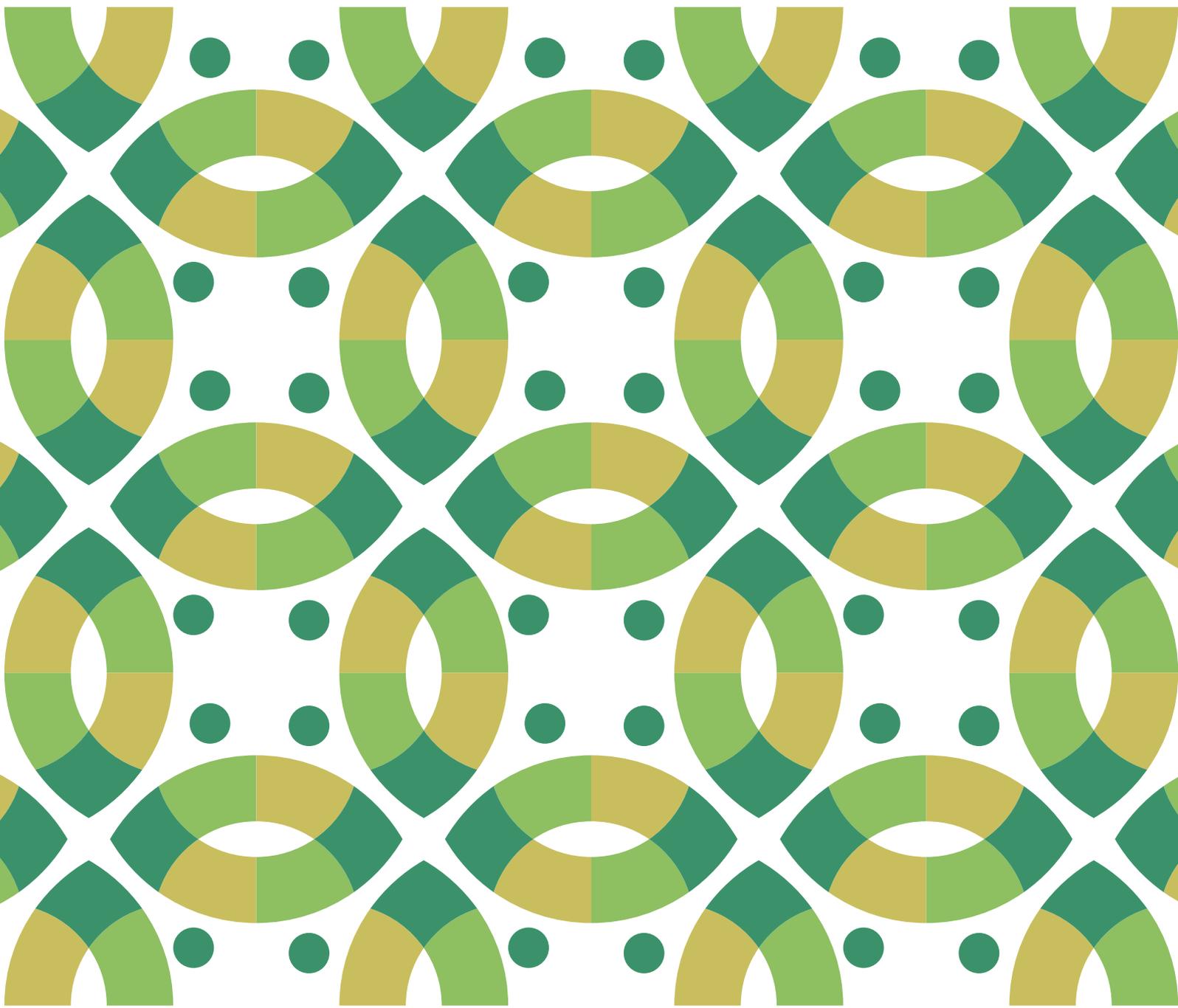


hepatitis  
australia



2022/2023

Annual Report



## **Acknowledgement of Country**

Hepatitis Australia acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to Aboriginal and Torres Strait Islander peoples, their cultures and Elders past and present.

We recognise the value and ongoing contribution of Aboriginal and Torres Strait Islander peoples and communities. We embrace the spirit of reconciliation and working towards genuine equity of outcomes.

## **Hepatitis Australia Incorporated**

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# Thank you

Hepatitis Australia recognises all people affected by hepatitis B and hepatitis C. We would particularly like to thank those who have generously contributed their experience, skills and knowledge to inform our work and our shared goal of eliminating the impacts of viral hepatitis.

We would like to thank our members for their extraordinary commitment and work with, and for, people affected by viral hepatitis.



# Partners and collaborators

We express our deep gratitude and appreciation to those organisations and individuals who work in partnership with Hepatitis Australia. Our most important work is done alongside and in collaboration with our many partners across community, government, research, clinical and the sector.

- 360 Edge
- 3RIM Incorporated
- 92.9 Voice FM
- Abbvie
- ACT Health
- Adelaide Zoo
- Alan Fletcher (Neighbours)
- Alliance for Public Health Ukraine
- Alvin Quah (MasterChef Australia)
- Australasian Hepatology Association (AHA)
- Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine (ASHM)
- Australian Alcohol & Other Drugs Council (AADC)
- Australian Centre for Hepatitis Virology (ACHV)
- Australian Centre for HIV and Hepatitis Virology Research (ACH4)
- Australian Civil Society Committee on UN Drug Policy
- Australian College of Nursing
- Australian Global Health Alliance
- Australian Government Department of Foreign Affairs and Trade
- Australian Government Department of Health and Aged Care
- Australian Government Department of Immigration
- Australian Healthcare and Hospitals Association (AHHA)
- Australian Indigenous Doctors' Association (AIDA)
- Australian Injecting & Illicit Drug Users League (AIVL)
- Australian Integrated Fijian Association of Victoria
- Australian Medical Association (AMA)
- Australian Multicultural Health Collaborative
- Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University
- BAL Lawyers
- Ballarat Community FM Radio Co-operative Limited
- Bila Muuji Aboriginal Corporation Health Service
- Blacktown City Council
- Blacktown News
- Blacktown Workers Club
- Blue Arc IT Solutions
- Brothers Leagues Club, Townsville
- Bundaberg Lions Club
- Bundaberg Regional Council
- Burnet Institute
- Burnie Arts & Functions Centre
- Cancer Australia
- Cancer Council
- CDA Foundation
- Central Coast Council
- Central Coast Radio
- Centre for Evidence and Implementation
- Centre for Social Research in Health (CSRH), UNSW
- Clinton Health Access Initiative (CHAI)
- City of Ballarat
- City of Mandurah
- City of Townsville

- Click Gravity
- Clunes Neighbourhood House
- Coalition for Global Hepatitis Elimination
- Coast Community News
- Coast FM
- Coastal a Cappella
- Coastal FM Inc
- CodeNation
- Collective Action
- Commercial Translation Centre
- Comms for Change
- Connecting Community Services
- Consumers Health Forum
- Curtin University
- Darling Downs Broadcasting Society Inc.
- Delia Witney
- Digby Hildreth
- Doherty Institute
- Dr Alice Lam, GP & Health Writer
- Dubbo Regional Council
- Dubbo RSL Community Swimming Club
- East Creek Community Centre
- EC Australia
- Eureka Tavern, Salisbury
- Federation of Ethnic Communities Councils of Australia (FECCA)
- Filipino-Australian Association of North Queensland (FAANQ) Inc
- Fonebox
- Future Directors
- Gastroenterological Society of Australia (GESA)
- Gavi, The Vaccine Alliance
- Gavin Pearce, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services
- Gilead
- Gosford Regional Community Services
- Goulburn Mulwaree Council
- GOULBURN VALLEY PRIDE INC
- Goulburn Workers Club
- Governance Institute of Australia
- Greater Shepparton City Council
- Guinness World Records
- GV Hotel, Shepparton
- Haddon Community Learning Centre Inc.
- Haemophilia Foundation Australia
- Hardwickes
- Harm Reduction Victoria
- Health Equity Matters
- Health+Law
- HebBcommunity.org
- Hep B PAST
- Hepatitis ACT
- Hepatitis B Foundation
- Hepatitis B Voices Australia
- Hepatitis NSW
- Hepatitis Queensland
- Hepatitis SA
- Hepatitis WA
- Hide and Seek Media
- Highfields Pioneer Village Museum and Park Inc
- Highfields Tavern Toowoomba
- HIV/AIDS Legal Centre (HALC)
- Home | ValleyFM 89.5
- Hoppo (Bondi Rescue)
- ICE-HBV
- Indian Association of Bundaberg Inc
- INPUD
- Inspired Carers Inc.
- International Network on Health and Hepatitis in Substance Users (INHSU)
- Jan Fran
- Jonathon Thurston
- Karen Jacobson (Siri)
- Katherine High School
- Katherine Town Council
- KCR 102.5FM
- Kirby Institute
- Kombi Clinic
- Lane Group Stadium, Mandurah
- LaTrobe University
- Leverage Management Solutions
- LiverWELL (Incorporating HEPATITIS VICTORIA)
- London Agency
- Mandurah Community Gardens Incorporated
- Mandurah Crabfest

- Mandurah Filipino-Australian Multicultural Community Incorporated
- Mandurah Water Polo Association Incorporated
- MAPL
- Maria Scarlett
- Marymead CatholicCare Canberra Goulburn
- MBE Manuka
- Médecins du Monde
- Médecins Sans Frontières Access Campaign
- Mel Jones OAM
- Melbourne Hotel, Bundaberg
- Menzies School of Health Research
- Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI)
- Mooroolbool Shire Council
- Mooroopna Education and Activity Centre
- Mundaring Community Men's Shed (Inc)
- Mundaring Weir Hotel
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Association of People With HIV Australia (NAPWHA)
- National Australian Point of Care Testing Program
- National Centre for Immunisation Research & Surveillance
- National Centre for Immunisation Research & Surveillance
- National Rural Health Alliance
- New South Wales Ministry of Health
- New Zealand Ministry of Health
- New Zealand Society of Gastroenterology
- Nikki Webster
- Noongar Radio
- North East Bushrangers
- North Richmond Community Health
- Northern Territory AIDS & Hepatitis Council (NTAHC)
- Northern Territory Department of Health
- NSW Users and AIDS Association (NUAA)
- Ogilvy Australia
- One Vision
- Orana Early Childhood Intervention
- Orana Physical Culture Incorporated
- Palliative Care Australia
- Parliamentary Friends Group for Ending HIV, STIs, and Other Blood Borne Viruses
- PATH
- Peel Multicultural Association, Inc.
- PeelConnect Inc
- Penington Institute
- PHAA
- Pharmaceutical Society of Australia
- Philippine Australian Community Services Inc (PACSI)
- Phoenix 96.3fm
- Pixel Jam Design
- Pooraka Farm Community Centre
- Precision Public Affairs
- Pride in Peel Inc
- Queensland Health
- Queensland Injectors Health Network (QuIHN)
- Queensland University of Technology (QUT)
- Queensland University of Technology (QUT) - School of Public Health and Social Work
- Quizzame
- RACGP
- Ranger Stacey
- RediCASE
- Relationships Australia Canberra & Region
- Riding for the Disabled Assoc of WA Murray Mandurah Group Inc.
- Roche
- SA Health
- Scarlet Alliance, Australian Sex Workers Association
- Sebastopol Bowling Club, Ballarat
- Selina Walker
- Senator Louise Pratt, Co-chair Parliamentary Friends Group for Ending HIV, STIs and Other Blood Borne Viruses

- Senator Dean Smith, Co-chair Parliamentary Friends Group for Ending HIV, STIs and Other Blood Borne Viruses
- Settlement Council of Australia (SCOA)
- Shannon Noll
- Shepparton Agricultural Society Inc
- Shire of Mundaring
- Sidney Vo
- Social Policy Research Centre
- Special Olympics Sydney West
- Storybooq
- Successful Alliances
- Swan View Cricket Club
- SWR 99.9
- Sydney Health Literacy Lab
- Synergistiq
- Tabcorp Park, Melton
- Tasmania Department of Health and Human Services
- Tasmanian Council on AIDS, Hepatitis and Related Diseases
- Tea Tree Gully Gymsports Inc.
- The Aboriginal and Torres Strait Islander Health Faculty of the RACGP
- The Australasian Society for Infectious Diseases (ASID)
- The Commercial Hotel, Dubbo
- The Entrance Leagues Club, Central Coast
- The Foundation for AIDS Research
- The Global Fund
- The Hepatitis Foundation of New Zealand
- The Hepatitis Fund
- The Hon Anne Ruston, Shadow Minister for Health and Aged Care
- The Hon Emma McBride MP, Assistant Minister for Rural and Regional Health
- The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care
- The Hon Mark Butler MP, Minister for Health and Aged Care
- The Lancet
- The Social Policy Group
- The Townsville Toy Library
- This Is My Brave Australia Inc.
- Today's Country 94one
- Tony Barber
- Toowoomba City Men's Shed Inc.
- Toowoomba Regional Council
- Town Centre Vikings, Tuggeranong
- TREAT Asia/amfAR
- Tuggeranong Community Council
- Union for International Cancer Control
- Unitaid
- University of New South Wales
- University of New South Wales - Faculty of Law & Justice
- University of Queensland
- University of Sydney
- University of Technology Sydney (UTS)
- University of Technology Sydney (UTS) - Faculty of Law
- Victoria Department of Health and Human Services
- Western Australia Department of Health
- Western United SC Inc
- WHO Collaborating Centre for Viral Hepatitis (VIDRL), Doherty Institute
- Wide Bay Advocacy Inc
- Wide Bay Kids
- Will and Woody Show, KIIS FM
- World Health Organization
- World Hepatitis Alliance
- Yellow Edge - Performance Architects
- Youth, Family & Community Connections Inc
- YWCA Canberra

# We support the Uluru Statement from the Heart

Hepatitis Australia respectfully accepts the generous invitation of the Uluru Statement from the Heart and supports an Aboriginal and Torres Strait Islander Voice to Parliament enshrined in the Australian Constitution.

Hepatitis Australia recognises that Aboriginal and Torres Strait Islander peoples and communities' right to self-determination is set out in the United Nations Declaration on the Rights of Indigenous Peoples. Article 19 of the Declaration recognises that before any new laws or policies affecting Indigenous peoples are adopted, 'States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent'.

Hepatitis Australia supports the Uluru Statement in full and calls for structural reform including constitutional change. Structural reform means establishing a new relationship between Aboriginal and Torres Strait Islander peoples and the Australian nation based on justice and self-determination where Aboriginal and Torres Strait Islander peoples and cultures can flourish, and we all move forward.

Hepatitis Australia recognises that the Uluru Statement builds on the long and strong history of Aboriginal and Torres Strait Islander advocacy for a better future based on justice and self-determination. Gathered in Central Australia in May 2017 on the 50th anniversary of the 1967 referendum, Aboriginal and Torres Strait Islander forged a historic consensus on structural reform and constitutional change.

Hepatitis Australia supports the Uluru Statement calls for an Aboriginal and Torres Strait Islander Voice to Parliament and a Makarrata Commission to supervise a process of agreement-making and truth-telling. These reforms are: Voice, Treaty, Truth.

The first reform is the constitutional enshrinement of a Voice to Parliament (Voice). A Voice is a common reform adopted around the world by liberal democracies to improve democratic participation for Indigenous populations. In Australia, the Voice will empower Aboriginal and Torres Strait Islander people. It will be a permanent institution for expressing Aboriginal and Torres Strait Islander peoples' views to the parliament and government on important issues affecting Aboriginal and Torres Strait Islander people.

