HIV and Aboriginal & Torres Strait Islander Communities in 2019
ABOUT THIS BOOKLET

This booklet was prepared by the Aboriginal Health Equity—Sexual Health and Wellbeing team at the South Australian Health and Medical Research Institute (SAHMRI). The booklet is produced for Aboriginal and Torres Strait Islander Awareness Week—ATSIHAW—each year to highlight HIV rates among Aboriginal and Torres Strait Islander people and inform development of policies and actions to bring rates down.

The booklet profiles ATSIHAW and the role played by Aboriginal Community Controlled Health Services and communities in making it such a success. ATSIHAW is now in its sixth year, and community engagement is continuing to grow—follow us on Facebook!

WEBSITE

ATSIHIV.org.au, launched in 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 and other STIs for health practitioners and communities—on how HIV is transmitted, on HIV prevention, on accessible health promotion resources, and on best practice in 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.
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DATA OVERVIEW—WIDENING DISPARITIES

DECLINING HIV RATES FOR THE WHOLE AUSTRALIAN POPULATION

Australia’s HIV data over recent years indicate that we are leading the world in HIV prevention: in 2018 there were 833 new diagnoses of HIV in the whole Australian population—the lowest number since 2001, and representing a decline of 23% since 2014.¹

Male-to-male sex continues to be the major HIV risk exposure in Australia for the whole population but the percentage of new HIV diagnoses attributed to male-to-male sex has declined significantly—by 30% between 2014 and 2018. This decline is acknowledged as the major factor in the decline in Australian HIV notifications for the whole Australian population over recent years. The decline is largely led by the reductions in new diagnoses among Australian-born men who have sex with men, with a 44% decline in the number of new HIV diagnoses between 2014 and 2018.

INCREASING HIV RATES FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

In contrast to the decline in HIV diagnoses for the whole Australian population, particularly in the non-Indigenous Australian-born population, there was a 35% increase in the rate of new HIV diagnoses among Aboriginal and Torres Strait Islander people in the ten years to 2017, with annual diagnosis rates ranging from 25% higher than the non-Indigenous Australian-born population to more than double.

In 2018, the HIV notification rate among Aboriginal and Torres Strait Islander people was 4.7 per 100,000, more than twice as high as in the Australian-born non-Indigenous population.

![HIV notification rates](image-url)
DIVERGENCES IN MODES OF TRANSMISSION

Nationally collated HIV surveillance data continue to show significant differences in modes of HIV transmission for the Aboriginal and Torres Strait Islander population compared to the non-Indigenous Australian-born population. Data for the five years to 2018 show injecting drug use as the reported risk exposure in 14% of HIV notifications among Aboriginal and Torres Strait Islander people, compared to 3% for Australian-born non-Indigenous people.

There was also a higher proportion of cases among Aboriginal and Torres Strait Islander people attributed to heterosexual sex over that period compared to the non-Indigenous Australian-born population, and a greater proportion of diagnoses among women. Among Aboriginal and Torres Strait Islander people, male-to-male sex accounted for 50% of notifications, compared to 69% among Australian-born non-Indigenous people.

GAPS IN BIOMEDICAL PREVENTION

PrEP access

PrEP has been listed under the PBS since April 2018. Although there is no data on PrEP prescribing for Aboriginal and Torres Strait Islander people since PBS listing, a recent study of inclusion of Aboriginal and Torres Strait Islander participants in PrEP trials undertaken prior to the April 2018 listing of PrEP under the PBS, estimated that trial participation for the population of Aboriginal gay men at high-risk of HIV was significantly less than for non-Indigenous gay men. It was also found that Aboriginal participants were more likely to be lost to follow-up than other trial participants.

It is reasonable to assume that the access barriers limiting gay Aboriginal and Torres Strait Islander men’s access to the PrEP trials are similarly limiting access to PrEP under the PBS.

Diagnosis and treatment cascade outcomes

The data used for the national HIV treatment cascade for the whole Australian population comes from the PBS, which does not capture information on Aboriginal and Torres Strait Islander status. However, modelling suggests that of the estimated 595 Aboriginal and Torres Strait Islander people living with HIV in 2018, around 510 knew their status. Of these people around 70-75% were engaged with the healthcare system; and of these, around 70% were taking HIV antiretroviral treatment—close to 98% of those on treatment achieving HIV viral suppression.
INTERSECTING VULNERABILITIES

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

• **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 generally 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 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.

• **Proximity to the Western Province of PNG**, where HIV rates are high, means that Torres Strait Islanders and Top End communities are at heightened risk of HIV. Australian and PNG nationals can travel freely between Australia and PNG in the Torres Strait Protected Zone to undertake traditional activities and there is a high degree of social interaction between Australian and PNG nationals. PNG has one of the highest levels of ART drug resistance in the world, and key populations face difficulty accessing services even where they exist, due to high levels of stigma and fear of discrimination.

