



Submission to the MRFF Australian Medical Research and Innovation Strategy and Priorities consultation

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 consist of the eight state and territory hepatitis organisations. Our vision is to see an end to viral hepatitis in Australia.

Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how?

The Strategy could better meet its purpose by:

- Adopting a new strategic platform 'Equity and Social Justice' to prioritise unmet need for marginalised groups (for whom investment and access is under-resourced).
- Adopting an explicit relationship between the Priorities and Government commitments, goals and targets (including National Hepatitis B, Hepatitis C, and Aboriginal and Torres Strait Islander BBV/STI Strategies; National BBV/STI Research Strategy 2021-2025; 2030 Agenda for Sustainable Development; WHO Global Health Sector Strategy on Viral Hepatitis' elimination goal).
- Elevating consumer engagement and collaboration (e.g. including consumers and affected communities in the 'Capacity and Collaboration' platform to champion consumer participation in interchange with academia, service delivery and industry).
- Prioritising viral hepatitis elimination in Australia by 2030 in line with Australian policy, endorsed by all Health Ministers.

Viral hepatitis elimination in Australia is achievable and transformational but only with strategic research investment and prioritisation by the MRFF.

Viral hepatitis chronically affects nearly 360,000 Australians (354 million globally, 1 million deaths annually). In Australia, affected people are often marginalised and vulnerable, and from communities and circumstances that are geographically, socio-economically, and culturally, linguistically and ethnically diverse. There is considerable unmet need resulting from current levels of investment and insufficient prioritisation.

What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

The Strategy acknowledges disproportionately small research expenditure compared to the sector's size. Traditionally under-funded areas (e.g. viral hepatitis) are therefore more significantly affected.

MRFF's ambition to address areas of unmet need, with transformational potential, or historical underinvestment aligns seamlessly with the goal of viral hepatitis elimination by 2030.

- Hepatitis B and hepatitis C are Australia's most prevalent blood borne viruses, the leading cause of liver cirrhosis and liver cancer, affecting some of Australia's most marginalised people.
- Elimination of viral hepatitis in Australia by 2030 is a once-in-a-generation opportunity and Australia's next big public and preventive health success.
- Elimination is possible with increased investment now.
- The next several years are crucial; the longer it takes to reach elimination, the more it will cost and the greater the extent of preventable mortality.
- Time-critical increased investment can prevent thousands of hepatitis related deaths and create billions of dollars in health system savings and productivity gains.

In 2018 an estimated 360,000 people in Australia were living with viral hepatitis.

- Almost 100,000 were undiagnosed.
- 176,500 with hepatitis B were not receiving care.
- We are less than halfway to 2022 hepatitis B and hepatitis C treatment targets, and not on track to achieve 2030 elimination goals.

Suggest options for how the next Strategy could address these critical issues and factors?

By incorporating a new strategic platform 'Equity and Social Justice', the MRFF could better prioritise the unmet needs of marginalised populations (such as Aboriginal and Torres Strait Islander people; people from culturally, ethnically and linguistically diverse backgrounds; people in prison; and people who inject drugs).

Prioritising viral hepatitis elimination by 2030:

- Embodies health equity and social justice, addressing significant unmet need for individuals, families and communities, often from marginalised backgrounds.
- Makes elimination achievable and transformational. Current investment is insufficient and delivers the status quo (not on track pre-COVID). Australia is now further behind targets for testing, diagnosis or treatment for hepatitis B or hepatitis C, and will not achieve elimination of either infection by 2030 unless we invest in the health system and the health and medical research sector in this area.
- Positions Australia to respond to its strategic and international horizons as a global and regional leader at the fore of life saving research.
- Unlocks potential for ground breaking, truly transformational outcomes of global significance in developing a cure for hepatitis B and a vaccine for hepatitis C. Both these research endeavours are priorities for the National Blood Borne Viruses and Sexually Transmissible Infections Research Strategy.

Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

The new Strategy should consider ways to enable research to recover from the impacts of COVID-19, particularly research focused on prevention, diagnosis, management and lived experience of diseases negatively impacted by COVID-19.

COVID-19 (and efforts to address COVID-related disruption in other areas of health) further exacerbates existing disadvantage and unmet need. Without a focus on equity and social justice, people and health conditions traditionally under-prioritised and under-funded will find themselves further behind in prioritisation and funding.

The WHO, endorsed by nations including Australia, set a goal to eliminate viral hepatitis as a public health threats by 2030, with targets to increase diagnoses and treatment, and reduce new infections and liver-related deaths.

Prior to COVID-19 hepatitis testing was low, hampering progress towards 2022 national targets and 2030 elimination targets. COVID-19 has further impacted progress. Comparisons between 2020 and 2019 indicate:

- Approximately 176,000 fewer people were screened for viral hepatitis in 2020.
- Monitoring for hepatitis B decreased by 9 per cent.