The second reform is the Makarrata Commission to supervise a process of agreement-making between governments and Aboriginal and Torres Strait Islander peoples (Treaty), and truth-telling (Truth). Voice, Treaty and Truth provide a clear and practical path forward for Aboriginal and Torres Strait Islander peoples' self-determination in accordance with the United Nations Declaration on the Rights of Indigenous Peoples.

Hepatitis Australia recognises that structural reform is needed to empower Aboriginal and Torres Strait Islander peoples to have a greater say and authority over the decisions that impact them. Structural reform means making real changes to the way decisions are made and by who.

Hepatitis Australia recognises that these are necessary conditions for Australia to achieve its goal of eliminating viral hepatitis by 2030.



# Introduction

People affected by hepatitis B and hepatitis C (viral hepatitis) are resilient, diverse and dispersed with many of them yet to be effectively reached and receive the support they want and need from the national response.

As the national peak, Hepatitis Australia has a key role in ensuring that viral hepatitis remains on the national agenda and to call for action to ensure that commitments made by Australian governments are fulfilled.

The work showcased in this report demonstrates Hepatitis Australia's commitment to partnership and examples of outcomes that can be achieved through meaningful partnership. Hepatitis Australia works closely with a wide range of partners, including its members, affected communities, peak organisations, community organisations, researchers, clinicians and governments to achieve meaningful outcomes. The principles of partnership are threaded throughout the report and showcase our position as a trusted leadership organisation with strong grassroots via our incredible members.

Hepatitis Australia applies an outcomes equity lens to its work – seeking to ensure our work supports all people affected by hepatitis B and

hepatitis C. Some of the examples of how this is applied include ensuring no-one is left behind in the national response including people in prison who are the most risk of hepatitis C transmission, increasing the profile and resources needed for the national hepatitis B response, and moving to a person-centred, holistic and community led national response.

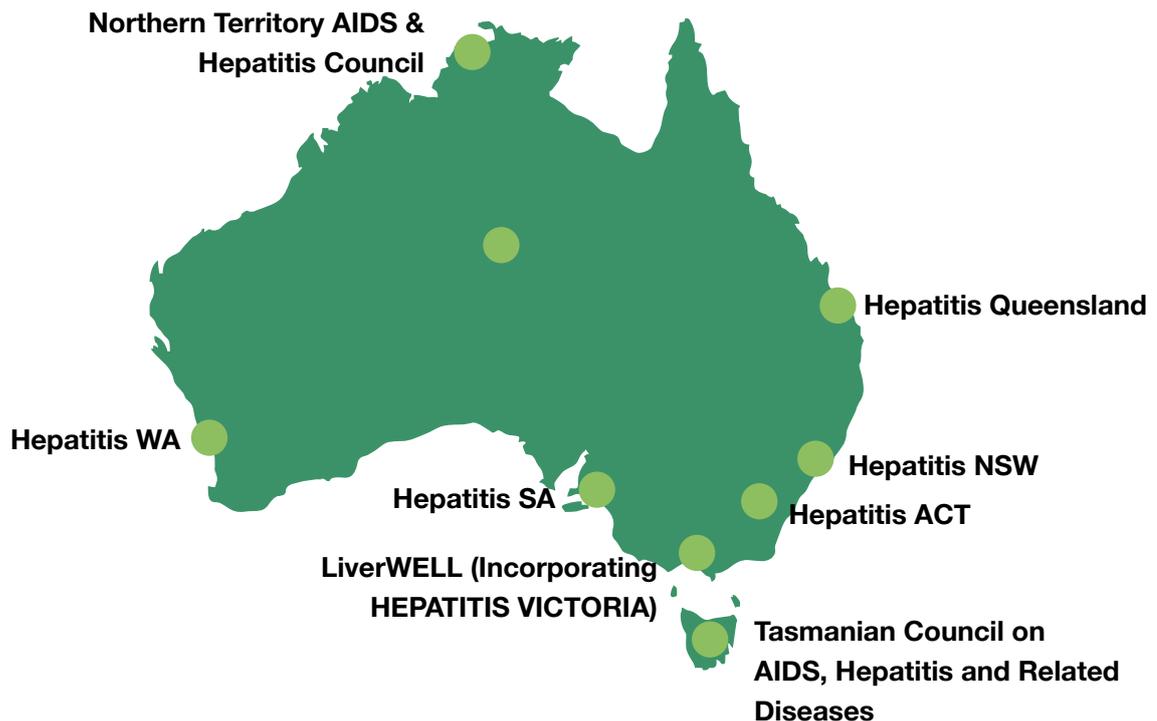
Central to much of our work this year has been to engage in the development of Australia's new national hepatitis policy context including being part of multiple processes to develop the new National Hepatitis B Strategy 2023-2030 and the new National Hepatitis C Strategy 2023-2030, and contributing to the development of the Aboriginal and Torres Strait Islander Blood Borne Virus and Sexually Transmissible Infections Strategy 2023-2030. These are the final strategies before 2030 elimination deadline and are due to be finalised by the end of 2023. These national strategies are critical to setting the national policy agenda and driving Australia to achieve its 2030 elimination goals.

# About Hepatitis Australia



Hepatitis Australia is the national peak body representing the interests of people affected by hepatitis B and hepatitis C, our members are the State and Territory Community Hepatitis Organisations.

## Our Members



**Our Vision**  
To see an end to viral hepatitis in Australia.



**Our Purpose**  
To enable and empower everyone in Australia to live free from the impact of viral hepatitis.

## Our Strategic Priorities and Role



### Policy and Investment

**Goal: Expedite the elimination of viral hepatitis in Australia.**

Role: Provide a strong and authoritative voice on evidence-based policy and investment required to achieve national elimination goals.

---



### Public Support

**Goals: Improve understanding of the impact of viral hepatitis, dispel misconceptions and increase community support for everyone who is affected.**

Roles: Articulate the health, social and economic impacts of viral hepatitis; support communications that dispel misconceptions and destigmatise viral hepatitis.

---



### Prevention

**Goal: Minimise the transmission of viral hepatitis in Australia.**

Roles: Drive action to expand evidenced-based and cost-effective prevention strategies to meet the needs of all people at risk of viral hepatitis; increase understanding around prevention of viral hepatitis across the whole community and within specific populations at higher risk of infection.

---



### Testing, Treatment and Care

**Goal: Increase community engagement in high quality and non-judgemental viral hepatitis testing and clinical care.**

Roles: Increase provision of and access to non-judgemental viral hepatitis testing and clinical care; support the transition of uncomplicated viral hepatitis clinical management from specialist care to primary care.

---



### Empowerment

**Goal: Embed the voice and experience of those impacted by viral hepatitis into all policy and programmatic responses.**

Role: Provide opportunities and platforms to assist people impacted by viral hepatitis to actively participate in, inform and assist the elimination effort.

# Why our work matters: Eliminating hepatitis B and hepatitis C in Australia by 2030



Globally, over 350 million people live with viral hepatitis. Every 30 seconds, someone loses their life to a hepatitis related illness. Within our own region, the Western Pacific Region, 116 million people live with hepatitis B, 10 million people live with hepatitis C, and many remain undiagnosed and untreated<sup>1</sup>. Australia recognises that an estimated that 1,500 deaths per day are attributable to viral hepatitis, a higher mortality rate than HIV/AIDS, malaria and Tuberculosis (TB) combined.

Hepatitis B and hepatitis C present significant global health challenges and are major causes of liver cancer, Australia's fastest growing cause of cancer deaths. Both hepatitis B and hepatitis C are preventable diseases. There is a cure for hepatitis C, and for hepatitis B there is an

effective vaccine and treatments. There are early clinical trials for a cure underway.

With increased concerted action and investment, these diseases can be eliminated in Australia and globally.

## The global context

In 2016, with Australia as a signatory, the World Health Organization (WHO) released the first *Global Health Sector Strategy on Viral Hepatitis 2016-2021*. In alignment with the United Nations 2030 Agenda for Sustainable Development, the Strategy delivered a ground-breaking international commitment to a **goal of eliminating viral hepatitis as a public health problem globally by 2030**.

The first *Strategy* and the shared commitment to elimination created significant momentum and the global interim 2020 target of reducing the incidence of hepatitis B virus was met. Supported by the availability of new direct-acting antiviral medicines, the number of people receiving treatment for hepatitis C virus infection increased almost 10-fold from 2015, reducing hepatitis C-related mortality.

1. To learn more about the global context see <https://www.worldhepatitisalliance.org/>

However, funding commitments remained inadequate to meet global goals. Nearly 80% of people with hepatitis B or hepatitis C globally remained undiagnosed and affordable treatments were not being accessed widely. In 2020:

- There were an estimated 820,000 hepatitis B attributable deaths and a further 290,000 attributable to hepatitis C (totalling 1.1 million deaths per year as a result of chronic liver disease and cancer)
- Timely access to birth-dose hepatitis B vaccine remained low in many low- and middle-income countries

- There were an estimated 1.5 million new cases of hepatitis B and 1.575 million new cases of hepatitis C.

In 2022 the first *Strategy* was replaced with an integrated *The Global Health Sector Strategies on, respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections 2022-2030*. This combined approach affirms the goal of eliminating viral hepatitis by 2030 and provides a global framework to strategically combine shared and disease-specific approaches in ways that place people at the heart of the response.

## The global hepatitis elimination targets for 2030 include:



**90% reduction in new cases of chronic hepatitis B\***



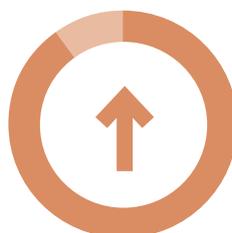
**75% reduction in new cases of chronic hepatitis C\***



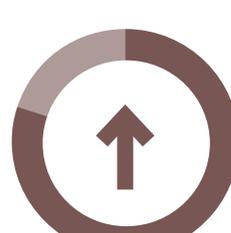
**60% reduction in hepatitis B and hepatitis C mortality\***



**90% hepatitis B childhood vaccination coverage and birth dose vaccination coverage**



**90% of people with hepatitis B and hepatitis C are diagnosed**



**80% of people with hepatitis B and hepatitis C who are clinically eligible are treated.**

\*Compared with 2020 baseline.

In June 2021, the WHO released new guidance for countries to validate their hepatitis B and hepatitis C elimination achievements. The guidance provides countries with ways to measure progress towards elimination targets for perinatal (mother-to-child) hepatitis B transmission and for hepatitis B and

hepatitis C as public health threats. This represents the first-ever global guidance for countries seeking to validate elimination of hepatitis B and/or hepatitis C infection as a public health problem and has been an important input to the development of Australia's next national strategies for 2023-2030.

## The Australian response



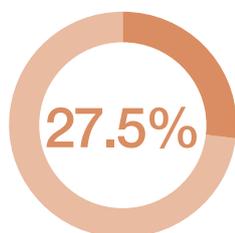
**1 in 75** people in Australia are living with hepatitis B or hepatitis C.

The *Third National Hepatitis B Strategy*, the *Fifth National Hepatitis C Strategy*, and the *Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy* for 2018-2022 have set the direction for Australia's continuing response to hepatitis B and hepatitis C. These Strategies included national targets for 2022, designed to measure progress toward the elimination of viral hepatitis by 2030. New National Strategies are due to be finalised by the end of 2023.

In 2021, more than 200,000 people were estimated to be living with hepatitis B in

Australia. **Hepatitis B vaccination coverage in 2021 for infants was excellent with childhood vaccination uptake amongst Aboriginal and Torres Strait Islander infants exceeding non-Indigenous infants at 24 months of age, both above the national target (95 per cent).** We congratulate everyone – especially action that has been community-controlled and driven - for again achieving this important outcome, whilst noting that the next *National Strategy* hepatitis B vaccination coverage will measure timely completion of three doses at or below 15 months of age. Reaching this will require additional effort.

Unfortunately, the situation is not as positive for other hepatitis B targets:



**It is estimated that more than one quarter (27.5 per cent) of people living with chronic hepatitis B have not been diagnosed and are unaware of their infection.** At current rates of progress, Australia may achieve the current National Strategy 2022 target (80 per cent diagnosed) in 2030 and may achieve the 2030 global target of 90 per cent diagnosed in 2039.



**Nearly three quarters (74 per cent) of people living with chronic hepatitis B are not receiving care.** At current rates of progress Australia may achieve the 2022 national target of 50 per cent in 2043. The next National Strategy 'in care' target will be 80 per cent by 2030, highlighting the significant work required in this domain. Clinical guidelines recommend that all people living with hepatitis B should be engaged in care



**Only 12.7 per cent of people living with chronic hepatitis B in 2021 are receiving antiviral treatment.** *This is concerningly less than half the proportion estimated to need treatment (29.4 per cent in 2021).* If current trends in treatment uptake for eligible people are continued Australia will not reach the National Strategy 2022 treatment target of 20 per cent until 2032 and will not reach the global 2030 treatment target (80 per cent of those eligible for treatment) until 2040.

There is now an effective and affordable cure for hepatitis C. It is estimated that 95,395 people had received treatment at the end of 2021, and **94% of those treated were cured.** Whilst this is an extraordinary achievement, and we congratulate everyone involved – especially community and peer led initiatives - treatment uptake is now very low (having continued to

decline significantly from 2016) and some hepatitis C priority populations are being left behind. More than 115,000 people were estimated to be living with hepatitis C in Australia at the end of 2020 and transmission in prisons due to lack of access to regulated harm reduction continues to be a major concern.



**94%** of people treated for hepatitis C were cured.

# The ongoing impacts of COVID-19 on the national hepatitis response

COVID-19 continues to significantly impact people affected by viral hepatitis, the community hepatitis workforce and access to health care services and system. Viral hepatitis serology tests performed since the onset of the COVID-19 pandemic were on average 14 per cent lower during 2020 and 2021, compared to 2019. **The national response continues to play ‘catch up’ on 227,000 fewer hepatitis serology tests in**

**2020 alone.** These impacts correspond with a 15 per cent decline in new diagnoses of hepatitis B during 2020, and a further 4% decline in 2021. Similarly, some 2,000 fewer people received hepatitis B monitoring during 2020 compared to 2019 - a 9 per cent decrease - and although this did not improve in 2021 it was offset by increases in treatment numbers, and consequently care uptake remained relatively stable.

**227,000**  
hepatitis  
serology  
tests

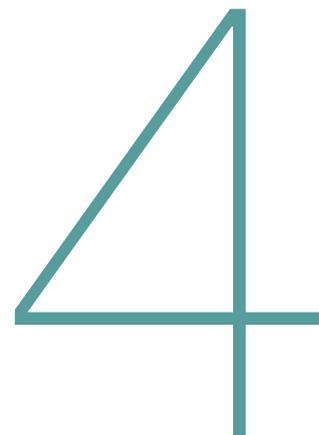
The national response continues to play ‘catch up’ on 227,000 fewer hepatitis serology tests in 2020 alone.

**2000**  
fewer  
people

2,000 fewer people received hepatitis B monitoring during 2020 compared to 2019 - a 9 per cent decrease



# Hepatitis Australia: An effective national peak and leader in elimination



Hepatitis Australia has been systematically undertaking a process of evaluation and refinement of its work including via an external evaluation (2021), Theory of Change (2022) and Members and Stakeholders Survey (2023). This has been underpinned by a commitment to the principle of continuous quality improvement, with a key outcome being to better refine and articulate the outcomes of Hepatitis Australia's work. Below are some key insights from these processes.

## Key findings



Hepatitis Australia serves as a pivotal national peak, showcasing national leadership, adept coordination, and successful partnerships.



