

hepatitis  
australia

**Annual Report**  
2024-2025



## Acknowledgment of Country



Hepatitis Australia acknowledges that Aboriginal and Torres Strait Islander peoples and communities are the First Peoples and the Traditional Custodians of Country throughout Australia. We acknowledge their continuing connection to land, waters, skies and communities. 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. Hepatitis Australia remains committed to the National Agreement on Closing the Gap and the full implementation of the Priority Reforms'.





## Contents

Thank You	4
CEO & President's Report	5
About viral hepatitis	7
A New Strategy for a New Chapter	8
Strategic Plan – At a glance	9
Delivering on our commitment to our members and the hepatitis community	11
A voice for communities	11
Lead the response	12
Strengthening HepLink	21
Focusing on priority populations and partnering for equity and impact	23
Amplifying our presence across the hepatitis community and public	26
Board of Directors	32
Hepatitis Australia Staff	37
Treasurer's Report	38
Financial Statements	38
Partners and Collaborators	40

# 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, the eight State and Territory Community Hepatitis Organisations, for their extraordinary commitment to work with, and for, people affected by hepatitis B and hepatitis C.

## Our Funders & Partners

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

We extend our deep gratitude to the many organisations and individuals who work in partnership with Hepatitis Australia. Our most significant achievements are realised through collaboration—working side by side with our partners across government, community, research, industry and the health sector to maintain our collective momentum for change and sustained impact.

## Our Board

We thank our Board of Directors for their leadership, collaboration and commitment throughout the year. Their strategic guidance and dedication to our renewed mission continues to strengthen Hepatitis Australia's impact and our shared progress toward elimination.



### Members:



# CEO & President's Report

This has been a year of significant progress and collaboration for Hepatitis Australia. We are proud to reflect on the incredible work undertaken with our members and partners that continues to drive Australia toward its 2030 elimination goals.

Our reporting period began with a powerful moment at Parliament House during World Hepatitis Day. This event brought together leaders, advocates, and policymakers to reaffirm the importance of health equity, particularly for people in prisons and other priority populations. The Hon. Minister Butler's address underscored the urgency of accelerating action to end viral hepatitis and the need for a whole-of-government approach to achieve elimination.

Hepatitis Australia plays a critical role in stewarding national elimination priorities. In 2024–25, we undertook a comprehensive governance review to ensure our organisation is well-positioned to deliver on sector expectations and national goals. This process, conducted in consultation with members and partners, resulted in several key outcomes:

- New Strategic Plan, setting a clear roadmap toward 2030 elimination targets.
- Lived Experience Framework, embedding the voices of people affected by hepatitis into all aspects of our work.
- Modernised Constitution and legal structure, ensuring our governance reflects contemporary best practice.

These changes strengthen our ability to lead, enable, and support the sector in achieving elimination of viral hepatitis, and we thank our partners for their enduring support, guidance and expertise.

As a national conduit for our members, Hepatitis Australia has focused on amplifying their critical role in elimination efforts.

This year we worked closely with members to strengthen the HepLink Australia program. Following an independent evaluation, the HepLink Collective Governance undertook significant work to re-scope the program, which will operate under a new model from 1 July 2025.

Our inaugural Peer and Community Workers Summit brought the national network of peer and community workers together for the first time. Feedback was overwhelmingly positive, and planning for the next summit in 2026 is underway.

We introduced a Communications Community of Practice to our member services, fostering collaboration and coordination among members to enhance national messaging and engagement.

We have deepened our commitment to evidence-based action and collaborative partnerships by establishing Hepatitis Australia's first Research and Clinical Advisory Group. Sincere thanks to Professor Jane Davies for her leadership as Chair of the group, which brings together eminent clinicians, researchers, and community representatives to guide our work, evaluate impact, and champion research priorities nationally.

We have continued to elevate hepatitis B and hepatitis C as whole-of-government priorities. Hepatitis B has been a particular focus, with targeted support for Primary Health Networks in high-prevalence areas to increase awareness, testing, and linkage to care. This work will remain central in the coming year.

To build awareness and advocacy, we launched "If Hepatitis Was 100 People", a simplified representation of national epidemiological data designed to engage policymakers and the public. 2026 will bring opportunities to strengthen this work, including in collaboration with community partners. The past year has also been a time of transition for Hepatitis Australia. We thank Darryl O'Donnell who commenced the year as our interim CEO, for guiding the organisation through a significant part of 2024.

We are honoured to continue Hepatitis Australia's nearly 30-year legacy of advocacy for people living with viral hepatitis and the community organisations that serve them. We are supported by an exceptional Board and team, and we look forward to working with all partners to ensure the next 30 years deliver on the promise of sustained elimination.



**Lucy Clynes**  
CEO, Hepatitis Australia



**Professor Joseph Doyle**  
President, Hepatitis Australia

# ABOUT viral hepatitis

Viral hepatitis refers to five very different viruses –

hepatitis A

hepatitis B

hepatitis C

hepatitis D

hepatitis E

They are transmitted (and prevented) in different ways, affect different populations and vary in their management and health impacts. All affect the liver and all are serious and potentially fatal when not diagnosed and managed.



B

**Hepatitis B** is the most common form of viral hepatitis, with

219,800

people in Australia estimated to be living with hepatitis B in 2023<sup>[3]</sup>

With a safe, subsidised cure now available, the number of people living with **hepatitis C** in Australia has fallen dramatically, from an estimated

162,590

in 2015



68,890

in 2023<sup>[4]</sup>

Hepatitis Australia's highest priorities are hepatitis B and hepatitis C.

**PRIORITY**

D

**Hepatitis D** is a serious infection that is unusual for only ever being found alongside hepatitis B. It is sometimes acquired at the same time as hepatitis B or it can be acquired after a person has hepatitis B. Hepatitis D causes faster progression to liver disease.

A & E

**Hepatitis A and hepatitis E** are less prevalent in Australia but still matter for those affected. They are usually associated with outbreaks due to water or food contamination and are generally self-limiting, meaning they typically resolve without leading to chronic infection. While the endemic nature of hepatitis B and hepatitis C means those conditions demand the most urgent attention, Hepatitis Australia also has a central role in supporting our members, partners and governments to respond to hepatitis A and hepatitis E.



# A New Strategy for a New Chapter – Reigniting our purpose, vision and energy through our Strategic Plan for 2025 – 2030

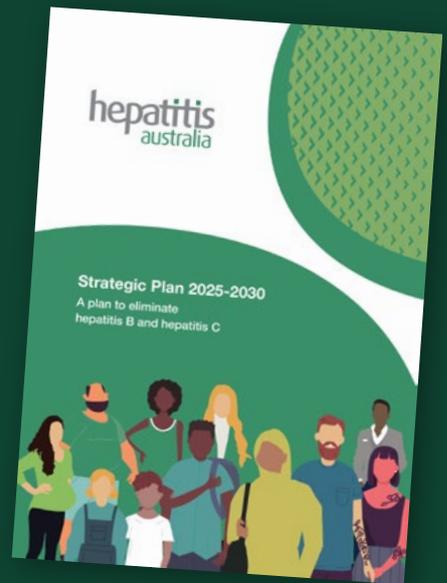
Hepatitis Australia, incorporated in 1997, is the national peak body serving and championing our members and the people affected by viral hepatitis that they represent and serve. Since our inception, significant progress in prevention, detection and management has been made through the collective efforts of the community and the roll-out of direct-acting antivirals. However, the lived experience of people affected by hepatitis can still be one of stigma, discrimination and significant daily health and social challenges.

Recognising that progress is plateauing, Hepatitis Australia launched its new Strategic Plan for 2025 – 2030. Our new Plan refocuses our efforts, in partnership with our members and other partners, to regain lost momentum towards elimination of hepatitis by 2030. Australia's target to eliminate viral hepatitis by 2030 remains the same and Hepatitis Australia is determined to deliver system leadership to drive collective action. We would like to thank our Board, members and other stakeholders for their expert input into the development of the Strategic Plan, and we look forward to collaborating with partners across the whole hepatitis eco-system to deliver on the Plan's promise.



# Our Strategic Plan 2025 - 2030

## Strategic Plan – At a glance



### Vision

To eliminate viral hepatitis for all.

### Purpose

To enable everyone to live free from the impact of viral hepatitis.

