

# The National Strategies: Australia's path to elimination

---

## Joseph Croke

Assistant Director

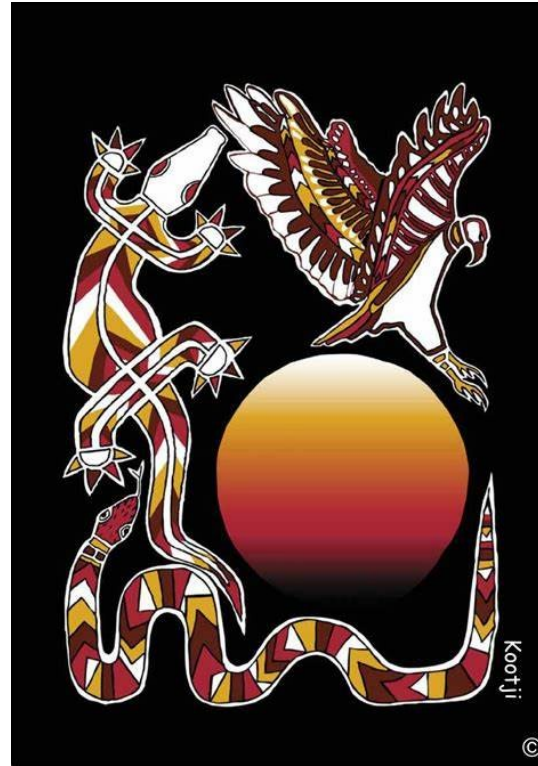
Blood Borne Viruses, Sexually Transmissible Infections and Torres Strait  
Health Policy Section

Australian Government Department of Health and Aged Care | Interim  
Australian CDC





**Garamilla**



**Mary River, NT**

## **Acknowledgement of Country**

We would like to acknowledge the traditional custodians of this land we meet today, **the Larrakia people**, and pay our respects to the Elders both past, present and future and extend a welcome to any Aboriginal and Torres Strait Islander people joining us today

# Overview

- World Hepatitis Day - 28 July 2024
- Guiding principles for elimination
- Overview of the ***Fourth National Hepatitis B Strategy 2024-2030***
- Overview of the ***Sixth National Hepatitis C Strategy 2024-2030***
- Process for endorsement of the National Strategies
- Budget 2024-25 measures
- The Interim Australian Centre for Disease Control
- Implementation of action items to deliver on elimination

# The Australian Government recognises World Hepatitis Day 2024

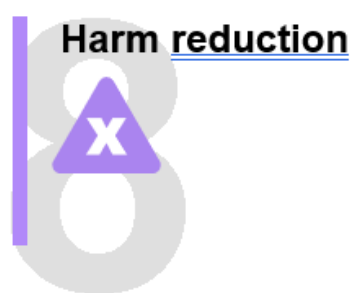


- Hepatitis impacts around 305 million people globally and around 280,000 in Australia.
- Hepatitis B and C causes 1.3 million deaths each year around the world and around 1,000 deaths in Australia.
- In Australia, World Hepatitis Day is coordinated by the national peak body, Hepatitis Australia, to raise awareness and promote action on viral hepatitis.
- The aim for World Hepatitis Day 2024 in Australia is to mobilise action on the elimination of viral hepatitis in Australia supported by national coordination. **STRENGTH IN UNITY.**



# Guiding principles for elimination

- Both strategies will commit to 10 guiding principles to support a high-quality, evidence-informed, and equitable response to hepatitis B and hepatitis C.



# About the *Fourth National Hepatitis B Strategy 2024-2030*

The Department of Health and Aged Care | Interim Australian Centre for Disease Control developed the *Fourth National Hepatitis B Strategy 2024-2030* in partnership with National peak bodies and state and territory health departments.



The strategy provides an overarching framework and set the direction for Australia's response to reducing transmission, improving rates of diagnosis and treatment, lessening the burden of stigma and discrimination in the community and improving the quality of life for Australians living with hepatitis B.



The new strategy presents an opportunity for the Australian Government to lead the progress towards eliminating viral hepatitis as a public health threat in Australia by 2030 and align with the WHO 2030 elimination targets and set a strong direction for Australia's continued and world-leading response.



