NSW BBV and STI CALD Advisory Committee Recommendation Report 2024-2025

MULTICULTURAL HIV AND HEPATITIS SERVICE

Contents

Introduction

Blood-borne viruses (BBVs) and sexually transmissible infections (STIs), including HIV and hepatitis, disproportionately affect culturally and linguistically diverse (CALD) communities. Misinformation, limited health literacy, cultural factors and healthcare access barriers, often delay diagnosis and treatment, resulting in adverse health outcomes[1,2,3].

Recognising these challenges, CALD communities are a priority population under:

- NSW STI Strategy 2022-2026
- NSW HIV Strategy 2021-2025[1]
- NSW Hepatitis C Strategy 2022-2025[2]
- NSW Hepatitis B Strategy 2023–2026[3]

These Strategies provide a comprehensive framework for preventing, testing, and treating BBVs and STIs in NSW, aiming to improve health outcomes and reduce inequities for all. To ensure that the unique needs, experiences, and perspectives of CALD communities are central to implementation of strategies and programs, the NSW BBV and STI CALD Health Advisory Committee was established in 2024, following the success of the NSW Multicultural HIV and Hepatitis Service (MHAHS) HIV Roundtable 2023 which effectively brought CALD community HIV perspectives and experiences to the forefront.

Convened by NSW MHAHS, the CALD Advisory Committee includes representatives from priority CALD communities, along with key stakeholders and health professionals within these relevant sectors. Community representatives include both established CALD communities, including Chinese, Arabic speaking, Vietnamese, Spanish and Portuguese and new and emerging communities such as Mongolian, Nepalese, Pasifika and Bangladeshi communities (see Appendix for full list). This is based on HIV, STI, hepatitis B and hepatitis C prevalence data and shifting NSW demographics, such as the 77% increase in PALM scheme workers in NSW (NSW Migration Trends Report, 2025).

The Committee provides ongoing advice to the Ministry of Health and relevant stakeholders on enhancing cultural responsiveness of BBV and STI policies, local and state-wide programs, and services. Through quarterly meetings, committee members identified gaps in current models of care, highlighted barriers to access and engagement, and provided recommendations to strengthen community-led, culturally safe responses.

During 2024-2025, four advisory meetings were held. The inaugural meeting introduced the Strategies and topic areas, and subsequent meetings focused on a specific health area each - hepatitis B, hepatitis C and liver health and HIV Strategy consultation.

This report outlines the key findings, outcomes, and recommendations from the CALD Advisory Committee meetings for improved service access and continued community engagement in shaping responsive and equitable BBV/STI health strategies.

1. Hepatitis B and linkage to care

While hepatitis B testing rates are tracking well in NSW, regular monitoring and care levels remain significantly low[5]. This is a concern, as chronic hepatitis B (CHB) is a lifelong condition once acquired, and over 70% of all people living with CHB in Australia in 2023 were born overseas[6].

CALD representatives and sector staff consistently highlighted several key challenges impacting service access, these include:

- High GP costs and long waiting periods for bulk-billing or free services
- Limited specialists within regional and rural areas
- Language and technical barriers with Telehealth accessibility and appropriate interpreter access.
- Cost and confidentiality concerns
- Unfamiliarity with health insurance processes and coverage

Improving hepatitis B awareness and engagement in care within CALD communities requires a multifaceted and tailored approach across different cultural communities.

Key recommendations

1.1. Partnerships with trusted community groups, influences and faith leaders

Partnering with Imams and Pasifika faith ministers is critical to disseminate accurate information, ensuring credibility and cultural relevance.

1.2. In-language community education

Providing simple, tailored, in-language information, incorporating storytelling and relatability is essential to engage community widely and sustainably. Content should be disseminated through community relevant social and digital platforms, including Facebook, WhatsApp, WeChat, and Xiaohongshu, to effectively dispel common myths and reach the higher younger migrant cohort.

1.3. Integrate hepatitis B testing within regular health checks

Embed hepatitis B screening into general health checks and offer mobile health or pop-up clinics during flexible hours at accessible community locations like community centres, libraries, and cultural or religious centres. It was suggested this will enhance accessibility and normalise the screening process.

1.4. Expand bilingual/bicultural health workforce

Fund and scale-up existing bilingual educator workforce to bridge gaps, provide support, and facilitate navigation of care services. This ties in with the expansion of the long standing MHAHS HIV Clinical Concierge Program to cover hepatitis B, matching CALD clients diagnosed with HIV or hepatitis B with a trained Cultural Support Worker to provide personalised culturally appropriate, in-language support and education. This program is well recognised for its valuable role in connecting clients with essential support services and aiding in medication initiation and adherence.

