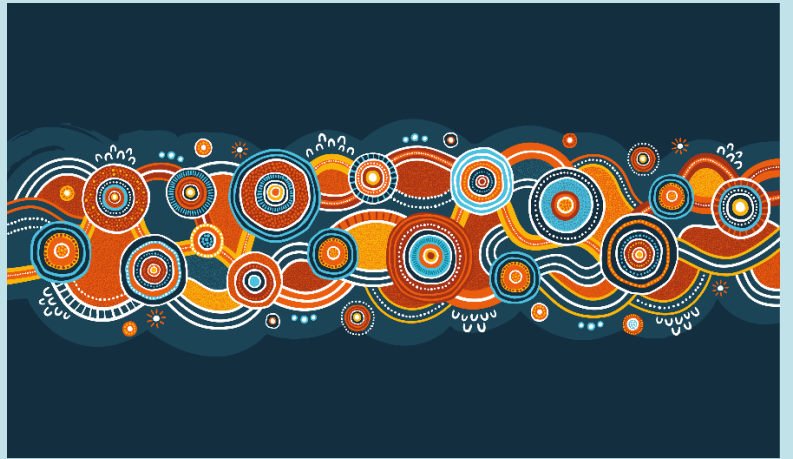


NSW Aboriginal Blood-borne Virus and Sexually Transmissible Infection Framework 2025-2030



The Artwork



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.

Acknowledgement of Country

The NSW Ministry of Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future.

In this Framework, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

Acknowledgements

The NSW Ministry of Health acknowledge the valuable support of the NSW Aboriginal BBV and STI Reference Group in developing the NSW Aboriginal BBV and STI Framework 2025-2030. We also thank other staff from NSW Health, Aboriginal Community Controlled Health Organisations and non-government organisations who participated in consultations to inform this Framework.

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Key definitions

Aboriginal Health

'Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.'¹

Cultural safety

The *NSW Aboriginal Health Plan*² defines cultural safety as 'an Aboriginal and Torres Strait Islander specific concept in Australia. It is an experience that Aboriginal and Torres Strait Islander peoples have and its presence or absence can only be determined by them.'³⁻⁶ A culturally safe environment for First Nations people is when their presence is welcomed and respected, experiences are believed and validated, cultures are centred and valued, knowledges and skills are recognised and supported, advice is listened to and acted upon and they do not experience racism in any form.⁵ Culturally safe care and services do not discriminate, are respectful, safe and enable meaningful communication and shared decision making. Cultural safety is defined by the individual interacting with the system and receiving care.'

Cultural safety also requires health systems and professionals to continuously reflect on their practices and biases and hold themselves accountable for delivering culturally safe care.⁷

Health equity

Health equity is 'the absence of unfair, avoidable or remediable [health] differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation. Health equity is achieved when everyone can attain their full potential for health and wellbeing.'⁸



Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal community controlled health organisation
AH&MRC	Aboriginal Health and Medical Research Council
AMS	Aboriginal medical service
AOD	Alcohol and other drug
BBV	Blood-borne virus
DBS	Dried blood spot
Doxy-PEP	Doxycycline post-exposure prophylaxis
eMR	Electronic medical records
GBMSM	Gay, bisexual and other men who have sex with men
HARP	HIV and Related Programs
HPV	Human papillomavirus
KRC	Kirketon Road Centre
LGBTQ+SB	Lesbian, gay, bisexual, transgender, queer/questioning, Sistergirl, Brotherboy
LHD	Local health district
NCIMS	Notifiable Conditions Information Management System
NGO	Non-government organisation
NSP	Needle and Syringe Program
OAT	Opioid agonist therapy
PHN	Primary health network
PrEP	Pre-exposure prophylaxis
POC	Point-of-care
STI	Sexually transmissible infection
TAFE	Technical and Further Education



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Introduction

Purpose of this Framework

The NSW Aboriginal Blood-borne Virus (BBV) and Sexually Transmissible Infection (STI) Framework 2025-2030 (the Framework) aims to improve outcomes for Aboriginal people affected by or at risk of BBVs and STIs and support the achievement of health equity by:

- providing strategic guidance for the BBV and STI sector, including the NSW Ministry of Health, Local Health Districts (LHDs), non-government organisations (NGOs), Primary Health Networks (PHNs), Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMSs), Aboriginal Health and Medical Research Council (AH&MRC), BBV and STI statewide services, and research institutes
- identifying commitments to ways of working with and for Aboriginal people and communities
- identifying key priorities for the prevention, testing, treatment and management of BBVs and STIs
- recognising the impact of the social and cultural determinants of health on BBV and STI-related outcomes
- supporting the healthcare sector to implement NSW BBV and STI strategies in partnership with Aboriginal people and communities.

The Framework incorporates and builds on priorities and actions from key strategies, including the:

- *NSW Hepatitis C Strategy*
- *NSW Hepatitis B Strategy*
- *NSW STI Strategy*
- *NSW HIV Strategy*
- *NSW Aboriginal Health Plan 2024-2034*
- *NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework.*

How to use this Framework

The Framework identifies four priority areas and describes how the priorities will be achieved, what the priorities could look like in key settings, and case studies of real-world initiatives that demonstrate the priorities.

