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**Nil Disclosures to make**



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# Aboriginal and Torres Strait Islander community controlled health organisations' priorities for implementing the National Hepatitis Strategies

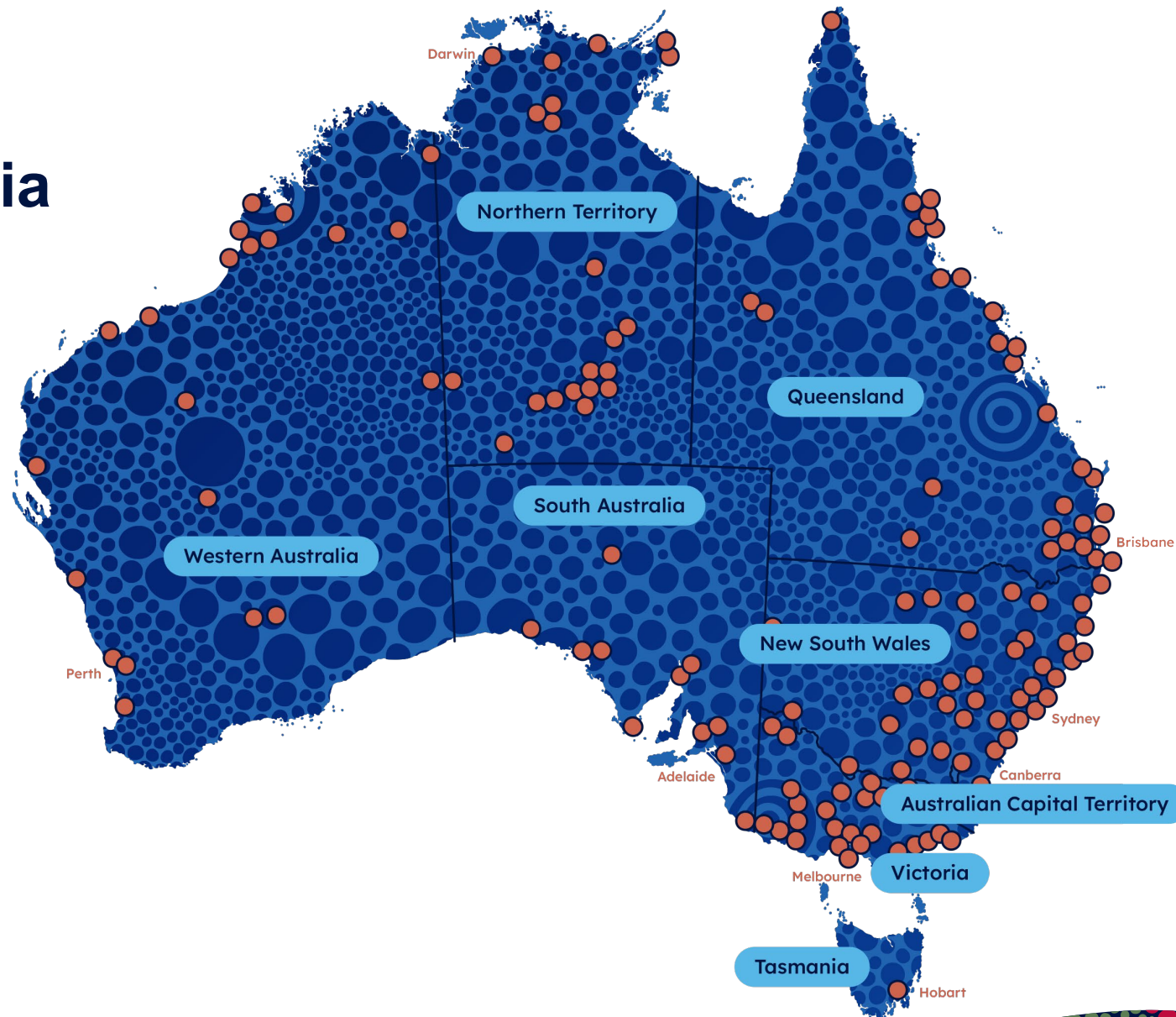
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# 148 NACCHO Member ACCHOs throughout Australia

