



Federal Pre-Budget Submission 2024-2025

An innovative, cost-effective community-led National Hepatitis B Project to implement the new National Hepatitis B Strategy 2023 - 2030

January 2024

Introduction

People affected by hepatitis B 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 community organisation, 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 including the 2030 elimination goals and implementation of the national strategy.

Hepatitis Australia leads Australia's community response to viral hepatitis and has a strong track record of working in partnership with community, governments, research institutions and clinical bodies to deliver outcomes for communities affected by viral hepatitis, and sits within the governance of Australia's national response to blood borne viruses and sexually transmissible infections via its membership of the Australian Government's Blood Borne Viruses and Sexually Transmissible Infections Standing Committee. In addition, Hepatitis Australia has long-standing and successful partnerships across a range of significant national projects which support Australia's national response to viral hepatitis.

Since late 2020 Hepatitis Australia has been working with community, government, research and clinical stakeholders to develop an innovative, cost-effective National Hepatitis B Project as a flagship to implement the national strategy. This process is outlined further in *Attachment 2* to this document.

Our members are the eight state and territory Community Hepatitis Organisations. Our mission is to provide leadership and advocacy on viral hepatitis and support partnerships for action to ensure the needs of Australians affected by, or at risk of viral hepatitis, are met. Our vision is to see an end to viral hepatitis in Australia.

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This submission can be accessed on our website www.hepatitisaustralia.com/budget-submission-2024

1. Key points

- Approximately 1 in 100 people in Australia are living with hepatitis B, the most prevalent and burdensome blood-borne virus in Australia and the world. It is a primary cause of liver cancer, driving Australia's fastest growing cause of cancer death.
- Australia has been held up as a global leader in blood borne virus responses; however, to date our response to hepatitis B has not been commensurate with those achievements.
- Australia has committed to eliminating hepatitis B by 2030 which raises some challenges when reflecting on progress so far. But more importantly, it presents a significant opportunity to drive meaningful and impactful action.
- If Australia is to realise this goal it is critical that the national response addresses significant inequities in prevalence and in outcomes for priority populations and communities affected by hepatitis B.
- The [Fourth National Hepatitis B Strategy 2023-2030](#) is due for public release in 2024. Critically, this Strategy, which has undergone significant consultation over the past 2 years and is strongly supported by the community and the sector, takes a person-centred approach, prioritising community leadership across planning, governance, implementation, and evaluation.
- Recognising that where Australia has resourced communities to mobilise and act on hepatitis B, the results have been much more effective.
- For example, the world-leading Hep B PAST (Partnership Approach to Sustainably eliminating Chronic Hepatitis B in the Northern Territory) is working towards the elimination of chronic hepatitis B in Aboriginal and Torres Strait Islander people and communities in the Northern Territory. It has achieved more than double the care and treatment uptake compared to the national average. This is a model of effective implementation that can be scaled up and adapted to the broader Australian response.
- By investing well and intensifying our responses to hepatitis B, particularly in partnership with communities, we can take examples of success and transform the response to hepatitis B for all Australians. This is particularly important given Australia has committed to every Australian knowing and having documented their hepatitis B status.
- The National Hepatitis B Strategy is the youngest of the five Blood Borne Viruses and Sexually Transmissible Infections strategies, and to date, has not seen resourcing flow which reflects the scale and community need for Australia's most prevalent blood borne virus.
- The interim Australian Centre for Disease Control commenced on January 1, 2024. The blood borne virus and sexually transmissible infections response has moved into this new Government body. There is a significant opportunity in this budget to leverage 30+ years of a world-leading, best-practice response by providing implementation funding for the Fourth National Hepatitis B Strategy 2023-2030.
- This submission sets out the first implementation package for the Fourth National Hepatitis B Strategy 2023-2030. The process of developing this submission began in 2020, and since then has undergone significant consultation alongside key stakeholders, including the Australian Government and all state and territory governments via the [Blood Borne Viruses and Sexually Transmissible Infections Standing Committee \(BBVSS\)](#), please see attachment 2 of this document for further information on the significant process that this project has been through. It has been designed to stimulate activity, leverage existing significant expertise, leverage existing Australian governments investment and

infrastructure and resourcing in the response to mobilise action and make progress towards the mid-point review of the new Strategy.

