

hepatitis australia



2023/2024

Annual Report



Acknowledgement of Country

Hepatitis Australia acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to Aboriginal and Torres Strait Islander peoples, their cultures and Elders past and present.

We recognise the value and ongoing contribution of Aboriginal and Torres Strait Islander peoples and communities. We embrace the spirit of reconciliation and working towards genuine equity of outcomes.

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Thank you

Hepatitis Australia recognises all people affected by hepatitis B and hepatitis C. We would particularly like to thank those who have generously contributed their experience, skills and knowledge to inform our work and our shared goal of eliminating the impacts of hepatitis B and hepatitis C.

We would like to thank our members for their extraordinary commitment and work with, and for, people affected by hepatitis B and hepatitis C.

Our funders

Hepatitis Australia receives grant funding from the Australian Government under the *Ongoing National Response to BBV and STI* grant opportunity.

Artwork

The cover art for this report was created by Paul Summerfield
www.psummerfield.com
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Partners and collaborators

We express our deep gratitude and appreciation to those organisations and individuals who work in partnership with Hepatitis Australia. Our most important work is done alongside and in collaboration with our many partners across community, government, research, clinical and the sector.

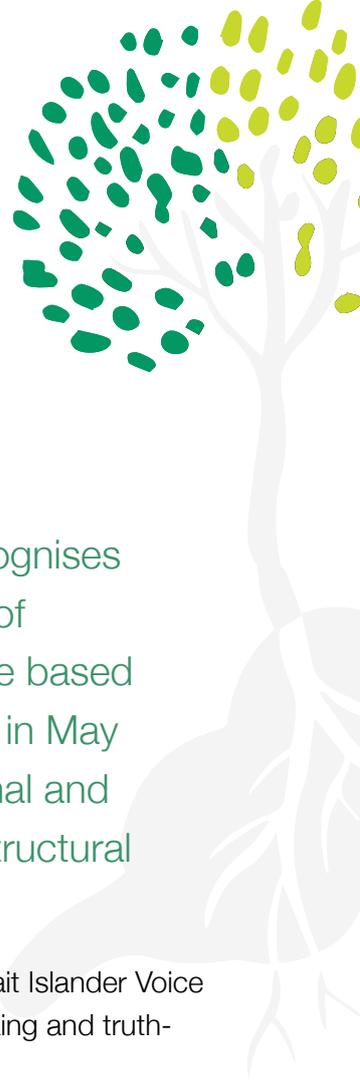
- 360 Edge
- AbbVie
- ACT Health
- Allies for Uluru
- Anne Ruston, Shadow Minister for Health and Aged Care
- AnTAR
- Australasian Hepatology Association
- Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine (ASHM)
- Australasian Society for Infectious Diseases
- Australian Alcohol & Other Drugs Council (AADC)
- Australian Alcohol and Other Drugs Council
- Australian Centre for Hepatitis Virology (ACHV)
- Australian Centre for HIV and Hepatitis Virology Research (ACH4)
- Australian Civil Society Committee on UN Drug Policy
- Australian College of Nursing
- Australian Council of Social Service
- Australian Global Health Alliance
- Australian Government Department of Foreign Affairs and Trade
- Australian Government Department of Health and Aged Care
- Australian Government Department of Immigration
- Australian Healthcare and Hospitals Association (AHHA)
- Australian Indigenous Doctors' Association (AIDA)
- Australian Injecting & Illicit Drug Users League (AIVL)
- Australian Medical Association (AMA)
- Australian Multicultural Health Collaborative
- Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University
- BAL Lawyers
- BBVSS
- Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS)
- Blue Arc IT Solutions
- Burnet Institute
- Cancer Australia
- Cancer Council
- CDA Foundation

- Centre for Evidence and Implementation
- Centre for Social Research in Health (CSRH), UNSW
- ClinTrial Refer
- Coalition for Global Hepatitis Elimination
- Collective Action
- Commercial Translation Centre
- Comms for Change
- Consumers Health Forum
- Curtin University
- Delia Witney
- Digby Hildreth
- Doherty Institute
- Dr Alice Lam, GP & Health Writer
- EC Australia
- EthnoLink
- Federation of Ethnic Communities Councils of Australia (FECCA)
- Fonebox
- Gastroenterological Society of Australia (GESA)
- Gavi, The Vaccine Alliance
- Gavin Pearce MP, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services
- Gavin Pearce, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services
- Gilead
- Haemophilia Foundation Australia
- Hardwicks
- Harm Reduction Australia
- Harm Reduction Victoria
- Health Equity Matters
- Health+Law
- Healthdirect
- Hep B Past
- Hepatitis ACT
- Hepatitis B Foundation
- Hepatitis B Voices Australia
- Hepatitis NSW
- Hepatitis Queensland
- Hepatitis SA
- Hepatitis WA
- HepBcommunity.org
- Hide and Seek
- HIV/AIDS Legal Centre (HALC)
- Horton Advisory
- HT Analysts
- ICE-HBV
- Influence Global
- INPUD
- International AIDS Society
- International Network on Health and Hepatitis in Substance Users (INHSU)
- Japanese Hepatitis Council
- Kirby Institute
- Kombi Clinic
- LaTrobe University
- Leverage Management Solutions
- LGBTIQ Health
- LiverWELL (Incorporating HEPATITIS VICTORIA)
- London Agency
- MBE Manuka

- Menzies School of Health Research
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Association of People With HIV Australia (NAPWHA)
- National Australian Point of Care Testing Program
- National Centre for Immunisation Research & Surveillance
- National Drug and Alcohol Research Centre (NDARC)
- National Rural Health Alliance
- New South Wales Ministry of Health
- New Zealand Ministry of Health
- New Zealand Society of Gastroenterology
- Northern Territory AIDS & Hepatitis Council (NTAHC)
- Northern Territory Department of Health
- NSW Users and AIDS Association (NUAA)
- Ogilvy Australia
- One Vision
- Pacific Friends of Global Health
- Palliative Care Australia
- Parliamentary Friends for Ending HIV, STIs, and Other Blood Borne Viruses
- PATH
- Penington Institute
- PHAA
- Pharmaceutical Society of Australia
- Pixel Jam Design
- Queensland Health
- Queensland University of Technology (QUT)
- RACGP
- RediCASE
- Relationships Australia Canberra & Region
- Roche
- SA Health
- Scarlet Alliance, Australian Sex Workers Association
- Scarlet Alliance, Australian Sex Workers Association
- Selina Walker
- Senator Dean Smith, Co-Chair of the Parliamentary Friends for Ending HIV, STIs and other blood borne viruses
- Senator Louise Pratt, Co-Chair of the Parliamentary Friends for Ending HIV, STIs and other blood borne viruses
- Senator the Hon Anne Ruston, Shadow Minister for Health and Aged Care
- Settlement Council of Australia (SCOA)
- Sidney Vo
- Social Policy Research Centre, UNSW
- Society on Liver Disease in Africa
- Storybooq
- Stuart Loveday
- Successful Alliances
- Tasmania Department of Health and Human Services
- Tasmanian Council on AIDS, Hepatitis and Related Diseases
- The Aboriginal and Torres Strait Islander Health Faculty of the RACGP
- The Australasian Society for Infectious Diseases (ASID)
- The Global Fund
- The Hepatitis Foundation of New Zealand

- The Hepatitis Fund
- The Hon Emma McBride MP, Assistant Minister for Rural and Regional Health, Assistant Minister for Mental Health and Suicide Prevention
- The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care
- The Hon Mark Butler MP, Minister for Health and Aged Care
- The Lancet
- The Social Policy Group
- TREAT Asia/amfAR
- Union for International Cancer Control
- Unitaid
- University of New South Wales
- University of Queensland
- University of Sydney
- University of Technology Sydney (UTS)
- Victoria Department of Health and Human Services
- Western Australia Department of Health
- WHO Collaborating Centre for Viral Hepatitis (VIDRL), Doherty Institute
- World Health Organization
- World Hepatitis Alliance
- Yellow Edge - Performance Architects





We support the Uluru Statement from the Heart

Hepatitis Australia supports the Uluru Statement in full and recognises that the Uluru Statement builds on the long and strong history of Aboriginal and Torres Strait Islander advocacy for a better future based on justice and self-determination. Gathered in Central Australia in May 2017 on the 50th anniversary of the 1967 referendum, Aboriginal and Torres Strait Islander peoples forged a historic consensus on structural reform and constitutional change.

Hepatitis Australia supports the Uluru Statement calls for an Aboriginal and Torres Strait Islander Voice to Parliament and a Makarrata Commission to supervise a process of agreement-making and truth-telling. These reforms are: Voice, Treaty, Truth.

On 14 October 2023, more than six million Australians said 'Yes' to walking together with Aboriginal and Torres Strait Islander peoples for a better future.

In the wake of the referendum, Hepatitis Australia continues to stand in solidarity with Aboriginal and Torres Strait Islander Peoples. We are committed to demonstrating our full and unwavering support for the core principles of the Uluru Statement from the Heart.

1

We recommit to actively pursuing the establishment of representative voices for Aboriginal and Torres Strait Islander Peoples

2

We recommit to supporting sovereign to sovereign agreement-making and treaty negotiations between Aboriginal and Torres Strait Islander Peoples and Australian governments

3

We recommit to actively pursuing a national truth-telling process, as a vehicle for healing.



Support for the Uluru Statement is core business of hepatitis B and hepatitis C elimination

It is well established that when Aboriginal and Torres Strait Islander peoples and communities advise and drive matters that affect them there are better outcomes. When it comes to matters that affect Aboriginal and Torres Strait Islander peoples, they are the affected communities.

Affected communities being at the table and advising on matters that affect them is a long-established practice with a strong evidence base.

Affected communities' advice and leadership is reflected in global, national and state/territory hepatitis policy. Meaningful involvement of affected communities and partnership are the foundational principles of Australia's hepatitis B and hepatitis C responses.

Australia is a world leader in its blood borne virus responses - this is because it has always had affected communities at the table – providing advice to ensure the response is meaningful and gets to the people who need it.

Aboriginal and Torres Strait Islander peoples continue to be priority populations in the soon to be finalised [Fourth National Hepatitis B Strategy](#) and [Sixth National Hepatitis C Strategy](#).

All Australian Health Ministers have committed to achieving hepatitis B and hepatitis C elimination by 2030. To achieve the 2030 hepatitis B and hepatitis C elimination goals, greater action must be taken, and new ways of working must be implemented to address health and other inequities experienced by Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples need to determine what is best for them including in matters relating to hepatitis B and hepatitis C elimination.

Structural reform is needed to empower Aboriginal and Torres Strait Islander peoples to have a greater say and authority over the decisions that impact them. Hepatitis Australia recognises that these are necessary conditions for Australia to achieve its goal of eliminating hepatitis B and hepatitis C by 2030. Hepatitis Australia has acted on this commitment by [publishing four topic-specific newsletters](#), distributing these to our network in the lead-up to the Voice referendum and amplifying them on social media. Our [statement of support for the Uluru Statement from the Heart](#) is published on our website. We are members of the Allies for Uluru and continue to promote anti-racism approaches including via our participation in the Australian Human Rights Commission *Racism. It Stops with Me.* Campaign

Where we have opportunities to do so, we aim to create space that elevates Aboriginal and Torres Strait Islander voices. We amplify messages of importance following consultation.

To achieve the 2030 hepatitis B and hepatitis C elimination goals, greater action must be taken, and new ways of working must be implemented to address health and other inequities experienced by Aboriginal and Torres Strait Islander peoples.



Introduction



Almost 300,000 people in Australia are living with hepatitis B or hepatitis C, putting them at increased risk of liver disease and liver cancer.

