



Implementing the National Hepatitis B and Hepatitis C Strategies

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Acknowledgements

- Acknowledgement of Country
- This project has been funded by the Australian Centre for Disease Control
- Thank you to the advisory groups supporting this work:
 - Key Population Steering Group
 - Expert Project Advisory Group
 - Hepatitis Australia's Research and Clinical Advisory Group
- Acknowledgement of people with lived and living experience of hepatitis B and hepatitis C

Background

- Hepatitis Australia has been tasked by the Australian CDC to develop Implementation Action Plans for the *Fourth National Hepatitis B Strategy 2025–2030*, and the *Sixth National Hepatitis C Strategy 2025–2030*, which were launched earlier this year.
- Each Strategy articulates goals and targets, an equity threshold, priority populations and settings, and Key Areas for Action for the coming four years.
- Each Strategy will have its own Implementation Action Plan, the purpose of which is to prioritise and sequence implementation across the life of the Strategy.

Strategy Goals

Each Strategy sets ambitious goals for 2025–2030, including:

- The virtual elimination of transmission by 2030
- To reduce morbidity and mortality
- To eliminate the negative impact of stigma, discrimination, legal and human rights issues on people's health, and
- To minimise the personal and social impacts.

The goals of the Fourth National Hepatitis B Strategy 2025–2030 are to:



Virtually eliminate hepatitis B transmission by 2030



Reduce mortality and morbidity related to hepatitis B



Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health



Minimise the personal and social impacts of hepatitis B

Goals of the Sixth National Hepatitis C Strategy 2025–2030



Virtually eliminate hepatitis C transmission by 2030



Reduce mortality and morbidity related to hepatitis C



Eliminate the negative impact of stigma, discrimination, criminalisation, and legal and human rights issues on people's health and wellbeing