• **The level of health literacy among Aboriginal communities** is low, and there is very poor understanding of HIV exposure risks in communities where HIV rates are increasing. Myths regarding modes of HIV transmission persist, fuelling HIV-related stigma and shame. This complicates efforts to address cultural taboos regarding discussion of sex, sexuality and illicit drug use; undermines efforts to enhance HIV testing rates, including via rollout of point-of-care testing; and limits the reach of mainstream health promotion aiming to enhance understanding of biomedical prevention—PrEP, PEP and treatment as prevention.

Failure to address gaps in HIV surveillance and further invest in the development of culturally appropriate STI and 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.
GLOBAL AND DOMESTIC TARGET SETTING

UNAIDS has set targets for HIV diagnosis and treatment that by the year 2020:

- 90% of all people living with HIV will be diagnosed
- 90% of all people diagnosed will be on antiretroviral therapy (ART)
- 90% of all people receiving ART will have suppressed viral load.

UNAIDS has also set targets of 95% for each of these steps by 2030. Australia has adopted these second-stage 2030 UNAIDS targets in its national BBV and STI strategies, including the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022.

How is Australia tracking on the targets overall?

In 2018, there were an estimated 28,180 people living with HIV in Australia, with an estimated 90% of these people diagnosed. This means that the 2020 diagnosis target has been met.

- An estimated 89% of the people in Australia diagnosed with HIV were receiving ART in 2018. This means that Australia is close to meeting the 90% on treatment target.
- Of those receiving ART in 2018, 95% had a suppressed viral load. This means that Australia has met the 90% target for suppressed viral load, as well as the 2030 UNAIDS 95% target.
- In 2018, an estimated 77% percent of all people living with HIV in Australia had a suppressed viral load, surpassing the 2020 UNAIDS target of 73% of people living with HIV achieving a suppressed viral load.

The data for the Australian population overall has fueled 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 seeing 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.

How are we tracking on the targets for the Aboriginal and Torres Strait Islander population?

It is important to be mindful of the fact that the 95-95-95 second-stage targets incorporated into the 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 is tracking well on the 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 develop and implement targeted actions 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.

PrEP access

PrEP has now been available on the PBS for over 18 months. PrEP health promotion has been highly successful in engaging the non-Indigenous gay community but has generally not engaged people in Aboriginal and Torres Strait Islander communities. We need to develop PrEP campaigns that specifically target and engage Aboriginal and Torres Strait Islander people at risk of HIV—gay and bisexual men, transgender people, and people in sero-discordant relationships.

Tackling STI prevalence

Despite the success of cross-jurisdictional campaigns to increase STI testing rates for Aboriginal and Torres Strait Islander people, prevalence of STIs is persistently high. The continuous quality improvement strategies investigated by STRIVE (STIs in remote communities: improved and enhanced primary health care study), achieved increases in STI testing coverage, but not to a great enough extent to reduce STI prevalence. The study showed that continuous quality improvement strategies need to be intensified and sustained over time if they are to affect STI prevalence in communities, and should ideally be implemented alongside other STI control strategies.

STI control strategies must take into account that HIV is an STI, and that high prevalence of other STIs in a community potentiates HIV transmission and exposes the community to the risk of an HIV outbreak.
THE NOONGAR BOODJA STATEMENT

The call for a joint statement on the urgent need to tackle STIs and BBVs in our communities started from conversations at the IUSTI (International Union for STI Conference) in Auckland in 2018. As a result of those conversations, a group of us from here in Australia and Maori colleagues worked behind the scenes to develop a call to action, with support from NACCHO, SAHMRI, ASHM, the Australasian Sexual Health Alliance, SHQ (Sexual Health Quarters), and AFAO. This statement was launched at the 2019 Australasian HIV & AIDS Conference in Perth, with a dedicated website for individuals and organisations to sign up.

The need to close the gap between STI and BBV health outcomes for Aboriginal and Torres Strait Islander people compared to non-Indigenous people is not an Indigenous issue, or a First Nations issue; this is an issue for each and every one of us in the Australasian region. No-one should be left behind and when they are, it is each and everyone’s responsibility to step up and be accountable. — Amanda Sibosado, SAHMRI, introducing the Noongar Boodja Statement, at the 2019 ASHM Australasian HIV & AIDS Conference in Perth in September. Amanda is a proud Bard and Wardandi woman, and ATSIHAW Ambassador.

THE NOONGAR BOODJA STATEMENT
ON CLOSING THE GAP ON STIs, & BBVs AMONG INDIGENOUS PEOPLES OF AUSTRALASIA

The signatories to this statement gather for the Australasian HIV & AIDS and Sexual Health Zealand Sexual Health Conference 2019 in Wellington—traditional lands of the peoples of Ngāti Toa and Taranaki Whānui ki te Upoko o te Ika a Maui.

Australasian signatories—peoples of Australia, Aotearoa New Zealand, the South Pacific, and Oceania including Micronesia, Melanesia and Polynesia—come together to share, collaborate and discuss the successes and challenges that lay ahead for the Australasian region in addressing STIs, viral hepatitis and HIV. A strong theme of these conferences are the persistent inequities in sexual health outcomes for the Indigenous Peoples of the Australasian nations.

