginal Health Service
Title: HIV day
Venue: Ceduna Koonibba Aboriginal Health Service, 1 Eyre Highway, Ceduna
Date: 22 Nov
Time: 10:30–1:00
Contact: Con Miller
Email: con.miller2@ckahsac.org.au

Nunkuwarrin Yunti
Title: ATSIHIV awareness week - You and Me can stop HIV
Venue: Nunkuwarrin Yunti Health Service, 182-190 Wakefield St Adelaide
Date: 31 Nov–4 Dec
Time: 9:00–5:00
Contact: Jorge Carvajal
Email: jorgec@nunku.org.au

SA Mobilisation + Empowerment for Sexual Health
Title: ATSIHAW Red Ribbon Appeal
Venue: Adelaide Railway Station and Tram stops
Date: 28 Nov
Time: 7:00–9:00am
Contact: Daniel Jeffries
Email: daniel.jeffries@samesh.org.au

Pika Wiya Health Service
Title: Lets talk about HIV
Venue: Well Womens House Pika Wiya, 40–44 Dartmouth Street Pt Augusta
Date: 28 Nov
Contact: Kerryn Dadleh
Email: kerryn.dadleh@pikawiya.org.au

Tasmanian Aboriginal Centre
Title: Promotion, education and awareness
Venue: Tasmanian Aboriginal Centre community space
Contact: Sara Maynard
Email: sara.m@tacinc.com.au

Late event registrations may not be included here, see www.ATSIHIV.org.au for full details
ATSIHAW AMBASSADORS

Steven Oliver

The fabulously funny Steven Oliver is our 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). 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 www.facebook.com/ATSIHAW/videos/b.1553583654873679/1698648203700556/

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

Aunty Pat Anderson 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.”

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.”
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 (Test, Treat, 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.”

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 a current Master of Applied Epidemiology candidate at ANU Canberra.

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.”
HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2018

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.”

Celeste Carnegie
Celeste is a Birrigubba woman from far North Queensland.

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.

Professor Kerry Arabena
Professor Arabena is a Torres Strait Islander woman with a long history in Indigenous affairs nationally. 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.”

Dion Tatow
Dion is an Aboriginal (Iman and Wadja) and South Sea Islander (Ambyrm 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 well being/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’djé’ilum 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”

Bonny Briggs
Bonny is a Gomilaroi woman from Moree NSW. She is the Community Liaison Coordinator at the Aboriginal Health and Medical Research Council of NSW.

Bonny says: “The work I do for HIV is something I love and am very proud of. My enthusiasm for improving services and education to stop our mob getting HIV will never waver.

I am now even more determined to work in this area because the HIV rates for First Nations people continue to go up, especially for our women and injecting drug users.”
Shahmir Rind

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

Shahmir's work focuses on getting information out to the community, supporting regional and metro events and finding new ways to engage with the community to further encourage testing and knowledge of HIV and BBVs. Shahmir says: "Our mob needs to understand the importance of being tested regularly, especially for our regional communities where accessing services may not be as frequent as our metropolitan communities. The conversation around HIV and BBVs needs to be normalised as there is a lot of stigma and myths surrounding what they are and how they are transmitted. ATSIHAW is a great opportunity to get these conversations started and break down some of that shame and fear. ATSIHAW is an awesome time for people who do have questions to be able to raise them with their peers or health workers."

Gabriel Bani

Gabriel is a direct descendent of Atha 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.”

Shana Quayle

Shana is a 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 vocalised 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.”

Professor Shaun Ewen

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 Ewen has a clinical background in physiotherapy, and holds postgraduate qualifications in international relations and education.

Professor Ewen 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.”

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 & Torres Strait Islander 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.

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.”

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 around transmission and prevention. It’s important that we have health promotion and resources that are Aboriginal-specific, so it’s important to get involved in ATSIHAW events.

I also want to see an end to stigma and discrimination towards people who are living with HIV; this includes making our health services safe spaces.”

Phillip Sariago

Phillip is Darwin born and bred but has called Brisbane home for the past 20 years. Phillip is a descendant of the Gurindji People from the Northern Territory, and the Djaru People of the East Kimberley in Western Australian—both on his mother’s side. Phillip has had a long affiliation with Queensland AIDS Council (QuAC) and the gar’ban’djee lum network over the last 19 years. His 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 a ATSIHAW ambassador to promote HIV awareness. I can’t stress enough how important it is for our mob to take control of our health and get tested regularly. We are individually responsible for protecting our own health, our family, our culture and our future.”

Zane Roe

Zane is a Wocca Wocca, Gureng Gureng man, currently studying for a diploma in Aboriginal & Torres Strait Islander Primary Health Care. He has worked as a men’s Indigenous health care worker in sexual health for four years, at Queensland Health (Metro South).

Zane says: “I’ve been interested in medicine and good health since I was a young fella. My job involves educating our community on STI’s and encouraging our mob to have regular sexual health checks. I would love to see our mob really support each other regarding sexual health and for us to break down the shame factor attached to this topic – in a way that’s culturally sensitive and mindful of each person’s journey in life. Let us teach our younger generation the proper way about safe sex practices.”