- The activity pillars of the National Hepatitis B Project described in this submission directly align with the priority areas for action within the new National Hepatitis B Strategy 2023 - 2030. They work across different areas of activity to holistically and comprehensively address critical areas of need, working synergistically, and in an integrated and mutually reinforcing way to drive action and build capacity across the health system.
- This submission leverages the learnings and successes of previous Commonwealth-funded projects which implemented packages of integrated, co-designed, partnerships-based interventions, with a proven track record for achieving significant outcomes for affected communities e.g. [Hep B PAST](#), [National Hepatitis C Finding 50,000 Project](#).
- The proposed project is a model of intervention that recognises the interconnectedness and interdependence of different activities, partners and resources across the national response. It also recognises that in order to achieve our 2030 elimination goal and leave no-one behind, collective effort and mobilisation of multiple inputs and activities is required. No single intervention can achieve it alone.
- This project proposal has been independently costed by economic modellers. Preliminary outputs from the modelling have been included in this budget submission, with additional cost-effectiveness and benefit evidence will be provided in February and March 2024.
- We have the tools for appropriate management of hepatitis B, and it is amongst the most cost-effective cancer prevention strategies that Australia can invest in.
- By making these investments we can transform the lives of Australians and show the same sort of global leadership that we have in our other blood-borne virus responses.
- The national response has the skills, expertise, and infrastructure to implement this package in 2024-2025 if it is resourced to do so.
- 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.

2. A snapshot of Australia's Hepatitis B response to date

Australia's response to hepatitis B has made some progress towards the 2030 elimination goals, particularly in areas of activity where communities have been resourced and where investment has been sustainable to support action over time.

A major success story of Australia's national hepatitis B response has been the high vaccination rate for children. By the end of 2020, over 95% of all children were vaccinated against hepatitis B by 24 months of age.¹ Significant declines (around 50% for those aged 0-29 years) in the rate of hepatitis B diagnosis have been observed between 2012 and 2019 amongst younger age groups, most likely due to the effect of childhood

¹ MacLachlan, J., Stewart, S., & Cowie, B. (2020). Viral Hepatitis Mapping Project: National Report 2020. Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM). <https://www.ashm.org.au/programs/Viral-Hepatitis-Mapping-Project/>

vaccination for hepatitis B introduced nationally for infants in Australia in 2000 (and in many countries with high migration to Australia in the 1990s).²

Significant and important progress has been made in Aboriginal and Torres Strait Islander communities. Notably, childhood vaccination rates have been higher for Aboriginal and Torres Strait Islander children, with 97% of Aboriginal and Torres Strait Islander children vaccinated against hepatitis B by 24 months of age (compared with 96% of non-Indigenous children at the same age) in 2021³.

Another major success has been the Northern Territory's Hep B PAST program, which takes an integrated approach to hepatitis B and includes community workforce capacity and systems enhancement. The Hep B PAST program was developed to eliminate chronic hepatitis B from the Aboriginal population of the Northern Territory in Australia.⁴ The program is community-led and culturally safe. It focuses Aboriginal Health Workers and people living with hepatitis B at the centre of the care model and has demonstrated the effectiveness of partnership approaches with communities. Preliminary findings from the project demonstrate improvements in clinical care whilst preserving Aboriginal languages and empowering community through increased health literacy.⁵ Furthermore, from a baseline in 2018 of 61% of people living with chronic hepatitis B diagnosed, 28% in care, and 7% on treatment (and despite the impact of the COVID-19 pandemic), Hep B PAST achieved 92% of people living with hepatitis B diagnosed, 70% in care, and 22% on antiviral treatment, exceeding 2022 national hepatitis B targets.⁶

The Hep B PAST model has demonstrated the effectiveness and importance of integrated, multi-pillared, partnerships-based programmatic responses in driving action for hepatitis B. Importantly, it is an evidence-based approach which has paved the way for designing the National Hepatitis B Project, which works to scale Australia's national response in a similarly integrated, multi-pillared, partnerships-based approach.

Whilst Australia can celebrate some success to date, it must be acknowledged that the national response to hepatitis B has a significant way to go if the 2030 elimination goal is to be reached. It is important to contextualise this response in the fact that the National Hepatitis B Strategy is the youngest of the five [National Blood Borne Virus and Sexually Transmissible Infections strategies](#) and is yet to see the same level of prioritisation, resourcing, and therefore, outcomes that have been seen elsewhere.

Australia has set ambitious, but achievable targets in the new National Hepatitis B Strategy 2023-2030 which require sustained action centring on meeting the needs of priority populations and affected communities. A key example of this is the target of ≥80% of all people living with chronic hepatitis B are receiving care by 2030,

² The Kirby Institute. (2022). HIV, viral hepatitis, and sexually transmissible infections in Australia: Annual surveillance report 2022 Hepatitis B.

³ The Kirby Institute. (2022). HIV, viral hepatitis, and sexually transmissible infections in Australia: Annual surveillance report 2021. Kirby Institute.

⁴ Partnership Approach to Sustainably eliminating Chronic Hepatitis B in the Northern Territory (Hep B PAST), Menzies School of Health Research [Overview - Menzies](#)

⁵ Davies, J. et al. (2022) [Eliminating chronic hepatitis B in the northern territory of Australia through a holistic care package delivered in partnership with the community \(journal-of-hepatology.eu\)](#) Journal of Hepatology vol. 77(S1):S239-240.

