hepatitis australia

ACHIEVING 2030

Progress achieved to-date, and the consequences of falling short of hepatitis B and hepatitis C elimination targets

This resource has been developed with the support of :

GILEAD GSK

ACKNOWLEDGMENT OF COUNTRY

In the spirit of reconciliation this report acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.

We value Aboriginal and Torres Strait Islander cultures, traditions, views and ways of life and pay our respects to Elders past and present.

INTRODUCTION

Australia has available the tools and systems needed to reach agreed hepatitis B and hepatitis C elimination targets by 2030. There are effective and approved treatments that can cure or control disease, diagnosis is available through free pathology, and people in Australia benefit from one of the strongest health systems in the world. These strengths, combined with a long-standing and productive partnership between the Australian Government, community organisations, affected communities, researchers, and clinicians, have laid a solid foundation for eliminating hepatitis B and hepatitis C as public health threats.

Recent investments by the Australian Government, including the $23.7 million allocated in the 2024-25 Federal Budget to support hepatitis B and hepatitis C projects, demonstrate a continued commitment to this goal. These and funding for peak bodies to implement BBVSTI strategies are all steps in the right direction.

Despite this, too many people in Australia are not connected to the care they need. Barriers to prevention and delays in uptake of diagnosis, treatment, cure and care not only compromise individual health outcomes, but also result in escalating financial, social, and emotional costs. Every missed opportunity contributes to higher health expenditure, greater social and economic impacts, and avoidable loss of wellbeing. These costs extend well beyond the healthcare system, affecting people's quality of life, productivity, and sense of belonging within their communities.

This is avoidable. We have seen that when Governments, communities, and health systems work in partnership, progress is possible. Now is the time to build on what works, scale up successful models, and invest in innovations that reach those currently left behind, ensuring no one is excluded from the path to elimination. With sustained and focussed action, Australia can still meet the 2030 elimination targets.

NEXT STEPS

Achieving 2030 elimination of viral hepatitis is still within reach, provided that collective commitment is maintained and strengthened across policy, service delivery, and community support.

As we strive to meet the elimination goals, it is essential to recognise that the benefits of timely action extend far beyond healthcare savings alone. Increased efforts to meet the targets will mean that fewer people will face preventable illness, ongoing stigma, discrimination, financial instability, and disconnection from family, culture, and opportunity.

Behind every missed milestone are people whose lives are shaped by viral hepatitis. But these consequences extend far beyond the individual. When society neglects those most affected, often people already pushed to the margins, the effects ripple outward. Ultimately, the cost is borne by the whole community.

To bring these realities into focus, Hepatitis Australia in collaboration with HTANALYSTS is conducting a comprehensive impact assessment that will quantify the broader consequences of falling short of 2030 hepatitis elimination targets. This work will combine economic modelling with lived experience insights to demonstrate the true cost of missing the opportunity of eliminating hepatitis B and hepatitis C in Australia. Hepatitis Australia thanks Hepatitis NSW, Hepatitis ACT, and HepLink for their support in providing the lived experiences featured in the report.

The analysis will capture both direct costs, such as health system expenditure, and broader indirect costs, including lost productivity and social support. Importantly, this work will put the voices of people with lived experience at the centre, ensuring that the findings are grounded in real-world stories, perspectives and outcomes. By making the full impacts visible, this work aims to inform policy and investment decisions to better respond to the full scale of the challenge, and the human costs of failing short of elimination.

DIGBY'S STORY

Digby contracted hepatitis C in the '70s or '80s, although he was not diagnosed until the early 2000s after several of his peers became severely unwell. Digby recalls that the process of obtaining his diagnosis was straightforward, with a simple blood test from his GP. However, available treatment at the time (interferon) had significant side effects and wasn't effective for him, leading to him developing symptomatic liver damage.

