



**MULTICULTURAL HIV
AND HEPATITIS SERVICE**

A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 19 | Summer 2014 | Co-workers' newsletter

MANAGER'S MESSAGE

Dear Colleague

As 2014 draws to a close I would like to take this opportunity to thank you all for your continued hard work and dedication to the work of the MHAHS. It has certainly been an interesting year, with a number of new projects and new staff.

In 2015 we look forward to welcoming Ms Denise Voros, who has been appointed to the role of Service Development Officer, starting in January. We will also welcome forty new co-workers to the MHAHS.

I am confident the year ahead will provide new and exciting opportunities for us to continue to support our communities. In the meantime I wish you all a happy, restful and safe festive season.

Regards

Barbara



EDITOR'S NOTES

This is the last issue of MHAHS News for 2014. Next year we'll be looking for new co-workers to be part of the editorial committee. If you're interested in being involved, please contact me.

Please note the dates for next year's co-worker staff meetings in your diary:

- 6-9pm Tuesday 24 March 2015
- 6-9pm Tuesday 8 September 2015
- 6-9pm Thursday 3 December 2015

The MHAHS office will be closing on Friday 19 December 2014 and will reopen on Monday 12 January 2015.

I'd like to wish you all the best for the festive season and health and much happiness throughout the New Year!

Co-worker editorial committee members:

Hoang Hoa Lam
Co-workers' Viewpoint

Belinda Marchesiello
Around the World

Jorge Segovia
Feature

NEWS

Congratulations

We welcome Kanyarat Tresise in her new role as the Thai Community Development Project Officer - HIV.

Goings

Best wishes and farewell to Angela Zhang, a Chinese-speaking co-worker who recently resigned from the Service.

Riza Yaman

Multicultural HIV and Hepatitis Service

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Clinical issues – Dash and Donatella

The October clinical training session focused on using mindfulness skills to increase self-awareness and effectiveness in working with clients. The session looked at modelling these skills with clients as a way to manage and minimise distress and improve well-being. The training we provided was an introduction to these ideas, and we hope to continue the discussion within ongoing supervision.

In the lead up to Christmas and the New Year period please be reminded we are unable to pay co-workers for work on public holidays, so please do not arrange any work with clients on the days listed below. However, we will be available on the on-call mobile for any issues that arise during these times. Ph: 0425 262 557

2014-2015 Public Holidays:

Christmas Day - Thursday 25 December 2014
 Boxing Day - Friday 26 December 2014
 Extra Public Holiday - Monday 29 December 2014
 New Year's Day - Thursday 1 January 2015
 Australia Day - Monday 26 January 2015

We would like to thank all the co-workers who have supported clients this year for all their work, commitment and enthusiasm.

Indonesian hepatitis B project – Gustinia

The project has continued to build momentum, holding its fourth community education session at South Sydney Community Aid in Alexandria. The session was attended by 25 participants who reported increased knowledge about the transmission, prevention and management of hepatitis B.

During October, Nicolas Manoppo, the Acting Consul General of the Republic of Indonesia, welcomed the MHAHS to the consulate office in Maroubra. We took this unique opportunity to discuss strategies to improve hepatitis B health outcomes within the local Indonesian community.

We also implemented a new approach by bringing hepatitis B testing to the community. In partnership with IndoCare, RPA Liver Centre and Inner West Medicare Locale, three nurse testing stations were set up at IndoCare's weekly social gathering. Community members lined up to be tested while the group's regular activities continued. The outreach clinic was a huge success with the community keen to have more such clinics.



Hepatitis B community testing clinic



At the Republic of Indonesia Consulate General's Office

Thai HIV project – Kanyarat

The project began in October and aims to work with Thai communities to:

- Increase awareness and knowledge of HIV
- Increase HIV testing and treatment
- Decrease stigma and discrimination towards people living with HIV
- Increase access to HIV health services

We initiated the project by consulting key members of the Thai community, including local businesses, community groups and the media. From these consultations, an Advisory Group was formed to ensure the project

remains relevant and appropriate to the Thai community.

'Loi Krathong', the Thai Candle Light Festival, was celebrated at Circular Quay on Saturday 8 November. Amongst the *pad mee* (fried vermicelli noodles) and *muay thai* (Thai martial arts), the project engaged community members and distributed service resources.

We look forward to holding a series of community education sessions in 2015.