Despite recent investments in this area to address syphilis, much work remains to be done by all to address endemic rates of STIs in regional and remote Australia (chlamydia, gonorrhoea and trichomonas) and BBVs nationally (HIV and viral hepatitis). This is unacceptable, because high rates of STIs particularly impact young women and their reproductive health (PID, premature birth, stillbirth and infertility) and the occurrence of BBVs should be decreasing at rates similar to the non-Indigenous population. We confirm that these inequities are in contravention of the United Nations Declaration of the Rights of Indigenous Peoples which all Australasian countries have endorsed.

Specifically, we commit to and call upon national and jurisdictional governments to appropriately fund and work with Indigenous communities, their community-based organisations and leaders to:

- Action the right of Indigenous peoples to co-design culturally responsive policies and strategies that match their sexual health priorities, knowledges and practices;
- Support Indigenous communities to provide health promotion and harm reduction services, particularly to young Indigenous peoples;
- Provide high quality testing and care, in primary health care programs for Indigenous peoples;
- Sustain a culturally responsive and expert STI, HIV and blood-borne virus (BBV) health workforce in Indigenous communities;
- Build our knowledge to improve sexual health outcomes and reduce inequities.


Artists: Teejay (Thomas John) Worrigal and Amanda Sibosado
Title: Meeting for Change
Representation: The meeting circles represent the different groups (countries and disciplines) at the conferences, the lines are waterways joining each group and represent the coming together of all of us to advocate for change. The double lines and patterns around the groups and waterways represent the strength of being united on this important issue.
## PRIORITYs

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TARGETED HIV RESOURCES—WHAT’S HAPPENING?

SAHMRI is leading several community-driven projects, funded by the Commonwealth, which include development of engaging, culturally sensitive HIV education and health promotion resources targeted to the Aboriginal and Torres Strait Islander sub-populations at risk of HIV.

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. Since then ATSIHAW has been 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 seeks to engage whole communities in local awareness-raising activities, with a focus on HIV prevention (including PrEP, PEP and U=U), the efficacy of modern HIV treatment and fighting HIV-related stigma.

Each year ATSIHAW events are held in local community organisations across Australia—in urban, regional and remote communities—with over 50 events planned for ATSIHAW 2019.

The ATSIHAW Facebook page and regular e-newsletters play a major role in building 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 21 for profiles of our fantastic Ambassadors.

ATSIHAW has been funded by the Australian Government Department of Health 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—with links to the range of STI, HIV and viral hepatitis resources hosted on the youngdeadlyfree.org.au website.
HIV VIDEOS

We have produced engaging videos on HIV and other STIs for use in social media, community education and clinician orientation. The videos were filmed in communities across Australia, with substantial and enthusiastic community involvement—locals stepping up to act in them and assisting with script development. This is community input at its most authentic.

Our videos to support clinicians—doctors, nurses and Aboriginal Health Workers—in offering HIV testing highlight 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 animated videos—on HIV, STIs, PrEP and treatment as prevention—specifically for Aboriginal and Torres Strait Islander communities. The primary target audience for the animations is Aboriginal and Torres Strait Islander young people, including young people in remote communities, and the animations assume no prior knowledge about HIV or STIs. 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 on our website—www.atsihiv.org.au.
HIV INFOGRAPHICS

SAHMRI has produced infographics on HIV, mainly for use in social media—see http://www.atsihiv.org.au/health-promotion/hiv-health-promotion-resources/ These range from clear, direct messaging on HIV prevention, through to graphics that present HIV surveillance data, with a set of infographics on treatment as prevention and PrEP.

RESOURCES FOR CLINICIANS

To support doctors, nurses and Aboriginal health Workers in efforts to improve community STI and BBV testing rates and retain people in care, we produced STI and BBV control in remote communities: Clinical practice and resource manual—see youngdeadlyfree.org.au. Developed as part of the Young Deadly Free project, the online booklet provides tips on offering STI and BBV testing as part of routine consults with young people; collates the various STI and BBV clinical guidelines relevant to regional and remote communities; catalogues induction and training resources; and features Young Deadly Free health promotion resources for use in community education.

To assist health professionals who are new to remote practice, we have also produced videos providing background on the STIs and BBVs affecting remote communities. The videos include information on epidemiology, with experienced doctors, nurses and health workers sharing their strategies for normalising STI and BBV testing as part of routine health checks.
YOUNG DEADLY FREE—REMOTE STI AND BBV PROJECT

From July 2016 to June 2019 SAHMRI was 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 included development of culturally appropriate resources on STIs and BBVs for: young people, parents, Elders, teachers and mentors; and for clinicians practising in remote communities.

All these resources—videos, posters, factsheets and booklets—are housed on the Young Deadly Free website, youngdeadlyfree.org.au.

SYphilIS HEALTH PROMOTION AND COMMUNITY AWARENESS CAMPAIGN

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, including Torres Strait Islands; the Northern Territory; the Kimberley region of Western Australia; and the Far North and Western regions of South Australia.