Minimise the personal and social impacts of hepatitis C

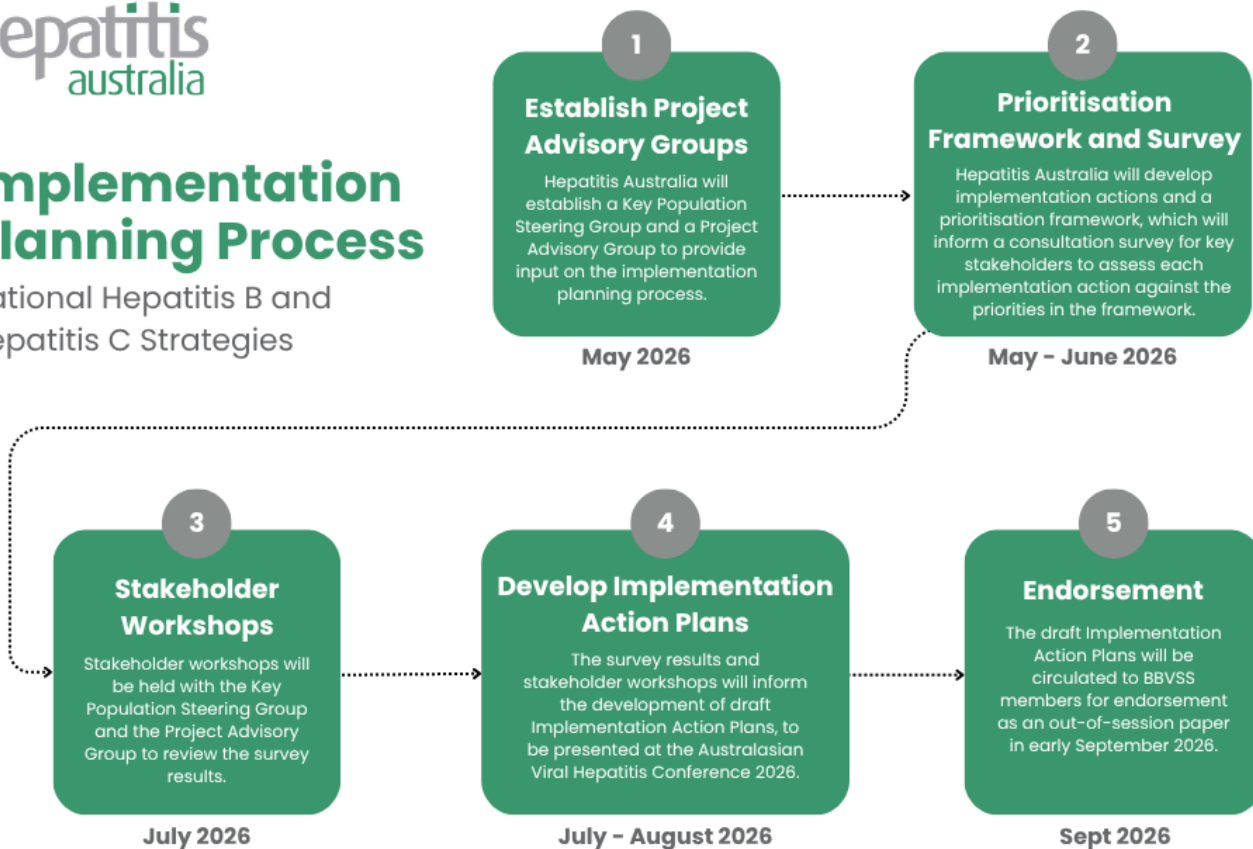
Equity Threshold

- Equity is a key focus of monitoring of progress for each Strategy, with “equity thresholds” included for the first time.
- For each Strategy, the equity threshold is defined as follows:

“Targets are only considered achieved when they have been reached by all relevant priority populations in all jurisdictions and regions.”

Implementation Planning Process

National Hepatitis B and
Hepatitis C Strategies



Governance

Hepatitis Australia has convened advisory groups to provide input into the development of the Implementation Action Plans:

- Expert Project Advisory Group, consisting of representatives with expertise across community, clinical, research and government
- Key Population Steering Group, consisting of national peak organisations representing lived experience in key populations within the National Strategies
- Hepatitis Australia Research and Clinical Advisory Group

Consultation methodology

To support the development of the Implementation Plans, this project has:

1. Developed “implementation actions”
2. Developed a Prioritisation Framework
3. Designed and implemented Prioritisation Surveys for hepatitis B and hepatitis C
4. Designed and facilitated Sequencing Workshops for hepatitis B and hepatitis C

Implementation Actions

Implementation Actions	Key area for action
1a. Strengthen nationally consistent access to and awareness of hepatitis B vaccination.	1. Strengthen access and awareness of hepatitis B vaccination including: a) nationally consistent access to hepatitis B vaccination, with specific efforts to improve uptake in priority populations including through national and state-based immunisation programs. b) investigate and strengthen opportunities to support hepatitis B immunisation programs in source countries for immigration to Australia (e.g. alongside other regional public health activities).
1b. Investigate and strengthen opportunities to support hepatitis B immunisation in source immigration countries.	

Prioritisation Framework

Development of the Prioritisation Framework was informed by:

1. Existing frameworks, including:

- Health Technology Assessment Review Interim Report Analytical Framework and Value Criteria
- CHNRI Method* to set health research priorities
- Evidence to Decision frameworks, including NHRMC GRADE and WHO-INTEGRATE
- Government decision-making processes e.g. Vic Govt Investment Management Standard
- Relative importance techniques e.g. the analytical hierarchy process and constant sum scales (aka points allocation) - used in Delphi studies and participatory budgeting processes

2. Consultation with the Expert Project Advisory Group and Key Population Steering Group

Priority Areas for Action

1. Education and Prevention
2. Testing, treatment, and management
3. Equitable access and coordination of care and support
4. Workforce
5. Addressing stigma and creating an enabling environment
6. Data, surveillance, research, and evaluation

Prioritisation Framework: Core Criteria

The Prioritisation Framework uses three core criteria to prioritise Strategy actions:

Criteria	Assessment Method
1. Impact	100-point allocation
2. Ease of Implementation	Forced ranking
3. Equity	Multiple selection

Criteria not included in the Prioritisation Framework:

- Explicit measure of cost — provided by the cost modelling undertaken by Burnet Institute
- Sequencing — provided by the Sequencing Workshop for Hepatitis B and Hepatitis C

