NOVEMBER 2025

1ST EDITION VOL. 04

# PLWHNT

## PEOPLE LIVING WITH HIV NORTHERN TERRITORY

*Understanding the stigma barrier in Australia's HIV response*
*By Aaron Cogle & Carla Treloar*

World AIDS Day 2025
1 December
**No one left behind**

**Welcome to your magazine.**
Created by and for **People Living with HIV.**
TO **INFORM, INSPIRE,** AND **CONNECT.**

Produced by NTAHC's
Care & Support Program
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# WORLD AIDS Day 2025 1st December 2025 - Mark Halton

I'd like to thank His Honor Professor the Honorable Hugh Heggie AO, NTAHC Board Executive and Directors & Members Executive Director Gen Dally

Today, on World AIDS Day 2025, we gather to honor our past, acknowledge our present, and recommit to a future where no one is left behind.

For many of us, this day has always been more than a date on the calendar. It is a moment of remembrance a time to pause and reflect on the early days of the epidemic, when fear was high, information was scarce, and the losses were immeasurable.

We remember friends, partners, colleagues, and community members who are no longer with us. Their courage, their activism, and their refusal to accept silence helped shape the world we stand in today.

They fought for dignity, demanded access to care, and their advocacy paved the way for the treatments and support systems that now allow so many of us to live long and healthy lives.

We owe them more than memory - we owe them progress.
And yet, even with all we have achieved, we must ask a difficult and uncomfortable question: Why is it that after all this time, discrimination still exists?
Why does stigma decades after the virus was first identified continue to stand in the way of testing, treatment, disclosure, and community connection?
Stigma today may look different than it once did, but it remains one of our greatest barriers. It still stops people from getting tested.

It still discourages people from seeking treatment. And internalised stigma continues to weigh on the shoulders of many people living with HIV often quietly, invisibly affecting mental health, wellbeing, and quality of life.

If we say, “No One Left Behind,” then we must mean it. It means ensuring every person regardless of where they live, who they love, or how they identify has access to testing, treatment, prevention, and support.

It means challenging outdated beliefs, correcting misinformation, and speaking up whenever we see stigma in our communities, workplaces, and health systems. It means remembering that HIV is not a moral issue it is a health issue.

We also must be honest about what drives stigma and discrimination.

It is driven by fear, by outdated beliefs, by silence, and by the lingering shadows of the past. It is driven when people do not have accurate information about HIV, about treatment, about transmission, or about the reality that people living with HIV can live long, healthy lives and cannot pass on HIV when on effective treatment.

Stigma grows when myths are allowed to stand unchallenged.
And so, we must also ask: whose responsibility is it to change society’s attitudes? The answer is simple - everyone’s. Governments, health services, educators, community organisations, media, workplaces, families, and every one of us has a role in replacing judgement with understanding, fear with facts, and silence with compassion.

Quote:
“The way forward: is a call for a comprehensive response
As we continue to grapple with this issue, it is clear that our current approach is insufficient. The National HIV Taskforce has outlined several key recommendations for addressing stigma, including engaging with policymakers, healthcare professionals, and community organisations to better understand and combat stigma at every level.

To make real progress, we must move beyond surface-level campaigns and take a deeper, more strategic approach to understanding the drivers of stigma.
This means investing in long-term research, building cultural competency in healthcare settings, and advocating for legal reforms that reflect the latest scientific evidence on HIV transmission.

We have a responsibility to act, to invest in research, and to create effective, long-lasting solutions. If we fail to confront stigma head-on, we may find that the goal of eliminating HIV transmission remains out of reach.

But if we succeed, we will not only change the trajectory of the epidemic in Australia but also set a precedent that can guide global efforts to eliminate HIV stigma once and for all.”

By CEO Aaron Cogle NAPWHA & Professor Carla Treloar - Centre for Social Research in Health and the Social Policy Research Centre.

Taking into consideration this year's theme 'No one left behind'

We must recommit to supporting those from culturally and linguistically diverse backgrounds, including our Indigenous community members living with HIV for whom navigating the health system can be complex.

We recommit to uplifting every voice, especially those who have been silenced for too long.

In closing:
We honor those we lost by fighting for those who are here today.

On this World AIDS Day, let us move forward with purpose, compassion, and truth. Let us ensure that "No One Left Behind" is not just a theme, but a reality.

Thank you.






Photos taken during the World AIDS Day Stall & the event at Government House
1. NTAHC Executive Director Gen Dally. 2. Paul Turner & Mark Halton 3. His Honor Administrator Professor Hugh Heggie & Life Member Crystal Johnson . 4 & 5 World AIDS Day Stall. 6. Mark Halton.

*Next the speech was given by Del Batton (NTAHC Board Member & National Convener for Positive Women Australia)*

Good evening
Thank you His Honor Professor the Honorable Hugh Heggie AO, for inviting us here today and to those who have joined us on World Aids Day to show support for people living with HIV, to commemorate those lost to the epidemic and raise awareness about HIV treatment, research and prevention.