2. Hepatitis C and liver health

Awareness and understanding of hepatitis C remain significantly limited across many CALD communities. This often leads to confusion with hepatitis B, along with misperceptions about transmission and severity, perceiving hepatitis C as fatal and emotionally linked to drug use and HIV/AIDs. Language and cultural barriers present key challenges in increasing engagement around hepatitis, often discouraging people from speaking openly, seeking information, getting tested and treated.

Key recommendations

2.1. Reframe the conversation from "hepatitis" to "liver health"

This approach aligns with advocacy for bundling health messaging to promote overall well-being, a concept initiated from the HIV Roundtable. "Liver health" was seen to provide a holistic, non-stigmatising and culturally acceptable entry point to discuss factors like diet, alcohol, and lifestyle, which can then bridge to conversations about hepatitis C. While a bundled approach is beneficial, the need for direct messaging to clarify differences between hepatitis B and C was also noted. Develop clear, multilingual and low-literacy materials outlining the key differences in transmission, treatment, and outcomes to reduce confusion.

2.2. Utilise GPs to reinforce liver health messaging and encourage testing.

GPs are recognised as trusted sources for delivering liver health information and encouraging hepatitis screening, particularly when integrated into routine health checks. However, GP representatives noted systemic challenges limiting incorporation of this within general practice including competing priorities, time constraints, and no remuneration for extended appointment times.

2.3. Display in-language liver health messaging in GP clinics and pharmacies.

Leveraging relevant and accessible settings, such as GP clinics and waiting rooms for displaying tailored and in-language health information, were suggested and aligns with anecdotal reports that in-language visual cues increase personal relevance and sense of ownership with health messaging.

3. HIV

HIV notification rates are 3-5 times higher among migrant populations born in Latin America, the Caribbean, Southeast Asia, and Sub-Saharan Africa than people born in Australia (Kirby Institute 2024) [5]. Furthermore, late HIV diagnoses are common in CALD communities, resulting in delayed treatment and compromised wellbeing[1].

As the current HIV Strategy (2021-2025) nears conclusion, the Ministry of Health consulted CALD community representative members on the development of the new NSW HIV Strategy.

The consultation revealed that access to healthcare varied across communities. Language challenges, and experiences of racism and discrimination within healthcare settings, were key access barriers noted by African, Arabic-speaking, and Bangladeshi communities. While health services were generally considered accessible, cultural factors remain a significant barrier as expressed by Latin American, Chinese, Thai and Mongolian community members. This included HIV stigma, discomfort discussing HIV and sexual health with GPs from the same cultural background, not seeking care when asymptomatic, and fears about the impact of an HIV diagnosis on visa status.

Key recommendations

3.1. Improve HIV literacy

There is a clear need to build HIV health literacy and understanding around treatment, PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis). In-language education sessions and gender-specific sessions where appropriate were proposed, which is particularly relevant as overseas-born men who have sex with men and those reporting heterosexual sex account for a higher proportion of HIV transmission compared to Australian-born individuals[5].

3.2. Maintain commitment to tailored, multilingual information

Maintain and strengthen the development of simple, accurate, and culturally appropriate HIV information in multiple languages. Materials should be concise, accessible, and co-designed with community members to ensure cultural relevance and impact. As highlighted in the HIV Roundtable, it is critical to address the intersectionality of faith, ethnicity, culture and sexual health in HIV messaging, ensuring:

- Translated written and visual resources are tailored for each community (e.g. CALD MSM, CALD LGBTIQ+ communities, and overseas-born non-gay identifying MSM).
- Using targeting social media and digital platforms used by specific communities.
- Engagement of faith leaders, peer educators.

3.3. Scale-up HIV testing initiatives

The accessibility of free, discreet and confidential testing options through HIV self-testing initiatives, particularly MyTest, was commended for reducing barriers to access and utilised by people who otherwise might avoid testing. This correlates with the higher proportion of overseas born people (63.1%) who collected a MyTest, compared to 54.1% of those who did not collect a test as found in the MyTest Vending Machine Pilot Evaluation (2025). Increased promotion of self-test options was encouraged, especially for Arabic-speaking communities. Incorporating HIV testing into routine medical tests was favoured, such as through opt-out HIV testing which was presented at the HIV Roundtable as an opportunistic approach to normalise testing and enhance uptake.