### Role

Hepatitis Australia serves and champions its members as the federation of Australia’s leading state and territory community hepatitis organisations.

## We do these things by:

**Providing a national voice for members** and representing the interests of people affected by hepatitis B and hepatitis C

**Providing leadership in the national response to viral hepatitis**, in partnership with communities, researchers, clinicians and governments

**Securing the political and financial commitment needed** to achieve elimination by 2030

**Supporting community action on hepatitis B and hepatitis C** in Asia and the Pacific and contributing to global dialogue on viral hepatitis

## Values



Curiosity



Human rights



Innovation



Partnership



Respect



Impact



Equity



Accountability

The Strategic Plan affirms the critical twin roles of Hepatitis Australia:

## The Federation for Australia's leading community hepatitis organisations

As the federation for Australia's leading community hepatitis organisations, we strengthen the capacity, capability and coordination of community responses, ensuring that people with lived experience and community perspectives are central to the national hepatitis effort.

As Hepatitis Australia, we champion and advocate for our member's leadership of peer and community-led initiatives to support people with hepatitis B and hepatitis C to drive innovation, equity and impact.

## The National Peak Body for Hepatitis

As a national peak body, we find solutions to systemic challenges and advocate for their implementation. Guided by our values, we work with our members, partners and the community to identify and address systemic barriers to elimination. We advocate for innovative policy, programs and services that are informed by lived experience and driven by equity, impact and respect for human rights.

We work closely with governments, clinicians, researchers, and affected communities to ensure the national strategies for hepatitis B and hepatitis C are fully implemented; advocating to governments across Australia for the true levels of investment needed to secure the national target of elimination by 2030.

Our leadership extends beyond Australia. Hepatitis Australia contributes to global and regional hepatitis elimination efforts through collaboration across the Asia-Pacific region, sharing experiences and building solidarity with partners working towards elimination worldwide.



# Delivering on our commitment to our members and the hepatitis community

## A voice for communities

Hepatitis Australia is constituted by its eight state and territory foundation members. These are Australia's leading community hepatitis organisations, representing the interests of people affected by hepatitis B and hepatitis C.

Our members created Hepatitis Australia to provide a united voice, national leadership and to amplify their work and achievements. Member and community needs, interests and priorities are at the heart of everything we do. The 2025-30 Strategic Plan re-affirms Hepatitis Australia's accountability to our members.

We also uphold the central role of affected communities, including people at risk of hepatitis B and hepatitis C and people with lived experience of these conditions, whose voices must be central to the response.

In 2024/5, Hepatitis Australia partnered with a wide range of stakeholders across numerous innovative and impactful initiatives:

### Lived Experience Framework

As part of our extensive governance review during 2024, we were pleased to be able to initiate a process to collaborate on the development and implementation of a Lived Experience Framework. The Framework will further strengthen and amplify the voices, expertise and leadership of people with lived experience in our national and member organisation's activities and drive the inclusion of lived experience expertise as an embedded part of policy-making, programming and governance.



Attendees of the Lived Experience Framework Workshop.

Across a series of inclusive and comprehensive workshops, we brought the community together to develop an authentic, non-stigmatising and practical framework that will be used to ensure lived experience is strengthened as a core part of all aspects of our work.

The Framework will help Hepatitis Australia champion and advocate for the meaningful inclusion of lived experience expertise and the peer workforce in the development and content of policies and procedures across the national response.

*"It was great to see all the aspects of Hepatitis Australia come together and meet, and how people with lived experience are changing the landscape of what a lived experience person is capable of. I thought it was a really enriching day and was glad to be surrounded by so many people who are like minded in wanting to collaborate and codesign from a national perspective"*

**Maia Dowd**

Aboriginal Community  
Engagement Officer  
Hepatitis NSW

## Community and lived experience scholarships

Hepatitis Australia was proud to continue our role as an executive committee member and supporter of VH 2024, bringing together health professionals, government representatives, and community organisations from across Australia, New Zealand, and the Asia-Pacific region. VH 2024 is our international community's opportunity to share cutting-edge research, while amplifying the voices of communities living with these conditions.

Hepatitis Australia was pleased to be able to consolidate our community and lived experience scholarships programme, which provided \$10,000 for people with lived experience of hepatitis B and hepatitis C to attend the Australasian Viral Hepatitis Conference in Darwin (VH 2024).

In addition to financial assistance, Hepatitis Australia supported a community welcome hosted by a community member with lived experience.

These scholarships create an important opportunity for the members of affected communities to share their experiences and expertise, learn and create new links and networks. It also contributes to ensuring diverse and representative voices were heard at VH20245, promoting a collaborative and inclusive approach that strengthens national and international advocacy.

## Lead the response

Hepatitis Australia will strive to provide thought leadership that stimulates discussion and learning. Our organisation is resolved to achieve both 'equity' and 'impact'. To achieve elimination, we depend upon the excellence and efforts of community, research, clinical and government partners. Hepatitis Australia will contribute to partnerships and exercise our convening role as the national peak body to bring partners together to find solutions, build consensus and campaign for change.

## Leading in partnership with members

Hepatitis Australia's members are the eight State and Territory Community Hepatitis Organisations. They are community-focused, not-for-profit organisations that provide direct services in each state and territory around Australia.

Hepatitis Australia, as the national peak community hepatitis organisation, is a central point for collaboration and coordination, and provides several member services to support our members' vital work in communities.



Hepatitis Australia is committed to supporting the building of capacity, capability and expertise with our member organisations and we delivered a range of collaborative and inclusive activities across 2024/25:

<b>Monthly CEO Forums</b>	<b>World Hepatitis Day Network Meetings</b>
<b>Quarterly Hepatitis Education and Outreach Network</b>	<b>The Fifth National Hepatitis Elimination Forum</b>
<b>Quarterly Communications Communities of Practice</b>	<b>The inaugural National Hepatitis Peer and Community Worker Summit</b>

Hepatitis Australia was honoured to lead and host the inaugural National Peer and Community Worker Summit. The National Summit was co-designed with our members and the peer and community workforce, with invaluable support from Health+Law, The Kirby Institute and the Centre for Social Research in Health. We were also pleased to welcome other partners to join the Summit, including Hepatitis B Voices Australia.

The National Summit enabled valuable knowledge and experience sharing to build national capacity and capability, created meaningful connections to build a national support network and supported participants to develop new skills and resources for engaging with priority populations and managing complex interactions.



## Primary Health Network Engagement

Tackling hepatitis and achieving elimination by 2030 requires a whole system approach where hepatitis is a whole of government priority. Mobilising the primary healthcare system is a key part of that wider system, and Hepatitis Australia, in collaboration with its member organisations, the Doherty Institute, and ASHM, engaged with Primary Health Networks (PHNs) with higher than the national average hepatitis B prevalence. This activity aimed to create partnerships with PHNs to explore concrete ways to best serve people living with hepatitis B and promote the national availability of HepLink as a means of connecting patients with community hepatitis organisations for support.

The partners held very productive meetings with Southwest Sydney PHN, Sydney North PHN, Northwestern Melbourne PHN, and WA Primary Health Network; resulting in actions to incorporate HepLink information and links into Health Pathways and updates to Hepatitis B Toolkits.

Our reach into PHNs was extended further when we delivered a virtual presentation to all 31 PHNs via their CEOs Webinar. This was followed up with a news article about hepatitis, published in the PHN Digest in July 2025.

The impact of this initial engagement campaign was demonstrated by Hepatitis Australia winning a tender to deliver a targeted primary healthcare national public awareness campaign for hepatitis B in June 2025. The campaign will highlight testing, care, treatment, and management of hepatitis B among key priority populations in high prevalence PHNs and deliver a boost to GP and other primary healthcare professional and organisation's engagement in hepatitis B.

## Building the evidence base

Our thought leadership, credibility and ability to engage with impact is founded on our partnerships that generate high quality evidence and data-driven insights. In Australia, we are fortunate to work in an environment rich in expertise across a wide range of disciplines to generate data and evidence, and translate this complexity into compelling, easy to understand positions, messages and asks. We would like to highlight several key initiatives that drive our evidence generation and thought leadership:

- Establishing the Hepatitis Australia Research and Clinical Advisory Group.
- Initiating the Economic Modelling Project to assess the health and economic impact of failing to meet the 2030 elimination targets.
- Creating the If Hepatitis was 100 people resource to visualise and effectively communicate the diversity and distribution of the different variations of hepatitis in Australia, and where gaps and opportunities present in Australia's response to viral hepatitis.

