



MULTICULTURAL HIV  
AND  
HEPATITIS SERVICE

A statewide service hosted by  
Sydney Local Health District

# MHAHS NEWS

Issue No 29 | Winter 2017 | Co-worker newsletter

## EDITOR'S MESSAGE

Welcome to the Winter edition of MHAHS News.

Thank you to everyone who attended the co-worker staff meeting on 21 March night and for your interaction with the guest speakers.

Please remember that you are required to email your work hours to the MHAHS at [cowork@sswahs.nsw.gov.au](mailto:cowork@sswahs.nsw.gov.au). Work hours must be reported within 24 hours of the work being completed and no later than midnight on Sunday. Late reporting of hours will result in a delay in payment. Please refer to the Co-worker Handbook, page 10 or visit the new MHAHS website MHAHS Co-worker section.

**The new MHAHS website** is a great place to visit for information about co-worker meetings, events and updates. Find the new staff section button at the top right corner of the home page. All the log-ins are the same. The new website is updated regularly with campaigns, news and resources.

**Changed address?** Make the change through StaffLink to inform Human Resources, but it is also very important to let us know. Please advise me of any changes to your personal circumstances like overseas travel, phone numbers, starting a new full-time position or being unavailable for us due to other reasons.

I wish you happy reading, and look forward to seeing you at our next staff meeting in September.

*Riza*



*Find co-worker news and updates on the new website*

### NEWS - Goings

Health Promotion Officer, **Marina Suarez**, has resigned from MHAHS to open a new chapter in her life and has started practicing as a psychotherapist. We thank her for many years of invaluable contribution!

Best wishes and farewell to **Heesun Kim**, Korean speaking co-worker, who moved overseas and resigned from MHAHS.

We wish them both all the best.

### Co-worker editorial committee

**Belinda Marchesiello** - Interviewee

**Nevine Gayed** - Interviewer /

Co-worker's Viewpoint



*Grace and Barbara at the March 2017 CW Staff Meeting*

**Multicultural HIV and Hepatitis Service**

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## Gaps found in HIV knowledge among CALD communities: Survey

MHAHS co-workers have helped to conduct a large survey which found gaps in knowledge about HIV among people from culturally and linguistically diverse (CALD) backgrounds in NSW. The survey was coordinated by the Kirby Institute at UNSW. It was conducted among six communities from Thailand, Cambodia, Zimbabwe, Ethiopia, Sudan and South Africa, all living in NSW. HIV in Australia remains concentrated among men who have sex with men, yet some cases are attributed to heterosexual sex. Of the heterosexual cases, almost 40% are among people born in, or with sexual partners from, high prevalence countries.

**To assess the level of HIV knowledge among these communities, people at community events in Sydney were asked to fill out a survey. Over 1000 people took part.**

Some significant gaps in knowledge about HIV were found, with only 21% of people able to correctly identify all five modes of HIV transmission. Most people surveyed were able to identify that HIV is transmitted by sexual intercourse, injection and blood transfusion. However, less than

half knew HIV could be transmitted through childbirth (42%) and breast feeding (49%).

The survey also looked at risk behaviour and HIV testing among people from CALD backgrounds in NSW. Overall, 64% of sexually active respondents reported they had a steady partner. Of those with a steady partner, 56% never used condoms. Of those with a non-steady partner, 28% reported always using a condom. Difficulty talking about condoms was a common reason for non-usage for both men and women and “condoms are unnatural” was a common response for men.

Just over half reported ever having an HIV test, with only one fifth of those tested having their test in the past year.

Most participants (69%) had seen their GP in the last year and 84% said their doctor was the place they sought treatment when sick.

**Attitudes were also part of the survey and most people held a positive attitude towards people living with HIV.** More than half felt that “it was not their fault, anybody can be infected”. There were some negative attitudes, with one fifth reporting that people living with HIV cannot have healthy children and it is their own

