



2023 – 2024 Pre-Budget Submission

Submitted by: Hepatitis Australia Inc.

Hepatitis Australia, incorporated in 1997, is the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. 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 members are the eight state and territory hepatitis community organisations. Our vision is to see an end to viral hepatitis in Australia.

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The elimination of viral hepatitis by 2030 is achievable and can be Australia's next major public and preventive health success.

Approximately 450,000 people in Australia are directly affected by hepatitis B or hepatitis C (viral hepatitis); serious blood borne viruses that damage the liver. Without appropriate care, viral hepatitis can lead to severe illness and liver cancer - the fastest growing cause of cancer death in Australia.

Australia has committed to the globally endorsed public health goal of eliminating hepatitis B and hepatitis C by 2030 and is in the later stages of developing the new National Hepatitis B Strategy and National Hepatitis C Strategy covering 2023-2030.

Australia has demonstrated global leadership in its response to blood borne viruses (BBVs) and sexually transmissible infections (STIs) which has been underpinned by cross parliamentary support, strong National Strategies endorsed by all Australian Health Ministers, and partnership between affected communities, governments, clinicians and research.

However, whilst there has been some progress made towards meeting the targets and goals of the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy, there is significant inequity in the national response to BBVs and STIs resulting in some priority populations being left behind. This is particularly evident when looking at the limited progress made towards the National Hepatitis B Strategy 2018-2022 targets where all but one target are at risk of falling decades behind the 2030 elimination goal. It is also essential that the national response adapts to the changing prevalence and shape of the hepatitis C epidemic.

The business-as-usual approach to the national viral hepatitis response predominantly focuses on flow of resources through the MBS, PBS and research funding, with insufficient investment in the critical role that the community and affected populations play in shaping and driving effective and sustainable responses alongside medical and research activity.

Where Australia has invested well in all levels of the national response to viral hepatitis there has been impressive results. For example:

- Australia provided unrestricted access to curative direct-acting antiviral treatment for hepatitis C on the Pharmaceutical Benefits Scheme in 2016 and supported localised community activity for people in high-risk groups, resulting in an estimated 51 per cent of people living with hepatitis C who had initiated curative treatment by 2021.
- Where communities are resourced and mobilised to act on hepatitis B, we achieve effective results. The Hep B PAST Project in the Northern Territory has achieved more than double the care and treatment uptake compared to the national average. This is a world-leading success story modelling the effectiveness of person-centred, community-driven hepatitis B care.

By investing well and intensifying our responses to viral hepatitis, particularly in partnership with communities, we can use these examples of success to transform the response to viral hepatitis for all Australians.

We have the tools for appropriate management of viral hepatitis 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 global leadership that we have in our other blood borne virus responses.

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. Undertaking national scale-up projects, alongside the tools that Australia already has to prevent and respond to viral hepatitis, including a life-saving hepatitis C cure and hepatitis B vaccine, strongly position Australia to achieve its 2030 elimination goal.

With seven years remaining to achieve the elimination of viral hepatitis in Australia, the 2023-2024 Federal Budget provides a critical opportunity to consolidate existing and effective hepatitis C initiatives; fund new hepatitis B initiatives in areas of unmet need; and secure the necessary policy and community infrastructure necessary to achieve elimination.

Hepatitis Australia, as the national peak body, is calling on the Australian Government to invest in the following priorities in the 2023-2024 Federal budget:

1. Continuing hepatitis C initiatives:

1.1 Maintain Australia's flagship National Hepatitis C Finding 50,000 Project by continuing resourcing for the National Hepatitis Infoline and national hepatitis C campaigns in 2023- 2024

2. New hepatitis B initiatives:

2.1 Establish a new National Hepatitis B Target Equity Project by providing initial funding to support implementation planning.

