

Developing a Hepatitis B National Monitoring and Care Facilitation Program in Australia

Authors:

Shrestha A¹, Clynes L¹, Fox H¹, & Tye M²

1. *Hepatitis Australia*
2. *Griffith University*

Background/Approach: Despite hepatitis B being preventable and manageable, approximately 75% of people living with chronic hepatitis B in Australia are not engaged in guideline-based monitoring and care. Fragmented service delivery, loss to follow-up, and inequitable access, particularly for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities, continue to undermine national hepatitis B elimination goals. In response, Hepatitis Australia led the development of a National Hepatitis B Monitoring and Care Facilitation Program to explore a coordinated, equity-centred model of monitoring and care.

Analysis/Argument: A mixed-methods approach, which combined systematic environmental scanning with expert and community consultation was undertaken. The environmental scan examined hepatitis B programs across Australia and comparable healthcare systems. Findings informed a draft logic, which was then refined through structured consultations and co-design with hepatitis B experts, clinicians, community organisations, peer workers, and people with lived experience. Results highlighted the need for a system-level approach that strengthens care coordination, reduces loss to follow-up, embeds community-led and peer-supported care, and complements existing state/territory initiatives.

Outcome/Results: These processes identified consistent barriers to hepatitis B care engagement, including structural barriers, stigma, loss to follow-up after diagnosis, limited recall and reminder mechanisms, variable access to culturally safe and community-led supports, and over-reliance on specialist pathways for routine monitoring. Effective models featured anti-stigma infrastructure, low-barrier and outreach-based service delivery, integrated recall systems, and improved linkage between surveillance and care pathways. Stakeholders emphasised that national coordination is required to strengthen monitoring and care engagement, while enabling local adaptation for priority populations.

Conclusions/Applications: The National Hepatitis B Monitoring and Care Facilitation Program provides a practical, scalable model to strengthen engagement in hepatitis B care and support Australia's hepatitis B elimination commitments. The framework is intended to inform implementation planning, pilot activity, and national policy discussions focused on improving equity, continuity, and outcomes in hepatitis B care.

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