Survey Responses

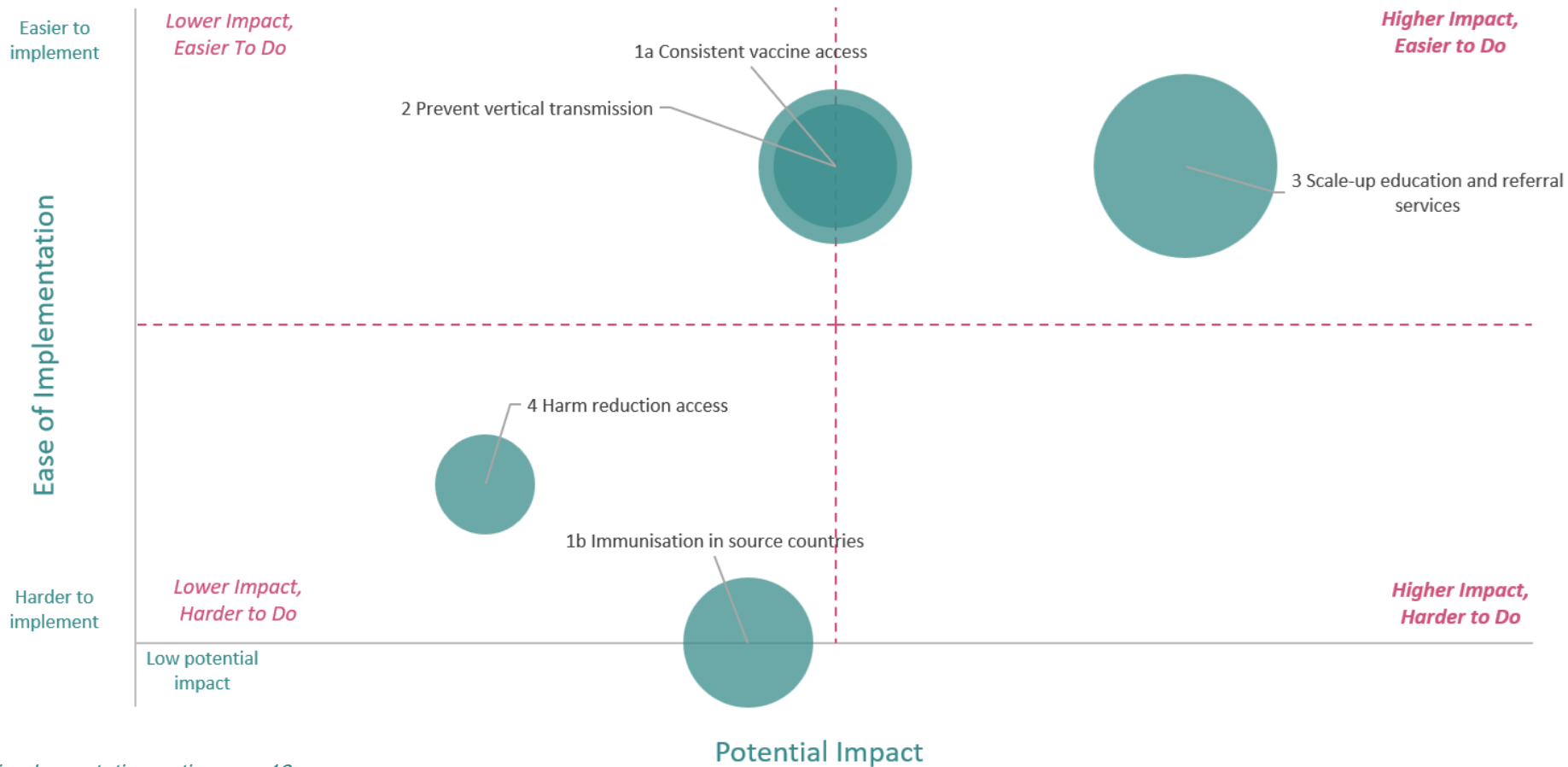
- Surveys were distributed to 98 organisations and individuals:
 - Members of the Expert Project Advisory Group and Key Population Steering Group
 - Members of Hepatitis Australia's Research and Clinical Advisory Group
 - BBVSS members and additional nominees from BBVSS members
- Respondents could choose to complete either or both surveys
 - **46 responses** received to the Hepatitis B Strategy survey
 - **43 responses** received to the Hepatitis C Strategy survey
- Respondents were most commonly from:
 - **Community organisations:** 49% of respondents
 - **Government:** 23% of respondents
- Note respondents could **choose** which priority area(s) they assessed
 - Not all respondents assessed implementation actions in all priority areas