⁶ Menzies School of Health Research, Hep B PAST Bulletin 1, Issue 3, Aug. 2022 [333685_Hep_B_Past_Bulletin_Volume_1_Issue_3.pdf \(menzies.edu.au\)](#)

with a 2025 progress target of $\geq 65\%$ (that is, receiving guideline-based hepatitis B monitoring, including treatment, where indicated). In 2020, 22.6% of people in Australia living with hepatitis B were receiving care, highlighting that a significant majority of people are being left behind. It is particularly important to note that the people and communities that are disproportionately affected by hepatitis B include Aboriginal and Torres Strait Islander people (7.23% of the prevalent population) and people from culturally, ethnically, and linguistically diverse communities (68.4% of the prevalent population). If Australia is to meet its 2025 and 2030 elimination targets, it is critical to prioritise community-led responses that meet the needs of these priority populations and address inadequacies in the systems that fail to meaningfully engage them.

Outside of childhood vaccination and the global best practice Hep B PAST project, Australia has made limited progress against previous National Hepatitis B Strategy 2018-2022 targets, highlighting the need for prioritising implementation projects that strategically mobilise progress across multiple areas of activity. The National Hepatitis B Project described in this submission presents an opportunity to drive activity that supports progress towards the new National Hepatitis B Strategy 2023-2030 targets.

3. The next phase: a National Hepatitis B Project

Background to the National Hepatitis B Project

Building on the model and learnings from the Hep B PAST initiative and noting with concern that Hep B PAST funding expired 31 December 2023, a National Hepatitis B Project will allow Australia to continue to boost hepatitis B awareness, case-finding, provision of information, testing, treatment, and support lifelong management to achieve the National Hepatitis B Strategy 2023 - 2030 targets.

Funding a National Hepatitis B Project will serve to implement a significant portion of priority areas under the new National Hepatitis B Strategy:

- The National Hepatitis B Project directly aligns with actions under all six of the priority areas for action in the forthcoming *Fourth National Hepatitis B Strategy 2023-2030*: Education and Prevention; Testing, Treatment and Management; Workforce; Addressing Stigma and Creating an Enabling Environment; Equitable Access to and Coordination of Care and Support; and Data, Surveillance, Research and Evaluation.
- The National Hepatitis B Project is a model of intervention that recognises the interconnectedness and interdependence of different activities, partners, and resources across the national response.
- The National Hepatitis B Project demonstrates that to achieve our 2030 elimination goal and leave no-one behind, collective effort and mobilisation of multiple inputs and activities is required. No single intervention can achieve it alone.

Pillars of activity under the National Hepatitis B Project

The following pillars of activity are designed to be mutually reinforcing, integrated and delivered concurrently as part of a comprehensive, national partnerships-based project from 2024. They include:

- Pillar 1: National hepatitis B public education campaigns

- Pillar 2: Universal offer of testing with informed consent including primary care systems work and capacity building
- Pillar 3: A national hepatitis B-specific community workforce including national coordination and capacity building
- Pillar 4: The Hep B PAST Program
- Pillar 5: Service delivery capacity for hepatitis B responses for the national hepatitis infoline and support services
- Pillar 6: A working group with a specific focus on addressing structural and systemic barriers to increase hepatitis B engagement, testing, diagnosis, treatment, care and support.

Attachment 1 to this document describes each of these pillars in greater detail and maps each pillar of activity to key priorities articulated in the Fourth National Hepatitis B Strategy 2023-2030.

Rationale for the National Hepatitis B Project

The National Hepatitis B Project supports inter-related activities on the basis that they:

- Leverage and maximises efficiencies by utilising infrastructure established by funding from the Commonwealth including investments in primary care, in medicines, state and territory investments, investments in research, and investments in the National Finding 50,000 Hepatitis C Project, such as the National Hepatitis Infoline (the phonenumber and support pillar).
- Are feasible for delivery or scale up by the mid-point review in 2025-2026 of the National Hepatitis B Strategy 2023-2030, including building on existing initiatives that have an evidence-base demonstrating their effectiveness and their success.
- Build on the successes of community-led programs such as Hep B PAST.
- Build on the inter-related activities that have already established and allow for scale-up options with additional funding (as detailed in Table 1).
- Address critical gaps in Australia's response to eliminating hepatitis B as a public health threat.
- Provide a plan for implementation of key areas for action under the *Fourth National Hepatitis B Strategy 2023-2030*.
- Build on the observation that "testing alone cannot achieve the desired individual or public health outcomes; what happens after a positive test result determines the benefits realised."⁷

Elimination of hepatitis B is achievable, cost-effective and cost-saving

Research, modelling and evaluation studies, including those commissioned by the Commonwealth, have demonstrated that packages of interventions like the pillars described under the National Hepatitis B Project are more cost-effective than single interventions. Packages of interventions under the National Hepatitis B Project have been designed with wrap-around supports and services which are key to delivering person-centred care and leverage existing investments by both the Commonwealth and the States and Territories.