Section 1: Continuing Hepatitis C Initiatives

The National Hepatitis C *Finding 50,000 Project* is a flagship, high-profile, innovative national partnership project to scale up testing, treatment and support to find 50,000 people living with hepatitis C. In doing so, the Project aims to get Australia back on track to achieve its national hepatitis C testing and treatment targets. Commencing in 2022 with funding from the Australian Government, the Project is supported by the Blood Borne Virus and STI Standing Committee and coordinated by the Department of Health and Aged Care. It consists of five concurrent pillars of activity including point of care testing, the National Hepatitis Infoline, national campaigns and primary care enhancement including case finding.

Each of the pillars are inter-related and mutually reinforcing. By implementing all activities concurrently, the national Project reach is amplified, messages are reinforced, and engagement and outcomes are enhanced. The Project has already made significant achievements, however current funding for two pillars (the National Hepatitis Infoline and campaigns) expire in 2022-2023. This is inconsistent with the other project pillars which continue to 2024. Continued funding for these two pillars is necessary for the broader 50,000 Project to continue as the Australian Government's flagship national hepatitis C initiative.

1.1 Maintain Operations of the National Hepatitis Infoline

Priority:	Maintain Australia's National Hepatitis Infoline and its services past 30 June 2023 as critical infrastructure to the national viral hepatitis response
Investment:	\$2 million per year over four years ¹
Outcome:	Australians have access to a single point of contact providing confidential, free and localised viral hepatitis related information, brief interventions, peer support, referral and linkage, and individual advocacy.

The National Hepatitis Infoline provides any Australian with confidential and free localised viral hepatitis related information, brief interventions, peer support, referral and linkage, and individual advocacy.

The National Hepatitis Infoline is a primary national source of community-based support for the 360,000 Australians living with hepatitis B and hepatitis C, as well as their families and allied workforces including primary care. Existing Australian Government funding for the National Hepatitis Infoline expires on 30 June 2023. Further funding is sought to maintain the National Hepatitis Infoline as a core national hepatitis health service for all Australians.

¹Indexation note: This costing is on the assumption that the annual amount with incur indexation

The Commonwealth Department of Health and Aged Care funded a national co-design process to develop an enhanced service framework and new national data set and data management system. These systems are in place with service delivery operating since 1 July 2022.

Over the most recent 6-month period, the National Hepatitis Infoline has provided over 4000 episodes of service to the Australian community. In a short period of time, service usage rates demonstrate that the National Hepatitis Infoline service has cemented itself as a key piece of infrastructure in the national hepatitis response. This includes, for example, integrating the service as a primary referral source for the community, allied health and within national hepatitis campaigns and national point-of-care testing activities (as part of the 50,000 Project). To date, resourcing has enabled the development of service infrastructure including:

- Service delivery:
 - National Hepatitis Infoline community worker capacity in each State and Territory to deliver localised responses via the national service
 - A service model which provides flexible access including phone, web-based, outreach and drop in personalised and peer support
- Data and monitoring:
 - The National Hepatitis Infoline dataset as a new data source for the national response which can support monitoring national strategies implementation and progress to the elimination by 2030, including for example localised intelligence and trends.
 - Infrastructure, logistics support and ongoing evaluation and monitoring capacity to support continual quality improvement, and national coordination.

Without further investment, the National Hepatitis Infoline infrastructure and service delivery capacity is at risk of closure. An allocation of \$2 million per annum of funding is required to maintain operation of the service and ensure no disruption or cessation of service capability. Additionally, this will ensure the National Hepatitis Infoline has sufficient capacity to respond to hepatitis service demand-generating activities that are funded by the Commonwealth as part of the Finding 50,000 Project and support the implementation of the refreshed national strategies (2023 – 2030) which are due to be completed in 2023.

1.2 Continue National Hepatitis Public Awareness Campaigns

Priority:	Continue funding for national hepatitis C campaigns as part of the National Finding 50,000 Project
Investment:	\$2.5 million in 2023-24
Outcome:	The national response to hepatitis C continues to engage with communities across Australia, particularly regional communities, to raise awareness of a cure for hepatitis C, effectively working to reduce stigma, and reaching people who have been left behind and missed by business-as-usual approaches.