Distributing resources at the Thai Candle Light Festival

Health promotion – Marina

Since August, we have held nine hepatitis B community education sessions in Italian, Arabic, Indonesian, Greek and Vietnamese. The sessions continue to be well received, with evaluations showing participants learnt new information and were keen to share what they learnt with friends and family.

In September, I went to the 9th Australasian Viral Hepatitis Conference in Alice Springs and spoke at a symposium about community engagement. I also presented a paper on our Korean Hepatitis B Community Development Project and our work with the Hepatitis B Community Alliance NSW. As always, the conference

was an excellent opportunity to network and learn about other projects in the region.



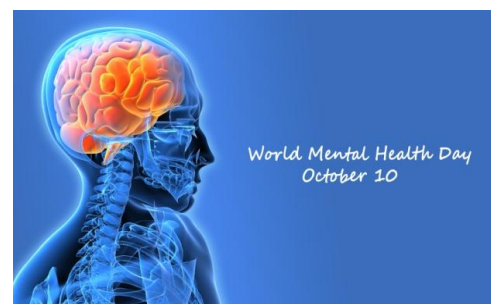
At the Australasian Viral Hepatitis Conference, Alice Springs

Education and media – Sonam

In September, we presented a poster at the Australasian Viral Hepatitis Conference in Alice Springs. The poster captured the evolution of our hepatitis C training workshops to better educate vulnerable young people from CALD backgrounds around hepatitis C.

Lucy Mukoko and Belinda Marchesiello ran two such hepatitis C workshops in October (Belmore High) and November (Punchbowl High). Evaluations showed that all students highly enjoyed the sessions and improved their knowledge of hepatitis C.

On 10 October, we supported World Mental Health Day. Aimed at increasing awareness of how chronic conditions such as HIV can affect mental health, our campaign encouraged people to take greater ownership of their role in improving mental health within their communities. The campaign targeted the Arabic, Chinese, Indian, Indonesian and Spanish community media, registering nine print media pickups as well as a community radio announcement.



Gula's experience

I migrated from Indonesia to Australia 10 years ago. When I first came here with my parents, they intended to live here. However, they changed their minds and wanted to go back to Indonesia. I, on the other hand, had fallen in love with Melbourne and Sydney so much that I stayed back and chose this country as my second home.

As well as working with the MHAHS, I work as an assistant manager at a motel/restaurant, and also volunteer at ACON and Oxfam.



I was drawn to the MHAHS because it is one of the few services in Australia that supports people from culturally and linguistically diverse backgrounds who are living with HIV and/or hepatitis. I have empathy for people who are living with these viruses, experiencing not only the illness itself but also the discrimination, stigma and disadvantages from coming from a non-English speaking background. I believe that employing staff from CALD backgrounds to work with and help their communities is a beautiful concept.

As a co-worker, I have been involved with developing resources, providing administration relief, delivering community education sessions and assisting with the recent Indonesian hepatitis B community testing clinic. I have also supported a client for the past three years.

From my client work, I have gained a better understanding of what it's like to live with HIV as well as being a migrant. My client faces issues common to those in similar situations: isolation, language barriers and fear of discrimination from her community. With my support, I've seen improvements in my client's life. She is now more engaged with the community, manages her treatment well and is about to have a second child - how wonderful!

My supervisors at the MHAHS are very supportive and accommodating. I enjoy attending group supervision where we can share stories and be updated with new information. The training sessions provided by the MHAHS have also been beneficial to me. I really appreciate that co-workers are consulted about their preference for training topics.

One of the most challenging aspects of being a co-worker is managing boundaries. Sometimes I get confused because my client can look at me as a friend rather than a co-worker. I try to be professional, but am still learning how to do this without upsetting my client. The most rewarding part of my job has been seeing my client break free from her isolation and empowering herself.



Australia's rejection of costly new treatment sofosbuvir a 'death sentence for hepatitis C sufferers'

Liver experts at a conference on the Gold Coast have been warned Australia is on the verge of a catastrophic death spiral from hepatitis C.

Dr Miriam Levy, the director of gastroenterology at Sydney's Liverpool Hospital, has stated that the recent decision by the Pharmaceutical Benefits Advisory Committee (PBAC) to refuse subsidies for a breakthrough treatment for hepatitis C had effectively delivered a death sentence to up to 50 000 Australians who would die from the disease in the next few years.