The organisation is well-governed, reputable, and a dependable partner in fortifying systemic, policy, research, and service responses to viral hepatitis in Australia.



Together with the Australian Government, Hepatitis Australia is on a mission to eliminate viral hepatitis in the nation by 2030.



As the sole national peak body dedicated to this mission, Hepatitis Australia aligns perfectly with the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.

## Hepatitis Australia's leadership role:

The evaluation affirmed Hepatitis Australia's indispensable role in leading Australia's pursuit of the 2030 viral hepatitis elimination objectives. Consistent with the national strategies, the organisation remains an influential partner, striving for momentum, unified efforts, and robust leadership towards achieving these goals. It's imperative to note that while progress is evident in reducing hepatitis B and C cases, greater agility and effort are necessary, especially from stakeholders like Hepatitis Australia, to meet community need and the 2030 targets.

## Evaluation recommendations for Hepatitis Australia:

**Guidance from the evaluation emphasised Hepatitis Australia's continued responsibilities as:**

- 1 A champion for nationwide leadership in the mission to achieve viral hepatitis elimination.
- 2 Leading initiatives against stigma, discrimination, and racism.
- 3 Enhancing the dissemination of knowledge, pinpointing research priorities, and streamlining their implementation.
- 4 Ensuring that communities affected by viral hepatitis are meaningfully involved research, clinical services, and policy-making.
- 5 Spearheading collaborations and serving as the go-to national information hub on viral hepatitis.
- 6 Recognising Community Hepatitis Organisations as essential players in the nationwide response and elimination efforts.
- 7 Increasing collaborations and contributions that position Australia as a leader in regional and global community responses to viral hepatitis

In the subsequent sections of this report, readers will find illustrations of Hepatitis Australia's proactive measures in executing these roles over the past year.



## Hepatitis Australia's theory of change

Hepatitis Australia's monitoring and evaluation activities are informed by its theory of change. The overarching theory of change 'Expedite Elimination' is aligned the organisation's vision to see an end to viral hepatitis and is coherent with the strategic plan



The 'Expedite Elimination' theory of change is underpinned by three cascading theories of change, each having their own respective goal and objectives.

### Leading Community Response

**GOAL:** The community response is leading and is embedded in all aspects of the national viral hepatitis response.

#### OBJECTIVES:

- 1 To centre the community response in the broader national viral hepatitis response.
- 2 To support the capacity of member organisations.
- 3 To enable Australia's community contributions to regional and global elimination efforts.
- 4 To ensure Hepatitis Australia is a strong national peak that enables the national community response to viral hepatitis.

## Facilitating Systems Change

**GOAL:** The viral hepatitis system is person centred, high performing and enables equitable outcomes.

### OBJECTIVES:

- 1 To enhance the development, implementation and utility of viral hepatitis research.
- 2 To enhance the development, implementation and evaluation of national viral hepatitis policy.
- 3 To enhance the development, implementation and uptake of viral hepatitis clinical resources and processes.
- 4 To improve collaborations, capacity and equity across systems to amplify viral hepatitis elimination efforts.

## Building Partnerships and Support

**GOAL:** Partnerships and broader public/community support is mobilised to achieve viral hepatitis elimination.

### OBJECTIVES:

- 1 To engage stakeholders outside of the viral hepatitis space to raise awareness about viral hepatitis and foster collaborations.
- 2 To be the trusted and centralised point of information for viral hepatitis in Australia.
- 3 To raise the public profile and support of viral hepatitis elimination efforts.

# Member and Stakeholder Survey findings

The following details findings from two surveys. The intent was to gauge feedback on Hepatitis Australia's performance, evaluate its advocacy and engagement effectiveness, inform enhancement strategies based on member and stakeholder feedback, and generate data for governmental reporting.

## Key Insights:

1

### Reputation & Impact:

- Members and stakeholders widely acknowledge Hepatitis Australia as a pivotal national entity amplifying the community response to viral hepatitis.
- The organisation effectively represents affected communities' interests, promoting a community-centric national approach and promoting community-led initiatives and priorities.
- Their efforts have influenced positive shifts in the national response to viral hepatitis.

2

### Contributions to National Policies:

- Hepatitis Australia has played a significant role in national policies, strategies, and resources development that resonate with the needs of communities affected by viral hepatitis.

3

### Operational Strengths:

- Prominent in public awareness efforts for viral hepatitis elimination.
- A primary, reliable source of clear, audience-informed, and non-stigmatising information about viral hepatitis.
- Fortifies community influence in national policy, research, and service provisions.
- Enhances stakeholder collaboration aiming for viral hepatitis elimination.
- Engages member organisations actively in the national discourse.
- Delivers pertinent, evidence-informed advice for that responds to concerns of communities affected by viral hepatitis.

## 4

## Tangible Outcomes:

- Assisted in the development of national policies and strategies that reflect community priorities.
- Augmented community participation in the national response, including policy creation and service design.
- Countered stigma, racism, and discrimination tied to viral hepatitis.
- Elevated stakeholder understanding of the experiences and necessities of viral hepatitis-affected individuals.
- Strengthened Australia's tie to regional and global viral hepatitis elimination efforts.

Lastly, these insights are shaping Hepatitis Australia's quality enhancement and strategy from 2024 and beyond.

We really have an opportunity here to jointly progress elimination. My hope is for a future where cultural competency is embedded within the whole of the health system, both community and clinical. And that includes a strong and skilled First Nations workforce. A future where we can access equitable and compassionate care for hepatitis that respects our cultural and sexual identities and addresses our unique health needs.

Rebecca Johnson OAM, Board Director

# From the CEO



This year has been an outstanding example of what can be achieved when the national response works together in true partnership towards the 2030 elimination goal, and is focussed on who we are here for: people and communities affected by hepatitis B and hepatitis C.

The year began with a remarkable display of unity, as stakeholders in the national response convened at the Parliament of Australia on Ngunnawal Country (Canberra) for World Hepatitis Day. This was one of the first events with the new 47th Federal Parliament, activating parliamentarians from across the spectrum and recognising people affected by viral hepatitis including via a statement in the House of Representatives.

Core to Hepatitis Australia's role is ensuring the effective stewardship of the national community response and the elimination goals, taking an overall vantage point and connecting the different moving parts to make real progress and deliver for affected communities.

Hepatitis Australia operationalises this through principles-based approaches that centre the community and community-led responses, and recognises that this work is fundamentally relationships-based and requires a deep commitment to partnership. In this report, I refer you to the list of our incredible partners and the outcomes from Hepatitis Australia's Members and Stakeholders Survey.

There has been huge momentum and new action in the national response this year, with the implementation of a major national multi-pillared hepatitis C project involving over 200 partners; and the implementation of a new major national hepatitis B legal project responding to expressed community need and critical social determinants.

Further for the first time the Australian Government provided a national service guarantee by funding critical community infrastructure and support via the National Hepatitis Infoline. This is a partnership between Hepatitis Australia and its members, delivers nationally coordinated

localised support via a collective impact approach, and is underpinned by Australia’s first national viral hepatitis community dataset. Over 10,000 occasions of service were provided to communities in its first year, a truly extraordinary achievement by all.

The year ended with the long-awaited public consultation on the new National Hepatitis B Strategy 2023-2030 and National Hepatitis C Strategy 2023-2030, which will be the last strategies before the elimination deadline. These new strategies are profoundly different in determining how Australia will achieve elimination – namely via person-centred approaches and community-led initiatives, responding to the social determinants of viral hepatitis including acting on human rights and legal issues, and ensuring that no-one is left behind.

**Some critical developments in Australia’s national hepatitis B and hepatitis C strategies:**

2018 -2022	2023 -2030
Disease-centred	Person-centred
Population level outcomes	Priority population outcomes, equity threshold
Clinical-led decentralisation to GPs	Community-led + further decentralisation, multidisciplinary, partnership
Cascade of care	Cascade of care + social determinants, whole-of-person, whole-of-life course (post cure, cancer monitoring/prevention), quality of life
Human rights principle + legal goal	Human rights implementation + legal actions
Commitment to elimination by 2030	Stronger commitment to elimination by 2030
Epidemiological focused	Epidemiological + other types of evidence, evidence-informed

Hepatitis Australia has made major contributions to these national strategies over the past two and a half years, and we thank the Australian Government for partnering with the community and for working so closely with stakeholders to develop this essential policy framework. We commend the Australian Government for committing to leave no one behind as so clearly demonstrated by the national strategies' equity threshold. This is especially important as we 'double down' on our allyship with Aboriginal and Torres Strait Islander people and communities for justice and self-determination.

As we celebrate the successes of the past year, we also recognise the challenges that lie ahead including the need for the national strategies to be publicly released and their implementation prioritised and resourced. Our commitment to equitably eliminating viral hepatitis by 2030 remains unwavering. We will continue to engage with communities, strengthen partnerships, advocate for policy and systems change, and collaborate to make this vision a reality.

Finally I express my deepest gratitude to all people and communities affected by viral hepatitis, our members, fellow national BBV/STI peaks, research and clinical bodies, AHPPC's Blood Borne Virus and STI Standing Committee especially the Australian Government, parliamentarians and other decision-makers, our Board especially our outgoing President, and particularly the incredible Hepatitis Australia team – it is a privilege to work for the community and our mission with such high performing and committed people.

Together, we are making a significant impact, and I am confident that with our continued collaboration, we will achieve our goals for all people who are affected by viral hepatitis.

*Carrie Fowlie*

CEO

**Our commitment to equitably eliminating viral hepatitis by 2030 remains unwavering. We will continue to engage with communities, strengthen partnerships, advocate for policy and systems change, and collaborate to make this vision a reality.**

# President's message

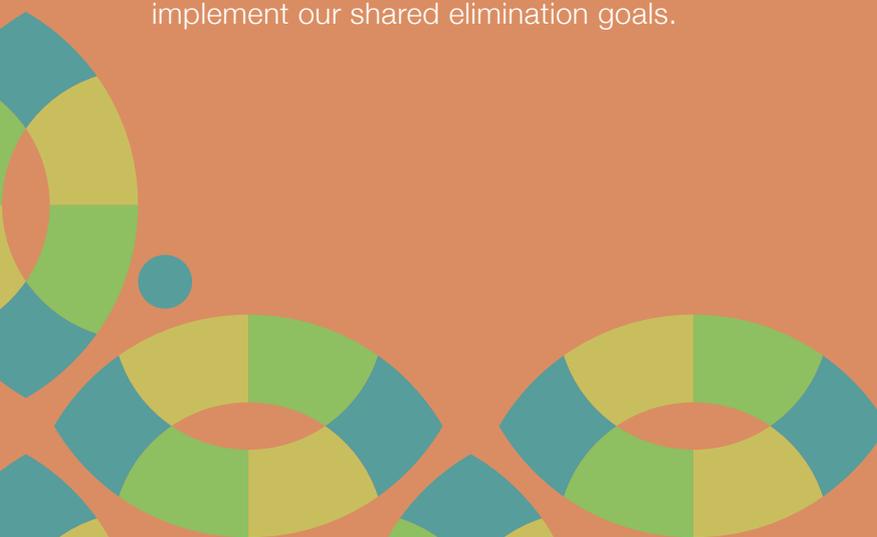


This year, Hepatitis Australia marked its 25th anniversary, representing an important moment of reflection on how far we've come and what we still need to do to achieve our mission of ending viral hepatitis in Australia and empowering and enabling our community to live free from its impacts.

Australia's 2030 elimination goals are absolutely achievable, but only if the people we are here to serve are meaningfully at the centre of the response and are truly partnering with us and other stakeholders on the work that needs to be done.

This has been demonstrated in many ways this year, notably the outstanding work of Hepatitis Australia and our membership to implement an enhanced co-designed National Hepatitis Infoline. This new national community-driven service has been recognised by the Australian Government as critical infrastructure and its localised delivery means the national response now has new capacity to reach people at risk of being left behind.

Hepatitis Australia's role as a leader of the national community response and as a steward of the elimination goals has gone from strength to strength, as demonstrated throughout this annual report. We have been critical in mobilising existing and new stakeholders to implement our shared elimination goals.



As part of our allyship with Aboriginal and Torres Strait Islander peoples and communities for justice and self-determination, we reaffirmed our commitment to the Uluru Statement from the Heart at the 3rd National Elimination Forum with the membership.

The Board has worked hard this year to strengthen our strategy and governance. For the first time since before the COVID-19 pandemic began, the Board met face-to-face to undertake two days of strategic thinking. I thank all Directors for their commitment and inputs.

I'd like to thank our outgoing Board Directors Brent Bell (Vice President, WA), Russell Shewan (Vic), Elaine Montegriffo (Vic) and welcome our newest Director Rebecca Johnson OAM, a proud First Nation and Australian South Sea Islander woman, connected to the Taribelang Bunda and Gooreng Gooreng people of Bundaberg.

Hepatitis Australia's mission is in direct alignment with the Australian Government's, which means we can harness our complementary expertise in service of the community and deliver more efficient and effective outcomes.

This year we also saw a renewed bipartisan and multipartisan commitments to elimination. We thank all federal parliamentarians for their work to create an enabling environment and support their local communities. I would particularly like to acknowledge The Hon Mark Butler MP Minister for Health and Aged Care, The Hon Ged Kearney MP Assistant Minister for Health and Aged Care, The Hon Emma McBride MP Assistant Minister for Rural and Regional Health, The Hon Ann Ruston Shadow Minister for Health, Mr Gavin Pearce Shadow Assistant Minister for Health, and the co-chairs of the Parliamentary Friends Group Senator Louise Pratt and Senator Dean Smith.

Hepatitis Australia's team, under the outstanding leadership of our CEO Carrie Fowle, while small is mighty and highly professional, values-based and outcomes-focussed. Thank you for again for going above and beyond.

Finally, I would like to thank our member organisations, their leaders and teams, for their continued support of Hepatitis Australia and the lasting impact they have each and every day.

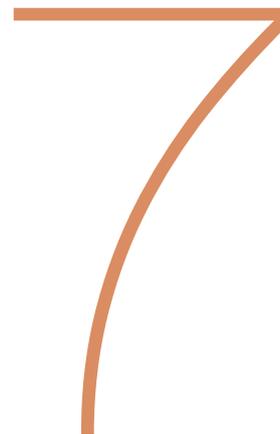
We will soon see the release of Australia's final national hepatitis strategies until the 2030 elimination deadline. These key documents, to which Hepatitis Australia has made critical contributions, will be a key part of the roadmap to achieving our mission. Our purpose as an organisation is clear and so is our role as the national peak. As the soon to retire President and Chair, I look forward to observing the ongoing success of Hepatitis Australia as it does everything it can to support the people and communities affected by viral hepatitis.

*Grant Phelps*

**President**

Australia's 2030 elimination goals are absolutely achievable, but only if the people we are here to serve are meaningfully at the centre of the response and are truly partnering with us and other stakeholders on the work that needs to be done.

# National Hepatitis Strategies



This year Hepatitis Australia has undertaken significant work to support the ongoing process to develop the new *National Hepatitis B Strategy 2023-2030* and the *National Hepatitis C Strategy 2023-2030*, ensuring that they remain a priority on the national agenda.

A key focus for Hepatitis Australia has been to ensure that affected communities and the community-led response are centred and enabled to lead as Australia maps its pathway to elimination by 2030. Throughout this process, Hepatitis Australia has taken a principles-based approach, working to ensure that the next iteration of the national strategies

remain grounded in and framed around health equity, person-centred responses, the meaningful involvement of priority populations, and human rights. These strategies are fundamentally about affected people and communities and Hepatitis Australia has continued make its contributions to this process through this lens.