The Framework is intended to support and complement work across the BBV and STI sector. The Framework is not a prescriptive set of actions for organisations to follow. Instead, it outlines the commitments to ways of working with and for Aboriginal people, the key settings for action, and the priorities that guide collective efforts to address BBVs and STIs.

Organisations are encouraged to consider how the priorities enhance existing efforts or inform new initiatives, recognising that not all elements will be relevant to every context. This reflects the diversity of Aboriginal communities, health services, and geographical settings across NSW, and supports locally driven approaches.

This Framework also acts as a guide for future monitoring and evaluation activities. BBV and STI programs and policies should be regularly reviewed to ensure they align with this Framework.

The health context for Aboriginal people in NSW

Cultural determinants of health are protective

Aboriginal health is a holistic concept that incorporates the social, physical, emotional and cultural wellbeing of the whole community.⁹ The *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing* literature review identified cultural determinants of health that are protective and support health:

- connection to Country
- cultural beliefs and knowledge
- language
- family, kinship and community
- cultural expression and continuity
- self-determination and leadership.¹⁰



The social determinants of health shape BBV and STI risk and outcomes

Despite important progress in some areas of health, Aboriginal people in NSW continue to experience poorer health outcomes and reduced access to healthcare compared to non-Aboriginal people. Aboriginal people are disproportionately affected by BBVs and STIs. Notification rates for most BBVs and STIs are substantially higher among Aboriginal people compared to non-Aboriginal people in NSW.¹¹

These disparities reflect systemic health system barriers, and social, economic and structural inequities. BBV and STI risk and outcomes are shaped by the social determinants of health, including access to education, employment, housing, income, and culturally appropriate services.¹²⁻¹⁴ Other challenges that increase the risk of BBVs and STIs include:

- shame, stigma and discrimination associated with sexual health, STIs^{15, 16} injecting drug use and BBVs¹⁷⁻²⁰
- overrepresentation in custodial settings¹³
- limited availability of Aboriginal sexual health clinicians at ACCHOs, AMSs and publicly funded sexual health services
- limited access to and choice of culturally safe services
- gaps in gender appropriate care for men's and women's business²¹ and individual preferences for clinical care
- concerns about privacy and confidentiality when accessing care^{22, 23}
- limited access to services and workforce in regional and rural communities.

Some Aboriginal people and communities may face additional and intersecting barriers to accessing appropriate services, contributing to a higher risk of BBVs and STIs. This includes:

- Aboriginal people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, Sistergirl, or Brotherboy (LGBTQ+SB)
- Aboriginal young people
- Aboriginal people who inject drugs
- Aboriginal people who are incarcerated
- Aboriginal people in rural and remote areas.

Disparities and increased risk of BBVs and STIs are shaped by historical and ongoing disadvantage. There is a clear and established relationship between the social determinants of health and the ongoing impact of colonisation including intergenerational trauma, past discriminatory policies, and ongoing racism experienced by Aboriginal people accessing health and other government services.²⁴⁻²⁶

Strengths-based approaches are needed

Despite these challenges, Aboriginal people demonstrate strength, resilience, and leadership. A strengths-based approach recognises the protective role of culture, community, and connection to Country, whilst also supporting self-determined, community-led health solutions.^{27, 28}

Critical to achieving health equity is sustained, Aboriginal-led action across the BBV and STI sector. Action must centre Aboriginal ways of knowing, being and doing, and elevate the protective role of culture, community, and self-determination to improve health outcomes.

Increasing awareness of and access to culturally safe BBV and STI prevention and care requires evidence-based approaches supported by a multidisciplinary workforce, including Aboriginal peer workers, Aboriginal health workers and Aboriginal clinicians. Peers play an important role in providing BBV and STI care in key settings,²⁹ particularly for people who are reluctant to engage with health services due to experiences of discrimination, shame or racism.

Reducing stigma and discrimination associated with BBVs and STIs is also essential to achieving health equity. While efforts to reduce stigma and discrimination are a shared responsibility across the sector, community-led and tailored approaches are required to address the multiple forms of overlapping stigma often experienced by Aboriginal people.


Strong partnerships and shared accountability across the sector are required to address BBVs and STIs. Coordinated action from NSW Health, ACCHOs, NGOs, PHNs and communities is needed to transform systems and deliver equitable services. Action should be guided by Aboriginal-led research that reflects community priorities.³⁰ Policies and programs should draw on Aboriginal knowledge and leadership to reflect the diversity and strength of Aboriginal people and communities across NSW.



Aboriginal people in NSW*


The Aboriginal and Torres Strait Islander population in NSW is projected to reach **416,291** in 2026 and account for **4.8%** of the NSW's total population.³¹


The Australian Bureau of Statistics (ABS) estimated that in 2021³²:



35% of Australia's total Aboriginal and Torres Strait Islander population resided in NSW.

In NSW...

48% of Aboriginal and Torres Strait Islander people live in major cities 

49% live in inner and outer regional areas 

23 years is the median age of Aboriginal and Torres Strait Islander people in NSW.



2.7% live in remote or very remote areas

19% of Aboriginal and Torres Strait Islander people in NSW are aged 15-24 years. The Aboriginal population age structure was younger than the non-Aboriginal population.

Custodial settings
Aboriginal people are **overrepresented** in the NSW custodial settings due to socio-economic inequities and the ongoing impacts of colonisation.