"I am seeing on the blood tests absolute flashing red lights that are telling me that this patient is going to do badly in the next year," Dr Levy said.

"They don't even know it yet. They still feel OK. Then over the year they will become jaundiced, go yellow, they may develop liver cancer.

Australia is the only developed country in the world that has not agreed to subsidise the new \$70000 treatment for hepatitis C for the most seriously ill patients.

The PBAC argued the costs were too high to treat Australia's 250000 hepatitis C sufferers and promised to review the decision in a year, when drug companies came back with a better price.



The new treatment sofosbuvir can cost up to \$70 000

But Dr Levy said while 80 per cent of Australia's sufferers can probably afford to wait a few years until cheaper treatments become available, those who were already heading towards liver failure need the treatment now.

"They don't seem to get this is urgent. This is a health system that can afford to treat those people," Dr Levy said. "When the liver fails, that's it. There are only 50 liver transplants a year so we can't rescue them all. And once they get liver cancer then they are really done for."

Dr Levy said she finds the plight of many of her patients so distressing she has even contemplated setting up a Dallas Buyers Club-style black market smuggling chain that flourished at the height of the AIDS virus in the 80s when the United States Food and Drug Administration banned life-saving treatments for HIV sufferers in America.

"You know if I could, without going to jail, I would fill my suitcase and come home and give them to patients, because I know the patients cannot wait a year or two," she said.

Dr Levy said she had no doubt desperate patients are already going online to try and track down the new treatment called sofosbuvir, which was "the worst possible indictment of our health system". "We are spending millions on health treatments to extend the lives of people with cancer, where they may just get a few more months to live, yet this new treatment prevents cancer in hepatitis C patients," she said.

Morag Goodinson is a nurse practitioner who only discovered she had the virus three years ago. She said the prospect of not getting access to the new treatment for at least four years was excruciating. The message, she said, is that the Government has deemed her life not worth the cost of the treatment.

"I would like to think I would live for another 30-odd years but if I don't get treatment I am very likely to develop liver disease," Ms Goodinson said.

Ms Goodinson believes much of the resistance to making the new treatments available sooner is that there is no real outrage in the community - largely because hepatitis C is still widely perceived as a drug addicts' disease.

AUSTRALIA

Australia performs best in HIV ‘treatment cascade’

An analysis of seven high-income countries found that Australia had the best overall performance in terms of the HIV “treatment cascade”. Of all people living with HIV, 86% were diagnosed, 78% were linked to care, 76% were retained in care, 66% were on HIV treatment and 62% had an undetectable viral load. In four European countries, between 50 and 60% of people with HIV had an undetectable viral load. Outcomes were far worse in the United States, with only 25% of all people living with HIV achieving an undetectable viral load.

www.aidsmap.com 5 November 2014

INDIA

Cheap hepatitis C cure for India on fast track

A hepatitis C wonder drug, sofosbuvir, will soon be licensed to Indian pharmacy companies. This will drastically bring down the price, which costs US\$ 84000 per course of treatment in the US. Drug manufacturer Gilead has offered a nearly 99% discount on the US price for India. India is only the second country after Egypt to get the medicine at this rate.

www.timesofindia.indiatimes.com 18 October 2014

VIETNAM

Vietnam gets more value for money through integration of HIV services

A ‘one-stop-shop’ health centre in Hanoi is integrating HIV and other healthcare services, maximising investments in the AIDS response. The health centre provides a full range of HIV services to key affected populations, as well as being the primary healthcare centre for the district’s general population. The integration has saved money and helped sustain HIV services by saving on infrastructure and human resources.

www.unaids.org 24 October 2014

LAO PDR

Hepatitis B virus

Despite hepatitis B vaccination at birth and at 6, 10 and 14 weeks of age, hepatitis B continues to be endemic in the Lao People’s Democratic Republic. A study was carried out to determine the burden of disease, risk of infection and vaccination status. Overall, the results demonstrated a dramatic deficiency in vaccination coverage. Timely and effective hepatitis B vaccination coverage has been recommended.