## Australian Government process to date

The process for renewing the *National Hepatitis B Strategy 2023-2030* and the *National Hepatitis C Strategy 2023-2030* began in 2021. Since then, there have been several consultation and review processes which have been undertaken by the Australian Government Department of Health and Aged Care in consultation with jurisdictions, sector peak bodies, national community organisations and national research centres of excellence. These include:

- Two reviews by the Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS)
- The Australian Government Department of Health and Aged Care's targeted consultation process concluding in September 2022
- The consensus-based targets development process which brought together community, researchers, clinicians, and the commonwealth and state and territory governments to develop the targets which were reflected in the draft documents that went out for public consultation
- The Australian Government Department of Health and Aged Care's public consultation process concluding in June 2023.

## Hepatitis Australia's contributions as a key stakeholder in the national response

Hepatitis Australia has worked closely and collaboratively with people with lived experience, affected communities, Hepatitis Australia members, national BBV and STI peak bodies, the Australian Government Department of Health and Aged Care, research centres, clinician representative organisations, and other key stakeholders to provide substantial input into the development of the next *National Hepatitis B Strategy 2023-2030* and *National Hepatitis C Strategy 2023-2030*, including:

- Coordinating consultation and engagement with key stakeholders for their input into the Australian Government Department of Health and Aged Care's targeted consultation process and public consultation process, including:
  - Workshops with Hepatitis Australia members
  - Workshops for people with lived experience of hepatitis B
  - Workshops for people with lived experience of hepatitis C
  - Workshops with national research partners
  - Workshops with the National Hepatitis B Network
  - Briefings with the national BBV and STI peak bodies to discuss the strategies and support their input, including regular side meetings with specific peaks to work on areas of mutual interest (for example, areas relating to affected communities)
  - Supporting the coordination of a Culturally and Linguistically Diverse Communities' Stakeholder Workshop
  - Joint inputs with key stakeholders
  - Coordinating and supporting input from some national stakeholders, including preparing and distributing a partner briefing pack outlining the process from 2021 onwards and highlighting strengths and changes to the new draft strategies
- Ad hoc meetings and briefings with stakeholders.
- Ongoing consultation with Hepatitis Australia members.
- Ongoing partnership with the Australian Government Department of Health and Aged Care to support their stewardship of the strategies through the process, including the provision of technical advice, coordinating workshops with stakeholders, and working closely to ensure the timely progression of the development of the new strategies.
- Regular (monthly meetings) with the Australian Government Department of Health and Aged Care and national BBV and STI peak bodies to inform ongoing consultation.
- Bi-weekly meetings with the national BBV and STI peaks which include agenda items to support the development of the next five national BBV and STI strategies.

- Coordinating and supporting input via the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS).
- The provision of extensive feedback, advice and written submissions from Hepatitis Australia to the Department of Health and Aged Care and consultants Allen and Clarke through the targeted consultation process and the public consultation process.

In addition to these processes throughout the year, Hepatitis Australia discussed the national strategies with stakeholders at a range of forums and events, including the World Hepatitis Day Parliamentary Round Table, the 27<sup>th</sup> Harm Reduction International Conference HR23, and the National Hepatitis Elimination Forum. Discussions across a variety of different contexts encouraged stakeholder engagement and has enabled Hepatitis Australia to take a broad view of the strategies and make recommendations throughout the development process that reflect different needs across different affected communities with the view to support the prioritisation of action within the national response that will be meaningful and high impact.

## National Strategy consensus targets

Hepatitis Australia, in collaboration with the Australian Government Department of Health and Aged Care, coordinated the process of developing consensus on the next *National Hepatitis B Strategy 2023-2030* and the *National Hepatitis C Strategy 2023-2030* targets. This year, Hepatitis Australia worked with a range of experts across policy, lived experience and community,

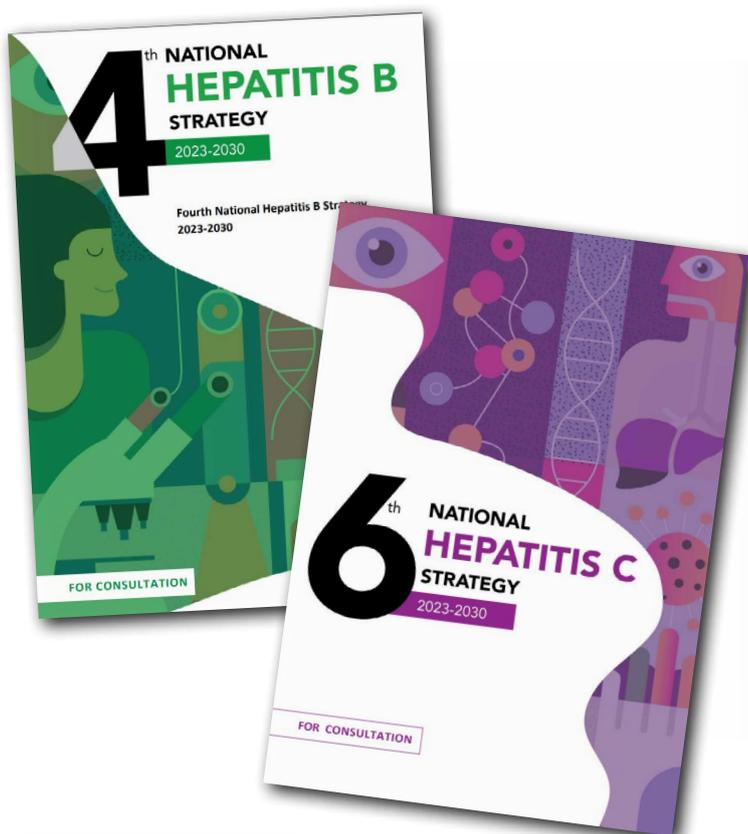
clinical and research to finalise the outcomes of a workshop series in 2022 including development of an equity threshold. This finalisation process included drafting a final report that collated all inputs from the workshops and which was distributed to all participants and submitted to the Department of Health and Aged Care as a part of the [targeted consultation process](#).

## Linkages across the five national BBV and STI strategies

In addition to the National Hepatitis B Strategy and the National Hepatitis C Strategy, Hepatitis Australia has also supported the development processes for the next National Aboriginal and Torres Strait Islander Bloodborne Viruses and Sexually Transmissible Infections Strategy, the National Sexually Transmissible Infections Strategy, and the National HIV Strategy. This included providing written submissions to the BBVSS stakeholder consultation processes, the provision of advice and support to peak bodies and the Australian Government Department of Health and Aged Care on issues with overlapping interest to communities affected by hepatitis B and hepatitis C, as well as health system reforms that support improved outcomes in the broader national BBV and STI response.

## Prioritisation and implementation planning

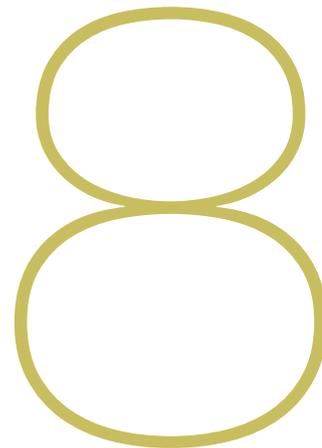
Hepatitis Australia eagerly awaits the finalisation and public release of the *National Hepatitis B Strategy 2023-2030* and the *National Hepatitis C Strategy 2023-2030* and has strongly advocated for a prioritisation of implementation planning and resourcing to accompany the national strategies, including the continued leadership role of affected communities, priority populations and the community throughout the implementation stages of the strategies, the mid-point review and through to elimination validation as Australia approaches 2030.



*This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

*This activity progresses all of the key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.*

# Engaging parliamentarians in elimination



*“Eliminating viral hepatitis in Australia by 2030 is absolutely achievable, and our government is committed to ensuring we get there.”*

- The Hon Ged Kearney, Assistant Minister for Health and Aged Care from her keynote address at the parliamentary launch of the National Hepatitis Infoline March, 2023

Parliamentarians play a critical role to ensure viral hepatitis elimination commitment is achieved for everyone in Australia. Hepatitis Australia actively engages Australian federal parliamentarians from across the political spectrum to raise awareness about viral hepatitis, especially the people and communities who are affected, and ensure viral hepatitis remains on the agenda, and commitments made by Australian governments are fulfilled.

Hepatitis Australia increased parliamentary engagement, maintaining, strengthening, and building new relationships with MPs, Senators and Ministers in the federal parliament to raise awareness about Australia’s 2030 elimination commitments as well as support and further their engagement both at parliament house and within their local communities. A key part of this has included working with the Parliamentary Friends for Ending HIV, STIs, and Other Blood Borne Viruses. Hepatitis Australia and the parliamentary friends group co-hosted two events at Australian

Parliament House for World Hepatitis Day 2022 and the National Hepatitis Infoline Launch alongside national partners.

These events brought community, researchers, clinicians, government and politicians together to raise the profile of viral hepatitis elimination and the community response at a national forum. They featured speeches by people with lived experience, community workforce, and politicians, including the Assistant Minister for Health and Aged Care, The Hon Ged Kearney MP.

Both events showcased the bipartisan support for viral hepatitis elimination and unanimous agreement that hepatitis B and hepatitis C elimination by 2030 is achievable. The voices of people with lived experience were central to the discussions. There was agreement on the critical importance of the National Hepatitis B Strategy and the National Hepatitis C Strategy to achieve elimination, including the need to finalise and release the 2023-2030 strategies.



Hepatitis Australia undertook significant engagement work in the lead up and following these events, including:

- Writing to all MPs and Senators inviting them to attend and offering to meet with them and their offices to further discuss viral hepatitis elimination in Australia and what they can do to support and engage their communities. This included providing electorate-specific prevalence data for each MP and Senator.
- Circulating social media and communications toolkits to support MPs and Senators to raise awareness and support their communities across their communications and social media platforms.
- Writing to all MPs and Senators thanking them for attending.
- Attending 1:1 meetings with Ministers, Shadow Ministers, portfolio holders, MPs and Senators prior to and following these parliamentary events.

The World Hepatitis Day Parliamentary Roundtable was held on World Hepatitis Day itself, 28 July 2022. Significantly, 28 July was also the first sitting week for the 47<sup>th</sup> parliament, making it a prime opportunity to make viral hepatitis a topic of importance for the new Australian Government.

This event consisted of a formal, invite-only roundtable event which focused on partnerships, multi-partisan parliamentary action, and community-focused elimination efforts. Speakers included people with lived experience, community peak organisations, research partners, and parliamentarians. The roundtable was followed by a parliamentary reception open to all MPs and provided an opportunity for further engagement.

## Key outcomes from the World Hepatitis Day Parliamentary Roundtable included:

- The importance of centring the community in the national response and prioritising community-centred and community-led initiatives, including the scaling up of the hepatitis B community workforce and increased support for community-led programs.
- The importance of the partnership principle in the national response.
- Commitment to ramp up elimination efforts.
- A statement of support for World Hepatitis Day was read on the floor of the House of Representatives.

**“This is a bipartisan issue, and it is incredibly important that we are all here and that we are all on the same page. This doesn’t happen because of one or two people. It happens because of partnerships, alliances and shared responsibility. I know we will definitely be ramping up our efforts to tackle this issue.**

**- The Hon Ged Kearney, Assistant Minister for Health and Aged Care re-affirming the Albanese Government’s commitment to bipartisan support and partnership with communities in her address to the Roundtable.**

The National Hepatitis Infoline Launch was held on 27 March 2023 and officially launched the service, which is a flagship of the national community response.

The National Hepatitis Infoline is available to anyone, anywhere in Australia. Services include information on prevention, diagnosis, and treatment, as well as support for families, communities, and social and health workers, including primary care.



**“There is a light at the end of tunnel, and you provide that light... we treasure your work and we value your dedication...we very much approach this from a bipartisan perspective.”**

**- Mr Gavin Pearce MP, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services echoing the bipartisan and partnership approach in his address to the Roundtable.**

## Key outcomes from the National Hepatitis Infoline Launch included:

1

Multipartisan support for the National Hepatitis Infoline as a key piece of infrastructure in the national response to viral hepatitis

Additionally, Hepatitis Australia undertook significant parliamentary engagement to promote and support participation in the national Ending Hepatitis C Campaign, including writing to all MPs and Senators with information about live venues and virtual participation as well as including a digital communications toolkit to support their promotional work within their communities.

Hepatitis Australia also wrote to parliamentarians to share our [2023-24 federal budget submission](#), highlighting key priorities for Australia's viral hepatitis elimination efforts.

Over the course of the year Hepatitis Australia wrote four separate letters to all 227 parliamentarians.

Hepatitis Australia thanks all parliamentarians for their engagement and commitment to communities affected by viral hepatitis. Special

2

Increased visibility of the work of state and territory hepatitis organisations

3

Launching of the first national community hepatitis service delivery data set in Australia.

thanks are extended to parliamentarians who made gave contributions at public national forums and events:

- The Hon Mark Butler MP, Minister for Health and Aged Care
- The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care
- Senator the Hon Anne Ruston, Shadow Minister for Health and Aged Care, Shadow Minister for Sport
- Mr Gavin Pearce MP, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services
- Senator Louise Pratt, Co-chair of the Parliamentary Friends for Ending HIV, STIs and Other Blood Borne Viruses
- Senator Dean Smith, Co-chair of the Parliamentary Friends for Ending HIV, STIs and Other Blood Borne Viruses



*This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; and empowerment.*

*This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.*

# International and regional response to viral hepatitis

Hepatitis Australia's objectives include international collaborations and partnerships with key stakeholders who share our goals. Throughout this annual report are highlights of activities Hepatitis Australia has engaged in to strengthen international and regional responses, and Australia's contribution to those responses.

## Statement in the plenary of the United Nations

This year, at the sixty-sixth session of the United Nations Commission on Narcotic Drugs (CND) held in Vienna Austria, Hepatitis Australia made a statement in the plenary calling for prioritisation and integration of viral hepatitis responses, as an inherent part of [evidence-based and human rights-based drug policy](#) and in recognition that hepatitis C is the number one cause of death amongst people who inject drugs globally.

[Full statement available under Item 9 here.](#)

**“We urge the United Nations Commission on Narcotic Drugs to prioritise and integrate viral hepatitis responses as a highly effective and cost-effective strategy to save lives, and as an inherent part of evidence-based and human rights-based drug policy.”**

**Except from Hepatitis Australia's statement to the CND**

## HR23 Pre-Conference Viral Hepatitis Event

Hepatitis Australia is proud to have been a partner for the Harm Reduction International Conference 2023 'HR23 pre-conference on viral hepatitis and harm reduction'. This event convened international experts in viral hepatitis, exchanging information around the significant current opportunities to advance viral hepatitis testing and treatment amongst people who use drugs, with a view to

contributing to the WHO's 2030 target to eliminate hepatitis B and hepatitis C. The event program featured a range of different perspectives from community, international and intergovernmental organisations, researchers and clinicians, with powerful statements from community calling for equity and increased action, especially for Indigenous peoples and hepatitis B responses.



## Harm Reduction International Conference

The 27<sup>th</sup> Harm Reduction International Conference, returning to Australia for the first time in 20 years, championed community-led and designed initiatives in harm reduction. People with lived experience and affected communities led conversations demanding human rights, decolonisation, a seat at the table; an end to criminalisation, racism, stigma and discrimination; and increased harm reduction.