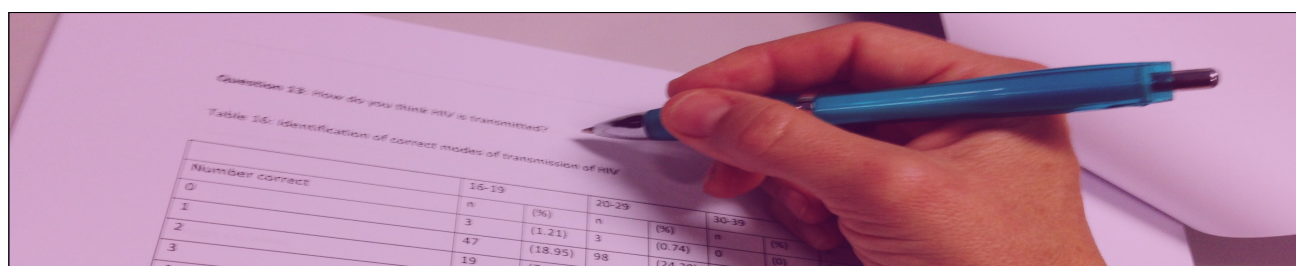
fault they have the disease. Around 15% thought that people living with HIV cannot safely have sex with anybody.

**Overall, the survey revealed both lower levels of HIV knowledge and condom use among CALD communities when compared to general population surveys.** As a result, researchers at the Kirby Institute made a number of recommendations. These included more collaboration between HIV services, multicultural health services, community-based organisations and services such as family planning. They also recommended targeted health promotions which are age, gender and culture-appropriate, in order to increase HIV knowledge, condom use and other HIV prevention such as pre-exposure prophylaxis (PrEP).

Researchers suggested training for GPs on how to identify and test more patients at greater risk of HIV. A general increase in HIV testing among CALD communities was recommended, by offering a range of testing options including testing at community events, subject to community consultation.

Source: The Kirby Institute, UNSW.

<https://kirby.unsw.edu.au/report/hiv->



## Viral hepatitis has increased worldwide, but childhood hepatitis B vaccinations and cheaper hepatitis C treatments provide hope

The World Health Organisation (WHO) has called for an urgent global response to viral hepatitis, as infections and mortality have increased worldwide. New research from WHO has found that 325 million people are living with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection, and most people lack access to life-saving treatment. Viral hepatitis caused 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and HIV. But while mortality from tuberculosis and HIV has been declining, deaths from hepatitis are rising.

There is some good news, with the recent WHO report showing that new infections of HBV are falling, thanks to increased coverage of HBV vaccination among children.



*A child is vaccinated in Merawi, Ethiopia*

Globally, 84% of children born in 2015 received the 3 recommended doses of hepatitis B vaccine. However, an estimated 257 million people, mostly adults born before the introduction of the HBV vaccine, were living with chronic hepatitis B infection in 2015.

Hepatitis B levels vary widely across regions with the greatest burdens in the African region (6.1% of population) and Western Pacific (6.2% of population). Access to treatment for HBV and

HCV is still low. China achieved high coverage (96%) for birth dose of HBV vaccines. Mongolia improved uptake of hepatitis treatment by including HBV and HCV medicines in its National Health Insurance scheme, which covers 98% of its population. In Egypt, generic competition has reduced the price of a 3-month cure for hepatitis C, from US \$900 in 2015, to less than US \$200 in 2016. In Pakistan, the same course now costs as little as US \$100.

Improving access to the hepatitis C cure received a big boost in March this year, when WHO prequalified the generic and cheaper form of sofosbuvir. This will enable more countries to produce affordable hepatitis medicines.

*Source: World Health Organisation, 21 April, 2017*

### Login to the new MHAHS website

The MHAHS website has been redesigned and is now live at the same address, [www.mhahs.org.au](http://www.mhahs.org.au). It is important that you regularly log-in to the staff area using the Staff Login button near the top right corner of the home screen. Here you will find photos, meeting dates and minutes, news and events and important information about HIV and viral hepatitis, and administrative updates.



**THE PACIFIC | 2017 | ashm.org**

**Study shows vulnerable populations in the Pacific**

Vulnerable populations in the Pacific region are currently not receiving adequate HIV services, according to a study conducted by UNSW and ASHM in nine countries; Kiribati, Tuvalu, Vanuatu, The Kingdom of Tonga, Samoa, Cook Islands, Palau, Federated States of Micronesia and The Republic of Marshall Islands. Despite low overall rates of infection, the region is vulnerable to an increasing HIV epidemic. This is due to inadequate data on key populations, limited awareness and understanding amongst policy makers of the epidemic's potential long-term impact, unsupportive policy and legal environments, inadequate health systems, presence of stigma and discrimination against certain vulnerable groups, and low levels of community capacity and engagement in the policy making and program implementation.