They shouldn't have to.

Hepatitis B has effective treatment and a vaccine.

Hepatitis C has a cure and is preventable.

The work showcased in this report demonstrates Hepatitis Australia's commitment to partnership and highlights examples of outcomes that can be achieved through meaningful collaboration. Hepatitis Australia works closely with a wide range of partners, including its members, affected communities, peak organisations, community organisations, researchers, clinicians and governments to achieve impactful outcomes. The principles of partnership are threaded throughout the report and showcase our position as a trusted leadership organisation with strong grassroots via our incredible members.

Hepatitis Australia applies an outcomes equity lens to its work, seeking to ensure our work supports all people affected by hepatitis B and hepatitis C. Some of the examples of how this is applied include ensuring no-one is left behind in the national response including people in prison who are most at risk of hepatitis C transmission, increasing the profile and resources needed for the national hepatitis B response, and moving to a person-centred, holistic and community-led national response.



CEO and President's Report

As the national peak, Hepatitis Australia has a key role in ensuring that hepatitis B and hepatitis C (viral hepatitis) remain a priority on the national agenda. This year, for the first time, both hepatitis B and hepatitis C had dedicated funding in the 2024-2025 Federal Budget. This milestone is the result of consistent evidence-building, advocacy, and partnerships that ensured viral hepatitis received increased prioritisation. The economic modelling commissioned by Hepatitis Australia provided crucial evidence for our 2024-2025 pre-budget submissions, strengthening our case and enabling this important outcome.

We are actively collaborating with the Department of Health and Aged Care to expedite the launch of the Fourth National Hepatitis B Strategy and the Sixth National Hepatitis C Strategy. World Hepatitis Day continues to grow as a significant annual event. This year, we saw unprecedented interest and support from media and radio, following a coordinated media campaign by Hepatitis Australia. Many of our members provided interviews on elimination efforts and advocated for necessary services, while community members impacted by hepatitis B or hepatitis C shared their stories.

In the international space, we witnessed strong outcomes from our ongoing advocacy efforts. In June 2024, Gavi, the Vaccine Alliance, launched its hepatitis B birth dose program. This milestone followed persistent advocacy by Hepatitis Australia and our international partners, overcoming setbacks caused by COVID-19. Additionally, Australia was one of 38 Member States that voted in favour of a historic resolution to recognise harm reduction measures at the UN Commission on Narcotic Drugs (CND) meeting on March 22, 2024. This resolution, long advocated for by Hepatitis Australia, broke the previous "consensus" that had effectively stalled progress on global drug policy.

Significant efforts have been made this year to strengthen HepLink Australia. The program, formerly known as the National Hepatitis Infoline, began a rebranding process to better reflect its important service offerings and impact. Concurrently, we initiated the transition of HepLink to a Collective Governance framework. This innovative model supports the partnership between Hepatitis Australia and the State and Territory Community Hepatitis Organisations that provide HepLink services. It emphasises solutions-oriented approaches and public value, aiming to enhance transparency, accountability, and participation, ultimately fostering better and more sustainable outcomes for the communities we serve.

We extend our gratitude to our many partners and collaborators, particularly our Members, for their continued support and dedication to the communities affected by hepatitis B and hepatitis C.

We also thank Carrie Fowlie, who stepped down as CEO in January 2024, Adjunct Professor Darryl O'Donnell for his support as Interim CEO, Grant Phelps, whose term as President ended in November 2023 and Frank Carlus for his leadership as Acting President. Their work left the organisation in a strong position to manage change and continue our mission to enable and empower everyone in Australia to live free from the impact of hepatitis B and hepatitis C.

2024 was a year of transition for Hepatitis Australia and a year of immense achievement. Our sincere thanks to the Hepatitis Australia team and Board for their unwavering dedication to people and communities affected by viral hepatitis, and for their work in progressing viral hepatitis elimination in Australia.

Lucy Clynes

Lucy Clynes

Chief Executive Officer, appointed August 2024

Joseph Doyle

Joseph Doyle

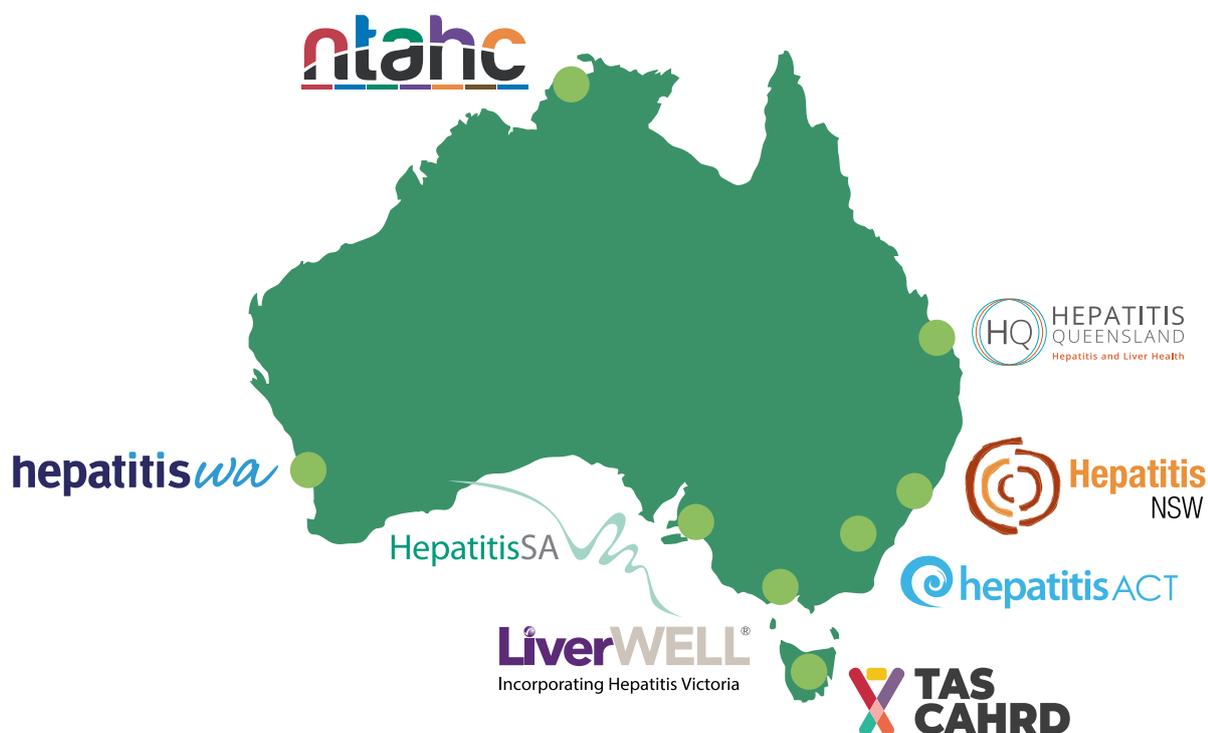
President, appointed April 2024

We extend our gratitude to our many partners and collaborators, particularly our Members, for their continued support and dedication to the communities affected by hepatitis B and hepatitis C.

About Hepatitis Australia

Hepatitis Australia is the national peak body representing the interests of people affected by hepatitis B and hepatitis C, our members are the State and Territory Community Hepatitis Organisations.

Our Members



Our Vision

To see an end to viral hepatitis in Australia.



Our Purpose

To enable and empower everyone in Australia to live free from the impact of viral hepatitis.

Our Strategic Priorities and Role



Policy and Investment

Goal: Expedite the elimination of viral hepatitis in Australia.

Role: Provide a strong and authoritative voice on evidence-based policy and investment required to achieve national elimination goals.



Public Support

Goals: Improve understanding of the impact of viral hepatitis, dispel misconceptions and increase community support for everyone who is affected.

Roles: Articulate the health, social and economic impacts of viral hepatitis; support communications that dispel misconceptions and destigmatise viral hepatitis.



Prevention

Goal: Minimise the transmission of viral hepatitis in Australia.

Roles: Drive action to expand evidenced-based and cost-effective prevention strategies to meet the needs of all people at risk of viral hepatitis; increase understanding around prevention of viral hepatitis across the whole community and within specific populations at higher risk of infection.



Testing, Treatment and Care

Goal: Increase community engagement in high quality and non-judgemental viral hepatitis testing and clinical care.

Roles: Increase provision of and access to non-judgemental viral hepatitis testing and clinical care; support the transition of uncomplicated viral hepatitis clinical management from specialist care to primary care.



Empowerment

Goal: Embed the voice and experience of those impacted by viral hepatitis into all policy and programmatic responses.

Role: Provide opportunities and platforms to assist people impacted by viral hepatitis to actively participate in, inform and assist the elimination effort.

Why our work matters: Eliminating hepatitis B and hepatitis C in Australia by 2030

Hepatitis B and hepatitis C are the most prevalent blood borne viruses in Australia (and the world). Together they are the primary cause of liver cancer, driving Australia's fastest growing cause of cancer death.

People and communities affected by hepatitis B and hepatitis C are resilient, diverse and dispersed, with many of them yet to be effectively reached to receive the support they want and need from Australia's national response. Despite effective treatment for hepatitis B and a cure for hepatitis C, more than 220,000 Australians are not engaged in care.

With more action and funding, we can eliminate these diseases in Australia and around the world.

Global Efforts

In 2016, Australia joined other countries to support a global **goal of eliminating hepatitis B and hepatitis C as public health threats by 2030**. This created significant momentum, leading to improved vaccination rates for hepatitis B and supporting many people to get cured of hepatitis C. However, many people still don't know they have hepatitis B or hepatitis C, and affordable treatments are not widely available everywhere.

In 2020, there were about 1.1 million deaths linked to hepatitis B and hepatitis C. Access to the hepatitis B vaccine was also low in many countries.

In 2022, a new global strategy was launched to combine efforts against HIV, viral hepatitis, and sexually transmitted infections, continuing the goal to eliminate hepatitis B and hepatitis C by 2030. This plan aims to put people at the centre of the efforts to elimination these diseases.



220,000

Australians living with
hepatitis B or hepatitis C
are not engaged in care

The global hepatitis elimination targets for 2030 include:



90% reduction in new cases of chronic hepatitis B*



75% reduction in new cases of chronic hepatitis C*



60% reduction in hepatitis B and hepatitis C mortality*



90% hepatitis B childhood vaccination coverage and birth dose vaccination coverage



90% of people with hepatitis B and hepatitis C are diagnosed



80% of people with hepatitis B and hepatitis C who are clinically eligible a re treated.

*Compared with 2020 baseline.

In June 2021, the WHO released new guidance for countries to validate their hepatitis B and hepatitis C elimination achievements. The guidance provides countries with ways to measure progress towards elimination targets for perinatal (mother-to-child) hepatitis B transmission and for hepatitis B and hepatitis C as public health threats. This represents the first-ever global guidance for countries seeking to validate elimination of hepatitis B and/or hepatitis C infection as a public health problem and has been an important input to the development of Australia's next national strategies to 2030.

This year, the WHO launched the [Global Hepatitis Report 2024](#), which is the first consolidated WHO report on viral hepatitis epidemiology, service coverage and product access, with improved data to mobilise action to 2030.

1.1 million

In 2020, there were about 1.1 million deaths linked to hepatitis B and hepatitis C.

The Western Pacific Region, in which Australia is situated, is highlighted as a key focus area for elimination activities in the report, noting:

97 million In 2022, an estimated **97 million people were living with hepatitis B and 7.1 million with hepatitis C in the Western Pacific Region.**

26% Of people living with hepatitis B, 26% have been diagnosed and of these, 23% have received treatment.

45% Of people living with hepatitis C, 45% have been diagnosed and of these, 16% have received treatment.

