hepatitis australia

Strategic Plan 2025-2030

A plan to eliminate hepatitis B and hepatitis C

Hepatitis Australia acknowledges the Traditional Owners and Custodians of the land, waters and community where we walk, live and work. We value Aboriginal and Torres Strait Islander cultures, traditions, views and ways of life and pay our respects to Elders past and present.

Hepatitis Australia (2025) Strategic Plan 2025-2030
A plan to eliminate hepatitis B and hepatitis C

Canberra: Hepatitis Australia

The development of this Strategic Plan has been informed by the contributions of Hepatitis Australia's members – the lead organisations for hepatitis B and hepatitis C in each state and territory – staff and community, research and clinical partners. Hepatitis Australia thanks all contributors to the development of the plan for their insights.

Contents

Acronyms

AHA	Australasian Hepatology Association
AIR	Australian Immunisation Register
AIVL	Australian Illicit and Injecting Drug Users League
ANSPS	Australian Needle and Syringe Program Survey
ASHM	Formerly the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
ASID	Australasian Society for Infectious Diseases
BBV	blood-borne virus
BBVSS	Blood-borne Viruses and Sexually Transmissible Infections Standing Committee, which reports to the Australian Health Protection Committee
CDC	(Australian) Centre for Disease Control
CDNA	Communicable Diseases Network of Australia
DAA	direct-acting antiviral (hepatitis C)
DFAT	Department of Foreign Affairs and Trade (Australian Government)
FECCA	Federation of Ethnic Communities' Councils of Australia
GESA	Gastroenterological Society of Australia
GP	general practitioner
HBsAg	hepatitis B surface antigen, the primary marker used to diagnose hepatitis B infection
Hep B PAST	Partnership Approach to Sustainably Eliminating Chronic Hepatitis B in the Northern Territory, a project of the Menzies School of Health Research
MBS	Medicare Benefits Scheme
NACCHO	National Aboriginal Community Controlled Health Organisation
NBBVSTISS	National BBV and STI Surveillance Subcommittee, which reports to CDNA
NPAAC	National Pathology Accreditation Advisory Council
NSP	needle and syringe program
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
RCPA	Royal College of Pathologists of Australasia
RNA	ribonucleic acid
STI	sexually transmissible infection
WHO	World Health Organization

Strategic Plan –
At a glance

Vision

To eliminate viral hepatitis for all.

Purpose

To enable everyone to live free from the impact of viral hepatitis.

Values

- Curiosity
- Innovation
- Respect
- Equity
- Human rights
- Partnership
- Impact
- Accountability

Role

Hepatitis Australia serves and champions its members as the federation of Australia's leading state and territory community hepatitis organisations.

Hepatitis Australia partners with communities, researchers, clinicians and governments to find solutions to systemic challenges and advocate for their implementation.

Members:

We do these things by:

Providing a national voice for members and representing the interests of people affected by hepatitis B and hepatitis C

Providing leadership in the national response to viral hepatitis, in partnership with communities, researchers, clinicians and governments

Securing the political and financial commitment needed to achieve elimination by 2030

Supporting community action on hepatitis B and hepatitis C in Asia and the Pacific and contributing to global dialogue on viral hepatitis

Priorities

- Prevention
- Testing
- Treatment and care
- Quality of life

Implementation enablers

- Good governance
- Organisational sustainability
- Our people
- Quality delivery

From Hepatitis Australia's Board

As President of Hepatitis Australia, I am honoured to present this Strategic Plan 2025-2030. The plan represents Hepatitis Australia's unwavering resolve to end the epidemics of hepatitis B and hepatitis C and create positive changes that improve the lives of people living with its impacts, including liver disease.

Partnerships

In the plan, Hepatitis Australia affirms the central role of its members – the leading community hepatitis organisations in each state and territory – in governing our organisation. We celebrate their community leadership as representatives of people affected by hepatitis B and hepatitis C. This plan identifies new measures through which Hepatitis Australia will provide a platform for the voice and involvement of people affected by hepatitis B and hepatitis C, including people with lived experience.

Representing the interests of communities affected by hepatitis B and hepatitis C, Hepatitis Australia affirms in this plan its deep commitment to partnership – with researchers who provide evidence to light the way, clinicians who provide life-saving treatment and care, and parliamentarians and governments whose sustained engagement and support we need to achieve our vision. We will advocate with renewed urgency for the needs of affected communities to drive policy change.

Professor Joseph Doyle
President
Hepatitis Australia

> "Hepatitis Australia and its members are globally unique in being funded by governments to represent the needs of people living with viral hepatitis.
>
> This allows for people with lived experience to be intrinsically involved in a partnership with government, researchers, clinicians and others to support the elimination of viral hepatitis."

Dr Jack Wallace
Founder and Executive Officer
(1998 - 2005)
Hepatitis Australia

> "It is the role of community hepatitis organisations to help find those we're missing in the national response and get them connected to care. Australia has the potential to eliminate hepatitis B and C as public health threats, but only if community organisations continue doing the hard work of creating safe, stigma-free spaces where people feel supported to seek testing and treatment."

Lucy Clynes
CEO
Hepatitis Australia

About this plan

Enormous progress has been made responding to hepatitis B and hepatitis C through the dedication of members, clinicians, researchers, governments and, most importantly, people who navigate their experience of these conditions each day. While not as prevalent, this plan gives new attention to hepatitis A and hepatitis E, which are not usually chronic, and hepatitis D, which is only acquired by people with hepatitis B and which makes that infection more serious. We have also set out priorities to address the serious, often life-long health impacts of hepatitis B and hepatitis C and have highlighted the devastating global toll of these infections.

This plan sets an agenda. Alongside this Strategic Plan is an Implementation Plan that describes Hepatitis Australia's strategic priorities and the timeframes for their implementation.

In delivering this Strategic Plan, we will see enormous change in the journey to 2030. Not least, Hepatitis Australia will progressively complete the actions we have set. We can anticipate some of the larger changes ahead but, of course, not all. For this reason, Hepatitis Australia will renew this plan at its mid-point in late 2027 or as circumstances demand.

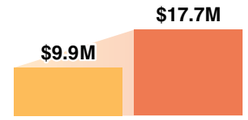
It is now possible to imagine a future where vaccination and other prevention strategies, earlier diagnosis, and the highest quality peer support, treatment and care can free people with hepatitis B and hepatitis C from its impacts. However, all of this depends on community action to educate, provide support and promote testing and treatment. There is much to be done.

ECONOMIC MODELLING

For Australia to achieve its elimination targets for hepatitis B and hepatitis C in the period to 2030

Hepatitis C

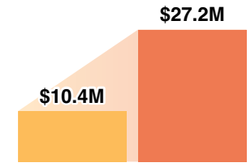
Investment of between



annually in the period to 2030.

Hepatitis B

Investment of between



annually in the period to 2030.

Resourcing is essential

This plan is ambitious. It is grounded in the needs of members and communities and sets out the efforts and leadership that Hepatitis Australia must provide. We have not limited our ambition to the things we are funded for. Instead, we boldly lay claim to the contribution Hepatitis Australia must make if Australia is to achieve elimination. This is Hepatitis Australia's goal, and it is also the goal of Australian governments. Among the most important and urgent priorities is for Australian governments to fund the implementation of the National Hepatitis B and Hepatitis C Strategies, which they each endorse.

Economic modelling independently commissioned by Hepatitis Australia has shown Australia can achieve its elimination targets for hepatitis B and hepatitis C with modest investment in the period to 2030. For hepatitis C, substantial progress is possible with annual investment of between $9.9m and $17.7 million.[1] For hepatitis B, the annual investment range is between $10.4m and $27.2m.[2]

Australian governments have launched successive National Hepatitis B and Hepatitis C Strategies that are big on ambition yet short on the financing needed for their implementation. Choosing to be ambitious is no different to choosing to deliver – both are decisions that are available to governments. We already spend far more on viral hepatitis healthcare than these modest funding targets. The Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) at national level and hospital and other services at state and territory level cost hundreds of millions of dollars each year.
Yet coordinated program funding to drive the elimination agenda is where we have fallen short, despite best efforts. Adequately funding the elimination agenda will save avoidable costs in the long run.