3.4. HIV care and support

Representatives emphasised the importance of including mental health and psychosocial support alongside HIV information – especially for people living with HIV who may be socially isolated or disconnected from family and community. In contrast, for communities with strong family collective values, such as African communities, it was suggested that information should also be considered for significant others caring for people living with HIV.

Summary of recommendations

The following recommendations are proposed to increase awareness and improve CALD communities' engagement in BBV/STI health care and services.

Community engagement and communication strategies

- Partner with trusted community and faith leaders to disseminate STI/BBV health information, strengthen reach and engagement of initiatives and campaigns.
- Utilise community preferred communication channels to share health information, effectively dispel myths and reach diverse and younger audiences. E.g. WhatsApp, WeChat, Xiaohongshu, community Facebook groups, ethnic radio and newsletters.
- Promote engaging, simple and tailored in-language resources, leveraging relevant and accessible locations, e.g. GP clinics and waiting rooms
- Tailor strategies for specific communities, recognising different preferences in information delivery and engagement methods.
- Online tool to assess HIV risk and need for testing.

Integration and normalisation of BBV/STI screening and care

- Reframe BBV and STI screening as part of routine health check-ups which can help reduce stigma and increase engagement.
- Provide time flexible and localised testing options, such as pop-up clinics or mobile health services in community spaces (e.g. libraries, cultural centres).
- Bundle messaging with broader health and wellbeing topics (e.g. diet advice, cancer screening). Reframe hepatitis discussions through a "liver health" lens, offering a less stigmatised and more culturally acceptable entry point for conversations.
- Optimise opt-out HIV testing, especially in primary, emergency and antenatal care, to improve early detection in CALD communities.
- Integrate BBV/STI key messaging into existing health literacy and navigating Australian health care education sessions.

Strengthening workforce capacity

- Enhance GP capacity to manage chronic hepatitis B patients within primary care settings, especially in rural and regional areas where GP access is more accessible than specialist care.
- Build GP capacity to offer hepatitis screening as part of general health consultations, while addressing time constraints and remuneration barriers.
- Increase community and health workers BBV/STI awareness and link with multilingual resources and relevant services to enhance support their CALD communities/ clients.
- Expand the bilingual/bicultural health workforce to support navigation, reduce language barriers, and build trust in BBV/STI services, e.g. through HIV and Hepatitis B Clinical Concierge Program.

References

1 NSW HIV Strategy 2021-2025

2 NSW Hepatitis C Strategy 2022-2025

3 NSW Hepatitis B Strategy 2023–2026

4 Navigating Post-Pandemic Migration: A review of migration trends in NSW. NSW Multicultural HIV and Hepatitis Service, 2025.

5 Naruka, E, Gray, R, King, J, Khawar, L, McGregor, S. 2024, HIV, viral hepatitis and sexually transmissible infections among people from culturally and linguistically diverse backgrounds in Australia: Enhanced surveillance report, The Kirby Institute, UNSW Sydney, Sydney, Australia. https://doi.org/10.26190/4v8n-0m98

6 MacLachlan JH, Romero N, Purcell I, Cowie BC. Viral Hepatitis Mapping Project: Hepatitis B National Report 2022. Darlinghurst, NSW, Australia: ASHM; 2024. https://ashm.org.au/vh-mapping-project/

Appendix

Priority CALD communities represented within CALD Advisory Committee

Bangladeshi	Wiley Park Ladies Club, Lakemba Ladies Lounge
Hindi	Cultural Support Program
Mongolian	Australian Mongolian Community Organisation
Nepalese	Nepalese Australian Welfare Society
Pasifika	Salvation Army Representative, Cultural Support Program, NSWCPC
Rohingya	Burmese Rohingya Community in Australia (BRCA)
African	African Women's Association
Arabic-speaking	Arab Council, Lebanese Muslim Association or MWA
Chinese	Australian Chinese Community Association of NSW, Rhodes Multicultural Community Association (RMCA)
Portuguese	Fruits from Brazil
Spanish	Sydney Arco Iris Latin American and Hispanic Community
Thai	Cultural Support Program
Indonesian	Indonesian Care Group
Vietnamese	Community & Cultural Connections Inc

Hepatitis B - Overview

Hepatitis B is a liver infection caused by the hepatitis B virus. Most people who get infected with hepatitis B will clear the virus within 6 months and develop protection against it. However, when the infection lasts for more than six months, the person develops 'chronic hepatitis B' (CHB).

Why is hepatitis B a concern?