### **Hepatitis Australia was involved in various ways throughout the conference including:**

- A standing room only session on Harm Reduction and Australian Prisons which [highlighted the evidence for harm reduction measures in prisons](#) ; discussed that the primary sites of hepatitis C transmission are prisons; reiterated that prison needle and syringe programs is Australian national policy; and critically, that Aboriginal and Torres Strait Islander people are disproportionately impacted by this policy and systems failure and that people should be prevented from entering the criminal justice system in the first place.
- A dialogue session showcasing the critical and unique contributions that community makes when it is at the decision-making table, highlighting examples from the Australian experience in hepatitis policy including

protecting an individual's right to informed consent to testing, challenging 'Treatment as Prevention', and the community-led fight for unrestricted access to medicines.

- A [conference declaration](#) co-designed by delegates focussed on reform in Australia.
- A Global Hepatitis B Priority Statement ([see section 12](#))

This conference has set a standard in Australia for community involvement. Hepatitis Australia looks forward to how future conferences and other fora will build on this momentum.

### **Hepatitis Australia would like to specifically congratulate:**

- [AIVL](#) and their network of peer-based drug user organisations for being awarded the Gill Bradbury Award for their work in providing excellent services to people who use drugs.
- Professor James Ward, a Pitjantjatjara and Nukunu man, an infectious diseases epidemiologist and a national leader in Aboriginal and Torres Strait Islander research for his plenary speech calling for dismantling colonial systems and systemic racism; decolonising harm reduction; and reallocating resources to Indigenous Peoples. [You can read his full speech here.](#)

## World Hepatitis Alliance

As a member of the World Hepatitis Alliance Hepatitis Australia has engaged in partnership and global advocacy activities. This year this engagement has included participation in the Western Pacific Region (WPRO) town halls and members' webinars, which provide an opportunity to learn and share information with other members in the region.

## Advocacy for inclusion of the region in national policy

Australia is situated within the Western Pacific Region, which is a significant and critical region for viral hepatitis action. WHO data shows that the Western Pacific Region has 39% (116 million) of the global hepatitis B burden (the highest of anywhere in the world) and 16% (10 million) of the global hepatitis C burden. Further, 49% of global deaths due to causes related to hepatitis B and hepatitis C occur in the Western Pacific Region, roughly equating to 1500 deaths per day which is a higher mortality

rate than HIV/AIDs, malaria and tuberculosis (TB) combined.

Australia, as a leader in hepatitis B and hepatitis C elimination internationally, has a key role and responsibility to support elimination efforts in our region. This year, Hepatitis Australia has worked closely with global partners, including The Hepatitis Fund and the World Hepatitis Alliance, to mobilise action in the Western Pacific region to support progress to the 2030 elimination goal.

### Key activities include:

- 

Advocacy to the Australian Department of Foreign Affairs and Trade to explicitly include viral hepatitis related funding in the Regional Health Partnerships Grant.
- 

Encouraging Australia to be a global viral hepatitis elimination champion
- 

Becoming a member of the Australia Global Health Alliance
- 

Actively participating in regional and global fora.

See Spotlight on Hepatitis B and Spotlight on Hepatitis C for further examples of work in this area.



*This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

*This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy*



# World Hepatitis Day 2022

World Hepatitis Day, held on 28 July each year, is a major event observed by the United Nations, and is one of the [World Health Organization's \(WHO\)](#) nine officially mandated global public health days.

**World Hepatitis Day is a significant annual day to:**

1

Mobilise the community, organisations, research institutes, media, and governments to take action in support of viral hepatitis elimination.

2

Activate the Australian Government and political leaders to progress action on viral hepatitis elimination.

3

Challenge stigma, discrimination and systemic barriers faced by people impacted by viral hepatitis.

4

Amplify the diverse voices of people impacted by viral hepatitis to influence public dialogue, decision making and health policy development.

In Australia, World Hepatitis Day is nationally coordinated by Hepatitis Australia to raise awareness and promote action on viral hepatitis.

## National event at Parliament House of Australia

Hepatitis Australia and national partners hosted a national event at Australian Parliament House with people with lived experience, community representatives, clinicians, researchers, Australian Government officials and political leaders, including Ministerial representatives to commemorate World Hepatitis Day on 28 July 2022. This was the first time in a decade that World Hepatitis Day had fallen within a parliamentary sitting week. All 227 parliamentarians received letters, factsheets, a social media branding kit, and Hep Can't Wait! lapel pins in the lead up to the event. The significance of the day was recognised by parliamentarians in various ways including wearing the lapel pins, posting on social

media, attending the parliamentary roundtable or parliamentary reception, and also included a [statement of support](#) in the House of Representatives ([See section 8](#)) for more information about this event).

This annual national World Hepatitis Day event at Parliament House of Australia has increased recognition and understanding of viral hepatitis amongst political leaders. This has supported policy progress, including by strengthening commitments to finalise the National Hepatitis B Strategy and the National Hepatitis C Strategy 2023-2030, which set the national policy framework to achieve elimination by 2030.





## World Hepatitis Day network

Hepatitis Australia maintained the World Hepatitis Day Network, which was established in 2021. The network met five times in the lead up to World Hepatitis Day 2022 and continued to meet through 2023 ahead of the annual event. The network encourages action amongst key and new stakeholders, enables information sharing, and supports collaboration. Key outcomes of the network's collaboration included increased take-up of the global and national theme (Hepatitis Can't Wait!), consistent national messaging, and reduced duplication of work. Through information sharing in the Network, four states/territories lit up local monuments green – a key global activation of World Hepatitis Day.





## World Hepatitis Day campaign

Hepatitis Australia developed an [Australian World Hepatitis Day website](#), which provided nationally relevant information about hepatitis B and hepatitis C, and the Hepatitis Can't Wait campaign. This included dissemination of a [World Hepatitis Day factsheet](#) with current national statistics. Via the website we collated a national calendar of World Hepatitis Day events, which included events in every state and territory.

Hepatitis Australia developed a national campaign guide and social media assets, which enabled new and existing stakeholders to easily contribute to the campaign and reach a broader audience.



*This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

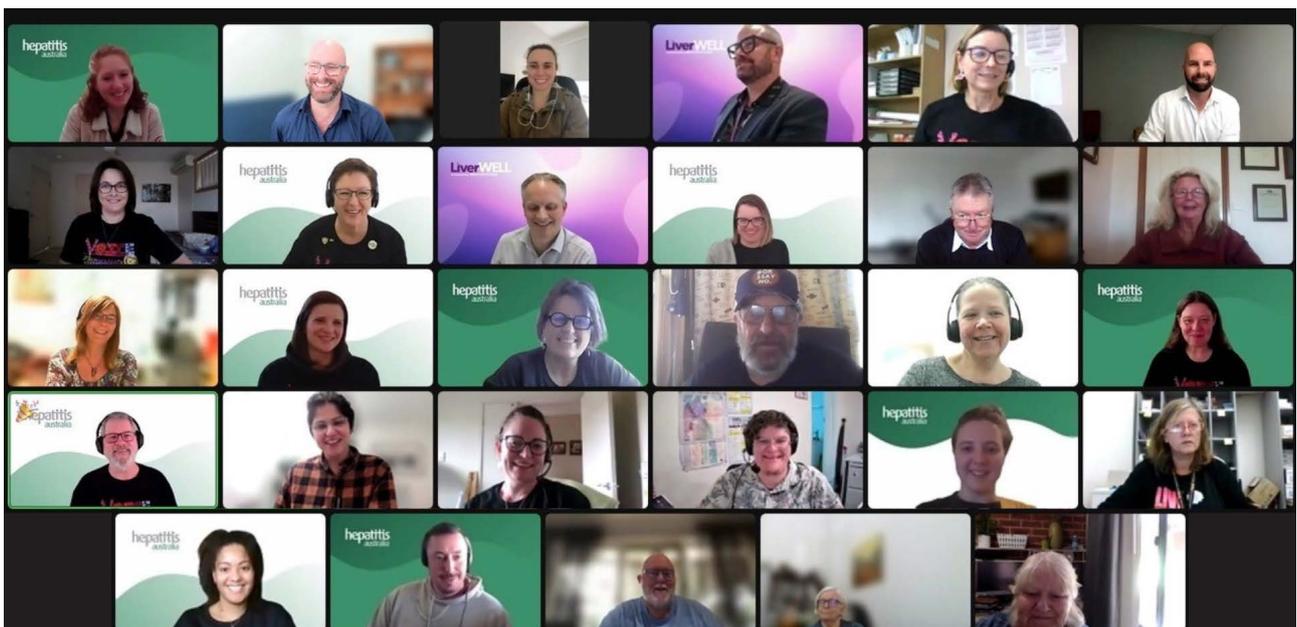
*This activity progresses all of the key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.*

# 11

## Third National Viral Hepatitis Elimination Forum & Hepatitis Australia's 25th Anniversary

Hepatitis Australia and its members came together for the Third National Hepatitis Elimination Forum at the end of 2022. The forum celebrated Hepatitis Australia's 25th Anniversary and showcased the amazing work being done by State and Territory community hepatitis organisations.

The forum reflected on the work to establish Hepatitis Australia as a grassroots community driven organisation, how far we've come since incorporation in 1997, and considered the challenges and opportunities in the decade of elimination. In particular, the need for more action on hepatitis B was emphasised, as were the impacts of structural racism the response. Hepatitis Australia reaffirmed its support for the Uluru Statement from the Heart.



All community hepatitis organisations presented on the great work they are doing with communities to increase knowledge, support access to testing and treatment, and challenge stigma. The forum provided opportunity to hear about effective local responses and to network and learn from one another.

Former Hepatitis Australia leaders – Helen Tyrrell (former Hepatitis Australia CEO), Jack Wallace (former Hepatitis Australia CEO), and Stuart Loveday (former Hepatitis Australia Board President) presented at a panel discussion about significant achievements over the last 25 years. The session was captured by visual scribe, Gavin Blake:

## HEPATITIS AUSTRALIA - THIRD NATIONAL ELIMINATION FORUM PANEL DISCUSSION: 25 YEARS OF COMMUNITY ACTION ON HEPATITIS B AND HEPATITIS C



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy



# Spotlight on hepatitis B

# 12

This section highlights several partnership activities that Hepatitis Australia has undertaken to progress action in the response to hepatitis B.

## New national project to identify and eliminate legal barriers for people living with hepatitis B

Legal issues, particularly related to migration, employment, education and discrimination, have been raised by the Hepatitis Australia membership as recurrent barriers experienced by people living with hepatitis B in Australia. Further the National Hepatitis B Strategy has a goal of eliminating the negative impact of legal issues on people's health, however there has been no specific activities to realise this goal.

In response to this unmet community need and lack of implementation, a landmark multi-year national partnership project was developed and subsequently funded by the Australian Department of Health and Aged Care.

The project is called Health+Law and draws on the expertise of people affected by hepatitis B and hepatitis community organisations to help realise this national policy goal. The Health+Law partnership brings together Hepatitis Australia, the HIV/AIDS Legal Centre (HALC), ASHM Health,

the National Association of People with HIV Australia (NAPWHA), UTS and UNSW Sydney's Faculty of Law & Justice, and Queensland University of Technology (QUT) School of Public Health and Social Work.

### **Health+Law will have four principal activities, to be delivered over four consecutive years – 2022-2026:**

- National assessment of enabling legal environment and barriers to testing and treatment: a national survey of people living hepatitis B; in-depth interviews with culturally diverse and Medicare-ineligible priority groups; and technical legal analysis, to create Australia's first evidence-base of legal barriers and enablers to better health outcomes.
- Understanding the different impacts of legal barriers: an analysis of relative impacts on testing and treatment, quality of life, and health

service delivery, to understand priorities for legal support and services, and law and policy reform.

- Development of STI- and Blood-Borne Virus-specific legal needs screening and referral tool and education: the co-design and validation by clinicians, people with lived experience, peers and other key stakeholders of a screening tool and online education support, to help triage legal needs and determine most suitable legal support and services.
- Establishment of national network of specialist STI and Blood-Borne Virus-responsive legal services providers: the setting up of standards, accreditation, and continuing legal education, to increase nation-wide capability for identifying and eliminating legal barriers to testing and treatment.

Hepatitis Australia has worked closely with the Health+Law research team on a series of projects throughout the year including a national roundtable with members on the legal needs and issues facing people living with hepatitis B in each state and territory, and the impacts on members and the response; and supporting an industry PhD. Ongoing work is continuing.

Hepatitis Australia would particularly like to recognise the peer researchers who have been critical to the success of the partnership so far.

[www.healthpluslaw.org](http://www.healthpluslaw.org)

## Global Priority Statement: Integrate Hepatitis B Responses into Harm Reduction

People who use drugs have the right to be protected from hepatitis B infection, to know their hepatitis B status, and to have equitable and affordable access to prevention, treatment and care.

People who use drugs are significantly and disproportionately affected by the health and social impacts of hepatitis B, however to-date hepatitis B has been neglected in harm reduction programs and policies.

In response to these issues, and as a key outcome of the HR23 Viral Hepatitis

Pre-Conference and the Harm Reduction International Conference, a global priority statement calling for the integration of hepatitis B responses into harm reduction programs and policies was collaboratively developed and published. This statement provides clear and actionable priorities seeking to address the neglect of hepatitis B-specific efforts within harm reduction globally, and has been an input to guideline and other processes including with the WHO.

[You can read the full statement here.](#)

## Gavi birth dose advocacy

Each year over a quarter of a million children acquire chronic hepatitis B at birth. Tens of thousands will go on to lose their lives prematurely from liver cancer or other forms of liver disease. These deaths can be prevented by ensuring timely receipt of the hepatitis B birth dose vaccine.

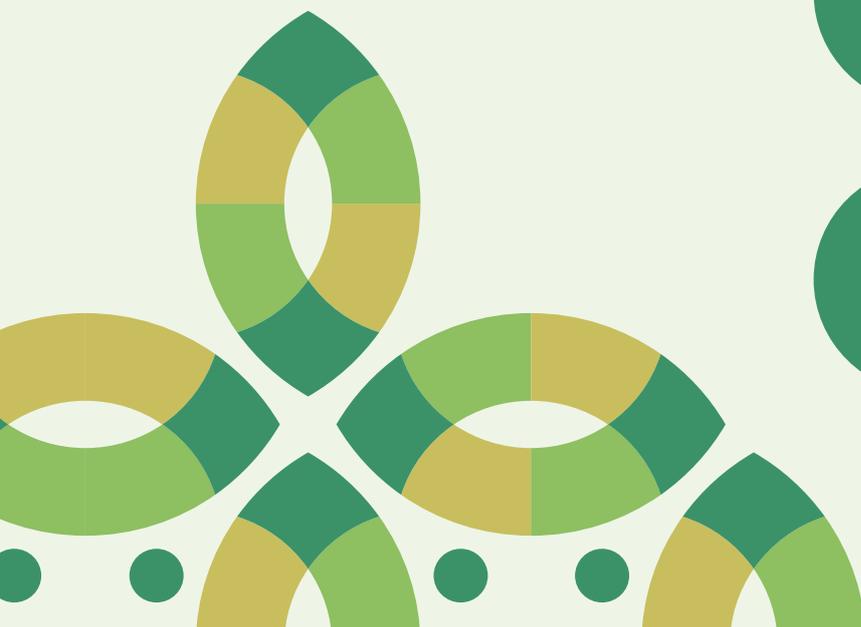
Gavi, the Vaccine Alliance, is an international partnership created to improve access to new and underused vaccines for children living in the world's poorest countries. Their work has been pivotal in preventing many diseases. From 2000-2021, they estimate that their programmes averted over 15 million deaths. By supporting hepatitis B birth dose vaccination, they could avert even more.

Under their 2018 vaccine investment strategy, Gavi committed to provide support to countries for the introduction of hepatitis B birth dose

from 2021. However, in 2020, at the start of the COVID-19 pandemic, the Gavi board agreed that the implementation of hepatitis B birth dose programme would be deferred and reassessed after the acute phase of the pandemic. Since then, the programme has remained on hold.

