

The evolving hepatitis C landscape – findings from stakeholder consultations for the NSW Hepatitis C Strategy

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Acknowledgement of Country

I acknowledge the Traditional Custodians of the lands that we are meeting here today. I pay my respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

I also acknowledge and pay my respects to our Aboriginal and Torres Strait Islander people/colleagues joining us today.

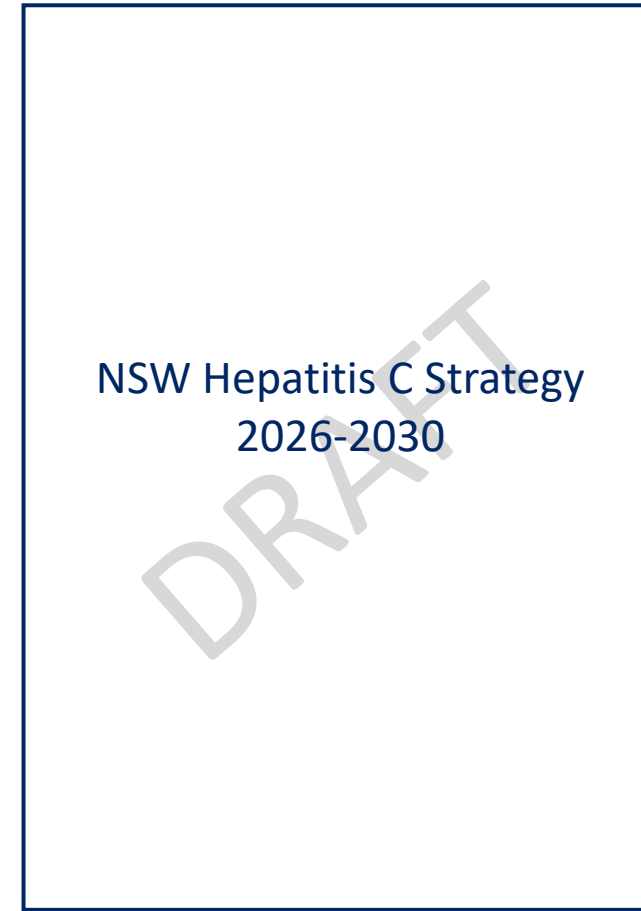
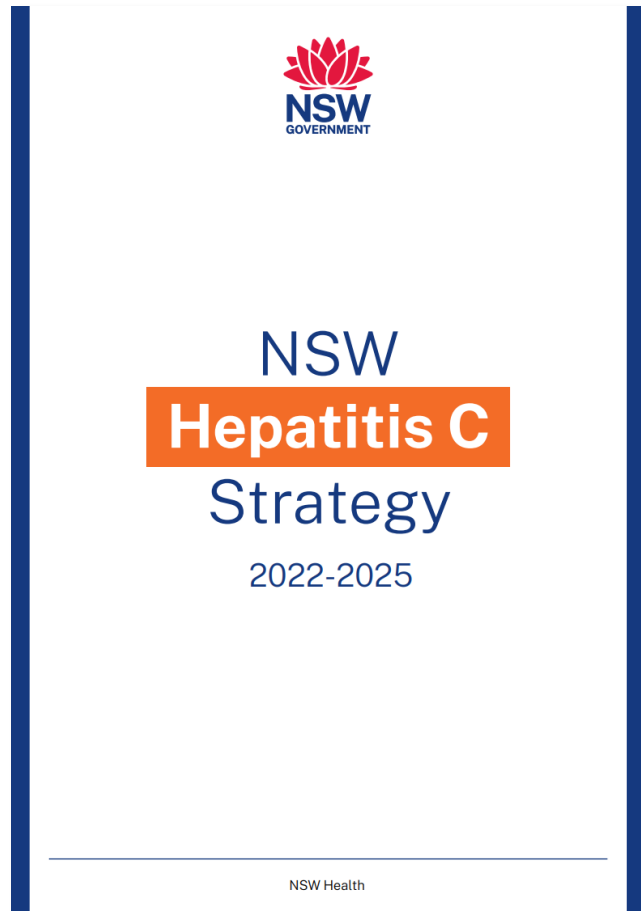
This artwork, titled Shared Journeys, was created by Charmaine Mumbulla. It features weaving lines of land and waterways found on Country throughout NSW. Together they symbolise connection and togetherness on a shared journey towards sexual health.

