

hepatitis
australia



2021/2022

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 viral hepatitis.

We would like to thank our Members, the eight State and Territory Hepatitis Organisations, for their extraordinary commitment and work with, and for, people affected by viral hepatitis.

We also 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 government, community and the sector.

Introduction

People affected by hepatitis B and hepatitis C are resilient, diverse and dispersed with many of them yet to be effectively reached by the national response. As the national peak, Hepatitis Australia, has a key role in ensuring that viral hepatitis remains on the agenda and to call for action to ensure that commitments made by Australian governments and others are fulfilled.

The work showcased in this report demonstrates Hepatitis Australia's commitment to partnership. 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 meaningful 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

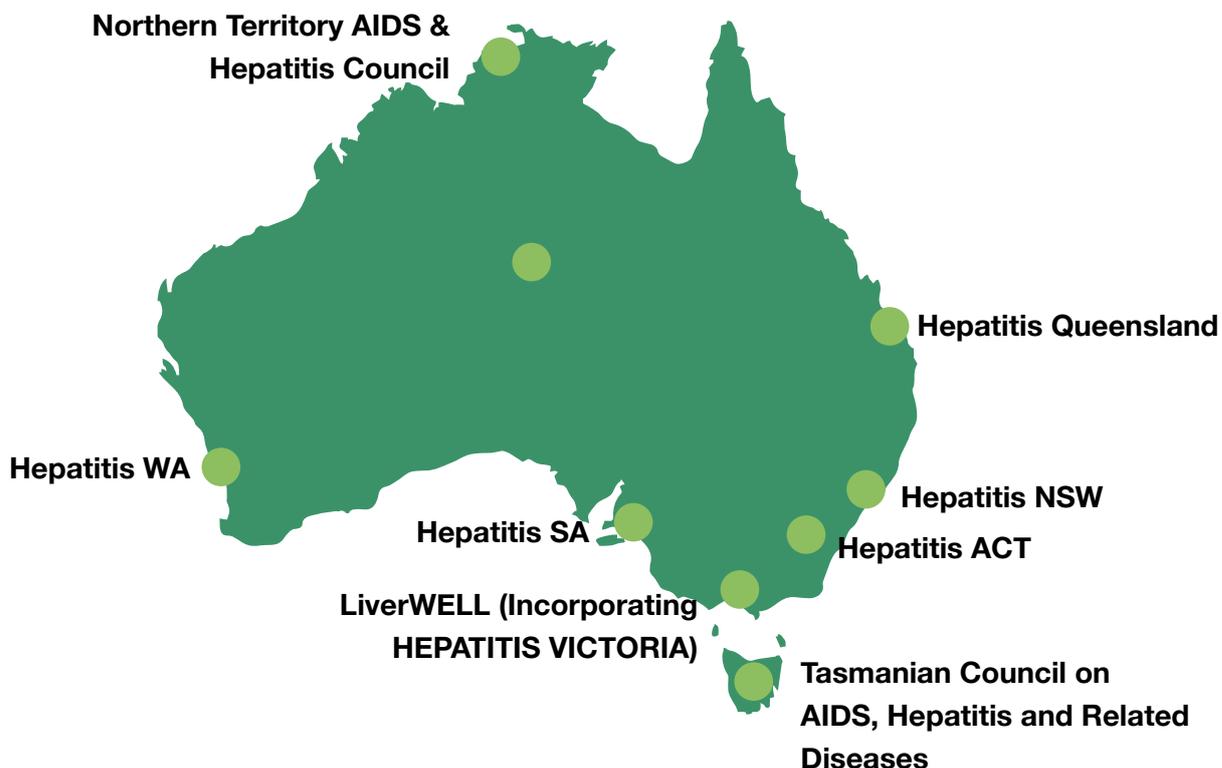
is applied include advocacy ensuring no-one is left behind in the national response, increasing the profile and resources provided to the hepatitis B response, and moving beyond a transmission focus to ensure responses are person-centred.

Central to much of our work this year has been to advocate for Australia to have a strong national hepatitis policy context including the refresh of the National Hepatitis B Strategy and the National Hepatitis C Strategy, which are the final strategies before 2030 and are due to be finalised in the next financial year. These strategies are a principal piece of infrastructure in the enabling policy environment for hepatitis elimination.

About Hepatitis Australia

Hepatitis Australia is the national peak body representing the interests of people affected by hepatitis B and hepatitis C, and 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 present significant global health challenges and are major causes of liver cancer, Australia's fastest growing cause of cancer deaths. Both hepatitis B and hepatitis C are preventable diseases. There is a cure for hepatitis C, and for hepatitis B there is an effective vaccine and treatments and early clinical trials for a cure.

With increased action and investment, these diseases can be eliminated in Australia and globally.

The global context

In 2016, with Australia as a signatory, the World Health Organization (WHO) released the first *Global Health Sector Strategy on Viral Hepatitis 2016-2021*. In alignment with the United Nations 2030 Agenda for Sustainable Development, the Strategy delivered a ground-breaking international commitment to a **goal of eliminating viral hepatitis as a public health threat globally by 2030**.

The first *Strategy* and the shared commitment to elimination created significant momentum and the global interim 2020 target of reducing the incidence of hepatitis B virus was met. Supported by the availability of new direct-acting antiviral medicines, the number of people receiving treatment for hepatitis C virus infection increased almost 10-fold from 2015, reducing hepatitis C-related mortality.

However, funding commitments remained inadequate to meet global goals. Nearly 80% of people with hepatitis B or hepatitis C globally remained undiagnosed and affordable treatments were not being accessed widely. In 2020:

- there were an estimated 820,000 hepatitis B attributable deaths and a further 290,000 attributable to hepatitis C (totalling 1.1 million deaths per year as a result of chronic liver disease and cancer)
- timely access to birth-dose hepatitis B vaccine remained low in many low- and middle-income countries
- there were an estimated 1.5 million new cases of hepatitis B and 1.575 million new cases of hepatitis C.

In 2022 the first Strategy was replaced with *The Global Health Sector Strategies on, respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections 2022-2030*. This combined approach affirms the goal of eliminating viral hepatitis by 2030 and provides a global framework to strategically combine shared and disease-specific approaches in ways that place people at the heart of the response.

The Global Hepatitis Elimination Targets for 2030 include:



95% reduction in new cases of chronic hepatitis B



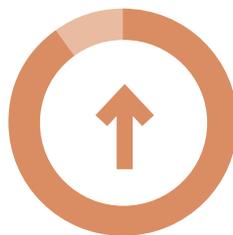
80% reduction in new cases of chronic hepatitis C



65% 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 are treated.

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 is an important input to the development of Australia's next national strategies for 2023-2030.

The Australian Response

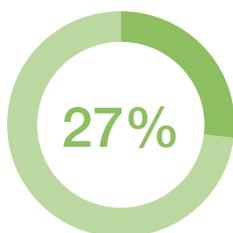
The *Third National Hepatitis B Strategy*, the *Fifth National Hepatitis C Strategy*, and the *Fifth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy* for 2018-2022 set the current direction for Australia's continuing response to hepatitis B and hepatitis C. These Strategies include national targets for 2022, designed to measure progress toward the elimination of viral hepatitis by 2030.

In 2020, over 222,500 people were estimated to be living with hepatitis B in Australia.

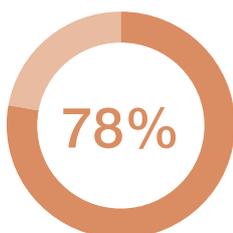
Hepatitis B vaccination coverage in 2020 for

infants was excellent particularly by Aboriginal and Torres Strait Islander communities – exceeding the national target (95 per cent) at 24 months of age. This outcome is reached well ahead of the 2030 target. We congratulate everyone involved for this important achievement, whilst noting that in the next National Strategy hepatitis B vaccination coverage will measure timely completion of three doses at or below 15 months of age. This will require continued effort.

Unfortunately, the situation is not as positive for other hepatitis B targets:



It is estimated that more than one quarter (27 per cent) of people living with chronic hepatitis B have not been diagnosed and are unaware of their infection. At current rates of progress, Australia may achieve the current 2030 global target of 90 per cent diagnosed in 2035.



More than three quarters (78 per cent) of people living with chronic hepatitis B are not receiving care. At current rates of progress Australia may achieve the 2022 national target of 50 per cent in 2045. The next National Strategy 'in care' target will be 80 per cent by 2030, highlighting the significant work required in this domain. Clinical guidelines recommend that all people living with hepatitis B should be engaged in care



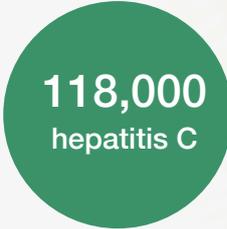
Only 11% of people living with chronic hepatitis B are receiving antiviral treatment. *This is less than half the number estimated to need treatment.* To reach the Global 2030 target of 80 per cent of eligible people treated, the number of people receiving antiviral treatment for hepatitis B in Australia will need to increase from 23,787 in 2020 to 55,774 in 2030. Since 2015, an average annual increase of 1.7 per cent in treatment uptake for eligible people was observed; if this trend were to remain stable, Australia may reach the WHO 2030 elimination target in 2046.

Approximately 118,000 people were living with chronic hepatitis C at the end of 2020 in Australia. Recent analysis estimates around half of all people living with hepatitis C at the start of 2016 in Australia had initiated antiviral treatment by the end of 2020. Whilst this is an extraordinary achievement and we congratulate everyone involved, treatment uptake is very low, having continued to decline significantly from 2016.



222,500
hepatitis B

In 2020, over 222,500 people were estimated to be living with hepatitis B in Australia.

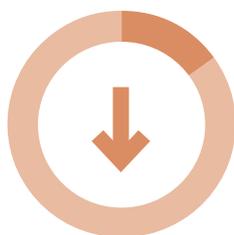


118,000
hepatitis C

Approximately 118,000 people were living with chronic hepatitis C at the end of 2020 in Australia.

