



Federal Pre-Budget Submission 2024-2025
Implementing the new National Hepatitis C Strategy 2023 – 2030 through the next
phase of Australia’s National Hepatitis C Project
January 2024

Introduction

People affected by hepatitis C 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.

Our demonstrated leadership, stewardship, expertise, and commitment to affected communities places Hepatitis Australia in a strong position to continue in its partnership with over 200 organisations to continue to implement the National Hepatitis C Project and achieve elimination of hepatitis C as a public health threat by 2030. This proposal is the result of significant consultation with community, government, research and clinical stakeholders, please see *Attachment 2* for further information.

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

- Australia has committed to eliminating hepatitis C as a public health threat by 2030 and has made important inroads towards this goal.
- Affordable access to hepatitis C cure via the Pharmaceutical Benefits Scheme has been integral to reducing hepatitis C prevalence over time. However, recent falling diagnosis and treatment rates and concerning transmission trends indicate that barriers and gaps still exist in the system, leaving priority populations and affected communities behind.
- The changing shape of the epidemic and the unmet need within affected communities demands change to better engage people unreached by business-as-usual approaches. This includes moving away from siloed activities within the national response.
- Instead of siloed activities, Australia must look to models where multiple interventions across different areas of activity work together, leveraging and innovating existing networks, capacity and infrastructure – especially that of the community – to drive effective, equitable, person-centred responses which leave no-one behind.
- The Australian Government funded the [National Hepatitis C Finding 50,000 Project](#) over the last 3 years, which brought together over 200 partners; activated investment from other areas (including from the States and Territories); and fundamentally changed the trajectory of the response, moving Australia from being off track towards being on track to achieve the national targets and our 2030 elimination goals.
- Because of its successes, Australia is at a critical moment in its 2030 elimination journey. With the upcoming public release of the [Sixth National Hepatitis C Strategy 2023-2030](#), there is an opportunity to continue to fund the National Hepatitis C Project as well as enhance it to address the transmission of hepatitis C.
- The Sixth National Hepatitis C 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.
- 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 Sixth National Hepatitis C Strategy 2023-2030.
- The enhanced National Hepatitis C Project being proposed in this submission is a model of intervention that recognises the interconnectedness and interdependence of different activities, partners and resources across the national response. The model has been demonstrated to be successful and has also demonstrated 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.
- 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 to be provided in February and March 2024.
- With increased and concerted effort, the elimination of viral hepatitis as a public health threat by 2030 can be Australia's next major public and preventive health success story.

2. Success to date: National Hepatitis C Finding 50,000 Project

In 2020 the community, researchers, clinicians and governments partnered to ramp-up hepatitis C activity (see *Attachment 2*). Hepatitis Australia, as the national peak that leads the national community response to viral hepatitis, coordinated the establishment of the [National Hepatitis C Finding 50,000 Project](#) following a bipartisan national event at Parliament House, with support from the Australian Minister for Health and Australian Government Department of Health. and Australian Government Department of Health.

The National Hepatitis C Finding 50,000 Project was innovative, cross-sectoral and designed to find, test and treat 50,000 people with hepatitis C across geographically and demographically dispersed communities. Working with multiple partners, the Project drove progress through five pillars of activity. By design, each of the Project pillars were inter-related, mutually reinforcing and concurrently delivered. This enabled their reach to be amplified, for messages to be reinforced and for engagement to be increased. 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; phonenumber and support; or a GP who has undergone hepatitis C practice enhancement.

The National Hepatitis C Finding 50,000 Project worked to expand and strengthen a national network of over 200 partners across community, research, clinicians and governments, and increased momentum and activity in the national response to hepatitis C. The material, relational, and resourcing capacity that this Project has built forms a key foundation for scalable, intensified activity that is critical to ensuring people and communities can access prevention, testing, treatment, care and ongoing support that is appropriate, equitable and effective.

3. The next phase: evolution to an enhanced National Hepatitis C Project that is aligned with the new National Hepatitis C Strategy 2023-2030 and responds to the critical issue of hepatitis C transmission

Background to the enhanced National Hepatitis C Project

The National Hepatitis C Finding 50,000 Project is being used as a successful model to scale-up, refine, and refresh a suite of activities in the new National Hepatitis C Project being proposed.