Disclosure of interest

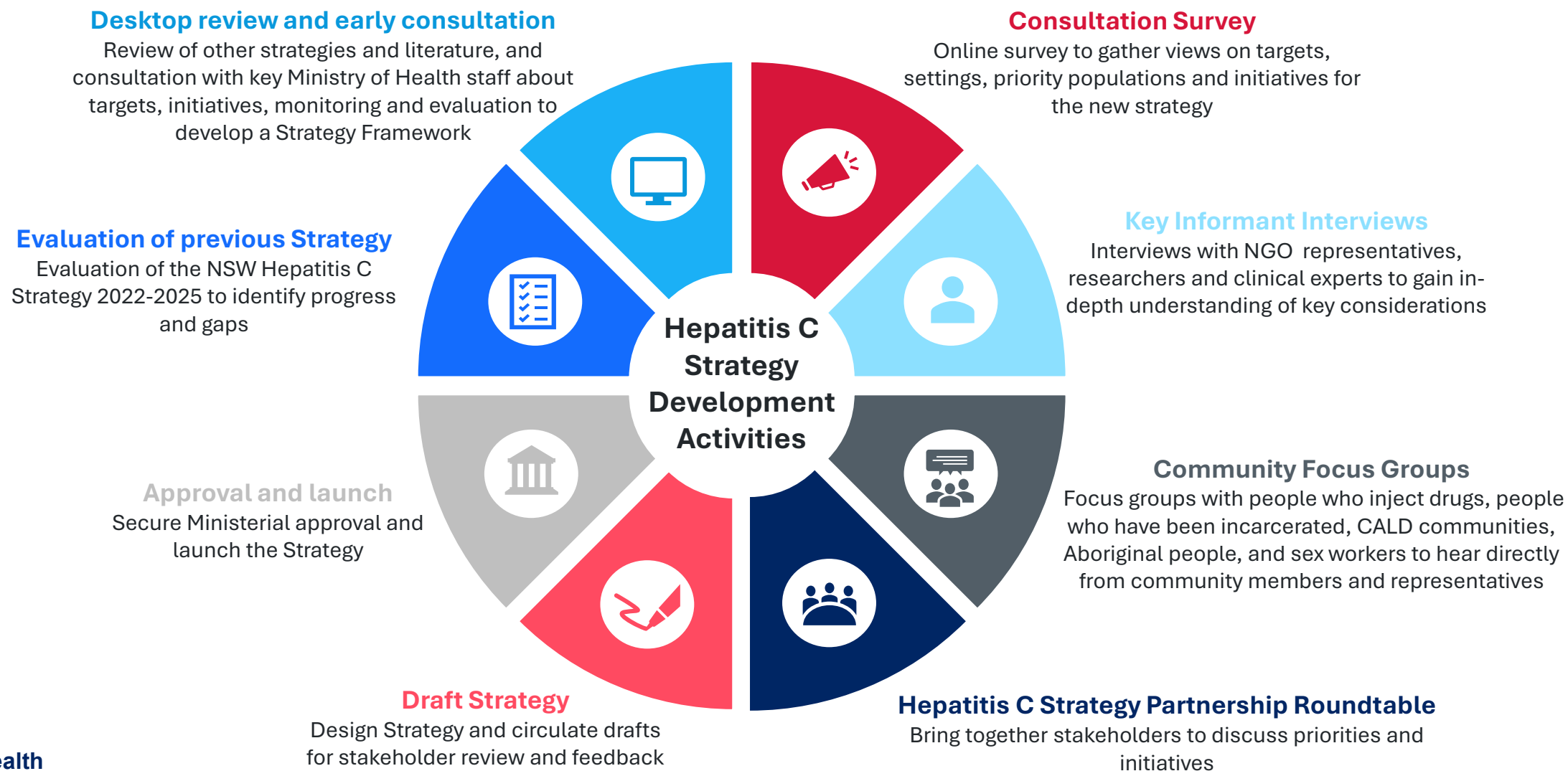


None to declare

Context



Strategy development activities



Consultation methods

Community focus groups

29 participants

People who inject drugs , people with a history of incarceration, Aboriginal people, culturally and linguistically diverse (CALD) people, gay and bisexual men, people living with HIV, sex workers

1

Consultation survey

84 responses (35 organisations)

Clinicians, program/project officers, researchers, peer workers, community health workers, data analysts, service managers, education officers.