47% The **Western Pacific Region has the second highest prevalence of hepatitis B globally and accounts for 47% of hepatitis B deaths,** and treatment coverage remains low.

less than 1% The Western Pacific Region has achieved significant progress in controlling hepatitis B through national vaccination programmes, including achieving targets for hepatitis B prevalence in children. Less than 1% of children aged 5 years old have hepatitis B, and the region is on track to achieve the 2025 target of less than 0.5%. Including Australia, 11 of 37 countries have already achieved the 2025 milestone.

The Australian response

Almost 300,000 people in Australia are living with hepatitis B or hepatitis C, putting them at increased risk of liver disease and liver cancer.

Despite some notable progress, Australia is not currently on track to achieve its 2030 targets, for example:

only 13% In 2018 Australia set seven targets for hepatitis B to be achieved by 2022. Only one of these targets (childhood vaccination coverage) has been met. Further, only 13% of people living with chronic hepatitis B are getting antiviral treatment. This is less than half the 29% of people estimated to need treatment.

1 in 5 Despite the availability of an effective and affordable cure, more than 74,000 people are still living with hepatitis C. Approximately one in five people living with chronic hepatitis C have not been diagnosed and are unaware of their infection. Surveillance data indicates a significant decline in overall treatment uptake since the introduction of DAAs in 2016.

Stigma, discrimination, the legal system, language and culture, and cost all create barriers to accessing medicines, prevention, testing, diagnosis, treatment and care.

The *Third National Hepatitis B Strategy*, the *Fifth National Hepatitis C Strategy*, and the *Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy* for 2018-2022 have set the direction for Australia's continuing response to hepatitis B and hepatitis C.

New national strategies are anticipated in 2024, and their release is increasingly urgent. The absence of an up-to-date national policy framework creates a risk to Australia's goal of eliminating hepatitis B and hepatitis C by 2030, endangering our standing as a global leader in blood borne virus policy, research and programming. Hepatitis Australia continues to work actively with Government to progress these strategies so that people and communities receive the support and care that they need.

Hepatitis Australia's leadership role

Hepatitis Australia plays an indispensable role in leading Australia's pursuit of the 2030 hepatitis B and hepatitis C elimination objectives. Consistent with the national strategies, the organisation remains an influential partner, striving for momentum, unified efforts, and robust leadership towards achieving these goals. While progress is evident in reducing new hepatitis B and hepatitis C cases, greater agility and effort are necessary, especially from stakeholders like Hepatitis Australia, to meet community need and the 2030 targets.

Hepatitis Australia maintains responsibilities:

1

A champion for nationwide leadership in the mission to achieve hepatitis B and hepatitis C elimination.

2

Leading initiatives against stigma, discrimination, and racism.

3

Enhancing the dissemination of knowledge, pinpointing research priorities, and streamlining their implementation.

4

Ensuring that communities affected by hepatitis B and hepatitis C are meaningfully involved in research, clinical services, and policymaking.

5

Spearheading collaborations and serving as the go-to national information hub on hepatitis B and hepatitis C.

6

Recognising Community Hepatitis Organisations as essential players in the nationwide response and elimination efforts.

7

Increasing collaborations and contributions that position Australia as a leader in regional and global community responses to hepatitis B and hepatitis C.

National Hepatitis Strategies

People affected by hepatitis B and C are resilient, diverse and dispersed, with many still not receiving the support they need from Australia's national response.

Despite some notable progress, Australia is not on track to meet its 2030 targets. Falling diagnosis and treatment rates highlight significant barriers in the health system. Barriers such as stigma, discrimination, racism, legal and regulatory issues, human rights concerns, language and cultural differences, costs, and confidentiality concerns affect people's access to necessary services.

Fortunately, Australia is one of 194 World Health Assembly Member States who voted unanimously to eliminate hepatitis B and hepatitis C as public health threats by 2030. Australia's commitments to elimination by 2030 are captured in and guided by two separate Australian Government strategies – the National Hepatitis B Strategy and the National Hepatitis C Strategy.

These strategies have undergone significant consultation and refinement through a comprehensive redevelopment process undertaken by the Australian Government Department of Health and Aged Care in partnership with the sector. This year, Hepatitis Australia has continued to play a significant leadership role, working in partnership with the Department of Health and Aged Care, providing advice and support to ensure the new documents reflect community priorities, and critically, the inclusion of key populations, targets, and priority areas for action needed to achieve the 2030 elimination goals.

This work has also included ongoing leadership to maintain prioritisation of the new strategies on the Government work agenda including via the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and progressing implementation planning and resourcing via the 2024-2025 federal budget process.

The Fourth National Hepatitis B Strategy and the Sixth National Hepatitis C Strategy are anticipated for release in 2025. Hepatitis Australia has worked hard to maintain momentum through forward planning and economic modelling to support implementation of the new strategies in anticipation of their release. This included comprehensive economic modelling of an implementation pathway for both Strategies which underpinned Hepatitis Australia's 2024-2025 pre-budget submissions.

These new strategies map Australia's pathway to the elimination of hepatitis B and hepatitis C as public health threats by 2030. Importantly, they are framed around priority populations which inform priority settings and flow through to articulating priority areas for action. The key takeaway from this structure is that actions and programmatic responses to hepatitis B and hepatitis C in Australia must be centred around the people and communities affected, in the places and spaces that they live, work, and socialise if actions are to be meaningful and effective.

The strengthened commitment to equity and intersectionality are important features of these new strategies, with the view that the national response to hepatitis B and hepatitis C must leave no one behind. The strategies include consensus-based targets, which were developed and agreed through a national process co-led by Hepatitis Australia and involving evidence-based workshops with experts from community, research, clinicians, governments, and other key partners.

As we shift to implementation, these strategies ask us to build from the bottom-up, ensuring that we put people and communities who have not reaped the benefits of progress so far, first. Hepatitis Australia eagerly awaits the public release of these strategies, we look forward to strengthening Australia's national response through continued partnership, and we remain sharply focused on driving action and building momentum to create meaningful change for people and communities affected by viral hepatitis.

These strategies are ambitious, but they pave a pathway which is entirely feasible. Australia can eliminate hepatitis B and hepatitis C, and these strategies are a product of that belief.



“Ensuring Australians can live free from the impact of hepatitis B and C is an Australian Government priority.

“Everyone deserves equitable access to vaccines, prevention measures, education, testing, management and treatment.”

The Hon Mark Butler MP, Minister for Health and Aged Care

Leading the national community response

As the national peak community organisation, Hepatitis Australia shapes the national response to hepatitis B and hepatitis C.

This includes contributing to national research at all stages, ensuring the voices of people and communities affected by viral hepatitis are embedded in the work of the sector, and progressing the national dialogue on hepatitis B and hepatitis C at conferences and events.

2024-2025 Federal Budget: Economic Modelling Project

The 2024-2025 Federal Budget presented a critical opportunity for the Australian Government to lay out its implementation investment for these new strategies. This year, Hepatitis Australia commissioned economic modelling to generate an evidence base which supported the successful 2024-2025 Pre-Budget Submissions for hepatitis B and hepatitis C, demonstrating what progress to 2030 elimination targets could be achieved with certain levels of investment, and to strengthen case-making for implementation of the National Strategies.

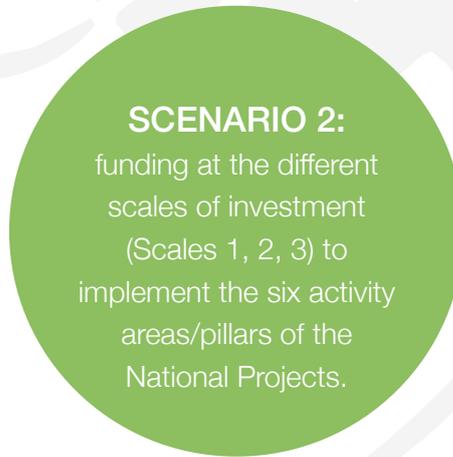
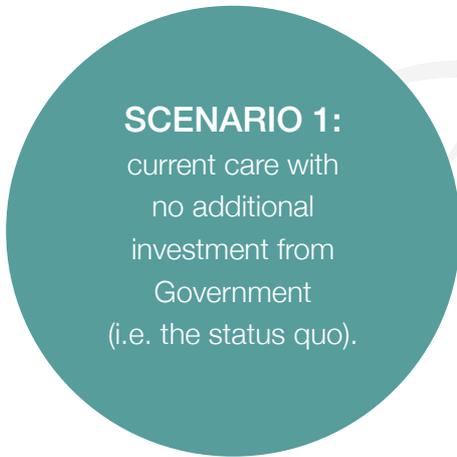
Background to the national projects

Hepatitis Australia, in consultation with key stakeholders, developed a National Hepatitis B Project and a National Hepatitis C Project which were designed to implement priority actions for the Fourth National Hepatitis B Strategy and Sixth National Hepatitis C Strategy. They work across different areas of activity to holistically and comprehensively address critical areas of need, working in an integrated and mutually reinforcing way to drive action and build capacity across the health system.

Both projects underwent extensive development and consultation through partnership over a number of years including through consultation processes associated with the new national strategies and through consultations and roundtables across different government forums including the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS).

Modelling and testing

For each National Project the following scenarios were modelled:

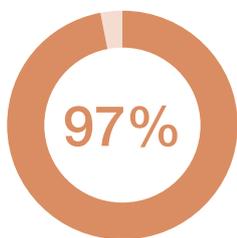


Costs for these projects were informed by sources including the HepLink Australia program and existing public education campaigns, Hep B PAST, the Drug and Alcohol Services Planning Model, and inputs from ASHM Health and the Doherty Institute (universal offer of testing for hepatitis B & primary care enhancement for hepatitis C) and the publications by the Point-of-Care Testing Program.

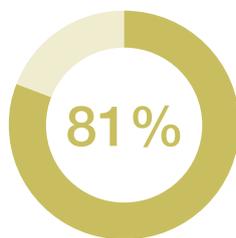
The costs, model structure, disease and epidemiology inputs, and results were validated with research partners and by Health Technology Analysts who were the economic modellers commissioned by Hepatitis Australia to help us undertake this work.

Results

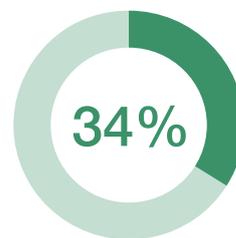
For the National Hepatitis B Project, modelling demonstrated that at the highest level of investment (Scale 3), the following national targets will be met by 2030:



97% of people living with chronic hepatitis B will be diagnosed (national target is $\geq 90\%$)

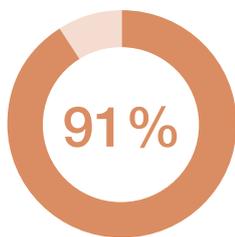


81% of people living with chronic hepatitis B will be in care (national target is $\geq 80\%$)



34% of people living with chronic hepatitis B will be receiving treatment (national target is 27%).

For the National Hepatitis C Project, modelling demonstrated that at the highest level of investment (Scale 3), the following national targets will be met by 2030:



the incidence of hepatitis C will be reduced by 91% (national target is 90%)



93% of people living with hepatitis C will be diagnosed (national target is 90%)



99% of people living with hepatitis C will be cured (national target is 85%)



Hepatitis C attributable mortality will be reduced by 97% (national target is 65%).

Key take aways

Hepatitis Australia's work focused on designing budget packages which directly align with the targets and priority actions contained within the new national strategies to model what investment could look like to support people and communities affected by hepatitis B and hepatitis C to access healthcare as we progress towards our 2030 elimination goals. We were very pleased to see elements of this reflected in the 2024-25 federal budget outcomes and particularly to see that the Government had responded to our advocacy for dedicated funding for hepatitis B and hepatitis C.