**ITALY | 9 May | aidsmap.com**

**Migrants face bigger barriers to HIV health care in Italy**

Undocumented migrants have lower rates of retention in care and lower levels of viral suppression after starting antiretroviral therapy compared to Italian citizens, research on a Milan health clinic has shown. Many of the migrants receiving care at the clinic were from Latin America, and many were transwomen. They faced a higher risk of stigma, poverty, social marginalisation, and psychological distress. In 2013, an estimated 27% of new HIV diagnoses in Italy involved migrants, a figure reflective of wider European trends.

**WORLDWIDE | 21 APRIL | who.int**

**WHO calls for urgent response to Hepatitis**

New World Health Organisation (WHO) data reveals 325 million people worldwide are living with chronic hepatitis B or C and the majority lack access to life-saving treatment. New infections of hepatitis B are falling, thanks to increased vaccination among children. Globally, 84% of children born in 2015 received the 3 recommended vaccination doses.

**BRAZIL | 4 April | thelancet.com**

**HIV burden greater in Brazilian transwomen**

Transwomen bear the largest burden of HIV among any population at risk in Brazil. The high proportion of HIV diagnosis among young participants in a study has pointed to the need for tailored long-term health-care and prevention services to curb the HIV epidemic and improve quality of life for transwomen in Brazil. Of 345 transwomen in the study, almost a third had no previous HIV testing and a third had HIV infection. Almost a third were diagnosed with syphilis.

**EUROPE | 1 June | news-medical.net**

**Less than half of EU countries have hepatitis testing policies.**

An estimated 9 to 10 million Europeans have been infected with the hepatitis B or C virus, yet less than half of EU countries have hepatitis B or C test guidelines (29% and 48% respectively), according to the European Centre for Disease Control. The remaining EU countries have either a number of policy documents where hepatitis B or C is included, or no testing policy at all. Half of EU countries have a policy on testing among people who inject drugs, while other key groups such as commercial sex workers, men who have sex with men and people receiving tattoos or piercings in unregulated settings were mostly omitted.

**UKRAINE | 3 May | [pulitzercentre.org](http://pulitzercentre.org)**

#### **Underground treatment network grows in Ukraine**

Although Ukraine's HIV epidemic continues to grow, those affected have access to prevention, treatment, and support. In 2017 Ukraine will finance opioid substitution treatment. Groups like the All-Ukrainian Network of People Living With HIV/AIDS continue their work and Ukraine's AIDS activists are determined to do everything they can to save the

**VIETNAM | 20 March | [aidsmap.com](http://aidsmap.com)**

#### **Vietnam needs to address barriers to HIV care for men who have sex with men**

Men who have sex with men in Vietnam risk being left behind as the country strives to achieve UNAIDS targets for HIV care, a new study has found. Health services need to provide better pre-test counselling, peer support and respect for confidentiality to help men accept an HIV-positive diagnosis and engage with treatment services. In 2014 Vietnam became the first Asian country to adopt the targets for 90% of people living with HIV to be diagnosed, 90% of people diagnosed with HIV to be on antiretroviral treatment, and 90% of people on treatment to have an undetectable viral load. There are questions about reaching these targets if 'key populations' continue to be marginalised and discriminated against in healthcare settings. In Vietnam HIV is concentrated in the key populations of people who inject drugs, female sex workers and men who have sex with men.

**WORLDWIDE | 21 April | [who.int](http://who.int)**

#### **Access to cheaper hepatitis C treatment brought about by the World Health Organisation**

In March the World Health Organisation (WHO) prequalified the generic and cheaper form of sofosbuvir. This will allow more countries to manufacture the cheaper form of the drug, greatly improving access to affordable treatment for many people living with hepatitis C.

**INDIA | 4 June | [timesofindia.com](http://timesofindia.com)**

#### **School girl with hepatitis B tops her year**

Despite suffering from hepatitis B, dengue fever and missing months of school, a student from Pune scored 99.4% in her high school leaving marks, the highest in the city. "I was hospitalised and missed school for three months. Support from my parents and teachers helped me," said Tejas Sable.

**ZIMBABWE | 14 Feb | [betablog.org](http://betablog.org)**

#### **The tide is turning on HIV in Zimbabwe**

In Zimbabwe, about 65% of the 1.2 million people living with HIV, are now virally suppressed. By comparison, the US also has about 1.2 million people living with HIV, with only 30% who are virally suppressed. Collaborations have allowed Zimbabwe to participate in important HIV prevention and treatment studies. Zimbabwe instituted a National AIDS Policy in 1999, started to make its own generic antiretrovirals, and established a 3% tax on all personal or corporate income, earmarked to support AIDS prevention and education activities.