⁷ Tran, L. and Cowie, B. C. Universal testing for hepatitis B must be accompanied by better linkage with care. *Medical Journal of Australia*, 218(4) 6 March 2023.

The critical role of Australian Government funding

We congratulate the Australian Government for its considerable investment in the HIV response, for example the almost \$20 million package in the 2023 Federal Budget and the further \$12 million package in the 2023 MYEFO. Building on the Australian Government's commitment to eliminating blood borne viruses it is also important that specific funding is articulated for the national hepatitis B response. Investment will have a considerable impact particularly given the 2023 Federal Budget did not contain any new investment that we can identify for hepatitis B.

The hepatitis response has demonstrated that when the Commonwealth invests it results in not only a critical leadership response and improved outcomes, but also stimulates additional investment from a mix of other funder types including Commonwealth Department of Health and Aged Care, State/Territory governments, grants from the NHMRC & Medical Research Future Fund (MRFF), industry funding, and Primary Health Networks funding.⁸

Commonwealth investment at this time in hepatitis B will likely have a similar stimulus effect. It will also signal that Australia is serious about eliminating hepatitis B as a public health concern by 2030, in alignment with Australia being one of 194 World Health Assembly Member States who voted unanimously to eliminate viral hepatitis as public health threat by 2030.

4. Independent economic modelling

Funding for the National Hepatitis B Project

Following feedback from Treasury in 2023-2024 through the budget process to all stakeholders that additional economic evidence is needed to support pre-budget submissions, Hepatitis Australia engaged independent economic modellers to provide this supporting evidence. The independent economic modellers reviewed each pillar of the National Hepatitis B Project and independently validated the costs to implement each pillar.

The independently validated, scaled costs to implement the National Hepatitis B Project are provided in Table 1. Baseline costs represent the minimum government investment required to operate the six pillars at a feasible base level capacity. Scale 2 and 3 incorporate the cost of increased capacity to undertake activities that will produce an incremental magnitude of benefit towards the goal of eliminating hepatitis B as a public health threat by 2030. The costs in Table 1 present the results of the economic modelling work which has assumed in its costings that the pillars of activity will be delivered together as an integrated package. Detailed costings are available on request.

⁸ EC Australia Annual Report Year 4 2022 [ec-australia annual-report-year-4-2022 v1.pdf \(burnet.edu.au\)](https://burnet.edu.au/annual-report-year-4-2022), published 2023

Table 1 National Hepatitis B Project Costings

National Hepatitis B Project	Total cost per year Baseline	Total cost per year Scale 2	Total cost per year Scale 3
Cost to implement the National Hepatitis B Project	\$10,447,060	\$14,978,158	\$28,197,604

Costings do not include GST and will be subject to indexation.

Baseline costings include the cost to maintain the existing Hep B PAST program and allow some expansion (Pillar 4: Hep B PAST) and 1 x government staff member (Pillar 6: Working Group).

Scale 2 and 3 costings include government staff and evaluation (Pillar 6: Working Group).

Scale 3 costings assume a workforce of up to 100 hepatitis B-specific community workers across Australia (Pillar 3: Community & peer workforce).

Costs to the health system

Further, the independent economic modelling has analysed the cost of hepatitis B to the Australian healthcare system. Based on data from the Australian Institute of Health and Welfare (AIHW), the total annual acute healthcare expenditure on hepatitis B in Australia is estimated to be \$84.8M. Expenditure includes public and private hospital costs (\$30.4M), primary care such as GP and allied health services (\$3.4M), referred medical services such as pathology and other specialist services (\$9.2M), and the cost to the Pharmaceutical Benefits Scheme (\$41.8M)⁹. Although these estimates provide some insight into the healthcare costs associated with hepatitis B, they are likely to be an underestimation of the true disease costs. This is due to limitations in accurately capturing certain types of disease-specific expenditure, such as those associated with community and public health programs. Additionally, these estimates of acute healthcare expenditure do not consider the downstream costs of chronic hepatitis B and other associated health complications.

If not appropriately managed or treated, chronic hepatitis B can lead to serious long-term health complications such as liver disease and liver cancer. Healthcare expenditure on chronic liver disease was estimated to be \$216.5M in 2019-20¹⁰, of which approximately \$48.8M can be attributed to hepatitis B-related cirrhosis¹¹. Regarding liver cancer, hepatocellular carcinoma (HCC) accounts for one of the highest health system costs per person (\$31,775 per person), equal to that of bowel cancer. With an estimated 22% of HCC cases caused by hepatitis B, the total health system expenditure on hepatitis B-related HCC was \$30.7M in 2019-20¹².