Meaningful national and state and territory program investment is needed to grow and support the community workforce whose efforts are needed to achieve elimination. Given the scale of financing failure to date, additional pathways must also be considered. These could include building hepatitis B and hepatitis C financing and accountabilities into Commonwealth and state and territory health agreements, scope of practice changes that allow a wider range of health professionals, including trained peers, to perform to their capability and access the MBS, and declaring hepatitis B to be a priority for Primary Health Networks with higher incidence.

Hepatitis Australia hopes the newly emerging Australian Centre for Diseases Control (CDC) will be a catalyst for new thinking on how Australia finances its responses to communicable diseases. We commit to new partnership with the CDC and look forward to the mutual benefits it offers.

Hepatitis Australia's role as a federation

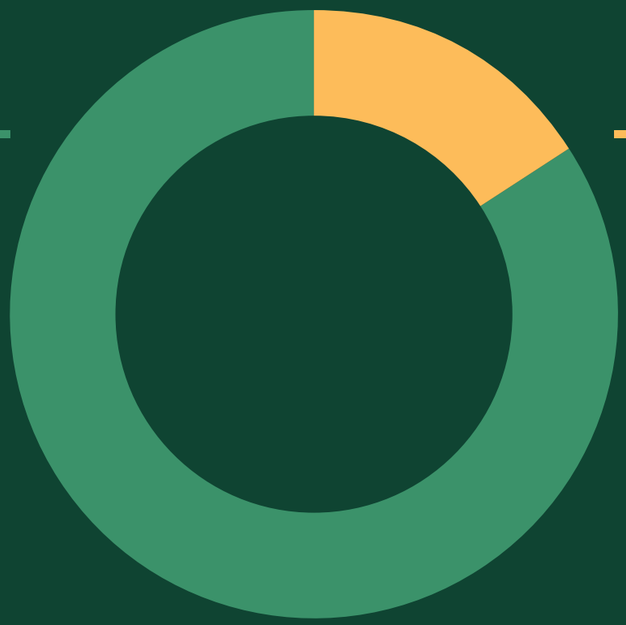
In this plan, we have set out two vital roles for Hepatitis Australia. First, to serve and champion Hepatitis Australia's members in their work providing peer and community support, education and frontline services to communities. Their work is driven by the effects of stigma and discrimination, criminalisation and injustice, migration and settlement, cost of living pressures and other pervasive barriers to care. These are not exceptional issues for most people affected by hepatitis B and hepatitis C but are characteristic of people's everyday experience. Australian governments are yet to properly invest in Hepatitis Australia's members whose credibility and trust allow them to overcome these barriers in connecting people to prevention, testing, treatment and care. As the federation for Australia's leading community hepatitis organisations, Hepatitis Australia's role includes coordinating members' efforts nationally, supporting professional development of the community workforce and building the evidence for community action.

With effective vaccines, treatment and even a cure available, uptake remains the biggest challenge. Most of the progress towards hepatitis C elimination has resulted from the rollout of direct-acting antivirals (DAAs). This rollout has been clinically focused – initially through specialists, then expanding into primary care through general practitioners and later nurse practitioners and now implemented through pilot research programs. That has gotten Australia to where we are, but we are no longer going anywhere fast. Peer and community-led initiatives that support people with hepatitis B and hepatitis C in their engagement with care must be resourced at scale if elimination is to be achieved.

84%

of people living with hepatitis C no longer inject drugs or contracted hepatitis C in other ways

They are less likely to be engaged in services where hepatitis C is core business



16%

of people living with hepatitis C currently inject drugs

Hepatitis Australia's role as a peak body

The second role for Hepatitis Australia follows from the first. Hepatitis Australia's members can succeed only to the extent that social, financial and health system barriers are overcome. Community hepatitis organisations cannot connect people to hepatitis B treatment and care if they are not eligible for Medicare. And we will not eliminate hepatitis B or hepatitis C while medical and nurse practitioners are restricted from prescribing treatment. In Australia, many people still have blood tests at two clinic visits for a hepatitis C diagnosis and we pointlessly count hepatitis C antibody results rather than current infection. Ingloriously, Australia is one of the few high-income countries globally to not know how many neonates are acquiring hepatitis B. While these challenges play out locally in communities across Australia, the solutions are national.

Hepatitis Australia's second role then is to find solutions to systemic challenges and advocate for their implementation. We do so by sharing real-time community intelligence from members with the Australian Government on the challenges and their solutions. For all the progress Australia has made, there are simply too many unaddressed barriers. Each one is a needless obstacle to people's right to health. Hepatitis Australia cannot achieve this alone. It will require our best efforts, and the collaboration of members, community, research, clinical and government partners to achieve the changes needed.

We acknowledge the leadership of Australian governments, not least in providing hepatitis B vaccination for infants and subsidised treatment for hepatitis C. The decision to make hepatitis C treatment available in prisons reminds us that far-sighted policy choices are possible. More decisions like these will be needed to achieve elimination, including to provide people in prison with access to sterile injecting equipment.

This is a plan about people.

Remarkable people.

Ordinary people.

People whose backgrounds and experiences are extraordinarily diverse.

The common experience uniting these people is their risk and experience of liver disease, brought about by very different conditions – hepatitis B and hepatitis C, experienced chronically by more than 280,000 people in Australia; hepatitis D, which is only acquired by people with hepatitis B and which makes that infection more serious; and hepatitis A and hepatitis E, which are usually acute and associated with outbreaks.

We describe these conditions together as viral hepatitis.

To 2030 and beyond

Australia's National Hepatitis B and Hepatitis C Strategies commit to eliminating these conditions as public health threats by 2030. This means Australia will have achieved the global elimination targets that guide the national strategies and attained a high level of control over the incidence, diagnosis and treatment and care of hepatitis B and hepatitis C. Elimination will be achieved progressively, with some targets reached earlier, and for different populations and in different places, than others.

The global hepatitis B and hepatitis C epidemics mean Australians will continue to acquire these conditions when travelling and migrants in Australia will remain priority communities for prevention, testing, treatment and care. Elimination will improve countless lives but the work will not be over until there is an end to viral hepatitis for all.

Hepatitis Australia is clear in its 2030 vision, but many developments will occur in that time that we cannot anticipate. Some we hope for: a cure for hepatitis B. Others will be surprises, requiring agility to navigate opportunities and risks. The rapid advancement of artificial intelligence will demand courage in leveraging its possibilities, and clear-eyed fortitude to safeguard against its considerable risks.

The possibilities for linking large data sets are maturing in Australia. It will soon be possible to link information about who has been diagnosed with hepatitis B and hepatitis C with information about who has been prescribed treatment or is undergoing hepatitis B viral load monitoring. This would identify everyone who is disconnected from care and open the possibility of direct community support for the individual or their health practitioner to renew that connection. Sensitive action based on this information could prevent thousands of people from needlessly progressing to liver disease, cancer and death. The ethical imperative here is evident – it is to enable the conditions for each person's right to health. The alternative – to know who is not benefiting from monitoring, treatment and cure and fail to act – is not an option. Hepatitis Australia must be at the vanguard of dialogue on how transformative possibilities such as these can, with considered safeguards, informed by lived experience, be fully realised.

Hepatitis Australia's vision is to eliminate viral hepatitis for all. Our purpose is to end transmission and achieve the best health for people with viral hepatitis. We are guided by our values of curiosity, innovation, respect, equity, human rights, partnership, impact and accountability.

As we commence delivery of this new Strategic Plan, together, we can achieve the elimination of hepatitis B and hepatitis C by 2030.

On behalf of Hepatitis Australia's Board,

Joseph Doyle

Professor Joseph Doyle
President
Hepatitis Australia

When elimination is achieved, there will still be people acquiring and living with hepatitis B and hepatitis C, but transmission will be lower and monitoring, treatment and quality of life will be higher.

Community, clinical, research and government action will be needed to sustain elimination.

Vision, purpose and values

Vision

To eliminate viral hepatitis for all.

Purpose

To enable everyone to live free from the impact of viral hepatitis.