In 2022-23, three national hepatitis C public awareness campaigns were funded to raise community awareness of hepatitis C and its cure. These campaigns are a pillar of the National Hepatitis C *Finding 50,000 Project* and target separate and unique audiences:

- Aboriginal and Torres Strait Islander people.
- the general community including people from culturally and linguistically diverse backgrounds and people outside of metro areas;
- people who inject drugs.

Campaign funding ends in 2022-2023; additional single year funding is sought at this time to continue the campaigns into 2023-2024, in line with the other pillars of the Finding 50,000 Project. There is opportunity, with continued funding, to further mobilise on the engagements with community to date and expand campaign reach, engagements and outcomes.

The campaigns aim to increase awareness of hepatitis C and the availability of cure and engage their target audiences. For example, the evaluation of the Ending Hepatitis C Campaign found that it was successful with an audience reach over 2 million people; engaged 95 community organisations/partners; and generated significant media engagement over 200 outlets nationally and within all states and territories.

The evaluation also found that 85% of respondents reported an increase in their community and stakeholder awareness of hepatitis C and the availability of cure.

The success of the campaign and findings of its evaluation have demonstrated an ongoing need for national hepatitis C awareness raising activity. In particular, there remain significant numbers of those in the community with low, inaccurate or out of date knowledge about hepatitis C. Now is the right time in the hepatitis C epidemic to scale up innovative community awareness endeavours for those who have not been adequately reached in the response to date.

By its nature, the elimination of infectious disease epidemics assumes that progress towards targets becomes increasingly harder to achieve; and increased efforts are

needed to engage those who have not yet undergone treatment and may be hesitant or unaware of the new cure. The campaign showed that once people were aware of hepatitis C and its cure, they were interested in learning more and sharing information within their communities. With continued campaign engagement, this ground work can be leveraged to engage even more communities in hepatitis C elimination.

Importantly, by continuing campaign funding to 2023-2024 in line with the other pillars of the National Hepatitis C *Finding 50,000 Project*, there is opportunity to mutually reinforce and amplify outcomes. For example, in a single community there would be potential that an individual is exposed to a campaign, raising their awareness of hepatitis C and availability of cure, motivating their subsequent link to one of the three other campaign pillars including a point of care test, the National Hepatitis Infoline or their GP who has undergone hepatitis C practice enhancement.

Section 2: New Hepatitis B Initiatives

2.1 National Hepatitis B Target Equity Project: Implementation Planning

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. There has been no equivalent national investment or action related to hepatitis B.

Approximately 1 in 100 people in Australia are living with hepatitis B, making it Australia's most prevalent and burdensome blood borne virus (BBV). It is a primary cause of liver cancer, driving Australia's fastest growing cause of cancer death.

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 no targets, except childhood vaccination, on track. It has been twelve years since the first National Hepatitis B Strategy was released in 2010 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 stakeholders and community members as a form of structural racism due to the nature and populations affected by this epidemic.

Leveraging the success of the National Hepatitis C Finding 50,000 Project, Hepatitis Australia is proposing to establish a multi-pillared partnerships-based project centring priority populations. This project would help put the national response to hepatitis B on track to the 2030 elimination goal and improve equity across the national BBV and STI response.

Priority:	Using co-design, undertake planning to establish and implement the National Hepatitis B Target Equity Project
Investment:	\$300,000 in 2023-24
Outcome:	This flagship national project will boost hepatitis B affected community engagement, testing, diagnosis, treatment and care in order to achieve the targets in the national strategies and ensure Australia's progress towards the 2030 elimination goal.

Australia has the bio-medical tools and policy framework to eliminate hepatitis B, but not the resourced capacity to implement sufficient action. The national response has predominantly seen investment flow through the MBS, the PBS and research funding. Whilst this is essential to ensuring access to treatment and care, it is not sufficient. Community-led approaches must be prioritised as a way of ensuring that people and community needs are placed at the centre and that innovative and

effective solutions are properly resourced to address significant unmet need across priority populations. Australia can 'catch-up' and meet its targets by boosting its hepatitis B investment and response above the current insufficient business-as-usual levels.