Insight into the broader economic costs of HCC can be gained by estimating the cost of reduced productivity and wellbeing in addition to the cost of disease management and treatment. In 2019-20, this cost was estimated to be \$1.06 billion for hepatitis B related HCC alone¹³.

⁹ AIHW, *Disease expenditure in Australia 2019–20*. 2022, Australian Institute of Health and Welfare: Canberra.

¹⁰ AIHW, *Disease expenditure in Australia 2019–20*. 2022, Australian Institute of Health and Welfare: Canberra.

¹¹ Huang, D.Q., et al., *Global epidemiology of cirrhosis — aetiology, trends and predictions*. *Nature Reviews Gastroenterology & Hepatology*, 2023. 20(6): p. 388-398.

¹² Deloitte Access Economics, *The Social and Economic Cost of Primary Liver Cancer Hepatocellular Carcinoma (HCC) in Australia*. 2021

¹³ Deloitte Access Economics, *The Social and Economic Cost of Primary Liver Cancer Hepatocellular Carcinoma (HCC) in Australia*. 2021

The National Hepatitis B Project pillars have been designed to align with Australia's National Hepatitis B Strategy 2023-2030. As such, prioritising the funding of these pillars as an integrated package is essential for the Australian Government to advance the goal of eliminating hepatitis B as a public health threat by 2030. A baseline investment of approximately \$10.5M to fund the hepatitis B pillars represents approximately 12% of the direct healthcare expenditure on the disease, highlighting the relatively modest government funding needed to reduce hepatitis B-related morbidity and alleviate the significant healthcare and economic burden of disease. Part of the work of the project is capturing the people who are not being treated. The funding request for hepatitis B represents proportionately more of direct healthcare expenditure on hepatitis B because Australia currently underspends on healthcare costs for hepatitis B.

Next steps

Hepatitis Australia has worked hard with stakeholders in a tight fiscal environment to put forward the best package of interventions that leverage all resources in the system, and can start immediately, for a very modest investment. The independent economic modelling project will continue post this submission and is expected to produce additional economic advice, including a cost effectiveness analysis, which will be available to support this submission in February and March 2024. In the interim, if Treasury needs any more information please contact Hepatitis Australia.

Attachment 1: the National Hepatitis B Project

This table outlines the activities, expected outcomes, populations targeted, links to the key areas for action under the National Hepatitis B Strategy 2023-2303, as well as alignment with targets under the National Strategy for all pillars of the National Hepatitis B Project. This table also highlights how the pillars link with other National Policy documents and relevant indicators under Federal Treasury’s ‘Measuring What Matters’ wellbeing framework. Please note that reference to the target ‘Indigenous status identification data completion’ has not been included as this target is being developed in tandem with the National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2023-2030 process.