## Research and Clinical Advisory Group

Hepatitis Australia was proud to launch our Research and Clinical Advisory Group. The group is chaired by Professor Jane Davies who is joined by influential leaders and experts from across Australia's blood borne virus research and clinical landscape.

The group will guide Hepatitis Australia's research advocacy and supports evidence-based program design significantly increasing the value and impact of these crucial activities. It will also support us to deliver on our commitment to deliver an agenda for strategic and investigator-driven research.

Members of the Research and Clinical Advisory Group are:

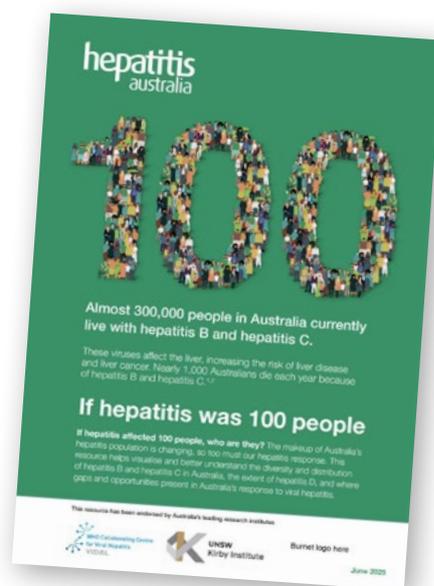
 <p>Professor <b>Peter Revill AM</b></p>	 <p>Professor <b>Kate Seear</b></p>
 <p>Professor <b>Ben Cowie</b></p>	 <p><b>Jennifer MacLachlan</b></p>
 <p><b>Adam Gregson</b></p>	 <p>Scientia Professor <b>Greg Dore</b></p>
 <p><b>Dr Josh Hanson</b></p>	 <p>Scientia Associate Professor <b>David Carte</b></p>
 <p>Professor <b>Carla Treloar</b></p>	 <p><b>Dr Michael Levy AM</b></p>
 <p><b>Dr Paula Binks</b></p>	 <p>Professor <b>Jane Davies</b></p>
 <p>Professor <b>Mark Stoové</b></p>	 <p>Professor <b>Joseph Doyle</b></p>
 <p><b>Dr Jacqui Richmond</b></p>	 <p>Associate Professor <b>Thomas Tu</b></p>
 <p><b>Reena D'Souza</b></p>	 <p><b>Dr Jack Wallace</b></p>
 <p>Associate Professor <b>Jessica Howell</b></p>	 <p><b>Lien Tran</b></p>
 <p>Professor <b>Alexander Thompson</b></p>	 <p>Emeritus Professor <b>Andrew Lloyd</b></p>
 <p>Professor <b>Gail Matthews</b></p>	 <p>Professor <b>Margaret Hellard AM</b></p>

## If Hepatitis was 100 People

If Hepatitis was 100 People is a resource developed by Hepatitis Australia that presents data in new ways to make 'the complex' more accessible and memorable. It is the result of strong partnerships between community, researchers, and advocates.

The resource is endorsed by Australia's leading research institutes – The WHO Collaborating Centre for Viral Hepatitis at The Doherty Institute, The Kirby Institute and The Burnet Institute, and underwent a review process with communities as well as research partners.

If Hepatitis was 100 People translates sometimes complex epidemiological data into something more accessible, visually stimulating, and human. In doing so it drives advocacy, communication, and ultimately policy.



## Fifth National Hepatitis Elimination Forum in November 2024

The Fifth National Hepatitis Elimination Forum was held on Thursday 14 November 2024. This forum was an excellent opportunity to consult with members and share insights on work occurring at all levels of the organisations. Highlights from the event included:

**An interactive discussion on Hepatitis Australia's Strategic Planning**

**Presentations by jurisdictions about recent work**

**Generous sharing of lived experience stories**

**A panel discussion about hepatitis data sources and how they can support communities**

## Secure political commitment



Regaining momentum towards elimination by 2030 requires sustained political engagement, greater urgency and a resolute focus on equity to drive improved prevention, detection and care for still underserved populations, such as Aboriginal and Torres Strait Islander peoples and communities, culturally and linguistically diverse (CALD) populations and people in prison.

Hepatitis Australia is leading, collaborating and advocating across a broad range of issues to address the complex needs of people affected by viral hepatitis.

## Parliamentary Friends Group for HIV, Hepatitis, and Other Blood-Borne Viruses

In collaboration with Health Equity Matters, Hepatitis Australia took a significant leap forward in our efforts to secure political commitment through the establishment of the Parliamentary Friends Group for HIV, Hepatitis, and Other Blood-Borne Viruses. Given the silence and stigma faced by people infected with hepatitis, the launch of this new Group, with hepatitis clearly called out in its name, was significant. It is a signal that parliamentarians have listened to our voices and recognised that people infected with hepatitis matter and deserve to be acknowledged.

This group serves as a non-partisan platform for parliamentarians to engage with stakeholders, raise awareness, and support policy dialogue and advocacy. The co-chairs of the Group are Mr. Tim Wilson, MP, and Ms. Renee Coffey, MP. With their leadership in Parliament, the group will strengthen the national support for hepatitis elimination.

## World Hepatitis Day Parliamentary Event 2024

Hepatitis Australia marked World Hepatitis Day 2024 with a high-profile event at Parliament House, urging Australia to accelerate action to eliminate hepatitis B and C by 2030. The event brought together political leaders, health experts, and community advocates to reinforce that elimination is achievable but requires renewed urgency. Speakers highlighted the need for stronger prevention, testing, and treatment strategies, particularly for populations who remain disproportionately affected.

The discussions emphasised that regaining momentum toward elimination demands sustained political engagement and a resolute focus on equity. Addressing inequities is critical to improving prevention, detection, and treatment outcomes. The event showcased bipartisan support and sector collaboration, signalling that Australia has the tools and knowledge to succeed if action is accelerated now.

### Speakers

- The Hon Mark Butler MP, Minister for Health, Disability and Aging
- Selina Walker, Senior Ngunnawal Woman
- Frank Carlus, Vice President, Hepatitis Australia
- Nicoletta Estella, Peer Community Development Worker

### Hosts

- Senator Dean Smith and Senator Louise Pratt, Co-Chairs of the Parliamentary Friends for Ending HIV, STIs and Other Blood Borne Viruses

## Policy and Advocacy

Hepatitis Australia continues to accelerate its policy and advocacy efforts to accelerate progress to elimination by 2030. Our Strategic Plan 2025-2030 re-states our duty to secure political commitment. As the national peak body, we lead with our extensive policy engagements and communications programme, and we collaborate with Members, peak bodies, research institutes and other partners to bring collective weight to our advocacy positions across all areas of the national response to hepatitis B and hepatitis C.

It is our goal to re-ignite the urgency towards full implementation of National Hepatitis B and Hepatitis C Strategies through thought leadership and making the economic and social case for the investment badly needed to avoid falling further behind in our collective efforts to eliminate hepatitis by 2030.



*“In partnership with affected communities, national peak bodies, peer and community organisations and the clinical multidisciplinary workforce, we are examining how to reduce the transmission of hepatitis C in the prison system... We are determined to explore new ways in which we can make a difference in those settings.”*

### The Hon Mark Butler

Minister for Health, Disability and Aging

## Hepatitis Australia submissions and Departmental engagement

As a valued expert peak body and partner to government, Hepatitis Australia conducts frequent meetings across government departments centred around planned monthly meetings with Department of Health, Disability and Aging (DoHDA). Key inputs included expert advice on finalisation of the Fourth National Hepatitis B Strategy and the Sixth National Hepatitis C Strategy and their implementation.