**INDIA | 12 April | [cnn.com](http://cnn.com)**

#### **India moves to ban discrimination against people living with HIV**

Laws passed by India's parliament in April make it illegal to discriminate against people living with and affected by HIV. The ban is the first of its kind in south Asia and covers discrimination in the workplace, access to education, housing and health care, or the right to stand for or hold public or private office. The legislation also bans businesses and other public places from refusing entry to anyone with HIV. People living with HIV will not be required to undergo an HIV test, medical treatment or research without their consent. An individual will also have the right to not disclose their status unless they choose to or are required to by a court order.

## Media - Sonam

In March we supported the World TB Day campaign in the African, Chinese, Indian, Indonesian and Vietnamese community media. Highlighting the benefits of new HIV home tests such as Dried Blood Spot (DBS) tests, the campaign explored how TB and HIV often reinforce each other. The campaign registered five media pickups with a combined circulation of over 57 thousand copies. We also helped the Arabic Community Development Project roll out its hepatitis C media stories in priority Arabic media, successfully integrating email marketing elements throughout the MHAHS transition to the new website. The campaign is still underway at the time of reporting.

A large part of our time was spent preparing ahead for campaigns such as the World Hepatitis Day campaign in July and HIV Testing Week in June. This year we

focused on promoting DBS HIV Testing during the HIV Testing Week in the African, Arabic-speaking, Chinese-speaking, Indonesian, Filipino, Portuguese, Spanish, Thai and Vietnamese community media. We also provided co-worker spokespeople for media and other LHD initiatives.

As well as liaising with key partners, ensuring a successful transition to our new website in time for the above campaigns was an important part of our effort.



## Health Promotion - Marina and Denise

The partnership with ACON, Positive Life NSW and EPIC NSW has continued with the production of a PrEP wallet card in 7 languages. We also worked on an advertisement for Grindr (a hook-up app for gay men) also in the same languages.

In partnership with Sydney Sexual Health, Hepatitis NSW and SWOP (Sex Workers Outreach Project) we developed a plain English factsheet on hepatitis B, addressing the needs of Chinese and Thai sex workers, funded by SESLHD Multicultural Health.

We ran another hepatitis B education and outreach testing project at Navitas Hurstville. Two education sessions were held with approximately 60 people attending and testing is currently underway with 30 people registered. We also worked with Navitas Campsie and the SLHD Liver Clinic on a similar project. This included information sessions in English, Mandarin, Arabic and Vietnamese, followed by outreach testing clinics for hepatitis B and C and follow-up clinics.

Finally, we have been organising the CALD component of the 'Hep B. Could it be me' campaign. Promotional material is being printed and work with specific communities to promote "Ask. Test. Treat" messages is underway.

Thanks again to all co-workers involved in all these projects! Your contributions are really appreciated.

## Client Support - Effie, Dash and Donatella

**After much discussion around the Clinical Supervisors title there was a unanimous decision to change our title to Senior Social Worker. This is a more accurate and appropriate title and aligns us with similar positions in the sector.**

In May we had our first Clinical Co-worker training. Brett Dubois, one of the wonderful nurses from RPA Sexual Health Clinic, outlined HIV and new treatments and led a discussion on PrEP and its effects on behaviour. Christy Newman from Centre for Social Research in Health (CSRH) spoke about documenting stories of family life in the context of HIV, hepatitis B and hepatitis C. She would like to interview people about how they involve family members in their health decisions. The researchers are interested in interviewing family members too. If you or your client is interested in being part of the research, please contact one of the Senior Social Workers.

We have 17 new referrals for clients who speak Thai, Mandarin, Vietnamese, Khmer, Hindi, Karen, Bahasa (Indonesia) and Spanish - a substantial increase. Our Health Undertakings have been slower, with 5 from India, Canada, Tanzania and the United Kingdom.

Thank you for all your continued hard work and commitment!

## Community Development

### Arabic Hepatitis C Project - Faten

Since the beginning of this year, the project managed to deliver eight education sessions with 157 participants with two more to come.

In consultation with one Clinical Nurse Consultant from the Department of Gastroenterology at Liverpool Hospital, the project organised an education session about hepatitis C for the Arabic Workers Network at Arab Council Australia in April. The project also delivered an Arabic Cultural Awareness session to 21 staff members of the Newborn Care, RPA Women and Babies Department, aiming to make healthcare workers more aware of the sensitive issues in the Arabic culture and to break the barriers to effective communication with Arabic people. Our co-worker Layla Najji and the project officer co-facilitated this session and received wonderful feedback from the participants and the head of the Department.