The Australian theme for 2025 is No One Left Behind. This theme acknowledges the challenge of addressing inequalities in HIV prevention, testing, treatment and quality of life and is particularly relevant for us here in the Northern Territory focusing as it does on improving access and outcomes for Aboriginal and Torres Strait Islander communities, multi-culturally communities, and those in regional and remote areas.

The theme of World Aids Day 2023 - Inclusion, Respect, Equity - encouraged me to 'come-out' as a person living with HIV hoping to contribute to improved awareness that HIV is not just a gay male disease but a disease that can impact a very diverse community.

At that time, I acknowledged that the unique set of circumstances in the Territory requires careful design of communication strategies and support services.
We have made progress – lots of it. Greater recognition that health is more than medication is guiding improvements.

NTAHC has a new Positive Living NT Webpage supporting people living with HIV across the Northern Territory whether newly diagnosed or living long-term with HIV.

NTAHC is also presenting a fresh digital magazine created by and for people living with HIV in the Northern Territory. This magazine informs, inspires and connects, offering practical guidance, trusted resources and a strong sense of community.

One on One peer support from someone who has been there can make a huge difference to people living with HIV and Peer Support Groups for men, women and people living in Alice Springs contribute to social, emotional and cultural wellbeing.
But Darwin and Alice Springs are relatively small places where many living with HIV continue to live in silence and secrecy because of fear of stigma and discrimination.

Following my 'coming out' in 2023, in 2024, I took the opportunity offered by the ABC to talk about the National Day of Women Living with HIV. I also accepted an offer to contribute to a Stateline Report focusing on the implications of women living with HIV no longer being recognised as a priority group despite higher risks of late diagnosis and lack of specialised support.

Google Del Batton and HIV if you missed either of these. The feedback I received and continue to receive indicates to me the benefits of such exposure. Some people became aware that women can have HIV and many others became aware, for the first time, that HIV is no longer a death sentence.

As Mark has said, stigma remains one of the greatest barriers to testing, treatment and support contributing to impacts on mental health, wellbeing and quality of live for those of us living with HIV.

I would like to take this opportunity to thank Mark for the amazing contribution he has made to the progress made in the NT in recent years.

The new magazine and web page would not have happened without his dedication and commitment and the continuing support he provides via one-on-one support, and the facilitating of support groups makes an invaluable contribution to the social, emotional and cultural wellbeing of those of us in the NT living with HIV.

I would also like to acknowledge the assistance of James, the Communications Coordinator at NTAHC, in updating online information and to commend his increasing awareness of the messaging that is needed around HIV.

Until conversations with the general community challenge outdated beliefs, correct misinformation and call out stigma in workplaces, communities and health systems people will continue to live in silence and in secrecy.
Mark, Busi (our new women's support worker) and I take every opportunity to update knowledge of health workers and the broader community. But we cannot do it alone.

If we are to leave no one behind, we need you all to join us in sharing the reality that once on treatment people living with HIV can live long and healthy lives and cannot pass it on.
Thank you.


Photos taken during the World AIDS Day event at Government House
1. Del Batton Speaking at Government House 2. Busi Kalemba Women's Social Inclusion Support Officer NTAHC & Del Batton
3. Accalia and Life Member Marcus.

**DARWIN**

## WOMEN'S SUPPORT

## SOCIAL INCLUSION GROUP

**To get involved or for more information, please email Busi**
Busisiwe@ntahc.org.au

*Executive Director NTAHC Genevieve Dally speaking at World AIDS Day - Government House Darwin Dec 1st 2025 In the background is His Honor & Administrator Professor Huge Heggie AO*


Genevieve Dally NTAHC Executive Director

Today, on World AIDS Day, we gather under the theme “No One Left Behind.” It reminds us that while Australia has made significant progress in HIV prevention, treatment, and care, not everyone experiences these advances equally.

Even within our own country, access to testing, treatment, and culturally safe support can vary depending on where you live. For people in remote and regional areas—including across the Northern Territory—distance, limited services, stigma, and resource gaps can make what should be simple, far more complex.

These inequities are real, and they are preventable.
But the picture is even more stark when we look beyond our borders. Many countries still struggle to access even the basics of HIV care—regular testing, reliable treatment supply, viral load monitoring, or community-based support.

For millions of people worldwide, the tools that make HIV a manageable condition here in Australia remain out of reach. This is not just a health issue; it is a matter of global equity and justice.

Today, we honour those we’ve lost, celebrate the progress we’ve made, and recommit ourselves to the work ahead. Because whether in a remote community in Australia or a country still fighting for the essentials of HIV care—every person deserves dignity, access, and the chance to live well.