Values

- Curiosity
- Human rights
- Innovation
- Partnership
- Respect
- Impact
- Equity
- Accountability

ABOUT viral hepatitis

Viral hepatitis refers to five very different viruses –

hepatitis A | **hepatitis B** | **hepatitis C** | **hepatitis D** | **hepatitis E**

They are transmitted (and prevented) in different ways, affect different populations and vary in their management and health impacts. All affect the liver and all are serious and potentially fatal when not diagnosed and managed.

B

Hepatitis B is the most common form of viral hepatitis, with

219,800

people in Australia estimated to be living with hepatitis B in 2023[3]

C

With a safe, subsidised cure now available, the number of people living with **hepatitis C** in Australia has fallen dramatically, from an estimated

162,590 in 2015 → **68,890** in 2023[4]

Hepatitis Australia's highest priorities are hepatitis B and hepatitis C.

PRIORITY

D

Hepatitis D is a serious infection that is unusual for only ever being found alongside hepatitis B. It is sometimes acquired at the same time as hepatitis B or it can be acquired after a person has hepatitis B. Hepatitis D causes faster progression to liver disease.

A & E

Hepatitis A and hepatitis E are less prevalent in Australia but still matter for those affected. They are usually associated with outbreaks due to water or food contamination and are generally self-limiting, meaning they typically resolve without leading to chronic infection. While the endemic nature of hepatitis B and hepatitis C means those conditions demand the most urgent attention, Hepatitis Australia also has a central role in supporting our members, partners and governments to respond to hepatitis A and hepatitis E.

Members

hepatitis australia

NORTHERN TERRITORY

ntahc

QUEENSLAND

HQ HEPATITIS QUEENSLAND
Hepatitis and Liver Health

WESTERN AUSTRALIA

hepatitiswa

NEW SOUTH WALES

Hepatitis NSW

SOUTH AUSTRALIA

HepatitisSA

AUSTRALIAN CAPITAL TERRITORY

hepatitis ACT

VICTORIA

LiverWELL®
Incorporating Hepatitis Victoria

TASMANIA

TAS CAHRD

Hepatitis Australia's role

A voice for communities

Hepatitis Australia is constituted by its eight state and territory foundation members. These are Australia's leading community hepatitis organisations and represent the interests of people affected by hepatitis B and hepatitis C. They have created Hepatitis Australia to provide a united voice, national leadership and to amplify their work and achievements.

In this plan, Hepatitis Australia affirms its accountability to its members. We also uphold the central role of affected communities, including people at risk of hepatitis B and hepatitis C and people with lived experience of these conditions, whose voices must be central to the response.

In representing the interests of communities, Hepatitis Australia is guided by evidence, the availability of solutions and the imperative for greater urgency in the response to hepatitis B and hepatitis C.

PRIORITY ACTIONS

Member and community interests

Place members' interests, needs and priorities at the heart of everything we do, represent and profile members in national forums and represent the interests of people affected by hepatitis B and hepatitis C.

The voice of those affected

Provide a platform for the voice and leadership of people affected by hepatitis B and hepatitis C, including the diversity of people with lived experience, and strengthen Hepatitis Australia's processes at all levels for the meaningful involvement of people affected by hepatitis B and hepatitis C.

Meaningful partnerships

Support the leadership of partner organisations that represent communities affected by hepatitis B and hepatitis C and build shared agendas and strengthen or forge new partnerships with community, clinical, research and public sector organisations.

Lead the response

Through this Strategic Plan, Hepatitis Australia will strive to provide thought leadership that stimulates discussion and learning. Our organisation is resolved to achieve both ‘equity’ and ‘impact’. These reflect our determination to achieve elimination by focusing on the greatest gaps and highest-impact priorities. We will measure success by progress leaving no one behind: viral hepatitis will only be over when it is over for everyone.

To achieve elimination, we depend upon the excellence and efforts of community, research, clinical and government partners. In this plan, we highlight Hepatitis Australia’s contribution to partnerships and the convening role we will play bringing partners together to find solutions and build consensus.

PRIORITY ACTIONS

Less stigma and discrimination

Work with national partners to address the impacts of stigma and discrimination associated with hepatitis B and hepatitis C.

A stronger workforce

Create opportunities for shared learning among members and establish a national workforce development program to provide continuous learning opportunities and skills development for the community workforce.

Better research and evidence

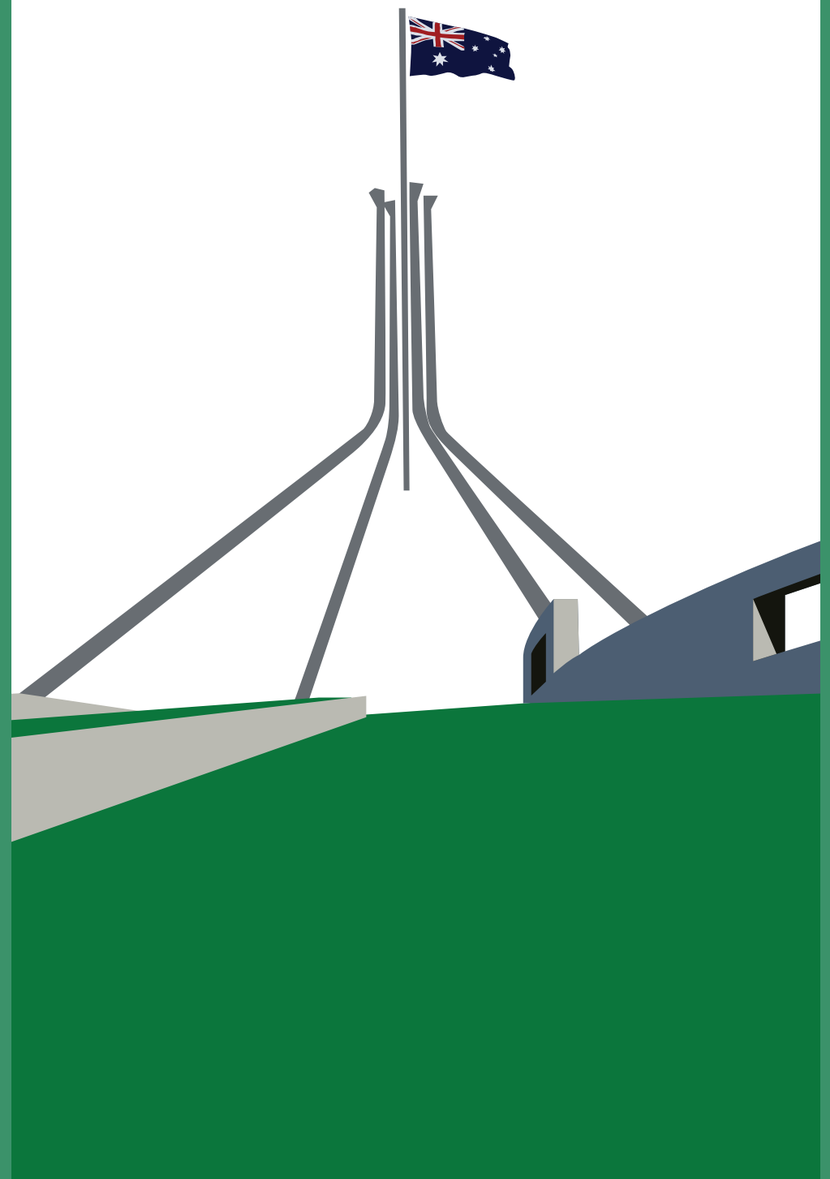
Co-create with researchers a national agenda for strategic and investigator-driven research, work with researchers to present data on hepatitis B and hepatitis C, including within Australia’s culturally and linguistically diverse communities, in accessible formats for the community workforce, and advocate for improved completeness of Aboriginal and Torres Strait Islander identifiers in notification data.

Innovation

Promote innovation that places Australia at the cutting edge of policy and practice in responding to viral hepatitis, explore opportunities and promote safeguards for artificial intelligence, and promote successful models of hepatitis B and hepatitis C peer-led practice.