You can read our 2024-2025 Pre-budget submissions:



[Implementing the National Hepatitis B Strategy](#)



[Implementing the National Hepatitis C Strategy](#)

Modelling and evaluation work which measures the impact of programmatic responses for hepatitis B and hepatitis C against national strategy targets will be critical as Australia gets closer to the 2030 elimination deadline. Hepatitis Australia is committed to continuing in our policy leadership in this way to enable and achieve impact for affected communities in Australia's national response.

Hepatitis Australia thanks partners who worked with us in this project, and we thank the team at Health Technology Analysts for their technical expertise and collaboration.

Supplementary language data to mapping report

Hepatitis Australia identified a lack of data on the languages spoken by people living with hepatitis B in Australia. Chronic hepatitis B in Australia is more common in those born overseas, particularly those born in the Asia-Pacific region.

Identifying priority communities is essential to the provision of appropriately tailored care, and the targeting of education and support services to communities most in need. The provision of resources that are tailored to individuals' cultural and linguistic characteristics aligns with established principles of health promotion. This is important for Hepatitis Australia's work and the work of our members.

We worked with the WHO Collaborating Centre for Viral Hepatitis Epidemiology, The Doherty Institute to develop the report: [Supplementary to the National Viral Hepatitis Mapping Report National Report 2021 Hepatitis B: Estimates of chronic hepatitis B among those born overseas, according to spoken language.](#)

Conference Scholarships

Hepatitis Australia provided substantial support to embed a [community scholarship program](#) at the International HIV Coinfection and Viral Hepatitis Elimination Conference (IHCVHEC) and the Indigenous Peoples' Conference on HIV & Hepatitis Health Equity in 2023. This was the first time this scholarship program had run, supporting participation of people and communities affected by hepatitis B and hepatitis C in national activities and fostering linkages between key communities and sectors.

Hepatitis Australia supported the planning and promotion of the program, including advising on the application process. We provided direct support to community members at the conference through a community welcome event and maintained a WhatsApp channel of communication to enable community members to find assistance or meet with one another.

Conferences and presentations

Hepatitis Australia has been instrumental in advancing the national dialogue on hepatitis B and hepatitis C, while also enhancing workforce capacity through active participation and support at various conferences and events. Our collaborative efforts with partners and stakeholders have been pivotal in these initiatives.

Key Activities and Contributions:

- 1 International HIV Coinfection + Viral Hepatitis Elimination Conference 2023 (IHCVHEC):** Co-collaborator, fostering international dialogue on co-infection and elimination strategies.
- 2 Indigenous Peoples HIV and Hepatitis Equity Conference:** Supported and attended to promote equity in healthcare for Indigenous populations.
- 3 4th National Hepatitis Elimination Forum:** Facilitated a platform for Community Hepatitis Organisations to showcase significant work, share knowledge, and understand national context changes.
- 4 International HIV Society Conference:** Participated to foster linkages and share key learnings within the BBV sector.
- 5 Australasian Hepatology Association Presentation:** Hosted an online presentation on Work Development Orders with Community Hepatitis Organisation staff.
- 6 ASHM Health C The Whole Story Forum 2023:** Provided an opening address on innovative approaches to hepatitis C elimination in various settings.
- 7 Gastroenterological Society of Australia (GESA) Conference 2023:** Presented on the importance of community response to hepatitis for achieving clinical outcomes and policy priorities.
- 8 Health Care in Secure Settings Conference:** Delivered a plenary presentation on harm reduction in prisons, strengthening partnerships with the justice health sector.
- 9 NACCHO Members Conference:** Collaborated with Hepatitis WA to host a trade table and a session on harm reduction and needle and syringe programs, enhancing capacity within the Aboriginal Community Controlled sector.

- 10 National Settlement Conference 2023:** Sponsored a trade table to build sector capacity and linkages with HepLink Australia.
- 11 National Prisons Hepatitis Fifth Annual Workshop:** Highlighted the role of harm reduction in preventing hepatitis C transmission in prisons.
- 12 ASHM Health and Doherty Institute Viral Hepatitis Mapping Report Launch:** Presented on the applications of mapping data to the national response.

Through these activities, Hepatitis Australia continues to lead and support efforts towards the elimination of hepatitis B and hepatitis C, fostering a collaborative and informed community dedicated to this cause.

Health + Law

Hepatitis Australia is a partner in a major national project, 'Health+Law', which aims to identify and eliminate legal barriers to testing and treatment for hepatitis B (and HIV). We support an Industry PhD to contribute to the project, provide ongoing promotion and awareness raising, and support project governance as members of the Executive Committee.

This year, we coordinated a national response to protecting informed consent in hepatitis B and hepatitis C testing, including a presentation to the BBVSS to progress prioritisation of legal issues experienced by affected communities.

In addition, the HepLink Australia Working Group works with the project to support the legal needs of people living with hepatitis B.

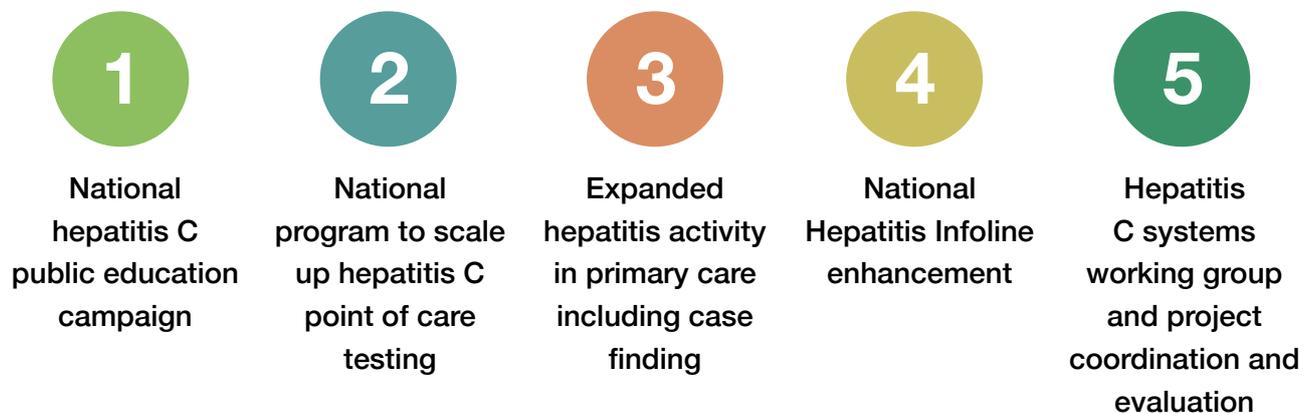


The next stage of the Finding 50,000

Hepatitis Australia has been a key partner in the National Hepatitis C Finding 50,000 Project – an innovative national partnership project to scale up testing and treatment to engage people living with hepatitis C across the country to achieve the national 2022 hepatitis C testing and treatment targets.

This national project mobilised a shared commitment to ensuring all Australians had the opportunity to live free from hepatitis C. A key focus of the initiative was to find people not yet reached by the national response who were geographically, socially and demographically diverse and dispersed.

The project was comprised of five pillar areas where focused activity was needed to achieve treatment targets. Premised on geographic and health equity, the five project pillars were:



Some activity for this project was completed in the preceding year, however Hepatitis Australia has collaborated closely with Finding 50,000 project partners to enable the continuation of critical national hepatitis C projects. Through the economic modelling project, we **undertook cost-effectiveness analysis for an enhanced National Hepatitis C Project** designed as a pathway to implement the Sixth National Hepatitis C Strategy. **Critically, this work included the addition of a sixth pillar focusing on the implementation of Needle and Syringe Programs in Australian prisons** to address the urgent priority to address hepatitis C transmission in this setting.

The 2024-2025 federal budget reflected the continuation of key project pillars from the Finding 50,000 Project framed as continuing support for hepatitis C projects.

Advocacy to prioritise harm reduction in Australia's prisons

Prisons are Australia's primary site of hepatitis C transmission. In 2022 some 35% of all hepatitis C treatment uptake (including retreatment) nationally occurred in prisons. The failure to provide access to the means of prevention for people in prisons is a critical gap in the national response to hepatitis C and a major barrier to achieving our 2030 elimination targets.

Prisons and other places of held detention are priority settings in the National Hepatitis C Strategy (and other National BBV/STI Strategies) because people in prison experience higher rates of hepatitis C (and other injecting-related harms) and injecting drug use than the general population.

This year, Hepatitis Australia has worked hard to ensure the prioritisation of harm reduction in prisons in national policy as a key priority for reducing transmission of hepatitis C and other injecting-related infections in Australia's detention settings.

Implementing Needle and Syringe Programs in prisons is a key strategic priority for Hepatitis Australia as we look to the 2030 elimination goals and this year it has been a major focus of our policy work. This has included ensuring its ongoing prioritisation through its position as the first action item in the forthcoming Sixth National Hepatitis C Strategy, as well as leading and facilitating discussions in key forums including at the Healthcare in Secure Settings Conference plenary, at the National Prisons Hepatitis Network 5th Annual Workshop, and in presentations at various international fora.

This will continue to be a critical piece of work that we look forward to leading and partnering on as the national response moves into implementation of the new national strategies.

35%

In 2022 some 35% of all hepatitis C treatment uptake (including retreatment) nationally occurred in prisons.



Member Services

Hepatitis Australia's members are the eight State and Territory Community Hepatitis Organisations. They provide direct services in each state and territory around Australia. The range of services may differ from one organisation to another, but all are community-based, not for profit organisations.

Hepatitis Australia, as the national peak community hepatitis organisation, is a central point for collaboration and coordination, and provides a number of member services to support their important work in communities.

We engage regularly with our member staff through several formal and informal functions, including monthly Member CEOs Forums, HepLink Australia Collective Governance and Working Group Committee meetings and World Hepatitis Day Network Meetings. This year, we partnered with the Australasian Hepatology Association to present to our members on opportunities presented by Work Development Orders to help people living with hepatitis C complete their treatment.

We collaborated with Hepatitis WA to hold a trade stall disseminating information about HepLink Australia (then called the National Hepatitis Infoline) at the NACCHO Members Conference.