- Monitoring/work-up for hepatitis C decreased by 30 per cent.
- Uptake of antiviral treatment for hepatitis C decreased by 28 per cent.

Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how? This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

The Priorities should adopt the Government's commitment, endorsed by all Health Ministers and enshrined in Australian and international policy, for viral hepatitis elimination by 2030. In the WHO's 'Decade of Elimination' this presents a time-critical and unique opportunity to eliminate Australia's two most prevalent and burdensome blood borne diseases.

The Strategy's strategic platforms and current priorities could better support:

- A closer alignment with existing Government commitments, goals and targets (e.g. of National Strategies guiding responses to significant health issues).
- Consumers and affected communities – as the ultimate funders, users and beneficiaries of research – to help identify priority areas, why action is needed, and how it is best address.

The elimination of viral hepatitis by 2030 aligns with the purpose of the *MRFF Act*, and is consistent with the MRFF's key indicators proposed by AMRAB:

- Better patient outcomes.
- Beneficial change to health practices.
- Evidence of increased efficiency in the health system.
- Commercialisation of health research outcomes.
- Community support for the use of and outcome from funding.

Viral hepatitis elimination is achievable and transformational but only with a strategic research investment and prioritisation by the Medical Research Futures Fund.

What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

The renewal of the Strategy and Priorities is a critical opportunity to incorporate the Australian Government's commitment to eliminate viral hepatitis by 2030. Viral hepatitis elimination is achievable and transformational but only with strategic research investment and prioritisation by the Medical Research Futures Fund. Currently, viral hepatitis research investment in Australia is insufficient, not proportional to the burden of disease, and not reflective of the once-in-a-generation elimination opportunity at hand.

Hepatitis research is inherently translational, occurs across the continuums of research and care. Translating research innovations into care will be key (e.g. rapid diagnostic testing; universal screening; implementation research).

The Australian Government recognises viral hepatitis as a critical current and future issue for the health system and the health and medical research sector. The Government has committed to a goal of viral hepatitis elimination by 2030, as a signatory to international policy and a custodian of national policy. All jurisdictional Health Ministers have endorsed this goal.

The elimination of viral hepatitis by 2030 is prioritised by governments in the:

- National Hepatitis B, Hepatitis C, and Aboriginal and Torres Strait Islander BBV/STI Strategies.
- National BBV/STI Research Strategy 2021-2025.
- Global Health Sector Strategy on Viral Hepatitis.
- WHO Sustainable Development Goals.

Suggest options for how the next Priorities could address these critical issues?

Prioritising elimination of viral hepatitis:

- Improves effectiveness, efficiency, quality and safety of hepatitis service delivery benefitting consumers and health systems, including future generations.
- Amplifies, leverages, and harnesses existing research infrastructure and human capital.
- Catalyses a highly impactful investment in the hepatitis research sector featuring excellent researchers and leaders (from concept to laboratory, translation, clinical application and community benefit) with expertise to discover and commercialise new medicines and technologies, and enable innovative treatments and cures. Sufficiently resourced they can deliver improved health for all Australians, contribute to a sustainable health system, and provide significant economic benefits.
- Supports research to better answer questions about causes, prevention, screening, management, impacts, and how to effectively, ethically and sensitively implement best practice healthcare and policy.
- Enhances Australia’s strong reputation in blood-borne virus management, earned through our world-leading response to HIV/AIDS and initial roll-out of hepatitis C therapies.
- Ensures Australia is a viral hepatitis leader in international collaborative research.
- Brings closer global elimination (‘aspirational’ without research breakthroughs in hepatitis B cure and hepatitis C vaccine).

Synergies across infectious diseases are likely as research and translation innovations complement communicable disease priorities in areas such as development of vaccines and treatments, diagnostics, behaviour change, implementation, monitoring and surveillance.

Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

Given the impacts of COVID-19 on uptake of viral hepatitis screening, monitoring and work-up, and treatment, the hepatitis sector and affected communities are at risk of losing hard-won gains achieved under recent National Strategies.

Prioritising viral hepatitis elimination by 2030 in the MRFF would support the further work required to research strategies to enhance both testing and treatment for hepatitis B and hepatitis C, with specific focus on innovations that may have been afforded by COVID-19 (including novel ways of delivering health services).

Like COVID-19, viral hepatitis is an epidemic of infectious disease that Australia must prevent, prepare for and respond to. The health system and research focus that has been necessitated by COVID-19 has provided both focus and unmatched investment in infectious disease – it would be remiss not to leverage this for other infectious diseases like viral hepatitis where vaccine and cure will be transformational.

Adopting a new strategic platform 'Equity and Social Justice' to prioritise unmet need for marginalised groups (for whom investment and access is under-resourced):

- Supports the adoption of a commitment to viral hepatitis elimination by 2030.
- Incorporates the MRFF 'principles for engagement' to promote health and social justice and protect access and equity.