The impact of COVID-19 on the national hepatitis response

COVID-19 has continued to significantly impact people living with viral hepatitis, the community hepatitis workforce and access to health care services. There was a 15% decline in new diagnoses of hepatitis B during 2020, and a further 4% decline in 2021. 2,000 fewer people received hepatitis B monitoring during 2020 compared to 2019 - a 9% decrease - and this did not improve in 2021. Hepatitis C screening and treatment uptake has been affected by COVID-19, particularly in the harder-hit states of New South Wales and Victoria.



There was a **15% decline** in new diagnoses of hepatitis B during 2020



2,000 fewer people received hepatitis B monitoring during 2020 compared to 2019 - a **9% decrease**



Hepatitis Australia: An effective national peak and leader in hepatitis B and hepatitis C elimination

Hepatitis Australia underwent a proactive and positive external evaluation in 2020-2021. This year we have continued to implement the evaluation.

An effective national peak

A major finding of the evaluation was that Hepatitis Australia has acted as an effective national peak with national leadership and coordination capability and effective partnerships and collaborations:



Hepatitis Australia has been a well-governed and managed organisation.



Hepatitis Australia has demonstrated it is a trusted long-standing and reliable partner with a series of assets necessary to enhance systemic, policy, research and service responses to viral hepatitis in Australia.



Hepatitis Australia and the Australian Government are in a unique position of having the shared ultimate goal of viral hepatitis elimination in Australia by 2030.



Hepatitis Australia has a key role to play as an anchor and backbone in the viral hepatitis space in the elimination decade.



Hepatitis Australia is a critical organisation in leading and achieving the 2030 viral hepatitis elimination goals. It is the only identified national peak organisation with the explicit goal of viral hepatitis elimination in Australia, in direct alignment with the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.



Hepatitis Australia is a critical leader in Australia's hepatitis response

The evaluation confirmed Hepatitis Australia's critical role in the decade for elimination as a leader and steward of Australia's 2030 viral hepatitis elimination goals.

Hepatitis Australia is the only national peak organisation with the explicit goal of hepatitis elimination in Australia. This is fully consistent with Australian Government policy as committed in the National Hepatitis B Strategy and National Hepatitis C Strategy. Hepatitis Australia will continue to be a key partner in the development and implementation of the national strategies - in maintaining momentum, consolidating efforts and providing strong leadership towards the elimination goals.

As further transmission of hepatitis B and hepatitis C is prevented, and people living with hepatitis C are cured, there will be a reduction in overall case numbers. While this is counted as success, Australia is not tracking to achieve elimination of either hepatitis B or hepatitis C by 2030 based on business-as-usual responses. Increased efforts and agility will be required of all stakeholders, including Hepatitis Australia, if the 2030 elimination goals are to be achieved in the context of changing hepatitis B and hepatitis C epidemics.

Speaking as a person with lived experience of hepatitis C and interferon treatment, it is a privilege and a pleasure to be involved with Hepatitis Australia, serving as a community member on the Board.

The national focus of the work to promote addressing the stigma, discrimination and lack of public awareness of testing and effective treatment options for people living with hepatitis B, or the cure for people living with hepatitis C, is a huge and ongoing public health challenge.

With the tools now available, there is no longer a reason why anyone affected by hepatitis B or hepatitis C should left be unreached by the response - it is only a question of changing social attitudes in Australia - allowing access and inclusion throughout the community. Creating that change is a huge undertaking, and I'm proud to support and contribute to that work in my own small way.

Steven Taylor, Board Director

From the CEO

Thank you to everyone who has contributed to Hepatitis Australia's mission of viral hepatitis elimination. While our mission is achievable, it will only be realised by centering affected communities and working in genuine partnership.

This year we have continued to invest in and build our capabilities as an effective national peak and partner of choice for those who share our vision of seeing an end to viral hepatitis in Australia; and to empower everyone in Australia to live free from the impact of viral hepatitis.

While there have been many achievements in the viral hepatitis space over the past 12 months, Hepatitis Australia has continued to call out systemic failures in the national response including:

1

The profound lack of action and investment on hepatitis B and how this represents a form of structural racism

2

Prisons becoming the primary sites of hepatitis C transmission in Australia due to the human rights failure to implement effective prevention/harm reduction including needle and syringe programs

3

Lack of action on anti-racism, decolonization and the social determinants (including decarceration and justice reinvestment) resulting in Aboriginal and Torres Strait Islander people being the most incarcerated people on the planet

4

The unacceptability of some health services (for example in the context of research) undertaking testing without informed consent.

We are proud of the incredible amount of collaborative action that Hepatitis Australia undertakes, which enables us to evidence and back these calls and the rest of our work.

Strong, trusted and effective partnerships are foundational to our work. Part of Hepatitis Australia's leadership is to open up spaces for lived experience voices to be heard; and to support and mobilise stakeholders behind the goals of the national strategies.

While many more examples are scattered through this report, some highlights of our partnership activities are listed below.

Key stakeholders	A highlight from the last 12 months
People with lived experience and affected communities	Increased and diverse voices ‘at the table’ in a range of policy and sector forums, roundtables and conferences.
State and Territory Community Hepatitis Organisations	Strengthening systems to demonstrate the collective impact including building a new national data set to capture the community contribution to the national response.
Ministers	Open communication and participation at key events. Extending national strategies implementation funding for 12 months. Ministerial message for World Hepatitis Day.
Parliamentarians	Maintaining bi-partisan support for viral hepatitis elimination. Getting hepatitis B in the agenda of parliamentarians for the first time.
Australian Government	Open communication and joint problem-solving. Supporting an open and transparent processes to develop the targets for the new national hepatitis strategies.
Researchers	Ensuring that research projects include the community as partners in proposals.
Professional associations	Working with the community to protect informed consent within clinical guidelines, and ensuring that guidelines are endorsed by the community.
Clinicians	Working with the community to issue joint public statements.

A special thank you to Hepatitis Australia’s staff, members and Board Directors for their dedication, hard work and vigilance in centering the people we are here to serve.

We would also like to extend our gratitude to the former Minister for Health, the Hon Greg Hunt MP and the Morrison Government for their support and commitment to elimination. We congratulate the new Minister for Health, the Hon Mark Butler MP and the Albanese Government, thank them for their commitment to community leadership and elimination.

We look forward working with all stakeholders next year including affected communities, governments and the 47th Parliament to achieve Australia’s 2030 viral hepatitis elimination goals and leave no-one behind.

Carrie Fowlie
CEO

President's message

The strength and agility of Hepatitis Australia as an organisation and sector leader has seen it continue to successfully navigate the complexities of a global pandemic now entering its third year. Many of the challenges presented over the past twelve months have been harnessed for the opportunities they present to change and adapt in meeting the needs of our communities. As a result, Hepatitis Australia is future oriented and well positioned to deliver the work needed to achieve viral hepatitis elimination by 2030.

The work of the organisation continues to develop, both in its scope and in its impact. On behalf of the Board, I express deep thanks to our CEO, Carrie Fowlie, who continues to steadfastly steward the organisation in fulfilling our vision and purpose. 2021-2022 has seen significant expansion of the staff team and I thank them also for their contributions and commitment. This year saw the retirement of our Director of Policy and Programs, Kevin Marriott, a sector stalwart who over many years made significant contributions to improving the lives of people living with hepatitis B and hepatitis C and to the blood-borne virus sector more broadly and we thank him for his service.

The Board continued to meet virtually this year although we look forward to a face-to-face meeting in early 2023. Both the Board and its two Committees made significant progress against their workplans, solidifying the governance and strategic positioning of the organisation. I thank Directors for their

commitment to and their work for Hepatitis Australia.

The May federal election resulted in the change of government; however, the blood-borne virus sector has long enjoyed multi-partisan support which offers some degree of certainty and continuity, though this cannot be taken for granted. Significant and sustainable funding from the Commonwealth is essential if we are to eliminate hepatitis B and hepatitis C by 2030. Hepatitis Australia thanks former Health Minister, Greg Hunt, for his leadership of the health portfolio between 2017-2022. Hepatitis Australia looks forward to working with Minister Butler, the Albanese Government and all Members and Senators of the 47th Parliament in achieving our elimination goals.

Long serving Directors, Maria Scarlett and Pamela Wood, both completed their terms at the last AGM. I thank them both for their leadership and valued contributions to Hepatitis Australia over many years. After

nearly a decade leading LiverWELL, Melanie Eagle announced her departure from the organisation and consequently her role as a Director of Hepatitis Australia in January 2022. Cameron Brown resigned from the Board in April 2022, having served as Director and Treasurer for many years. Community Director Thomas Tu resigned after the reporting period. I express mine and the Board's deep appreciation to all directors who have recently moved on from the Board.

As part of Board renewal, we have secured additional talent, perspectives and skill through incoming Directors. At the AGM, we welcomed both Steven Taylor as a Community Board Member and Genevieve Dally as the NT delegate to the Board. Russell Shewan (VIC), Sarah Ahmed (ACT) and Luke Craig (TAS) all joined the Board in the first half of 2022, and I thank them and their fellow Directors for the work this year. I'd particularly like to acknowledge Brent Bell (Vice President & Governance Committee Chair) and Steven

Drew (new Treasurer & Finance and Risk Committee Chair) for their leadership of the Board's sub-committees.

Finally, I would like to thank our member organisations, their leaders and teams, for their continued support of Hepatitis Australia and the lasting impact of each and every day.

2023 will see the release of the next iteration of national strategies. These key documents, to which Hepatitis Australia has made critical contributions, will be a key part of the roadmap to achieving elimination. Our purpose as an organisation is clear and I look forward to working with my Board colleagues, and the broader Hepatitis Australia team, to do everything we can in achieving our 2030 elimination goals.

Grant Phelps

President

Activity Highlights and Key Achievements

Hepatitis Australia undertook a variety of activities in line with our 2020-2023 Strategic Plan and funding agreements.