In addition to our direct engagement, Hepatitis Australia has contributed multiple consultation submissions, including:

- Submission to the Australian Living Evidence Collaboration (Living Evidence for Australian Pregnancy and Postnatal Care consortium) on the Draft Australian Pregnancy Care Guidelines and the Draft Australian Postnatal Care Guidelines. The submission included recommendations to strengthen the Guidelines by improving clinical guidance and language related to hepatitis B and hepatitis C, promoting informed consent, and supporting culturally safe, evidence-based care for pregnant and postnatal women affected by or at risk of viral hepatitis.
- Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of alcohol and other drug use in Australia which highlighted the critical linkage of hepatitis C affected communities and outcomes in this national policy document.
- Submission to the Department of Health and Aged Care on the Draft Nursing Workforce Strategy which highlighted the imperative to explicitly recognise the critical role of nurses in achieving the elimination of hepatitis B and hepatitis C.
- Submission to Pharmaceutical Benefits Advisory Committee supporting the listing of Hepcludex on the Pharmaceutical Benefit Scheme for the treatment of hepatitis D.
- Submission to Medical Services Advisory Committee supporting the HDV RNA PCR testing to determine eligibility for PBS subsidised Hepcludex.
- Joint submission with Hepatitis ACT to ACT Inspector of Custodial Services and the Healthy Prison Review of the Alexander Maconochie Centre (AMC) highlighting that the third Healthy Prison Review of the AMC is an opportunity to revisit the issue, explore available and new evidence, and make appropriate assessments and recommendations acknowledging that people who inject drugs in the AMC have a right to access preventive health programs and products on an equivalent basis to those available in the ACT community.
- Joint submission with Tasmanian Council on AIDS, Hepatitis, and Related Diseases (TasCAHRD) to Tasmania's 20 Year Preventative Health Strategy highlighting the areas of intervention to incorporate in the strategy for the prevention of hepatitis B and hepatitis C.

We were particularly pleased to be able to demonstrate our commitment to human rights through our contribution to the joint NGO submission for viral hepatitis policy. Our leadership ensured that the rights of the people affected by hepatitis B and hepatitis C were represented in the national human rights reporting. Specific inputs include:

- promotion of evidence-based responses to protect people in prison from infectious diseases, and standardise access to federally funded healthcare
- concerns about residency rules, language barriers, and lack of culturally appropriate services
- emphasised BBV and STI risks among priority populations and the need for inclusive health responses.

## Partnerships to secure commitment

Partnership is a critical factor in achieving advocacy goals as we need to build collective momentum and consensus behind our major policy positions so that politicians and government see and hear stakeholders speaking with one united voice. Hepatitis Australia has joined and led with multiple partners across a range of issues with highlights including:

- Joined with the Consumers Health Forum and almost 20 consumer health organisations to form the Coalition for Preventative Health to campaign for increased investment for preventive health.
- We continue to be a member of the multiple alliances including the World Hepatitis Alliance and the Australian Global Health Alliance.
- Participation and viral hepatitis leadership in 10 BBVSS meetings
- In partnership with other BBV STI Peaks, Hepatitis Australia led the development and submission of a brief to the DoHAC, highlighting how the deep expertise of BBV STI community organisations can strengthen the work of the Australian CDC. Hepatitis Australia also attended the DoHAC workshop on embedding community voices in the Australian CDC on 12 February 2025.
- Hepatitis Australia, along with Burnet Institute, held series of meetings with Department of Home Affairs to discuss including information about HepLink in the resources provided to individuals who test positive for hepatitis B during their visa application process. As a result, Hepatitis Australia along with ASHM is now coordinating with Bupa to provide viral hepatitis education and awareness activities to its medical officers.



## Strengthen global action

An estimated 303 million people globally are living with hepatitis B and hepatitis C. 174 million live in Southeast Asia and the Western Pacific, representing 58% of those globally. Migration and travel mean Australia's progress is directly affected by global responses to hepatitis B and hepatitis C. Hepatitis Australia can better support community efforts and strengthen policy in Asia and the Pacific and through global forums.

As the peak body for hepatitis in Australia and a member of the World Hepatitis Alliance and Australian Global Health Alliance, we are well placed to bring our expertise to government and partner with the Department of Foreign Affairs and Trade (DFAT) and other government departments and agencies. This enables us to elevate the status and urgency on viral hepatitis in Australia's international interactions and programs, such as Australia's participation in meetings of the United Nations Group of Friends to Eliminate Hepatitis.

Our international reach and remit is also an opportunity to diversify our funding through exploring opportunities to partner with research, community and clinical workforce organisations that have existing relationships and programs in Asia and the Pacific and offer our technical expertise to the World Health Organization through its Western Pacific and Southeast Asia offices.

# 303 million

people globally are living with hepatitis B and hepatitis C



# 174 million

live in Southeast Asia and the Western Pacific

## International engagements

Continuing to invest time in key internationally focused relationships and partnerships is already bearing fruit as evidenced by our successful engagement with the Department of Foreign Affairs and Trade (DFAT) and the Department of Employment and Workplace Relations (DEWR) to discuss collaborations aimed at linking PALM Workers to viral hepatitis related information and services. Through these engagements we secured the opportunity to present to the PALM Forum alongside Hepatitis WA, in partnership with NIB (DEWR's health partner for the PALM program), and to provide culturally tailored health promotion at a soccer match with PALM workers from Timor-Leste.

Hepatitis Australia also worked with Health + Law and DEWR to develop a Your Rights and Responsibilities factsheet to support people on PALM visas with legal needs.



Hepatitis Australia met with the WHO Pacific Regional Office's HIV, Viral Hepatitis and Sexually Transmitted Infections team to discuss the ongoing challenges in eliminating viral hepatitis across the region. Hepatitis Australia will continue to collaborate with the WHO to identify and pursue joint opportunities that support the elimination of viral hepatitis both nationally and regionally.

By invitation, Hepatitis Australia met virtually with colleagues at The Gambia Ministry of Health to share our perspectives on respective hepatitis control programs. Hepatitis Australia was pleased to share our community's knowledge and perspectives on key aspects of a national response to the elimination of hepatitis infections.



## Strengthening HepLink – ensuring everyone in Australia has a pathway to essential viral hepatitis support and services



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.

During 2024/25 Hepatitis Australia, in collaboration with our members, initiated an in-depth review and evaluation of HepLink and we were pleased to have the opportunity to present the evaluation to the Department of Health, Disability and Aging in December 2024. This evaluation formed the basis of collaborative action with both the Department and our members to scope and re-design a strengthened and more sustainable model for HepLink to be implemented into 2025/26.

We are very excited to have embarked on a process that charts an exciting path forwards for HepLink to enhance the responsiveness of the service to people and communities and embraces expanded stakeholder needs including a HepLink Nurse Navigation and Tele-Support service.

To develop the change plan, Hepatitis Australia initiated a series of co-design workshops with our members and held discussions with the Department. At the heart of the plan was an understanding of the need to identify HepLink as the national 'front door' to hepatitis treatment and care, ensuring everyone in Australia has a pathway to essential viral hepatitis support and services and linking Commonwealth hepatitis B and hepatitis C programs with the national network of community hepatitis organisations.

By ensuring HepLink remains embedded within the community hepatitis organisations, the program continues to offer place-based and person-centred delivery, recognising that marginalised populations face complex challenges needing holistic solutions.



Key changes included:

- Introduction of a Nurse-led Tele-Support service providing trusted hepatitis-related health advice through a streamlined, centralised phone routing service able to facilitate referral to Commonwealth programs and key stakeholders, and referral to relevant state/territory community hepatitis organisations for local support underpinned by a national service guarantee, intended to improve fidelity, coherence, efficiency and cohesiveness across all jurisdictions.
- An increased focus on hepatitis B, including leveraging existing community relationships, programs and resources across community hepatitis organisations nationally.
- Strengthening linkage, referral and counter referral including targeted engagement with programs such as the National Australian HCV Point-of-Care Testing Program, migration health services, the PALM Scheme, and community education.
- Strengthening the National Hepatitis Community Minimum Data Set in collaboration with the Burnet Institute.
- Development of a comprehensive evaluation and monitoring framework
- Improved and ongoing national coordination of the community response to viral hepatitis including identification and development (over time) of:
  - Collective Governance arrangements
  - Development of the HepLink national service guarantee, including HepLink service standards, workforce training and branding and promotion guides.
  - Education and training package

HepLink has been promoted strongly through our stakeholder engagements with PHNs and DFAT. Incorporating HepLink into HealthPathways and BUPA medical assessments for visa applicants will elevate awareness and use in these target areas.

Additionally, Hepatitis Australia continues to support HepLink's engagement with Health + Law to develop and implement a legal referral pathway to connect clients with hepatitis B legal support and ultimately drive equity through the removal of identified barriers to treatment and care.