Important contextual changes and key gaps within the national response to hepatitis C have informed the design of this project, including in particular, responding to concerning trends in transmission via the addition of a new harm reduction pillar in prisons through the implementation of needle and syringe programs.

Prisons are now the primary site of hepatitis C transmission nationally, with compounding factors such as the hyper-incarceration of Aboriginal and Torres Strait Islander peoples, resulting in profound human rights violations and requiring urgent action. This is recognised in the new National Hepatitis C Strategy 2023 – 2030 via the first priority for action.

Further, the national hepatitis C epidemic has changed shape since the introduction of direct-acting anti-viral cures on the PBS in 2016. There remains a population of people who are not being effectively and meaningfully engaged by the national response for prevention, testing, treatment and ongoing support and care, necessitating innovative, integrated interventions that will effectively address this gap.

Critically, due to the success to date, the make-up of the prevalent population has now significantly changed. The majority of people currently living with hepatitis C do not have current risk factors (i.e. currently inject drugs). This means that multiple and concurrent strategies that reach different populations must be employed to ensure we achieve the new National Hepatitis C Strategy 2023 – 2030 targets and goals.

Pillars of activity under the enhanced National Hepatitis C Project

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

- Pillar 1: National hepatitis C public education campaigns
- Pillar 2: Point-of-care testing with flexibility to scale-up and adapt testing approaches when new technologies emerge
- Pillar 3: Primary care enhancement including case-finding, testing and treatment
- Pillar 4: Preventing transmission: harm reduction in Australian prisons through community-led regulated Needle and Syringe Programs (NSPs)
- Pillar 5: National hepatitis phonenumber and localised tailored support services
- Pillar 6: A national working group, coordination and evaluation.

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 Sixth National Hepatitis C Strategy 2023-2030.

Rationale for the enhanced National Hepatitis C Project

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

- Build on infrastructure and expertise that has already been developed during the National Finding 50,000 Hepatitis C Project – with all parties implementing projects already on board.
- Build on the inter-related activities that have already established and allow for scale-up options with additional funding (as detailed in *Table 1*).
- Are feasible for delivery or scale-up by the mid-point review in 2025-2026 of the National Hepatitis C Strategy 2023-2030, including building on existing initiatives that have an evidence-base demonstrating their effectiveness and their success i.e. Community-led Needle and Syringe Programs delivered in community settings in Australia have demonstrated significant success and have built considerable infrastructure and expertise to deliver these programs in other settings.
- Expand upon the existing scope of the Project to include community-led harm reduction in prisons, the first priority area in the *Sixth National Hepatitis C Strategy 2023-2030*. Needle and Syringe Programs are very cost-effective, with modelling over a 10-year period estimating that over 96,000 new hepatitis C infections were averted and, for every dollar invested in Needle and Syringe Programs,

more than four dollars were returned (additional to the investment) in direct healthcare cost savings.¹ Importantly, this project should not be a research-led project. The community are highly experienced in the delivery of Needle and Syringe Programs in Australian community settings and are therefore the best positioned to expand their services and scale-up their Needle and Syringe Programs functions in prison settings.

- Build on the successes of the original Project and maintain its momentum.
- Provide a plan for implementation of key areas for action under the Sixth National Hepatitis C 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.”²

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

Australia’s investment to date in hepatitis C elimination has been important in getting us to this point in the national response where, with continued investment in the right places, elimination of hepatitis C in Australia is achievable. Now is the right time to act and the best time to invest.

The package of interventions put forward in this submission represent multiple areas of intervention working together, leveraging and innovating existing networks, capacity and infrastructure. Modelling commissioned in 2022 by the Australian Department of Health and Aged Care showed that a package of interventions for viral hepatitis (for example case-finding, campaigns, diagnosis, treatment, care and support services) achieved better elimination outcomes than single interventions alone. The success to date of the National Hepatitis C Finding 50,000 Project demonstrates this.