Following are some highlights of these activities and key achievements in the twelve months to 30 June 2022, each demonstrating work toward achieving the organisation's mission, objectives and strategic goals, and a commitment to achieving the national and global viral hepatitis elimination goals.

Showcasing bi-partisan support for hepatitis B elimination

Hepatitis Australia and national partners hosted the first-ever Hepatitis B event with Federal Parliamentarians: We Can Eliminate Hepatitis B!

Event speakers included people with lived experience, representatives from both major parties, hepatitis B community workers, clinical and scientific expertise, and Hepatitis Australia's CEO, Carrie Fowlie. There was an excellent turnout at the event, with people joining from around the country. This show of bipartisan support was fantastic and critical to ensuring people impacted by hepatitis B have the resources they need.

Some key messages from the event included:

- Over 222,000 Australians are living with chronic hepatitis B, the most prevalent blood-borne virus in Australia and the world.
- There are major inequities in the prevalence of hepatitis B across Australia.
- Australia has been held up as a global leader in blood-borne virus responses; however, our response to hepatitis B has not been commensurate with those achievements and we are not meeting the National Hepatitis B Strategy's 2022 targets or the 2030 elimination targets.
- Australia needs to establish a hepatitis B specific community workforce.
- We have challenges, but we have opportunities.
- Where communities are resourced and mobilised to act on hepatitis B, we achieve much more effective results. For example, the Hep B PAST Team in the Northern Territory,

have achieved more than double the care and treatment uptake compared to the national average.

- By investing well and intensifying our responses to hepatitis B, particularly in partnership with communities, we can take examples of success and transform the response to hepatitis B for all Australians.
- We have the tools for appropriate management of hepatitis B and it is amongst the most cost-effective cancer prevention strategies that Australia can invest in.
- By making those investments we can transform the lives of Australians and show the same sort of global leadership that we have in our other blood-borne virus responses.
- Community engagement and leadership of the response, and resourcing of the community workforce are hallmarks of how Australia has made world-leading achievements in other blood-borne virus responses and is urgently needed for hepatitis B.

The event showcased bi-partisan support:

Dr David Gillespie MP, Minister for Regional Health, representing the Federal Minister for Health reiterated the Australian Government's commitment to elimination by 2030 which is enshrined in the national hepatitis strategies, and also said:

“Our national hepatitis strategies are premised on partnership with the affected communities, Hepatitis Australia as the national peak, clinicians and research organisations. The Third National Hepatitis B Strategy is currently being refreshed. The next strategy is anticipated to focus on workforce development and growth. Hepatitis Australia is a key stakeholder and well engaged in the strategy redevelopment process. People impacted by viral hepatitis are central to an effective national response. Our partnerships with affected communities give us a better understanding and connection with the diverse communities impacted by viral hepatitis, and these partnerships are what has helped us achieve our successes to date.”

Shadow Assistant Minister for Health and Ageing Ms Ged Kearney MP representing the Shadow Minister for Health spoke to the Opposition’s commitment to elimination and also said:

“We can eliminate hepatitis B...One thing that leapt out for me was the importance of community-led solutions... We have seen this work so beautifully with AIDS, we knew it worked with COVID-19, and it can work with so many diseases and of course specifically with hepatitis B. Thank you for highlighting that it is very important that we make sure that community-led are the centre of any strategy and policy for the future and an elected Labor Government would make sure that that was the case.”



This activity progresses the following Hepatitis Australia strategic priorities:

This activity concurrently progresses all the priority areas for action from the Third National Hepatitis B Strategy.

We can eliminate hepatitis B



Speakers include:

Selina Walker

Ngunnawal Elder

Lien Tran

World Hepatitis Alliance & Australia’s first National Hepatitis B Policy Forum for People with Lived Experience

Hon Dr David Gillespie MP

Minister for Regional Health

Ms Ged Kearney MP

Shadow Assistant Minister for Health and Ageing

Hep B PAST Team

Northern Territory

Prof Ben Cowie

WHO Collaborating Centre for Viral Hepatitis

Carrie Fowlie

Hepatitis Australia

#HepFreeAus

Thursday 10 February 2022



National Hepatitis C Finding 50,000 Project

The National Hepatitis C Finding 50,000 Project is an innovative national partnership project to scale up testing and treatment to find 50,000 people living with hepatitis C to achieve the national 2022 hepatitis C testing and treatment targets.

All Australians living with hepatitis C should be given the opportunity to live free from hepatitis C and to engage in our national elimination mission.

Australia is ramping up its efforts to achieve its national hepatitis C testing and treatment targets. Australians who have not yet been reached in our hepatitis C national response are geographically, socially and demographically diverse and dispersed. It is acknowledged that a business-as-usual hepatitis C response will not be sufficient to reach this broad cohort and our goals.

In November 2020, the Hon Greg Hunt MP, Federal Minister for Health, committed to finding 50,000 people living with hepatitis C. Mobilised around this shared commitment, a sector-led proposal was developed on how this could be achieved resulting in the establishment of the National Hepatitis C Finding 50,000 Project with support from the Minister for Health, the Blood-borne Viruses and Sexually Transmissible Infections (BBVSTI) Standing Committee and the Australia Government Department of Health and Aged Care.

This year saw the beginning of the implementation of this major national project.

Premised on health and geographic equity, the Project seeks to concurrently scale up five pillars of activity in areas where concerted effort is needed and where treatment targets are at risk of being missed. The Project is consistent with existing priorities for action in the National Hepatitis C Strategy and the National Aboriginal and Torres Strait Islander BBV/STI Strategy.

Project Pillar	Implementing Partners
1 National hepatitis C public education campaigns	Hepatitis Australia The Burnet Institute in partnership with NACCHO and AIVL
2 National program to scale up hepatitis C point of care testing	The Kirby Institute in partnership with Flinders University and National Reference Laboratory
3 Expanded hepatitis activity in primary care including case finding	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
4 National Hepatitis C Infoline enhancement	Hepatitis Australia
5 Hepatitis C systems working group and project coordination and evaluation	Australia Government Department of Health and Aged Care & BBVSTI Standing Committee

The pillars are inter-related and mutually reinforcing. By implementing all activities concurrently, there is scope to amplify their reach, reinforce messages, and increase engagements and outcomes. The activities leverage and scale up the existing service system, and local capabilities to enable engagement that is above and beyond 'business-as-usual'.

The Project represents a genuinely new national initiative involving more than 250 potential partners. Many stakeholders are gathered and well-positioned to undertake and support these activities that centre affected communities; leverage new technologies, existing expertise, and established networks; and represent a deep commitment to improving the health and wellbeing of people impacted by hepatitis C. The Project is funded by the Australian Government Department of Health and Aged Care, with significant in-kind contributions from partners. Hepatitis Australia is proud to be a primary partner.



Hepatitis Australia and its member staff at the VH2022 Conference

Viral Hepatitis Conference 2022

Hepatitis Australia was a proud partner and co-convenor of the 13th Australasian Viral Hepatitis Conference 2022 held in Brisbane 29 May – 1 June 2022.

The conference is run by ASHM in collaboration with key sector partners as a platform for the dissemination and presentation of new and innovative research findings and management across the Australasian viral hepatitis sector.

Hepatitis Australia supported participation and amplification of people with lived experience of hepatitis and broader community stakeholders in the conference program development and implementation. We successfully advocated for the conference to be delivered using a hybrid model allowing greater participation of community members and the community workforce. We provided financial support to eight community members with lived experience to participate in the conference and supported three

full scholarships through the conference scholarship program for community members.

Hepatitis Australia co-convened a policy session with participation from all Australian Governments. We organised and facilitated side meetings for community members and Hepatitis Australia member organisations, as well as capacity building and networking activities for Hepatitis Australia member staff including a Communications Network meeting.

Hepatitis Australia staff participated in the conference as presenters, facilitators, coordinators and attendees. Hepatitis Australia CEO presented a keynote presentation on the key policy, systems, and intervention innovations that need to be addressed to get us back on track for hepatitis B and C elimination in Australia. We amplified conference messaging through social media and use of the conference hashtag #VH2022, and launched the VH2022 Action Plan.

VH2022 Action Plan

The launch of the Action Plan followed a year on from the VH2021 Action Plan, which created a roadmap to measure success in the elimination journey. Since its release, there has been progress against five of the six actions outlined in the plan. To continue the momentum created through the VH2021 Action Plan and lead the collaborative efforts needed to pursue elimination by 2030, the VH2022 Action Plan outlines seven important actions that the Australian Government can take in the 12 months following its release.

It was endorsed by key partners working towards the elimination of viral hepatitis by 2030, they include Hepatitis Australia, ASHM, AIVL, the Kirby Institute, the Doherty Institute, the Burnet Institute, the University of New South Wales Sydney, the Centre for Social Research in Health, the Australasian Hepatology Society, AISD, the Australian Centre for HIV and Hepatitis Virology Research, and the WHO Collaborating Centre for Viral Hepatitis.



This activity progresses the following Hepatitis Australia strategic priorities: policy and investment; public support; prevention; testing, treatment and care; and empowerment.

This activity progresses all the key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.



The elimination of hepatitis B and hepatitis C by 2030 can be Australia's next major preventive and public health success.

