



## **National Hepatitis B Strategy 2023-2030 & National Hepatitis C Strategy 2023-2030: Proposed Targets**

### **Summary Final Report December 2022**

These consensus-based targets were developed and agreed through an extensive process of future-focused evidence-based workshops and related activities, undertaken in collaboration with experts with relevant lived experience and/or representing key partners in the national response. The process was community driven and embodied the National Strategies' Guiding Principles, notably partnership and the meaningful involvement of priority populations in all aspects of the response.

The proposed targets balance ambition with feasibility, in pursuit of Australia's commitment to Elimination by 2030.

#### **Goals**

##### *National Hepatitis B Strategy 2023-2030*

Consistent with the guiding principles (Section 2) and with a deliberate focus on equity, the goals of the National Hepatitis B Strategy are to:

#### Goals

- Eliminate hepatitis B as a public health threat by 2030
- Reduce mortality and morbidity related to hepatitis B
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impacts of hepatitis B

##### *National Hepatitis C Strategy 2023-2030*

#### Goals

Consistent with the guiding principles (Section 2) and with a deliberate focus on equity, the goals of the National Hepatitis C Strategy are to:

- Eliminate hepatitis C as a public health threat by 2030
- Reduce mortality and morbidity related to hepatitis C
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impacts of hepatitis C.

#### **Development of targets and ongoing surveillance and monitoring**

The targets were developed through an extensive consensus-based process which included the community, researchers, clinicians, and governments. Through this process new target domains were developed, and existing target domains were reviewed and refreshed. The success and effectiveness of this consensus-based and inclusive approach should continue in surveillance and monitoring activities, and in the development of the next iteration of the National BBV and STI Surveillance and Monitoring Plan 2023-2030. The expanded scope of the targets, including non-epidemiological indicators, necessitates broader surveillance and monitoring activities than what has

existed previously. In addition, a participatory approach to modelling should be developed to ensure that inputs from community, including people with lived experience, are appropriately incorporated.

Attachments A to E provide additional information about the process undertaken. Attachment F details a possible additional target domain canvassed separately from the Workshops.

It is proposed that progress towards the following proportional reduction targets will be assessed against baseline at end of 2015:

- Attributable mortality (hepatitis B and hepatitis C)
- Incidence reduction (hepatitis C)
- Proportion cured (hepatitis C).

The targets have been ordered purposefully to be consistent with the cascade of care and are followed by target domains which sit within the social determinants of health.

It is proposed that the full tables below along with the following introductory sentence and the goals (above) be included in the strategies. The following sentence needs to be included as an introduction to the tables of targets in both strategies. It talks to the agreed equity threshold required to consider each target met.

*These targets are achieved when all relevant priority populations, jurisdictions, and regions (in which it is feasible to assess progress) have reached target.*

#### **National Hepatitis B Strategy 2023-2030 Proposed Targets**

<b>DOMAIN</b>	<b>2025 TARGET</b>	<b>2030 TARGET</b>
Childhood Vaccination	95% timely completion of 3-dose schedule of infant hepatitis B vaccine.  >90% timely hepatitis B birth dose.	>95% timely completion of 3-dose schedule of infant hepatitis B vaccine.  >95% timely hepatitis B birth dose.
Prevention of mother to child transmission <sup>1</sup>	95% of mothers living with chronic hepatitis B and their infants receive guideline-based care to prevent mother/birthing parent-to-child transmission during pregnancy and birth.	>95% of mothers living with chronic hepatitis B and their infants receive guideline-based care to prevent mother/birthing parent-to-child transmission during pregnancy and birth.
Incidence Reduction	≤0.1% hepatitis B surface antigen prevalence in ≤5yr olds.  ≤2% mother/birthing parent-to-child transmission rate.	≤0.1% hepatitis B surface antigen prevalence in ≤5yr olds.  ≤1% mother/birthing parent-to-child transmission rate.

<sup>1</sup> Where these targets refer to 'women', including 'pregnant women', the Strategies defer to established language most easily understood by priority populations in 2022, noting also that data sources are not yet adapted to record gender identity (being based almost exclusively on sex recorded at birth). It is acknowledged that further work needs to be undertaken to ensure that these Strategies and associated implementation, monitoring, surveillance, and reporting work are gender responsive and non-discriminatory. Efforts to better capture all pregnant people and their infants need to be prioritised to prevent the erasure of people who do not identify within the binary gender convention.