On this World AIDS Day, we reaffirm our shared responsibility to ensure that no one—absolutely no one is left behind.
Thankyou. Genevieve Dally

Gen also talked about a recent incident where a person living with HIV was deigned accommodation from a service provider. Fortunately this was resolved after some intervention had taken place.

## Understanding the stigma barrier in Australia’s HIV response:

A call for action

By Aaron Cogle - Executive Director NAPWHA and Carla Treloar, Scientia Professor

For over four decades, the fight against HIV stigma in Australia has been an ongoing challenge for those in the HIV sector. Since the early days of the epidemic, there has been a concerted effort to comprehend and respond to stigma – not only to understand what it is, but to uncover why it persists and why it remains one of the most formidable barriers to the elimination of HIV transmission. Tragically, despite years of efforts, stigma continues to plague individuals living with HIV, and the progress we have made in combating it has been limited.

### *The persistent stigma*

Positive people still face a pervasive, predictable stigma in nearly every aspect of their lives. From healthcare to the workplace, the media, and even personal relationships, the act of disclosing one’s HIV status can lead to exclusion, discrimination, and shame.

This stigma is not confined to certain corners of society. It can be seen in mainstream conversations, where misconceptions such as the need for mandatory HIV disclosure before sex, the criminalisation of HIV transmission, and even the notion that certain people ‘deserve’ HIV persist.

Look at any online discussion surrounding HIV, and you’ll likely encounter a wave of hate, misinformation, and misguided opinions. And yet, the efforts to tackle this stigma have not had the desired impact.

Despite years of awareness campaigns, stigma remains deeply embedded, and those living with HIV often resort to keeping their status hidden to protect themselves from prejudice.

### *The shadows of the HIV response*

Unfortunately, Australia’s HIV response has largely succeeded by forcing the issue into the shadows. HIV-positive individuals are often advised to seek care in specialist services where the likelihood of facing discrimination is lower.

While this offers a degree of privacy and protection, it also means that HIV remains hidden from the broader public and not fully integrated into mainstream society.

This siloed approach has also led to underfunded services, which struggle to provide comprehensive anti-stigma training to healthcare workers who are often overworked and underpaid. Without national coordination and sustained, long-term investment in anti-stigma initiatives, stigma continues to thrive, unchecked and unchallenged.

Campaigns aimed at raising awareness of HIV and combating stigma have been far too small, temporary, and isolated.

More troubling is the fact that many of these efforts have been based on assumptions about stigma that simply don’t hold up. For example, it’s a common belief that stigma arises from ignorance or fear – but the reality is far more complex.

## *The flaws in current campaigns*

Public awareness campaigns, while well-intentioned and visually appealing, have largely failed to reduce stigma in any meaningful way. This is not just the case for HIV. A review of mental health anti-stigma campaigns over 20 years shows that these have had weak- to no significant long-term effects (Walsh & Foster, 2020). Further, anti-stigma campaigns can deliver adverse effects in the general public such as unfavourable changes in beliefs, model the behaviour they are trying to discourage, and create resistance through compassion fatigue and desensitisation.

Among people living with a stigmatised condition, anti-stigma campaigns can exacerbate fears of stigma, prompt stigma flashbacks and increase guilt, shame and self-blame among other negative effects (Siegel & Yzer, 2025).

In HIV, campaigns receive widespread acclaim and positive feedback from HIV-positive individuals, despite bringing little to change the attitudes of those who harbour stigmatising views.

In fact, the very comment sections beneath these campaigns often reveal the extent of anti-HIV sentiment still present in society.

If these campaigns were truly effective, we would expect to see people retracting their stigmatising comments upon learning about U=U (Undetectable = Untransmittable) or other scientific advancements.

Yet this rarely happens. Instead, the hate continues to flow—sometimes even in response to the campaigns themselves. This persistent negativity hints at something crucial about stigma that we have yet to fully grasp. Our understanding of stigma is limited, and our responses thus far have been inadequate.

## *A shifting focus: Stigma and its social uses*

The question we need to ask is: Why does stigma persist, and why is it so resistant to change? Our efforts to understand stigma in depth have been hampered by a lack of robust data and research. For years, we've accepted the prevailing notion that stigma is rooted in ignorance, fear, or hate. But recent research suggests that the reality may be more nuanced —and that stigma may serve a social purpose for those who engage in it.

A recent marketing study commissioned by NAPWHA (National Association of People With HIV Australia) revealed an interesting insight: when presented with the U=U campaign, some stigmatisers became frustrated because the message contradicted their ability to stigmatise others.

For these individuals, stigma appeared to offer a form of validation—perhaps stemming from a desire to distance themselves from behaviours or lifestyles they considered immoral or shameful.

This insight challenges our traditional understanding of stigma as a response to fear or ignorance. Instead, it suggests that stigma is not just a social ill but something that can serve the interests of those who perpetuate it.

It provides them with a sense of control, a way to bolster their own sense of worth by denigrating others.