32% of the NSW prison population in NSW are Aboriginal and Torres Strait Islander people.³³





*Aboriginal and Torres Strait Islander people may be undercounted in censuses. Historically, Aboriginal and Torres Strait Islander people were excluded from being counted as part of the population, contributing to discrimination.

The epidemiology of BBVs and STIs among Aboriginal people


The epidemiology of BBVs and STIs should be interpreted in the context of the barriers to healthcare experienced by Aboriginal people. A higher prevalence of some BBVs and STIs in Aboriginal people reflects the inequities that Aboriginal people have experienced and continue to experience.

Viral hepatitis


Direct-acting antivirals were listed on the Medicare Australia, Pharmaceutical Benefits Scheme in 2016, which enabled large numbers of people with hepatitis C to be cured. However, **hepatitis C rates remain high** among Aboriginal and Torres Strait Islander people across Australia.¹¹



In 2024, **54%** of hepatitis C reinfections in NSW custodial settings were among Aboriginal and Torres Strait Islander people.³⁴




In NSW, **23%** of **Needle and Syringe Program (NSP)** clients identified as Aboriginal or Torres Strait Islander, highlighting the need for culturally appropriate and accessible NSP services.³⁵




4.7% of people living with chronic hepatitis B in NSW are Aboriginal or Torres Strait Islander (~ 3,683 individuals).³⁶

97% of Aboriginal and Torres Strait Islander two-year old children in NSW are fully immunised for hepatitis B.³⁷



It is estimated that **36.7%** of Aboriginal and Torres Strait Islander people living with chronic hepatitis B in NSW received hepatitis B care between 2014-2023, highlighting the need to address barriers to accessing culturally safe care.³⁸




HIV

Between 2014 and 2023, the HIV notification rate in Aboriginal and Torres Strait Islander people in Australia **declined by 45%** to 2.9 per 100,000 and has remained stable for the previous 4 years.¹¹



2014 → 2023




In NSW, there are approximately **5-10 HIV** notifications among Aboriginal and Torres Strait Islander people annually.³⁹



The epidemiology of BBVs and STIs among Aboriginal people (cont.)

STIs

2022:
The **chlamydia** notification rate among Aboriginal and Torres Strait Islander people in NSW was **607 per 100,000 population.**[†]
This has been relatively stable over the past 10 years.[‡]



Gonorrhoea and syphilis notifications among all people living in NSW have been **increasing over the past 10 years**, and Aboriginal people are disproportionately affected.

2022:
The **gonorrhoea** notification rate among Aboriginal and Torres Strait Islander people in NSW was 163 per 100,000 population which was **1.8 times greater** than the notification rate in 2013.^{†‡}

2024:
The **syphilis** notification rate among Aboriginal and Torres Strait Islander people in NSW was 36.9 per 100,000 population (**more than twice the notification rate in 2016**).[†]
In 2024, 6.9% of all infectious syphilis notifications were notified in Aboriginal and Torres Strait Islander people.⁴⁰



[†]The notification rates for chlamydia, gonorrhoea and syphilis were calculated using annual notification data from the Notifiable Conditions Information Management System (NCIMS) and population data sourced from the Australian Bureau of Statistics ‘2021 Census-based estimates and projections of the Aboriginal and Torres Strait Islander population for 2011 to 2031.’

[‡]Indigenous status was missing for a proportion of chlamydia and gonorrhoea notifications, which may affect the accuracy of the calculated rates. Previous linkage with hospital admissions data demonstrated that the proportion of Aboriginal people notified with these conditions did not substantially increase after linkage. Nonetheless, the rates presented here likely represent the lower bound estimates of these statistics.

Framework on a page

Commitments to ways of working



Priorities



Commitments to ways of working

This Framework aims to put the *NSW Aboriginal Health Plan 2024-2034* commitments to ways of working into action in the BBV and STI sector. This Framework also identifies an additional way of working, 'everyone's business,' to acknowledge the responsibility of non-Aboriginal people to improve Aboriginal health and reduce the cultural burden placed on Aboriginal staff.

These commitments to ways of working describe the principles and practices that guide how the BBV and STI sector should deliver health services for and engage with Aboriginal people. These are applicable across all priorities in the Framework.

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.



Key Settings

This Framework acknowledges BBV and STI care for Aboriginal people is everyone’s business and should inform all NSW Health services.

While Aboriginal health is influenced in many different settings, the following key settings are particularly important for the prevention and care of BBVs and STIs for Aboriginal people.



Aboriginal community controlled health organisations



Aboriginal community events (for example, NAIDOC, Reconciliation, Yabun Festival, NSW Koori Knockout and other local events)



Alcohol and other drug (AOD), homelessness and mental health services



Antenatal and reproductive care settings



Custodial settings



Emergency departments



General practice



Needle and Syringe Program services



Publicly funded HIV and sexual health services



Research institutions and tertiary education institutions (including TAFE and universities)



Priority 1: BBV and STI care that is free from stigma and discrimination

1

Priority 1

BBV and STI care that is free from stigma and discrimination

How this priority will be achieved

- Normalise BBV and STI prevention, testing and treatment in clinical and community settings through culturally appropriate strategies and in consultation with Elders or other community leaders.
- Deliver healthcare using inclusive, respectful and non-stigmatising language and approaches, including for priority groups such as Aboriginal people who inject drugs and Aboriginal people who identify as LGBTQ+SB.
- Recognise the value and strengthen the role of the Aboriginal community-controlled health sector and community organisations to deliver BBV and STI care that meets their clients' needs, as opposed to meeting governments' needs.
- Recognise and promote the cultural and social determinants of health that protect wellbeing.
- Enable Aboriginal people to choose where and how they access care, acknowledging individual preferences for service type, models of care and clinician gender.
- Strengthen the capacity of non-Aboriginal services and staff to deliver non-stigmatising BBV and STI care through ongoing education, reflection and partnership.