On 28 July 2022 at the World Hepatitis Day Parliamentary Roundtable the Assistant Minister for Health and Aged Care the Hon Ged Kearney attended on behalf of the Minister for Health and Aged Care the Hon Mark Butler committed to ramping up elimination efforts. This commitment followed on from a 10 February 2022 commitment that an elected Labor government would ensure that community-led responses are the centre of national hepatitis strategy and policy of the future.

In response to this commitment, Hepatitis Australia coordinated the preparation of a proposal for the September 2022 meeting of the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) to establish the *National Hepatitis B Target Equity Project*. The Project received support of the BBVSS and is in alignment with existing policy priorities for national hepatitis B action. The Project would boost hepatitis B affected community engagement, testing, diagnosis, treatment and care in order to achieve the existing targets in the national strategies. Hepatitis Australia is seeking one-off funding to enable scoping work, implementation planning, co-design and cross-sector coordination ahead of the 2024-25 budget cycle.

The concurrent and mutually enforcing pillars of the Project would include:

1. Implementation of a national hepatitis B specific community workforce (including national coordination and capacity building)
2. Implementation of a population-wide universal offer of testing to ensure all adults in Australia know their hepatitis B status (including primary care systems work and capacity building)
3. Implementation of national hepatitis B public awareness campaigns;
4. Implementing service delivery capacity for hepatitis B responses for the National Hepatitis Infoline.
5. Establishment of a working group of the Blood Borne Virus and Sexually Transmissible Infections Standing Committee, with a specific focus on addressing structural and systemic barriers to increasing hepatitis B engagement, testing, diagnosis, treatment and support.

More detail on two key components of the *National Hepatitis B Target Equity Project* are provided below.

Hepatitis B Community Workforce

Priority:	Establish and implement a workforce of 100 hepatitis B-specific community workers across Australia
Outcome:	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.

There is an urgent need to resource the establishment of a dedicated hepatitis B-specific community workforce and this pillar of the proposed project has been a significant focus in the refresh process for the Fourth National Hepatitis B Strategy 2023-2030.

The national response to hepatitis B is reliant on a skilled workforce that is inclusive, respectful of, and responsive to, the needs of people affected by hepatitis B. There is very limited hepatitis B specific community workforce in Australia. It is estimated that the existing workforce is less than 20 FTE across the country. This is at odds with the scale and burden of hepatitis B and has contributed to unequal and insufficient progress nationally.

The only jurisdiction with hepatitis B-specific community workforce capacity is in part of the Northern Territory through the Hep B PAST Project. As a result, the Northern Territory is leading in the attainment of national hepatitis B targets. This reflects a case study on which success could be replicated on a national level.

Universal offer of testing for hepatitis B

Priority:	Implement a universal offer of testing for hepatitis B to Australian adults born prior to year 2000 whose hepatitis B status is unknown
Outcome:	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.

Australia's National Hepatitis B Strategy sets the target of 80% of people diagnosed by 2022, but this proportion has improved only slightly in recent years, from 63% in 2011 to 69% in 2018. Under current trends in diagnosis Australia is projected to achieve our 2022 proportion diagnosed target in 2043. A profound change in approach is required if we are to offer the benefits of diagnosis, treatment, and care to tens of thousands of Australians who currently do not know or have documented their chronic hepatitis B status.

Documentation of hepatitis B status is important for receiving regular care, as the disease is often asymptomatic until a person's liver is badly damaged. People born overseas may have been diagnosed without suitable information to seek care or treatment.

Implementation of a universal offer of testing for hepatitis B is both cost-effective and de-stigmatising, and was a key recommendation and priority action from the [Ministerial Advisory Committee on BBVs and STIs \(MACBBVSTI\) National Hepatitis B Roundtable in March 2021](#) and endorsed by the Blood Borne Virus and STI Standing Committee.

The prevalence at which universal hepatitis B screening is cost effective has been estimated at 0.3% (United States) and 0.41% (the Netherlands), well below Australia's estimated prevalence of 1%. Furthermore, preliminary local results also suggests that general population testing for hepatitis B in Australia is cost-effective.

