



A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 17 | Winter 2014 | Co-workers' newsletter

EDITOR'S NOTES

Dear Colleague

Welcome to the winter 2014 issue of *MHAHS News*.

This year's intensive training will be on Presentation Skills. As usual, there'll be two sessions - Saturday 2 August at Camperdown and Saturday 9 August at Fairfield. Please see the details I have emailed to you. Places are strictly limited so book early to ensure your place. Phone 9515 1234 or email MHAHSCoWorker@sswahs.nsw.gov.au

A short report, *Improving co-worker staff meetings 2014*, can be found on the MHAHS website. It includes the results of the survey and small group discussion from the March co-worker staff meeting. To read the report go to the co-worker staff meeting minutes at www.mhahs.org.au

What's new on the MHAHS website?

Section > Media Centre > Our Current Ethnic Media Campaign > 2014 World No Tobacco Day

Section > MHAHS Co-workers > Co-worker Resources > Frequently Asked Questions

Section > MHAHS Co-workers > Co-worker Resources > Co-worker Staff Meeting/Minutes



Co-worker editorial committee members:

Kanyarat Tresise

Co-worker's Viewpoint

Hoang Hoa Lam

Around The World
Feature

Huaying Yang

Assistant editor

NEWS

Congratulations

To Solomon Wong, on his recent appointment as the new MHAHS Publications Officer, and to Gustinia Dauner, on her appointment as Indonesian Community Development Project Officer.

Goings

Farewell and best wishes to Salwa Gabriel, Ayman Alhaboub, Chad Yip, Tammy Yam, Monica Biel, Isaac Maper Akec, Zakaria Marol Adot, Suhendro Suhendro, Francesco Mendolicchio, Patricia Alvarez, Blaise Bulea-Kubuya and Arissara Jitsuwan, who have all recently left the Service.

Riza Yaman

Multicultural HIV and Hepatitis Service

Phone: 02 9515 1234 | Fax: 9550 6815 | Email: info@mhahs.org.au | Web: www.mhahs.org.au

Street: Level 2, 18 Marsden St, CAMPERDOWN 2050 | Post: PO Box M 139, MISSENDEN ROAD NSW 2050

Viral hepatitis health promotion - Marina

We have continued offering hepatitis B community education sessions for those communities most affected. Since March, we've run three sessions for Arabic-speaking communities and two for African communities, reaching approximately 80 people. We continue to receive good feedback.

I've also run another two hepatitis B workshops for community workers in Campsie and Blacktown, that were attended by a total of 80 workers.

In May, we held the 2014 annual meeting of the NSW Hepatitis B CALD Community Alliance, which we formed last year. Organisations representing African, Arabic-speaking, Chinese-speaking, Greek, Indonesian, Italian, Indonesian and Vietnamese communities attended and discussed potential ways forward.

Alliance members from Arabic-speaking, Chinese-speaking, Indonesian and Vietnamese organisations successfully applied for community grants, offered by Hepatitis NSW, to support events during World Hepatitis Week. We'll be actively involved in the initiatives they've planned, so watch this space for an update!

Asian HIV project - Solomon

The project conducted its fifth and final HIV information workshop to the Chinese community in April. In total, the projects' information sessions reached 190 participants. Evaluation showed the sessions increased knowledge of HIV and improved attitudes towards people living with HIV.

I also presented the work of project at the AFAO National Gay Men's HIV Health Promotion Conference in April. Amongst the hot topics of treatment as prevention and social media, the project played an important role in discussing HIV issues experienced by culturally and linguistically diverse populations.

In May, in collaboration with the UTS queer society we held a second screening of the

award-winning Taiwanese gay film 'Will You Still Love Me Tomorrow?' directed by Arvin Chen. The event attracted 26 participants, who were provided with information on rapid HIV testing and received show bags containing drinks, snacks, and HIV information.

The project came to its conclusion in June, so this is the final update. I'd like to send my best wishes to all co-workers. It's been a pleasure to meet such a diverse and dedicated group. A special thank you goes to all those co-workers directly involved in the project. Its success could not have been achieved without your valuable skills and contributions.