Survey Results: Hepatitis B

Each chart shows:

- **Potential impact** on the horizontal (x) axis
 - Median of the points assigned to this action
- **Ease of implementation** on the vertical (y) axis
 - Median of the rank assigned to this action
- **Equity** is shown as size of the bubble
 - The more respondents who nominated that action as making a large contribution to equity, the larger the bubble

Education and Prevention



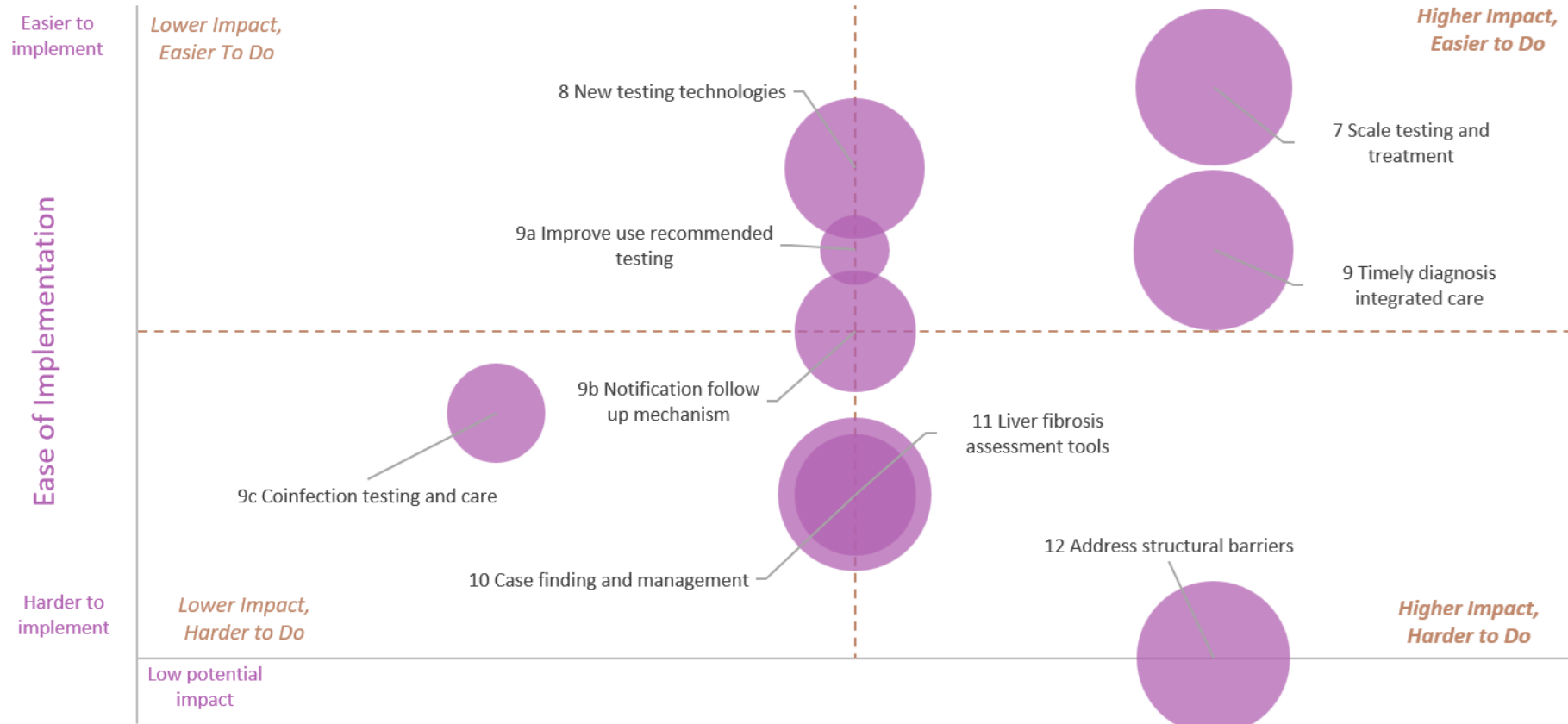
5 implementation actions, n=46 responses