Everything changed once direct-acting antivirals became widely available in Australia. Digby was able to access treatment which he said

"... freed me from the condition I'd had for 40 years. I've got a great deal more mental clarity and a lot more physical energy. I'm getting fit again, I work as a journalist and a publicist and am just generally enjoying a well-rounded life"[21]

HEPATITIS B IN AUSTRALIA

Across Australia, people living with hepatitis B are diverse in cultural context, language spoken, country of birth, and location. Affected communities often experience significant social, economic and legal marginalisation, including stigma, limited access to healthcare, and discrimination. By enabling equitable access and improving uptake of vaccination, testing, monitoring, treatment and care, we can build on Australia's advanced health system to ensure everyone is supported on the path to hepatitis B elimination.

The number of people living with hepatitis B in Australia has increased over the last decade. [1] The health and social impacts are a significant burden for those living with this disease.

Only **1 in 4** people with hepatitis B received care (i.e., treatment or monitoring) in 2023.[2]

This means three-quarters of people living with hepatitis B are at risk of unknowingly developing serious and life-threatening liver damage and may be missing opportunities for timely treatment.

An estimated 65,000 people with hepatitis B were eligible for antiviral treatment in 2023, but **less than 1 in 2 are receiving appropriate therapy**

leading to preventable liver damage. Hepatitis B related liver damage can lead to death from liver cancer and liver failure, with an estimated 460 deaths in 2023 attributed to chronic hepatitis B. [2]

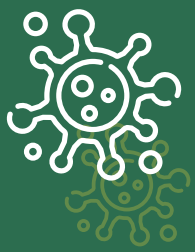
Over **60%** of people living with hepatitis B from culturally and linguistically diverse communities **report experiencing stigma or discrimination as a result**.[3,4]

The reason I've been able to live my life thus far, without any issues with my liver, is surely due to the consultations and check-ups I've had for over 10 years

Ji, person living with hepatitis B [5]

[1] ASHM (2023)
[2] The Doherty Institute (2023)
[3] University of New South Wales (2022)
[4] University of New South Wales (2023)
[5] Hepatitis NSW (2022)

HEPATITIS C IN AUSTRALIA



In 2023 an estimated

52% of all new hepatitis C cases were reinfections.[6]

Reinfection remains a significant issue for those at greatest risk of infection, particularly in settings without adequate access to means of prevention and where continuity of care can be challenging, such as custodial settings.

Australia has achieved great success in the early years of rolling-out curative treatments for hepatitis C, demonstrating what is possible. Building on this strong foundation, there is an opportunity to address areas where progress towards elimination has stalled. These include declining treatment uptake, suboptimal rates of testing, high rates of transmission in custodial settings, disengagement from care particularly among people diagnosed before the direct-acting antivirals (DAA) era, and ongoing infections and reinfections among at-risk groups.

In 2024, approximately

12% of people living with hepatitis C received treatment.

Of these, more than **1 in 3 were receiving re-treatment** following reinfection or previous treatment failure.[7]

People who are diagnosed but are not accessing treatment need to be followed up or otherwise reengaged in care, as they are currently not well served by the national response.

I was so terrified of facing my situation, and the stigma surrounding it, that every time I got tested, I pretended it wasn't happening and avoided the results.... The stigma hurt me far more than the virus did

Peta, person with lived experience of hepatitis C[9]

Approximately

1 in 2 people who inject drugs

report experiencing stigma due to their hepatitis C.

A similar proportion also report negative treatment by health workers.[8]

[6] Kirby Institute (2024)
[7] Kirby Institute (2025)
[8] University of New South Wales (2023)
[9] Hepatitis NSW

PROGRESS TOWARDS THE 2030 TARGETS HEPATITIS B

Despite being a long-standing public health concern, there is opportunity to accelerate progress through targeted and meaningful action. The Fourth National Hepatitis B Strategy sets ambitious goal of eliminating hepatitis B as a public health threat by 2030. Yet, **9 out of 10 targets are currently not expected to be met by 2030**.[2,3,10,11]

Complete timely childhood vaccination (at 12 and 24 months) **ON TRACK***	Prevent mother-to-child transmission **NOT ON TRACK**	Reduce the incidence in young children **NOT ON TRACK**	Increase the proportion of people with chronic hepatitis B who are diagnosed **NOT ON TRACK**
Reduce hepatitis-related stigma and discrimination in healthcare settings **NOT ON TRACK**	Improve the quality of life of people living with hepatitis B **NOT ON TRACK**	Reduce impacts of legal and human rights issues for people living with hepatitis B **NOT ON TRACK**	Increase the proportion of people with chronic hepatitis B in care **NOT ON TRACK**
Increase the proportion of people with chronic hepatitis B receiving treatment **NOT ON TRACK**	Reduce the number of deaths associated with hepatitis B **NOT ON TRACK**		