A coalition of global partners called on Gavi, including via an [Open Letter](#) in The Lancet, to end the delay of their vaccine investment strategy program, highlighting the implications of this delay on hepatitis B birth dose introduction.

This year at the June Gavi board meeting, after close to two years of advocacy from the global hepatitis community, the hepatitis B birth dose vaccination investment was discussed. Gavi heard the urgent demand from civil society and government, saw the issue as a priority and foreshadowed future decisions on timelines.



**250,000**  
each  
year

**Each year over a quarter of a million children acquire chronic hepatitis B at birth.**

**14m**  
deaths  
averted

**From 2000–21, Gavi estimate that their programmes averted over 15 million deaths.**

## UNITE Parliamentary Summit – Hep B PAST case study

Community engagement and leadership of the response, and resourcing of the community workforce are hallmarks of how Australia has made world-leading achievements in other blood-borne virus responses and is urgently needed for hepatitis B.

The UNITE Global Summit is the world's leading forum for forging partnerships between parliamentarians and leaders from the global health community. In December 2022, experts from civil society, affected communities, international organizations and academia came together with leading parliamentarians from across the world, to discuss the most pressing

issues in Global Health and set the agenda for the year to come. You can view the [full event recording](#).

This year, Hepatitis Australia proudly supported the [Hep B PAST](#) team to showcase their incredible Indigenous Peoples-led work at the UNITE Global Summit.

Where communities are resourced and mobilised to act on hepatitis B, we achieve much more effective results. For example, the Hep B PAST Team in the Northern Territory, have achieved more than double the care and treatment uptake compared to the national average.

## Policy and advocacy for a national hepatitis B project

### Context

The Third National Hepatitis B Strategy 2018-2022 is the youngest of the five national BBV and STI Strategies – and it is the worst performing out of the five strategies with only one target, childhood vaccination, currently on track to be achieved. It has been twelve years since the first National Hepatitis B Strategy was released and Australia has achieved very little national progress. This shameful inattention to such a significant community and public health issue is being publicly called out by community members and other stakeholders as a form of structural racism noting that affected communities and priority populations who are disproportionately affected by hepatitis B are

Aboriginal and Torres Strait Islander people and people from culturally, ethnically and linguistically diverse communities.

The national response to BBVs and STIs is inequitable. In November 2020 the Australian Government committed to enhance coordinated efforts and investment to achieve the national hepatitis C treatment target, this resulted in what is now known as the National Hepatitis C Finding 50,000 Project ([see section 13](#)). There has been no equivalent national investment or national action related to hepatitis B and this inequity must be addressed as a priority if Australia is to demonstrate its commitment to the communities of people affected by hepatitis B and to the 2030 elimination goal for hepatitis B.

## Summary of the development process

The development of a national hepatitis B project has been an ongoing and iterative process since late 2020. Hepatitis Australia and with input from key stakeholders has coordinated and participated in a number of consultations, submissions, and policy processes which have both identified the need for, and design of, the project.

Since 2021, the Blood Borne Virus and Sexually Transmissible Infections Standing Committee has provided support and input for various development stages of the project, which include identifying the need for equity across the national response, acknowledging the inequitable outcomes in the national hepatitis B response, and for the different pillars of this project (including the national hepatitis B community workforce, the universal offer of hepatitis B testing with consent, primary care enhancement, phonline and community support, awareness raising/campaign).

The following provides a summary of the planning, consultation and policy work that has contributed to the development of the Project to date. The attachments to this paper include outcomes, reports and relevant materials relating to the below events (where they are available).

### BBVSS Meetings

- BBVSS Culturally, Ethnically and Linguistically Diverse Workshop (June 2021)
- BBVSS Meeting (September 2021)
- BBVSS Meeting (March 2022)
- BBVSS Meeting (September 2022)

### National Forums & Policy

- National Hepatitis B Strategy 2018-2022 including priorities
- Ministerial Advisory Committee on BBVs and STIs Hepatitis B Roundtable (March 2021)
- VH2021 Action Plan (May 2021)
- VH2022 Action Plan (May 2022)
- Draft National Hepatitis B Strategy 2023-2030 Targeted Stakeholder Consultation including priorities and areas for action (August 2022)

### Hepatitis Australia Events & Submissions

- World Hepatitis Day Parliamentary Roundtable (July 2022)
- Hepatitis B Parliamentary Event (February 2022)
- First National Elimination Forum (November 2020)
- Second National Elimination Forum (November 2021)
- Third National Elimination Forum (November 2022)
- Hepatitis Australia's Pre-Budget Submission 2022-23 Federal Budget (January 2022)
- Hepatitis Australia's Pre-Budget Submission 2023-24 Federal Budget (January 2023)

The project is intended to fill the gaps in the national response and leverage infrastructure and investment via concurrent and mutually reinforcing pillars. At the September 2022 BBVSS meeting a proposal was provided to the BBVSS, which included the key pillars and was supported. The project proposal is before the Australian Government, was included in Hepatitis Australia's Pre-Budget Submission for the 2023-24 Federal Budget, and a detailed update was provided to the BBVSS in March 2023.

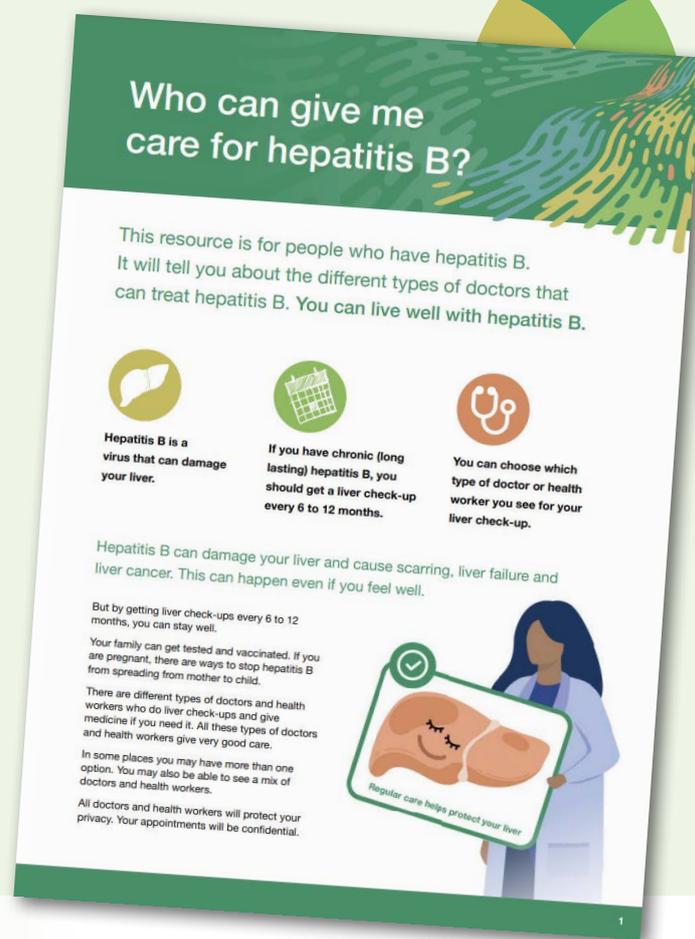
## Supporting people living with hepatitis B to access care

ASHM Health coordinated the [B Referred project](#), which aimed to increase the caseload of hepatitis B s100 prescribers. To support this project, Hepatitis Australia collaborated with ASHM Health to develop a national community resource explaining health care options for people living with hepatitis B.

Hepatitis Australia undertook a detailed process to develop the B Referred consumer resource, which included evaluation as a continuous process within the resource production. The process involved two workshops with people with lived experience of hepatitis B, and hepatitis B community workers, a clinical review, and a health literacy review.

The resource is available via the Hepatitis Australia website: [Who can give me care for hepatitis B?](#)

Other Hepatitis Australia activities includes convening a hepatitis B community of practice, a national hepatitis B network, and joint advocacy to the Chief Medical officer and ATAGI to fully fund hepatitis B vaccination for Aboriginal and Torres Strait Islander adults.



*These activities progress the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

*These activities progress key areas for action from the Third National Hepatitis B Strategy.*



# Spotlight on hepatitis C

# 13

This section highlights several partnership activities that Hepatitis Australia has undertaken to progress action in the response to hepatitis C.

## National Hepatitis C Finding 50,000 Project

Hepatitis Australia has been a key partner in the National Hepatitis C Finding 50,000 Project – an innovative national partnership project to scale up testing and treatment to engage people living with hepatitis C across the country to achieve the national 2022 hepatitis C testing and treatment targets.

This national project mobilised a shared commitment to ensuring all Australians had the

opportunity to live free from hepatitis C. A key focus of the initiative was to find people not yet reached by the national response who were geographically, socially and demographically diverse and dispersed.

The Project was comprised of five pillar areas where focused activity was needed to achieve treatment targets. Premised on geographic and health equity, the five project pillars were:

- 

National hepatitis C public education campaigns
- 

National program to scale up hepatitis C point-of-care testing
- 

Expanded hepatitis activity in primary care including case finding
- 

National Hepatitis Infoline enhancement
- 

Hepatitis C systems working group and project coordination and evaluation.

The pillars were inter-related and mutually reinforcing. By implementing all activities concurrently, there was scope to amplify their reach, reinforce messages, and increase engagements and outcomes. For example, in a single region an individual could be engaged by a campaign activity designed to raise their awareness of hepatitis C and availability of cure, motivating their subsequent link to one or more of the other project pillars, including, a point of care test, support from the National Hepatitis Infoline or a GP who has undergone hepatitis C practice enhancement. The

activities leveraged and scaled up the existing service system, and local capabilities to enable engagement that was above and beyond 'business-as-usual'.

Building on the significant implementation work in 2021-22, this year saw implementation and delivery across all the five pillars. Hepatitis Australia, as a primary partner, is pleased to showcase work from this important project. The Project was funded by the Australian Government Department of Health, with significant in-kind contributions and over 200 partners.

## Ending Hepatitis C Campaign

Hepatitis Australia was commissioned by the Australian Government Department of Health and Aged Care to implement the 'Ending Hepatitis C Campaign' (the Campaign). The Campaign is one component of five pillars of the National Hepatitis C 50,000 Project.

The Campaign set out to raise awareness within the general public of hepatitis C and its

cure. To meet this aim, Hepatitis Australia engaged with stakeholders and local organisations as partners in 16 specifically targeted geographic locations across the country to participate in and promote the Campaign and its flagship activations, 'Australia's Biggest Quiz' and 'Australia's Biggest Quiz May-hem'.

**“My key message is that treatment is a no brainer! It’s just magical that it’s so readily available, it’s so non-invasive and it’s not debilitating. Having watched my brother-in-law die from liver cancer... it’s so preventable, don’t hesitate, just go and get checked, it’s easy!”**

- Maria, Ending Hepatitis C Campaign lived experience ambassador

**“It’s possible to clear hepatitis C and it’s very easy. You won’t look back.”**

- Digby, Ending Hepatitis C Campaign lived experience ambassador

## The Challenge

Market research indicated there was very low awareness about hepatitis C and its cure amongst the general public (the target audience), most people believed it did not affect them and people needed to be incentivised in order to become engaged in the topic.

## The Solution

Develop a Campaign that was an innovative, integrated, positive, and geographically targeted, deploying creative community activation techniques and strategic media partnerships.

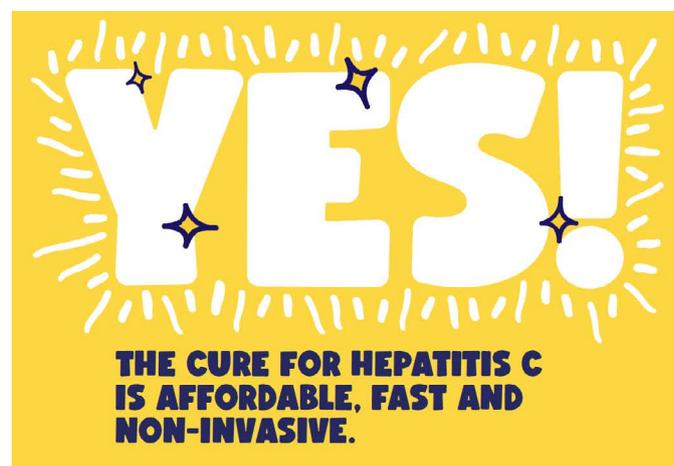
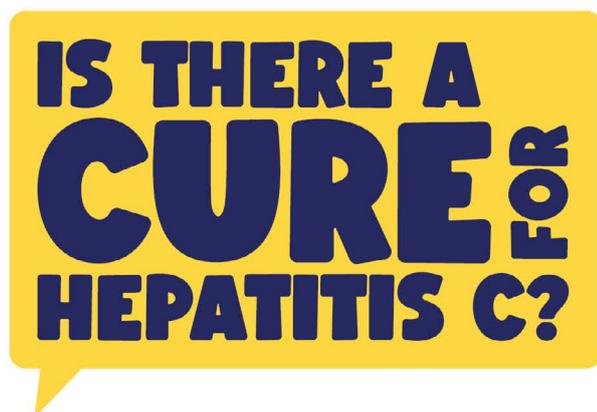
Partner with targeted communities and groups around Australia to develop an integrated campaign that aims to raised awareness of hepatitis C and its cure using the fun and accessible medium of trivia, culminating in the world-record attempt event, 'Australia's Biggest Quiz'.

## Outcomes

The Campaign was the first national campaign of its kind, scale and scope. Previous national campaign activity had been smaller in scale and focused on sub-populations and/or settings. The Campaign reached:

-  new audiences, irrespective of an individual's past or current risk factors of hepatitis C
-  people who are disparately spread through a range of communities across Australia
-  people who are not accessing health or community services (e.g. for hepatitis C or related prevention or care)
-  the community around people living with hepatitis C.

An external evaluation found the 2022 Ending Hepatitis C Campaign was successful in its aim, having increased awareness about hepatitis C and its cure amongst participants of Australia's Biggest Quiz and other stakeholders in the 16 targeted geographic areas.



## Australia's Biggest Quiz 2022

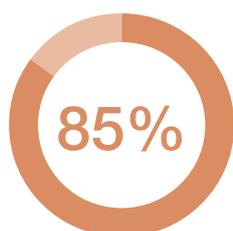
Australia's Biggest Quiz, the Campaign's main activation, took place on 26 October 2022, in 16 locations across Australia and virtually. Community partners included State and Territory Community Hepatitis Organisations, community groups and local government. TV personality, Jan Fran hosted the live event from Blacktown Workers Club. The event was broadcast live to thousands of players at live and online locations Australia-wide.



### Australia's Biggest Quiz 2022 Key Statistics

- 95 community partners involved across Australia (46 local community partners, 11 community media partners, 15 community venues, 1 high school, 14 councils, 8 State and Territory Community Hepatitis Organisations)
- 4771 registered for the event with 2560 online players on the night
- Over 3.2 million online impressions of the paid adverts over the course of the campaign (mid-June – November)
- 4,771 people registered to play online or at one of the 16 live event locations around Australia
- Main event broadcast from Blacktown Workers Club to 15 live locations nationwide
- 2,560 quiz players
- Over two million people reached through TV, radio, online and print channels
- Nationwide media coverage including a month-long collaboration with a syndicated drive time radio show
  - 261,000 people reached through posts promoting the Community Partner grant program on Facebook and Instagram
  - 39,396 email recipients over 66 Campaign emails
  - 346 organisations identified and invited to apply for a Community Partner grant
  - 2,415,298 people reached through paid and earned media
  - 968,957 people reached through social media

The event was a huge success in raising awareness of hepatitis C and its cure:



**85% of quiz players reported an increase in their awareness of hepatitis C and its cure**



**59% of quiz players said they have or will speak with others about hepatitis C and its cure**



## Australia's Biggest Quiz May-hem 2023

Building on the success of the Australia's Biggest Quiz in 2022, Australia's Biggest Quiz May-hem, held during May 2023, continued campaign activity through engagement with online and offline audiences. Weekly quizzes included questions and education on hepatitis C and its cure. The 5 weekly quizzes were designed to increase participants' awareness of hepatitis C and its cure, with each quiz including two hepatitis C-specific

questions focused on four key messages: hepatitis C cure; hepatitis C treatment; hepatitis C testing; and the National Hepatitis Infoline.