The suggested target population for a universal offer of testing is people born prior to the year 2000 (aged 22 years and over at the time of writing) and who are aged under 80 years. People who have already been tested for hepatitis B and whose results are available to their clinician, including those who have been documented as immune through vaccination or past infection, would not require an offer of opportunistic testing under this strategy. All testing undertaken as part of this strategy should result in appropriate actions including counselling for the patient, consideration of vaccination where appropriate, post diagnosis management for those diagnosed with chronic hepatitis B, and linkage to community and peer supports. In addition to counselling and public health management including notification, this includes further assessment and testing and initiation of treatment or referral for ongoing care including liver cancer surveillance as appropriate. Without linkage to care, there can be no benefit of universal offer of testing to the individuals tested or in terms of public health outcomes.

While a universal offer of opportunistic one-time testing by a clinician to their patient is eligible for reimbursement under the MBS, one-off resourcing is needed to support policy and systems changes, testing guideline amendments and communicate these changes to the community (e.g. via localised campaigns and community engagement), clinicians (especially in primary care settings), and the emergent hepatitis B community workforce.



**2023 – 2024
Pre-Budget Submission
Supplementary Submission**

Submitted by: Hepatitis Australia Inc.

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Maintaining Blood Borne Virus and STI National Response Infrastructure

Maintain Implementation Funding for the Five National BBV and STI Strategies

Priority:	Maintain implementation funding for the five National Blood Borne Virus and Sexually Transmissible Infections Strategies (including the National Hepatitis B and National Hepatitis C Strategies), consistent with Australian Government implementation expenditure to date.
Investment:	\$11.858 million per year over four years, commencing on 1 July 2023 ¹
Outcome:	The national BBV and STI response (including the National Hepatitis B and the National Hepatitis C Strategies 2023-2030) have the implementation resources needed to meet the policy goals and targets

Australia is in the process of finalising the refresh of the five National Blood Borne Virus and Sexually Transmissible Infections Strategies, these strategies will run from 2023 – 2030 and are:

- The National Aboriginal and Torres Strait Islander Bloodborne Viruses and Sexually Transmissible Infections Strategy
- The National Hepatitis B Strategy
- The National Hepatitis C Strategy
- The National HIV Strategy
- The National Sexually Transmissible Infections Strategy

Current funding for the implementation of the five National BBV and STI Strategies ends on 30 June 2023.

Annual implementation funding for the national strategies has been in place for the current national strategies (2018-2022), with a 12-month extension provided in the May 2022 Federal Budget. The national BBV and STI response is facing a funding cliff of \$11 million on 30 June 2023.

New investment of at least \$11.858 million per annum (consistent with historic funding levels including funding for national peaks) is being sought to ensure that the national response can continue with the with implementation funding for the suite of five National BBV and STI Strategies. Without this funding critical services in the national response will be affected, with some services likely to wind-back and cease as a result.

Australia has shown global leadership in its BBV and STI response, which has been underpinned by cross-parliamentary support, strong National Strategies endorsed by all Australian Health Ministers, and partnership between affected communities, governments, clinicians, and research centres. Implementation funding for the five National BBV and STI

¹ Indexation note: Hepatitis Australia has provided this costing on the assumption that the annual amount with incur indexation. In financial year 2022/23 (current financial year), funding of \$11million was provided. This figure has been updated and indexed to reflect changes in the [Consumer Price Index](#).

Strategies enables this necessary work to occur, resulting in success of a global scale and importance. Further, Australia has endorsed the global 2030 elimination goals, which are at risk should the national response experience resource shortages.

Australia has the tools and partnerships necessary to achieve the goals of the national strategies and 2030 elimination. The 2023-24 budget provides a critical opportunity for the federal government to resource and invest in the national response and this implementation funding is one vital way that this can be achieved.

The National BBV and STI Strategies funding cliff risks interruptions in service delivery, reduced access to care for priority populations and ultimately surrendering the hard-fought gains made by affected communities and the hepatitis sector more broadly. Continued National BBV and STI Strategies Implementation funding, at current levels, will ensure momentum is not lost.