Secure political commitment

Sustained political engagement, greater urgency and a resolute focus on equity are needed to accelerate efforts toward elimination. In this plan, we set out Hepatitis Australia’s role mobilising partners and strengthening political action to fully implement the National Hepatitis B and Hepatitis C Strategies. This includes building evidence for the policy change and financing needed to achieve elimination.



PRIORITY ACTIONS

Implementation of the strategies

Partner with the Australian Government to implement the national priorities of the National Hepatitis B and Hepatitis C Strategies, shape the policy agenda and present proposals and solutions to government built from evidence and informed by the expertise of members and communities.

Political and public support

Deepen Australia’s multi-partisan leadership on hepatitis B and hepatitis C, seek continued support for the national strategies at World Hepatitis Day parliamentary events and increase public understanding of viral hepatitis through national media and social media engagement.

Compelling investment cases

Continuously establish the epidemiological, health and economic case for hepatitis B and hepatitis C elimination, build evidence for members’ community- and peer-based programs and contribute to policy dialogue on new financing options such as allowing more health professionals to access the MBS.

Strengthen global action

An estimated 303 million people globally are living with hepatitis B and hepatitis C.[5] 174 million live in South East Asia and the Western Pacific, representing 58% of those globally.[5] Migration and travel mean Australia's progress is directly affected by global responses to hepatitis B and hepatitis C. Hepatitis Australia can better support community efforts and strengthen policy in Asia and the Pacific and through global forums. This plan sets out Hepatitis Australia's leadership role in promoting community action and advocating for political commitment and financing for viral hepatitis globally.

PRIORITY ACTIONS

Australian leadership

Establish dialogue with the Australian Government and Department of Foreign Affairs and Trade (DFAT) on the need for viral hepatitis to be prioritised in bilateral and multilateral health programs and build the visibility of viral hepatitis through partnerships with Australian global health organisations.

New partnerships

Seek funding for Hepatitis Australia to support community action in Asia and the Pacific and explore opportunities to partner with community, research and clinical workforce organisations that have existing relationships and programs in Asia and the Pacific.

GLOBALLY

50 million
people are living with **hepatitis C**

254 million
people are living with **hepatitis B**

The Oceanic region has the highest incidence of **viral hepatitis.**

of whom only:

5.9%
in the **Western Pacific** are receiving hepatitis B treatment

0.1%
in **South East Asia** are receiving hepatitis B treatment

1 in 4
Will die without hepatitis B treatment

GLOBALLY

240,000
people die each year from **hepatitis C**

1,100,000
people die each year from **hepatitis B**

Hepatitis B and hepatitis C are the only communicable diseases for which deaths are increasing globally.

Priorities

Prevention

Prevention is a cornerstone of Australia's response to viral hepatitis. It is a proactive approach that enables people to safeguard their health, minimise transmission and avert the health and economic costs of infection.

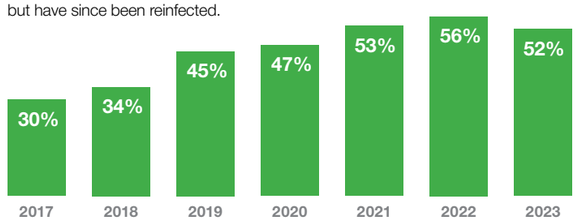
Hepatitis Australia's contribution

- **Support and promote the work of members,** e.g. through HepLink, the national front door to community hepatitis care and support
- **Find solutions and advocate for change,** e.g. gaps in access to sterile injecting equipment
- **Promote service innovation,** e.g. opt-out hepatitis C testing on prison entry and exit
- **Provide authoritative information,** e.g. through Hepatitis Australia's website

Estimated hepatitis C incidence by reinfection

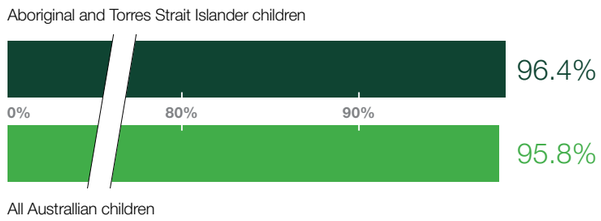
Hepatitis C Reinfection

The percentage of people were cured of hepatitis C but have since been reinfected.



Vaccination of children for hepatitis B by 24 months of age

Hepatitis B



PRIORITY ACTIONS

HepLink

Successfully deliver and grow HepLink with members as Australia's flagship hepatitis B and hepatitis C information, support and navigation program.

Prisons and other places of held detention

Lead dialogue to find pathways to the provision of sterile injecting equipment in prisons and other places of held detention and advocate for decriminalisation and diversion from the justice system, better testing and immediate hepatitis C treatment and access to opioid agonist therapy options.

Sterile injecting equipment

Advocate for the continual strengthening of community needle and syringe programs (NSPs) and the removal of restrictions on the retail sale of sterile injecting equipment and the distribution of equipment by people who inject drugs to their peers.

Vaccination

Advocate for better access to hepatitis A and hepatitis B vaccines, including for people ineligible for Medicare, explore opportunities for members to contribute to vaccination programs and champion research toward a preventive vaccine for hepatitis C.

Education

Develop authoritative and comprehensive content on viral hepatitis in a range of community languages for Hepatitis Australia's website and social media channels.

Testing

An early diagnosis reduces the time in which a person may be experiencing disease progression. Early diagnosis is essential for individual health and the interruption of transmission. But timing, alone, is insufficient. A good diagnosis, delivered well, with sensitivity and attention to the person, is the pathway to treatment and care. Crucially, a good diagnosis reduces the likelihood a person will become disconnected from care and lost to follow-up.

Hepatitis Australia's contribution

- **Provide community perspectives that inform innovation,** e.g. on informed consent and approaches to opt-out testing
- **Advocate for optimal access,** e.g. universal hepatitis B screening, point-of-care and self-tests
- **Broker solutions,** e.g. notification of hepatitis C ribonucleic acid (RNA) tests
- **Open new pathways,** e.g. follow-up of incomplete hepatitis C diagnoses.

Number of people diagnosed in Australia with hepatitis B and rate of diagnosis

Hepatitis B

People diagnosed		Rate of diagnosis
162,565	2010	70.5%
165,838	2011	71.5%
170,172	2012	71.8%
175,171	2013	71.9%
179,903	2014	72.1%
184,663	2015	72.2%
190,302	2016	71.5%
195,842	2017	70.7%
200,642	2018	70.3%
205,898	2019	69.8%
204,913	2020	71.3%
201,609	2021	73.3%
207,750	2022	71.8%
219,800	2023	68.8%

The number of people with hepatitis B in Australia is growing each year, but the rate of diagnosis is flat. Even though more tests are being conducted each year, they are not keeping pace with the increase in the number of people with hepatitis B. More testing is needed.

PRIORITY ACTIONS

Community intelligence

Work with members to build community perspectives on approaches to diagnosing more people, including through universal hepatitis B screening, point-of-care testing, opt-out testing with informed consent and using information from notification forms to follow-up doctors or their patients.

Easier testing

Advocate for universal hepatitis B screening and follow-up hepatitis D testing if indicated, identify opportunities for members to contribute to this program through public awareness, education and peer navigation and support, and advocate for positive hepatitis C antibody tests to be reflexed to RNA testing so a diagnosis can be provided without a second clinic visit, for the registration, funding and contribution of peers in point-of-care testing, and for the registration of self-tests.

Enhanced surveillance

Advocate for hepatitis C RNA tests to be notifiable and hepatitis C positive antibody tests to be de-notified, work with partners on a model enhanced hepatitis C notification form to support service planning and contribute to revisions of the Hepatitis B: *Communicable Diseases Network of Australia (CDNA) National Guidelines for Public Health Units.*[6]

Fewer missed opportunities

Support the use of notification data to find people with an incomplete hepatitis C diagnosis (no confirmatory RNA test) and advocate for opt-out hepatitis C testing that includes peer support for positive diagnoses.