The critical role of Australian Government funding

One of the most important outcomes of the Commonwealth’s investment in and coordination of the National Finding 50,000 Hepatitis C Project was the stimulus effect it had on mobilising activity and resources across the entire national response to hepatitis C. For example, there was at least an additional \$10 million invested in hepatitis C elimination efforts across Australia from a mix of funder types, including philanthropy and industry funding, State and Territory Governments, National Health and Medical Research Council (NHMRC), Australian Research Council, Medical Research Future Fund (MRFF), Primary Health Networks and the Commonwealth Department of Health and Aged Care³. We note this amount would be significantly higher if the in-kind service delivery contributions from service providers and other key stakeholders who supported the implementation of the National Hepatitis C Finding 50,000 Project were also included.

¹ Ward, Z., Sweeney, S., Platt, L., Guinness, L., Maher, L., Hope, V., Hickman, M., Smith, J., Ayres, R., & Hainey, I. (2018). The cost-effectiveness of needle and syringe provision in preventing transmission of Hepatitis C virus in people who inject drugs. *Journal of Hepatology*, 68, S146–S147.

² 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.

³ 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

The leadership from the Commonwealth in driving and stimulating activity and investment has been fundamental to the significant and positive shift of Australia’s trajectory towards achieving the targets and the elimination goals.

4. Independent economic modelling

Funding for the National Hepatitis C 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 C Project and independently validated the costs to implement each pillar.

The independently validated, scaled costs to implement the enhanced National Hepatitis C Project are provided in Table 1. Baseline costs represent the minimum investment from government required to operate the existing five pillars at current capacity as well as introduce harm reduction in prison as the sixth pillar. Scale 2 and 3 costs incorporate the cost of increased capacity to undertake activities that will produce an incremental magnitude of benefit towards the goal of eliminating hepatitis C 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.

Table 1 National Hepatitis C Project Costings

National Hepatitis C Project	Total cost per year Baseline	Total cost per year Scale 2	Total cost per year Scale 3
Cost to implement the National Hepatitis C Project	\$9,920,352	\$13,753,398	\$17,777,680

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

Baseline, Scale 2, and Scale 3 costings do not include in-kind service delivery capacity to undertake engagement, testing, and ongoing support (Pillar 2: Testing).

Baseline costings include 1 x government staff member (Pillar 6: Working Group).

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

Costs to the health system

Further, the independent economic modelling has analysed the cost of hepatitis C to the Australian health care system. Based on data from the Australian Institute of Health and Welfare (AIHW), the total annual acute healthcare expenditure on hepatitis C in Australia is estimated to be \$368.4M. Expenditure includes public and private hospital costs (\$41.3M), primary care services such as GPs and allied health (\$8.2M), referred medical services such as pathology and other specialist services (\$16.2M), and the cost to the Pharmaceutical Benefits Scheme for treatments such as direct acting antivirals (\$302.7M)⁴. Although these estimates provide some insight into the healthcare costs associated with hepatitis C, 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

⁴ AIHW, *Disease expenditure in Australia 2019–20*. 2022, Australian Institute of Health and Welfare: Canberra

estimates of acute healthcare expenditure do not consider the downstream costs of chronic hepatitis C and other associated health complications.

If left untreated, chronic hepatitis C 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 2019-20⁵, of which approximately \$26M can be attributed to hepatitis C related cirrhosis⁶. 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 cancer⁷. With an estimated 41% of HCC cases caused by hepatitis C, the total health system expenditure on hepatitis C related HCC was \$57M in 2019-20⁸.

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 \$1.97 billion for hepatitis C related HCC alone⁹.

The National Hepatitis C Project pillars have been designed to align with Australia's National Hepatitis C Strategy. As such, prioritising the funding of these pillars is essential for the Australian Government to advance the goal of eliminating hepatitis C as a public health threat by 2030. A baseline investment of approximately \$10M to fund the hepatitis C pillars represents less than 3% of the direct healthcare expenditure on the disease, highlighting the relatively modest government funding needed to reduce hepatitis C-related morbidity and alleviate the significant healthcare and economic burden of disease.

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.

⁵ AIHW, *Disease expenditure in Australia 2019–20*. 2022, Australian Institute of Health and Welfare: Canberra.