To continue the momentum created through the VH2021 Action Plan and lead the collaborative efforts needed to pursue elimination by 2030, the Australian Government can take seven important actions in the next 12 months:

- 1

1 Enable the longer-term policy commitment required to achieve 2030 viral hepatitis elimination goals by:

 - maintaining two disease-specific and separate National Strategies for hepatitis B and hepatitis C
 - including an explicit goal of 2030 elimination in the next iteration of the National Hepatitis B Strategy and National Hepatitis C Strategy
 - increasing the length of the next National Hepatitis B Strategy and National Hepatitis C Strategy to 2030, with a mid-point review
 - providing a minimum of four years' implementation funding for the five separate National Blood Borne Virus and Sexually Transmissible Infections Strategies (including the National Hepatitis B Strategy, National Hepatitis C Strategy and the National Aboriginal and Torres Strait Islander BBV and STI Strategy)
 - maintaining the Ministerial Advisory Council on Blood Borne Viruses and Sexually Transmissible Infections.
- 2

2 Ensure all Australians know their hepatitis B status by adopting population-wide hepatitis B testing as a commitment in the National Hepatitis B Strategy 2023-2030 and in national testing policies.
- 3

3 Make explicit policy commitments in the National Hepatitis B Strategy 2023-2030 to:

 - establish a national hepatitis B-specific community workforce
 - implement national hepatitis B public awareness campaigns
 - implement research in support of finding a cure for hepatitis B.
- 4

4 Make explicit commitments in the National Hepatitis C Strategy 2023 – 2030 to:

 - implement the full suite of hepatitis C responses in prisons particularly prison-based needle and syringe / exchange programs
 - work with regulators and other key stakeholders to increase the availability of testing technologies including dry blood spot testing, self-testing, and point of care testing.
- 5

5 Strengthen the next National Hepatitis B Strategy and National Hepatitis C Strategy by:

 - including quality of life/outcome targets with community measurement
 - increasing the focus on addressing social and structural determinants of health and the epidemics (e.g. racism, colonialism, legal issues)
 - decentralising care and strengthening community led responses
 - including person-centred, whole-of-person and whole-of-life course approaches (e.g. post cure care)
 - adding cancer prevention and surveillance
 - ensuring coherence and linkages across other national policies (e.g. prevention, cancer, primary care, multicultural health)
 - expanding the priority populations to include people who are ineligible for Medicare.
- 6

6 Work alongside the community and the sector to build public awareness and support for hepatitis B and hepatitis C care and elimination by engaging with and promoting World Hepatitis Day 2022, including supporting from the new Federal Minister for Health to participate in an Australian World Hepatitis Day address and national event.
- 7

7 Ensure Australia's health system has the capacity to prevent, prepare and respond to the harms arising from viral hepatitis by:

 - explicitly prioritising liver cancer prevention and responses in Australia's Cancer Plan and related policies
 - maintaining Australia's National Hepatitis Infoline to ensure all Australians have access to a single point of contact for timely, confidential and non-stigmatising hepatitis information, community-based support and referral.
 - reviewing Australia's long-term health plan (developed prior to the COVID-19 pandemic) to ensure sufficient inclusion of communicable disease responses.















14 | 2022

www.2030accord.org.au/vh2022_action_plan

Policy and Representation

As an effective national peak and leader in hepatitis B and hepatitis C elimination, Hepatitis Australia contributes to relevant inquiries and participates in relevant national and international forums.

During 2021 – 2022, the upcoming refresh of the national hepatitis strategies was an important focus of Hepatitis Australia's policy and representation work. As guiding documents, the strategies play a central role in creating the enabling environment for viral hepatitis elimination.

Hepatitis Australia is a leader in the hepatitis B and hepatitis C space, particularly regarding supporting and mobilising stakeholders behind the goals of the national strategies. One example where the organisation has formed a coalition of key national players is the 2030 Accord. This coalition is working to raise awareness of the elimination goals and to articulate key actions/priorities that need to be achieved to keep Australia on track.

Through this coalition, Hepatitis Australia has coordinated and published the VH2022 Action Plan, which outlines annual priorities in the elimination of hepatitis B and hepatitis C.

Hepatitis Australia provides input and collaborates on multiple research projects to provide inputs relevant to the interests of people affected by hepatitis B and hepatitis C. We work closely with relevant research organisations including Kirby Institute, Doherty Institute, Latrobe University, Centre for Social Research in Health, Burnet Institute, and the University of Technology Sydney.

Policy Submissions

In 2021-2022, Hepatitis Australia made the following submissions

- 1 Submission to inform the Australian Cancer Plan 2023-2033
- 2 Submission to the 10 Year Primary Care Plan on the inclusion of communicable disease and viral hepatitis relevant policies in the plan
- 3 2022 - 2023 Federal Pre-Budget Submission

- 4 Submission to the 10 year Nurse Practitioner Plan on the inclusion of communicable disease and viral hepatitis relevant policies
- 5 Coordination and submission of multiple separate expert submissions from individual researchers, research centres, and community organisations for the prioritisation of viral hepatitis in the Medical Research Future Fund (MRFF) consultation and the elevation of our shared goal of viral hepatitis elimination by 2030.

Representation

Hepatitis Australia represents its members and communities of interest in a range of forums, some examples are below:

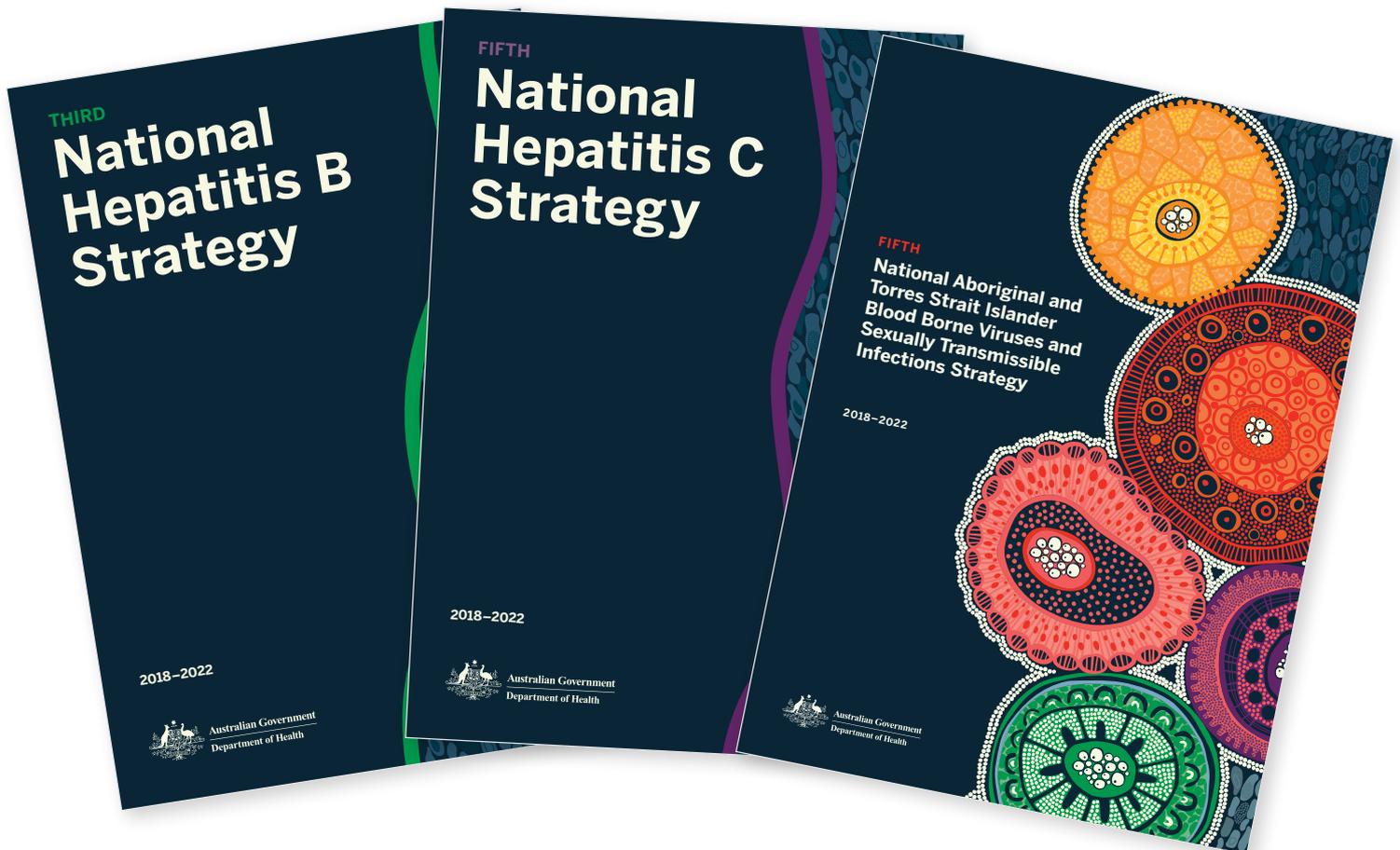
National:

- Ministerial Advisory Committee on Blood-borne Viruses and Sexually Transmissible Infections (MACBBVS) – *Australian Government Department of Health and Aged Care*
- Blood-borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS) – *Australian Government Department of Health and Aged Care*
- BBV/STI Annual Surveillance Report (ASR) Advisory Committee – *Kirby Institute*
- Hepatitis B and Hepatitis C Cascades Working Groups – *Kirby Institute*
- WHO Collaborating Centre for Viral Hepatitis Epidemiology and Public Health Research Advisory Group – *Doherty Institute*
- National Hepatitis B and Hepatitis C Testing Policy Expert Reference Groups – *ASHM*
- Australian STI Management Guidelines for Use in Primary Care Reference Committee – *ASHM*
- Strengthening Harm Reduction in Prisons Working Group – *DPMP*
- National Prisons Hepatitis Network Executive Committee
- Healthcare Providers Program Committee of the National Prisons Hepatitis Education Project
- EC Australia Executive Committee – *Burnet Institute*
- ACCESS Advisory Committee (Network Project) – *Burnet Institute, Kirby Institute & Doherty Institute*
- Advisory Group for the HBV Stigma Indicators Study – *Centre for Social Research in Health, UNSW*
- Primary Care Collaborative Cancer Clinical Trials Group (PC4) Identifying Cirrhosis and Liver Cancer in Primary Care (IC3) Committee
- Hepatitis B and Hepatitis C Consensus Statements Community Oversight Groups – *GESA*
- Viral Hepatitis Conference Organising Committee – *ASHM*
- Stigma and Discrimination Video Project Working Group – *ASHM*