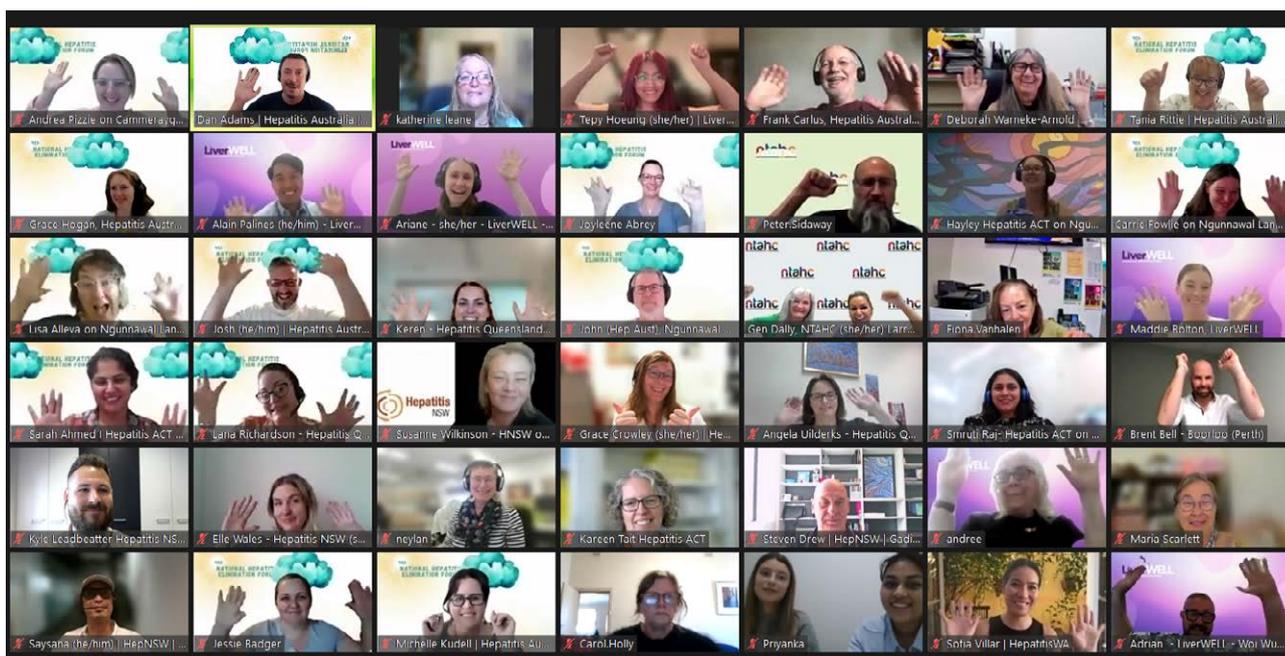
Fourth National Hepatitis Elimination Forum

The National Hepatitis Elimination Forum is an annual event where Hepatitis Australia and its network of national member organisations come together to discuss our shared goal of viral hepatitis elimination by 2030, celebrate achievements, and learn from colleagues around the country.

This year, Hepatitis Australia and its members came together for the Fourth iteration of this event. Community Hepatitis Organisations presented on the excellent work they are doing to tackle stigma, increase testing and treatment, and improve education and awareness in their communities. Every organisation presented work that is contributing to national hepatitis B and hepatitis C elimination efforts, from advocating for legal reforms, to working with communities to develop resources or run micro-elimination events.

Peers and lived experience speakers shared their knowledge and expertise with the group and reinforced the importance of centring community advocates in the national response.

This event continues to provide a collaborative opportunity for sharing information, fostering innovation, and supporting quality improvement across the community hepatitis workforce.



“I think my role helps the community because I’ve had a lived experience and I’m not shame. I just wanna be that good role model that gets up and says ‘I did it, why can’t you?’”

Nicky, Cultural Lead – Aboriginal and Torres Strait Islander People, Hepatitis Queensland.



HepLink Australia

HepLink Australia is a vital program aimed at bridging the gap in hepatitis B and hepatitis C education, prevention, testing, and treatment for affected communities. Despite effective treatments, over 220,000 Australians remain disconnected from essential care, facing increased risks of serious health complications such as cirrhosis and liver cancer. As a national network, HepLink Australia ensures that individuals, regardless of their location, have access to equitable information, support, and treatment for hepatitis B and hepatitis C.

Aligned with the Fourth National Hepatitis B Strategy and the Sixth National Hepatitis C Strategy, HepLink commits to achieving equity in health outcomes across all priority populations and regions. By serving as the backbone of the community hepatitis workforce, HepLink fills critical gaps in care, helping ensure that no one is left behind.

By connecting jurisdictional providers to a national network, HepLink facilitates the sharing of knowledge and resources, enhancing the overall response to hepatitis B and hepatitis C. Furthermore, HepLink is pioneering the first community hepatitis service delivery data set in Australia, offering real-time insights into community needs and better informing the national response.

Critically, HepLink Australia supports the needs of people living with hepatitis B and hepatitis C, including responding to enquiries or requests for support for access to primary health, prevention and transmission, legal and employment issues and family and general health.

Demand and Service Delivery

Demand for HepLink's services has surged dramatically, with occasions of service more than doubling to **more than 22,000** this year. This reflects not only the program's capacity to generate interest but also its responsiveness to community needs. The service operates at full capacity, consistently meeting and responding to growing demand.

HepLink Australia supports a highly specialised workforce comprising community hepatitis workers, peer workers, and health professionals.

35% of all services in 2023-2024 were provided by peers, ensuring that support is relatable and accessible.

A National Minimum Data Set

HepLink Australia providers contribute to a national minimum data set that better informs the national hepatitis response. Monthly data uploads into the HepLink Australia database are supplemented by case study reports and information sharing at HepLink Working Group meetings.

This is real-time data that is different to epidemiological estimates. It is able to capture both quantitative and qualitative data, it tells us what people are seeking support for and where there are gaps in the implementation of the national hepatitis strategies.

This database is undergoing early quality improvement reviews, with ongoing modifications aimed at enhancing data collection processes and reducing duplication.

220,000

over 220,000 Australians remain disconnected from essential care, facing increased risks of serious health complications such as cirrhosis and liver cancer.

Continuous Improvement and Capacity Building

HepLink Australia maintains a strong commitment to enhancing program governance. In this reporting period we held ten meetings of the HepLink Australia Working Group, which are viewed as valuable networking and skills development opportunities.

The HepLink Australia program governance was also rigorously reviewed, leading to two Collective Governance Workshops held this year. These workshops facilitated discussions among CEOs of provider organisations, focusing on collective accountability and quality standards. Outcomes included commitment to a new Collective Governance System and agreement on the development of a new Collective Governance Framework with a refined service model that balances cohesive national action with jurisdictional flexibility.

HepLink Australia, formerly known as the National Hepatitis Infoline, was rebranded in 2024 to better represent its place-based, person-centred service offerings. HepLink is more than a hotline. It is deployed nationally as a standalone, integrated or co-located service.

HepLink supports clients to ask the right questions, access testing and treatment, and remain engaged with care. HepLink also supports primary care and other health or social service providers with linkages to professional development and training options, access available health pathways for their clients, and understand client complexities. HepLink integrates with other services such as needle and syringe programs by providing brief intervention and support staff to enhance the services provided, allow greater access to peer support, strengthen local relationships and reduce fear of stigma and discrimination.

HepLink is constantly adapting to meet the complex needs of service users. Since 2022, the program has expanded access and support options to include a national hepatitis phone line and community outreach and support. Demand for this service is strong, such that occasions of service increased from 10,630 in 2022/23 to 22,328 in 2023/24. The HepLink Australia website has also undergone quality improvement analysis, with a full review planned next year.

Knowledge sharing has been prioritised, with communications improvements made to reflect the needs of providers. Topics covered in this reporting period included supporting clients with legal concerns regarding hepatitis B or hepatitis C, improving data input efficiency, and consent and privacy.



HepLink Australia links anyone, anywhere in Australia to hepatitis information, support and treatment. Call 1800 437 222 or visit www.heplink.au



World Hepatitis Day 2023

World Hepatitis Day, held on 28 July each year, is a major event observed by the United Nations, and is one of the [World Health Organization's \(WHO\)](#) nine officially mandated global public health days.

World Hepatitis Day is a significant annual day to:

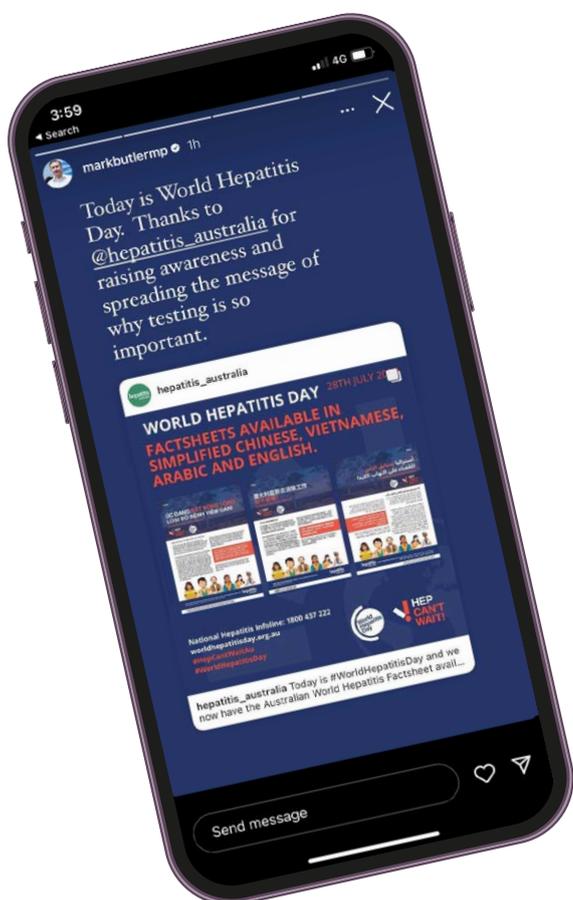
- 1 Mobilise the community, organisations, research institutes, media, and governments to take action in support of viral hepatitis elimination.
- 2 Activate the Australian Government and political leaders to progress action on viral hepatitis elimination.
- 3 Challenge stigma, discrimination and systemic barriers faced by people impacted by hepatitis B and hepatitis C.
- 4 Amplify the diverse voices of people impacted by hepatitis B and hepatitis C to influence public dialogue, decision making and health policy development.

In 2023, the global and Australian theme “Hepatitis Can’t Wait” highlighted the need to accelerate hepatitis B and hepatitis C elimination efforts, especially subsequent to the COVID-19 pandemic. Hepatitis Australia provided national coordination for the campaign, facilitating fantastic support and coverage in the weeks leading up to and following World Hepatitis Day.

Through collaboration with our members, 54 Australian landmarks were illuminated with vibrant green lights around 28 July 2023. This gesture was not only a tribute to those affected by hepatitis B and hepatitis C but also a powerful call for global decision-makers to prioritise the elimination of viral hepatitis by 2030. The colour green, symbolising life, vitality, and progress, perfectly embodies the spirit of the #NOhep initiative to eliminate hepatitis B and hepatitis C by 2030. Launched by the World Hepatitis Alliance (WHA) on World Hepatitis Day 2016, this initiative has garnered worldwide recognition.

There was unprecedented interest and support from media and radio. Many of our members were able to speak and provide interviews on elimination efforts and advocate for required services, as well as providing opportunities for community members impacted by hepatitis B or hepatitis C to share their stories directly.

The World Hepatitis Day website is a hub for information and campaign assets for World Hepatitis Day in Australia. The website is updated annually to share current campaign materials, enabling more people and organisations to get involved with the campaign. This includes social media assets, a World Hepatitis Day video, an annual event calendar and a factsheet, which was made available in Simplified Chinese, Vietnamese, Arabic and English in 2023.



In 2023-2024:

The Australian World Hepatitis Day Website had 2,917 users and 15,612 pageviews, suggesting that users spent time on the website and accessed the resources there.

The World Hepatitis Day video reached 484,866 people, with 878,371 impressions.

2,917
users

15,612
pageviews

484,866
video reach

878,371
impressions



The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister Rural and Regional Health

World Hepatitis Day Parliamentary Event

On Tuesday, 1 August 2023, Hepatitis Australia hosted a World Hepatitis Day event at Australian Parliament House. This significant gathering brought together key community members, MPs, Senators, policymakers, and advocates to address the urgent need for action against hepatitis and to re-affirm and strengthen multi-partisan commitments.

The event featured a series of impactful discussions that have set the stage for meaningful policy changes and heightened awareness at a national level. Notably, a panel discussion featuring speakers from NACCHO, AIVL, Scarlet Alliance, Hepatitis B Voices Australia, and Hepatitis Australia talked to the critical role of the community-led response. The presence of political leaders speaking from both major political parties, including The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister Rural and Regional Health, and Senator The Hon Anne Ruston, Shadow Minister for Health and Aged Care underscored the importance of the cause.