Survey Results: Hepatitis C

Each chart shows:

- **Potential impact** on the horizontal (x) axis
 - Median of the points assigned to this action
- **Ease of implementation** on the vertical (y) axis
 - Median of the rank assigned to this action
- **Equity** is shown as size of the bubble
 - The more respondents who nominated that action as making a large contribution to equity, the larger the bubble

Testing, Treatment and Management



Sequencing Workshops

- The purpose of the Sequencing Workshops was to phase Implementation Actions over the life of each Strategy.
- Separate workshops were held for hepatitis B (27 July, 22 participants) and hepatitis C (28 July, 20 participants) and were attended by members of the Expert Project Advisory Group, the Key Populations Steering Group and BBVSS.

Rationale for using workshops:

- Difficult to map complex and interconnected timelines on a survey (e.g. action in one priority area may enable actions in other areas), and survey is already long and complex
- Sequencing is best done in a group setting (allows for debate), and once already know the higher priority actions (increases efficiency of the process)

Sequencing Workshop: Discussion

Four groups covering the six Priority Areas:

1. Education and Prevention PLUS Stigma and Enabling Environment
2. Testing, Treatment and Management PLUS Care and Support
3. Workforce
4. Data, Surveillance, Research and Evaluation

Combined groups to ensure distribution across the six priority areas; each group has similar number of actions to prioritise