*Vaccination is essential to protect future generations. It is the cornerstone of hepatitis B prevention and underpins progress on the road to elimination. Despite the target being assessed as 'on-track', coverage is often only achieved by 24 months, suggesting delays in the timely completion of vaccination and prolonged risk of infection. Also, progress is not cumulative (i.e., vaccination uptake is reported each year), therefore achievement against the target is subject to variability year-to-year due to disruption (e.g., COVID-19) and other influences (e.g., vaccine hesitancy).

Almost one third of people living with hepatitis B are not diagnosed.[1] Without greater focus and investment, this silent burden will continue to result in preventable illness, liver failure, liver cancer, and mortality. It will also place a growing strain on our health system and communities already experiencing disadvantage.

The targets are presented qualitatively for the purposes of this report. As part of the Fourth National Hepatitis B Strategy, specific quantitative targets have been set to achieve the elimination target; these were used to assess the progress and whether the target is currently on track to be reached or not.

In addition to the targets displayed above, there is also a target measuring 'Indigenous Status Identification Data Completion'. However, it has been left intentionally blank in the draft Fourth National Hepatitis B Strategy so it has not been explored in this report.

[10] Department of Health, Disability and Ageing (2025)
[11] Wiseman et al. (2009)
[12] Kirby Institute (2024)

THE IMPACT

PRIORITY POPULATIONS

People living with hepatitis B

Unvaccinated or partially vaccinated people

Pregnant people living with hepatitis B

Sex workers

Aboriginal and Torres Strait Islander Peoples

Culturally and linguistically diverse communities

HEALTHCARE IMPACTS

If Australia does not meet the 2030 hepatitis elimination goals, the consequences for the healthcare system will be wide-reaching. Missed opportunities for diagnosis and connection to care mean that many people living with hepatitis B will not receive timely treatment. This increases the risk of severe complications such as liver cirrhosis, liver failure, liver cancer, and early death. As more people require hospital care and specialist interventions, the demand on already stretched healthcare services will rise. This pressure will be felt most acutely in settings that support underserved populations. Ongoing investment in prevention is also critical to easing the long-term healthcare burden associated with chronic hepatitis B.

Reduced virus levels [have] allowed him to live a healthier and happier life

Michael, person living with hepatitis B[13]

SOCIAL IMPACTS

The social consequences of hepatitis B are complex and often overlooked. However, for those living with hepatitis B, the impact extends beyond individuals and can affect families, communities and cultural wellbeing. Missed opportunities to improve awareness, testing and early diagnosis, engagement in care, and address systemic barriers will have long-term effects on wellbeing and inclusion. For priority populations the effects may be compounded by language barriers, limited access to trusted health information, inequities within the health system, stigma and discrimination, and racism. Without stronger action, stigma and discrimination will continue to shape the experiences of people living with hepatitis B, affecting their ability to form relationships and engage fully in community life.

The worst thing about it has mostly been the lack of information about it and the behaviour of other people towards me when they find out I have hepatitis B

Mary, person living with hepatitis B[14]

PRODUCTIVITY IMPACTS

Chronic hepatitis B can impact significantly a person's ability to work and thrive. Symptoms such as fatigue and liver damage can make it harder for people to maintain employment or pursue training and education. The emotional weight of stigma and social exclusion can also affect confidence and motivation. Together, these challenges reduce economic participation and increase reliance on income support, particularly in communities already facing disadvantage. Over time, this can create a cycle of reduced productivity and financial stress, not only for individuals and their families, but for the broader economy.