## *The role of the HIV sector: A misguided focus?*

In response to the pressure from communities to tackle stigma, some HIV organisations have shifted their focus to building resilience in HIV-positive individuals or promoting interventions aimed at reducing internalised stigma. However, this approach places the burden on those who are already suffering the consequences of societal discrimination. Asking people with HIV to overcome stigma on their own—without addressing the societal forces that perpetuate it—is unfair and unhelpful.

It also diverts attention away from the real issue: the people and systems that perpetuate stigma in the first place. Too often, interventions are aimed at the wrong target, and the root causes of stigma remain unchallenged.

## ***The way forward: A call for a comprehensive response***

As we continue to grapple with this issue, it is clear that our current approach is insufficient. The National HIV Taskforce has outlined several key recommendations for addressing stigma, including engaging with policymakers, healthcare professionals, and community organisations to better understand and combat stigma at every level.
To make real progress, we must move beyond surface-level campaigns and take a deeper, more strategic approach to understanding the drivers of stigma. This means investing in long-term research, building cultural competency in healthcare settings, and advocating for legal reforms that reflect the latest scientific evidence on HIV transmission.

## *A global responsibility*

Australia is in a unique position to lead the world in the fight against HIV stigma. If we can develop scalable, measurable interventions that are proven to reduce stigma, we will not only improve the lives of people living with HIV but also set a global standard for how to effectively address stigma in the context of public health.

The challenge is great, but the opportunity is greater still. With the right approach, Australia has the potential to create an HIV response that leads the way in stigma reduction and ultimately helps us move closer to virtual elimination.
This is the task ahead, and it is a challenge we must rise to meet.

## *Conclusion: The path to progress*

We have a responsibility to act, to invest in research, and to create effective, long-lasting solutions. If we fail to confront stigma head-on, we may find that the goal of eliminating HIV transmission remains out of reach. But if we succeed, we will not only change the trajectory of the epidemic in Australia but also set a precedent that can guide global efforts to eliminate HIV stigma once and for all.
The time to act is now.

# HIV Futures 11

A survey of health and wellbeing among people living with HIV.

**CLOSING VERY SOON**

2025

HIV Futures is the largest and longest-running study of people living with HIV in Australia. Running since 1997, the study undertakes periodic surveys of Australians living with HIV.

**About HIV Futures 11**

HIV Future is run by the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University.

The survey has been developed in consultation with HIV community organisations and it is officially supported by the National Association of People with HIV (NAPWHA), Health Equity Matters (HEM), and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).
Findings from the HIV Futures 11 survey are used to inform policy related to HIV in Australia and to shape service delivery.

We work closely with the HIV service sector to ensure that HIV FUTURES provides information of direct relevance to the needs and interests of this sector and their constituents.
We also use the findings to report to Australia's Department of Health and Aged Care on the National HIV Strategy's targets related to quality of life among PLHIV.

It is important that the HIV FUTURES survey accurately represents PLHIV in Australia in terms of the breadth and diversity and the range of issues relevant to living with HIV in contemporary Australia.
We are very grateful to people for taking the time to complete this survey.

https://redcap.link/futures11 - for more information

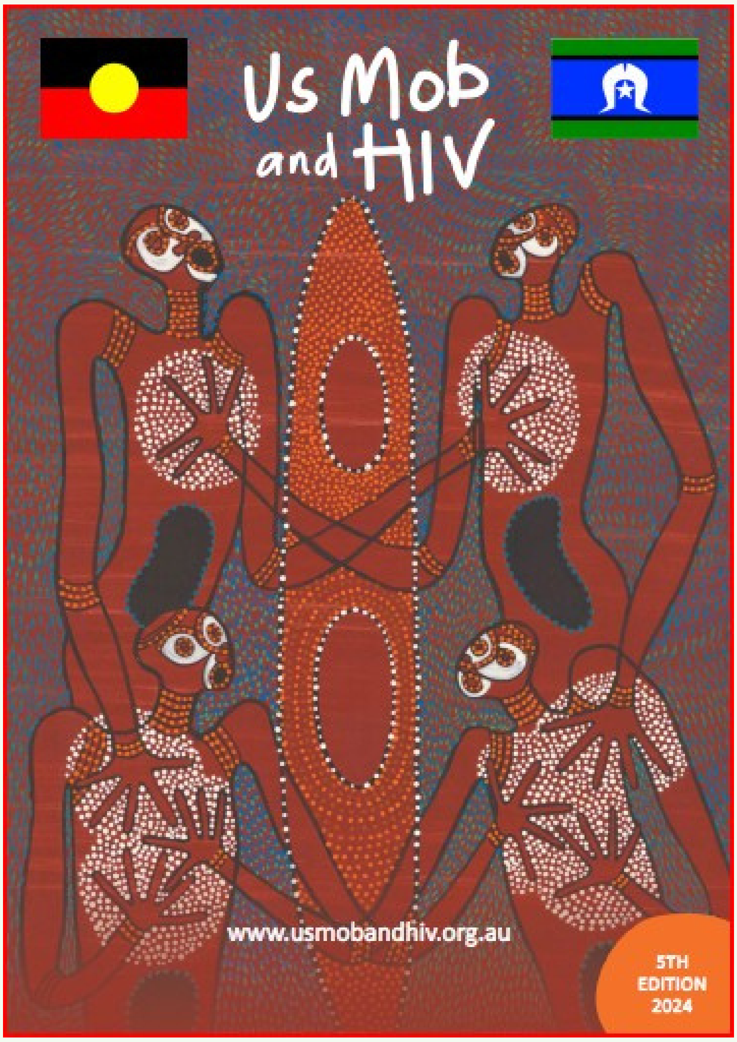
https://www.latrobe.edu.au/arcshs/work/hiv-futures-10 - review last survey Futures 10