Treatment and care

In Australia, effective, subsidised treatment is available for hepatitis B and most people can be cured of hepatitis C with a pill taken daily for eight to twelve weeks. But treatment can only be effective if accessible to those who can benefit from it. Around three-quarters of people with hepatitis B in Australia are not receiving essential six-monthly monitoring and less than half of those eligible for treatment are receiving it.[3]

Hepatitis Australia's contribution

- **Support members,** e.g. training in working cross-culturally
- **Advocate for change,** e.g. removing restrictions on prescribing and universal access to treatment and care
- **Develop tools for members,** e.g. local data reports for engagement with Primary Health Networks (PHNs)
- **Identify funding and promote the adaptation of proven initiatives,** e.g. Hep B PAST and HepLink.

PRIORITY ACTIONS

Education

Support members to promote the availability of a cure for hepatitis C and the importance of regular hepatitis B monitoring, including through training in the best practice use of health translation services and multilingual workers.

More care, closer to home

Advocate for all medical and nurse practitioners to be able to prescribe hepatitis B and hepatitis C treatments and for tertiary services to triage people without clinical complexity to suitable community clinicians.

Universal access

Advocate for treatment and care to be available to people ineligible for Medicare and work with partners to strengthen the linkage of migrants with hepatitis B to care.

Support primary care

Support members in their engagement with PHNs to improve hepatitis B and hepatitis C testing, treatment and care, including through the annual compilation of comparative PHN-level data.

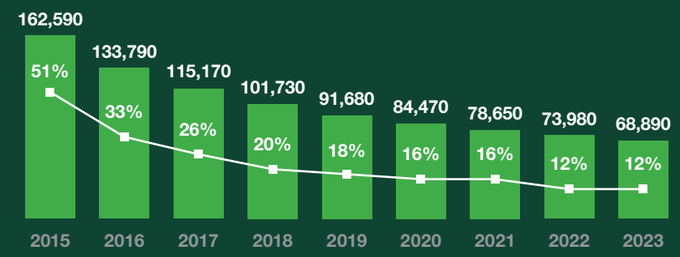
Implementation

Work with partners to identify funding and adapt the successful Hep B PAST project in the Northern Territory to other locations and strengthen linkages, including peer support, between HepLink and clinical care.

68,890 people in Australia living with **hepatitis C** in 2023.

Number of people living with chronic **hepatitis C**

Proportion of Needle and Syringe Program Survey (ANSPS) participants who have **hepatitis C**



219,800 people in Australia living with **hepatitis B** in 2023.

This is

0.82%

of the Australian population (or 1 in 118 people).

3 in 4

people with **hepatitis B** are not receiving regular care.

Annual treatment rates for hepatitis B

This is an extra 6,427 people benefiting from treatment but considerably less than half of those eligible for treatment (29.6% of people with hepatitis B).

Aboriginal and Torres Strait Islander peoples are at the forefront of Australia's efforts to eliminate hepatitis B and hepatitis C.

When communities are resourced, we see results

Hepatitis B diagnosis

99.9%

Engagement in care

86.3%

Treatment uptake

24.1%

Located in the Northern Territory reached through the Hep B PAST program.

Yet, challenges remain, and action is needed now

Aboriginal and Torres Strait Islander people represent:

12% living with **hepatitis C** 2016

18% living with **hepatitis C** 2020

Aboriginal and Torres Strait Islander people:

- experience notification rates that are six-times higher than non-Aboriginal people
- 3.9% of the Australian population
- one-third of people in prison
- over-represented in hepatitis C reinfections

Quality of life

Nearly 1,000 Australians are estimated to have died in 2023 due to hepatitis B and hepatitis C.[3] [4] Deaths among people living with and cured of hepatitis C have declined 26% from 720 in 2015 to 530 in 2023.[4] Conversely, deaths among people with hepatitis B increased 10.6% in the same period, from 416 in 2017 to 460 in 2023.

Morbidity is also high. Of the 73,980 people living with hepatitis C at the start of 2023, 11,650 (15.7%) were experiencing serious morbidity (cirrhosis, decompensated cirrhosis or hepatocellular carcinoma).[4] Among people living with hepatitis C and those cured, hepatitis C-related cirrhosis increased by 47% from 2015 to 2023.[4] Among the 219,800 people living with hepatitis B in 2023, an estimated 11,430 (5.2%) had cirrhosis and 1.0% (2,198) had advanced liver disease (decompensated cirrhosis or hepatocellular carcinoma).[3] Whilst hepatitis C-related hepatocellular carcinoma is commonly associated with cirrhosis, hepatitis B-related hepatocellular carcinoma manifests in the absence of cirrhosis in 30% of cases.[7]

Hepatitis Australia's contribution

- **Support members,** e.g. with nationally developed and locally implemented education initiatives
- **Develop new service approaches,** e.g. by designing and promoting new linkages between community support and clinical care
- **Identify best practice,** e.g. for members' support of people needing regular liver monitoring
- **Explore new opportunities,** e.g. the contribution members can make to public health responses to hepatitis A and hepatitis E.

PRIORITY ACTIONS

Education

Work with members to support the promotion of organ and tissue donation and to ensure the availability of information for people with hepatitis B and hepatitis C about their legal rights and responsibilities and avenues for legal assistance.

Service planning

Identify with members the contribution community hepatitis organisations can make in reducing morbidity and mortality from hepatitis B (including hepatitis D coinfection) and hepatitis C and in public health responses to hepatitis A and hepatitis E.

Peer and other support

Identify with members best practice approaches that support people needing regular liver health monitoring including routine hepatitis B monitoring, monitoring for people whose hepatitis C was not cured following treatment, hepatitis C post-cure monitoring, and liver cancer surveillance for people with hepatitis D.

STAGES OF LIVER DISEASE

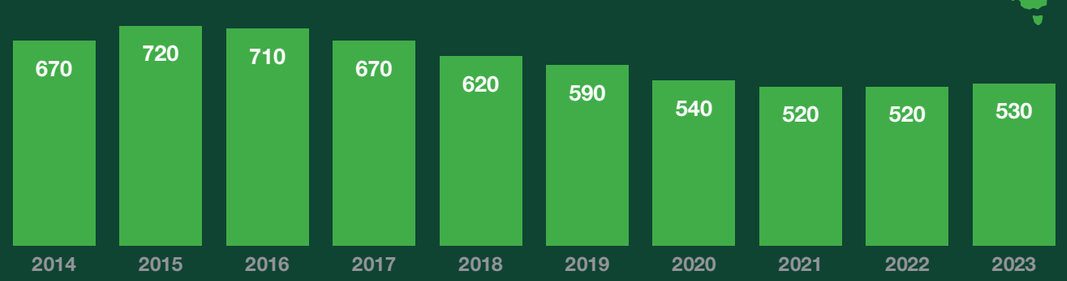
1 **Healthy liver**

2 **Hepatitis fibrosis** (scarring)

3 **Cirrhosis** (severe scarring)

4 **Liver failure and liver cancer**

DEATHS FROM HEPATITIS C[4]

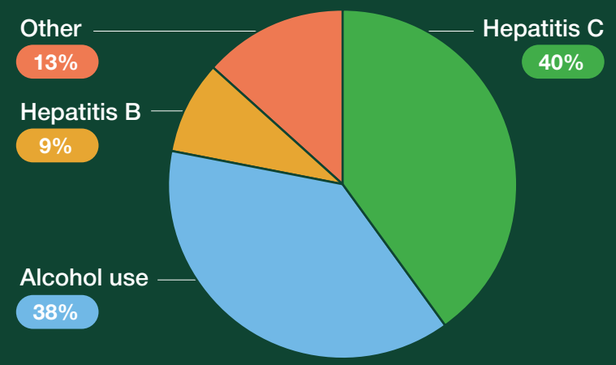


LIVER CANCER RATES

The incidence of **liver cancer** among Australians is increasing at a faster rate than any other form of cancer.

Hepatitis B and hepatitis C are significant contributors to liver cancer.

Cause of **liver cancer**



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Appendix – Implementation Plan

Good governance

Hepatitis Australia's success in delivering this plan will rely upon the continued leadership of its Board in driving the organisation's mission and prudently managing its resources. Hepatitis Australia's Board re-commits itself to delivering this plan diligently and with urgency.

Sustainability

To implement this Strategic Plan, Hepatitis Australia will need income and financial stability and security to work toward its goals. As an early priority, Hepatitis Australia's Board will establish financial objectives and strategies to achieve long-term security.