A student was found to have no immunity for hepatitis B as part of her nursing program entry requirements, but later found she tested positive for hepatitis B. As a result, she was not only anxious about her health, but also uncertain about the implications of her diagnosis on her nursing career

HepLink case study about a person seeking advice on hepatitis B treatment and management

[13] Hepatitis NSW
[14] Hepatitis NSW

PROGRESS TOWARDS THE 2030 TARGETS HEPATITIS C

Hepatitis C is now curable and Australia was once seen as a global leader in elimination efforts. The forthcoming Sixth National Hepatitis C Strategy outlines a clear path to reduce the burden of disease by 2030. But progress has slowed, and **6 out of 7 national targets are currently not expected to be met by 2030**.[7, 8, 15, 16, 17]

Reduce the incidence of hepatitis C **SIGNIFICANT PROGRESS MADE**	Increase the proportion of people living with hepatitis C who are diagnosed **SIGNIFICANT PROGRESS MADE**	Reduce hepatitis-related stigma and discrimination in healthcare settings **NOT ON TRACK**	Improve the quality of life of people living with hepatitis C **NOT ON TRACK**
Reduce impacts of legal and human rights issues for people living with hepatitis C **NOT ON TRACK**	Increase the proportion of people living with hepatitis C who are cured **SIGNIFICANT PROGRESS MADE**	Reduce the number of deaths associated with hepatitis C **NOT ON TRACK**	

The notation 'significant progress made' was used where the target will be met according to some metrics or population groups but not for all the populations at risk or living with hepatitis C.

Current curative therapies are well-tolerated, taken orally, highly effective, and widely available. This contrasts with historical experiences of Interferon-based treatment, which had serious side effects, before direct-acting antiviral therapies became available. A major challenge lies in reaching and re-engaging all people at risk of transmission and at risk of advancing liver disease from existing but untreated hepatitis C infection. At the same time, we must retain focus on people who inject drugs as most new cases are experienced among this priority population. Without increased awareness, better prevention, targeted outreach, stigma reduction, continuity of care, and innovative approaches to testing and models of care, treatment numbers will remain below levels required to achieve elimination. Lack of action risks losing hard-won gains achieved to date, leading to preventable illness, transmission, and growing costs to both the health system and society.

The targets are presented qualitatively for the purposes of this report. As part of the Sixth National Hepatitis C Strategy, specific quantitative targets have been set to achieve the elimination target; these were used to assess the progress and whether the target is currently on track to be reached or not.

In addition to the targets displayed above, there is also a target measuring 'Indigenous Status Identification Data Completion'. However, it has been left intentionally blank in the draft Sixth National Hepatitis C Strategy so it has not been explored in this report.

[15] Burnet and Kirby Institute (2024)
[16] Kirby Institute (2024)
[17] Scott et al. (2020)
[18] Health Direct (2024)

THE IMPACT

PRIORITY POPULATIONS


People living with hepatitis C


People who inject drugs


People in custodial settings


Sex workers


Aboriginal and Torres Strait Islander Peoples


Culturally and linguistically diverse communities

HEALTHCARE IMPACTS

If Australia falls short of its 2030 hepatitis C elimination goals, the consequences for the healthcare system will be both avoidable and costly. Without sustained prevention, diagnosis and treatment efforts, hepatitis C cases will persist and increase, leading to more people developing serious complications like liver fibrosis, cirrhosis and liver cancer. These conditions can require long-term, high-cost care including regular specialist consultations, advanced diagnostics, hospital stays, high-cost cancer treatments and, in severe cases, liver transplants. Harm reduction programs and accessible testing and treatment remain essential, especially for people most at risk of hepatitis C, such as people who inject drugs, people experiencing homelessness, and those in custodial settings.

> **[on living with symptoms of liver damage caused by hepatitis C] ...maddening and just a terrible condition to have. The idea that I might be free of that was absolutely wonderful**
>
> *Digby, person with lived experience of hepatitis C[19]*

SOCIAL IMPACTS

The social impacts of hepatitis C stretch beyond the individual and into families, communities, and support systems. Ongoing stigma and discrimination can prevent people from accessing testing, treatment, or harm reduction services, even when these are available. This not only affects individual wellbeing but also limits progress toward broader public health goals. People living with hepatitis C may face barriers to housing, employment, and support networks, particularly if they are also navigating the justice system or other social disadvantage. The result is often a greater reliance on disability support, increased need for end-of-life care, and lost opportunities to promote health equity.