HIVFUTURES11

A survey of health and wellbeing among people living with HIV

NOW OPEN

hivfutures.org.au



**Us Mob and HIV**
Artwork Aboriginal and Torres Strait Islander people should be aware that this booklet may contain names of people who have passed away.
Us Mob and HIV (5th edition) is for Aboriginal and Torres Strait Islander people.

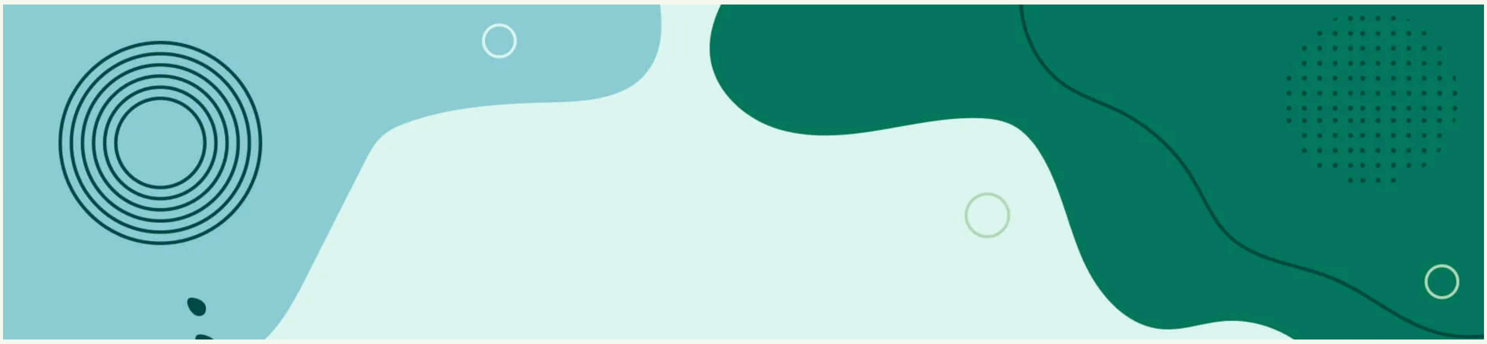
It contains information that deals with both men's and women's business. It was produced by Health Equity Matters in partnership with the Anwernekenhe National HIV Alliance (ANA). The first two editions of this booklet were known as 'HIV/AIDS and Us Mob'.

We recognise this resource may not represent all aspects of the diversity within Aboriginal and Torres Strait Islander communities and cultures.

Text from this resource can be changed or adapted to better suit the needs of Indigenous communities.