Now in its 3rd phase, the campaign is funded by the Australian Government Department of Health. The focus of the campaign is on encouraging young Aboriginal and Torres Strait Islander young people to test for syphilis and other STIs and BBVs, 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 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 is also providing 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/
ATSIHAW COMMUNITY EVENTS FOR 2019

Official Launch
Parliament House Canberra
Date: 28 November 2019
Speakers:
- Tim Wilson MP—official host, in his capacity as Co-Chair of the Parliamentary Friends for Action on HIV/AIDS, BBV and STIs
- Welcome to Country—Matilda House
- 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)
- Robert Griew—President, Australian Federation of AIDS Organisations (AFAO)
- Alexis Apostolellis—CEO, ASHM
- A/Prof James Ward—Head, Aboriginal Health Equity-Sexual Health and Wellbeing, SAHMRI; ATSIHAW Committee

TASMANIA

Tasmanian Aboriginal Centre
Event: Pakana Kipli Breakfast
HIV/STI prevention, information, promotion etc. Potential for Health Check-ups
Date: 29 Nov Time: 8am
Location: Tasmanian Aboriginal Centre, 198 Elizabeth St, Hobart
Contact: Sara Maynard
sara.m@tacinc.com.au

Tasmanian Aboriginal Centre
Event: Pop up booth at Aboriginal Health Service
HIV/STI prevention, information, promotion etc. Potential for Health Check-ups
Date: 29 Nov Time: 9am onwards
Location: Tasmanian Aboriginal Centre, 198 Elizabeth St, Hobart
Contact: Sara Maynard
sara.m@tacinc.com.au
Aboriginal Health SNSWLHD

Event: Aunty Jean’s ATSIHAW
Promote HIV prevention, testing & treatment and local services available at Goulburn Community Health
Date: 28 Nov Time: 10am–1pm
Location: Marsden Weir Park, Fitzroy Street, Goulburn
Contact: Rick Shipp richard.shipp@health.nsw.gov.au

ACON Northern Rivers

Event: Bulgarr Ngaru and ACON Northern Rivers
To build capacity amongst Aboriginal health and community workers across the North coast LHD around HIV and Hep C prevention and STI support information
Date: 2 Dec Time: 10am–3pm
Location: Ballina Surf Club, Lighthouse Pde, East Ballina
Contact: Tobin Saunders t.saunders@acon.org.au

Albury Community Health

Event: Pop up stall at Albury and Wodonga hospitals
HIV is still in our community. To reduce HIV stigma U=U so no risk to community anymore
Date: 26–27 Nov Time: 10am–1pm
Location: Albury Base hospital, Borella road, Albany
Contact: Helen Best helen.best@awh.org.au

Albury Wodonga Aboriginal Health Service

Event: ATSIHAW 2019
Health Checks, Healthy Eating and STI screenings
Date: 4 Dec Time: 11am–1pm
Location: Aboriginal Health Service 644 Daniel St, Glenroy
Contact: Selina Clark Selina@awah.org.au

Harp Unit SNSWLHD

Event: Displays all week
Prevention, testing & treatments and easy access to local services
Date: 25–29 Nov Time: 11am–2pm
Location: Queanbeyan hospital foyer, access to community health
Contact: Kevin Schamburg kevin.schamburg@health.gov.au

NSW Users and AIDS Association

Event: DBS testing at NUAA’s NSP
Promoting HIV DBS testing for NSP service users
Date: 2 December Time: 10am–3pm
Location: 345 Crown Street, Surry Hills
Contact: Andy Heslop andyh@nuaa.org.au

Riverina Medical and Dental Aboriginal Co-op

Event: YANDARRA
Your health is in your hands
Date: 10 Nov Time: 10am–3pm
Location: Ashmont Oval, Bardia St, Ashmont
Contact: Latoya Terry latoya.terry@rivmed.org.au

South East Regional Hospital Bega

Event: HIV Awareness Day - World AIDS Day
Safe sex, awareness, education, acknowledgment
Date: 29 Nov–2 Dec Time: 10am–12pm
Location: South East Regional Hospital 4 Virginia Drive, Bega
Contact: Jo Donovan joanne.donovan@health.nsw.gov.au

Southern NSW Local Health District (SNSWLHD)

Event: Aboriginal Health Team
HIV awareness week, lets support the mob and get the word out
Date: 29 Nov Time: 10am–2pm
Location: Batemans Bay Community Health Centre, Pacific Street
Contact: Raylene Merritt raylene.merritt@health.gov.au

Wagga Wagga Sexual Health Service

Event: WAD clinic open day
Highlighting the testing, treatment and prevention of HIV in our community
Date: 29 Nov Time: All day
Location: 7 Yathong Street, Wagga Wagga
Contact: Justine Fairly justine.fairly@health.nsw.gov.au

WNSWLHD Sexual Health Dubbo

Event: Together U and me can stop HIV
By working together, we can end HIV
Date: 25 Nov–5 Dec Time: 10am–5pm
Location: Macquarie street, Dubbo
Contact: Beverley Tyson beverley.tyson@health.nsw.gov.au