> **I think they let me down a lot with everything. Every time I went to one of my [pregnancy] checkups, it was just assumed that I was still using 100%, never checking in**
>
> *Eloise, person with lived experience of hepatitis C[20]*

PRODUCTIVITY IMPACTS

Living with hepatitis C can undermine a person's ability to fully participate in the workforce, even before symptoms become severe. Fatigue, brain fog, and mental health challenges can affect day-to-day functioning, leading to reduced productivity or time off work. For some, disease progression to cirrhosis or liver cancer results in early withdrawal from employment altogether. These disruptions often come with significant financial consequences. Timely treatment with direct-acting antivirals (DAAs) is a proven way to prevent or slow disease progression, restore health and reduce long-term productivity losses. Maintaining unrestricted access to these cures is critical to keeping people well and economically active.

> **My cognitive ability was leaving me, and I was no longer able to work. All of this put a huge tension on my relationship, which eventually ended**
>
> *Paul, person with lived experience of hepatitis C[21]*

[19] Hepatitis Australia
[20] Hepatitis ACT (2024)
[21] Hepatitis NSW

PRIORITY POPULATIONS

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Living with hepatitis B or hepatitis C can be an isolating and often misunderstood experience.

Language and other barriers to culturally appropriate information and support can make it difficult to fully understand the condition, navigate the health system, and access care or treatment. Stigma within communities, including people with diverse cultural, ethnic and linguistic backgrounds, is often fuelled by misconceptions about transmission or assumptions about risk behaviours. This can lead to feelings of fear and shame, preventing people from disclosing their status or seeking support. Some may avoid testing or treatment altogether, while others may face discrimination in work or social settings, or within their own relationships and families.

These challenges can lead to late diagnoses, worsening health outcomes, and a deep sense of exclusion, all of which affect not just the individual, but their families and the broader community.

“I’d resigned myself to having a disease for life that would only get worse, but now I’m active and healthy and couldn’t ask for more”

Howard, person with lived experience of hepatitis C[22]

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Achieving the 2030 elimination targets offers a significant opportunity to improve health equity for Aboriginal and Torres Strait Islander Peoples, who bear a disproportionate burden of hepatitis B and hepatitis C. Without significant progress in prevention, testing, treatment and care, higher rates of infection among Aboriginal and Torres Strait Islander people will persist. People will not receive the care they need, and the impact on their health and wellbeing will be even more profound.

SEX WORKERS

Sex workers face higher risks of hepatitis B and hepatitis C due to a combination of occupational and social factors. This makes access to vaccination for hepatitis B, testing, treatment and care particularly important.

However, many sex workers may feel uncomfortable or unsafe engaging with mainstream healthcare services, especially when navigating unfamiliar systems. Support from peer-led organisations plays a vital role in providing prevention information and facilitating access to non-judgemental, respectful healthcare services.

[22] Hepatitis Australia

PEOPLE IN CUSTODIAL SETTINGS

In 2023 over 40% of all people treated for hepatitis C were treated in custodial settings.[23] At the same time, on any given day, just 5% of all people living with hepatitis C in Australia are in custody. This highlights high rates of treatment in custodial settings but also the high burden of transmission and reinfection in this population. The significant opportunities for testing and treatment in custodial settings need to be supported with access to the means of prevention for people at greatest risk of hepatitis C (i.e. those in our prisons and other places of held detention).

Limited access to harm reduction measures and disruption of care during incarceration leads to poorer health outcomes. Experiences of stigma and discrimination are common, and access to culturally safe and appropriate care is often lacking.

Addressing these systemic challenges is critical to meeting elimination targets, reducing health inequities, and supporting people to access the care they need, both during and after incarceration.

PEOPLE WITH EXPERIENCE OF INJECTING DRUG USE

Fear of stigma or discrimination can discourage people who inject drugs from seeking medical care, including for co-existing health conditions. These impacts can be long-lasting, even for those who no longer use drugs.

This priority population group continues to carry a disproportionate burden of hepatitis C. Needle and syringe programs have significantly reduced drug-related harms, with hepatitis C rates among program participants falling four-fold between 2015 and 2023. Despite these gains, primary infections and reinfections are concentrated among people who inject drugs and others not well supported by current harm reduction and addition support services.