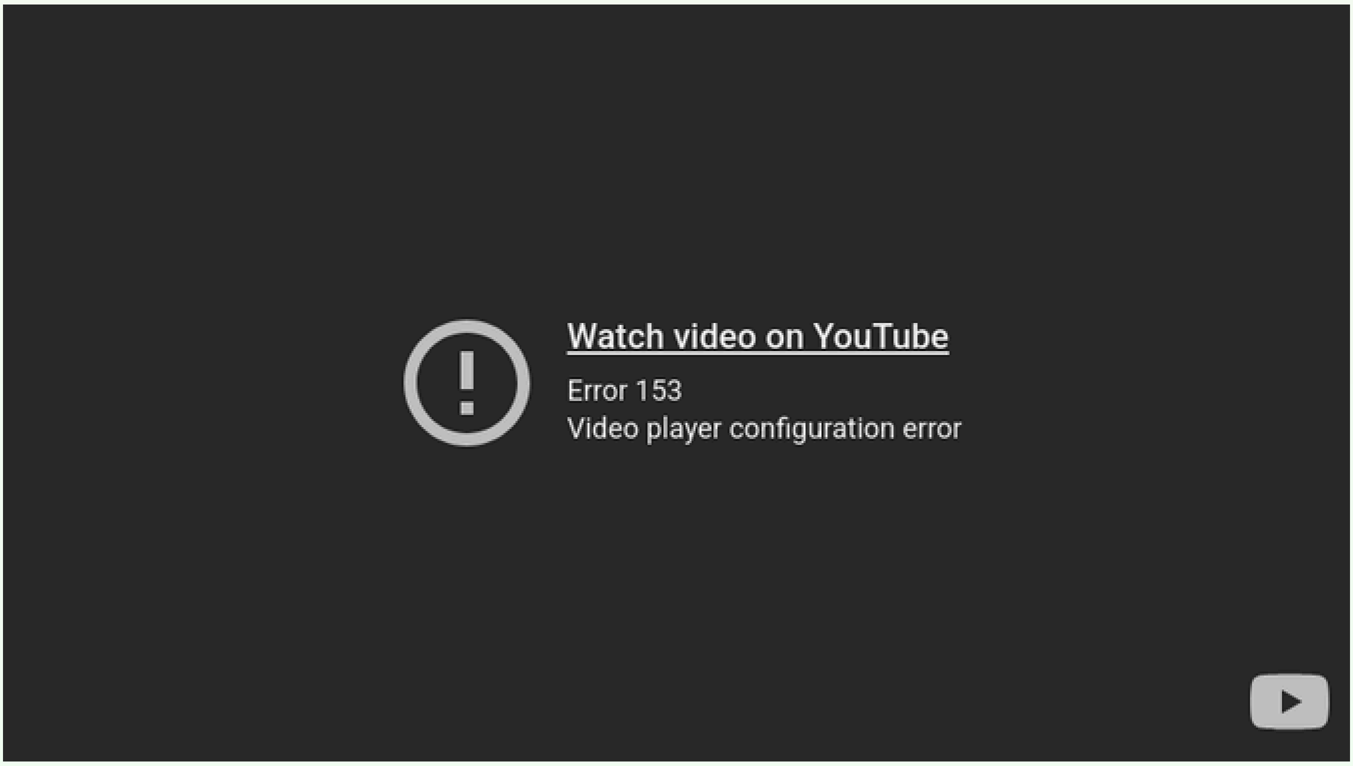
We acknowledge and pay respects to Aboriginal and Torres Strait Islander people as the traditional custodians of the lands on which we work.

Front cover: Arone Raymond Meeks Back cover: Toby Cedar Copyright remains with the artists. ISBN: 978 1 876469 75 7 (5th Edition) Us Mob and HIV June 2024 www.healthequitymatters.org.au



## About Positive Living

Published by the National Association of People With HIV Australia, Positive Living has been a trusted source of information for people living with HIV for over 30 years. It has taken many forms, a newsletter, a print magazine, and now a digital hub for news and long form journalism for and by people living with HIV



Watch video on YouTube

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national association of people with HIV australia

**Positive Living Articles**

Read the latest articles from our Positive Living digital hub for news and long form journalism for and by people with HIV.

NAPWHA

# Holistic Health & Wellbeing Approaches for People Living With HIV

Holistic wellbeing means supporting mind, body, spirit, and community — not just managing the virus. These approaches work alongside ARV treatment, not instead of it.
Speak with your HIV Dr about any concerns you may have in relation to these suggestions.

## 1. Mind–Body Practices

Mind–body interventions reduce stress hormones, improve emotional regulation, and support immune health.

### ✓ Meditation & Mindfulness

Research shows mindfulness can:

- Reduce anxiety & depression
- Improve sleep
- Lower chronic stress & inflammation

Simple practices:

- 5–10 minutes of mindful breathing
- Guided meditations
- Body scans

### ✓ Yoga & Tai Chi

Evidence indicates they improve:

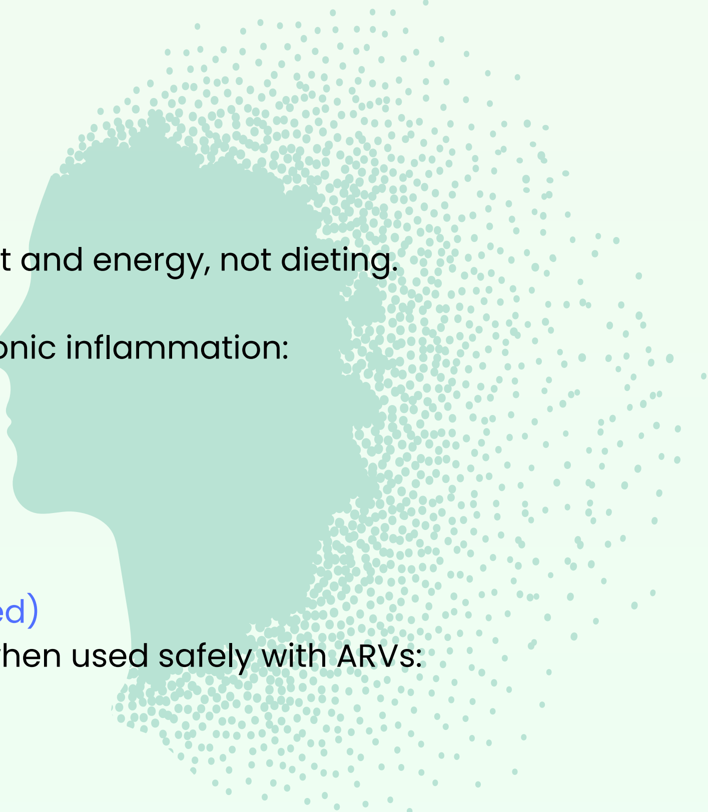
- Flexibility
- Mood
- Pain management
- Balance
- Overall well being

Even gentle chair-based sessions help.