Through partnership with QuizzaMe, the Campaign reached new audiences participating in QuizzaMe's 150+ weekly live venue events across Australia, in addition to online weekly quizzes.

## Australia's Biggest Quiz May-hem Key Statistics

600

600 ABQ events across the country

500K

500,000 views on TikTok

8,830

8,830 people participated across the 5 weekly online quizzes

30,000

Over 30,000 people attended QuizzaMe events were exposed to Campaign messaging and encouraged to play the online

18,000

18,000+ visits to the Australia's Biggest Quiz website by 17,000 unique users with over 35,000+ page views.

714,090

714,090 people reached through organic social media and 621,800 reached through paid social media

22

22 advertisements across 10 regional newspapers

134

134+ advertisements across 10 commercial radio stations

2000

2,000+ advertisements across 8 community/regional radio stations

You can read more about Australia's Biggest Quiz [here](#)



*These activities progressed the following Hepatitis Australia strategic priorities: policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

*These activities progressed key areas for action from the Fifth National Hepatitis C Strategy.*

# National Hepatitis Infoline



*“We’re very excited about the National Hepatitis Infoline, it’s a key piece of infrastructure in our national response. It fills a critical service delivery gap by providing nationally coordinated, localised, community-based support.”*

– The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care at the National Hepatitis Infoline Parliamentary Launch (March 2023)

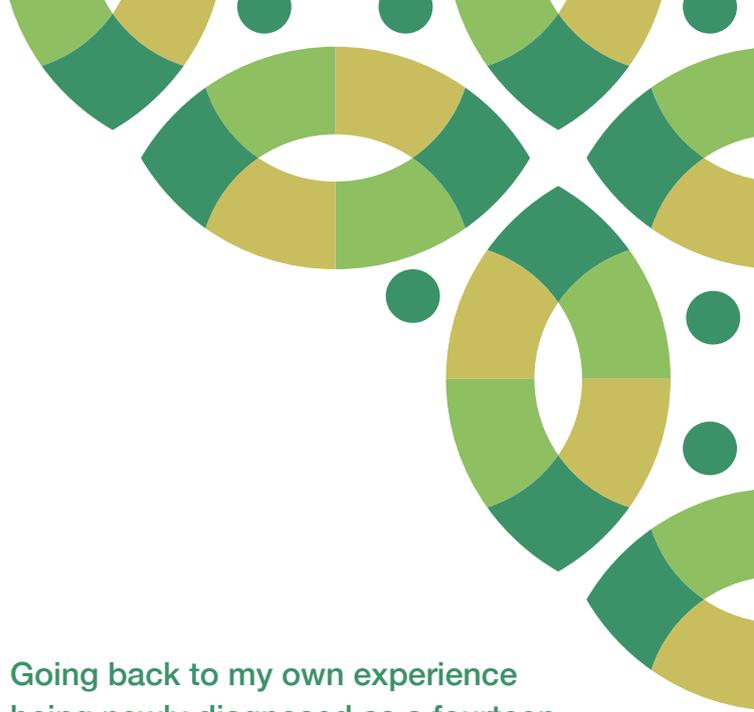
The National Hepatitis Infoline is a confidential, free, low-threshold service that provides nationally coordinated and locally delivered viral hepatitis information and support services. Services provided include information, supportive brief interventions, peer support, referral and linkage, individual advocacy, and workforce support.

Officially launched at the Parliament House of Australia March 2023, the National Hepatitis Infoline is a key piece of infrastructure in Australia’s national response, filling a critical service delivery gap by providing nationally coordinated localised community-based support.

The National Hepatitis Infoline is nationally coordinated by Hepatitis Australia, with service delivery provided by its members in all states and territories: Hepatitis ACT, Hepatitis NSW, Hepatitis SA, Hepatitis QLD, Hepatitis WA, LiverWELL (incorporating Hepatitis VIC), Northern Territory AIDS and Hepatitis Council (NTAHC), and the Tasmanian Council for AIDS and Hepatitis Related Diseases (TasCAHRD).

The National Hepatitis Infoline operates under a shared National Services Framework, funding model and associated governance and operations. This includes infrastructure for a national data set, data management system; strategic planning and analysis; logistics; reporting, monitoring and evaluation; ongoing quality improvement and capacity building; communication, information dissemination and promotion; commissioning and contract management; partnerships; and the National Hepatitis Infoline Working Group.

The National Hepatitis Infoline has developed the first national community hepatitis service delivery data set in Australia, which is collecting data on service utility, service user demographics, viral hepatitis information and support needs, service types provided and service user satisfaction. This is complemented by qualitative data (e.g. via monthly Working Group meetings) which provide insights on community level needs, issues and trends.



In the first 12 months of enhanced operation (1 July 2022 – 30 June 2023), the National Hepatitis Infoline has provided more than 10,000 occasions of service nationally. Early trend data from the National Hepatitis Infoline suggest that people accessing the service are consistent with the profile of people living with hepatitis C (e.g. men over 40) and are also consistent with the priority populations in the national strategies particularly Aboriginal and Torres Strait Islander people and people from culturally, linguistically and ethnically diverse backgrounds.

The National Hepatitis Infoline is one of the five pillars of the [National Finding 50,000 Hepatitis C Project](#), which is coordinated by the Australian Department of Health and Aged Care. It is embedded as a referral source in national hepatitis C campaigns, general practice service enhancement activities, and hepatitis C point of care testing roll out.

The Australian Department of Health and Aged Care who funded the co-design of the enhanced National Hepatitis Infoline in 2021-2022, has continued to recognise the importance of this national service in policy and by funding its implementation and ongoing service delivery.

**Going back to my own experience being newly diagnosed as a fourteen-year-old who wasn't given any of the information I needed about hepatitis C – or even made aware of where that information might be. To see something like the National Hepatitis Infoline is very consoling and I'm very happy to support it.**

**It's needed now more than ever because I promise you today, just as I was frightened back then, there are still people out there right now who need answers to those basic questions.**

**Steven Taylor, Board Director**

[See here to find out more about the National Hepatitis Infoline in its first year of operation.](#)



*This activity progresses the following Hepatitis Australia strategic priorities: policy and investment; public support; prevention; testing, treatment and care; and empowerment.*

*This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy*

# Policy and representation

# 15

As a strong and effective national community peak Hepatitis Australia provides leadership through policy and representation work, mobilising action across all areas of the national response to hepatitis B and C. At the core of this work is a commitment to placing affected communities and people with lived experience at the centre and elevating the leadership and importance of the community response.

This year, Hepatitis Australia led, coordinated and supported a range of policy, research, clinical, government and community priorities in national and international settings. A significant project has been supporting the development process for the National Hepatitis B Strategy and the National Hepatitis C Strategy which has included supporting and leading consultations, extensive drafting of submissions and briefings, and representation in national decision-making forums and with key decision-makers within government ([see section 7](#)).

Hepatitis Australia maintains strong working relationships with key stakeholders across the national response to hepatitis B and hepatitis C and this has been a significant feature of Hepatitis Australia's work throughout the refresh process.

Additionally, Hepatitis Australia has worked hard to elevate the prioritisation of hepatitis B and

hepatitis C in the national agenda, forging new relationships with and building the awareness of key decision-makers within the federal parliament ([see section 8](#)) as well as continuing to support the government to build and strengthen its role and leadership on viral hepatitis both nationally and internationally. This has included representations made to different areas of government, as well as presentations and co-led initiatives with civil society, research and clinical partners from Australia and abroad at major events and conferences.

Hepatitis Australia is part of a network of national BBV and STI peak bodies who work collaboratively and in close partnership to progress key community priorities and areas of concern which cut across the whole national BBV and STI response. This year, Hepatitis Australia supported and participated in weekly meetings with this network, including monthly

meetings with officials from the Department of Health and Aged Care's BBV and STI Policy area. This network leverages complimentary expertise from different community and professional representative organisations to strengthen and support the governance and stewardship of Australia's five national BBV and STI strategies

through joint advocacy and representation work, identifying key issues and gaps within the health system as they relate to priority populations and BBVs/STIs, and providing a range of different inputs and advice in relation to programs and implementation of the national BBV and STI response.

**Hepatitis Australia regularly makes submissions to government consultations, some key examples this year include:**

Two submissions to the Department of Health and Aged Care's targeted consultation process for the National Hepatitis B Strategy 2023-2030 and the National Hepatitis C Strategy 2023-2030

Five submissions to the Department of Health and Aged Care's public consultation process for the National Hepatitis B Strategy 2023-2030 and the National Hepatitis C Strategy 2023-2030, including a joint submission with the National Aboriginal Community Controlled Health Organisation (NACCHO)

Submission to inform Australia's Cancer Plan 2023-2033

2023-2024 Federal Pre-Budget Submission

Submission to the National Health Literacy Strategy Draft Framework public consultation process

Hepatitis Australia is deeply involved with and contributes significantly to national research and clinical development processes, providing inputs and working as a partner in multiple national projects that cover a wide range of different areas of interest for people and communities affected by hepatitis B and hepatitis C. These areas include legal and human rights issues, innovations

across the cascade of care e.g. testing, and projects which aim to increase access and equity for priority populations within the national response. Hepatitis Australia works closely with research organisations, clinical professional associations and others, centring its involvement in and partnership with research on the needs and priorities of communities affected by hepatitis B and hepatitis C.

### **Some examples of national activities Hepatitis Australia is involved in include:**

- Australian Government’s Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS)
- Harm Reduction in Prisons Working Group
- Burnet Institute EC Australia Executive Committee
- ACCESS Advisory Committee
- Kirby Institute H2Seq Strategic Advisory Group (HCV Public Health Responses committee)
- Centre for Social Research in Health Advisory Group for the HBV Stigma Indicators study
- Centre for Social Research in Health project ‘Trial of a universal precautions approach to stigma reduction in the BBV/STI field’
- Primary Care Collaborative Cancer Clinical Trials Group (PC4) Identifying Cirrhosis and liver Cancer in primary Care (IC3) Committee.
- ASHM-led ‘B Referred’ project Community Advisory Group.
- ASHM-led ‘Beyond the C’ program National Steering Committee.
- ASHM-led Australian Paediatric HCV Guidelines Committee
- ASHM-led HCV Diagnostics Policy and Advocacy Working Group.
- ASHM-led National Hepatitis B Testing Policy Expert Reference Group
- ASHM-led National Hepatitis C Testing Policy Expert Reference Group
- Cancer Council’s Guidelines for Liver Cancer - Community Reference Group
- UTS-led Health+Law Project Steering Committee
- Doherty Institute–led WHO Collaborating Centre for Viral Hepatitis Epidemiology and Public Health Research Advisory Group
- Kirby Institute’s Annual Surveillance Report Reference Group
- Kirby Institute and Doherty Institute Hepatitis C and Hepatitis B Cascades Working Groups.
- Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI) (standing membership)
- ASHM-led STI Management Guidelines Oversight Committee (standing membership)
- GESA-led Hepatitis B Virus Consensus Statement Community Oversight Group (standing membership)

- GESA-led HCV Consensus Statement Community Oversight Group (standing membership)
- National Prisons Hepatitis Network Executive Committee (standing membership)
- Synergy Grant applications
- Centre for Research Excellence grant application
- Medical Research Future Fund Rapid Applied Research Translation grant application
- Medical Research Future Fund grant application



Hepatitis Australia also engaged in international representation such as the ICE-HBV Stakeholders Group and the Australian Civil Society Committee on UN Drug Policy ([see section 9](#)), and participates in international and national fora such as:

- International Harm Reduction Conference 2023 (HR23)
- Australasian Point of Care Testing Conference POC23
- United Nations Commission on Narcotic Drugs
- HR23 Pre-Conference on Viral Hepatitis and Harm Reduction 2023
- 12th IAS Conference on HIV Science 2023
- Global Hepatitis Summit 2023
- UNITE Summit 2022
- ASCEND Annual Symposium 2022
- NACCHO Conference 2022
- World Cancer Congress 2022
- INSHU 2022
- World Health Summit 2022
- EC Australia Showcase Event 2022
- Stigma Conference 2022
- International Hepatitis B Meeting Community Forum 2022



*These activities progress the following Hepatitis Australia strategic priorities: Policy and investment; prevention; testing, treatment and care; and empowerment.*

*These activities progress key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy*

# Communications



Hepatitis Australia's communications are a key part of achieving our strategic priorities. The organisation strongly focuses on digital communication, due to its national audience.

As the national peak, Hepatitis Australia is an important source of trusted and centralised information for viral hepatitis in the nation.

Hepatitis Australia's communications engages stakeholders within and outside of the viral hepatitis sector to reach a range of audiences, and are targeted to the needs of particular groups, for example:

Viral hepatitis sector workers seeking up-to-date information and relevant news

Member organisations translating national information, data and research to their local contexts

Community members seeking viral hepatitis information and support

Health sector workers supporting people affected by hepatitis

Researchers and research institutes informing data and understanding community needs

Governments creating enabling environments and supporting policy and program implementation

Journalists and media publishing information about viral hepatitis.

Hepatitis Australia regularly works in partnership with stakeholders, including other peak bodies, researchers, community organisations, and governments, to ensure information is distributed to the right audience/s.

Hepatitis Australia convenes a Communications Network with communications staff from its membership. The purpose of this network is to provide a platform for skill-sharing and problem solving, amplifying and leveraging each other's work, and providing a support network for staff working across the country.

## Social media

Hepatitis Australia uses social media (Facebook, Instagram and X (formerly Twitter)) to disseminate information to members, the sector, and community.

X is widely used by hepatitis sector workers and Hepatitis Australia strategically utilizes this platform to circulate news, events, and research updates. The CEO X account is used to strategically connect with partners, encourage dialogue and urge action.

Facebook and Instagram are used to connect community members with hepatitis education messaging.



### Facebook:

783k Impressions  
4.34k engagements



### X(Twitter):

2.87k Impressions  
5.31k engagements



### Instagram:

84k Impressions  
1.07k engagements



### YouTube:

5,986 views  
120.7 hours of watch time  
Top 3 videos related to hepatitis B

## Sector news

The Hepatitis Australia Newsletter is distributed digitally to a distribution list of 538-690 recipients, including members, sector workers and community members. Over the 12-month period, there were 21 newsletters and news updates distributed.

Newsletters provide information on policy and guidelines updates, important health days, new research and campaigns, sector training, position vacancies and events, and updates on Hepatitis Australia's work.

We've continued to build on our members (109) and priority stakeholder subscribers

(710) in our database. Through targeted communications we ensure our networks are receiving important and timely information. In addition, Hepatitis Australia keeps member organisations informed about emerging issues through the development and circulation of formal communiques and member briefs.