	Pillar 1: Campaigns	Pillar 2: Testing – universal offer	Pillar 3: Community and peer workforce	Pillar 4: Hep B PAST	Pillar 5: Phonenumber and support	Pillar 6: Working group
What does this pillar do?	The campaigns pillar works to increase testing and treatment uptake by targeting information and awareness-raising to different settings and different priority populations.	This pillar implements a national program providing a universal offer of testing for hepatitis B for adults born prior to the year 2000 whose hepatitis B status is unknown. Importantly, this pillar includes linkage to ongoing clinical management and care for those who receive a diagnosis. The implementation of this pillar builds-in important systems change enhancements including a coordinated approach to communication with clinicians (especially in primary care settings) and the community, and updating existing guidelines for the testing of hepatitis B in Australia.	The community & peer workforce pillar recognises that hepatitis B, as a chronic condition, requires ongoing management. The current workforce is negligible, particularly when the Hep B PAST workforce in the Northern Territory is not counted. This is at odds with the scale, burden and need, and so an increase in the number of hepatitis B-specific community healthcare workers, particularly to transition hepatitis B into a primary health care-based chronic disease model of care, is needed. This pillar includes national coordination and capacity building (training).	The Hep B PAST pillar – Partnership Approach to Sustainably eliminate Chronic Hepatitis B in the Northern Territory – is a co-designed, partnership program aiming to holistically improve care for Aboriginal and Torres Strait Islander people living with chronic hepatitis B in the Northern Territory. It aims to improve the cascade of care for Aboriginal and Torres Strait Islander peoples living with hepatitis B (i.e. testing, treatment, ongoing care) and to improve health literacy about hepatitis B amongst Indigenous communities, people living with hepatitis B, and primary healthcare providers. Its ultimate goal is to eliminate chronic hepatitis B as a public health threat for Indigenous Australians in northern Australia.	The phonenumber and support pillar works to provide nationally coordinated and locally delivered confidential and free viral hepatitis information and support services. This pillar will provide service delivery capacity for hepatitis B.	The working group pillar provides project coordination and evaluation activities overseen by the Australian Government. The working group has a specific focus on addressing structural and systemic barriers to increase hepatitis B engagement, testing, diagnosis, treatment, care and support.
Which populations are targeted?	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander peoples, particularly in rural and remote regions of Australia. People from culturally, ethnically and linguistically diverse communities affected by hepatitis B particularly in communities with higher prevalence.¹⁴ People living with hepatitis B, their families, friends and communities Secondary: referring agencies (e.g. health and community services), general public. 	People born before 2000 accessing primary care who have risk factors for hepatitis B and/or whose hepatitis B status is unknown.	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander peoples, particularly in rural and remote regions of Australia. People from culturally, ethnically and linguistically diverse communities affected by hepatitis B, particularly in communities with higher prevalence.¹⁵ People living with hepatitis B. 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander peoples in the Northern Territory. People affected by hepatitis B. Secondary: Primary healthcare providers. 	<ul style="list-style-type: none"> People living with or at risk of viral hepatitis. Families or friends of people living with or at risk of viral hepatitis. Secondary: Health or social service providers; the general public. 	All populations and settings covered by the National Hepatitis B Project..
Link to 31 May 2023 draft Fourth National Hepatitis B Strategy 2023-2030	<p>Priority area for action: Prevention, Health Promotion and Education</p> <p>Action 2: Implement community awareness, health promotion and public education initiatives for priority populations and the general community, including national and local hepatitis B campaigns and World Hepatitis Day in Australia.</p> <p>Priority area for action: Addressing Stigma and Creating an Enabling Environment</p> <p>Action 4: Incorporate messaging to counteract stigma in hepatitis B health promotion initiatives.</p>	<p>Priority area for action: Testing, Treatment and Management</p> <p>Action 1: Implement population-wide universal offer of hepatitis B testing with informed consent for adults, ensuring quality diagnosis and linkage to care. (links with Action 6: Enhance hepatitis B monitoring, liver monitoring and cancer prevention activities for people living with hepatitis B, including expanded primary care access to non-invasive diagnostic tools for assessing liver disease severity and associated health messaging.)</p>	<p>Priority area for action: Workforce</p> <p>Action 1: Implement, maintain, and strengthen a national hepatitis B-specific community workforce including peer workers. Implement associated projects and supports including workforce development/training, supervision, communities of practice, scopes of practice and capacity building.</p> <p>Action 8: Implement hepatitis B capacity building for allied sectors/workforces (e.g., migration, legal, multicultural groups) to undertake relevant hepatitis B interventions (e.g., screening, referral, prevention/universal precautions) and support partnerships with relevant community hepatitis organisations and workers.</p>	<p>Priority area for action: Testing, Treatment and Management</p> <p>Action 2: Support active case finding and linkage to care.</p> <p>Action 8: Continue to improve hepatitis B treatment prescribing rates in areas with unmet need.</p> <p>Action 13: Explore opportunities for scaling up chronic hepatitis B registries to support liver cancer prevention (note: registries are part of the Hep B PAST program).</p> <p>Key area for action: Equitable Access to and Coordination of Care and Support</p> <p>Action 1: Support and expand person-centred, decentralised, and differentiated models of hepatitis B care that embed hepatitis B activities in primary health and community settings, including:</p> <p>a. Enable the national scale-up of successful models of care for hepatitis B prevention and management, particularly models that have</p>	<p>Priority area for action: Prevention, Health Promotion and Education</p> <p>Action 3: Enhance and maintain the National Hepatitis Info Line as the national centralised point of contact for the Australian community to access information and support on hepatitis B, including capacity to provide localised responses.</p> <p>Priority area for action: Data, Surveillance, Research and Evaluation</p> <p>Action 9: Enhance community service level data and intelligence on hepatitis B to complement epidemiological data, including with community hepatitis Organisations via the National Hepatitis Infoline.</p>	<p>Priority area for action: Testing, Treatment and Management</p> <p>Action 12: Identify and address the resourcing, policy, legal, regulatory and structural barriers that impede equitable hepatitis B outcomes and national prioritisation.</p> <p>Priority area for action: Equitable Access to and Coordination of Care and Support</p> <p>Action 8: Identify and address the resourcing, policy, legal, regulatory, and structural barriers that impede equitable hepatitis B outcomes and national prioritisation.</p> <p>Priority area for action: Data, Surveillance, Research and Evaluation</p> <p>All actions</p>

¹⁴ Supplement to the Viral Hepatitis Mapping Project: Hepatitis B – National Report 2021. Estimates of chronic hepatitis B among those born overseas, according to spoken language, WHO Collaborating Centre for Viral Hepatitis, the Doherty Institute [Mapping-Report-Supplementary_Language_V2.pdf \(ashm.org.au\)](#)