Proportion Diagnosed	<p>≥85% people living with chronic hepatitis B are diagnosed.</p> <p>Reduce to ≤5% the proportion of people living with chronic hepatitis B diagnosed with liver cancer or decompensated cirrhosis, whose hepatitis B was diagnosed late.</p>	<p>≥90% people living with chronic hepatitis B are diagnosed.</p> <p>Reduce to ≤2% the proportion of people living with chronic hepatitis B diagnosed with liver cancer or decompensated cirrhosis, whose hepatitis B was diagnosed late.</p>
Proportion in Care	≥65% of all people living with chronic hepatitis B are in care.	≥80% of all people living with chronic hepatitis B are in care.
Proportion Receiving Treatment	22% of all people living with chronic hepatitis B are receiving treatment.	27% of all people living with chronic hepatitis B are receiving treatment.
Attributable Mortality	<p>Reduce by 15% hepatitis B - attributable mortality.</p> <p>≤1.2 deaths per 100 000 population.</p>	<p>Reduce by 30% hepatitis B - attributable mortality.</p> <p>≤1.0 deaths per 100 000 population.</p>
Indigenous Status Identification Data Completion	This has been left intentionally blank as discussions on the draft National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 are ongoing.	This has been left intentionally blank as discussions on the draft National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 are ongoing.
Stigma Reduction	<p>Reduce to zero the expression of hepatitis B -related stigma and discrimination in health care settings.</p> <p>Establish a baseline of the reported experience of stigma among people living with chronic hepatitis B.</p>	<p>Reduce to zero the expression of hepatitis B -related stigma and discrimination in health care settings.</p> <p>Reduce by 75% the reported experience of stigma among people living with chronic hepatitis B.<sup>2</sup></p>
Quality of Life	<p>75% of people living with chronic hepatitis B report a good quality of life.<sup>3</sup></p> <p>Establish a baseline of the reported quality of life among people living with chronic hepatitis B.</p>	95% of people living with chronic hepatitis B report a good quality of life. <sup>4</sup>

<sup>2</sup> This number is subject to change and will be based on work to establish a baseline in 2025, noting too parity is being sought with the National Hepatitis C Strategy 2023-2030 and the National HIV Strategy 2023-2030 stigma targets.

<sup>3</sup> Parity is being sought with the National HIV Strategy 2023-2030 quality of life target.

<sup>4</sup> This number is subject to change and will be based on work to establish a baseline in 2025, noting too parity is being sought with the National HIV Strategy 2023-2030 quality of life target.

<p>Legal and Human Rights</p>	<p>Reduce the negative impact of legal and human rights issues on people’s health and wellbeing by improving access to justice and an enabling legal environment for people affected by hepatitis B.</p> <p>Establish a baseline of the negative impact of legal and human rights issues in people’s health and wellbeing for people affected by hepatitis B.</p>	<p>Reduce the negative impact of legal and human rights issues on people’s health and wellbeing by improving access to justice and an enabling legal environment for people affected by hepatitis B.<sup>5</sup></p>
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### National Hepatitis C Strategy 2023-2030 Proposed Targets