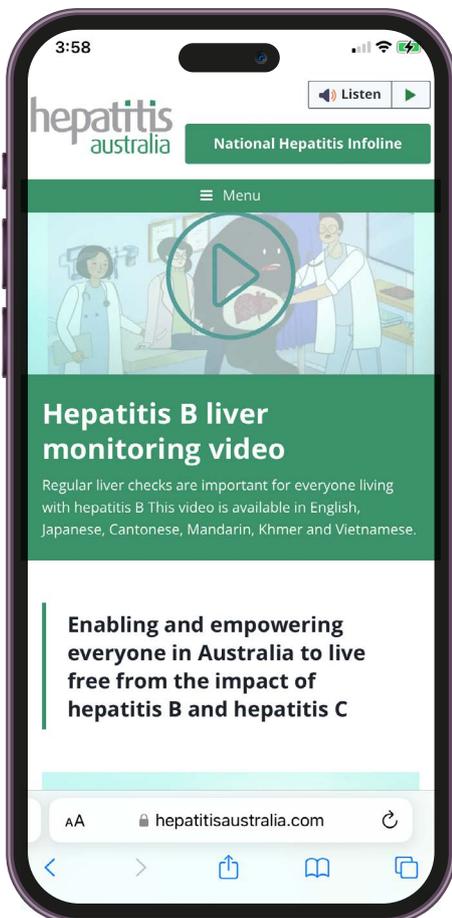
**538-690 recipients, including members, sector workers and community members**

## These have included:

- Health+Law project updates
- Hepatitis B and C research, policy and advocacy updates
- Global Priority Statement: Integrate Hepatitis B Responses into Harm Reduction
- Hepatitis C self-testing
- Community scholarships to Viral Hepatitis Conference 2023
- Public consultation for the National Hepatitis B Strategy and the National Hepatitis C Strategy 2023-2030
- Scholarships and updates for the 2023 Indigenous Peoples Conference
- National Hepatitis Elimination Forums
- Joint Statement: Hepatitis B and hepatitis C are not transmitted through saliva
- Australia's Biggest Quiz Briefings
- National Hepatitis Infoline Briefings.

## Websites

Hepatitis Australia owns and maintains several websites to improve awareness about hepatitis B and hepatitis C, and engage sector partners in the public domain:



- [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com) – Hepatitis Australia's corporate website
- [www.worldhepatitisday.org.au](http://www.worldhepatitisday.org.au) – a campaign site for World Hepatitis Day in Australia
- [www.2030accord.org.au](http://www.2030accord.org.au) – a campaign site for the 2030 Accord
- [www.thejuice.org.au](http://www.thejuice.org.au) – a site for people who use performance and image enhancing drugs
- [www.nationalhepatitisinfoline.org.au](http://www.nationalhepatitisinfoline.org.au) – a site to support linkage with the National Hepatitis Infoline

Hepatitis Australia distributes a variety of information resources and sector messaging via its websites. We are a Healthdirect Information Partner and recognised as a trusted source of information.

### Hepatitis Australia website:

94,328  
unique  
visitors

169,474  
page  
views

3,379  
pdf  
downloads

## Media monitoring

Hepatitis Australia performs daily media monitoring throughout the year. We use this to share current and relevant hepatitis news with our members and key stakeholders, and to respond to significant issues that arise.

Stigma and misinformation about hepatitis B and hepatitis C can be disappointingly

proliferated by the media. In the 2022-2023 year, misinformation that was identified included media that incorrectly linked hepatitis B transmission to breastfeeding, and several articles that linked viral hepatitis transmission to spitting. Hepatitis Australia collaborated with ASHM Health to produce and disseminate two statements in response:

**JOINT STATEMENT:**  
Hepatitis B and hepatitis C are not transmitted through saliva

**STATEMENT:**  
You can breastfeed safely with hepatitis B or hepatitis C

We also worked with Dr Alice Lam to develop a community resource, “Spitting is gross, but it doesn’t spread hepatitis B or C”. Dr Lam is an Australian General Practitioner (GP) with experience dealing with hepatitis B.

These resources were shared via the Hepatitis Australia website, on social media, via the

Hepatitis Australia newsletter, and in direct email communications with Hepatitis Australia’s members. In addition, Hepatitis Australia, Hepatitis WA and ASHM Health wrote a letter to the editor of The West Australian in response to their misleading articles. This was published in the print version of the newspaper.



*This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.*

*This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.*



# Board of Directors

Hepatitis Australia is governed by a voluntary Board of Directors, which consists of an independent President, two Associate/Community Board Members and eight Association Member delegates from our eight state and territory member organisations.

At the end of 2022-23 the Hepatitis Australia Board of Directors was made up of the following individuals from around Australia.

## Grant Phelps – President and Chair

**Grant has been President and Chair of Hepatitis Australia since January 2020.**

Grant brings significant governance, management and leadership experience to this role. Grant worked for many years as a gastroenterologist, establishing Victoria's first regionally based liver clinic in Ballarat. More recently he has moved to healthcare management, leadership and consulting roles at organisational and system levels with a focus on clinical leadership for safe, high-quality care. Grant also has an academic appointment at Deakin University as Associate Professor of Clinical Leadership, believing that clinicians must work together with their patients and community to lead continual improvements in healthcare services.

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## Brent Bell – Vice President

**Brent has been a Board Director of Hepatitis Australia since October 2018 and Vice-President since November 2020 Brent chairs the Governance Committee.**

Brent is the CEO of HepatitisWA Brent has a background in organisational change and operational leadership in a range of environments including mental health, corrections, and remote medical services. Since assuming the leadership of HepatitisWA, Brent has strategically transitioned the organisation to new branding, new projects and expanded the scope of clinical services to a primary care service for our priority populations that normalises screening and treating of hepatitis B and C.



## Angela Uilderks - Treasurer

**Angela has been a Board Director of Hepatitis Australia since August 2022 and was appointed Treasurer in February 2023. Angela chairs the Finance and Risk Committee.**

Angela is the CEO of Hepatitis Queensland, an organisation with a mission to address stigma, improve the lives of those affected by viral hepatitis and meet emerging liver health challenges. Forging her career in the not-for-profit space, Angela has been responsible for the development and execution of organisational strategies that drive positive outcomes for highly multi-cultural communities.

In recent years, she has successfully driven integrated strategies to de-stigmatise sectors, improve brand positioning, increase organisational relevance via innovative value offerings, and in turn, ensured long-term organisational financial sustainability.

Angela is tertiary qualified in Marketing and Behavioural Science, a graduate of the Australian Institute of Company Directors Course and a Fellow of the Williamsons Community Leadership Program (Leadership Victoria).

With a strong social conscience, Angela is committed to driving positive community outcomes and has previously served as a Board Member for an organisation that provides accommodation and social support services to children, youth and families experiencing homelessness.

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## Steven Drew – Board Director

**Steven has been a Board Director of Hepatitis Australia since October 2019 and was Treasurer until November 2022. Steven is a member of the Finance and Risk Committee.**

Steven is the CEO of Hepatitis NSW and has extensive executive experience spanning over a decade that covers executive, government, bureaucracy and member-based, not for profit, charity sectors. Steven has almost 15 years' experience as a Board Director in Australia and Ireland. Steven is a Graduate of the Australian Institute of Company Directors and was a member of the Institute of Directors in Ireland from 2016 to 2019. Steven is an Adjunct Associate Professor, School of Population Health, UNSW Medicine.

## Kerry Paterson – Board Director

**Kerry has been a Board Director of Hepatitis Australia for various periods since 1999. Kerry is a member of the Finance and Risk Committee.**

Kerry is the CEO of Hepatitis SA. Kerry was the Manager at the then Hepatitis C Council of South Australia from 1999 for three and half years prior to commencing as National Strategic Development Officer at what was then the Australian Hepatitis Council (now Hepatitis Australia) for a period of two and a half years. Kerry then returned to Hepatitis SA in 2005. Kerry is a member of the South Australian Sexually Transmissible Infections and Blood-Borne Viruses Advisory Committee.

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## Genevieve Dally – Board Director

**Genevieve has been a Board Director of Hepatitis Australia since November 2021.**

Genevieve the Executive Director of the Northern Territory AIDS & Hepatitis Council Genevieve is a Nurse with 15 years' experience in sexual and reproductive health care. A passion for advocacy, education and addressing gaps in services for marginalised communities has led Genevieve to a career in sexual health and blood-borne viruses. Working across health both from within Government and the Not-for-profit sector has given Genevieve unique insight into the importance of effective Governance that is led by peers but supported by the wider community.

Genevieve has a Master's in Public Health and a Master's in Business Administration and since 2019 has held the enviable position of Executive Director for the Northern Territory AIDS and Hepatitis Council (NTAHC).

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## Steven Taylor – Board Director

**Steven has been a Board Director of Hepatitis Australia since November 2021. Steven is a member of the Governance Committee.**

He has over 17 years' experience working in community support and Health Promotion services in Victoria, including AOD Workforce Development and Training for LiverWELL, and several years spent at Access Health's NSP program in St Kilda. He has helped facilitate workshops for NSP workers on viral hepatitis and other blood-borne viruses over the past 3 years, for ASHM.

Steven Taylor currently works as a Program Facilitator for Eastern Melbourne PHN (Primary Healthcare Network), working on Youth Mental Health and AOD support programs, he has lived experience of treatment for HCV.

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## Sarah Ahmed – Board Director

**Sarah has been a Board Director of Hepatitis Australia since May 2022. Sarah is a member of the Finance and Risk Committee.**

Sarah is the Executive Director of Hepatitis ACT.

Long interested in health-related issues, Sarah is motivated by working with like-minded people who are keen to create an environment that supports good health and social outcomes.

Sarah has a background in business administration, human resources and education fields with formal qualifications in business administration, community services and leadership development.

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## Luke Craig – Board Director

**Luke has been a Board Director of Hepatitis Australia since May 2022. Luke is a member of the Governance Committee.**

Luke is a GP with a special interest in Occupation Health, Men's Health and Clinical Governance. He is passionate about equality of access to healthcare. Outside of work he is a father to two beautiful children, and a Chook dad to 17.

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## Elaine Montegriffo - Board Director

**Elaine has been a Board Director of Hepatitis Australia since April 2023.**

Elaine is the CEO of LiverWELL (Incorporating Hepatitis Victoria). A strategic business leader and experienced CEO, Elaine has senior executive leadership and governance experience across diverse sectors and cultures. Elaine has held executive leadership roles in the international development and community sectors including with Oxfam and Australian Red Cross, and is passionate about improving access to basic human rights, especially healthcare, for all communities. She is the Board Chair of GenWest, which supports communities in the west of Melbourne to live safe, healthy lives and advocates for greater gender justice and equity.

## Rebecca Johnson OAM - Board Director

**Rebecca has been a Board Director of Hepatitis Australia since April 2023.**

Bec is a tireless advocate for the LGBTQI+ and Indigenous communities, and in 2023 Bec was awarded the Medal of the Order of Australia (OAM) for her service to indigenous and LGBTQI+ communities.

In addition to being the current Director of Engagement and Partnerships with the Department of Education, Bec is the President of Queensland Pride. As a volunteer Bec has held numerous positions, some of which include:

- Current member of the Board of Directors for the Pride Foundation
- Director of Operations and Partnerships for the Queensland Pride Festival for the past 6 years
- Co-founder of Indigi-lez Women's Leadership and Support Group
- Co-chair for the design and establishment of a Lived Experience Peak Mental Health Service in Queensland for the Queensland Mental Health Commission
- Board Member for the National Aboriginal and Torres Strait Islander Lived Experience Centre
- Board Member for the World Indigenous Suicide Prevention Conference Committee
- United Nations human rights advocate.

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## Outgoing Board Directors

We would like to thank our outgoing board directors for giving their skills, time and passion in support of a strong national hepatitis peak. We wish them all the best in their future endeavours.

**Thomas Tu (Nov 2020 – Aug 2022)**

**Russell Shewan (Feb 2022 – Feb 2023)**

# Hepatitis Australia Staff

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Hepatitis Australia could not succeed without the collective efficacy of its dedicated staff. The range of experience amongst staff provides depth and innovation to our programs and we thank each member of staff for their ongoing commitment to helping bring an end to hepatitis B and hepatitis C in Australia.

## The Hepatitis Australia staff team at the end of 2022-23:

- Carrie Fowlie – Chief Executive Officer
- Joshua Anlezark – General Manager
- Grace Hogan – Communications Manager
- Danny Adams – Digital Communications Coordinator
- John Didlick – Policy Analyst
- Andrea Pizzie – Lead Policy Analyst
- Michelle Kudell – Program Manager
- Jessica Abbey – Campaign Coordinator
- Kelly Berghella – Campaign Coordinator

## Previous staff:

- Sandra Wilson – Finance Officer
- Amanda Bode – Policy Analyst
- Julie Robert – Programs Manager
- Millee Sotheren – Programs Coordinator
- Di Rippon – Executive Officer
- Michael Daly - Policy Analyst

# Treasurer's Report 19

I am pleased to present the Financial Statements for the year ended 30 June 2023 on behalf of the Board of Hepatitis Australia. This financial year saw a 51% increase in revenue to \$4,430,762 (2022: \$2,171,620) with a surplus of \$109,828 (2022: \$56,390). Hepatitis Australia's equity increased by 14% to \$781,926 (2022: \$672,098).

**Equity**  
**\$781,926**

**Revenue**  
**\$4,430,762**

**Surplus**  
**\$109,828**

# Financial Statements

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## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2023

	2023	2022
	\$	\$
Revenue and Other Income	4,430,762	2,171,620
Conference, travel and accommodation costs	(144,899)	(62,590)
Consultants	(128,100)	(183,304)
Deliverables	(2,218,179)	(521,551)
Depreciation - Plant and equipment	(35,133)	(31,474)
Depreciation - Right-to-use asset	(53,400)	(53,400)
Employee benefits expense	(1,255,747)	(880,370)
Finance costs	(2,991)	(6,054)
Office and administrative costs	(482,485)	(376,487)
<b>Profit before income tax</b>	<b>109,828</b>	<b>56,390</b>
Income tax expense	-	-
<b>Profit for the year</b>	<b>109,828</b>	<b>56,390</b>
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>109,828</b>	<b>56,390</b>

# Statement of Financial Position

As At 30 June 2023

<b>ASSETS</b>	<b>2023</b>	<b>2022</b>
CURRENT ASSETS	\$	\$
Cash and cash equivalents	2,840,483	4,213,274
Trade and other receivables	46,141	10,725
Other financial assets	10,450	10,450
Other assets	85,031	89,676
<b>TOTAL CURRENT ASSETS</b>	<b>2,982,105</b>	<b>4,324,125</b>
NON-CURRENT ASSETS		
Plant and equipment	80,321	94,526
Right-of-use assets	35,600	89,000
<b>TOTAL NON-CURRENT ASSETS</b>	<b>115,921</b>	<b>183,526</b>
<b>TOTAL ASSETS</b>	<b>3,098,026</b>	<b>4,507,651</b>
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
Trade and other payables	38,554	283,898
Lease liability	42,013	59,589
Employee benefits	47,947	46,332
Other financial liabilities	2,172,090	3,398,736
<b>TOTAL CURRENT LIABILITIES</b>	<b>2,300,604</b>	<b>3,788,555</b>
NON-CURRENT LIABILITIES		
Lease liability	-	42,013
Employee benefits	15,496	4,985
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>15,496</b>	<b>46,998</b>
<b>TOTAL LIABILITIES</b>	<b>2,316,100</b>	<b>3,835,553</b>
<b>NET ASSETS</b>	<b>781,926</b>	<b>672,098</b>
<b>EQUITY</b>		
Reserves	158,368	158,368
Retained earnings	623,558	513,730
<b>TOTAL EQUITY</b>	<b>781,926</b>	<b>672,098</b>



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