- Beyond the C National Steering Committee – *ASHM*
- Roadmap to Liver Cancer Control, Guidelines Community Reference Group – *Cancer Council*
- Addressing challenges to improve access to HCV diagnostic testing to enhance treatment in Australia: A National Roundtable – *ASHM*
- C the Whole Story: Hepatitis C in Homelessness, AOD, and Mental Health Settings – *ASHM*
- National Roundtable for Nurses: Hepatitis C treatment for Medicare ineligible patients

International:

- Member of the World Hepatitis Alliance
- ICE-HBV Stakeholders Group
- Member of the Vienna NGO Committee on Drugs
- Member of the International Network on Health and Hepatitis in Substance Users (INHSU)
- World Hepatitis Summit
- Global Hepatitis Summit
- UNITE Summit



National Hepatitis Strategies

Hepatitis Australia has undertaken significant work to ensure that the National Hepatitis B Strategy and the National Hepatitis C Strategy remain on the national agenda, including through a change of government. This year, the organisation's contribution delivered:

Hepatitis Australia worked closely with key stakeholders including the Australian Department of Health and Aged Care, consultants Allen and Clarke, and relevant other key stakeholders (including Member Organisations, national peaks, and research centres) to provide significant input into the development of the next National Hepatitis B Strategy and National Hepatitis C Strategies 2023-2030. This has included:

- Consultation with Member Organisations and other key stakeholders
- Preliminary meetings and briefings
- Joint and collaborative input to the Department
- National meetings
- VH2022 Action Plan priorities focussed on the national strategies

- Weekly meeting with the national blood-borne virus and STI peaks
- Meetings with and written submissions to the Department and consultants Allen and Clarke
- Consideration and input via the Blood-borne Virus Standing Committee
- Coordination of workshops to design and develop draft consensus-based targets.

Throughout the year, Hepatitis Australia has discussed the national strategies with stakeholders at a range of forums and events, including the National Hepatitis Elimination Forum and the VH2022 Conference. The variety of discussion contexts has enabled the organisation to take a broad view of the strategies and implement recommendations that will be meaningful across the sector.



National Strategy Consensus Targets Workshops

Hepatitis Australia in collaboration with the Australian Government Department of Health and Aged Care coordinated major national workshops which brought together a range of experts in the hepatitis B and hepatitis C national response. This expertise included policy, lived experience and community, clinical, and research.

The aim of the workshops was to begin the process developing consensus on the next National Hepatitis B Strategy 2023-2030 and the National Hepatitis C Strategy 2023-2030 targets.

These workshops were community driven, included lived experience and community perspectives, and exemplified the principle of

partnership between affected communities, peak organisations, clinicians, researchers, and government. The approach taken was deliberate, future-focussed, externally facilitated, collaborative, and consensus-based. Target setting was shaped by pre-determined working principles, expert input, and broad agreement about important considerations including:



No backwards steps – these targets must move us forwards and they must leave no one behind.



Equity and intersectionality in our targets, and in the strategy more broadly, are critical. They must be prominent in our articulation of the problems and solutions that these targets propose to measure.



The 2023-2030 National Strategies have a longer timeframe from previous strategies. This presents both opportunities and challenges.

- We have an opportunity to be ambitious, to set targets that will drive action and progress.
- At the same time, we must remain conscious of areas of insufficient progress, particularly in the national response to hepatitis B to date. As such, we have a significant amount of work to do to engage affected communities, and to make care more accessible so more people are engaging in care and staying in care (this goes beyond treatment). Significant investment is needed to upscale community workforce and capacity.
- A lot will change between 2023 and 2030. These targets and the context in which we frame them should be optimistic, anticipating that systems and the national response will evolve (e.g. more engaged affected communities; enhanced guidelines; improved treatments; treatment eligibility). These targets should move with the evidence.
- The targets should include both 2030 targets and 2025 progress targets.

“Viral hepatitis is not simply a clinical disease, but a condition that affects individuals. Once those lived experiences are recognised as the fundamental guide, our response becomes more effective, robust, and engaging for more of the community.”

Dr Thomas Tu,
Board Director

Second National Viral Hepatitis Elimination Forum

The Second National Hepatitis Elimination Forum provided an opportunity for Hepatitis Australia and its membership to come together and tackle some big policy issues with a futurist lens.

How can we achieve our shared goal of viral hepatitis elimination by 2030? What do we need to get there to ensure we leave no one behind?

The national forum is unique in the Australian space, in centering the community as experts. It provides opportunity to discuss key issues from a community lens.

The forum focused on the [national hepatitis strategies](#) which will be refreshed in 2022. The national hepatitis strategies are endorsed by all Health Ministers and set Australia's strategic framework.

Over two days, attendees heard informative prompting discussions from some highly respected voices. These discussions led to some complex thinking and important early

discussions regarding the refresh of the national hepatitis strategies. This included:

- participation by the Department of Health and Aged Care
- consultation on national priority areas for action
- consultation on known and modelled changes to the epidemics
- discussion of opportunities provided by emergent testing technologies
- discussion of enhanced engagement of affected communities
- identification and mapping of the need for improvements to the national response.

The event also provided the opportunity to network with colleagues around the country and reinvigorate everyone in the fight for elimination.



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy

National Hepatitis Literacy Project

The Blood-borne Virus and STI Standing Committee Culturally and Linguistically Diverse Workshop made a key recommendation related to improving health literacy.

To support the implementation of this recommendation Hepatitis Australia undertook an innovative national project to improve health literacy accessibility of viral hepatitis information, the National Hepatitis Literacy Project enhanced Hepatitis Australia's national information resources.

An aim of the project was to update Hepatitis Australia's national information resources using a health literacy lens to ensure they are accurate, accessible, non-stigmatising, and suitable for diverse audiences.

Hepatitis Australia worked with its Editorial Committee and the Sydney Health Literacy Lab (SHeLL) to review the content and health literacy of its web resources. Health information that follows plain language guidance, and is adapted to meet the health literacy needs of people with lower levels of literacy, is shown to be more accurately understood, interpreted and implemented.

The website adaptation process applied internationally recognised best practice guidelines in health literacy sensitive communication to the Hepatitis Australia website content. It applied plain language and linguistic guidelines and principles recommended by the World Health Organization, Centres for Disease Control, and Australian Commission for Safety and Quality of Health Care.

The Hepatitis Australia Editorial Committee consists of experts who collectively offer expertise on lived experience, clinical information, epidemiology, and communications. The Editorial Committee provided an accuracy and anti-stigma review ensuring the resources are up-to date, and do not include any misleading information or stigmatising language.

SHeLL assessed the resources using the Patient Education Materials Assessment Tool (PEMAT) and SHeLL Health Literacy Editor. The SHeLL team are internationally recognised for their world-leading health communication research. They have developed health literacy programs for the World Health Organization and led international guidelines to develop decision aids for people with low health literacy for the International Patient Decision Aid Standards Collaboration (2011 and 2021).

The SHeLL Health Literacy Editor is the only online text-editing tool that has been purpose-built to simplify the language used in health education materials. It is currently used by the National Heart Foundation, National Prescribing Service, and the National Centre for Immunisation Research (NCIRS).

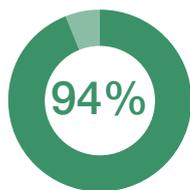
The Editor provides detailed objective feedback on text complexity across multiple assessments (e.g. readability, use of uncommon language and medical jargon, use of complex grammatical structures). The PEMAT is widely used in health literacy research to comprehensively evaluate a materials' understandability and actionability. The PEMAT was developed by the *US Agency for Healthcare Research and Quality* to comprehensively evaluate the health literacy demands of health education materials. This includes assessment of the text, the conceptual flow of ideas, images, and design.

The SHeLL Health Literacy Editor provides automated, objective feedback on text complexity. This includes assessment of grade reading score, complex language (e.g. medical jargon, acronyms, and words that are uncommon in English), and use of the passive voice.

This process applied plain language and linguistic guidelines and principles recommended by the World Health Organization, Centres for Disease Control and Australian Commission for Safety and Quality of Health Care.



29 resources were reviewed for accuracy, accessibility, anti-stigma, and health literacy



The health literacy review improved the average understandability from 74% to 94%



Actionability of the resources was increased from 80% to 96%



The average grade reading score reduced from 11.1 to 7.8, meaning that people with lower literacy skills can access the information.



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy

Ending Hepatitis C Campaign

The Ending Hepatitis C Campaign is one of the five pillars of the National Hepatitis C Finding 50,000 Project, an Australian Government Department of Health and Aged Care funded initiative seeking to achieve the 2022 treatment target.

It is the first national hepatitis C campaign of its type, scale, and targeting. Previous national campaign activity has been smaller in scale and focused on sub-populations and/or settings. With an objective of health and geographic equity, the Campaign is aimed at the general community, including people from culturally, ethnically and linguistically diverse communities. As the first of its kind in Australia, the Campaign aims to reach:

- 1 new audiences, irrespective of an individual's past or current risk factors of hepatitis C
- 2 people who are disparately spread through a range of general communities across Australia
- 3 people who are not accessing health or community services (e.g. for hepatitis C or related prevention or care)
- 4 the community around people living with hepatitis C.

This innovative, integrated, positive, and geo-targeted national hepatitis C campaign deploys creatives, community activation techniques, and strategic media partnerships to respond to the low levels of awareness of hepatitis C and its cure in the community, outside of priority populations and settings. The Campaign provides new and creative ways for the general community to engage in positive and non-stigmatising conversations about hepatitis C, and to spread the word about the cure.

The Campaign has been informed by extensive market testing that identified low to no awareness about hepatitis C and its cure in the general community. The market testing also identified that where there is some awareness of hepatitis C, knowledge is often inaccurate or out of date.

While national in scope, the Campaign and its main event activation, Australia's Biggest Quiz, is focusing on 16 geographically targeted

areas across every Australian State and Territory.

Australia's Biggest Quiz leverages existing community connections through its partnership program with community organisations, local venues, community media partners and Community Hepatitis Organisations, delivering a range of community engagement activities to build awareness and spark conversations about hepatitis C and the availability of a cure.