The strategy is informed by:

- progress made under the Third National Hepatitis B Strategy 2018-2022;
- the effectiveness of current and past responses to hepatitis B in Australia and internationally;
- the identification of gaps and opportunities; and
- consultation with governments, affected communities, peak bodies, community organisations, researchers, health workers, and other stakeholders across the country



# Progress against the Third National Hepatitis B Strategy 2018-2022

Australia has made some progress towards meeting the goals of the Third National Hepatitis B Strategy but there is more to achieve.

## Progress against National Hepatitis B Strategy 2018–2022 targets, as at the end of 2020

**Key:**  Not yet achieved  Partly achieved  Insufficient data

 **Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months**

In 2020, hepatitis B vaccination coverage at 12 months was 93.2% among Aboriginal and Torres Strait Islander Australian children and 95.3% among non-Indigenous children, reaching 97.3% and 96.3% at 24 months.

 **Reduce the number of newly acquired hepatitis B infections across all age groups by 50%, with a focus on priority populations**

There is no published annual estimate of the number of newly acquired hepatitis B infections available nationally. Instead, acknowledging certain limitations, newly acquired notification rates are published as proxy measures.

The notification rate for newly acquired cases (i.e., diagnosed cases in which transmission is assessed to have occurred within 2 years prior) remained steady at 0.7 per 100,000 between 2016 and 2019. In 2020 it declined to 0.4 per 100,000, likely due to the impact of COVID-19 on hepatitis testing uptake.


# Progress against the Third National Hepatitis B Strategy 2018-2022

Australia has made some progress towards meeting the goals of the Third National Hepatitis B Strategy but there is more to achieve.

## Progress against National Hepatitis B Strategy 2018–2022 targets, as at the end of 2020

 **Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%**

In 2020, an estimated 73% of people living with chronic hepatitis B in Australia had been diagnosed.

 **Increase the total proportion of people living with chronic hepatitis B receiving care to 50%**

In 2020, an estimated 22.6% of all people living with chronic hepatitis B were receiving care.

 **Increase the proportion receiving antiviral treatment to 20%**

In 2020, an estimated 10.7% of all people living with chronic hepatitis B were receiving antiviral therapy.

 **Reduce hepatitis B attributable mortality by 30%**

In 2020, an estimated 364 deaths were attributable to chronic hepatitis B, a 2.4% reduction compared to baseline in 2017.



# Progress against the Third National Hepatitis B Strategy 2018-2022

Australia has made some progress towards meeting the goals of the Third National Hepatitis B Strategy but there is more to achieve.



**Minimise the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status**

There is no published data to establish a baseline against which progress for stigma reduction can be measured.

- The Australian Government is providing over \$4.5 million from 1 July 2019 to 30 June 2026 to support the systematic and ongoing collection, collation, analysis and reporting of epidemiological, behavioural, social and trend data on Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI), in particular **hepatitis B, hepatitis C**, human immunodeficiency virus (HIV), syphilis, chlamydia, gonorrhoea, and other relevant STI.
- This includes funding to the UNSW Centre for Social Research in Health for periodic surveys of expressed and experienced stigma in key priority groups.

# A snapshot of the *Fourth National Hepatitis B Strategy 2024-2030*

The national strategy will provide a framework for the efforts of all partners in responding to hepatitis B, guide resourcing and monitor progress

## Priority Population

- People affected by and living with hepatitis B
  - People living with hepatitis B who are not eligible for subsidised care
  - People who have been living with hepatitis B for longer than 20 years or who have received a late hepatitis B diagnosis
  - People living with hepatitis B who have cirrhosis or liver cancer
  - People who have had hepatitis B and have had liver transplants
  - People living with hepatitis B who have a hepatitis D co-infection
  - People undergoing chemotherapy or immunosuppressive therapy.
- People at risk of hepatitis B transmission
- Women/people living with hepatitis B who are pregnant.
- Aboriginal and Torres Strait Islander Australians living with hepatitis B or who are not vaccinated against hepatitis B.
- People from culturally, ethnically and linguistically diverse communities.
- Sex Workers
- Other groups (Hep C co-infection / HIV co-infection / on PrEP) / transfusions of unscreened blood and blood products in Australia before 1990).