For our media work, the project focused on reaching the Arabic community through the print media and internet. Consequently, an article about launching the Arabic

interview series produced by MHAHS Arabic project was placed in the Arabic newspaper, Annahar, three times. In addition, two interviews with Dr Ramsis Gayed, a GP in the Liverpool area, about hepatitis in general and hepatitis C in particular, and two articles with the same topics were uploaded to MHAHS website. A promotional email designed by the MHAHS Media Officer with the aforementioned interviews and articles was sent to the community contacts network which supported the project in order to reach the wider Arabic community.



### Vietnamese Hepatitis B Project – Kim

In partnership with SLHD, SWSLHD, ASHM and the Vietnamese-Australian Medical Association, we organised two training sessions for GPs of Vietnamese background. The first was held at Bankstown Liberty Plaza in October 2016 with around 15 doctors and nurses. The second one was delivered at Marrickville in February 2017. The sessions went over time with positive outcomes. In the last 3 months, the project delivered five education sessions: Huyen Quang Temple at Bankstown, Multicultural Disability Services at Marrickville, CORE Community Services at Canley Heights, Bonnie Support Service at Cabramatta, and Catholic Care Carer Support Group at Cabramatta. The workshops were well received and evaluated positively.



## Belinda's experience



### **What's your family story?**

I come from Italy. In 2002 I met my husband, an Australian. We got married in Italy then lived in Europe for a while before moving to Australia in 2006. Now I live in Sydney with my husband, my two-year-old son and my cat.

### **What do you do outside the MHAHS?**

I am finishing a Masters in social work. I also work part time for a private counselling college. I support the students while they are doing their placement and check that all the course requirements are met. I support them while they are doing their work experience in counselling.

### **What made you join the MHAHS?**

I joined the MHAHS in 2010 when I was studying a Masters of Community Development at UNSW. One of my teachers announced there was a job, and I was interested to work in a community organisation. They were seeking people that speak Italian, Spanish, and other languages, so I thought that it would be a good start for me. I work with MHAHS and enjoy the different types of services they offer to clients and I enjoy being with my colleagues from different cultures.

### **What are your impressions of the service?**

The Service is very important because it covers a big gap in service provision for people from a CALD background living with HIV and/or hepatitis. I also enjoy attending all meetings held by MHAHS because I benefit from them especially when they cover HIV and hepatitis C and B and their treatment.

### **What do you think of the training provided by MHAHS?**

I enjoy attending the training because it keeps us updated about the many changes in managing HIV and viral hepatitis. It raises our awareness about our clients while we support them. It also allows us to connect with other co-workers and clients who are living with HIV/hepatitis, hear their experience, and benefit from it when we face the same situation with our clients.

### **What activities have you carried out for the MHAHS so far?**

I have supported clients using both English and Spanish. I have been involved in translating material in Italian. I participated in the Links to Learning Program. I presented at a conference on viral hepatitis. I was involved in World AIDS Day. I had an Italian radio interview. I have done community work with elderly Italian people. I have done a talk on hepatitis with an organisation for Spanish speaking pensioners. I spent a very fun day packing condoms for an event with another co-worker.

### **Tell me more about your client work**

I supported clients with hepatitis or HIV. Every client has a different story and different needs. I was giving emotional and practical support. Some clients in the beginning prefer that I accompany them to the GP/hospital because they are not comfortable to go on their own. Some other clients just need someone to listen, so we sit together for tea/coffee, while others need to think about the services we can offer them, so we sit together and brainstorm about what they need.

### **What do you get from Supervision?**

Supervision gave me feedback about my work and compared my services with other co-workers. I could seek advice from the clinical supervisors and from my colleagues.

### **What do you see are the challenges/rewards as a co-worker?**

*Challenges:* When you support clients, you also worry about them when you hear their story. You feel a responsibility and try to do your best to support them. Breaking the ice when you approach new clients is also a challenge. I try to listen to them first and start ordinary conversation like : "How're you doing?" to build a relationship with them. I do not try to impose anything and I deal with them in a respectful manner and gain their trust. When they are ready, they will start to talk about themselves.

*Rewards:* When you see that everything is going well with your clients. They're feeling better, more independent, they do not need your support anymore. They're in a better situation and they are discharged. Another reward is getting to know so many amazing people, supervisors, other workers, co-workers and clients alike.