Since its inception, Hepatitis Australia has partnered with the Australian Government Department of Health and Aged Care. Grants provided by the Department comprise most of Hepatitis Australia's income. We strive to retain the Department's recognition of our quality policy advice and impactful programs and will continue to invest deeply in this partnership.

Consistent with the financial objectives and strategies agreed by the Board, Hepatitis Australia will also explore new opportunities for income generation that allow us to do more for members and communities, including internationally.

People

Hepatitis Australia is proud of its skilled, diverse and professional staff. We will continue to seek the most capable people to deliver Hepatitis Australia's mission. Hepatitis Australia's people drive its success. We will celebrate and value their passion, invest in their leadership, and promote a culture of care and respect for work-life balance.

Quality delivery

Hepatitis Australia will respect the unique characteristics of each hepatitis virus and the evidence and data available to inform our work by prioritising and supporting our own professional learning. Hepatitis Australia will adopt new technologies that can improve our work and explore how to safely use artificial intelligence to achieve efficiencies and build knowledge. We will strengthen Hepatitis Australia's quality assurance and evaluation systems.

Role

A voice for communities

What we will achieve	How we will achieve it
Member and community interests	▪ Place members' interests, needs and priorities at the heart of everything we do. ▪ Create accessible, inclusive spaces for dialogue and engagement with and among members. ▪ Represent and profile members in national forums. ▪ Promote the reach and achievements of members to amplify our national voice and demonstrate our collective impact. ▪ Represent the interests of people affected by hepatitis B and hepatitis C.
The voice of those affected	▪ Provide a platform for the voice and leadership of people affected by hepatitis B and hepatitis C, including the diversity of people with lived experience. ▪ Create a pathway for Aboriginal and Torres Strait Islander governance to guide Hepatitis Australia's work, consistent with the objectives and priorities of the National Agreement on Closing the Gap. ▪ Profile the ways lived experience is valued and embedded in Hepatitis Australia's work and that of members. ▪ Capture the issues and concerns of people from affected communities and share this intelligence with partners to inform policy, service re-design and the research agenda. ▪ Recognise and promote the needs and interests of people who are not well represented, including people in prison, pregnant women with hepatitis B and migrants. ▪ Give special attention to issues for people disengaged from care or otherwise lost to follow up and neonates who acquire hepatitis B, who otherwise have no voice.
Meaningful partnerships	▪ Support the leadership of organisations representing communities including the National Aboriginal Community Controlled Health Organisation (NACCHO); the Australian Illicit and Injecting Drug Users League (AIVL); Scarlet Alliance, the Australian Sex Workers Association; Hepatitis B Voices Australia and the Federation of Ethnic Communities' Councils of Australia (FECCA). ▪ Strengthen shared agendas with ASHM, which represents health professionals in viral hepatitis, the Gastroenterological Society of Australia (GESA), the Australasian Hepatology Association (AHA) and the Australasian Society for Infectious Diseases (ASID) to deliver this Strategic Plan. ▪ Deepen partnerships with researchers and research institutes including the Burnet Institute, the Doherty Institute, the Kirby Institute, the Centre for Social Research in Health at the University of NSW, the Australian Research Centre in Sex, Health and Society and the Health + Law partnership between Hepatitis Australia, community clinical workforce partners and the University of Technology Sydney, the University of NSW and the Queensland University of Technology. ▪ Recognising our shared goals, work closely with the Liver Foundation and commit to continuously deepening this partnership. ▪ Identify opportunities for new partnerships, including with cancer and settlement organisations for migrants and refugees, and identify how Hepatitis Australia's engagement at a national level can stimulate and support state and territory partnerships for our members. ▪ Strengthen Hepatitis Australia's alliances with other national BBV and sexually transmissible infection (STI) organisations and with organisations working across health, justice and social services portfolios.

Lead the response

What we will achieve	How we will achieve it
Less stigma and discrimination	▪ Work with partners to assess emerging evidence and promote strategies to reduce the impacts of stigma and discrimination in the lives of people affected by hepatitis B and hepatitis C. ▪ Build coalitions with others working to reduce stigma and discrimination related to hepatitis B and hepatitis C in healthcare and other settings.
A stronger workforce	▪ Create opportunities for shared learning for staff across members including through CEO forums, communities of practice and one-off and periodic events. ▪ Establish a workforce development program for members and community partners including continuous learning and skills development that enhances knowledge, practice and impact. ▪ Include within the workforce development program learning for new community workers on foundational knowledge in viral hepatitis
Better evidence and research	▪ Co-create with researchers, members and people with lived experience of hepatitis B and hepatitis C an agenda for strategic and investigator-driven research. ▪ Position Hepatitis Australia as the go-to partner for research that drives innovation and identify new ways to translate research to community and health settings. ▪ Work with researchers to establish a clearer profile of hepatitis B and hepatitis C within Australia's culturally and linguistically diverse communities and guide members on what this means for programming. ▪ Advocate for improved completeness of Aboriginal and Torres Strait Islander identifiers in notification data for viral hepatitis. ▪ Advocate for the mandatory recording of hepatitis B birth dose administration in the Australian Immunisation Register (AIR). ▪ Work with researchers to promote data linkage that addresses research and surveillance gaps.
Innovation	▪ Monitor the global evidence base and promote innovation that places Australia at the cutting edge of policy and practice. ▪ Explore opportunities and manage the risks of artificial intelligence and new technologies for members and communities. ▪ Document and share successful models of peer-led practice by people with lived experience of hepatitis B and hepatitis C in community hepatitis organisations.

Role

Secure political commitment

What we will achieve	How we will achieve it
Implementation of the national strategies	▪ Partner with the Australian Government and Department of Health and Aged Care to implement the National Hepatitis B and Hepatitis C Strategies. ▪ Deliver quality programs and evaluate their impact. ▪ Shape the policy agenda and present clear proposals and solutions to Ministers, ministerial advisors and departmental officials built from evidence and informed by the expertise of members and communities.
Political and public support	▪ Deepen Australia's multi-partisan leadership on hepatitis B and hepatitis C by building awareness and strengthening support across the Australian Parliament, including through Parliamentary Friendship groups. ▪ Acknowledge the leadership of successive governments and seek continued support for the national strategies at World Hepatitis Day parliamentary events. ▪ Increase public understanding of viral hepatitis by strengthening Hepatitis Australia's media and social media profile.
Compelling investment cases	▪ Commission estimates and advocate on health and economic costs of failing to adequately fund elimination efforts. ▪ Deliver annual pre-budget submissions to the Australian Government ensuring each is supported by ongoing engagement with Ministers, ministerial advisors and departmental officials. ▪ Work with partners to identify and advocate for new financing options such as including hepatitis B and hepatitis C in Commonwealth and state and territory health agreements, scope of practice changes for health professionals, allowing more health professionals to access the MBS and the prioritisation of hepatitis B by PHNs with higher incidence.

Strengthen global action

What we will achieve	How we will achieve it
Australian leadership	▪ Strengthen Hepatitis Australia's contribution as a member of the World Hepatitis Alliance to its work to eliminate viral hepatitis by 2030. ▪ Build awareness among Australian parliamentarians on viral hepatitis globally through the Parliamentary Friends of Global Health. ▪ Establish dialogue with the Australian Government and DFAT on viral hepatitis and the need for greater prioritisation in Australia's bilateral and multilateral programs. ▪ Acknowledge and offer practical support to DFAT for Australia's participation in meetings of the United Nations Group of Friends to Eliminate Hepatitis and encourage Australian advocacy for viral hepatitis in global forums. ▪ Join and build partnerships through the Australian Global Health Alliance as a platform for Australian organisations contributing to global health in Asia and the Pacific.
New partnerships	▪ Secure international funding to allow Hepatitis Australia to build partnerships and support community action in Asia and the Pacific. ▪ Contribute to civil society networks in Asia and the Pacific on viral hepatitis and related themes including universal health coverage and health security. ▪ Explore opportunities to partner with research, community and clinical workforce organisations that have existing relationships and programs in Asia and the Pacific. ▪ Build relationships and identify opportunities for collaboration, including as a technical assistance provider, with the World Health Organization through its Western Pacific and South East Asia offices.