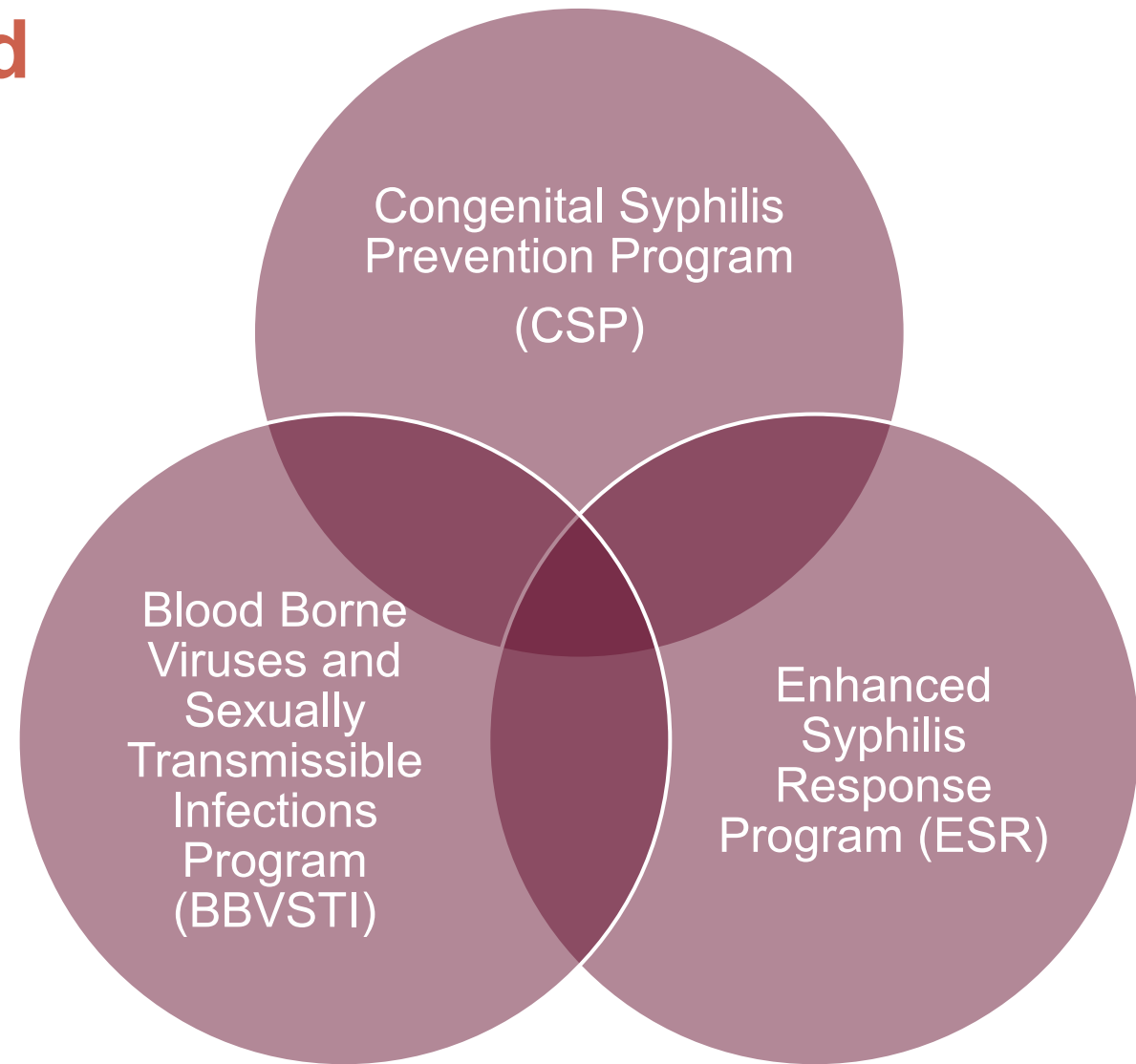
NACCHO is the national peak body for Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs)



Sources: NACCHO data; AIHW, Aboriginal and Torres Strait Islander Health Organisations: Online Services Report

# ACCHO-sector STI and BBV programs managed by NACCHO

- Three programs focused on STIs and BBVs – with two providing scope to engage communities on viral hepatitis
- All programs are funded by the Australian Government through the Australian Centre for Disease Control



# NACCHO Program model to address STIs and BBVs

- The funding for these Programs primary provides workforce
- Unified program objectives with ACCHOs determine how to deliver these effectively in their community
  - Education – schools; community events; to families & individuals
  - Prevention – needle and syringe programs; timely hepatitis B vaccinations
  - Testing – outreach; in clinic; pushing towards universal testing for hepatitis B
  - Treatment – prescribing direct-acting antivirals (DAAs) for hepatitis C; providing care in prisons and on release; monitoring and referring for treatment for hepatitis B
  - Support – access to NSPs, connection to care after leaving custody

NACCHO also acknowledges the highly successful Hep B PAST Model

# National Hepatitis Strategies

- The National Hepatitis B and C Strategies include equity thresholds
- This means that strategy targets are not met until they're met for priority populations as well as at the whole of population level
- This is an essential approach when we think about Closing the Gap



# National Agreement on Closing the Gap

## Four Priority Reforms:

1. Shared decision-making and partnership
2. Building the community-controlled sector
3. Transforming government and mainstream organisations
4. Shared data at the regional level

# Priorities under the Strategies

ACCHO sector leads the response to STIs and BBVs for Aboriginal and Torres Strait Islander people – **but we can't do it alone**

## Hep B

- We need to maintain high rates of hep B birth dose;
- support universal testing; people knowing their status, and if required access to vaccination
- expand models such as Hep B PAST

## Hep C

- In custodial settings: hepatitis C testing upon entry; harm reduction strategies in prisons; linkage to care on release
- In community: Raise awareness about risks of intravenous drug use; ensure access to health care and safe injecting equipment

# Priorities under the Strategies

We need to continue to do work to reduce shame and stigma, and deliver culturally appropriate care in all settings.

Continue to develop health literacy and community awareness of hepatitis.

Continue to invest in data and systems, to provide information for decision making, including prioritising cascades of care epidemiological models, in particular for hepatitis C.

Sustained and increased funding for Aboriginal and Community Control

# Final message

We can achieve the 2030 targets for Aboriginal and Torres Strait Islander people – we have the tools, but we aren't on track. We need greater investment, more effective partnerships, and prioritisation of Australia's first peoples to achieve it.

The sector can and does lead, but we all have a collective responsibility.





# Our health in our hands

[www.naccho.org.au](http://www.naccho.org.au)



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