BlaQ Aboriginal Corporation

Event: HIV Awareness Week
LGBTQI community event in Redfern to increase the awareness of HIV prevention and the importance of regular testing
Date: 5 Dec Time: 5–7pm
Location: Gadigal Information Service, Koori Radio
Level 4, 27 Cope Street Redfern
Contact: John Leha john@thekaingaproject.com.au
Badu Island PHC
Event: HIV Awareness Week (health promotion)
HIV Awareness
Date: 5 Dec Time: 9am–3pm
Location: 181 Tamwoy Street, Badu Island
Contact: Lily-Annie Ahmat
lily-annie.ahmat@health.qld

Bamaga Men’s and Women’s Health Team
Event: NPA—Communities make the difference.
Normalise talking about HIV and getting rid of the stigma surrounding it—UandmecanstopHIV
Date: 6 Dec Time: 11am–2pm
Location: Bamaga Shopping Square
Contact: Lesley Unwin
lesley.unwin@health.qld.gov.au

Girudala Co-op
Event: Bowen U and Me can stop HIV
Providing education and promotion on World AIDS Day to the whole of community. By how as a community can stop HIV
Date: 25 Nov Time: 10am
Location: Bowen Centrepoint Plaza
Contact: Leanne Prise
lprise@girudala.com.au

Girudala Co-op
Event: Collinsville U and Me can stop HIV
Providing education and promotion on World AIDS Day to the whole of community. By how as a community can stop HIV
Date: 28 Nov Time: 10am
Location: Collinsville IGA Arcade
Contact: Leanne Prise
lprise@girudala.com.au

Girudala Co-op
Event: Prosperpine U and Me can stop HIV
Providing education and promotion on World AIDS Day to the whole of community. By how as a community can stop HIV
Date: 27 Nov Time: 3pm
Location: Proserpine Youthspace
Contact: Leanne Prise
lprise@girudala.com.au

Gold Coast Sexual Health
Event: HIV Awareness Week Morning Tea
HIV Awareness, encouraging screening, decreasing stigma
Date: 29 Nov Time: 9–10am
Location: Sexual Health Clinic, 16/30 Little High Street Southport
Contact: Courtney Lougoon
courtney.lougoon@health.gov.au

Mens and Womens Health
Event: World AIDS Day
World AIDS Day – Do community know what HIV is?
Date: 2–4 December Time: 9am–12pm
Location: Primary Health Centre, IBIS Supermarket & Thursday Island High School
Contact: Richard Mola
richard.mola@health.qld.gov.au

QLD Health
Event: HIV Awareness Stall
Get screened to know your HIV status, what is HIV and how do you get it. Increases in Aboriginal and Torres Strait Islander people in Cairns and Cape and Torres Strait diagnosed with HIV. How do you protect yourself? Having other STI’s can increase your risk of getting HIV
Date: 4 Dec Time: 10am–12pm
Location: Lockhart River Supermarket
Contact: Kristen Ellis
kristen.ellis@health.qld.gov.au

Torres and Cape Hospital and Health
Event: World AIDS Day
Increasing awareness of HIV to community, to increase testing within the community and to decrease stigma
Date: 1 Dec Time: 10am–12pm
Location: Weipa Shopping Centre
Contact: Tracy Harbour
tracy.harbour@health.qld.gov.au

HIV Awareness Week 2019 launched in Cairns
Event: Come along to find out more about the local Statement on HIV & BBV for Aboriginal and Torres Strait Islander peoples. HIV Awareness Week in Cairns will be launched with speakers addressing medical advances in HIV prevention and community engagement to enhance knowledge and understanding.
Date: 15 Nov Time: 12:30pm to 1pm
Location: Cairns North Community Health Facility
Contact: Rhondda Lewis
Rhondda.Lewis@health.qld.gov.au
VICTORIA

Mallee District Aboriginal Services
Event: HIV Awareness Community Event
U AND ME CAN STOP HIV
Date: 28 Nov Time: 11am–3pm
Location: Arkinson Park, Kerang
Contact: Toni Webster
twebster@mdas.org.au

Mallee District Aboriginal Services
Event: World AIDS Day Community Event
Raising awareness in the community about the issues surrounding HIV and AIDS
Date: 2 Dec Time: 11am–2pm
Location: 115 Orange Avenue, Mildura (water tower)
Contact: Nathan Yates
nyates@mdas.org.au

Murray Valley Aboriginal Cooperative
Event: U and Me can stop HIV
Safe sex awareness
Date: 3 Dec Time: 10:30am–2:30pm
Location: MVAC Hall 87 Latje road, Robinvale
Contact: Emily Turner
emily.turner@mvac.org.au

Rumbalara Aboriginal Cooperative
Event: HIV Awareness Week
U AND ME CAN STOP HIV
Date: 2 Dec–5 Dec Time: 9am–5pm
Location: Rumbalara Health Service waiting area
Contact: Karen Moodie
karen.moodie@raclimited.com.au

Thorne Harbour Health
Event: World AIDS Day Memorial
Thorne Harbour Health, at Positive Living Centre, hold a World AIDS Day memorial each year, which involves a candle lighting ceremony. We also add the names of people we have lost each year to the centre’s ‘Shards’—The Shards are hanging in the main space and are in remembrance for the people we have loved and lost to HIV/AIDS. We have an Aboriginal engagement worker at the centre and wanted to have the opportunity to get the message of Aboriginal and Torres Strait Islander Awareness Week out to the people who attend the ceremony
Date: 1 Dec Time: 2pm–5pm
Location: Positive Living Centre 51 Commercial Street, South Yarra
Contact: Stephen Borg
stephen.borg@thorneharbour.org