What could priority 1 look like in key settings?

Setting	Example
Aboriginal community events	<p>The NSW Ministry of Health, LHDs, NGOs and ACCHOs leverage the significant community engagement opportunities at major community events, such as Yabun and the NSW Koori Knockout, to deliver targeted sexual health and BBV campaigns.</p> <p>Sexual health and BBV educational campaigns at community events focus on community mobilisation and normalise BBV and STI prevention, testing and treatment.</p>
All clinical settings including sexual health services, general practices, antenatal and reproductive care settings, AOD services and ACCHOs	<p>Aboriginal patients receive care in a culturally safe way that respects privacy, considers individual preferences for gender-appropriate care and addresses the potential stigma and shame associated with BBVs and STIs.</p>
NSW Ministry of Health	<p>Non-Aboriginal staff are trained and take responsibility for delivering culturally safe and non-stigmatising programs and services. Staff work with Aboriginal stakeholders to listen to how they would like to participate in shared decision making to ensure their cultural expertise is acknowledged and valued.</p>
NGOs	<p>Aboriginal peer workers continue to support services and outreach to reduce stigma associated with BBVs and STIs.</p>
Research institutions	<p>Research projects are led by Aboriginal people and delivered with communities to identify drivers of stigma and discrimination.</p>



Priority 1 case studies

Take Blaktion

Take Blaktion is a NSW Health initiative that aims to promote STI testing, condom use, and sexual health knowledge for Aboriginal people aged 15-29. Take Blaktion engages with communities using humour to reduce stigma and reaches people through social media, attending events, and resources.

The Take Blaktion website includes information on condoms and STIs, including links to find a local health service to get tested. The website also includes an online service run by a team of sexual health nurses. Users can submit a question to a sexual health nurse, or click a link to chat to a nurse via a live chat free and anonymously.

The Take Blaktion team has been at various events including Survival Day events, NAIDOC

festivals, and the Koori Knockout. Attending these events provides an opportunity to engage with community in a fun way to promote condom use and STI testing. Engaging with community at these events normalises conversations about sexual health and aims to reduce stigma.



Aboriginal and Torres Strait Islander people living with or at risk of HIV needs assessment

Positive Life NSW conducted a needs assessment to understand the needs of Aboriginal people living with HIV or at risk of HIV in NSW. This included understanding access to and engagement with HIV prevention, testing, and treatment services. The research approach was co-designed with Aboriginal people.

Positive Life conducted a literature review and a series of semi-structured, in-depth qualitative interviews with Aboriginal people living with or at risk of HIV. An Aboriginal advisory committee provided guidance and advice throughout the project. This included co-designing promotion material to recruit participants.

The project findings provided understanding about stigma and discrimination, mental health, service experiences, employment, and police interaction. The project also identified various recommendations to improve HIV services for Aboriginal people. The findings will be used to inform culturally appropriate policies and the development and implementation of nuanced messaging that addresses the specific gaps identified, leading to improved overall health outcomes.



Priority 2: Culturally safe BBV and STI prevention and harm reduction

2

Priority 2

Culturally safe BBV and STI prevention and harm reduction

How this priority will be achieved

- Co-design, implement and promote BBV and STI prevention and harm reduction initiatives that reflect Aboriginal-determined priorities, lived experience and cultural knowledge.
- Increase access to culturally safe harm reduction services and initiatives in key settings, including custodial settings.
- Strengthen the capabilities of the health promotion, primary care and peer workforce to deliver inclusive, trauma-informed and strengths-based BBV and STI education.
- Ensure Aboriginal people have access to trusted, culturally relevant and place-based information and services to make informed decisions about their sexual health and wellbeing.
- Use respectful, non-stigmatising and culturally relevant language in all communication and education materials.
- Enable Aboriginal leadership and community governance in the design, delivery, and evaluation of BBV and STI prevention and harm reduction initiatives.



What could priority 2 look like in key settings?

Setting	Example
NSP sites	A range of NSP models such as anonymous postal services and vending machines are available for Aboriginal people, particularly in regional, rural and remote areas. This increases access to harm reduction and can overcome confidentiality concerns associated with face-to-face services.
Primary care settings including ACCHOs and general practices	<p>Education and resources are available to Aboriginal health workers, nurses and general practitioners to increase confidence in discussing BBV and STI prevention and harm reduction in a culturally safe way.</p> <p>Free catch-up hepatitis B vaccinations are opportunistically offered to Aboriginal people who are not already immunised. Free human papillomavirus (HPV) vaccinations are offered to Aboriginal people up to age 25 who have missed a vaccination at school.</p>
Community organisations	<p>Peer workforce development and mobilisation increases access to and uptake of culturally appropriate sexual health promotion, BBV and STI prevention and harm reduction services for Aboriginal people including young people, people who inject drugs, GBMSM, and sex workers.</p> <p>Peer-led approaches support the delivery of NSPs, opioid agonist therapy (OAT), routine BBV & STI screening, condoms and safe sex packs, mpox vaccination, HIV pre-exposure prophylaxis (PrEP), and doxycycline post-exposure prophylaxis (Doxy-PEP) where appropriate.</p>
Custodial settings	Aboriginal people in custodial settings are offered Aboriginal peer-led support and education on BBV and STI prevention, for example during high-intensity testing campaigns.
All clinical settings	Clinical services support the delivery of NSPs, OAT, routine BBV & STI screening, condoms and safe sex packs, mpox vaccination, HIV PrEP, and Doxy-PEP for Aboriginal people where indicated.