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

⁷ Deloitte Access Economics, *The Social and Economic Cost of Primary Liver Cancer Hepatocellular Carcinoma (HCC) in Australia*. 2021.

⁸ Deloitte Access Economics, *The Social and Economic Cost of Primary Liver Cancer Hepatocellular Carcinoma (HCC) in Australia*. 2021.

⁹ Deloitte Access Economics, *The Social and Economic Cost of Primary Liver Cancer Hepatocellular Carcinoma (HCC) in Australia*. 2021.

Attachment 1: The next phase of the National Hepatitis C Project

This table outlines the activities, expected outcomes, populations targeted, links to the key areas for action under the National Hepatitis C Strategy 2023-2030, and alignment with targets under the National Strategy, for all pillars of the National Hepatitis C 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	Pillar 3: Primary care enhancement	Pillar 4: Harm reduction in prisons	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.	The testing pillar works to provide Point-of-Care-Testing (POCT) testing in different settings and for different priority populations. Note: Resourcing for this pillar does not include service delivery to undertake the testing and associated processes, these are provided in-kind. Resourcing is for machines, testing, research, quality, training.	The primary care enhancement pillar works to undertake active case finding, screening and treatment to fast-track hepatitis C elimination across Australia. It aims to increase the number of patients screened, tested, treated and linked to appropriate care for hepatitis C, within participating primary care sites. The project capacity-builds GPs in terms of providing awareness of hepatitis C, training, and support, as well as ongoing education and resources.	The harm reduction in prisons pillar is a community-led activity which works to reduce the transmission of hepatitis C in prisons, corrections settings and in other places of held detention. It is important that this activity is a truly community-led activity and not a research-led activity.	The phonenumber and support pillar works to provide nationally coordinated and locally delivered confidential and free viral hepatitis information and support services.	The working group pillar provides project coordination and evaluation activities overseen by the Australian Government.
Which populations are targeted?	<ul style="list-style-type: none"> Primary: People living with hepatitis C, their families, friends and communities. Secondary: referring agencies (e.g. health and community services), general public. 	<ul style="list-style-type: none"> People living with, or at risk of hepatitis C who may be undiagnosed, partially diagnosed and / or lost to follow up or otherwise not engaged in care. People with hepatitis C who can be engaged in priority settings (i.e. alcohol and other drug treatment services, needle and syringe programs, mental health services, homelessness services, prisons, Community Hepatitis Organisations, peer-based drug user organisations, etc). Aboriginal and Torres Strait Islander peoples who access ACCHOs. 	<ul style="list-style-type: none"> People living with, or at risk of hepatitis C who may be undiagnosed, partially diagnosed and / or lost to follow up or otherwise not engaged in care. People accessing General Practices. People accessing other eligible services. Aboriginal and Torres Strait Islander peoples who access ACCHOs. GPs themselves - capacity building. Professional associations. 	People in prison; in custodial settings; or in other places of held detention.	<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. Health or social service providers. The general public. 	All populations and settings covered by the National Hepatitis C Project.