Indonesian community development project: hepatitis B - Gustinia

I recently joined the MHAHS team to work with the Indonesian community to increase awareness and knowledge of hepatitis B and promote testing, treatment and prevention messages. I've been busy consulting with community organisations to gain their support for the project. The first advisory group meeting has been convened. It comprises of representatives from the Indonesian Association of NSW, Indonesian Australian Family Association, 'Kerabat Jawa', Indonesian Women Association and 'Kawanua Sedunia'.

In May, I attended the NSW Hepatitis B CALD Community Alliance 2014 annual meeting held in Bankstown, and assisted three Indonesian community organisations with a joint application for a community grant for Hepatitis Awareness Week. We've just received confirmation that it was successful!

We've also recently run a hepatitis B workshop which was attended by approximately 20 Indonesian community leaders, workers and volunteers. Dr Howard Lesmana, a local Indonesian doctor was the main speaker and the feedback from participants was very positive.

Cont. on page 8

Jean's experience

I come from Africa and have lived in Australia for some years.

I'm very interested in human rights, social Justice and providing assistance and opportunities to those in need, so I've been doing a course in social work.

My past experience involved working with children living with HIV and prescription of antiretroviral therapy, so when I heard the MHAHS was recruiting co-workers I thought my experience was a good match. I wanted to support my community, provide community members with up-to-date information about HIV and hepatitis, and learn more about the services and options available to them.

I was also attracted by the training offered by the MHAHS, the flexible working hours as well as the opportunity to work in public health in Australia.

The MHAHS is a very worthwhile service. It's good to have workers who can provide support to people from their community. Being able to provide information in a client's language is important. It makes it much easier for them to understand and is much better than having someone interpret it. Providing information on the MHAHS website in different languages also makes it easily accessible.

I like the way MHAHS works with communities. The Service asks communities what they need and how it can work with them. When the community calls and requests an information session, the MHAHS always organises them.

I worked on the African HIV project representing the MHAHS at community events and running information stalls. I've also supported a client who was living with HIV, which I found very interesting as I enjoy supporting people in need. I felt much rewarded when my client expressed that they felt supported by me. That's what I was there for.

My client work also gave me valuable outreach experience - I went to the client instead of the client having to come to an office. However, this work is not without its challenges. Arranging transport and having to travel long distances to see a client is time consuming, and the time we have to meet with clients is sometimes not long enough.

Looking after a client can be challenging and supervision gave me support. It allowed me to reflect on my feelings, how I dealt with situations, how I could do better by the client and also how to look after myself.

The training we get at the MHAHS is also very useful. It keeps me up-to-date with advances in treatment and prevention, and with what is happening around the world in relation to both HIV and hepatitis. We need this information to help our clients cope with their conditions.

I've worked with the MHAHS for four years and enjoy the opportunity it's given me to meet, work and share experiences with people from many different countries.



Strictly Beza

Today's young people are the first generation that has never known a world without HIV and AIDS. In Ethiopia, where more than half of the population is under the age of 24, cultural attitudes among the older generation towards sexual health issues are making it difficult for young people to arm themselves with the knowledge they need to keep themselves safe.

But one enterprising group of youngsters in Addis Ababa, the BEZA Anti-AIDS youth group, are determined to use their combined talents for music and dance to get messages about HIV prevention across to the wider public, and in particular to their peers. The youth group members, aged between 15 and 20, have founded a dance troupe called Addis Beza which means "to live for others". Addis Beza perform regularly in popular public spots around Addis Ababa, using the occasion to hand out information leaflets and to encourage people to get tested for HIV free-of-charge so that they know their status and can be treated accordingly.



The Beza youth group is one of just hundreds across Ethiopia supported by the Organization for Social Services for AIDS (OSSA), Ethiopia's largest NGO working on HIV, and is soon to benefit from an ambitious multi-country project called Link Up, managed by a consortium of international and national nongovernmental organisations.

At the youth club centre, as well as training long hours to familiarise themselves with the complex traditional dance moves, members also take it in turns to offer a drop in counselling service for young people and to give out free condoms.

Habtegoregies Hailu, better known as Habte, is the club's chairman and, knowing that most of his members have had no sex education at school or at home, is determined to help them navigate through their teenage years.

"We're going to save ourselves first, and then become a shelter for others who need protection," he says. "This is the start not the end for us, helping protect young people from HIV."