Australia's Biggest Quiz will take place on Wednesday 26 October 2022 at 16 venues across Australia, alongside a national virtual audience, in an attempt to break a Guinness World Record, while raising awareness of hepatitis C, and its cure.



**ENDING
HEPATITIS C.**



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Fifth National Hepatitis C Strategy

National Hepatitis Infoline - Enhancement Project

The National Hepatitis Infoline provides a single point of contact for information, referral, and support services to people affected by hepatitis across Australia, tailored to local contexts. The National Hepatitis Infoline is coordinated by Hepatitis Australia and with localised service delivery provided by Community Hepatitis Organisations in all States and Territories.

The *National Hepatitis Infoline* is one of the five pillars of the National Hepatitis C Finding 50,000 Project, an Australian Department of Health and Aged Care funded initiative seeking to achieve the 2022 treatment target.

Community hepatitis organisations - Hepatitis Australia's members - work at the grassroots of the community hepatitis response; however, their contributions to the national response are often not visible at a national level despite the criticality of the work.

Hepatitis Australia and its members undertook an Enhancement Project of the National Hepatitis Infoline.

Enhancement Project

The project undertook a range of activities to strengthen the National Hepatitis Infoline as a key piece of infrastructure in Australia's national response to viral hepatitis including:

- 1 Undertake service mapping
- 2 Co-design a National Hepatitis Infoline Service Framework
- 3 Co-design the National Hepatitis Infoline Dataset (i.e. minimum data collection requirements)
- 4 Establish the National Hepatitis Infoline Data Management System

The Service Framework co-design phase consisted of individual consultations followed by co-design sessions to develop an enhanced service delivery model for the National Hepatitis Infoline including logistical, definitions for service types or occasions of care, and



common requirements for data collection, handling, and reporting. The process covered the key principles, foundational theories and models that underpin and inform current infoline practice. It established how each member organisation defined telephone and non-telephone based brief information and support services, including provision of information, education, access to resources, and facilitation of referrals through a range of service touchpoints including phone, email, web-based live chats, and face to face interactions.

The project also co-designed the National Hepatitis Infoline Dataset, which consists of an

agreed set of core (minimum) data elements enabling data collection and reporting at a national level. This will support sound data development practices, contributing to quality data by promoting consistency and comparability over time. This represents a new data source for the national response, as currently the community service delivery contribution is often missing from surveillance and other data sources.

The dataset is captured using the new National Hepatitis Infoline Data Management System, which is RediCASE software has been adapted to respond to the specific needs of the National Hepatitis Infoline.



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy

World Hepatitis Day 2021

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 an opportunity to step up national and international efforts on addressing hepatitis. It helps encourage engagement and action by individuals, partners and the public, and to highlight the need for a greater global response to hepatitis B and hepatitis C.

On World Hepatitis Day 2021, for the first time, the World Health Organization, World Hepatitis Alliance, and Hepatitis Australia unified under a single theme: "Hepatitis Can't Wait!" Global and national coordination worked in tandem, providing centralised places to access information, data, and messaging.

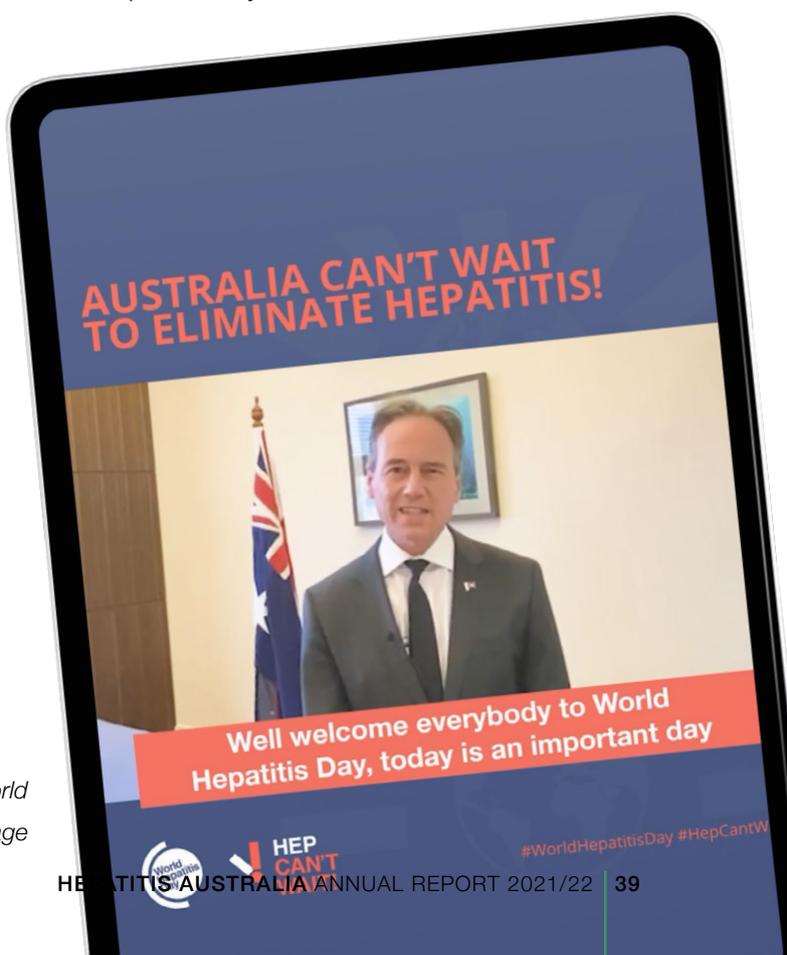
Partnership was central to the delivery of World Hepatitis Day activities in 2021. Hepatitis Australia collaborated with many Australian organisations, research institutes, and professional bodies to spread the word that thousands of people in Australia with lived experience with hepatitis C and hepatitis B, Australia can't wait to eliminate hepatitis, even in the current COVID-19 crisis.

The first Australian World Hepatitis Day Network was coordinated by Hepatitis Australia, consisting of Australian hepatitis organisations and relevant national stakeholders. The network enabled information sharing, collaboration, and shared problem solving. This was particularly significant in the context of COVID-19, where changing laws

and outbreaks meant organisations had to pivot quickly to develop event alternatives and digital solutions.

Hepatitis Australia, in collaboration with the WHO Collaborating Centre for Viral Hepatitis, launched a World Hepatitis Day Fact Sheet which featured the latest data on hepatitis B and hepatitis C, and vital steps for Australia to eliminate hepatitis. This included some new statistics that had not previously been released, which provided a platform for consistent communication and key messages for why people should care about World Hepatitis Day.

*Image from the Minister for Health's World
Hepatitis Day Message*



Hepatitis Australia developed a national website, which provided a local landing page to find relevant information in Australia. Through this website we:

- shared localised messages and social media content that aligned with the global theme to empower Australians to participate in World Hepatitis Day

- coordinated a national calendar of events that directed people to national and local activities to support World Hepatitis Day.

Hepatitis Australia coordinated with the Department of Health and Aged Care and Australian Government to share the first ever [World Hepatitis Day message by an Australian Minister for Health](#). This was an important milestone in activating parliamentarians to support World Hepatitis Day.

“Our task is to work with you on a simple goal – eliminating hepatitis as a public health threat in Australia.”

–The Hon Greg Hunt MP, Minister for Health (28 July 2021)

Key results:



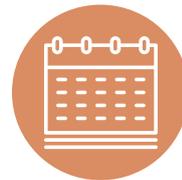
Australian political actors were mobilised to make public statements including the first ever World Hepatitis Day Message from the Minister for Health.



There were 25,669 impressions of the Minister’s video, 534 Engagements, 57 retweets, and 2.1% Engagement Rate.



New stakeholders made public statements, including the Australian Bureau of Statistics, Cancer Australia, and Australian Breastfeeding Association.



The national calendar showcased events from every state and territory.



1 in 20 global tweets using the hashtags #WorldHepatitisDay or #HepCantWait was Australian



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care; and empowerment.

This activity progresses all of the key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy

Communications

Hepatitis Australia's communications are a key part of achieving our strategic priorities. The organisation strongly focuses on digital communication, due to its national audience.

As the national peak, Hepatitis Australia is an important source of trusted information. Our communications reach a range of audiences, and are targeted to the needs of particular groups, for example:

- Community members seeking hepatitis information and support
- Hepatitis sector workers seeking up-to-date information and relevant news
- Member organisations translating national information, data and research to their local contexts
- Health sector workers supporting people affected by hepatitis
- Researchers and research institutes informing data and understanding community needs
- Governments creating enabling environments and supporting policy and program implementation
- Journalists and media publishing information about hepatitis.

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



Social Media

Hepatitis Australia uses social media (Facebook, Instagram and Twitter) to disseminate information to members, the sector, and community.



Twitter is widely used by hepatitis sector workers and Hepatitis Australia strategically utilizes this platform to circulate news, events, and research updates. The CEO Twitter account is used to strategically connect with partners, encourage dialogue and urge action.



Facebook and Instagram are used to connect community members with hepatitis education messaging.

Sector News

The Hepatitis Australia Newsletter is distributed digitally to a distribution list of 454-538 recipients, including members, sector workers and community members. Over the 12-month period, there were 23 newsletters and news updates distributed.

Newsletters provide information on policy and guidelines updates, important health days, new research and campaigns, sector training, position vacancies and events, and updates on Hepatitis Australia's work.