## Priority Settings

- Primary and tertiary healthcare
- Community based settings
  - Community Hepatitis Organisations
  - Multicultural BBV and STI services
  - Aboriginal Community Controlled Health Organisations / Aboriginal Medical Services
  - Peer based organisations
  - Needle and Syringe Programs
- Geographic settings
- Legal settings
- Other settings
  - Mental health services
  - Alcohol and other drug services
  - Homelessness services
  - Educational institutions.

## Priority Areas for Action

- Education and Prevention
- Testing, Treatment and Management
- Equitable Access to and Coordination of Care and Support
- Workforce
- Addressing Stigma and Creating an Enabling environment
- Data, Surveillance, research and evaluation

# About the *Sixth National Hepatitis C Strategy 2024-2030*

The Department of Health and Aged Care, interim Australian Centre for Disease Control developed the Sixth National Hepatitis C Strategy 2024-2030 in partnership with National peak bodies and state and territory health departments.



The strategy provides an overarching framework and set the direction for Australia's response to reducing transmission, improving rates of diagnosis and treatment, lessen the burden of stigma and discrimination in the community and improving the quality of life for Australians living with hepatitis C.



The new strategy presents an opportunity for the Australian Government to lead the progress towards eliminating viral hepatitis as a public health threat in Australia by 2030 and align with the WHO 2030 elimination targets and set a strong direction for Australia's continued and world-leading response.



The strategy is informed by:

- progress made under the Fifth National Hepatitis C Strategy 2018-2022;
- the effectiveness of current and past responses to hepatitis C in Australia and internationally;
- the identification of gaps and opportunities; and
- consultation with governments, affected communities, peak bodies, community organisations, researchers, health workers, and other stakeholders across the country.



# Progress against the Fifth National Hepatitis C Strategy 2018-2022

Australia has made significant progress towards meeting the goals of the Fifth National Hepatitis C Strategy and the hepatitis C elimination targets of the Global Health Sector Strategies due to increased testing, treatment and prevention.

1



By 2021, 51% of people living with hepatitis C initiated treatment

5



Between 2016 and 2020 there was a 12.5% decline in the notification rates of hepatitis C among Aboriginal and Torres Strait Islander people

2



Since 2016, there was a 32% decrease in deaths attributed to viral hepatitis

7



78% of PWID reported being tested for hepatitis c and of those diagnosed 47% reported being treated this is up from 3% in 2015

3



Since 2011, there has been a 31% decline in the rate of hepatitis C diagnosis, despite the introduction of DAAs

6



Among an estimated 75 000 PWID those with CHV declined from 32 619 (44%) in 2015 to 12 679 (17%) in 2019

4



By the end of 2021 there were 4218 NSP outlets and 50.2 million clean needles were distributed

8



By 2019 among the PWID treated, 88% were cured, this is an increase from 27% in 2015

# A snapshot of the *Sixth National Hepatitis C Strategy 2024-2030*

The national strategy will provide a framework for the efforts of all partners in responding to hepatitis C, guide resourcing and monitor progress

## Priority Population

- People affected by and living with hepatitis C
- People at risk of hepatitis C transmission
- Aboriginal and Torres Strait Islander peoples
- People from CALD communities
- People who inject drugs
- People in corrections settings and other places of help detention
- Sex Workers

## Priority Settings

- Primary and tertiary healthcare
- Community based settings
  - Community Hepatitis Organisations
  - Multicultural BBV and STI services
  - Aboriginal Community Controlled Health Organisations / Aboriginal Medical Services
  - Peer based organisations
  - Needle and Syringe Programs
- Geographic settings
- Legal settings

## Priority Areas for Action

- Education and Prevention
- Testing, Treatment and Management
- Equitable Access to and Coordination of Care and Support
- Workforce
- Addressing Stigma and Creating an Enabling environment
- Data, Surveillance, research and evaluation

# Harm Reduction, Prisons and the *Sixth National Hepatitis C Strategy 2024-2030*

The national strategy has a particular focus on people who are in prisons or other places of held detention

## Population

- Prisons are now the primary site of hepatitis C transmission
- The high risk, incidence and prevalence is due to the criminalisation of drug use and the incarceration of people who inject drugs
- syringe sharing is a major risk factor for transmission
- NSPs are critical for prevention

## Settings

- Corrections settings are listed as priority settings due to structural and social determinants
- Legal services which provide information and linkages to healthcare, community-based support.
- Adjacent services for people who may have low access to healthcare to support people who have hepatitis and interact with the legal system.