Victorian Aboriginal Health Service
Event: U and Me can stop HIV
Health Promotion, Remembrance Service, Quilt/Candles—Cohort, MSM, PrEP, IVDU, Homeless
Date: 2–6 Dec Time: 10am–2pm
Location: 186 Nicholson Street, Fitzroy
Contact: Aisleen Glasby
aisleen.glasby@vahs.org.au

NORTHERN TERRITORY

Miwatj Health Centre
Event: Nhe ga Ngarra Gulmarama HIV Rerri
Getting tested, What HIV is, reducing stigma
Date: 27 Nov Time: 11am–2pm
Location: Miwatj Health, Gunyangara Clinic, Ski Beach
Contact: Katarina Keeler
katarina.keeler@miwatj.com.au

Miwatj Health Centre
Event: Nhe ga Ngarra Gulmarama HIV Rerri
Getting tested, What HIV is, reducing stigma
Date: 28 Nov Time: 11am–2pm
Location: Miwatj Health, Nhulunbuy Clinic
Contact: Katarina Keeler
katarina.keeler@miwatj.com.au

Miwatj Health Centre
Event: Nhe ga Ngarra Gulmarama HIV Rerri
Getting tested, What HIV is, reducing stigma
Date: 29 Nov Time: 10am–12pm
Location: Miwatj Health, Yirrkala Clinic
Contact: Katarina Keeler
katarina.keeler@miwatj.com.au

Thorne Harbour Health
Event: World AIDS Day Memorial
Thorne Harbour Health, at Positive Living Centre, hold a World AIDS Day memorial each year, which involves a candle lighting ceremony. We also add the names of people we have lost each year to the centre’s ‘Shards’—The Shards are hanging in the main space and are in remembrance for the people we have loved and lost to HIV/AIDS. We have an Aboriginal engagement worker at the centre and wanted to have the opportunity to get the message of Aboriginal and Torres Strait Islander Awareness Week out to the people who attend the ceremony
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stephen.borg@thorneharbour.org

Victorian Aboriginal Health Service
Event: U and Me can stop HIV
Health Promotion, Remembrance Service, Quilt/Candles—Cohort, MSM, PrEP, IVDU, Homeless
Date: 2–6 Dec Time: 10am–2pm
Location: 186 Nicholson Street, Fitzroy
Contact: Aisleen Glasby
aisleen.glasby@vahs.org.au
Derbal Yerrigan Health Service
Event: Aboriginal and Torres Strait Islander HIV Day
Strengthen community knowledge on HIV and services in Perth
Date: 2 Dec  Time: 11:30am - 1pm
Location: 156 Wittenoom Street, East Perth
Contact: Jarrod Minniecon
jarrod.minniecon@dyhs.org.au

Great Southern Aboriginal Health Service
Event: HIV Awareness week BBQ
To promote awareness of HIV, safer sex and injecting practices and screening and testing
Date: 28 Nov  Time: 11am–2pm
Location: Eyre Park, Albany
Contact: Charlotte Munro
charlotte.munro@health.wa.gov.au

Population Health Karratha
Event: ATSIHAW
Activities and promotion with in the high school and have displays at Karratha and in Roeburne
Date: 27 Nov–5 Dec  Time: 9am–3pm
Location: Karratha High School
Contact: Jan-Marie Grantham
jan-marie.grantham@health.wa.gov.au

Puntukurnu Aboriginal medical Service
Event: World AIDS Day
HIV is still here
Date: 29 Nov  Time: 10am–2pm
Location: Newman town square
Contact: Anna Bennett
anna.bennett@puntukurnu

Hedland Health Campus —Population Health
Event: Sexual health awareness - Reduced BBV’s and STI’s
Prevention of STI’s/BBV’s with education as well as contraception-reducing the risks, having an interactive stall at the EXPO with activities and resources provided via the students to their peers as part of their class chosen health topic/assignment with support from our sexual health service at HHC population health in providing the message in a non-bias and open environment to the students
Date: 29 Nov
Location: Hedland Senior High School
Contact: Emma Robinson
emma.robinson@health.wa.gov.au

Winnunga Nimmityjah Aboriginal Health
Event: HIV Awareness Week
Date: 29 Nov  Time: 12:00pm
Location: 63 Boolimba Crescent Narrabundah
Contact: Christine Saddler
christine.saddler@winnunga.org.au

Department of Health
Event: ATSIHAW Information stall
Information available that will allow everyone to feel comfortable and safe around this sensitive matter
Date: 27 Nov–5 Dec  Time: early morning
Location: Foyer, Sirius Building, Furzer Street, Phillip
Contact: Beverly Smith
beverly.smith@health.gov.au