¹⁵ Supplement to the Viral Hepatitis Mapping Project: Hepatitis B – National Report 2021. Estimates of chronic hepatitis B among those born overseas, according to spoken language, WHO Collaborating Centre for Viral Hepatitis, the Doherty Institute [Mapping-Report-Supplementary_Language_V2.pdf \(ashm.org.au\)](#)

	Pillar 1: Campaigns	Pillar 2: Testing – universal offer	Pillar 3: Community and peer workforce	Pillar 4: Hep B PAST	Pillar 5: Phonenumber and support	Pillar 6: Working group
				demonstrated success with priority populations, in rural and remote areas, and areas of workforce shortage. b. Support nurse-led models of hepatitis B care including in primary care, rural and remote areas, and other settings. c. Develop, implement, and evaluate chronic disease management models for hepatitis B care including community-based long-term care, navigation, and support. d. Support digital models of hepatitis B care, including telehealth and telehealth interpreters, to overcome access barriers. e. Develop and implement community and peer-based models such as people with lived experience of hepatitis B as peer navigators for all priority populations (e.g. programs for subsidised sex worker access to vaccination, treatment, and care).		
How the pillar aligns with key new national targets¹⁶	<p>Target 1 – Childhood vaccination Target 2 – Prevention of mother to child transmission Target 3 – Incidence reduction Target 4 – Proportion diagnosed Target 5 – Proportion in care Target 6 – Proportion receiving treatment Target 7 – Attributable mortality Target 9 – Stigma reduction Target 10 – Quality of Life Target 11 – Legal and Human Rights</p> <p>*Note that the targets which are directly addressed in this pillar relate to the nature of the campaigns which are subject to consultative processes with community based on need.</p>	<p>Target 4 – Proportion diagnosed Target 5 – Proportion in care Target 6 – Proportion receiving treatment Target 7 – Attributable mortality</p>	<p>Target 3 – Incidence reduction Target 4 – Proportion diagnosed Target 5 – Proportion in care Target 6 – Proportion receiving treatment Target 7 – Attributable mortality Target 9 – Stigma reduction Target 10 – Quality of Life Target 11 – Legal and Human Rights</p> <p>*Note that this pillar seeks to increase workforce capacity which has significant flow-on effects across the cascade of care and broader social determinants of health.</p>	<p>Target 3 – Incidence reduction Target 4 – Proportion diagnosed Target 5 – Proportion in care Target 6 – Proportion receiving treatment Target 7 – Attributable mortality Target 9 – Stigma reduction</p>	<p>Target 1 – Childhood vaccination Target 2 – Prevention of mother to child transmission Target 4 – Proportion diagnosed Target 5 – Proportion in care Target 6 – Proportion receiving treatment Target 9 – Stigma reduction Target 10 – Quality of Life Target 11 – Legal and Human Rights</p>	This pillar functions as coordination and evaluation. Its relationship to the targets is supporting their achievement through the five other pillars of activity of this project.
Intended outcomes	<ul style="list-style-type: none"> • Increase knowledge and awareness of hepatitis B, including awareness of treatment and care. • Encourage and motivate people to access primary care (and other appropriate care providers) to seek testing, treatment and information including through particularly targeted campaign activities in high prevalence areas. • Target key populations, demographics and geographies (e.g. resources in language and regional strategies). • Ensure that public education related to hepatitis B is at the scale required. • Deliver strengths based, anti-stigma and anti-discrimination messaging. 	Increased hepatitis B diagnosis and access to life-saving care and treatment for the estimated 71,000 people living with hepatitis B in Australia who are currently unaware of their condition.	There is base-level workforce capacity to boost the national hepatitis B response; catch up on missed diagnostic, treatment and mortality targets; and provide national coordination and capacity building for the people impacted by hepatitis B.	<ul style="list-style-type: none"> • Improve health literacy about hepatitis B amongst Indigenous communities, people living with hepatitis B, and primary healthcare providers.¹⁷ • Improve the ‘cascade of care’ for individuals living with chronic hepatitis B in the Northern Territory¹⁸: <ul style="list-style-type: none"> ○ Determine serostatus of at least 80% of the Aboriginal population in the Northern Territory and assign all individuals with a hepatitis B serocode; and ○ Transition chronic hepatitis B into primary health care and ensure a gold standard of care through supporting workforce education and the establishment of core clinical care groups. 	<ul style="list-style-type: none"> • Linkage to appropriate care provider. • A trusted central point of contact in Australia for over-the-phone, confidential and free hepatitis B support including information, brief intervention, referral and support / navigation to access testing and treatment. • Maintenance of a resource, underpinned by a network of community hepatitis experts, that can be promoted and integrated with clinical, research, media and other practices (e.g. as a referral point for GPs, research participants, etc). • Simple access to information and treatment support (treatment navigation) for members of the community impacted by hepatitis. • Source of data and monitoring related to community needs and information uptake. • Anchor point for the community and viral hepatitis elimination efforts. 	Implementation of the Fourth National Hepatitis B Strategy 2023-2030.