2

Key informant interviews

11 participants

Health promotion / NSP workers (regional/rural and metro), researchers, clinicians (Nurse Practitioner, Staff Specialist, GP), NGOs (Hepatitis NSW, NUAA), Justice Health NSW

3

Roundtable

35 participants

Ministry of Health, Cancer Institute NSW, NSW Agency for Clinical Innovation, Justice Health NSW, NGOs (HNSW, NUAA, ASHM) peak bodies (RACGP, PSA), AH&MRC, UNSW, Liver Foundation, community representatives, clinicians

4

Consultation themes

1. The hepatitis C response needs to adapt to a **changing landscape**



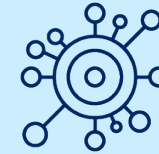
5. **Removing stigma** is a key priority for elimination requiring comprehensive and sustained approaches

2. Curable medication has been game changing but there is a need to focus on **making it more accessible**



6. A **holistic approach** is needed to support health beyond hepatitis

3. The hepatitis C response **must meet people where they're at**



7. **Reinfections** are a key challenge to address in the next Strategy

4. A sustained focus on **custodial settings** is crucial for elimination



8. **Regional and rural settings** require a different approach to metro settings

Conclusion and next steps



Conclusion

- The hepatitis C landscape is changing as we get closer to elimination.
- Approaches need to be more focused and strategic.



Next steps

- Collected and reviewed feedback on the first draft.
- Incorporate feedback into second draft.
- Two more rounds of feedback.
- Finalise and publish.

Developing the NSW Aboriginal Blood-borne Viruses and Sexually Transmissible Infections Framework

Castellano C , Stevens A, Lee D, Bourne C, Prain B, on behalf of the NSW BBV and STI Aboriginal Reference Group

Framework link: <https://www.health.nsw.gov.au/sexualhealth/Pages/NSW-Aboriginal-BBV-STI-Framework-2025-2030.aspx>