In Australia, **more than 200,000** people are living with chronic hepatitis B and many are unaware they have the virus. Chronic hepatitis B and its related liver complications are a major health problem both globally and in Australia.

In around **15–25%** of cases, CHB leads to liver disease and liver cancer, if not adequately managed.

There is a higher prevalence of CHB among **people born overseas** in endemic areas. Among the top countries of birth of people living with CHB in Australia are China, Vietnam, Cambodia, Taiwan, Korea, Hong Kong and Myanmar.

Can hepatitis B be prevented?

Hepatitis B can be prevented through readily available vaccinations in NSW. However, **over 90% of new cases** of CHB in Australia are attributable to migration and cannot be prevented through local vaccination initiatives. Other hepatitis B prevention methods include adopting safe sex practices, not sharing needles, syringes and other injecting equipment.

Hepatitis B testing and diagnosis

The only way to test for hepatitis B is by getting a hepatitis B blood test. The test results tell if there is a current hepatitis B infection, immunity to hepatitis B (from the vaccine or through past cleared infection) or no immunity.

Where to get a hepatitis B test?

Testing is easy, confidential and available at:

- General practitioner - testing is free with a Medicare card.
- Sexual health clinics - some clinics do not require a Medicare card
- Liver clinics and liver specialists

Treatment and monitoring

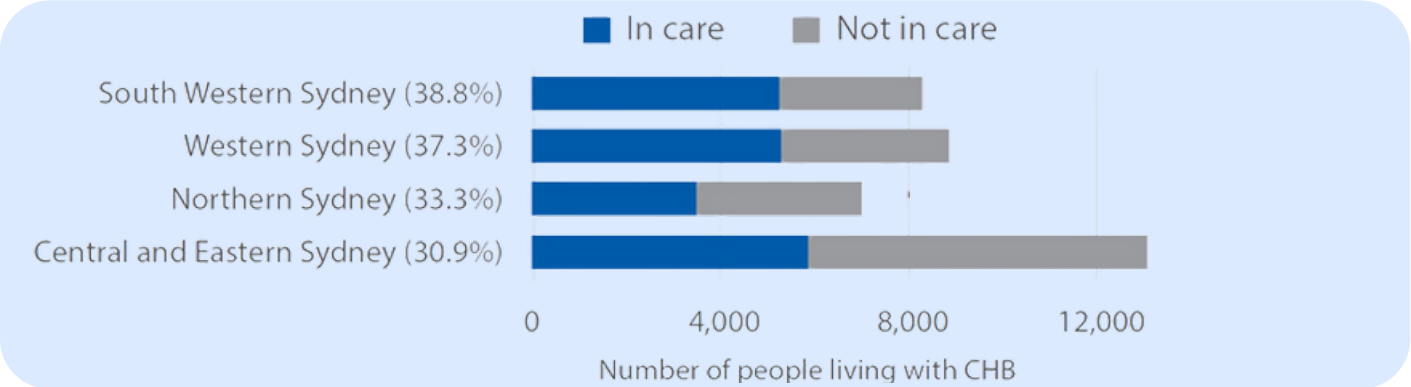
Regular 6–12-month monitoring is essential for people living with hepatitis B. The hepatitis B virus goes through phases, sometimes fine, other times harming the liver. There are medications to treat hepatitis B available via prescription from a hospital pharmacy or local chemist. Though, not all people living with hepatitis B will need medication. **Only 30.5%** of people living with CHB in NSW were receiving regular care (treatment or monitoring) in 2022, well below the NSW Hepatitis B Strategy target of 100% by 2026.

Hepatitis B - NSW progress overview

Progress made towards NSW Hepatitis B Strategy targets as of 2022:

People living with CHB:	2022	NSW Strategy target by 2026
Diagnosed	83.9%	**90%**
Engaged in care (treatment or monitoring)	30.5%	**100%**
Receiving treatment	15.4%	**20%**

Number of people living with CHB and in care or not in care by LHD (2022)
The Local Health Districts (LHDs) with the highest CHB prevalence are South Western Sydney (1.34%), Western Sydney (1.25%), Central and Eastern Sydney (1.22%) and Northern Sydney (1.15%), Correspondingly these LHDs had the largest number of people with CHB estimated not to be receiving care.