The club's regular debate session is always well attended by members and this month's topic - what is the right age to start having sex – has drawn quite a crowd. Opinion is fiercely divided but everybody gets the chance to express a view.

According to charismatic troupe leader Samson, 17: "We have to have sex, we strongly have to. Because number one we are created biologically with the need and second the Bible says to be reproductive so we have to fulfil God's word and use our body. What is it for otherwise!"

Wendimagegne is more hesitant: "I'm for waiting until marriage because we won't be able to handle the consequences. We're not knowledgeable enough at 16." It is Nbeteye's input that causes the youth group members to erupt into giggles: "We have to start now while we have the time, otherwise we're going to sit on the bed on our wedding day and just stare at each other. Why not practise now?"

Habte wraps up the debate by asking: "How much control do we have over ourselves, over our bodies? Marriage is not necessarily a timetable for having sex. While we're young it's OK to experience, but with one partner rather than lots. It's OK to jump in and enjoy life, but do we take responsibility for our actions? Enjoy life, but go and get information on how to enjoy it responsibly and carefully."

Samson is typical of the kind of young person that the club aims to attract. Now a model student taking an evening class in hotel management, he

was once branded a trouble maker and had a history of petty stealing. Brought up by his grandmother, his father died when he was a baby and he has no real knowledge of his mother. Remembering when he was younger, he says: "We got into fights with gangs from other villages, we had problems with the police and if I show you my head I have three cuts."



"After I joined Addis Beza, I got lots of benefits," he continues. "That benefit is not financial, but a change in my life. Although I joined for the dance I learnt lots of things. I did not have self-awareness until now and it has helped me to teach other people what I have learned. There is a big difference between the old me and the new me."

Samson has seen first hand the tragedy that HIV can hold for young people if they do not have the knowledge they need to understand how to manage the virus. His friend Abel took his own life on discovering that he was positive, too frightened to reveal his diagnosis to his family for fear of being rejected.

"If you catch HIV it means that everyone will discriminate against you," Samson says. People will think that you can't live with anyone, that it is an alien disease. [Before joining the youth group] the opinion I had is that it's not even possible to eat together. Our families used to say that it's a punishment from God.

"I did not have any knowledge and didn't know its methods of transmission, but I have learned how to practise safe sex, when I should start

sex, what I need to do after sex if a woman gets pregnant."

Over the course of the next three years, the Link Up project will reach more than one million young people aged 15-24 by implementing tailored HIV and sexual and reproductive health interventions to increase uptake and access to services and reduce unintended pregnancies, new HIV infections and HIV-related maternal mortality. In Ethiopia the initiative aims to reach 140 000 young people to improve their sexual health.

With young people aged 15-24 accounting for 40 per cent of new HIV infections globally, Samson and his fellow dancers are playing their part as duty bearing citizens. "I want to make Ethiopian culture known to the world," he says proudly. "Here we say that we are the light in a big pot, we want to be the light for others."

www.aidsalliance.org. Accessed 15 Jan 2014



EUROPE

Viral hepatitis more deadly than HIV

Mortality from viral hepatitis is significantly higher than from HIV/AIDS across EU countries.

The Global Burden of Disease Study 2010, showed there were more than 10 times as many deaths due to viral hepatitis as there were HIV-attributable deaths. Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) are estimated to have caused nearly 90 000 deaths that year in the EU (HCV nearly 57 000 deaths, HBV nearly 31 000 deaths), while there were just over 8000 deaths from HIV/AIDS.

The higher mortality from viral hepatitis than from HIV/AIDS in the EU means that hepatitis B and C must clearly now be counted among the top global and local priorities for health.

European Association for the Study of the Liver 11.4.14

The Partner study

Researchers have provided interim results from the Partner Study, which is the second large study (the first being HPTN 052) of serodiscordant couples (where one partner is HIV positive and the other HIV negative) and whether people with HIV become non-infectious if they are taking antiretroviral therapy successfully. Among serodiscordant couples, the Partner study has not found any cases where someone with a viral load under 200 copies/ml transmitted HIV, either by anal or vaginal sex, after two years of the study.

Aidsmap News 4.3.14

AUSTRALIA

Barrier to treating HIV removed

A regulatory barrier, preventing some people from starting HIV treatment early, has been removed. The amendment has been welcomed as a major step forward in the fight against HIV and gives all Australian HIV positive people the option to start HIV treatment when they choose to do so.