DOMAIN	2025 TARGET	2030 TARGET
<p>Incidence Reduction</p>	<p>Reduce by 60% the incidence of hepatitis C.</p> <p>≤8 cases per 100,000 population per year.</p> <p>≤3 cases per 100 people who inject drugs per year.</p>	<p>Reduce by 90% the incidence of hepatitis C.</p> <p>≤5 cases per 100,000 population per year.</p> <p>≤2 cases per 100 people who inject drugs per year.</p>
<p>Proportion Diagnosed</p>	<p>Increase the proportion of people living with hepatitis C who are diagnosed to:</p> <ul style="list-style-type: none"> <li>• 90% (including notifications made on the basis of hepatitis C antibody status), and</li> <li>• 80% (confirmed hepatitis C RNA positive)</li> </ul> <p>Reduce to ≤5% the proportion of people with hepatitis C diagnosed with liver cancer or decompensated cirrhosis, whose hepatitis C was diagnosed late.</p>	<p>Increase the proportion of people living with hepatitis C who are diagnosed (confirmed hepatitis C RNA positive) to 90%.</p> <p>Reduce to ≤2% the proportion of people with hepatitis C diagnosed with liver cancer or decompensated cirrhosis, whose hepatitis C was diagnosed late.</p>
<p>Proportion Cured</p>	<p>65% of people living with hepatitis C are cured*</p>	<p>85% of people living with hepatitis C are cured</p>
<p>Attributable Mortality</p>	<p>Reduce by 40% hepatitis C - attributable mortality</p> <p>≤1.6 deaths per 100 000 population per year</p>	<p>Reduce by 65% hepatitis C - attributable mortality</p> <p>≤1.0 deaths per 100 000 population per year</p>

<sup>5</sup> This target may be numerated based on work to establish a 2025 baseline.

Indigenous status identification data completion	This has been left intentionally blank as discussions on the draft National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 are ongoing.	This has been left intentionally blank as discussions on the draft National Aboriginal and Torres Strait Islander BBV and STI Strategy 2023-2030 are ongoing.
Stigma Reduction	Reduce to zero the expression of hepatitis C -related stigma and discrimination in health care settings.  Reduce by 75% the experience of hepatitis C -related stigma among people who have ever lived with hepatitis C. <sup>6</sup>	Reduce to zero the expression of hepatitis C -related stigma and discrimination in health care settings.  Reduce by 75% the experience of hepatitis C -related stigma among people who have ever lived with hepatitis C. <sup>7</sup>
Quality of life	75% of people affected by hepatitis C report a good quality of life.  Establish a baseline of the reported quality of life among people living with chronic hepatitis C.	95% of people affected by hepatitis C report a good quality of life. <sup>8</sup>
Legal and human rights	Reduce the negative impact of legal and human rights issues on people affected by hepatitis C.  Establish a baseline of the negative impact of legal and human rights issues in people's health and wellbeing for people affected by hepatitis C.	Reduce the negative impact of legal and human rights issues on people affected by hepatitis C. <sup>9</sup>

### Invited Participants of this Process

	Participants
1.	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
2.	Australian Injecting and Illicit Drug Users League (AIVL)
3.	Centre for Social Impact UNSW
4.	Centre for Social Research in Health
5.	Hepatitis Australia
6.	National Lived Experience Policy Forum
7.	National Aboriginal Community Controlled Health Organisation (NACCHO)
8.	Scarlet Alliance
9.	The Australian Research Centre in Sex, Health and Society (ARCSHS)
10.	The Burnet Institute

<sup>6</sup> Parity with the National HIV Strategy 2023-2030 stigma target is being sought. Number is subject to change based on this.

<sup>7</sup> Parity with the National HIV Strategy 2023-2030 stigma target is being sought. Number is subject to change based on this.

<sup>8</sup> This number is subject to change and will be based on work to establish a 2025 baseline, noting too parity is being sought with the National HIV Strategy 2023-2030 quality of life target.

<sup>9</sup> This target may be numerated based on work to establish a 2025 baseline.

11.	The Gastroenterological Society of Australia (GESA)
12.	The Kirby Institute
13.	The Menzies School of Health Research
14.	The WHO Collaborating Centre for Viral Hepatitis at The Doherty Institute
15.	University of Technology Sydney

### **Invited Observers**

Blood Borne Virus Standing Committee government representatives:

- ACT Health Directorate
- Australian Department of Health and Aged Care
- NSW Department of Health
- NT Department of Health
- QLD Department of Health
- SA Department of Health
- TAS Department of Health
- VIC Department of Health
- WA Department of Health

Consultants engaged by the Australian Department of Health and Aged Care to conduct the consultations for the national BBV and STI strategies:

- Allen + Clarke Consulting

Note: This paper was provided to the Australian Department of Health and Aged Care. The outcomes of this process are reflected in the National Hepatitis B Strategy 2023-2030 and the National Hepatitis C Strategy 2023-2030 released for public consultation in June 2023.