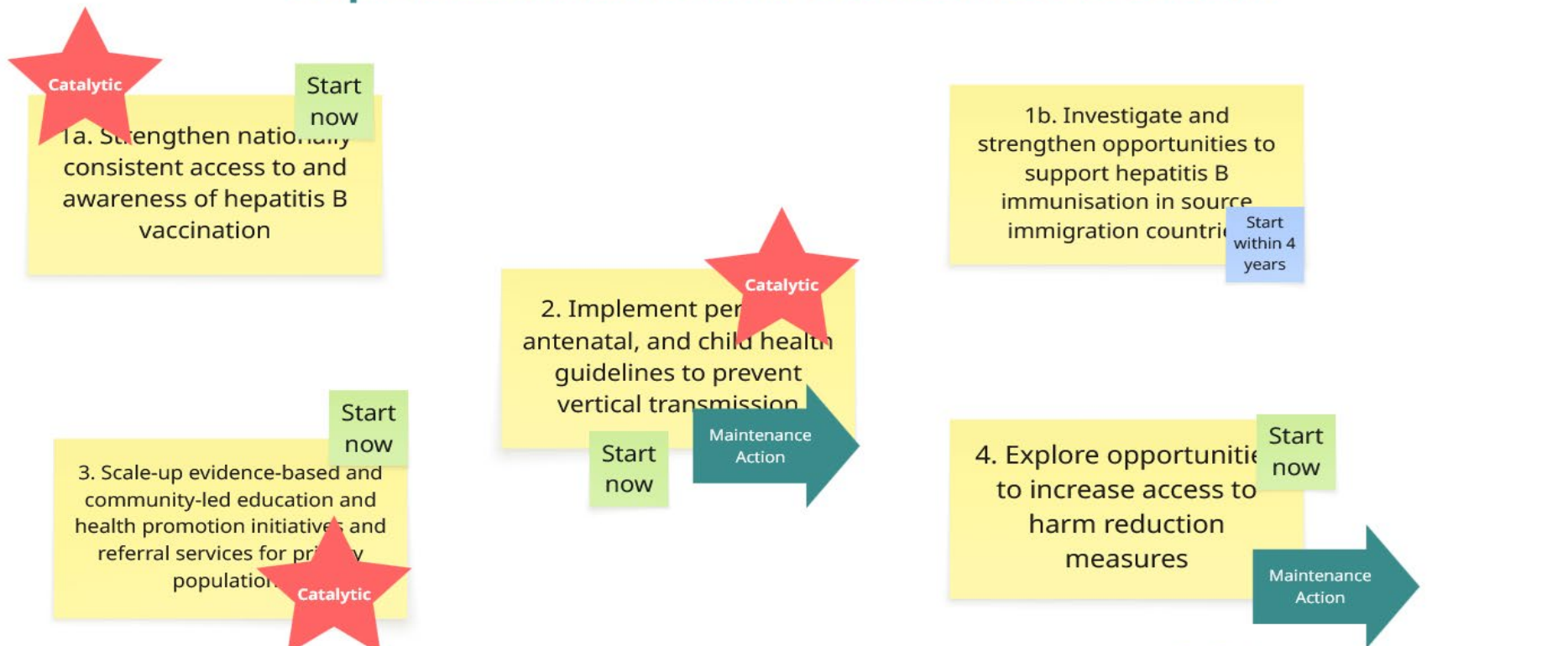
Sequencing Workshop: Discussion

Participants were asked to tag each action as follows, using Miro boards:

- **Catalytic** — need to occur early in implementation because they enable large-scale impact across life of strategy:
 - For this priority area
 - For other priority areas
- **Maintenance priorities** — essential part of the response but may not be a focus of significant new/scaled up activity.
- **Sequencing remainder of activities** — start now, start within two years, start within four years.

Example of workshop findings: Hep B

Implementation Actions: Education & Prevention



[See strategy for full text](#) of each key area of action

Example of workshop findings: Hep C

Implementation Actions: Stigma and Enabling Environment



Example of consultation findings

Priority Area	Implementation Action	Survey: Potential Impact Score	Survey: Ease of Implementation	Survey: Equity Contribution	Workshops: Catalytic or Maintenance?	Workshops: Timing
1. Education and Prevention	1a. Strengthen nationally consistent access to and awareness of hepatitis B vaccination	Medium impact	Higher ease	Higher equity contribution	Catalytic	Start now
1. Education and Prevention	1b. Investigate and strengthen opportunities to support hepatitis B immunisation in source immigration countries	Medium impact	Lower ease	Medium equity contribution	N/A	Start within 4 years
1. Education and Prevention	2. Implement perinatal, antenatal, and child health guidelines to prevent vertical transmission	Medium impact	Higher ease	Medium equity contribution	Catalytic	Start now
1. Education and Prevention	3. Scale-up evidence-based and community-led education and health promotion initiatives and referral services for priority populations	Higher impact	Higher ease	Higher equity contribution	Catalytic	Start now
1. Education and Prevention	4. Explore opportunities to increase access to harm reduction measures	Lower impact	Lower ease	Lower equity contribution	Maintenance	Start now

Highly-Rated Hepatitis B Actions

- Education and health promotion
- Universal offer of hepatitis B testing
- Treatment, monitoring, liver cancer prevention
- Coordinated referral pathways
- Timely, culturally safe diagnosis and management in a person's preferred language
- Training primary care practitioners in hepatitis B, particularly practitioners working with culturally and linguistically diverse communities
- Meaningful participation of people with hepatitis B

Highly-Rated Hepatitis C Actions

- Scale up access to guideline-based testing, treatment and linkage to care
- Support access to person-centred, decentralised care across primary, community, peer-led, nurse-led and custodial settings
- Explore strengthening the community and peer workforce including a multidisciplinary workforce development plan
- Ensure people with hep C are meaningfully engaged in, and co-design policy development, implementation and evaluation

Overall Consultation Findings

- Participants noted that the language of some of the Key Action Areas is qualified (e.g. “Explore opportunities to...”) and would benefit from being more concrete and action-oriented. However, this reflects the language in the Strategies.
- Several Key Action Areas overlap, making it challenging to sequence.
- Each jurisdiction is at a different stage in achieving national and local goals/targets. The Implementation Plans are appropriately focused on national priorities, recognising status will vary across jurisdictions.
- Culturally appropriate co-design with, and reach to, priority populations is integral to progress.
- We will need to establish clear governance structures to drive, coordinate and monitor the implementation of each Strategy.

Where to from here?

- Hepatitis Australia is currently in the process of developing draft Implementation Action Plans for each National Strategy.
- The results of the prioritisation survey and the sequencing workshops will shape how the implementation actions are prioritised across the life of the two Strategies.
- The draft plans will be reviewed by the Expert Project Advisory Group and the Key Population Steering Group.
- The Implementation Action Plans will be submitted to BBVSS for endorsement in September.

Thank you

- If you have any questions about the implementation planning process, please contact:

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