Prior to the amendment, the Pharmaceutical Benefits Scheme (PBS) prescribing criteria did not allow people with HIV, who showed no clinical symptoms and had higher CD4 counts, to receive PBS-subsidised treatments. It is estimated that around 200 patients a year will benefit from the decision.

ACON eNewsletter 20.12.13

ISRAEL

Free TB/HIV treatment

Israel's Health Ministry announced that any individual living in the country, regardless of citizenship, that has HIV, AIDS, or TB would receive free treatment to help alleviate the worldwide TB epidemic.



People with HIV are at a higher risk of contracting TB because their system is compromised. Nine centres throughout Israel diagnose and treat people with TB. Like the rest of the world, TB resistance to current antibiotics is increasing in the country. To combat further resistance and ensure adherence, health workers at the TB centres hand the TB pills to the patients and watch them swallow the medication.

CDC Prevention News 24.3.14

GEORGIA

Program to curb hepatitis

A new program to provide low-cost hepatitis C medicines for 10 000 of the nation's citizens and free treatment for prison inmates has been announced. The program will screen 12 000 prisoners and treat the 500 most serious cases this year, adding another 500 patients in 2015. The government has also begun registering members of the public so it could select people to receive reduced-cost medications. Applicants submitted diagnosis, previous test results, and recommended course of treatment to a commission that would rule on discounts.

CDC Prevention News 14.2.14

SOUTH AFRICA

Highest number of new HIV infections worldwide

HIV prevalence among South Africans rose to 12.2 per cent in 2012 (6.4 million HIV-infected people) and had the highest HIV incidence in the world, according to the Human Sciences Research Council (HSRC). The highest incidence occurred among black Africans (15 per cent), "coloured people" (3.1 per cent), Indians or Asians (0.8 per cent), and whites (0.3 per cent). Black Africans were more likely to live in rural areas with less access to preventive health. The HSRC has urged that prevention strategies should align with underlying sociocultural norms in the affected communities.

CDC Prevention News 2.4.14

PAKISTAN

Netherlands to help set up ART units

A new two-month residential facility to treat HIV-positive, drug-addicted patients opened recently in Pakistan. The first Antiretroviral Adherence Unit (AAU), which will house 100 residents is supported by the Netherlands Foreign Affairs Ministry and the Mainline Foundation.

AAU is located near Islamabad in the Himalayan foothills. It provides holistic services, including counselling and medical treatment to HIV-positive patients who use drugs and need ART treatment.

CDC Prevention News 18.3.14

NSW HIV Strategy 2012-2015. 2013 annual data report

In 2013:

- 357 people newly diagnosed with HIV infection were notified in NSW. This represents a 13% decrease in comparison to 2012. In 2012, there was a 24% increase in notifications compared with 2011.
- 40% of NSW residents newly diagnosed with HIV infection had evidence of early stage infection, a lesser proportion than that reported for new diagnoses in 2012 (47%) and 2011 (50%).
- HIV testing increased both overall in NSW, and among high risk populations. Of note, testing increased in key inner Sydney city areas and in Western Sydney.
- Data from public sexual health and HIV clinics indicate that approximately 90% of people living with HIV who attended these services in 2013 were on antiretroviral treatment.

For the full report visit www.health.nsw.gov.au/endinghiv



PROJECT NEWS *Cont. from page 2*

Clinical issues - Effie

It's mid-way through 2014 and we've had nine new referrals for clients from Arabic, Burmese, Greek, Iraqi, Malaysian, Serbian, Thai and Russian language groups.

We've also had seven HIV Health Undertakings for people born in Britain, Burma, Indonesia, Nigeria, Thailand, Tibet and the Virgin Islands.

A clinical training session was held on Saturday 17 May. Dr Virginia Furner, Director of Clinical Services, Albion Clinical Unit was the guest speaker. She gave an interesting and informative presentation on HIV, fertility and pregnancy choices. The feedback from the co-workers who attended was very positive.

As you know, Dash has been on leave and is due to return in early August.

I'm also taking extended leave and will be back in July 2015. I would like to thank all the clinical co-workers for your hard work and commitment, and look forward to seeing you again next year!