Canberra Sexual Health Centre
Event: Sexual health at Yurauna Centre CIT Reid Canberra
Promotion of HIV testing and prevention as well as other STI testing
Date: 4 Dec  Time: 12:30–2pm
Location: CIT Reid Canberra
Contact: Debbie Morgan
debbie.morgan@act.gov.au
Aboriginal Family Clinic, Noarlunga
Event: U and me can stop HIV
We will be giving information about methods of transmission, safer sex and testing. We will use the short videos and other resources on atsihiv.org.au
Date: 2–4 Dec
Time: 12:30pm–2:30pm
Location: 12 Alexander Kelly Drive, Noarlunga & Christies Downs Community Centre, Moreton Road, Christies Downs
Contact: Carina Brown
carina.brown@sa.gov.au

Aboriginal Health Council of SA
Event: U and Me can stop HIV
U AND ME CAN STOP HIV
Date: 28 Nov–6 Dec
Time: 10am–4pm
Location: 220 Franklin Street, Adelaide
Contact: Sarah Betts
sarah.betts@ahcsa.org.au

Minunthi Tapa Inparritiya
Event: U and me can stop HIV
We will be giving information about methods of transmission, safer sex and HIV testing
Date: 2 & 4 Dec
Time: During clinic times
Location: 13 Wingfield Street, Clovelly Park
Contact: Carina Brown
carina.brown@sa.gov.au

Nunkuwarrin Yunti
Event: ATSIHAW
HIV awareness, information and education
Date: 28 Nov
Time: 9am–5pm
Location: 182–190 Wakefield Street, Adelaide
Contact: Jorge Carvajal
jorgec@nunku.org.au

Nunyara Aboriginal Health Service
Event: Nunyara HIV Awareness afternoon tea
There’s no shame in getting tested, we want our mob to be healthy and strong
Date: 3 Dec
Time: 2pm
Location: 17–27 Tully Street, Whyalla
Contact: Kate Warren
kate.warren@nunyara.org.au

Pangula Mannamurna
Event: ATSIHAW
To raise awareness of HIV - transmission and PrEP/PeP and TasP
Date: 28 Nov–5 Dec
Time: 9am–5pm
Location: 191 Commercial Street West, Mt Gambier
Contact: Stacey Balnaves
stacey.balnaves@pangula.org.au

Pangula Mannamurna
Event: Community Promotion
Importance of health promotion and safety to all
Date: 28 Nov–5 Dec
Time: 9am–5pm
Location: 191 Commercial St, West Mt Gambier
Contact: Jade Millerick
jame.maiden@pangula.org.au

SA Mobilisation + Empowerment for Sexual Health
Event: AIDS Awareness BBQ and stall
Lose the stigma and let’s work together to stop the onward transmission of HIV in South Australia
Date: 29 Nov
Time: 9am–4pm
Location: Bunnings, Port Rd, Woodville South
Contact: Daniel Jeffries
daniel.jeffries@samesh.org.au

SIN - Sex Industry Network
Event: Whore tea/ATSIHAW 2019
Education and destigmatisation of HIV in SA and nationwide
Date: 3 Dec
Time: 11am–1pm
Location: 220 South Road, Mile End
Contact: Jodie McCauley
street@sin.org.au

Laté event registrations may not be included here, see www.ATSIHIV.org.au for full details.
### ATSIHAW COMMUNITY 2019

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ATSIHAW AMBASSADORS

Steven Oliver

The fabulously funny Steven Oliver is our National Ambassador. Steven is a descendant of the Kukuyalanji, Waanyi, Gunagalidda, 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 toured 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 over 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 DrPH in Public Health.

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.”
**Professor Gracelyn Smallwood**

Professor Smallwood is a Birrigubba, Kalkadoon and South-Sea Islander woman from Townsville. 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), and is a Member of the Commonwealth Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections.

Professor Smallwood says "I have been advocating against the racism and violation of human rights against my people for over 45 years... 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... 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... Collaboration of all Government and NGOs must occur for effective outcomes that meet the needs of the community."

**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 PhD candidate at the National Centre for Epidemiology and Population Health (NCEPH) and recently completed a Masters of Applied Epidemiology at ANU.

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."

**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.”

**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."

“As a father I would encourage other dads and parents to have the conversation with their kids to practice 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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22 HIV AND ABORIGINAL & TORRES STRAIT ISLANDER COMMUNITIES IN 2019
Dion Tatow
Dion is an 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 in Aboriginal and Torres Strait Islander health for 20 years for both the Commonwealth (OATS1H) 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 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.”

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 Research Officer at the Aboriginal Health Council of South Australia and has worked in Aboriginal Health for over 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.”

Celeste Carnegie
Celeste is a Birrigubba woman from far North Queensland. Celeste has been at the forefront of STEM (Science, Technology, Engineering, and Mathematics) education for Aboriginal and Torres Strait Islander youth and works as a Program Producer at Girl Geek Academy.

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.

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 has worked as an Indigenous Youth Worker with Darumbal Community Youth Services, a Senior Indigenous Recruitment Officer/Cultural Awareness Officer, Team Leader of Woorabinda with Neato Employment Services and Indigenous Engagement Officer at CQ Youth Connect. Jade now works as an Indigenous Engagement Officer with CQ’s Sexual Health Department.