“Let us stand together as One Mob and fight against HIV. Together nothing is impossible.”
Garry Sattell

Garry is a proud descendant of the Ngatjumay and Noongar peoples. He now lives and works in Victoria on Wurundjeri and Boon Wurrung Traditional Lands. He works at the Victorian Aboriginal Community Controlled Health Organisation as the Sexual Health and Blood Borne Virus Coordinator, training and supporting Aboriginal Health Workers across the State. Garry previously worked with the Western Australian AIDS Council, and Hepatitis Victoria. Garry says: “I’m an HIV Ambassador because I’ve seen the harm that HIV and can do and I’ve seen what can be done to stop it! I know we can prevent people in our communities getting HIV, and that we can support people living with HIV to have healthy and rewarding lives.

All it takes is for all of us to learn more about HIV, what it is, what we can do prevent it, and what we can do to support people with HIV in the community. I’m an ambassador because I know we need to break down the taboo around talking about sex and injecting drugs in our communities. We need to learn how to protect ourselves and our communities from HIV. Together we can stop it. We can stop it and with your help we will stop it. #UANDMECANSTOPHIV.’

Richard Mola

Richard has worked in the field of Indigenous Sexual Health for the last 17 years—in the Men’s & Women’s Health Program on Thursday Island. He is a Murray and Darnley Islander descendant.

Richard says: “I support ATSIHAW because it informs and educates the Torres Strait community about the risks involved with unsafe sex, having more than one partner and the importance of regular screening and testing.

“We need to let the community know about the importance of knowledge and understanding in regards to sexual health.”

Trent Wingard

Trent is an Aboriginal man (Ngarrindjeri / Kaurna / Boandik) from Murray Bridge in South Australia. Following in his grandmother’s footsteps, Trent has always been passionate about closing the gap and educating the community on the importance of a healthy and positive lifestyle.

He currently lives in Adelaide and works for the Aboriginal Health Council of SA (AHCSA) as the Youth Project officer in the Tackling Smoking and Healthy Lifestyle Program, delivering education on the risks of smoking, the importance of regular exercise and on maintaining a healthy lifestyle. Trent says: “It’s important to educate our youth on HIV awareness and the importance of health and wellbeing in our communities.

As a young Aboriginal man I want to help breakdown the stigma associated with HIV and those living with it. We all should stand up and raise awareness together as one!”

Amanda Sibosado

Amanda is a 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.”

Jennifer Needham

Jen was born in England and moved to Perth WA with her parents and older sister at the age of four. She is now a registered midwife and has been a registered nurse since 2005. In August 2015 Jen joined the Aboriginal Health Council of WA as the Sexual Health Officer, pursuing her passion to work within the community controlled sector.

Jen says: “I am privileged to work with a team of colleagues who share the same passion to improve access to services, and promote safe sex practices to reduce the burden of STI’s and HIV within the Aboriginal and Torres Strait Islander Community. NATSIHAW empowers Aboriginal communities to ensure better sexual health outcomes.

We need to encourage STI and BBV screening within everyday clinical practice, providing culturally appropriate health service delivery and health promotion; and encouraging the use of condoms and the uptake of needle syringe exchange programs. NATSIHAW ensures that the message to educate, empower and promote HIV awareness nationally remains a priority so that we can reduce the burden of these transmissible diseases within Aboriginal communities.”
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 Boomall 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.”

Bianca Mark

Bianca is a Ngarrindjeri woman living on Kaurna yerta, in so-called Adelaide.

Bianca has worked in the sexual health sector for the past eight years, and have delivered sexual health and relationship wellbeing training and education to workers and community members across South Australia (and occasionally beyond).

She has a particular interest in the development of sexual health activities and resources for young people.

Bianca supports ATSIHAW “Because we need to talk about this stuff; we can’t ignore it and we can’t dig our heads in the sand. We need to break down the shame and stigma surrounding HIV and start having these conversations so we learn, and share, how to protect ourselves and each other”.

Mish Sparks

Mish is a Koori woman born and living in Sydney. She is a proud descendant of the Bundjalung nation (Northern Rivers, NSW) and works at ACON in its Aboriginal Project. She is a media, arts and events producer, working with community on events around HIV awareness, community connection and health promotion.

Mish says: “I have lots of friends living with HIV—men & women, young & old, black & white, gay & straight. HIV doesn’t discriminate. “I support ATSIHAW because I want everyone to be able to take control of their health for a long and happy life.

HIV is usually passed on when someone doesn’t know that they’re carrying the virus. If you’ve ever shared any injecting equipment, or if you’ve had sex without a condom with someone whose HIV status you aren’t sure of, then ask for a test at an AMS, GP or Sexual Health Clinic. If you do find you have HIV, support and treatment are there for you to live a long and healthy life, and to protect others, too. Together we can stop HIV.”

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.”

References:

i Kirby Institute. HIV in Australia: annual surveillance short report 2018. Sydney: Kirby Institute, UNSW Sydney; 2018

ii Ibid


iv Ibid


HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2018

ATSIHAW COMMUNITY 2018

ACT

NORTHERN TERRITORY

NEW SOUTH WALES

QUEENSLAND

SOUTH AUSTRALIA

VICTORIA

WESTERN AUSTRALIA

TASMANIA
U AND ME CAN STOP HIV

ATSIHIV.org.au

SAHMRI
South Australian Health & Medical Research Institute

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