# Focusing on priority populations and partnering for equity and impact

## The Juice: Information for Safer Gains

People who inject performance and image enhancing drugs (PIEDs), including anabolic steroids are at increased risk of BBVs, especially hepatitis C. National survey data indicate a significant rise in the proportion of people injecting PIEDs, making it the third most commonly reported substance last injected, according to the Australian Needle Syringe Program National Data Report 2019–2023.

The Juice website was first published in 2021 as a collaborative partnership between Hepatitis Australia and AIVL to respond to an information gap relating to hepatitis risks for people who inject PIEDs.

In 2024-2025, Hepatitis Australia and AIVL have worked with AIVL's peer network of steroid users, Your Community Health Steroid Education Program, Australian Research Centre in Sex, Health and Society (ARCSHS), Blue Mountains Nepean LHD needle and syringe program nursing team, and Health Equity Matters to ensure the Juice website is up to date and accurate.

People with lived and living experience of injecting PIEDs were engaged at both the initial development of the website in 2021, and through a workshop in 2025 to ensure that it evolved in line with their needs.

Together with AIVL we re-launched 'The Juice,' strengthening our harm reduction messaging around performance and image-enhancing drug use.

## 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. We continue to 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.

New resources and publications for this year included a brief on blood borne virus infection via spitting or biting and an article published in the Journal of Law and medicine that presented the first data on the incidence and impacts of unmet legal needs for those affected by Sexually Transmissible Infection (STI) or Blood Borne Virus (BBV) in Australia - The Legal Needs of People Living with an STI or BBV: Perspectives from a sample of the Australian Sexual Health and BBV Workforce

Our partnership with Health+Law also delivered a series of briefing meetings with migration agents and lawyers to highlight the impacts of the migration process on the health of people living with hepatitis B.

Hepatitis Australia was also able to facilitate Health+Law to work with our members and partners delivering legal first aid training to hepatitis community workers and peer workers across the Hepatitis Australia member network and connecting with HepLink to develop a legal referral pathway to connect clients with hepatitis B legal support.

## VH 2024

As well as supporting community engagement at VH2024, Hepatitis Australia hosted two sessions:



### **Partnering With Communities:**

A practical session for researchers and communities to think about how we can most effectively partner together as we focus on elimination.

### **Implementing the National Strategies:**

A session which aimed to tease out what the implementation priorities and what needs to change in the national response if Australia is to achieve elimination by 2030.

Other presentations from Hepatitis Australia at VH2024 included:

Hepatitis Australia's economic modelling to support the investing in viral hepatitis initiatives.

HepLink as a national community-led program.

The importance of World Hepatitis Day as an opportunity to strengthen collaborative action towards the 2030 elimination goals.

Supported a community welcome from a person with lived experience.

## National Hepatitis C Modelling Community Reference Group

Hepatitis Australia and the Kirby Institute jointly established the National Hepatitis C Modelling Community Reference Group to support and inform the Kirby Institute's hepatitis C modelling inputs, outputs and associated communications.

**The Reference Group embodies the National Hepatitis C Strategy's Guiding Principles, notably:**

- The meaningful involvement of priority populations in all aspects of the response, and
- The partnership between affected communities, peak organisations, the clinical workforce, researchers and government.

**The organisational members of the Community Reference Group include:**

- Australian Injecting and Illicit Drug Users League (AIVL)
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Hepatitis Australia
- The Kirby Institute, University of NSW
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Scarlet Alliance

## ECA II

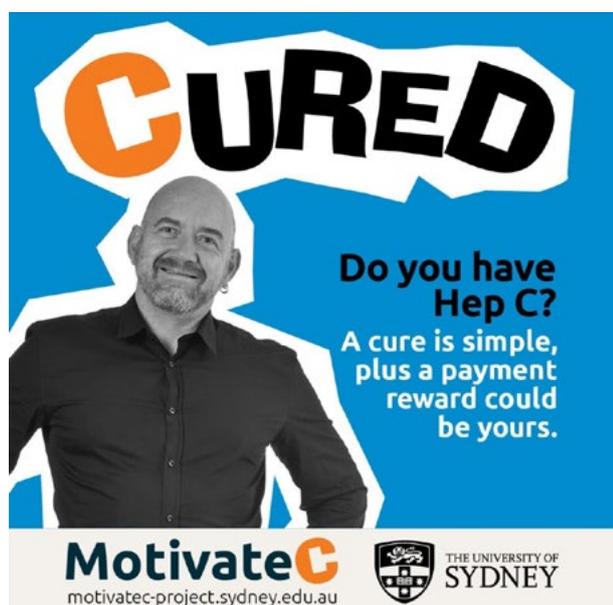
Hepatitis Australia established and co-convenes the Policy Pathways Action Group within the ECA II project to support translation of implementation research into policy and systems change for hepatitis C elimination. The Group focuses on priority populations—Aboriginal and Torres Strait Islander people, people who inject drugs, and those at risk of liver cancer—and works to align research outputs with policy priorities across the sector. It provides a mechanism for community leadership and lived experience to inform advocacy, curate and disseminate evidence, and identify opportunities to scale effective approaches.

## Motivate C

The Motivate C project is led by the University of Sydney in collaboration with researchers, healthcare providers and GP experts within the hepatitis C field. It began in 2023 and closes in October 2025. The study is testing whether a cash incentive will encourage people to take up hepatitis C treatment in primary care.

By May 2025 the project had randomised 881 participants, 700 of which have been contacted by the Navigator with 513 enrolled and 269 commenced on direct-acting antivirals.

Hepatitis Australia is a project partner and has facilitated an important link between the Motivate C project and HepLink to promote HepLink and utilise its service options to provide incentives to participants.



## Partnering with the research community to drive innovation

Hepatitis Australia is indebted to the Australian hepatitis research community who continue drive local and international knowledge generation. We are grateful to be able to work and partner with the community in a mutually beneficial relationship where sharing expertise, insights and connections strengthens all our work for the benefit of people at risk and infected by hepatitis.

Hepatitis Australia is proud to serve as an expert adviser to contribute to multiple research projects either through advisory committee membership, as a co-chief investigator, or through adhoc ongoing expert guidance.

### Highlights in these partnerships include:

- Access Advisory Committee
- ASHM's SEEK B Advisory Group
- ASHM's 'Beyond the C' program National Steering Committee
- Burnet Institute's EC Australia Executive and Advisory Committees, Connect-C Chief Investigators Group and Synergy Grant Engagement Group
- CSRH's Stigma Indicators Project Research Group and 'Trial of a universal precautions approach to stigma reduction' project Advisory Group
- Deakin University 'Hepatitis C and people with severe mental illness' research project
- Doherty Institute's HBV Cascade Working Group
- Kirby Institute's HCV Cascade Working Group, HCV Modelling Community Reference Group, Rapid Applied Research Translation (RART) project and the H2Seq Strategic Advisory Group
- WHO Collaboration Centre for Viral Hepatitis Epidemiology and Public Health Research Advisory Group
- UTS Health+Law project Steering Committee
- UWA 'IDEAL Care Trial' Steering Committee

## Amplifying our presence across the hepatitis community and public

Hepatitis Australia continues to make significant strides in enhancing its strategic multi-channel engagement and communications outreach. Through our activities and communications, we provide vital health information and showcase our work to Australians affected by hepatitis B and hepatitis C and the wider public. Through the implementation of a multi-channel engagement strategy, we aim to maximise our opportunities to communicate across traditional and social media to disseminate crucial resources, raise awareness, and engage with diverse communities.

We regularly work in partnership with stakeholders, including other peak bodies, researchers, community organisations, and governments, to ensure we target information sharing to the right audiences.

### World Hepatitis Day 2024

World Hepatitis Day, observed annually on 28 July, remains one of only seven disease specific events on the World Health Organization official global public health days calendar. In Australia, World Hepatitis Day is coordinated by Hepatitis Australia to raise awareness and promote action on hepatitis B and hepatitis C.