## Action

- Education and Prevention
  - Equitable access to a full suite of harm reduction and prevention measures
- Testing, Treatment and Management
  - best-practice case finding, contact tracing, testing, treatment and management
- Workforce
  - implement hepatitis C capacity building for allied sectors and workforces

# Development of the Strategies

The Strategies were developed through targeted and public consultations



The draft strategies were developed in partnership with key peak organisations and state and territory health departments.



On 31 May 2023, public consultation for the development of the strategies opened via an online survey on Citizen Space.



On 28 June 2023, the consultation period closed. Over 50 submissions of feedback were received per strategy.



The strategies are progressing through final clearance processes prior to endorsement: by the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee

- by the Australian Health Protection Principal Committee; and
- at the Health Minister's Meeting



Once endorsed, the strategies will be published in 2024.

# It's time for action!



- **Budget 2024-25 outcomes for BBV and STI**

- In the May 2024-25 Budget, \$126.5 million over two years from 2024-25 was committed to extend and expand current activities to support the prevention, testing and treatment of blood borne viruses (BBV) and sexually transmissible infections (STI), including support for First National communicable diseases.



- **Biggest injection of funding to viral hepatitis ever**

- Of the above funding announced, **\$23.7 million over two years** from 2024-25 to 2025-26 will be provided for hepatitis specific measures. This includes:
  - **\$7.8 million from 2024-25 to 2025-26**, to pilot **hepatitis B** projects for a public awareness campaign, information services and workforce training.
  - **\$6.0 million from 2024-25 to 2025-26**, to continue **hepatitis C** projects.
  - **\$9.9 million from 2024-25 to 2025-26**, to continue **hepatitis C** for a point of care testing (PoCT) program to increase the number of sites from 65 to 110 in the community, prisons and Aboriginal Community Controlled Health Organisations (ACCHOs) – 45 additional sites.



# Update on the interim Australian Centre for Disease Control

- The Australian Government made a commitment to establish a CDC to:
  - Ensure ongoing pandemic preparedness;
  - Lead the national response to future infectious disease outbreaks; and
  - Work to prevent communicable and non-communicable diseases.
- In 2022, the Government consulted with stakeholders on the possible scope and functions of the CDC.
- In the 2023-24 Budget Government committed funding of \$90.9 million over two years for the establishment of the CDC. This funding continues through the 2024-25 financial year to support the work of the interim CDC and the design and establishment of the future Australian CDC.
- The Government remains committed to establishing the CDC as soon as possible informed by the findings of the COVID-19 Response Inquiry.
- The interim CDC will continue to operate until establishment of the future standalone CDC. The timing for establishment of the Australian CDC will be subject to the passage of legislation.
- Work to design the Australian CDC continues. This includes ongoing consultation with the health sector, joint planning work with the states and territories and the preparation of legislation.

# Implementation of action items to deliver on elimination



- **Priority areas for action across the strategies**

- The current drafts contain 124 action areas across both strategies to support elimination of hepatitis B and hepatitis C as public health threats.
  - Education and prevention
  - Testing, treatment and management
  - Equitable access to and coordination of care and support
  - Workforce
  - Addressing stigma and creating an enabling environment
  - Data, surveillance, research and evaluation