Priorities

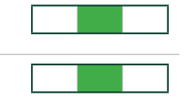
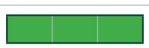
Prevention

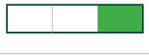
Priority	How we will achieve it	When we will do it
HepLink	▪ Successfully deliver HepLink with members as Australia's flagship hepatitis B and hepatitis C information, support and navigation program.	
	▪ Continue to invest in the shared governance of HepLink as a partnership of Hepatitis Australia, its state and territory members and stakeholders.	
	▪ Continuously strengthen HepLink planning and operational fidelity, informed by priorities members identify to improve hepatitis B and hepatitis C outcomes.	
	▪ Grow HepLink as a network of organisations and services linked under a national service guarantee, ensuring information, support and navigation is consistent and seamless across the sector.	
	▪ Continuously monitor and evaluate the effectiveness of HepLink, adjusting the program as needed to strengthen reach and impact.	
	▪ Profile the efficiencies and impact of HepLink as a model of best practice in nationally coordinating the local implementation of Commonwealth-funded initiatives.	
Prisons and other places of held detention	▪ Lead dialogue to identify pathways to the provision of sterile injecting equipment in prisons and other places of held detention.	
	▪ Advocate with members for opt-out testing with informed consent immediately upon entry to remand centres, prison and other places of held detention to support treatment initiation.	
	▪ Advocate for immediate treatment initiation upon diagnosis in prisons and other places of held detention to reduce the period of possible transmission in an environment without access to prevention.	
	▪ Advocate for immediate access to opioid agonist therapy options on entry to prisons and other places of held detention for those who can benefit.	
	▪ Advocate for opt-out testing with informed consent on exit from prisons and other places of held detention to better quantify the extent to which policy failure in these settings is undermining elimination.	
Sterile injecting equipment	▪ Support the leadership of AIVL and contribute to wider coalitions to promote the decriminalisation of personal drug use and the diversion of people who use drugs from the justice system.	
	▪ Identify the pathways and lead efforts to remove restrictions on the retail sale of sterile injecting equipment.	
	▪ Identify legislative and other barriers to the distribution of sterile injecting equipment by peers and others including family members and delivery drivers and build coalitions to remove these barriers.	
	▪ Advocate for the continual strengthening of NSPs, including through workforce training and by monitoring changes in coverage and the number and distribution of sites and advocating against unreasonable limits on the volume of equipment attendees can access, where those restrictions exist.	
	▪ Support the leadership of AIVL in promoting harm reduction among people who inject drugs, including based on knowledge of hepatitis C status.	
	▪ Engage with researchers to strengthen evidence that knowledge of hepatitis C status reduces needle sharing, including to highlight prosocial practices and inform education.	

Priority	How we will achieve it	When we will do it
Vaccination	▪ Support members to promote initiatives that make it easier for people to know their vaccination history, drawing on lessons from COVID-19.	
	▪ Identify with members and partners opportunities for members to contribute to antenatal screening, the care of mothers with hepatitis B and the prevention of mother-to-child transmission.	
	▪ Explore with members and national immunisation stakeholders including NACCHO the contribution community hepatitis organisations can make to infant hepatitis B vaccination, awareness and uptake.	
	▪ Advocate for the revision and implementation of the 2018 *Hepatitis B: CDNA National Guidelines for Public Health Units*[6] to enhance the follow-up of notifications of women of child-bearing age to identify and support the provision of care for pregnant women with hepatitis B.	
	▪ Determine with researchers and ASHM which adult populations should be eligible for free hepatitis B vaccination and advocate for the standardisation of free access across states and territories.	
	▪ Advocate for Medicare eligibility to be removed as a condition of accessing free vaccines under the National Immunisation Program.	
	▪ Identify with members and other partners opportunities to promote hepatitis B vaccination to those recommended by the Australian Immunisation Handbook, but who are not eligible for free vaccine under the National Immunisation Program: ▪ Aboriginal and Torres Strait Islander people ▪ migrants from hepatitis B-endemic countries ▪ travellers to hepatitis B-endemic areas at increased risk ▪ people with hepatitis C and liver disease ▪ people who inject drugs ▪ people in prions and other places of held detention ▪ sexual contacts of people with hepatitis B ▪ gay, bisexual and other men who have sex with men ▪ sex workers ▪ people with developmental disabilities ▪ people who are immunocompromised, including with HIV ▪ people who receive blood products ▪ household and close contacts of people with hepatitis B	
	▪ Identify with members and other partners opportunities to promote hepatitis A vaccination to others recommended by the Australian Immunisation Handbook, but who are not eligible for free vaccine under the National Immunisation Program, including: ▪ people with medical risk factors, including liver disease ▪ people with developmental disabilities and their carers ▪ people over 12 months who travel to hepatitis A-endemic areas ▪ people who have anal intercourse ▪ gay, bisexual and other men who have sex with men ▪ sex workers ▪ people who inject drugs ▪ people in prison and other places of held detention	
	▪ Explore with members and through Blood-borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) of the Australian Health Protection Committee (AHPC) the contribution members can make to hepatis B vaccination for household and sexual contacts by Public Health Units.	
Education	▪ Maintain authoritative and comprehensive content on viral hepatitis in a range of community languages on Hepatitis Australia's website and social media channels.	
	▪ Champion researchers who are working toward a preventive vaccine for hepatitis C, recognising this as essential to achieve eradication.	

Priorities

Testing

Priority	How we will achieve it	When we will do it
Community intelligence	▪ Work with members to seek the views of people from affected communities, including with lived experience, on options to diagnose more people and find people lost to follow up, including through universal hepatitis B screening, point-of-care hepatitis C testing, hepatitis C self-tests, opt-out hepatitis C testing with informed consent, and using information from notification forms to follow-up doctors or their patients.	
	▪ Work with ASHM, privacy advisors and through BBVSS to explore how My Health Record, data linkage, clinical management software, medical audit software and notifications data can be used to promote care and engage with people with hepatitis B and hepatitis C who are lost to follow up.	
	▪ Explore with members and through BBVSS the potential for peer contact tracing to help identify the contacts of people with hepatitis B and hepatitis C and work with researchers to design, implement and evaluate peer-led contact tracing models.	
	▪ Work with members to leverage the telehealth exemption that allows a person to consult any medical or nurse practitioner about BBVs without having seen them in person in the prior twelve months to encourage care for people who are not comfortable seeing their regular doctor about hepatitis B or hepatitis C or who are living in places without convenient access to care.	
	▪ Identify opportunities with members to expand the reach of locally developed education campaigns.	
Easier testing	▪ Lead dialogue to identify pathways to the provision of sterile injecting equipment in prisons and other places of held detention.	
	▪ Ensure a universal screening program for hepatitis B includes following up testing for hepatitis D among all those diagnosed hepatitis B surface antigen (HBsAg) positive.	
	▪ Recognising the scale and potential of universal screening, explore with members and through BBVSS the public awareness, education and peer navigation and support that members could lead to underpin the program's success.	
	▪ Explore options to ensure people previously diagnosed with hepatitis B have been tested for hepatitis D coinfection including through My Health Record, data linkage, clinical management software, medical audit software and notifications data.	
	▪ Advocate for hepatitis D RNA testing, which is required to confirm a positive antibody test, to be subsidised through Medicare.	
	▪ Consistent with the advice of the Royal College of Pathologists of Australasia (RCPA), advocate for National Pathology Accreditation Advisory Council (NPAAC) standards to require that every positive hepatitis C antibody test be reflexed to RNA testing so a diagnosis can be given without the need for further phlebotomy.	
	▪ Identify a funding pathway for hepatitis C point-of-care testing to be implemented at its full potential by a range of practitioners, including trained peers, in primary care and community settings.	
	▪ Monitor the development of new hepatitis C point-of-care tests and self-tests and work with industry and other partners to have promising tests submitted for registration by the Therapeutic Goods Administration as early as possible.	
	▪ Promote hepatitis C self-tests once registered and available for sale as a confidential option for people who prefer not to ask a clinician for a test.	
	▪ Facilitate dialogue among members and Commonwealth, state and territory officials on the optimal implementation of dried blood spot testing, once a test is registered by the Therapeutic Goods Administration.	
	▪ Monitor developments and costs in hepatitis C molecular point-of-care testing, noting the future possibility of rapid diagnosis from a finger-prick test at the point-of-care with same-visit treatment commencement.	