Priority 2 case studies

Implementation of Deadly Liver Mob at Kirketon Road Centre

The Deadly Liver Mob (DLM) is a health promotion program that aims to promote a holistic approach to healthy living by providing Aboriginal people with BBV (particularly hepatitis C) and STI education, testing and referrals to treatment. The DLM includes a peer-driven intervention that aims to reach the Aboriginal community in the area, raise awareness of hepatitis C transmission risk factors, increase access to testing and treatment and provide a point of entry to other health services.

The DLM program was developed by and has been running in Western Sydney LHD since 2013 and Nepean Blue Mountains LHD since 2015. In its first 12 months, DLM engaged more than 400 Aboriginal people in hepatitis C health promotion and referred over 300 people to sexual health screening, resulting in a 1023% increase in access to sexual health services.



Since 2016, the DLM program has been rolled out in several new LHD sites as part of an evaluation trial led by the Centre for Social Research in Health, UNSW. South Eastern Sydney LHD implements the program through the Kirketon Road Centre (KRC).

Aboriginal health workers at KRC deliver a 15–20-minute education session and provide participants with a \$20 gift card. This session covers what hepatitis C is, how it is transmitted, strategies for prevention and available treatment and cure options.

Following the education session, participants are encouraged to undergo hepatitis C dried blood spot (DBS) testing. All participants at KRC who have completed the education session have agreed to do a DBS test. Participants receive an additional \$10 voucher for undergoing testing, and for receiving test results. Those who receive a hepatitis C reactive result are supported with access to appropriate treatment and care.

Participants are also encouraged to refer up to three other Aboriginal people who may be at risk of hepatitis C. For each successful referral, participants receive a \$10 voucher.

Over the past year, KRC has tested approximately 100 people via the program. The program has increased hepatitis C awareness and testing within the community and has helped build trust and strengthen connections between KRC and Aboriginal people who may not otherwise access care.

HEY MOB LET'S TEST: First Nations Health Programs



Each year ACON’s Campaigns Team develop an Ending HIV Campaign. In 2024, in partnership with the ACON First Nations Health Programs Team, a mob focused campaign called “**HEY MOB LET’S TEST**” was delivered alongside the main campaign. This was done to increase HIV testing, raise awareness and reduce stigma among Aboriginal and Torres Strait islander LGBTQ+SB communities.

This campaign’s design was adapted from the main Ending HIV Campaign but was styled in mob colourways (the colours of the Aboriginal and Torres Strait Islander Flags). Large-scale collateral was placed in suburbs of cultural importance such as Redfern and Mount Druitt. Posters were also distributed in partnership with AMSs and ACCHOs in the Northern Rivers, featuring Aboriginal place names to strengthen cultural connection.

The **HEY MOB LET’S TEST** campaign had incredible engagement with community. A selection of merchandise like lip balms, clack fans, bandanas and tote bags were highly sought after at key community events like Yabun, Fairday and NAIDOC Week.

The campaign also helped strengthen the visibility of the First Nations Health Programs brand. Community members came to associate the posters and merchandise with ACON’s presence, signalling that culturally safe conversations about sexual health were available.

Collaborating on sexual health messaging with the communities organisations are looking to support should be the standard. Key to this is having members of those communities built into these organisations to drive this process and delivery.

Developing Aboriginal and Torres Strait Islander-led campaigns alongside mainstream health campaigns should continue long into the future. Embedding this approach is essential for reducing HIV transmission and ensuring culturally safe, community-driven health promotion.



Yarnin' about hep B in custody: Aboriginal community resource



Hepatitis NSW developed the *Yarnin' about hep B* video resources to improve access to hepatitis B information for Aboriginal people in custody. The videos were adapted from the existing *Yarnin' about hep B* booklet with separate videos created for men's and women's custodial settings. They aim to provide culturally safe, engaging, and accessible health information.

The videos use animation and the voices of Aboriginal people to share information in a way that is respectful and easy to understand. They cover key topics relevant to people in custodial settings, including how to prevent hepatitis B and how to access testing and support.

To ensure the resources are culturally appropriate, Hepatitis NSW worked closely with Aboriginal communities throughout the development process. The original booklet was

created in partnership with an Aboriginal artist and shaped by Aboriginal people with lived experience, Aboriginal health workers, and focus testing with Aboriginal communities in Hunter New England and South Western Sydney LHDs.

To adapt the booklet into videos, Hepatitis NSW collaborated with Justice Health NSW nurses and Aboriginal identified staff, aiming to address barriers such as literacy and availability of the printed resource.