Within the context of our strategy and the work we do together with our members, World Hepatitis Day is a significant annual date for us to:

**Mobilise the community, organisations, research institutes, media, and governments to take action in support of viral hepatitis elimination.**

**Activate the Australian Government and political leaders to progress action on viral hepatitis elimination.**

**Challenge stigma, discrimination and systemic barriers faced by people impacted by hepatitis B and hepatitis C.**

**Amplify the diverse voices of people impacted by hepatitis B and hepatitis C to influence public dialogue, decision making and health policy development.**

In 2024, the global and Australian theme was “it’s Time for Action” which reflected the urgent need for governments, health systems and services to support the community and individuals to take action and regain lost momentum towards our shared target of elimination by 2030.

This year our World Hepatitis Day programme was co-created across four network meetings, as well as an additional meeting to collaborate on the inaugural World Hepatitis Testing Week. We were joined in the network by our member organisations and other valued, committed partners, including AIVL, ASHM, Australian Government Department of Health, Disability and Aging, Australian Centre for Disease Control, Burnet Institute, Haemophilia Foundation, Health + Law, Liver Foundation, NACCHO, and The Pharmacy Guild of Australia.



We are very pleased to report that with the collaboration and support of our members, partners and the wider community we were able to deliver across all our objectives for World Hepatitis Day.

Our World Hepatitis Day website was updated to optimise user access to information, resources and World Hepatitis Day assets. World Hepatitis Day factsheets were provided in five languages. The website also included links to World Hepatitis Day events Glowing Green Landmarks.

World Hepatitis Day was also an opportunity to live our values of partnership and impact. We partnered with our members to co-create tailored national and member media releases that generated engagement and stories in every State and Territory across social media, print, radio and TV.

The reach of our World Hepatitis Day campaign was unprecedented, appreciably outstripping previous years. The website had 347,249 pageviews and 247,353 users and our animated short video for World Hepatitis Day, promoted on social media and in GP clinic waiting rooms in every State and Territory reached:



350

medical centre waiting rooms with exposure to an estimated 643,000 people.



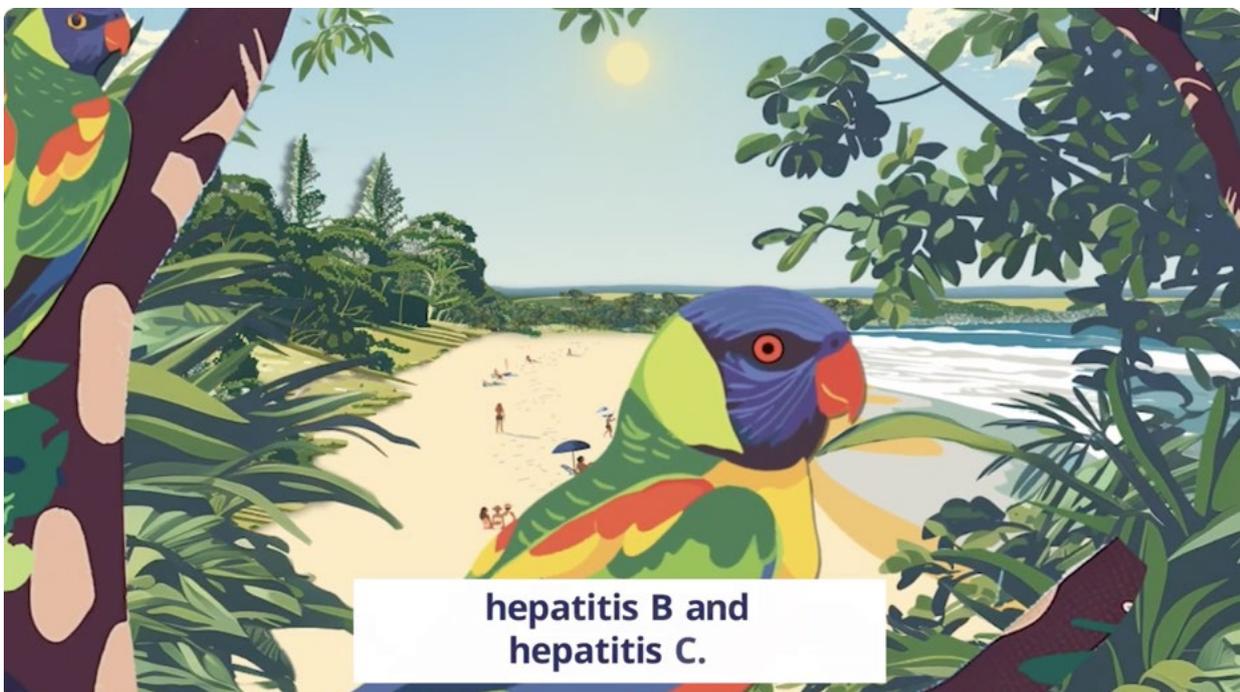
1,757,852

people reached through Meta advertising.



2.2 million

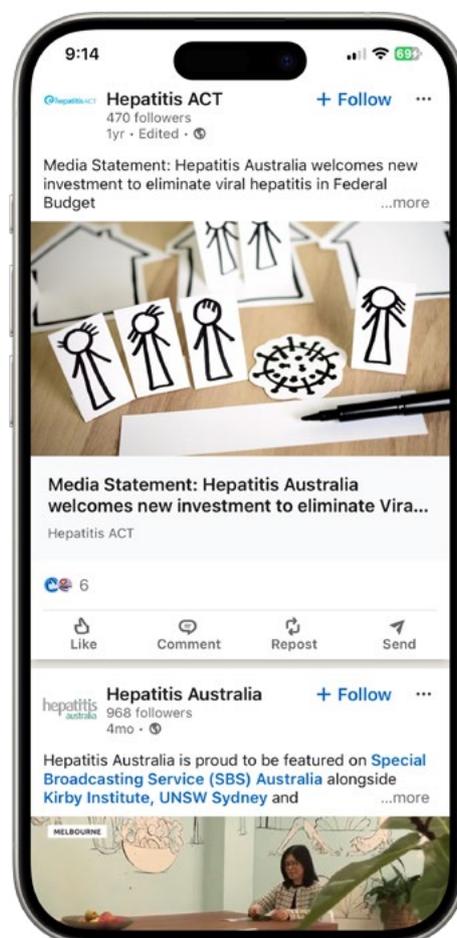
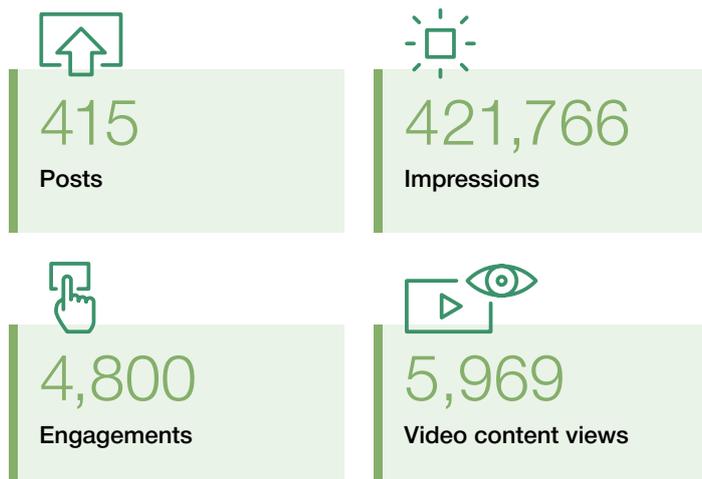
impressions of the video across multiple platforms.



## Hepatitis Australia websites and social media

Hepatitis Australia has continued to amplify our messages and presence through multiple online and social media platforms, focusing on quality and impact in our post and video content.

Hepatitis Australia also promotes partner content, and we promote our member's social media handles to communicate that they are the go-to place for hepatitis support for the public.



Hepatitis Australia remains a trusted source of information for people affected by viral hepatitis, and maintains its status as a Healthdirect partner. Our websites have been through a review process, including clinical reviews of medical information and reviews by people with lived experience of viral hepatitis.

Our articles and health information reference verified sources and we work closely with research partners, including the Doherty Institute, Kirby Institute, Burnet Institute, Centre for Social Research in Health, and Australian Research Centre in Sex, Health and Society to review and publish accurate data, including statistics used on our websites.

Translations have been undertaken by NAATI-credentialed translators and have undergone a community checking process. From 2024, all new translations are certified to conform with the global standard for Translation Services (ISO-17100 - Translation Services).

During 2024-2025, Hepatitis Australia has reviewed its websites and commenced updates to varying stages of completion.