A highlight of the event was a keynote address by Rebecca Johnson, OAM – community member and Hepatitis Australia Board Director at the time – who emphasised the critical importance of hepatitis elimination efforts. This personal testimony was a powerful contribution to the discussions, reinforcing the need for continued advocacy and action which centres people and communities affected by viral hepatitis.

World Hepatitis Day Network

Hepatitis Australia convenes a network to encourage action amongst key stakeholders in the lead up, on and around World Hepatitis Day each year. The network brings together community hepatitis organisations, national health organisations, peak bodies and research institutes to maximise the impact of World Hepatitis Day in Australia.

In 2024, the Australian Government Department of Health also joined the network, providing increased credence to the international annual day's status in Australia's decision-making landscape. For the first time, we held a mix of sector-wide network meetings and members-only meetings, recognising the significant role and additional resources that Community Hepatitis Organisations commit to World Hepatitis Day.



The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention Assistant Minister Rural and Regional Health



Senator Dean Smith, Co-Chair of the Parliamentary Friends Group



From left: Selina Walker, Senior Ngunnawal woman, Dr Mike Freeland MP, Senator Louise Pratt, Rebecca Johnson, Hepatitis Australia Board member, Carrie Fowlie, CEO Hepatitis Australia.



Panel from left: John Didlick, Policy Analyst, Hepatitis Australia, Stuart Manoj-Margison, Director of Communicable Diseases at the National Aboriginal Community Controlled Health Organisation (NACCHO), John Gobeil, CEO, Australian Injecting and Illicit Drug Users League (AIVL), Mish Pony, CEO, Scarlet Alliance, Lien Tran is a Co-founder, Director and Vice Chair of Hepatitis B Voices Australia



Senator Louise Pratt, Co-Chair of the Parliamentary Friends Group



Senator the Hon Anne Ruston, Shadow Minister for Health and Aged Care





Photo provided by ASHM

International and regional response to hepatitis B and hepatitis C

This year, Hepatitis Australia has worked hard to foster key partnerships and relationships with international organisations, engaging in international representation such as the ICE-HBV Stakeholders Group and through our membership of the World Hepatitis Alliance. Our participation and leadership in international efforts help strengthen Australia's response to viral hepatitis by learning from international best practices and elevating Australian community perspectives and leadership to support global hepatitis elimination efforts. Some key examples this year include:

Endorsement of the 4th Annual Hepatitis B Community Forum, held as part of the International HBV Meeting in Kyoto, Japan. Hepatitis Australia supported promotion of this event, participated in planning meetings and attended the event and related side stakeholder meetings. A key outcome of this forum included the development of the [*Australian Priority Statement: With concerted action we can find a cure for hepatitis B*](#). This is the first time this forum has been held in our region in 4 years.

Engagement and planning for the October 2023 International Network of Hepatitis and Substance Users Conference to broaden Australia's understanding of global approaches to substance use and hepatitis prevention and showcase innovation in Australia's national response. Notably, Hepatitis Australia co-hosted an interactive session on integrating hepatitis B into harm reduction with the World Hepatitis Alliance and the Hepatitis C Trust which discussed the [*Global Priority Statement: Integrate Hepatitis B Responses into Harm Reduction*](#).

Planning, attendance and presentations at the World Hepatitis Summit in Lisbon, Portugal. The World Hepatitis Summit (WHS) held in Lisbon, Portugal, from 9-11 April 2024, convened 700 delegates from 95 countries to discuss the global elimination of viral hepatitis under the theme “Integrate. Accelerate. Eliminate.” Organised by the World Hepatitis Alliance in partnership with the World Health Organization and the Ministry of Health of Portugal, this year’s conference was a timely opportunity for the global viral hepatitis sector to come together to assess progress against the [Global Health Sector Strategy \(GHSS\) 2022-2030](#) targets as we approach the 2025 targets and recommit to elimination by 2030 through strengthening community leadership and leveraging critical cross-sectoral partnerships.

Hepatitis Australia presented in different sessions and supported community representation at the conference, including:

- 1 a presentation co-authored with the Australian Government Department of Health and Aged Care which discussed the critical role of partnership in developing Australia’s National Hepatitis Strategies;
- 2 a presentation on the legal, human rights, and health implications of Australia’s failure to implement prison needle and syringe programs;
- 3 a presentation discussing Hepatitis Australia’s leadership and role in creating momentum for action on World Hepatitis Day through national coordination; and
- 4 planning and coordinating support for the organisation of the Indigenous Peoples’ and Viral Hepatitis Session which featured significant representation and expertise from First Nations peoples’ from Australia, including presenters from the Hep B PAST team in the Northern Territory and session co-chair Rebecca Johnson OAM.

A key outcome of this session was the drafting of a [Consensus Statement](#) which was presented by session co-chairs and speakers at the closing plenary. It reflected on the importance of dedicated spaces to progress viral hepatitis action alongside Indigenous peoples’ and called on all governments, organisations and partners to prioritise Indigenous community leadership.





UN Commission on Narcotic Drugs: Viral Hepatitis.

Hepatitis Australia attended the [UN Commission on Narcotic Drugs CND66](#) in December 2023 to speak in response to the *Thematic Challenge: The rate of transmission of HIV, hepatitis C virus and other blood borne virus diseases associated with drug use, including injecting drug use in some countries, remain high.*

[You can read Hepatitis Australia's statement here.](#)

The Australian Government, represented by Ms Carolyn Peterson, reaffirmed its commitment to achieving the 2030 hepatitis elimination goals. In her statement, Ms Peterson addressed the significance of the national strategies as part of Australia's national policy framework which underpins the country's commitment to addressing blood borne viruses. She also spoke to people who are incarcerated and the need for increased action on needle and syringe programs in custodial settings, which is the first priority action of the Sixth National Hepatitis C Strategy. Hepatitis Australia commends the Australian Government for raising its voice on the global stage at the UN to raise awareness and call for more action for people and communities affected by viral hepatitis.

Policy and Representation

Hepatitis Australia continues its track record as a strong and effective national community peak providing leadership through policy and representation work, mobilising action across all areas of the national response to hepatitis B and hepatitis C. At the core of this work is a commitment to the needs of affected communities, elimination of hepatitis B and hepatitis C, use of evidence including knowledge from lived experience, and community leadership.

This year, Hepatitis Australia led, coordinated and supported a range of policy, research, clinical, government and community priorities in national and international settings. Key themes throughout Hepatitis Australia's policy activity have included national strategy, informing surveillance and monitoring, plus ongoing work to raise awareness, promote prevention strategies, improve access to testing and treatment, and reduce stigma associated with hepatitis B and hepatitis C. A significant policy contribution involves the ongoing support of and contribution to the development of the next National Hepatitis B and Hepatitis C Strategies. This has included supporting and leading consultations, extensive drafting of submissions and briefings, and representation in national decision-making forums and with key decision-makers within government ([see section 7](#)).

Hepatitis Australia maintains strong working relationships with key stakeholders across the national response to hepatitis B and hepatitis C, and in the blood borne virus and sexually transmissible infections sector more broadly. This commitment to partnership remains a significant feature of Hepatitis Australia's work, including throughout the development of the next National Strategies.

Additionally, Hepatitis Australia continues to work hard to elevate the prioritisation of hepatitis B and hepatitis C in the national agenda, forging new relationships with and building the awareness of key decision-makers within the federal parliament ([see section 8](#)), as well as continuing to support the government to build and strengthen its role and leadership on hepatitis B and hepatitis C nationally and internationally. This includes representations to government, as well as presentations and co-led initiatives with civil society, research and clinical partners from Australia and abroad at major events and conferences.

Hepatitis Australia is part of a network of national BBV and STI peak bodies who work collaboratively and in close partnership to progress key community priorities and areas of concern which cut across the whole national BBV and STI response. This year, Hepatitis Australia supported and participated in weekly meetings with this network, including monthly meetings with officials from the Department of Health and Aged Care's BBV and STI Policy area. This network leverages complementary expertise from different community and professional representative organisations to strengthen and support the governance and stewardship of Australia's five national BBV and STI strategies. This is done through

joint advocacy and representation work, identifying key issues and gaps within the health system as they relate to priority populations and BBVs/STIs, and providing a range of different inputs and advice in relation to programs and implementation of the national BBV and STI response.

Hepatitis Australia regularly makes submissions to government consultations, some key examples this year include:

1

Submission to inform the National Consumer Engagement Strategy for Health and Wellbeing

2

Submission to inform the *Unleashing the Potential of our Health Workforce* (Scope of Practice Review)

3

Submission to the Attorney General's Department for Australia's mid-term Universal Periodic Review: A United Nations Human Rights Council peer-review process assessing Australia's human rights record as a Member State.

4

Submission to inform the Department of Social Services' consultation on options for a *Stronger, more diverse and independent community sector*.

5

Submission to the January 2024 meeting of the Pharmaceutical Benefits Advisory Committee regarding Government funding for bulevirtide for the treatment of chronic hepatitis D.

6

Co-signatories to a joint letter to the Pharmaceutical Benefits Advisory Committee requesting amendment of PBS listing of direct-acting antiviral regimens for hepatitis C to 'Authority Required STREAMLINED'.

7

Various submissions and responses to the Department of Health and Aged Care's requests for input to the next National Hepatitis B, Hepatitis C, and Aboriginal and Torres Strait Islander BBV/STI Strategies 2024-2025 Federal Pre-Budget Submission

Hepatitis Australia is deeply involved with and contributes significantly to national research and clinical development processes, providing inputs and working as a partner in multiple national projects that cover a wide range of different areas of interest for people and communities affected by hepatitis B and hepatitis C. These areas include legal and human rights issues, innovations across the cascade of care, for example, testing and projects which aim to increase access and equity for priority populations within the national response.

Hepatitis Australia works closely with research organisations, clinical professional associations and others, centring its involvement in and partnership with researchers on the needs and priorities of communities affected by hepatitis B and hepatitis C. Some examples of national activities Hepatitis Australia is involved in include:

- ACCESS Advisory Committee
- ASHM-led 'B Referred' project Community Advisory Group.
- ASHM-led 'Beyond the C' program National Steering Committee.
- ASHM-led Australian Paediatric HCV Guidelines Committee
- ASHM-led HCV Diagnostics Policy and Advocacy Working Group.
- ASHM-led National Hepatitis B Testing Policy Expert Reference Group
- ASHM-led National Hepatitis C Testing Policy Expert Reference Group
- ASHM-led SEEK B Advisory Group
- ASHM-led STI Management Guidelines Oversight Committee (standing membership)
- Australian Government's Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS)
- Burnet Institute CONNECT C Community Engagement Group
- Burnet Institute EC Australia Executive Committee
- Burnet Institute SYNERGY Community Engagement Group
- Cancer Council's Guidelines for Liver Cancer - Community Reference Group
- Centre for Research Excellence grant application
- Centre for Social Research in Health Advisory Group for the HBV Stigma Indicators study
- Centre for Social Research in Health project 'Trial of a universal precautions approach to stigma reduction in the BBV/STI field'
- Doherty Institute-led WHO Collaborating Centre for Viral Hepatitis Epidemiology and Public Health Research Advisory Group
- GESA-led HCV Consensus Statement Community Oversight Group (standing membership)
- GESA-led Hepatitis B Virus Consensus Statement Community Oversight Group (standing membership)
- Kirby Institute and Doherty Institute Hepatitis C and Hepatitis B Cascades Working Groups.
- Kirby Institute H2Seq Strategic Advisory Group (HCV Public Health Responses committee)
- Kirby Institute's Annual Surveillance Report Reference Group
- Medical Research Future Fund grant application
- Medical Research Future Fund Rapid Applied Research Translation grant application
- Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI) (standing membership)
- National Prisons Hepatitis Network Executive Committee (standing membership)
- Primary Care Collaborative Cancer Clinical Trials Group (PC4) Identifying Cirrhosis and Liver Cancer in Primary Care (IC3) Committee.
- Strengthening Harm Reduction in Prisons Working Group
- Synergy Grant applications
- UTS-led Health+Law Project Steering Committee.

