

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

### **Authors:**

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### **Background/Approach:**

Aboriginal people experience a disproportionate burden of blood-borne viruses (BBVs) and sexually transmissible infections (STIs), including viral hepatitis. In NSW custodial settings, over half of hepatitis C reinfections are among Aboriginal people. These disparities are a result of systemic barriers, and social, economic and structural inequities. In response, the NSW Ministry of Health developed the *NSW Aboriginal BBV and STI Framework* to drive a more equitable and strengths-based sector-wide approach.

**Analysis/Argument:** An Aboriginal Reference Group with representatives from organisations across the BBV and STI sector was established to lead development of the Framework. Guided by the *NSW Aboriginal Health Plan*, the Reference Group participated in interviews, small group consultations, and iterative consultation to shape the Framework's content and structure. The cultural knowledge, expertise and lived experience of Aboriginal members were fundamental in ensuring the Framework is relevant, culturally appropriate and grounded in experiences of Aboriginal people affected by BBVs and STIs.

**Outcome/Results:** The Reference Group identified commitments to ways of working that describe the principles and practices that guide how health services should be delivered: culture at the centre, self-determination, cultural safety, truth telling and healing, equity, and everyone's business.

There were also four key priorities identified to strengthen the BBV/STI system:

1. Care that is free from stigma and discrimination.
2. Culturally safe prevention and harm reduction.
3. Models of care strengthened by Aboriginal workforce leadership.
4. Partnerships, governance and knowledge sharing across the sector.

**Conclusions/Applications:** The Framework provides guidance on how viral hepatitis programs and services, and the broader BBV and STI sector, can better meet the needs of Aboriginal people in NSW. To improve health outcomes, there is a need for the BBV and STI sector to deliver culturally safe services by continuing to establish strong Aboriginal governance and elevate the role of culture, community and self-determination.

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