### ✓ Breathwork

Slow, controlled breathing supports:

- Nervous system regulation
- Blood pressure
- Anxiety reduction
-



## 2. Nutrition + Natural Supports

Holistic nutrition focuses on food as nourishment and energy, not dieting.

### ✓ Anti-inflammatory foods

These help the immune system and reduce chronic inflammation:

- Colourful vegetables
- Berries
- Omega-3s (fish, chia, flaxseed)
- Nuts & seeds
- Whole grains

### ✓ Herbal therapies (cautious, evidence-informed)

Some supplements have supportive evidence when used safely with ARVs:

- Turmeric/curcumin for inflammation
- Ginger for digestion & nausea
- Green tea extract for antioxidants

But: Always check interactions with your treating HIV Doctor — St John's Wort, for example, interferes with many HIV medications.

✓ **Gut health**

Healthy gut microbiota supports immunity.
Prebiotics: garlic, onions, bananas, oats
Probiotics: yoghurt, kefir, fermented foods

## 3. Emotional & Spiritual Wellbeing

HIV is both a medical and psychosocial experience.

✓ Journalling or Diary

Helps process emotions, trauma, and track personal growth.

✓ Spiritual practices

Whether religious, cultural, or personal — spiritual connection:

- Builds resilience
- Reduces isolation
- Improves emotional wellbeing

✓ Art & Music therapy

Evidence shows creative expression supports:

- Mood regulation
- Trauma healing
- Sense of identity and purpose

4. Social & Community Connection

Holistic health emphasises belonging.

✓ Peer Support

One of the strongest evidence-supported interventions in HIV care.

Peers:

- Reduce isolation
- Improve treatment adherence
- Provide hope, identity, and shared understanding

✓ Community involvement

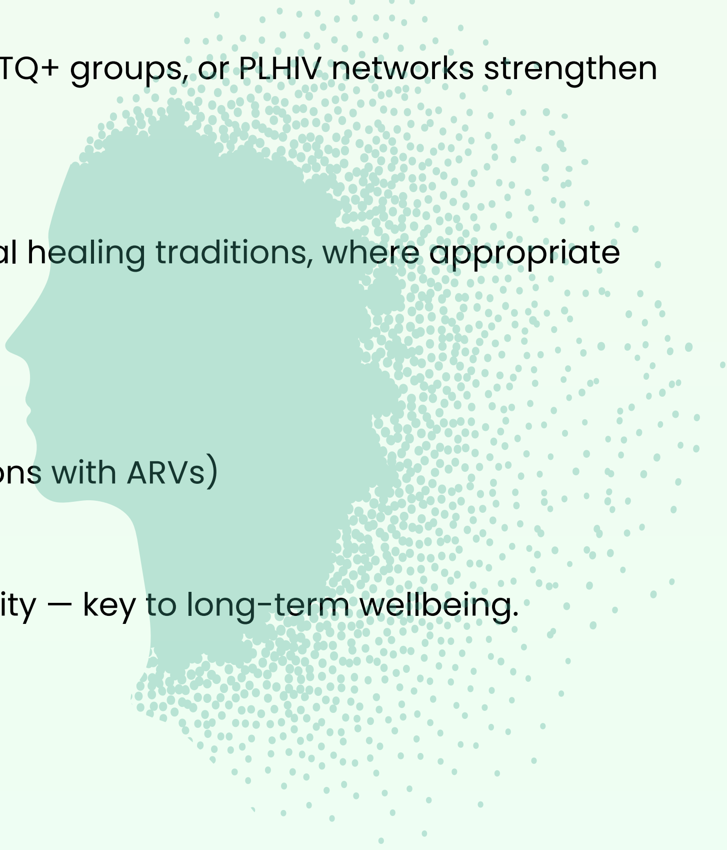
Volunteering, cultural groups, sports clubs, LGBTQ+ groups, or PLHIV networks strengthen social wellbeing.

## 5. Traditional and Indigenous Healing

Holistic care can include First Nations or cultural healing traditions, where appropriate and meaningful:

- Connection to Country
- Ceremony
- Storytelling
- Bush medicines (with attention to interactions with ARVs)
- Elders’ guidance
- Community-based healing circles

These support identity, belonging, and spirituality — key to long-term wellbeing.