The videos aim to go beyond providing health information. They aim to build trust, strengthen identity, and respect Aboriginal ways of knowing. They recognise connection to Country, family, culture and tradition as protective factors. By doing so, these resources help to reduce stigma, restore dignity, and empower Aboriginal people with the tools and knowledge to thrive.



**Priority 3: BBV and STI
models of care
strengthened by
Aboriginal workforce
leadership**

3

Priority 3

BBV and STI models of care strengthened by Aboriginal workforce leadership

How this priority will be achieved

- Deliver holistic, culturally safe and trauma-informed BBV and STI care led by the Aboriginal workforce and Aboriginal communities.
- Embed Aboriginal people into decision-making processes and governance structures that contribute to BBV and STI models of care and programs.
- Strengthen the visibility, influence and wellbeing of Aboriginal health workers and peer workers by expanding their scope of practice and providing leadership opportunities in the BBV and STI sector.
- Use telehealth and other remote healthcare methods to improve access to care in outreach responses, areas of workforce shortages, and rural, regional and remote settings.
- Increase access to and uptake of ongoing management of BBVs and STIs in primary care and ACCHOs (for example chronic hepatitis B and HIV monitoring).
- Strengthen primary care sector capabilities for the testing, treatment and management of BBVs and STIs for Aboriginal people.
- Increase access to BBV and STI screening through routine care (including the Aboriginal and Torres Strait Islander Health Check, 715) and opportunistic testing in clinical and community settings.
- Co-design and implement innovative models of care that reflect Aboriginal ways of knowing, being and doing, including peer-led, outreach and community-based approaches.
- Identify and address barriers to recruiting and retaining Aboriginal staff across the BBV and STI sector by embedding culturally safe and sustainable workforce initiatives.
- Build the capability of the health system to support the Aboriginal workforce and Aboriginal leadership through ongoing cultural education and shared accountability.
- Recognise the role of non-Aboriginal people in leadership positions to uplift and enable the Aboriginal workforce, including Aboriginal leaders.



What could priority 3 look like in key settings?

Setting	Example
<p>Antenatal and reproductive care settings</p>	<p>Antenatal and reproductive care services support pregnant Aboriginal women to receive antenatal care, including BBV and STI screening, in a culturally safe way and aligned with statewide testing guidelines. Where possible, Aboriginal health workers are part of a multi-disciplinary care team.</p> <p>Where available, referral to Aboriginal maternal infant health services or ACCHOs is offered to support Aboriginal pregnant women and their families.</p>
<p>ACCHOs and general practices</p>	<p>BBV and STI testing is consistently embedded into Aboriginal and Torres Strait Islander Health Checks (715).</p> <p>Practices implement quality improvement initiatives to increase BBV and STI testing.⁴¹ For example, developing standard pre-set tests for Aboriginal and Torres Strait Islander Health Checks (715) in electronic medical records (eMR).</p>
<p>Ministry of Health</p>	<p>Aboriginal health workers are included on clinical governance forums to promote workplace training, evaluate models of care, and collaborate with specialist services.</p> <p>NSW Health governance mechanisms, such as the NSW BBV and STI Aboriginal Reference Group, are reviewed in partnership with Aboriginal people and organisations to strengthen Aboriginal representation.</p>
<p>Community organisations and other NGOs</p>	<p>Aboriginal peers or Aboriginal health workers are supported to use innovative testing technologies, such as DBS and point-of-care (POC) testing, to increase access to testing in outreach models and key settings.</p>
<p>NSW Health</p>	<p>NSW Health implements initiatives to enhance and expand the Aboriginal health worker workforce in the BBV and STI sector. For example, expanding and standardising their scope of practice including the provision of sexual health and BBV screening.</p>



Priority 3 case studies

Co-designed hepatitis C care: Aboriginal-led models in the NSW custodial setting

Enhanced surveillance of hepatitis C in the NSW custodial system has shown that while testing and treatment are widely available, Aboriginal and Torres Strait Islander people experience higher rates of hepatitis C reinfection. Although Aboriginal people make up around 30% of the custodial population, they represent 70% of those who have received three rounds of hepatitis C treatment, and 80% of those who have received four or more rounds in response to reinfection. These figures indicate significant overrepresentation and highlight the need for a more culturally responsive approach to hepatitis C prevention.

Justice Health NSW is responding to this through a culturally informed, co-designed project that aims to reduce hepatitis C reinfection among Aboriginal people in custody.

Aboriginal governance and participation are embedded at every level, including a dedicated Aboriginal Project Officer, an Aboriginal Cultural Advisory Group, and close engagement with Aboriginal people in custody.

Co-design is central — not as a one-off consultation, but as a continuous, collaborative process. In-depth yarns between Aboriginal health workers and Aboriginal people in custody inform the design of culturally safe and co-designed solutions that address this disparity in hepatitis C reinfections. These conversations centre lived experience and ensure that interventions reflect the realities of life in custody for Aboriginal people.

Participants, Aboriginal health workers and cultural advisors all contribute to the ongoing refinement of solutions, to create a model of care that is both responsive and grounded in cultural respect.