	Pillar 1: Campaigns	Pillar 2: Testing	Pillar 3: Primary care enhancement	Pillar 4: Harm reduction in prisons	Pillar 5: Phonenumber and support	Pillar 6: Working group
<p>Link to public consultation draft Sixth National Hepatitis C Strategy 2023-2030</p>	<p>Priority area for action: Education and Prevention Action 2: Implement community awareness health promotion and public education initiatives for priority populations and the general community, including national and local hepatitis C public campaigns and World Hepatitis Day in Australia. Priority area for action: Addressing Stigma and Creating an Enabling Environment Action 3: Continue to incorporate messaging to counteract stigma in hepatitis C health promotion initiatives.</p>	<p>Priority area for action: Testing, Treatment and Management Action 1: Scale-up quality guideline-based hepatitis C testing and linkage to care with priority populations, including through community/peer led models. Action 2: Expand the roll out and availability of new hepatitis C testing technologies with linkage to care and continue to improve hepatitis C treatment prescribing rates in areas with unmet need. Action 3: Improve the utilisation of recommended testing procedures for hepatitis C by clinicians, including routine use of reflex testing, and exploring the feasibility of automatic hepatitis C RNA testing for priority populations. Action 4: Support and increase best-practice case finding, contact tracing, testing, treatment and management for hepatitis C in priority settings including primary care and prisons. Action 5: Implement a nationally consistent mechanism for follow up of hepatitis C notifications to ensure that all people diagnosed as antibody positive receive testing and care in a timely way.</p>	<p>Priority area for action: Education and Prevention Action 7: Support the role of primary care, including GPs and nurses in raising awareness of infection and reinfection, and primary and secondary prevention measures. Priority area for action: Testing, Treatment and Management Action 4: Support and increase best-practice case finding, contact tracing, testing, treatment and management for hepatitis C in priority settings including primary care and prisons. Action 6: Strengthen Australia’s liver cancer response, including: (b) Expand primary care access, including overcoming financial barriers, to non-invasive diagnostic tools for assessing liver disease severity, with rapid access to specialist review and associated health messaging. Ensure appropriate data recording and collection of these assessments. Priority area for action: Workforce Action 3: Support primary care workforces to deliver hepatitis C care, including: (b) Facilitate and support the involvement of the primary care workforce, including through Primary Health Networks (PHN), in the early detection and treatment of hepatitis C, including access to remote support for prescribers new to treating hepatitis C, upskilling, and training, and other approaches; and (d) Maintain and increase awareness of clinical guidance for hepatitis C management (including liver cancer surveillance) in primary care.</p>	<p>Priority area for action: Education and Prevention Action 1: Implement Needle and Syringe Programs to ensure regulated access to sterile injecting equipment in corrections settings and other places of held detention, alongside the full suite of other hepatitis C harm reduction and prevention measures including safer tattooing and piercing, opioid agonist treatment, other treatments for injectable drugs of dependence, safer sex, condoms, and lubrication. Implementing prison NSPs aligns with guiding principles (prevention, harm reduction) of the Sixth National Hepatitis C Strategy 2023-2030.</p>	<p>Priority area for action: Education and Prevention Action 4: 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 C, including capacity to localised responses. Priority area for action: Data, Surveillance, Research and Evaluation Action 9: Enhance community service level data and intelligence to complement epidemiological data, including with community hepatitis organisations via the National Hepatitis Infoline.</p>	<p>Priority area for action: Data, surveillance, research and evaluation All actions</p>
<p>How the pillar aligns with key new national targets¹⁰</p>	<p>Target 1 – Incidence reduction Target 2 – Proportion diagnosed Target 3 – Proportion cured Target 6 – Stigma reduction Target 7 – Quality of Life Target 8 – 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 2 – Proportion diagnosed Target 3 – Proportion cured</p>	<p>Target 1 – Incidence reduction Target 2 – Proportion diagnosed Target 3 – Proportion cured Target 4 – Attributable mortality</p>	<p>Target 1 – Incidence reduction Target 8 – Legal and Human Rights</p>	<p>Target 2 – Proportion diagnosed Target 3 – Proportion cured Target 6 – Stigma reduction Target 7 – Quality of Life Target 8 – Legal and Human Rights</p>	<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.</p>

¹⁰ 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.