This year we focused on increasing priority subscribers to our database, which has enabled us to better meet the needs of our members and key stakeholders. Through the database, we can target communications to particular groups and ensure the right people are receiving the information they need. In addition, Hepatitis Australia keeps member organisations informed about emerging issues through the development and circulation of formal communiques and member briefs. These have included:

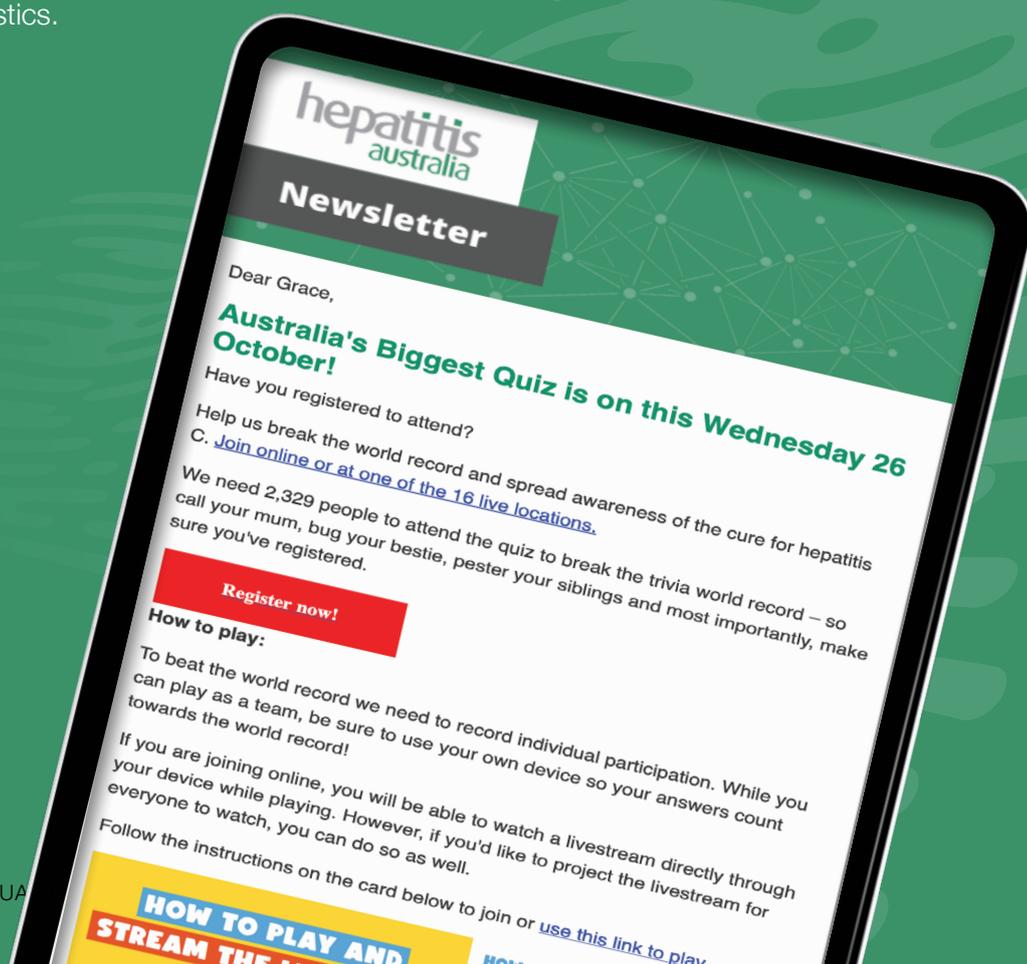
- Concerns about liver damage from direct-acting antivirals for hepatitis C
- Acute, severe hepatitis of unknown origin in children
- Telehealth for hepatitis C and hepatitis B
- Monitoring hepatitis C treatment uptake in Australia
- Australian Hepatitis Statistics.

23

newsletters and news updates distributed

454-538

recipients, including members, sector workers and community members.



Websites

Hepatitis Australia owns and maintains several websites to improve awareness about hepatitis B and hepatitis C, and engage sector partners in the public domain:

- www.hepatitisaustralia.com – Hepatitis Australia’s corporate website
- PDF resources: 4676 downloads.
- www.worldhepatitisday.org.au – a campaign site for World Hepatitis Day in Australia
- www.2030accord.org.au – a campaign site for the 2030 Accord
- www.thejuice.org.au – a site for people who use performance and image enhancing drugs
- www.testcurelive.com.au (recently discontinued) – a campaign site for the Test Cure Live campaign.

Hepatitis Australia distributes a variety of information resources and sector messaging via its websites.

In 2022, Hepatitis Australia undertook the National Hepatitis Literacy project to update the content and accessibility of its information resources. The implementation of this work will occur later in 2022.



Websites:

95,061

unique visitors
to the Hepatitis
Australia website

174,138

pageviews



Facebook:

192k

impressions

5020

engagements



Twitter:

263k

impressions

7.97k

engagements



Instagram:

11.4k

impressions

759

engagements



YouTube:

5.4k

views

164.3

hours of watch
time

Top 3 videos
related to
hepatitis B



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.

Communications Network

Hepatitis Australia established a Communications Network 2022, consisting of communications staff from its membership. The purpose of this network is to provide a platform for skill-sharing and problem solving, amplifying and leveraging each other's work, and providing a support network for staff working across the country.

Topics include social media, membership management, marketing, public relations, ICT, and other communications areas.

The membership met twice and received very positive feedback from attendees. Key outcomes to date include developing a contact list of member communications staff and connecting members with Hepatitis Australia's media monitoring platform.



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care; and empowerment.

This activity progresses key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.

Board of Directors

Hepatitis Australia is governed by a voluntary Board of Directors, which consists of an independent President, representatives from our eight state and territory member organisations, and two community members who have lived experience of viral hepatitis.

At the end of 2020/2021 the Hepatitis Australia Board of Directors was made up of the following individuals from around Australia.

Grant Phelps – President and Chair

Commencing as President in January 2020, Grant brings significant governance, management and leadership experience to this role.

Grant worked for many years as a gastroenterologist, establishing Victoria's first regionally based liver clinic in Ballarat. More recently he has moved to healthcare management, leadership and consulting roles at organisational and system levels with a focus on clinical leadership for safe, high quality care. Grant also has an academic appointment at Deakin University as Associate Professor of Clinical Leadership, believing that clinicians must work together with their patients and community to lead continual improvements in healthcare services.

Brent Bell – Vice President

Brent is the CEO of HepatitisWA and a Board Director since October 2018.

Brent has a background in organisational change and operational leadership in a range of environments including mental health, corrections, and remote medical services. Since assuming the leadership of HepatitisWA, Brent has strategically transitioned the organisation to new branding, new projects and expanded the scope of clinical services to a primary care service for our priority populations that normalises screening and treating of hepatitis B and C.

Steven Drew – Treasurer

Steven is the CEO of Hepatitis NSW and commenced as a Board Director in October 2019.

Steven 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.

Thomas Tu – Board Director

Dr Thomas Tu has a distinguished career as a scientist and a long history of effective leadership, strong strategic vision, and field-leading expertise.

Thomas was 14 years old when he was diagnosed with hepatitis B. Now a leading hepatitis B researcher at Sydney's Westmead hospital, Dr Tu has helped launch an online forum that will create the kind of community that didn't exist when he was diagnosed.

Dr Tu founded the forum, HepBcommunity.org, in late 2020 with the support of Westmead Hospital's Storr Liver Centre, the World Hepatitis Alliance and the Hepatitis B Foundation.

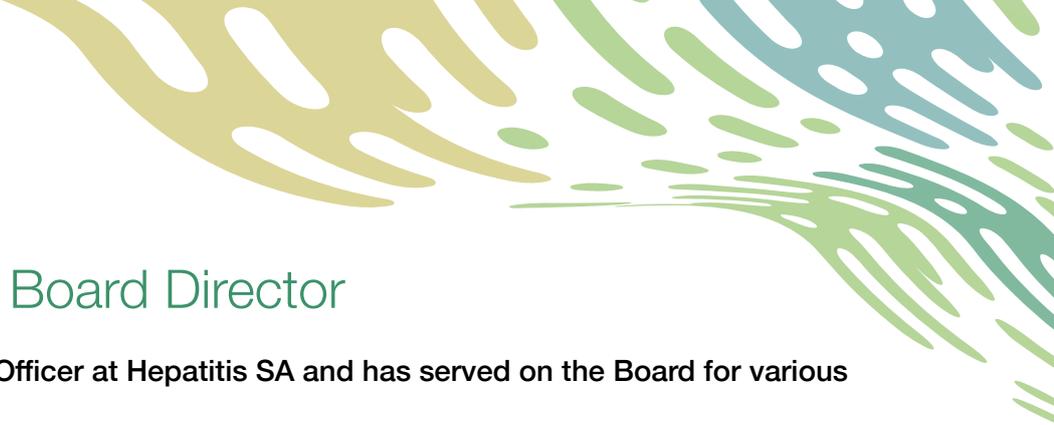
Thomas is passionate about using his knowledge and life experiences to provide better experiences and outcomes for people living with hepatitis B.

Steven Taylor – Board Director

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

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.



Kerry Paterson – Board Director

Kerry is the Chief Executive Officer at Hepatitis SA and has served on the Board for various periods of time since 1999.

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.

Katelin Haynes – Board Director

Katelin is the CEO of Hepatitis Queensland and a Board Director of Hepatitis Australia since January 2020.

Katelin is passionate about translating science into change to improve health outcomes for the community. Katelin has previously held senior management roles within the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and completed a PhD in Medical Research from the University of Queensland.

Genevieve Dally – Board Director

Genevieve is the CEO of the Northern Territory AIDS & Hepatitis Council and a Board Director of Hepatitis Australia since November 2021.

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).

Russell Shewan – Board Director

Russell is the CEO of LiverWELL (incorporating Hepatitis Victoria) and a Board Director of Hepatitis Australia since February 2022.

Russell is a long-term Board member of a Charitable Trust, and also a graduate of the Australian Institute of Company Directors (GAICD). Russell's experience in the health and disability services sector includes establishing clinical governance frameworks, hospital in the home services, mental health programs, and supported independent living accommodation services across Australia. Consulting to the Federal Government, Russell managed the co-design process to develop the COVID vaccination program for the disability sector.

Russell is focused on patient and consumer centered care, involving them in the design of services and supporting them to share their voice on key topics that impact them. He has worked across 'profit for purpose', private equity and commercial organisations, to deliver significant improvements in customer outcomes, service delivery and organisational growth.