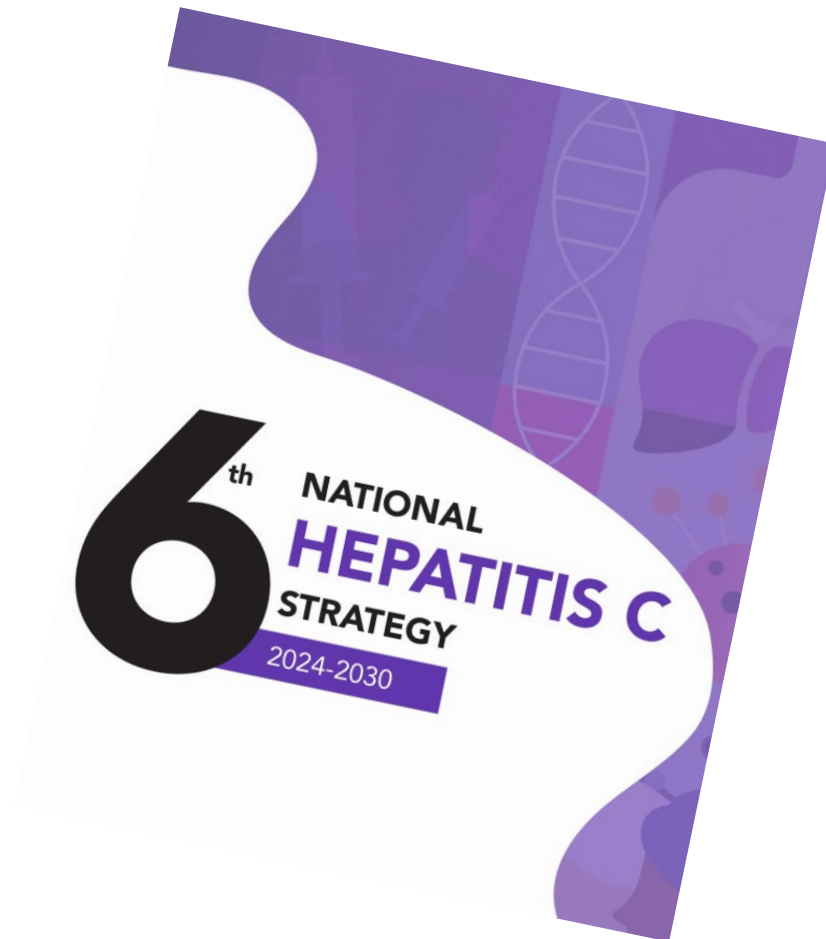
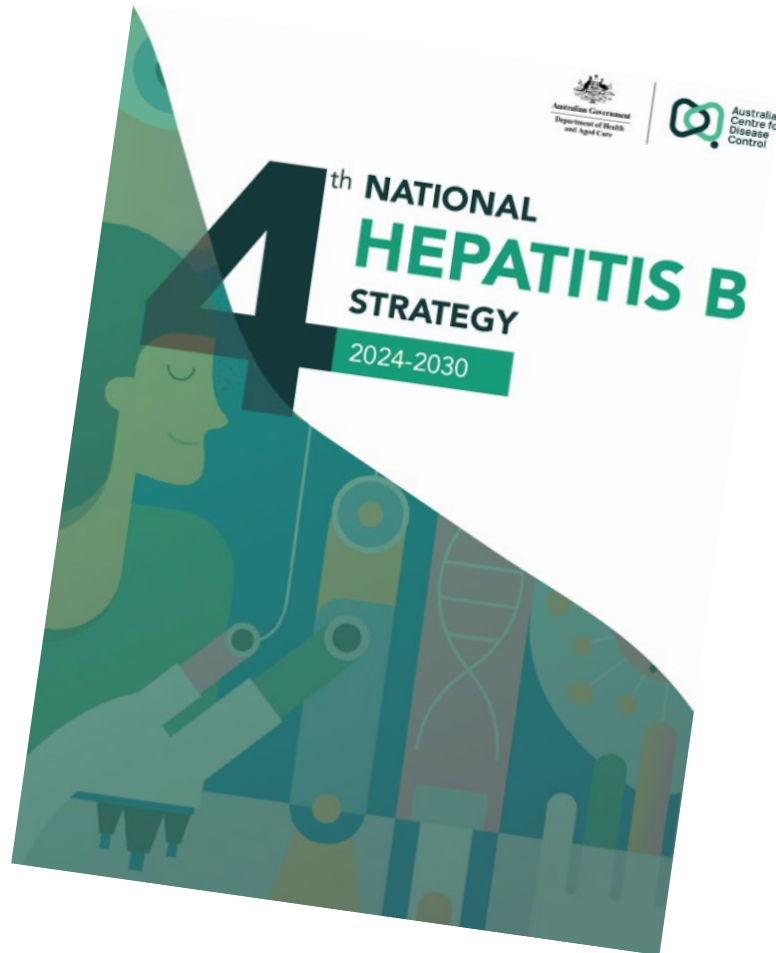
- **Implementation**

- Leadership, partnership and connections with community
- Governance, reporting and evaluation
- Surveillance and monitoring
- Review and implementation

# Strength in Unity.

## Science. Policy. Advocacy. Resourcing. Action.

New National Strategies to be delivered in 2024





**THANK  
YOU!**