Achieving hepatitis C elimination targets presents an opportunity to reduce preventable harms, improve health outcomes, and dismantle entrenched stigma.

PREGNANT AND UNVACCINATED PEOPLE

Without elimination, unvaccinated people remain at risk of contracting hepatitis B, especially in communities where transmission continues. People who cannot be vaccinated for medical reasons, or who face greater barriers to accessing vaccination and healthcare, are especially at risk.

Pregnancy offers a key point of contact with the health system and a critical opportunity to protect both parent and child. Every missed opportunity represents a preventable illness, a potential source of stigma, and a life that could have been safeguarded.

[23] Burnet Institute (2024)

IN FOCUS: LIVER CANCER

People living with chronic hepatitis B or hepatitis C have a significantly higher risk of developing liver cancer, particularly hepatocellular carcinoma.[24]

The impact of lost wellbeing due to hepatocellular carcinoma was estimated at

$4.3 billion in 2019–20

including health impact as well as broader social and economic costs of premature death, disability, and reduced quality of life.[25]

In 2019–20

$139.5 million was spent across the Australian health system

managing hepatocellular carcinoma. These costs are expected to rise if hepatitis-related liver disease is not addressed upstream.[19] Investment in prevention, testing, treatment and care for people living with hepatitis B and hepatitis C is investment in liver cancer prevention.

Liver cancer remains one of the most lethal cancers. More than

75% of people diagnosed will not survive

beyond 5 years.[26]

Aboriginal and Torres Strait Islander Peoples experience higher rates of liver disease. They are

x2.4 times more likely to develop liver cancer

and face more than twice the risk of dying from it, reflecting long-standing health inequities that must be addressed as part of national elimination efforts.[27]

[24] Cancer Council NSW
[25] Deloitte (2021)
[26] Cancer Australia (2025)
[27] AIHW (2018)

IN FOCUS: HEALTH SYSTEM COSTS

In 2019–20

health expenditure on acute hepatitis C exceeded $500 million.

This includes costs associated with diagnosis, treatment, hospital care, and ongoing disease management.[28]

In 2019–20

health expenditure on acute hepatitis B was over $75 million

highlighting a significant and persistent burden on the health system despite available preventive measures.[18]

In severe cases, hepatitis B or hepatitis C can progress to liver failure, requiring a transplant, where available. The hospital costs alone for liver transplantation are estimated at

over $280,000 per patient[31]

Managing the complications of advanced liver disease is costly. For people living with late-stage hepatitis C,

disease management cost up to $15,000 per person each year[29]

For hepatitis B, this figure rises to approximately $20,000 per person, per year, reflecting the long-term nature of care and monitoring required for chronic infection.[30]

Meeting the 2030 hepatitis elimination targets is important for easing pressure and burden on the healthcare system.

[28] AIHW (2022)
[29] Scott et al (2021)
[30] Xiao et al (2023)
[31] IHACPA (2023)

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Achieving 2030 elimination of viral hepatitis is still within reach, provided that collective commitment is maintained and strengthened across policy, service delivery, and community support.

Hepatitis Australia is the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. Our members are the eight state and territory hepatitis organisations.

This report was commissioned by Hepatitis Australia and is prepared on their behalf by **HT**ANALYSTS.
HTANALYSTS has been providing boutique value and impact assessment services for over two decades. Our organisation has grown to become a leader in social impact consulting, providing services to the healthcare industry. We exist to make a powerful impact on society by driving human-centric outcomes.

Get information and support for viral hepatitis

HEPLINK AUSTRALIA
1800 437 222
www.heplink.au

HepLink Australia provides free and confidential viral hepatitis information, advice and support services to anyone, anywhere in Australia.

HepLink is delivered in partnership with the 8 state and territory community hepatitis organisations, providing information and advice, referral, collaborative support and linkage to resources and services ensuring that everyone in Australia has a pathway to essential viral hepatitis information and enabling a health journey free from confusion, frustration or failure.

Call 1800 437 222
or visit www.heplink.au

HepLink is funded by the Australian Government.