## Hepatitis Australia website



Hepatitis Australia has commenced a review of its corporate website to better align with its strategic plan and increase the accessibility and usability of the site for all users. A new site is due to be published in 2025.

Key stakeholders have been engaged to provide feedback on the current site, and advice on their requirements for the new site.

## World Hepatitis Day



The Australian World Hepatitis Day website remains a key source of information for partnering organisations, government and the general public to seek information on World Hepatitis Day. The site is updated annually and supports anyone in Australia to get involved with activities.

## HepLink Australia website



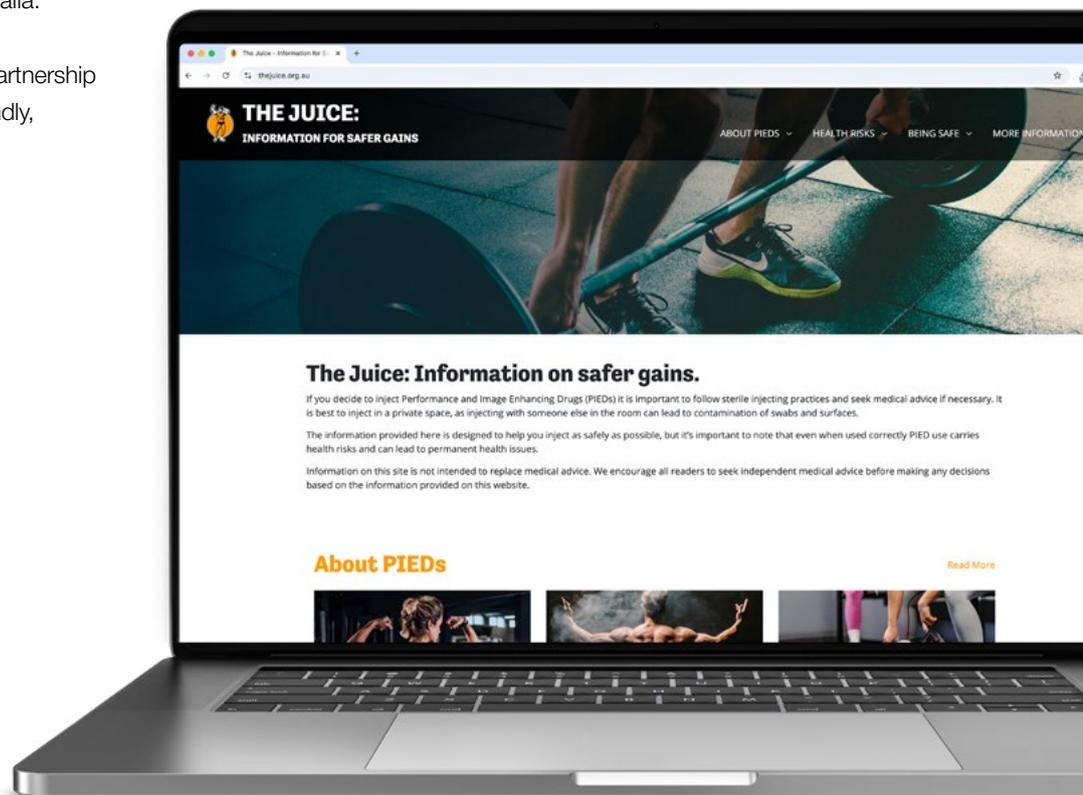
Following the update of the HepLink model this year, significant work has commenced to launch a new HepLink website in 2025. The current site provides basic information for people seeking information about HepLink, but the new site will act as a service hub making it easier for people to find information, support, and connections to viral hepatitis services across Australia.

The new site is being designed in partnership with members to be more user-friendly, accessible, and easy to navigate.

## The Juice: Information for Safer Gains



The Juice website has been updated in 2025, and early qualitative feedback has been extremely positive about the usefulness of the resource. A promotional campaign is planned for 2025 to increase awareness and promotion of the site.



## Highlights from Hepatitis Australia TV and print media engagement

### Amplifying the call for a universal offer of hepatitis B testing:

Hepatitis Australia achieved strong national media interest in the call for a universal offer of hepatitis B testing, following its inclusion in The Age alongside Lien Tran (Hep B Voices Australia) and the Doherty Institute. Hepatitis Australia's follow-up media release drove further coverage, resulting in 95 media pieces and a live interview on Channel 7 that also highlighted the HepLink service.

### Leading with information to support the public and community

Hepatitis Australia was able to respond positively to media reports about a healthcare worker at Nepean Hospital's birth unit living with hepatitis B. Hepatitis Australia issued a reminder that the risk of transmission in a healthcare setting is extremely low, and people living with hepatitis B can safely work in healthcare settings.

Providing assurance and tackling stigma through the sharing of evidence-based guidelines and resources is a critical function and we collaborate with our members and partners to ensure people have access to the best information.

## Hepatitis Australia Newsletter

This year we re-vamped our newsletter as part of our ongoing efforts to optimise communications. We focused on quality over quantity, reducing the frequency to quarterly and achieved impressive engagement with a 70% open rate and a 45% click-through rate.



This positive media traction reflects years of collaborative advocacy with sector partners including ASHM and the Doherty Institute.



# Board of Directors

## Board Director bios



### **Professor Joseph Doyle** **President & 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 is an experienced Board Director with a focus on serving for-purpose organisations with a mission aimed at promoting the wellbeing of disadvantaged and vulnerable people and communities. He is a graduate of the Australian Institute of Company Directors and a member of the Institute of Community Directors Australia.

He is a former Director and President of LiverWELL (incorporating Hepatitis Victoria). He is currently a Director and Board Chair of Timboon and District Healthcare Service.

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

Frank has lived experience with Hepatitis C and is the grateful recipient of a donor liver.



**Cameron Brown**  
**Treasurer**

Cameron Brown rejoined the Board of Hepatitis Australia in May 2024, having previously served as Treasurer, Secretary, and Chair of the Finance and Risk Committee from 2018 to 2022.

He is the Chief Executive Officer of the Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc. (TasCAHRD), a Member of the Australian Institute of Company Directors, and holds a Graduate Certificate in Business from QUT.

Cameron brings extensive executive experience across both public and private sectors, including leadership roles within the dealer networks of General Motors and Hyundai Motor Company. He has also held senior positions with Medicare Australia and the Department of Human Services, where he led major projects and change initiatives that delivered significant public value and improved customer outcomes.

He contributes actively to health policy and advocacy through his involvement in multiple Tasmanian Government reference groups focused on LGBTIQ+ health, BBV/STI, and sexual and reproductive health. Cameron is also a Member of the Tasmanian Health Senate.



**Dr Michael Levy AM**  
**Board Director**

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

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 healthcare in detention.



## **Adjunct Associate Professor Anna Hawkes**

### **Board Director**

Adjunct Associate Professor Anna Hawkes joined the Hepatitis Australia Board and Governance Committee in June 2024. Anna has Australian Institute of Company Directors training in not-for-profit governance and has served on/chaired numerous Boards and Committees. Anna holds a PhD and Masters degree in Public Health.

Anna is the Chief Executive Officer of Hepatitis Queensland and has a wealth of experience in public health policy, practice, and research. Before joining Hepatitis Queensland, Anna was the Engagement and Strategy Lead in the Blood Borne Virus and Sexually Transmissible Infections Unit at Queensland Health leading the Queensland Sexual Health Ministerial Advisory Committee. For the past 30 years, she's worked in executive leadership roles for Government, Universities, and not-for-profit community organisations including the Cancer Council Queensland and Heart Foundation.

Anna's passionate about improving health outcomes with a focus on equity and inclusion for marginalised groups.



## **Professor Jane Davies**

### **Board Director**

Professor Jane Davies is the Northern Territory representative on the board, joining in November 2024. As a respected Infectious Diseases clinician researcher and lead of the Hep B PAST program, Prof Davies brings a proven ability to build and lead effective partnerships as well as expert knowledge in viral hepatitis and world class clinical and research experience.

Jane is a triple accredited specialist physician in Infectious Diseases, Tropical and General Medicine trained in the UK prior to moving to the Northern Territory in 2010 where she then completed her PhD with Menzies School of Health research in viral hepatitis and public health. She has worked with and for communities in England, Tanzania, Malawi, England and the Northern Territory.