	Pillar 1: Campaigns	Pillar 2: Testing	Pillar 3: Primary care enhancement	Pillar 4: Harm reduction in prisons	Pillar 5: Phonenumber and support	Pillar 6: Working group
Intended outcomes	<ul style="list-style-type: none"> Increase knowledge and awareness of hepatitis C, including awareness of unrestricted access to curative medicines Encourage and motivate people to access primary care (and other appropriate care providers) to seek testing, treatment and information including through 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 C is at the scale required. Deliver strengths based, anti-stigma and anti-discrimination messaging 	<ul style="list-style-type: none"> Point-of-care testing has been shown to increase both testing and linkage to care.²¹ Point-of-care testing can also increase overall testing rates as it can be implemented outside of medical facilities, and in priority settings (e.g. in prisons, through outreach, one-stop-shops and in remote settings)²². 	<ul style="list-style-type: none"> Engage General Practices, GPs and other eligible services as partners, including through workforce development, practice level communication strategies and anti-stigma and anti-discrimination initiatives. Use existing data as a means to reach and then engage those who are partially diagnosed and / or not engaged in active management of their hepatitis C. Embed sustainable hepatitis C responses in primary care and other appropriate settings. Provide a mechanism to better coordinate / involve primary care in viral hepatitis elimination efforts. Explore opportunities for further systems enhancements / innovations including related to point of care testing and dry blood spot testing 	<ul style="list-style-type: none"> Implementing NSPs in prisons will reduce transmission of hepatitis C by reducing the proportion of in-prison injecting episodes utilizing unsterile injecting equipment. Less needle sharing and needle reuse will reduce the incidence of hepatitis C, and therefore the prevalence. While prisons with regulated NSPs will be healthier and safer, prison NSPs cannot ameliorate other in-prison risk factors for hepatitis C such as unsterile tattooing and body piercing, fighting, blood spills, unprotected prison sex, and shared use of personal effects (such as toothbrushes and razors). 	<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 C 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 Sixth National Hepatitis C Strategy 2023-2030.
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' 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 - the Australian Cancer Plan 2023-2033	This pillar aligns with the pillar of harm reduction as expressed in the National Drug Strategy 2017-2026	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	Australia is one of 194 World Health Assembly Member States who voted unanimously to eliminate hepatitis B and hepatitis C as public health concerns by 2030. The purpose of this pillar is to drive a coordinated national response to hepatitis C elimination through the implementation of actions under the Sixth National Hepatitis C Strategy 2023-2030 . The Project is a coordinated national response to hepatitis C elimination.
'Measuring What Matters' indicators¹¹	<ul style="list-style-type: none"> Overall life satisfaction – data derived from ABS General Social Survey; 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, curative treatment and completion of treatment for people living with hepatitis C Mental health – data derived from multiple sources; reflects levels of psychological distress Access to health services – data derived from ABS Patient Experiences Survey; 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 ABS Estimating Homelessness; 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 					

¹¹Australian 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 C Project

A national co-design and partnership project has been ongoing for the past three years including:

1. National bipartisan event at Parliament House which identified the need and called for more concerted action to get Australia back on track to achieve hepatitis C elimination.
2. Request from the then Minister for Health for a national proposal on how to get back on track for Australia to achieve its hepatitis C targets.
3. Initial draft proposal (Hepatitis Australia and Australian Department of Health).
4. Input from key national stakeholders (Kirby Institute, ASHM, Doherty Institute, Burnet Institute, EC Australia).
5. Draft proposal and agenda item for the first meeting of the Australian Government Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS). This Committee reports to Australian Health Ministers' Advisory Council (AHMAC) and forms part of a coordinated response across Australian Government, state and territory government, key organisations, peak bodies and national research centres for hepatitis B, hepatitis C, HIV, STIs and Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections. Membership includes:
 - a. All Australian governments: ACT Health Directorate, SA Health, WA Health, Australian Department of Health, NT Health, Queensland Health, Victoria Department of Health and Social Services, Tasmanian Department of Health.
 - b. National peaks: Hepatitis Australia, NACCHO, AIVL, Scarlet Alliance, AFAO, NAPWHA, ASHM Health.
6. Further input from the BBVSS Standing Committee.
7. Further input from the Australian Department of Health.
8. Proposal provided to Minister for Health .
9. Consideration and acceptance.
10. Costing and implementation plan.
11. Implementation across all pillars .
12. National working group convened by the Australian Department of Health and Aged Care.
13. Ongoing implementation including evaluation, monitoring of impacts and outcomes.
14. Ongoing briefing of the BBVSS Standing Committee.
15. Ongoing collaboration with the Australian Department of Health and Aged Care on implementation and refinement of the National Hepatitis C Project including for the next phase to align with the new National Hepatitis C Strategy 2023 – 2030 and bring in a new pillar to respond to concerning transmission driving the epidemic.
16. Proposal to Australian Department of Health and Aged Care December 2023.
17. Hepatitis Australia's Pre-Budget Submission 2024 – 2025 (current stage).