Communications

Hepatitis Australia has made significant strides in enhancing its communications outreach and providing vital health information to Australians affected by hepatitis B and hepatitis C. Through our online platforms and social media channels, we have effectively disseminated crucial resources, raised awareness, and engaged with diverse communities.

We regularly work in partnership with stakeholders, including other peak bodies, researchers, community organisations, and governments, to ensure information is distributed to the right audience/s.

Website Engagement

The Hepatitis Australia website served as a critical resource for users, recording an impressive **141,474 pageviews** and engaging **88,382 users**. This year, we also maintained topic-specific websites tailored to address the unique needs of various demographics:

World Hepatitis Day:

Pageviews: 15,612 Users: 2,917

HepLink Australia (formerly the National Hepatitis Infoline):

Pageviews: 138,798 Users: 87,920

The Juice: Information for Safer Gains

(for people who use image and performance-enhancing drugs):

Pageviews: 8,175 Users: 4,917

We maintained our **Healthdirect partner status**, ensuring our websites are trusted and reliable sources of information.



Content Updates and Resource Development

Our **Hepatitis B** and **Hepatitis C Guides** were translated into **10 languages**, adhering to the global standard for translation services (ISO-17100). Each document underwent a community check by native speakers, who confirmed that the resources were clear, culturally suitable, and free from errors.

We sought specialist advice from members of our Editorial Committee and engaged bilingual community members to review the **World Hepatitis Day Factsheet 2023** in Vietnamese, Simplified Chinese, and Arabic, ensuring that the translations were both accurate and culturally appropriate.

We worked with clinical, peer and scientific experts to ensure the content on **The Juice** website is accurate and accessible, and this work is ongoing.

Social Media Presence

Hepatitis Australia actively engages with our audience through multiple social media platforms, including Facebook, Instagram, and LinkedIn. During this reporting period, we published **737 posts**, resulting in a remarkable **191,328 impressions**. Our video content alone garnered **3,798 views**, while our posts received **5,818 engagements** and **1,235 link clicks**.

Recognising the diverse linguistic landscape of Australia, we implemented targeted advertising campaigns aimed at reaching non-English speaking communities. The results of our campaigns are as follows:

Khmer

23,963 reach
116,300 impressions

Punjabi

50,958 reach
162,232 impressions

Arabic

97,017 reach,
286,551 impressions

Vietnamese

101,109 reach
286,551 impressions

Traditional Chinese

67,901 reach
171,419 impressions

Simplified Chinese

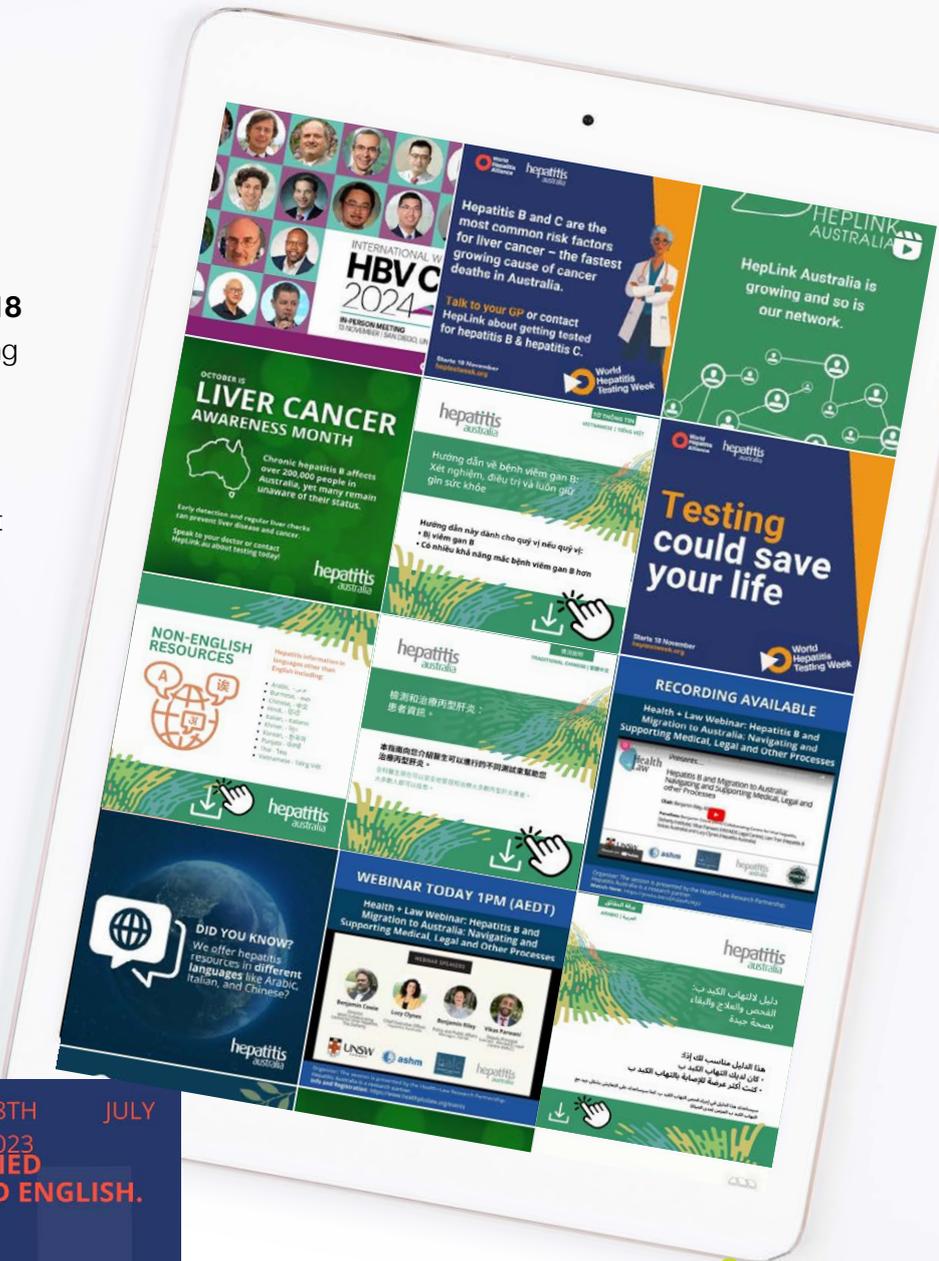
76,294 reach
218,917 impressions

These campaigns have significantly expanded our reach and engagement with key populations, ensuring that hepatitis B and hepatitis C information is accessible to all Australians.

Newsletter Outreach

This year, Hepatitis Australia published **18 newsletters and news alerts**, including three special editions themed around World Hepatitis Day. Our newsletter subscriber list saw a commendable **9% increase**, reflecting the growing interest and demand for timely updates and information.

Our Customer Relationship Management (CRM) system has been instrumental in managing our communications effectively. It facilitated the distribution of newsletters, alerts, event invitations, and the management of stakeholder lists, ensuring streamlined outreach and engagement.



WORLD HEPATITIS DAY 28TH JULY 2023

FACTSHEETS AVAILABLE IN SIMPLIFIED CHINESE, VIETNAMESE, ARABIC AND ENGLISH.

澳大利亚肝炎消除工作刻不容缓!

7月28日世界肝炎日

本文档涵盖一些对于世界肝炎日的宣传颇具价值的统计数据和信息。我们欢迎您使用这些信息并在您的社交网络上与他人分享。这是一个推动地区、国家以及国际范围内消除肝炎活动的良机。

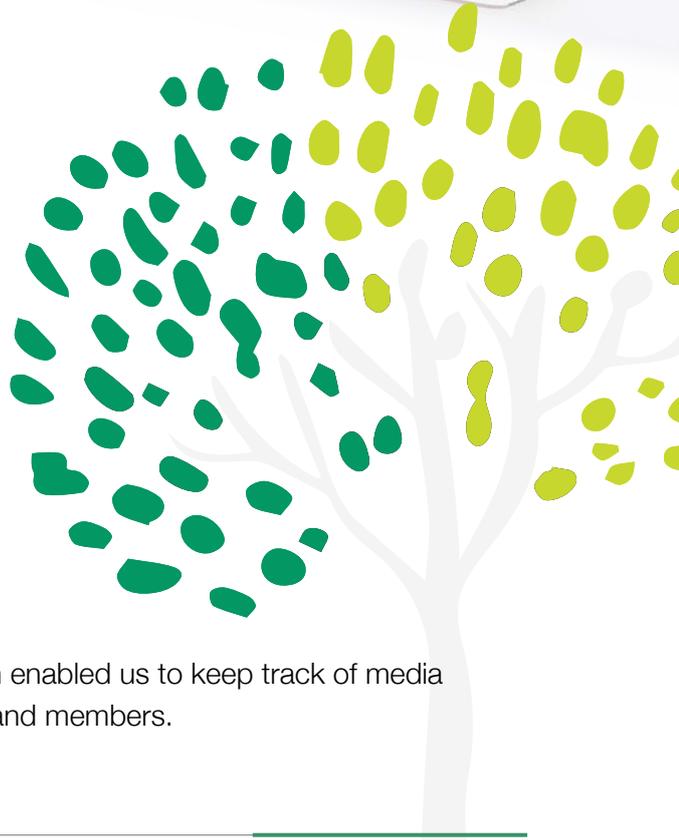
7月28日是世界肝炎日

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National Hepatitis Infoline: 1800 437 222
worldhepatitisday.org.au
#HepCantWaitAu
#WorldHepatitisDay

Partnerships and Monitoring

Additionally, our **Meltwater media monitoring** subscription enabled us to keep track of media coverage, with daily newsletters distributed to relevant staff and members.



Board of Directors

Hepatitis Australia is governed by a voluntary Board of Directors, which consists of an independent President, two Associate/Community Board Members and eight Association Member delegates from our eight state and territory member organisations.

At the end of 2023-24 the Hepatitis Australia Board of Directors was made up of the following people from around Australia.

Prof Joseph Doyle – President and Chair

Prof Joseph Doyle was appointed President and Chair of Hepatitis Australia in March 2024. Joe brings a wealth of knowledge, governance and leadership experience to this role.

Joe is a clinical researcher, dual trained in infectious diseases and public health medicine, in particular hepatitis and HIV epidemiology, treatment and translational work leading to disease elimination. He is currently Professor in Infectious Diseases at Monash University, and is jointly appointed at Burnet Institute as Deputy Director of Disease Elimination Program and head of Infectious Diseases Clinical Research. Joe has experience in translating important discoveries into national and global clinical guidelines and has been appointed by state and federal governments to statutory bodies to shape guidelines, regulations and treatment access.

Frank Carlus – Vice President

Frank joined the Board in August 2023 becoming Vice President in November 2023. Frank also chairs the Governance Committee and is a member of the Finance & Risk Committee.

Frank has worked in direct care, policy and senior management positions across a range of health and human services and programs, including child protection, adoption and permanent care services, family and adolescent welfare, disability, housing and health and aged care.

Frank is an experienced Board Director with a focus on serving for-purpose organisation with a mission aimed at promoting the wellbeing of disadvantaged and vulnerable people and communities.

Frank served as the Acting President of Hepatitis Australia between November 2023 – April 2024.