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

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

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.”
Shahmir Rind

Shahmir is a Badimaya Yamatji man with family from Mount Magnet in Western Australia. He lives in Perth, is a medical student at Curtin University and is undertaking an Indigenous Cadetship with the Department of Health WA.

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 descendant 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.”

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.”

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 Public Health 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.”

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 & 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.”
Zane Roe

Zane is a Wocca Wocca, Gureng Gureng man, currently studying for a diploma in Aboriginal & Torres Strait Islander Primary Health Care. He works as a men’s Indigenous health care worker in sexual health for Queensland Health.

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.”

Phillip Sariago

Phillip Sariago, AKA Phil, is Darwin born but has called Brisbane home for the past 25 years. Phil is a descendant of the Gurindji peoples, Northern Territory and Jaru peoples of the East Kimberley, Western Australian. Phil has had a long professional and personal affiliation with Queensland AIDS Council (QuAC) and the gar’ban’djee’lum network over the past 23 years. Phil is the 2Spirits Capacity Building Officer who manages the 2Spirits Program from the Brisbane office. Phil is passionate about developing pathways to walk and work together in partnership to with agencies to grow inclusive health and wellbeing outcomes for our Aboriginal and Torres Strait Islanders who identify as Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Sistergirl and Brotherboy across Queensland.

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.”

Brenna Bernardino

My mob are from Badu Island on my dad’s side and my mother’s side is from Timor-Leste. I call Brisbane home, but I currently reside in Okinawa, Japan due to my husband’s work. I recently completed a Master of Public Health at the University of Queensland and my capstone project assessed contraception knowledge and access among Indigenous women across South-East Queensland. I have research assistant experience in developing Indigenous health education at universities in Australia and with an urban Native American community in the USA.

Brenna says “I support ATSIHAW because I am passionate about reproductive justice and improved sexual health outcomes for all. I want to advocate for Indigenous women and Indigenous heterosexual people who are a less well-known group that are disproportionately affected by HIV. We also need our community to become more educated about technological advances in HIV treatment and testing to work towards eradicating HIV for future generations.”

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 a 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!”

Phillip Sariago

Phillip Sariago, AKA Phil, is Darwin born but has called Brisbane home for the past 25 years. Phil is a descendant of the Gurindji peoples, Northern Territory and Jaru peoples of the East Kimberley, Western Australian. Phil has had a long professional and personal affiliation with Queensland AIDS Council (QuAC) and the gar’ban’djee’lum network over the past 23 years. Phil is the 2Spirits Capacity Building Officer who manages the 2Spirits Program from the Brisbane office. Phil is passionate about developing pathways to walk and work together in partnership to with agencies to grow inclusive health and wellbeing outcomes for our Aboriginal and Torres Strait Islanders who identify as Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Sistergirl and Brotherboy across Queensland.

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.”

Brenna Bernardino

My mob are from Badu Island on my dad’s side and my mother’s side is from Timor-Leste. I call Brisbane home, but I currently reside in Okinawa, Japan due to my husband’s work. I recently completed a Master of Public Health at the University of Queensland and my capstone project assessed contraception knowledge and access among Indigenous women across South-East Queensland. I have research assistant experience in developing Indigenous health education at universities in Australia and with an urban Native American community in the USA.

Brenna says “I support ATSIHAW because I am passionate about reproductive justice and improved sexual health outcomes for all. I want to advocate for Indigenous women and Indigenous heterosexual people who are a less well-known group that are disproportionately affected by HIV. We also need our community to become more educated about technological advances in HIV treatment and testing to work towards eradicating HIV for future generations.”

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 a 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!”

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Zane Roe

Zane is a Wocca Wocca, Gureng Gureng man, currently studying for a diploma in Aboriginal & Torres Strait Islander Primary Health Care. He works as a men’s Indigenous health care worker in sexual health for Queensland Health.

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, and supporting Aboriginal Health Workers across the State. Garry previously worked with the WA 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 more than 18 years—in the Men’s & Women’s Health Program on Thursday Island. He is a Murray and Damley Islander descendant.

Richard says: “I support NATSIHAW 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.”

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Trent Wingard

Trent is a 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!”

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.”

Amanda Sibosado

Amanda is a proud Bard and Wardandi woman who has more than 13 years experience working in Aboriginal sexual health across regional, remote and metropolitan communities. She has worked with SAHMRI working on the Young Deadly Free project since early 2017.

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.”
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 Boonalll 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 over nine years, and has 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 ATSIAHAW “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). 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 ATSIAHAW 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.”
Endnotes


ii Estimating the Population of Aboriginal and/or Torres Strait Islander Men who would benefit from HIV Pre-Exposure Prophylaxis (PrEP). Jacqueline H Stephens et al. Poster presentation—ASHM Conference 2019

iii Preliminary modelling conducted by the Kirby Institute and SAHMRI

iv Priorities for preventing a concentrated HIV epidemic among Aboriginal and Torres Strait Islander Australians. James S Ward, Karen Hawke, Rebecca J Guy. MJA. https://doi.org/10.5694/mja17.01071

v ASHM E-News. October 2019