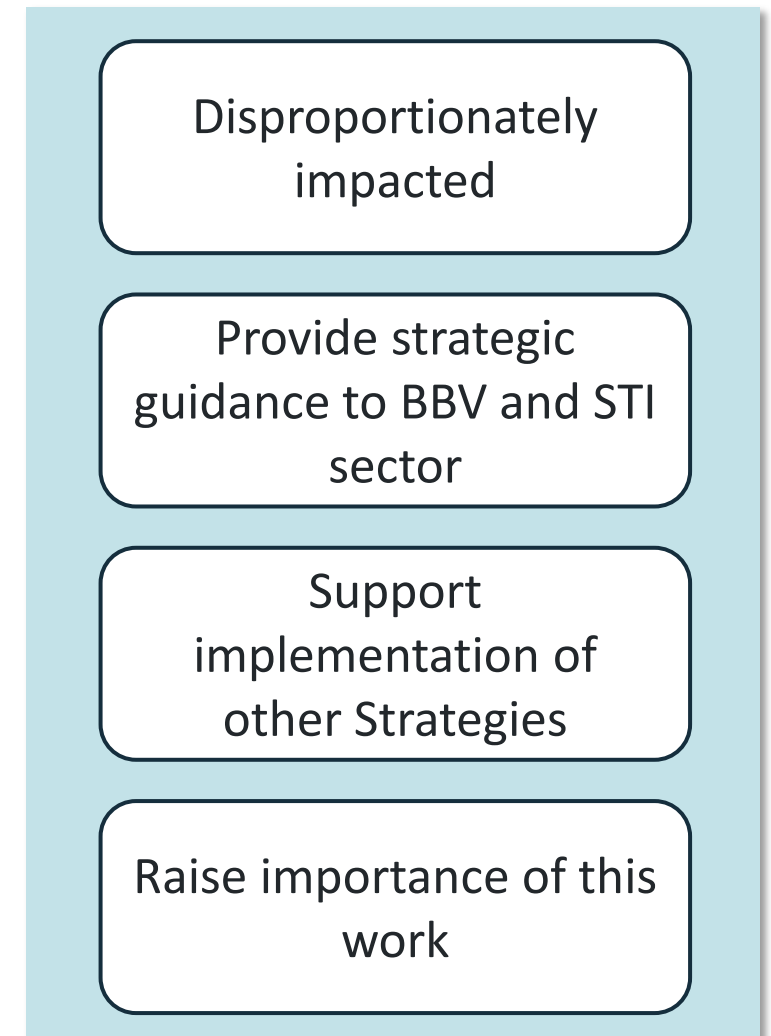
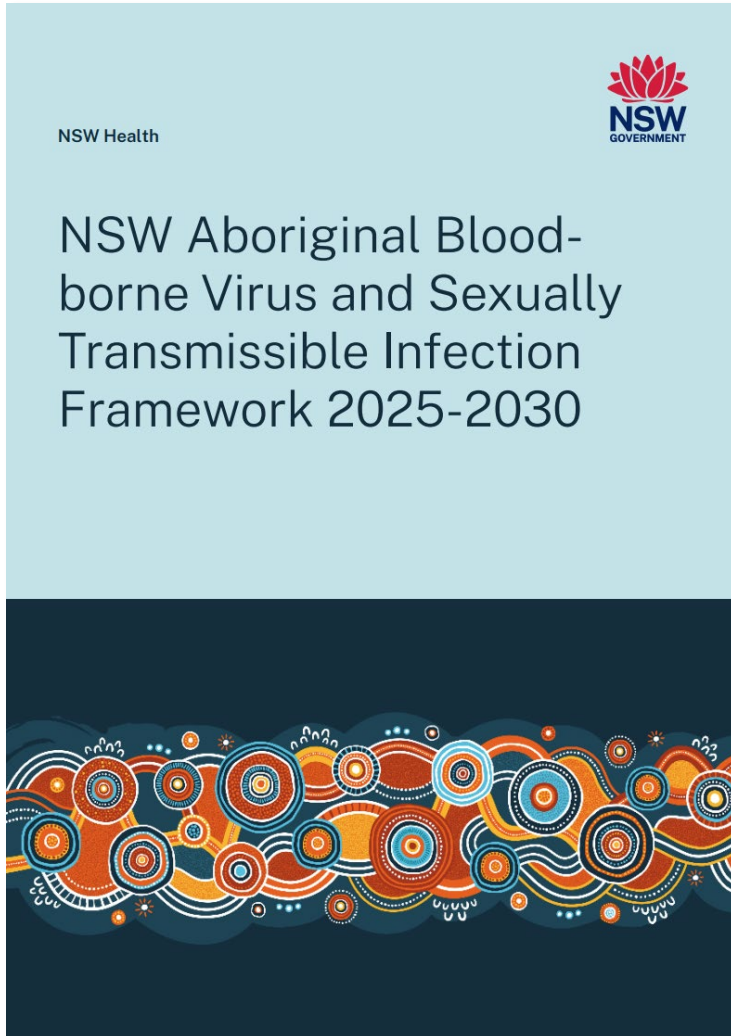
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Why do we need a Framework?



Commitments to ways of working



Culture at the centre

Recognising, respecting and elevating the cultural determinants of health and wellbeing and their restorative impact in the lives of Aboriginal people.

Self-determination

Recognising, respecting and supporting the principles and practice of self-determination, including collective decision-making for the future of Aboriginal people in NSW.

Cultural safety

Embedding cultural safety and addressing racism across all levels of the health system.

Truth telling and healing

Recognising and respecting the need for truth-telling by naming the reality and impact of colonisation, including both historical and current trauma, and supporting healing through trauma-informed care, allowing us to move forward together.

Equity

Recognising and addressing inequities that Aboriginal people and communities have experienced, and continue to experience, as a result of racism and other acts of marginalisation.

Everyone's business

The accessibility and quality of BBV and STI care for Aboriginal people is everyone's business.

Strategic priorities



Priority 1

BBV and STI
care that is free
from stigma and
discrimination



Priority 2

Culturally safe
BBV and STI
prevention and
harm reduction



Priority 3

BBV and STI
models of care
strengthened by
Aboriginal
workforce
leadership



Priority 4

Partnerships,
governance and
knowledge
sharing across
the BBV and STI
sector

Questions?