Priority	How we will achieve it	When we will do it
Enhanced surveillance	▪ Profile examples of good practice by Public Health Units in following-up notifications of positive hepatitis C antibody tests to ensure RNA testing is undertaken and people with a confirmed diagnosis are supported to commence treatment.	
	▪ Advocate for all hepatitis C RNA test results to be notifiable (so people previously notified as antibody positive who have an RNA negative result can be recognised as having cleared hepatitis C or been cured, and so positive results can inform surveillance and be followed up by Public Health Units).	
	▪ Advocate for the revision and implementation of the 2015 *Hepatitis C: CDNA National Guidelines for Public Health Units*[8] to remove antibody positivity from the case definition and increase the priority of Public Health Unit follow-up of positive RNA tests so that medical and nurse practitioners are supported to initiate treatment and confirm cure.	
	▪ Work with CDNA's National BBV and STI Surveillance Subcommittee (NBBVSTISS) to develop a model hepatitis C notification form for better surveillance and service planning.	
	▪ Once hepatitis C RNA test results are notifiable, advocate for the de-notification of new hepatitis C antibody test results to reduce reporting burden.	
Fewer missed clinical opportunities	▪ Overcome missed clinical opportunities by supporting the use of notification data to find people with incomplete diagnoses (no hepatitis C confirmatory RNA test).	
	▪ Support ASHM in the revision of the National Hepatitis B Testing Policy and the National Hepatitis C Testing Policy to expand hepatitis C testing, including through opt-out testing with informed consent.	
	▪ Ensure options for peer support are built into opt-out hepatitis C testing models.	
	▪ Work with researchers to identify suitable community, hospital and other sites and cost-effectiveness for opt-out hepatitis C testing with informed consent.	
	▪ Work with researchers to estimate the lives saved, averted morbidity and economic returns of opt-out hepatitis C testing with informed consent.	

Priorities

Treatment and care

Priority	How we will achieve it	When we will do it
Education	▪ Support members to promote community awareness of the importance of regular monitoring to prevent and detect progression to cirrhosis or liver cancer due to hepatitis B (including coinfection with hepatitis D) and hepatitis C.	
	▪ Explore options with members and clinical partners to ensure people diagnosed with hepatitis D are engaged in care given more rapid progression to liver disease.	
	▪ Develop with members approaches to support people who discontinued hepatitis C treatment and require testing to establish their status and support to re-engage in and complete treatment.	
	▪ Work with members to identify and publicise the details of medical and nurse practitioners who are experienced in hepatitis B and hepatitis C treatment and who are recognised for their provision of quality care.	
	▪ Provide workforce training and support and establish consensus on minimum standards for the translation of education materials and the use of health translation services and multilingual hepatitis B workers.	
	▪ Explore with members the potential of artificial intelligence and other emerging technology in overcoming language barriers and promote the adoption of safe and acceptable options.	
More care, closer to home	▪ Recognising the need for all people with hepatitis B to be engaged in care, advocate for the dual s100/s85 listing of hepatitis B medications so all medical and nurse practitioners can prescribe treatment.	
	▪ Use the transition to dual listing to work with ASHM to promote hepatitis B management by medical and nurse practitioners.	
	▪ Advocate for the Medicare rebate for hepatitis B viral load testing to be available in accordance with clinical need (and not limited, as it is at present, to one test each year).	
	▪ Explore with members, clinical partners and people with hepatitis B options to make life-long monitoring more accessible.	
	▪ Advocate for hepatitis D treatment to be considered for subsidy by the Pharmaceutical Benefits Advisory Committee at the earliest possible time.	
	▪ Advocate for the removal of PBS requirements that prevent medical and nurse practitioners from prescribing hepatitis C treatment unless they are experienced or have consulted a specialist.	
	▪ Advocate for medical specialists to triage any person referred by their GP for hepatitis C treatment or care without additional clinical complexity to a suitable and available GP so that treatment initiation and care is not delayed due to waiting times for specialist services.	
Universal access	▪ Explore with members and through BBVSS the state and territory arrangements for the treatment and care of people with hepatitis B who are not eligible for Medicare and promote options to strengthen access.	
	▪ Continue to work with the Department of Home Affairs and migration health providers to ensure new migrants with hepatitis B are supported with connected to care.	
	▪ Explore with epidemiologists, social researchers and people with hepatitis B (including those with hepatitis D coinfection) options to better characterise migration experience and cultural, linguistic and other diversity among people with hepatitis B, including through qualitative research.	

Priority	How we will achieve it	When we will do it
Support primary care	▪ Explore through BBVSS and with the Department of Health and Aged Care options to improve hepatitis B and hepatitis C care and treatment in PHNs with below average scores on these measures.	
	▪ Develop guidance for members and stakeholders on best practice engagement and influencing with PHNs, based on success in hepatitis B and hepatitis C and broader health areas.	
	▪ Work with members, PHNs, clinicians and researchers to better understand and address the wide variation in hepatitis B care and hepatitis C treatment across PHNs and at state and territory level.	
	▪ Annually compile local and comparative hepatitis B and hepatitis C prevalence, diagnosis, treatment and morbidity data in accessible ways at PHN-level and work with members to engage PHNs on areas of strength and for improvement.	
	▪ Work with research partners to consolidate data and find new ways, including through data linkage to indicators of socio-economic status, to understand the impact of out-of-pocket costs on hepatitis B treatment and care.	
Implementation	▪ Consider how learnings from the Hep B PAST project in the Northern Territory could be applied in other locations and work with partners to identify avenues to finance this translation.	
	▪ Work with members and researchers to design, implement and evaluate peer models that use lived experience to improve connection to harm reduction, testing, treatment initiation and care, including through HepLink.	
	▪ Partner with researchers and people with hepatitis C to understand the extent of and contexts for people's choices not to initiate treatment, including in prisons and other places of held detention.	

Priorities

Quality of life

Priority	How we will achieve it	When we will do it
Education	▪ Work with members to ensure the availability of information for people with hepatitis B and affected by hepatitis C about their legal rights and responsibilities and avenues for legal assistance on migration and other matters.	
	▪ Partner with members to promote organ and tissue donation.	
Service planning	▪ Commission an evidence review of the contribution of lifestyle factors, co-infection and other factors to the risk of liver disease among people with hepatitis B (including hepatitis D coinfection) and hepatitis C and assess the evidence for interventions that prevent or delay disease progression.	
	▪ Develop with members a framework and strategy setting out the contribution of community hepatitis organisations in reducing morbidity and mortality due to hepatitis B (including hepatitis D coinfection) and hepatitis C and proposing investment priorities.	
	▪ Work with members and researchers to explore the role of peer support in reducing morbidity and mortality and improving quality of life for people with liver disease and cancer due to hepatitis B (including hepatitis D coinfection) and hepatitis C.	
	▪ Explore through BBVSS and with members the contribution community hepatitis organisations can make to Public Health Unit activity on hepatitis A and hepatitis E.	
	▪ Support members with training that provides foundational knowledge in hepatitis A and hepatitis E, noting that people accessing HepLink and other member services may be seeking information on these conditions.	
	▪ Advocate for improved surveillance on testing for hepatitis D in people newly diagnosed with hepatitis B and those with advancing liver disease.	
Peer and other support	▪ Explore with members peer and other support options for people with hepatitis B, people coinfected with hepatitis D and people with hepatitis C who are undergoing six-monthly liver cancer surveillance.	
	▪ Develop with members approaches that support people with hepatitis C who were not cured following treatment and who require regular liver health monitoring.	
	▪ Strengthen partnerships with and champion the work of researchers whose work contributes to the search for a cure for hepatitis B, recognising this as an essential goal for all people living with hepatitis B.	

hepatitis australia

Strategic Plan 2025-2030

A plan to eliminate hepatitis B and hepatitis C