Outreach testing and community engagement for Hepatitis Awareness Week

During Hepatitis Awareness Week in 2024, Sydney LHD delivered an outreach testing activation at Redfern Park in partnership with Hepatitis NSW and NUAA. The activation involved engaging with community to test participants for hepatitis C, link people to healthcare and promote harm reduction initiatives. Peer workers from Hepatitis NSW and NUAA were involved to support and engage with participants.

Over two days, 100 people participated with 40% identifying as Aboriginal or Torres Strait Islander. Where appropriate, participants were referred to NSPs, clinical harm reduction services and general practices. Harm reduction equipment was distributed to participants, including fitpacks to prevent the transmission of BBVs.

Aboriginal Peer Support Worker program

NUAA in partnership with Nepean Blue Mountains LHD provide Aboriginal peer support workers (APSWs) at NSPs. The program aims to increase hepatitis C education, screening and assessment among Aboriginal people who inject drugs and their peers. The program also provides psychosocial support for vulnerable populations. The program has increased the number of Aboriginal clients attending NSPs to access education, testing and treatment.

Some NSP clients may be experiencing a range of health and social challenges such as

homelessness, incarceration, and mental health challenges. This program goes beyond hepatitis C prevention and care by providing holistic and culturally safe support across different aspects of a client's life. For example, APSWs have supported clients to apply for and receive government documents (like a birth certificate and proof of age card), apply for social housing assistance, apply for a disability support pension claim, enrol into drug and alcohol detox programs, and reduce sentences. This program provides holistic support to clients by recognising and elevating the social and cultural determinants of health that promote wellbeing.

Place-based, accessible and holistic hepatitis C care: a client story

A team of non-clinical Sydney LHD workers have partnered with a women's crisis centre in metropolitan Sydney to deliver hepatitis C education and offer DBS testing on site. Client A, a young Aboriginal woman experiencing homelessness, attended the drop-in clinic as a new client.

Given her history of injecting drug use, acute mental health conditions and incarceration, she was offered a DBS test. She returned a hepatitis C reactive result. She did not own a mobile phone, proving difficult for the nurse practitioner to deliver the result. Upon reviewing her eMR, it was noted that she received buprenorphine injections, providing

the ideal opportunity to convey her hepatitis C reactive DBS result face to face, and complete confirmation serology in a space that she was already familiar with and accessing.

Completing testing, confirmation serology and treatment provision in settings that are well trusted and already accessed by Client A demonstrated a successful strategy in retaining her in care. Initially, engaging with Client A at a women's crisis centre supported building trust and rapport in a non-traditional healthcare setting. Integration of hepatitis C testing into a much more holistic model of care, offered by the women's crisis centre, further supported engagement and wrap around care.

Priority 4: Partnerships, governance and knowledge sharing across the BBV and STI sector

4

Priority 4

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

How this priority will be achieved

- Embed accountability mechanisms and strengthen partnerships between NSW Health, ACCHOs, NGOs, PHNs and Aboriginal communities to deliver coordinated BBV and STI prevention and care services.
- Recognise the diverse and complementary roles that different organisations play to improve Aboriginal health and remove duplication of efforts where possible.
- Recognise the unequal power relationships between NSW Health and ACCHOs or NGOs and recognise how this influences partnerships.
- Promote shared decision-making and governance between ACCHOs and BBV and STI stakeholders.
- Support Aboriginal-led research on Aboriginal-determined priorities to enhance enablers of BBV and STI care.
- Enhance the research capacity of the Aboriginal BBV and STI workforce to support Aboriginal research.
- Support Aboriginal-led evaluation and feedback mechanisms to drive continuous improvement in service delivery.
- Strengthen the use of data to improve Aboriginal health outcomes by:
 - enhancing surveillance systems for timely collection and reporting of Aboriginal data to monitor progress and outcomes
 - increasing the known Aboriginal status in BBV and STI notification data
 - embedding Indigenous Data Sovereignty principles in monitoring and evaluation processes and when publishing data⁴²
 - enhancing the use of data linkage to inform policies and programs that aim to improve health outcomes for Aboriginal people.



What could priority 4 look like in key settings?

Setting	Example
NSW Health	<p>NSW Health takes meaningful action to strengthen equitable partnerships and governance with ACCHOs and NGOs for the prevention and management BBVs and STIs.</p> <p>NSW Health provides education opportunities to the BBV and STI Aboriginal workforce to enhance research skills, for example to critically appraise research proposals they are consulted on.</p> <p>Policies and programs are informed by Aboriginal-led research, ensuring care is responsive to Aboriginal people's needs. Aboriginal people are chief investigators on projects and the NSW BBV and STI Aboriginal Reference Group provide expert advice.</p>
All clinical settings	<p>Clinical settings including ACCHOs, primary care services and publicly funded HIV and sexual health services have mechanisms in place to facilitate coordinated BBV and STI care for Aboriginal people.</p> <p>NSW Health ensures the Aboriginal workforce has access to locally relevant data and builds the capacity of the workforce to use local data effectively to set and monitor efforts to address BBVs and STIs.</p>
NSP sites and clinical services	<p>NSPs and clinical services across NSW record Aboriginal status of clients in a way that upholds cultural safety and avoids discrimination. The data collected is used to strengthen NSP and clinical services for Aboriginal people.</p>
Public health units	<p>Aboriginal status is specified for BBVs and STIs requiring enhanced surveillance, including syphilis, mpox and antimicrobial resistant gonococcal infections.</p>
Ministry of Health	<p>The Ministry of Health identifies and coordinates opportunities to collaborate on initiatives across the sector and with other government partners to improve Aboriginal health. For example, by working with the Department of Education to develop sexual health resources for Aboriginal students.</p>
Research organisations	<p>BBV and STI research projects are determined and designed in partnership with Aboriginal communities and organisations, ensuring proposals align with community priorities and the community benefit from the research outcomes.</p>