Luke Craig – Board Director

Luke represents the Tasmanian Council on AIDS, Hepatitis & Related Diseases and a Board Director of Hepatitis Australia since May 2022.

Luke is a GP with a special interest in Occupation Health, Men's Health and Clinical Governance. He is passionate about equality of access to healthcare. Outside of work he is a father to two beautiful children, and a Chook dad to 17.

Sarah Ahmed – Board Director

Sarah is the CEO of Hepatitis ACT and a Board Director of Hepatitis Australia since May 2022.

Long interested in health-related issues, Sarah is motivated by working with like-minded people who are keen to create an environment that supports good health and social outcomes.

Sarah has a background in business administration, human resources and education fields with formal qualifications in business administration, community services and leadership development.

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.

Pamela May Wood (Jan 2016 – Oct 2021)

Cameron Brown (Nov 2017 – Apr 2022)

Maria Scarlett (Nov 2019 – Oct 2021)

Melanie Sue Eagle (Jan 2020 – Jan 2022)

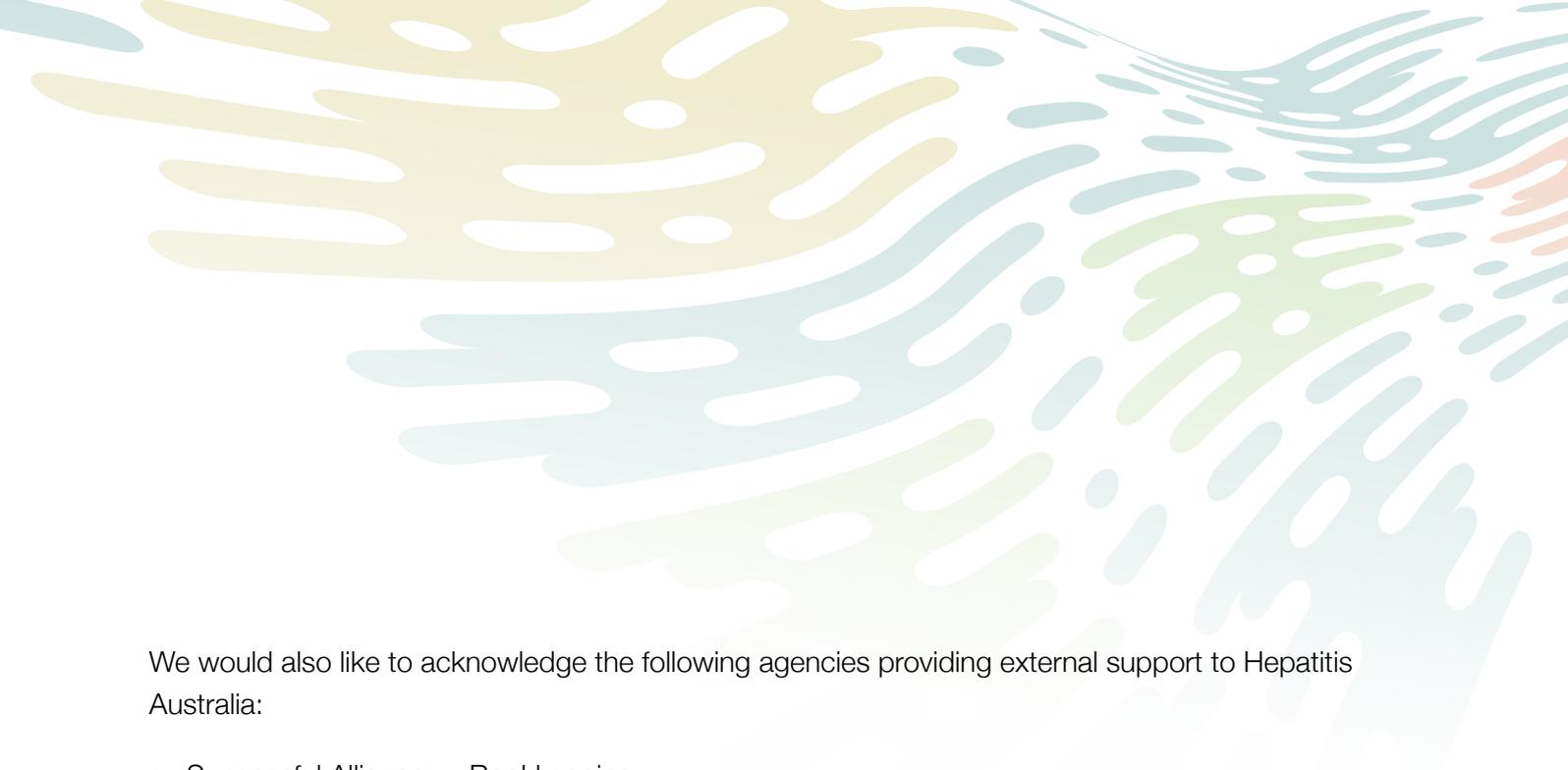
Joshua Anlezark (May 2021 – Dec 2021)

Hepatitis Australia Staff

Hepatitis Australia could not succeed without the collective efficacy of its dedicated staff. The range of experience amongst staff provides depth and innovation to our programs and we thank each member of staff for their ongoing commitment to helping bring an end to hepatitis B and hepatitis C in Australia.

The Hepatitis Australia Staff Team at the end of 2021-22:

- Carrie Fowlie – Chief Executive Officer
- Joshua Anlezark – General Manager
- Grace Hogan – Communications Coordinator
- Julie Robert – Programs Manager
- John Didlick – Policy Analyst
- Amanda Bode – Policy Analyst
- Andrea Pizzie – Policy Analyst
- Sandra Wilson – Finance Officer
- Jessica Abbey – Campaign Coordinator
- Kelly Berghella – Campaign Coordinator



We would also like to acknowledge the following agencies providing external support to Hepatitis Australia:

- Successful Alliances – Bookkeeping
- Click Gravity – Digital Communications
- I/O Infotech – IT Management (until June 2022)
- Blue Arc – IT Management (from June 2022)
- Hide and Seek Media – Campaign Support
- Delia Witney - HR Consultancy

We would like to recognise the following Team Members who have left Hepatitis Australia during the 2021-22 year:

- Kevin Marriott, Director of Programs, 2013-2022
- Wendy Anderson, Programs Manager, 2007-2022
- Peter Bayliss, Business Manager, 2017-2021
- Bruce Ryan, Business Support Officer, 2019-2022
- Irene Stoop, Special Project Coordinator, 2018-2021



Farewell Kevin Marriott:

It is with great sadness that Hepatitis Australia announced the retirement of Kevin Marriott who had been a staff member of Hepatitis Australia since 2013, and prior to that served on the Hepatitis Australia Board as the CEO of Hepatitis Australia's member organisation - the Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD). Kevin has made an incredible contribution to the viral hepatitis and HIV sectors and affected communities over many years, and we are sure all our colleagues and communities of interest will join us in thanking him for his amazing service.

Over the years Kevin held several roles at Hepatitis Australia, all of which strengthened the organisation and the quality of its work. His most recent role was as Director of Programs.

Kevin is generous, kind and highly respected. We are grateful for the opportunity to have worked with him and for the outstanding contributions he has made to the communities we serve.



Farewell Wendy Anderson:

We were sad to see the amazing Wendy Anderson leave us this year, but incredibly thankful for all her fantastic work with the organisation and wish her all the best with her next adventures. Wendy worked with Hepatitis Australia for more than 14 years in a variety of roles, being well known in the office for her tenacity, optimism and great sense of humour.

Treasurer's Report

On behalf of the Hepatitis Australia Board, I am pleased to present the Financial Statements for the year ended 30 June 2022. Hepatitis Australia's financial position continues to strengthen, with total equity of \$672,098 on 30 June 2022, which represents a 9.1% increase compared to 2021, being mainly in the form of cash assets. Total revenue amounted to \$2,171,620 (\$1,752,767 in 2021) with a healthy surplus of \$56,390 (\$467 in 2021).

Revenue

\$2,171,620

Equity

\$672,098

Surplus

\$56,390

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For Year Ended 30 June 2021

	2022	2021
	\$	\$
Revenue and Other Income	2,171,620	1,752,767
Conference, travel and accommodation costs	(62,590)	(11,799)
Consultants	(183,304)	(408,233)
Deliverables	(521,551)	(99,047)
Depreciation - Plant and equipment	(31,474)	(29,622)
Depreciation - Right-to-use asset	(53,400)	(53,400)
Employee benefits expense	(880,370)	(744,012)
Finance costs	(6,054)	(7,605)
Office and administrative costs	(376,487)	(398,582)
Profit before income tax	56,390	467
Income tax expense	-	-
Profit for the year	56,390	467
Other comprehensive income	-	-
Total comprehensive income for the year	56,390	467

Statement of Financial Position

As at 30 June 2021

	2022	2021
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	4,213,274	2,847,261
Trade and other receivables	10,725	-
Other financial assets	10,450	10,450
Other assets	89,676	20,349
TOTAL CURRENT ASSETS	4,324,125	2,878,060
NON-CURRENT ASSETS		
Plant and equipment	94,526	107,510
Right-of-use assets	89,000	142,400
TOTAL NON-CURRENT ASSETS	183,526	249,910
TOTAL ASSETS	4,507,651	3,127,970
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	283,898	266,055
Lease liability	59,589	55,130
Employee benefits	46,332	87,465
Other financial liabilities	3,398,736	1,996,064
TOTAL CURRENT LIABILITIES	3,788,555	2,404,714
NON-CURRENT LIABILITIES		
Lease liability	42,013	101,602
Employee benefits	4,985	5,946
TOTAL NON-CURRENT LIABILITIES	46,998	107,548
TOTAL LIABILITIES	3,835,553	2,512,262
NET ASSETS	672,098	615,708
EQUITY		
Reserves	158,368	158,368
Retained earnings	513,730	457,340
TOTAL EQUITY	672,098	615,708

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