Support services for people living with hepatitis B

- **Multicultural HIV and Hepatitis Service** – information and support for culturally diverse communities related to hepatitis.
- Hepatitis NSW – **local service directory** to find hepatitis services nearby.
- **Hepatitis NSW Infoline 1800 803 990** - free, confidential support & information about hepatitis B in NSW.
- **Sexual Health Info Link 1800 451 624** - free advice line to speak to a qualified sexual health nurse.
- **HepBcommunity.org -** a global, volunteer-driven online forum to support those affected by hepatitis B.

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1. Be Positive. Hepatitis B for primary care. Prevalence and epidemiology of hepatitis B. https://hepatitisb.org.au/prevalence-and-epidemiology-of-hepatitis-b/#figure_1_2
2. King, J., McManus, H., Kwon, J., Gray, R., & McGregor, S. (2023). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023. Kirby Institute, UNSW Sydney. https://doi.org/10.26190/f5ph-f972
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Hepatitis C - Overview

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Hepatitis C and liver health

The liver is an important organ that helps break down food and drinks, removes toxins from the blood, and supports immunity and digestion. Hepatitis means inflammation of the liver, which can be caused by alcohol, certain medicines, drugs, or viruses.

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). It is a bloodborne virus, spread from one person to another through blood-to-blood contact. While 25% of people clear the virus naturally within 12 months, the remaining 75% can develop chronic hepatitis C (CHC). Without treatment, hepatitis C can cause serious liver damage (cirrhosis) and liver cancer.

Why is hepatitis C a concern?

In Australia **over 74,000** people are living with chronic hepatitis C and many don't know they have it, as most people won't have any symptoms when they are first infected.

Without treatment, **20–30%** of CHC cases will develop cirrhosis, and **1–5%** will be diagnosed with liver cancer.

Around **50 million** people worldwide have CHC. With Australia's diversity, hepatitis C is common in CALD communities, especially for people who have migrated from countries with high-prevalence of hepatitis C.

How is hepatitis C transmitted?

Hepatitis C can be passed on from:

Unsterile medical, dental procedures, surgery or vaccinations done overseas.

Unsterile traditional practices that involve blood, such as tattooing and skin piercing.

A mother with hepatitis C passing it to her baby during pregnancy or childbirth.

Blood transfusions in Australia before 1990

Sharing and reusing any equipment used for injecting drugs or steroids.

Sharing personal items like razors and toothbrushes, that may have blood on them.

Blood-to-blood contact during sex without a condom.

Accidental needlestick injuries

Hepatitis C testing

A blood test is the only way to know your hepatitis C status. The tests show if a person has ever had or currently has the virus. Testing is important for those who were born or have lived in a country where hepatitis C is common, have been in prison or have hepatitis B or HIV.

Testing is simple, confidential, and available through:

- General practitioners (GPs) – free with a Medicare card.
- Sexual health clinics – some clinics don't require a Medicare card.
- Dried Blood Spot (DBS) test – free to order online for at-home testing.

Treatment and cure

Hepatitis C can be **cured** through safe and effective medications, with around **95%** of people on treatment successfully cured. The medications, called Direct-Acting Antivirals (DAAs), are taken as pills for 8 to 12 weeks to clear the virus and improve liver health. It's important to note that people can get hepatitis C again (reinfection) after treatment.

Hepatitis C - NSW progress overview

Chronic hepatitis C treatment uptake by PHN (March 2016 – June 2024)
Treatment uptake across NSW was generally estimated to be lower than the national average. In South Western Sydney (12.1% lower than the national average), Western Sydney (14.8% lower), Northern Sydney (21.2% lower) and Central and Eastern Sydney (22.4% lower).

Progress made towards NSW Hepatitis C Strategy 2022- 2025 targets

NSW Strategy target area	2023	NSW Strategy target 2025
Prevent - 60% reduction in number of new hepatitis C infections	2,564	**1,270**
Test - 20% increase in the number of hepatitis C tests	25,466	**21,556**
Treat - People with CHC initiated DAA treatment	59%	**65%**

Support services for people living with hepatitis C

- **Multicultural HIV and Hepatitis Service** – information and support for culturally diverse communities related to hepatitis.
- Hepatitis NSW – **local service directory** to find hepatitis services nearby.
- **Hepatitis NSW Infoline 1800 803 990** - free, confidential support & information about hepatitis in NSW.
- **Sexual Health Info Link 1800 451 624** - free line to speak to a qualified sexual health nurse.

References

1. Cancer Council, Hepatitis and Liver Cancer
2. NSW Hepatitis C Annual Data Report: January to December 2023 https://www.health.nsw.gov.au/hepatitis/Publications/hepatitis-c-2023-data-report.pdf
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