Priority 4 case studies

Cohesive Outside Hepcare Prison Project

The Cohesive Outside Hepcare Prison Project is a collaboration between Central and Eastern Sydney Primary Health Network and Justice Health NSW with input from Hepatitis NSW. The project aims to provide comprehensive healthcare support to patients diagnosed with hepatitis B, hepatitis C, or advanced liver disease transitioning out of correctional facilities.

The project has established a post release pathway for patients with viral hepatitis and/or advanced liver disease. Transitioning out of custody is a difficult time for many patients and

liver care can be a low priority for many who are grappling with unstable housing and other social concerns.

Aboriginal people make up 57% of the patients referred into this project. This project team, aware of the challenges faced by people exiting prison, have developed culturally responsive pathways for Aboriginal people ensuring they are given the option of attending Aboriginal health services or services with Aboriginal health workers in the community.

North Coast Regional Mapping and Yarn Up

The North Coast HIV and Related Programs (HARP) team led an initiative to strengthen the coordination of BBV and STI prevention and care services, with a focus on improving services for Aboriginal people. This work included a regional service mapping exercise and a Yarn Up forum, designed to bring together partners, share knowledge, and identify opportunities to better support Mid North Coast and Northern NSW communities.

The regional service mapping was led by the Aboriginal HARP worker, who played a central role in designing and delivering the service mapping. The mapping involved a survey of 29 services across the region and captured insights from both clinical and non-clinical staff. The survey captured strengths and gaps in knowledge, staff confidence and service delivery. The survey identified opportunities to improve services, such as strengthening referrals for liver health and harm reduction services, enhancing collaboration with community action groups, and increasing staff training in viral hepatitis, harm reduction and sexuality and gender diversity.

The findings were presented at a regional online Yarn Up, which brought together key stakeholders including senior Aboriginal health leaders, Aboriginal health workers, AMSs, PHNs, and researchers. The forum created a space for open discussion about service gaps, community needs, and opportunities for collaboration.

The Yarn Up forum helped build stronger local partnerships and provided opportunity for Aboriginal voices to guide the direction of HARP programming. The North Coast HARP team will implement the findings and continue to bring stakeholders together through regular mapping and Yarn Ups to share knowledge and track progress.



Girinyalanha Giilang (Talking about a story)

The Kirby Institute delivered three, multi-day qualitative research training courses for Aboriginal health workers, Aboriginal population health trainees, nurses, midwives, and Aboriginal staff who work in various NSW LHDs and community organisations. One of these training courses was run in partnership with Sydney LHD.

The training focused on how to conduct qualitative research with Aboriginal young people to better understand their sexual health and access to services. Participants explored how to use research to understand individual knowledge and awareness, young people’s risk and prevention practices, and the social influences affecting young people’s sexual and reproductive health and health service access. The training was an effective way to strengthen the research capabilities of the Aboriginal workforce.

Based on a project conceptualised in the training course, researchers from the Kirby Institute and Murrumbidgee LHD (MLHD) staff continued their partnership and conducted a qualitative research project on Wiradjuri lands in the Murrumbidgee region to explore young Aboriginal people’s experiences of sexual interactions and relationships, access to sexual health education, and barriers and facilitators to sexual health service engagement. The project was delivered in three communities: Griffith, Narrandera, and Wagga Wagga.

At the beginning of the project, the researchers and MLHD staff met with key stakeholders and community members at each site to propose

the research and assess community support. The researchers met with Aboriginal Elders, health workers, Aboriginal medical service staff, youth organisation workers, and other community leaders. Gaining community support was essential for the success of the project. Stakeholders informed researchers how to deliver the project in a way that respected local knowledge and was culturally safe.

Sixty five Aboriginal young people participated in the research. The research findings identified enablers and barriers for young people accessing sexual health information and services in MLHD. Social support from family, peers, sexual partners and community members who also represented institutions were key factors in influencing sexual health practices and engagement with sexual health services with Aboriginal people in this region. Researchers shared the reports and findings with the community, making them available for primary care, NGOs and public services to inform service planning and health promotion initiatives.



Appendix

Approach to developing this Framework

The NSW BBV and STI Aboriginal Reference Group (the Reference Group) was established in 2024 to guide development of the Framework. The Reference Group includes Aboriginal and non-Aboriginal representatives from the NSW Ministry of Health, HARP Aboriginal Health Network, LHDs, NGOs, ACCHOs and PHNs. The Reference Group also supports implementation of NSW BBV and STI strategies by providing sector and cultural expertise.

The Centre for Population Health, NSW Ministry of Health led the development of the

Framework. Reference Group members participated in interviews, small group consultations and multiple rounds of feedback to shape the content and structure of the Framework, contributing their professional and cultural expertise. This ensured Aboriginal people working in the BBV and STI sector guided the Framework. Before finalising the Framework, a final draft was shared with the Reference Group and broader stakeholders and final feedback was incorporated.



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