BMC Infectious Diseases 23 August 2014

NAMIBIA

Namibia’s highest court finds government forcibly sterilised HIV positive women

The Namibian Supreme Court has affirmed that three HIV-positive women were subjected to sterilisation in public hospitals without their informed consent, violating the women’s legal rights. Dozens more similar cases have been documented and are awaiting legal redress.

www.southernafricalitigationcentre.org 3 November 2014



THAILAND

HIV risk rising among young gay men and other at-risk groups

Around 70% of new STI cases in Thailand are occurring among young people aged 15-24, particularly among men who have sex with men, young people involved in sex work and those who inject drugs. “A lack of life skills to control risky situations, together with the use of alcohol and drugs, often puts young people at higher risk of

AROUND THE WORLD

getting HIV and other STIs,” according to UNICEF. “In addition, social media and mobile applications make it easier for young people to meet others to engage in casual sex.”

www.unicef.org 25 August 2014

USA

Gay dating apps hook up with health officials to fight HIV

Representatives of seven gay dating apps and websites met with health officials in San Francisco to launch a plan to fight HIV and reduce stigma using their platforms. They agreed to work together to publicise key sexual health messages and proactively encourage users to use stigma-free profile options to communicate HIV status such as ‘positive,’ ‘undetectable,’ or partner preferences such as ‘HIV-neutral’ or ‘Poz-friendly’.

www.poz.com 23 October 2014

UGANDA

HBV highly prevalent in northern Uganda

Hepatitis B virus is highly prevalent in northern Uganda, estimated at 20% or higher, compared to the national average of 10%. Researchers recommend vaccinating hepatitis B exposed babies at birth, instead of the current practice of vaccination at six weeks.

www.healio.com 29 October 2014



UK

Keep HIV-positive migrants out of Britain, says UKIP's Nigel Farage

Nigel Farage, leader of the United Kingdom Independence Party (UKIP), was heavily criticised after he called for people who have tested

positive for HIV to be banned from migrating to Britain. Britain's oldest HIV/AIDS charity, the Terrence Higgins Trust, said “Major international organisations, including the United Nations, agree that such draconian measures would have no impact on the epidemic”.

www.theguardian.com 10 October 2014

MYANMAR

Myanmar confirms increasing domestic HIV funding by US\$5 million

Myanmar's Minister for Health, Than Aung, confirmed that domestic funding for HIV treatment will be increased by US\$5 million. There were 190 000 people living with HIV and 6700 new HIV infections in Myanmar in 2013. More than 65 000 people were receiving HIV treatment in 2013 and the Ministry of Health estimates the new funding will increase the national HIV treatment target coverage to 85%.

www.unaids.org 17 October 2014



SPAIN

Spanish people with HIV and hepatitis are more difficult to treat

Spaniards infected with both HIV and the hepatitis C virus are less likely to be cured than people of other nationalities, because of their genes. According to researchers, “Current hepatitis C treatment does not seem as successful in co-infected patients. By contrast, HIV status seems to be controlled in most co-infected individuals.” National health statistics state that over two-thirds of people with HIV in Spain are also infected with hepatitis C.

www.theolivepress.es 19 October 2014

Film review: It's Not Over



It's Not Over tells the inspiring story of three courageous millennials from around the world who are living with or affected by HIV/AIDS.

Award winning filmmaker Andrew Jenks takes viewers on a journey across India, South Africa and the United States to experience the epidemic first hand.

Filed as a documentary, we meet Lucky, who lives in a South African township where nobody knows exactly how many have HIV; Sarang, an openly gay playwright in India, fighting to preserve his way of life; and Paige, a college freshman in Middle America who has become a youth advocate for HIV.

Jenks explores each of these young people's stories with respect, temperance and wonder. The result is a heartfelt toast to the power and resilience of youth in the face of an ongoing epidemic.

It's Not Over was released in the US on World AIDS Day 2014. It is available for purchase online.

www.amazon.com 1 December 2014

Hepatitis highlight

On 15 September the MHAHS welcomed the launch of the 1st NSW Hepatitis B Strategy and the 3rd NSW Hepatitis C Strategy. Amid a global awakening to the impact of viral hepatitis, the two strategies provide timely leadership and guidance for our hepatitis work over the next six years. To read the strategies visit www.health.nsw.gov.au/hepatitis

Also in September, Barbara, Marina, Sonam and Gustinia attended the 9th Australasian Viral Hepatitis Conference in Alice Springs. A comprehensive range of topics and representatives from across region made the conference a valuable learning and networking opportunity.



Some MHAHS staff at the Australasian Viral Hepatitis Conference

What's new on the MHAHS website?

- Section > Co-worker > Photo gallery
- Section > Health Care Worker > Statistics
- Section > Health Care Worker > Diversity News