She leads the successful Hep B PAST program which has closed the gap for Aboriginal and Torres Strait Islander people living with Chronic hepatitis B being engaged in care across the Northern Territory. In addition she is involved in regional, national and International advisory bodies around viral hepatitis guidelines, research and clinical strategies.



**Rebecca Smith**  
**Board Director**

Rebecca joined the Hepatitis Australia Board in March 2025 when she commenced as Chief Executive Officer of HepatitisWA.

She brings over 20 years' experience in the for-purpose health sector in both executive and board director roles, including positions at Sexual Health Quarters, Health Consumers' Council WA and the Centre for Women's Safety and Wellbeing.

A graduate member of the Australian Institute of Company Directors, Rebecca is passionate about the importance of strong governance in the community services space.

.



**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.



**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.



**Lucy Clynes**  
**CEO**

Lucy joined Hepatitis Australia as Chief Executive Officer in August 2024, bringing extensive policy development, advocacy strategic partnership building experience from senior government and peak body roles, including as Deputy Chief of Staff to a government minister. Prior to joining Hepatitis Australia, Lucy served as General Manager of Research Australia, the national peak body for health and medical research, where she led strategic advocacy and partnerships to strengthen Australia's research ecosystem.

With a background in law and, Lucy has built a career advancing evidence-based policy and community-driven reform.

## 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.



## Treasurer's Report

On behalf of the Hepatitis Australia Board, I am pleased to present the Financial Statements for the year ended 30 June 2025. Hepatitis Australia's financial position continues to strengthen, with total equity of \$961,168, representing a 9.3% increase when compared to 2024. Total revenue amounted to \$4,074,263 [2024: \$3,239,165] and a surplus of \$81,516 [2024: \$97,726].

## Financial Statements

### Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2025

	2025	2024
	\$	\$
<b>REVENUE</b>		
Revenue from contracts with customers	<b>3,946,166</b>	3,176,433
Other income	<b>128,097</b>	62,732
	<b>4,074,263</b>	3,239,165
<b>EXPENSES</b>		
Amortisation of right of use assets	<b>45,923</b>	52,434
Conference, travel and accommodation costs	<b>81,507</b>	118,816
Consultants	<b>82,875</b>	127,794
Deliverables	<b>2,289,070</b>	1,420,454
Depreciation	<b>30,889</b>	32,773
Employee benefits expense	<b>1,034,686</b>	932,291
Finance costs	<b>583</b>	3,295
Office and administrative costs	<b>315,024</b>	351,537
Superannuation	<b>112,190</b>	102,045
	<b>3,992,747</b>	3,141,439
<b>Surplus before income tax</b>	<b>81,516</b>	97,726
Income tax expense	-	-
<b>Surplus for the year</b>	<b>81,516</b>	97,726
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>81,516</b>	97,726

## Statement of Financial Position

As At 30 June 2025

	2025	2024
<b>ASSETS</b>	<b>\$</b>	<b>\$</b>
CURRENT ASSETS		
Cash and cash equivalents	649,542	1,465,631
Trade and other receivables	287,387	56,833
Financial assets	1,300,000	10,450
Other assets	67,549	57,908
<b>TOTAL CURRENT ASSETS</b>	<b>2,304,478</b>	<b>1,590,822</b>
NON-CURRENT ASSETS		
Property, Plant and equipment	21,007	47,549
Right-of-use assets	-	45,923
<b>TOTAL NON-CURRENT ASSETS</b>	<b>21,007</b>	<b>93,472</b>
<b>TOTAL ASSETS</b>	<b>2,325,485</b>	<b>1,684,294</b>
<b>LIABILITIES</b>		
CURRENT LIABILITIES		
Trade and other payables	61,344	130,696
Other liabilities	1,226,288	583,363
Lease liabilities	-	37,936
Employee benefits	72,556	43,405
<b>TOTAL CURRENT LIABILITIES</b>	<b>1,360,188</b>	<b>795,400</b>
NON-CURRENT LIABILITIES		
Employee benefits	4,129	9,242
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>4,129</b>	<b>9,242</b>
<b>TOTAL LIABILITIES</b>	<b>1,364,317</b>	<b>804,642</b>
<b>NET ASSETS</b>	<b>961,168</b>	<b>879,652</b>
<b>EQUITY</b>		
Retained earnings	961,168	879,652
<b>TOTAL EQUITY</b>	<b>961,168</b>	<b>879,652</b>

## 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 (ASID)

Australian Alcohol & Other Drugs Council (AADC)

Australian Centre for Disease Control

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 Employment and Workplace Relations

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

Brave People Solutions

Bupa

Burnet Institute

Campaign Edge

Cancer Australia

Cancer Council Australia

Cancer Council Victoria

CDA Foundation

Centre for Evidence and Implementation

Centre for Social Research in Health (CSRH), UNSW

ClinTrial Refer

Coalition for Global Hepatitis Elimination

Code Nation

Collective Action

Commercial Translation Centre

Comms for Change

Consumers Health Forum

Curtin University

Deakin University

Delia Witney

Digby Hildreth

Doherty Institute

Dr Alice Lam

Dr Andrew Charlton MP

EC Australia

EthnoLink

Federation of Ethnic Communities Councils of Australia (FECCA)

First Person Consulting Pty Ltd

Fonebox

Gambia Ministry of Health

Gastroenterological Society of Australia (GESA)

Gavi, The Vaccine Alliance

Gavin Pearce MP, Shadow Assistant Minister for Health, Aged Care and Indigenous Health Services

Gilead

GSK

Haemophilia Foundation Australia

Hardwickes

Harm Reduction Australia

Harm Reduction Victoria

Health Equity Matters

Health+Law	National Australian Point of Care Testing Program
Healthdirect	National Centre for Immunisation Research & Surveillance
Hecate Consulting	National Drug and Alcohol Research Centre (NDARC)
Hep B Past	National Rural Health Alliance
Hepatitis ACT	New South Wales Ministry of Health
Hepatitis B Foundation	New Zealand Ministry of Health
Hepatitis B Voices Australia	New Zealand Society of Gastroenterology
Hepatitis NSW	NIB
Hepatitis Queensland	Northern Territory AIDS & Hepatitis Council (NTAHC)
Hepatitis SA	Northern Territory Department of Health
Hepatitis WA	NSW Users and AIDS Association (NUAA)
HepBcommunity.org	Ogilvy Australia
HIV/AIDS Legal Centre (HALC)	One Vision
Hon Dr David Gillespie MP	Pacific Friends of Global Health
Horton Advisory	Palliative Care Australia
HT Analysts	Parliamentary Friends for Ending HIV, STIs, and Other Blood Borne Viruses
ICE-HBV	PATH
Influence Global	Penington Institute
INPUD	PHAA
International AIDS Society	Pharmaceutical Society of Australia
International Network on Health and Hepatitis in Substance Users (INHSU)	Pharmacy Guild
Karl Murtimer	Pixevl Jam Design
Kirby Institute	Praxis Insights
Kombi Clinic	Queensland Health
LaTrobe University	Queensland University of Technology (QUT)
Leverage Management Solutions	RACGP
LGBTIQ Health	RediCASE
Liver Foundation	Relationships Australia Canberra & Region
LiverWELL (Incorporating HEPATITIS VICTORIA)	Research Australia
Maria Scarlett	Roche
MBE Manuka	SA Health
Menzies School of Health Research	Scarlet Alliance, Australian Sex Workers Association
Mr. Jerome Laxale, MP	Scarlet Alliance, Australian Sex Workers Association
Ms. Dai Le, MP	Selina Walker
National Aboriginal Community Controlled Health Organisation (NACCHO)	Senator Dean Smith, Co-Chair of the Parliamentary Friends for Ending HIV, STIs and other blood borne viruses
National Association of People With HIV Australia (NAPWHA)	Senator Jordon Steele-John

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

---

Simply Green

---

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 Social Services and the Prevention of Family Violence

---

The Hon Mark Butler MP, Minister for Health, Disability and Aging

---

The Lancet

---

The Pharmacy Guild

---

The Social Policy Group

---

Tonic Health Media

---

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)

---

University of Western Australia

---

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

---

Southwest Sydney PHN

---

Sydney North PHN

---

Northwestern Melbourne PHN

---

WA Primary Health Network

---





**Annual Report  
2024-2025**