## 6. Energy & Somatic Therapies

Evidence is emerging, but many people report benefits.

✓ Massage

Helps with:

Muscle tension

Anxiety

Sleep

Body image issues

✓ Acupuncture

Research shows it may support:

Stress reduction

Chronic pain

Nausea and fatigue

✓ Reiki or energy healing

While evidence is mixed, many find it calming and grounding.

## 7. Holistic Sexual Health

Sexual wellbeing is part of whole-person health.

Holistic approach includes:

Feeling confident about U=U

Managing body image issues

Healthy communication with partners

Exploring pleasure, not just risk reduction

Addressing trauma if relevant

## 8. Healthy Rhythms & Lifestyle Practices

✓ Routine and Structure

Predictability reduces stress and supports adherence.

✓ Nature connection

Evidence shows even 20 minutes outdoors:

Relieves stress

Improves mood

Supports mental clarity

✓ Healthy boundaries

Protecting emotional and social energy is essential for long-term wellbeing.

## 9. Prepare for Meaningful Ageing

Holistic ageing focuses on purpose, autonomy, and dignity.

Supports include:

Maintaining community links

Continued sexual health discussions

Creativity and learning

Planning for care preferences

Purpose-driven living

## Heterosexual Men’s Advocacy Network.

Our aim is to advocate for the wellbeing of heterosexual men living with HIV in Australia and Aotearoa New Zealand.
If you are a heterosexual man living with HIV, who might be interested to connect with other straight guys LWHIV.
Please be assured them that we pay careful attention to privacy and confidentiality. Registration essential via email: hetman@napwha.org.au
If you would need any clarification around this please feel free to call Anth on 0490 214 554 for a chat to learn more before taken the next step.
Kind regards Anth.

## Positive Asian Network Australia.

### How to join

Are you interested in joining PANA? This is open to all people living with HIV, of Asian-background, and living in Australia. You can find the registration form on the NAPWHA web site where you can fill in the form on line.
Any any queries or questions to email: **pana@napwha.org.au**

## Positive Latinx Australian Network (PLAN)

### How to engage with us

Are you living with HIV in Australia? Do you identify with a Latin American or Hispanic background? We would like to hear from you. We meet regularly to advocate on behalf of ourselves. Our social network will aim to provide a safe inclusive spaces and ways to connect with each other for social connection.

It is also a way to exchange conversations relating to HIV and general health – this includes talking about navigating the healthcare system in Australia.
email: **plan@napwha.org.au**

## PATSIN

**The NAPWHA-auspiced Positive Aboriginal and Torres Strait Islander Network (PATSIN) is a national membership-based group for Indigenous people living with HIV (PLHIV).**
For more information and how to engage with us **https://napwha.org.au/patsin/**
**https://napwha.org.au/wp-content/uploads/2021/06/UsMobandHIV_2021.pdf**

PATSIN works within Aboriginal Torres Strait Islander communities and service providers to represent the interests of Indigenous Australians. It exists to provide an outlet for exchanging experiences and knowledge about HIV, and to advocate for change at the community level.

PATSIN is committed to increasing education and addressing the high-level of HIV stigma within Indigenous communities.

# LIVING POSITIVE - Northern Territory

Out each month

## PLWHNT — People Living with HIV Northern Territory

PLWHNT is more than just a newsletter—it's a community lifeline. NTAHC's Care and Support Program is proud to present PLWHNT, a fresh digital magazine created **by and for people living with HIV in the Northern Territory**. This publication is designed to inform, inspire, and connect, offering practical guidance, trusted resources, and a strong sense of community.

**PLWHNT** is more than just a newsletter—it's a community lifeline. A fresh digital magazine created by and **for people living with HIV** in the Northern Territory.

**"Volume one out now"**

PLWHNT exclusively available to NTAHC clients living with HIV.

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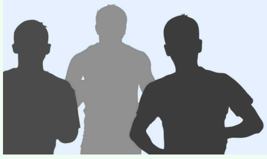
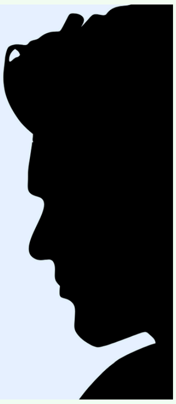
**DARWIN**

## MEN'S SUPPORT

## SOCIAL INCLUSION GROUP

**To get involved or for more information, please email Mark**

mark.halton@ntahc.org.au

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**DARWIN**

## WOMEN'S SUPPORT

## SOCIAL INCLUSION GROUP


**To get involved or for more information, please email Busi**

Busisiwe@ntahc.org.au

# U=U

## Undetectable = Untransmissible

When a person living with HIV is taking effective treatment and has an undetectable viral load, they are no longer able to pass on the virus through sex.

An undetectable viral load means that treatment has stopped the virus from replicating and the amount of HIV in a person’s blood is so low that it cannot be measured in tests.