Cameron Brown – Treasurer

Cameron re-joined the Board of Hepatitis Australia in May 2024, he previously spent nearly 5 years as a Board Director, Treasurer, Secretary, and Chair of the Finance and Risk Committee from 2018 to 2022.

Cameron is the Chief Executive Officer at the Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc. (TasCAHRD), is a Member of the Australian Institute of Company Directors, and he holds a Graduate Certificate in Business, majoring in Public Sector Management from Queensland University of Technology (QUT).

Cameron joined TasCAHRD in 2017 after a distinguished career as an executive across both public and private sectors. Combining strong operational leadership, ethics, policy and process development, Cameron has been able to achieve exceptional results for the Australian Public Service and several large national and multinational organisations, including General Motors, and the Hyundai Motor Company.

Cameron has spent many years working in public policy and administration with Medicare Australia and the Department of Human Services, leading large scale project implementations and change management activities which have delivered exceptional public value and positive customer outcomes for the Medicare, Centrelink, and Child Support agencies.

Cameron is a member of the Tasmanian Department of Premier and Cabinet, and Tasmanian Department of Health LGBTIA+ reference groups, the Tasmanian Department of Health, BBV STI reference group, and the Tasmanian Sexual and Reproductive Health reference group.

Steven Drew – Board Director

Steven has been a Board Director of Hepatitis Australia since October 2019 and was Treasurer until November 2022.

Steven is the CEO of Hepatitis NSW and has extensive executive experience spanning over a decade that covers executive, government, bureaucracy and member-based, not for profit, charity sectors. Steven has almost 15 years' experience as a Board Director in Australia and Ireland. Steven is a Graduate of the Australian Institute of Company Directors and was a member of the Institute of Directors in Ireland from 2016 to 2019. Steven is an Adjunct Associate Professor, School of Population Health, UNSW Medicine.

Kerry Paterson – Board Director

Kerry has been a Board Director of Hepatitis Australia for various periods since 1999. Kerry is a member of the Finance and Risk Committee.

Kerry is the CEO of Hepatitis SA. Kerry was the Manager at the then Hepatitis C Council of South Australia from 1999 for three and half years prior to commencing as National Strategic Development Officer at what was then the Australian Hepatitis Council (now Hepatitis Australia) for a period of two and a half years. Kerry then returned to Hepatitis SA in 2005. Kerry is a member of the South Australian Sexually Transmissible Infections and Blood-Borne Viruses Advisory Committee.

Genevieve Dally – Board Director

Genevieve has been a Board Director of Hepatitis Australia since November 2021.

Genevieve the Executive Director of the Northern Territory AIDS & Hepatitis Council Genevieve is a Nurse with 15 years' experience in sexual and reproductive health care. A passion for advocacy, education and addressing gaps in services for marginalised communities has led Genevieve to a career in sexual health and blood-borne viruses. Working across health both from within Government and the Not-for-profit sector has given Genevieve unique insight into the importance of effective Governance that is led by peers but supported by the wider community.

Genevieve has a Master's in Public Health and a Master's in Business Administration and since 2019 has held the enviable position of Executive Director for the Northern Territory AIDS and Hepatitis Council (NTAHC).

Steven Taylor – Board Director

Steven has been a Board Director of Hepatitis Australia since November 2021. Steven is a member of the Governance Committee.

He has over 17 years' experience working in community support and Health Promotion services in Victoria, including AOD Workforce Development and Training for LiverWELL, and several years spent at Access Health's NSP program in St Kilda. He has helped facilitate workshops for NSP workers on viral hepatitis and other blood-borne viruses over the past 3 years, for ASHM.

Steven Taylor currently works as a Program Facilitator for Eastern Melbourne PHN (Primary Healthcare Network), working on Youth Mental Health and AOD support programs, he has lived experience of treatment for HCV.

Ajay Nair – Board Director

Ajay joined the Board of Directors in August 2023 .

Ajay has over 23 years of corporate experience in large medical device and medtech companies with the last 11 of those in senior leadership roles across Asia Pacific. He is truly passionate about advancing innovations in technology and healthcare with particular interest in ensuring access to healthcare to the people who need it most.

Professor Michael Levy, AM – Board Director

Michael has been a Board Director of Hepatitis Australia since January 2024 and is also a member of the Governance Committee.

Michael is a Public Health Physician with international experience in prisoner health.

In June 2014 he was recognised for meritorious service with Membership of the Order of Australia (AM) - "For significant service to medicine in the field of public health as a clinician, academic and educator."

He remains on the national register of experts maintained by the Australian Commonwealth Ombudsman's Office, as a specialist in detention.

Outgoing Board Directors

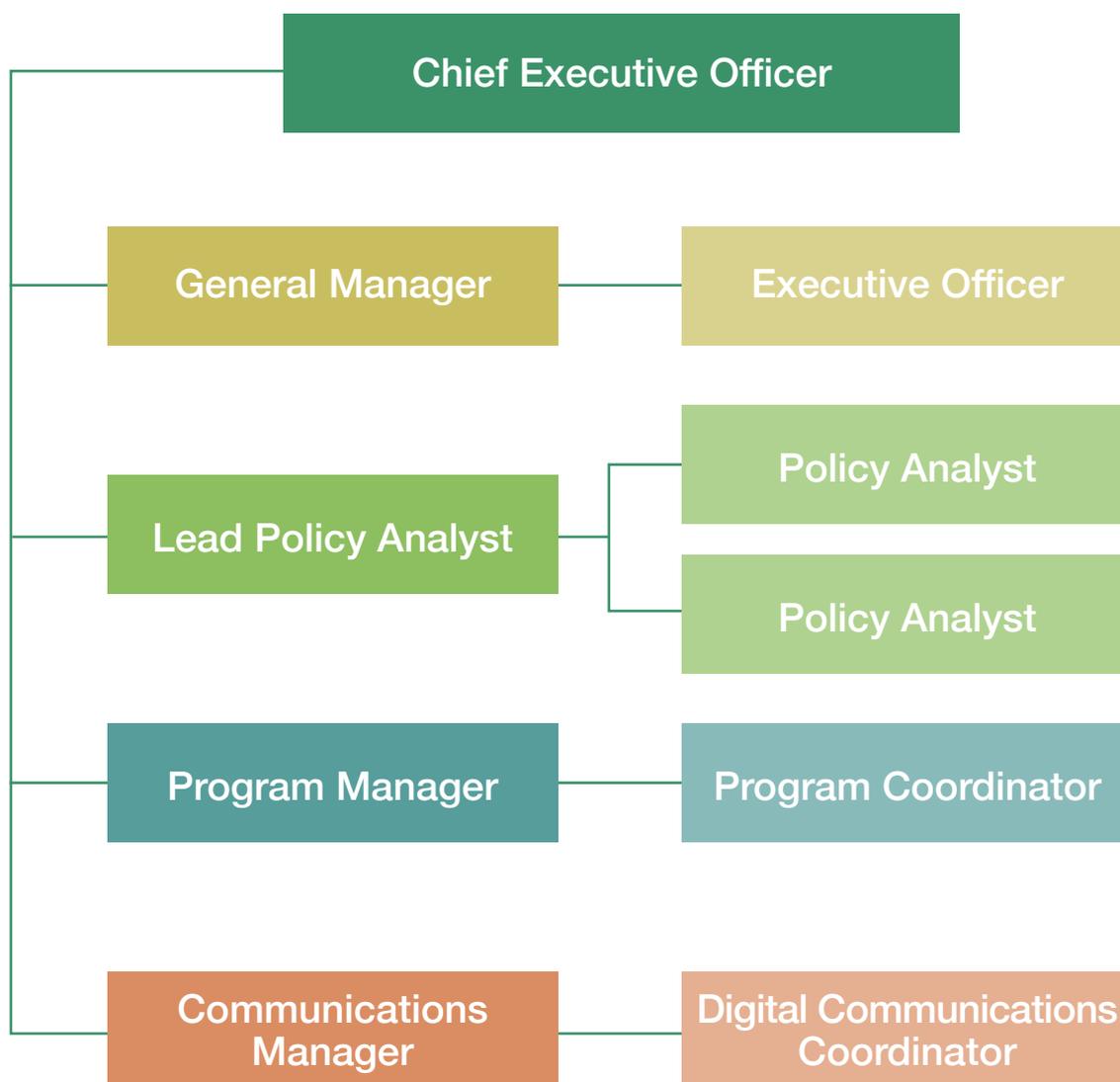
We would like to thank our outgoing board directors for giving their skills, time and passion in support of a strong national hepatitis peak. We wish them all the best in their future endeavours.

- Angela Uilderks (Aug 2022-June 2024)
- Brent Bell (Oct 2018 – Aug 2023)
- Elaine Montegriffo (Apr 23- Aug 23)
- Grant Phelps (Jan 2020- Nov 2023)
- Luke Craig (May 2022- May 2024)
- Maria Scarlett (Sept 2023 – Apr 2024)
- Rebecca Johnson (Apr 2023 – Mar 24)
- Sarah Ahmed (May 2022 – Nov 2023)

Hepatitis Australia Staff

Hepatitis Australia’s success is driven by the collective efforts of its dedicated staff. The diverse experience among our team brings depth and innovation to our programs. We extend our gratitude to each staff member for their unwavering commitment to ending hepatitis B and hepatitis C in Australia.

The Hepatitis Australia organisational chart at the end of 2023-2024:





Treasurer's Report

On behalf of the Hepatitis Australia Board, I am pleased to present the Financial Statements for the year ended 30 June 2024. Hepatitis Australia's financial position continues to strengthen, with total equity of \$879,652, representing a 12.5% increase when compared to 2023. Total revenue amounted to \$3,765,701 [2023: \$4,430,762] and a surplus of \$97,726 [2023: \$109,828].

Equity
\$879,652

Revenue
\$3,765,701

Surplus
\$97,726

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2024

	2024 \$	2023 \$
Revenue and Other Income	3,765,701	4,430,762
Conference, travel and accommodation costs	(118,818)	(144,899)
Consultants	(127,794)	(128,100)
Deliverables	(1,420,454)	(2,218,179)
Depreciation - Plant and equipment	(32,772)	(35,133)
Depreciation - Right-to-use asset	(52,434)	(53,400)
Employee benefits expense	(1,034,337)	(1,255,747)
Finance costs	(3,295)	(2,991)
Office and administrative costs	(878,071)	(482,485)
Surplus before income tax	97,726	109,828
Income tax expense	-	-
Surplus for the year	97,726	109,828
Other comprehensive income	-	-
Total comprehensive income for the year	97,726	109,828

Statement of Financial Position

As At 30 June 2024

ASSETS	2024	2023
CURRENT ASSETS	\$	\$
Cash and cash equivalents	1,465,631	2,840,483
Trade and other receivables	56,833	46,141
Other financial assets	10,450	10,450
Other assets	57,908	85,031
TOTAL CURRENT ASSETS	1,590,822	2,982,105
NON-CURRENT ASSETS		
Plant and equipment	47,549	80,321
Right-of-use assets	45,923	35,600
TOTAL NON-CURRENT ASSETS	93,472	115,921
TOTAL ASSETS	1,684,294	3,098,026
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	130,696	38,554
Lease liability	37,936	42,013
Employee benefits	43,405	47,947
Other liabilities	583,363	2,172,090
TOTAL CURRENT LIABILITIES	795,400	2,300,604
NON-CURRENT LIABILITIES		
Employee benefits	9,242	15,496
TOTAL NON-CURRENT LIABILITIES	9,242	15,496
TOTAL LIABILITIES	804,642	2,316,100
NET ASSETS	879,652	781,926
EQUITY		
Reserves	158,368	158,368
Retained earnings	721,284	623,558
TOTAL EQUITY	879,652	781,926

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