¹⁶ Note that the interdependent nature of these targets means that they all have relevance. This section highlights specific target domains for which the pillar works towards more directly.

¹⁷ Menzies School of Health Research, Hep B PAST Bulletin 1, Issue 1, Sept. 2020 [321714_Hep_B_Past_Bulletin_Volume_1_Issue_1.pdf \(menzies.edu.au\)](https://www.menzies.edu.au/files/2020/09/321714_Hep_B_Past_Bulletin_Volume_1_Issue_1.pdf)

¹⁸ Menzies School of Health Research, Hep B PAST Bulletin 1, Issue 1, Sept. 2020 [321714_Hep_B_Past_Bulletin_Volume_1_Issue_1.pdf \(menzies.edu.au\)](https://www.menzies.edu.au/files/2020/09/321714_Hep_B_Past_Bulletin_Volume_1_Issue_1.pdf)

	Pillar 1: Campaigns	Pillar 2: Testing – universal offer	Pillar 3: Community and peer workforce	Pillar 4: Hep B PAST	Pillar 5: Phonenumber and support	Pillar 6: Working group
How does the pillar link with other national policies?	This pillar aligns with engaging communities to drive prevention as described in the National Preventive Health Strategy 2021-2030 (noting "Chronic conditions make up roughly half of all potentially preventable hospitalisations (46%) which in 2015-2016 cost the health system over \$2.3 billion dollars. Without intervention, the impact of chronic conditions will continue to grow.")	This pillar aligns with the Action Area 'Improve access to appropriate care for people at risk of poorer health outcomes' and the foundations for primary health care reform in the domain of prevention and management of chronic conditions in Australia's Primary Health Care 10 Year Plan 2022-2032	This pillar aligns with: - the foundations for primary health care reform in the domain of prevention and management of chronic conditions and Action Area 'Close the Gap through a stronger community-controlled sector' in Australia's Primary Health Care 10 Year Plan 2022-2032 - engaging communities to drive prevention as described in the National Preventive Health Strategy 2021-2030 - the Australian Cancer Plan 2023-2033	This pillar aligns with: - the foundations for primary health care reform in the domain of prevention and management of chronic conditions in Australia's Primary Health Care 10 Year Plan 2022-2032 - the Action Areas 'Improve access to primary health care in rural areas' in Australia's Primary Health Care 10 Year Plan 2022-2032 - the Australian Cancer Plan 2023-2033	This pillar aligns with: - the Action Areas 'Improve access to primary health care in rural areas' in Australia's Primary Health Care 10 Year Plan 2022-2032 - engaging communities to drive prevention as described in the National Preventive Health Strategy 2021-2030	This pillar aligns with the intent of the Fourth National Hepatitis B Strategy 2023-2030 , to address structural and systemic barriers to increase hepatitis B engagement, testing, diagnosis, treatment, care and support
'Measuring What Matters' indicators¹⁹	<ul style="list-style-type: none"> • Overall life satisfaction – data derived from <i>ABS General Social Survey</i>; overall life satisfaction links to experience of living with viral hepatitis. • Life expectancy – data derived from multiple sources; life expectancy is directly linked to access to diagnosis, and access to treatment, monitoring and care for people living with hepatitis B. • Mental health – data derived from multiple sources; reflects levels of psychological distress. • Access to health services – data derived from <i>ABS Patient Experiences Survey</i>; reflects wait times to see GPs and/or specialists as well as delayed treatment due to cost to see GP and/or specialists. • Homelessness – data derived from <i>ABS Estimating Homelessness</i>; homelessness is a strong indicator of poor general health. • Experience of discrimination – data derived from multiple sources; a general measure of levels of discrimination in the Australian population. 					

¹⁹ Australian Government, The Treasury *Measuring What Matters* national wellbeing framework, [Dashboard | Treasury.gov.au](#)

Attachment 2: The key stakeholder engagement process to date on the National Hepatitis B Project

The development of the 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 several consultations, submissions, and policy processes which have both identified the need for, and design of, the Project.

Since 2021, the Australian Government [Blood Borne Viruses and Sexually Transmissible Infections Standing Committee \(BBVSS\)](#) has provided support and input for various development stages of the Project. The following provides a summary of the planning, consultation and policy work that has contributed to the development of the Project to date.

BBVSS Meetings

- BBVSS Culturally, Ethnically and Linguistically Diverse Workshop (June 2021)
- BBVSS Meeting (September 2021)
- BBVSS Meeting (March 2022)
- BBVSS Meeting (September 2022)
- BBVSS Meeting (March 2023)
- BBVSS Meeting (December 2023)

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)
- Proposal to Australian Department of Health and Aged Care December 2023
- Hepatitis Australia's Pre-Budget Submission 2024-25 (January 2024; current stage)