

HepLink Australia: Commonwealth funding community to advance the national response

Authors:

Kudell M¹, Skillin E¹

¹ Hepatitis Australia

Background/Approach: Australia isn't on track to meet 2030 Hepatitis B (HBV) and Hepatitis C (HCV) elimination targets. People are lost to follow-up, unable to navigate complex health pathways. HepLink Australia (HepLink) is the national 'front door' to viral hepatitis treatment and linkage to care, ensuring everyone has a clear pathway to viral hepatitis information, support, and services.

In 2022 - 2024, HepLink was implemented. Implementation learnings have informed a new model reflecting community and national response needs.

Principles of the new HepLink model:

1. **National priorities, localised impact** - strategic partnerships, community integration, data-driven outreach.
2. **Enhanced access and support** - comprehensive confidential care, collaborative personalised support, easy access to services, trusted information, community connection, culturally safe.
3. **Central coordination and leadership** - national projects and campaigns, data analysis, programmatic support.

Analysis/Argument: Leveraging the national network of community hepatitis organisations, HepLink:

- Enhances the placement, roll-out, and uptake of new Commonwealth-funded programs.
- Collects and analyses local service data.
- Links and refers people into local, person-centred, and place-based programs.
- Supports communities and health providers through information and support.
- Conducts targeted outreach in areas of need.

Accessed via face-to-face, telephone, text, webchat, or email, HepLink caters to complex needs of vulnerable people.

Outcome/Results: HepLink has provided over 20,000 occasions of service nationally since 2022, evidenced in HepLink's National Hepatitis Community Minimum Dataset. This dataset is being strengthened through partnership with Burnet Institute. Consistent community contribution to national surveillance will now be possible through consented data collection and sharing. A 2024 evaluation demonstrated HepLink's alignment with national policy priorities.

Conclusions/Applications: Commonwealth funding supports HepLink to:

- address system gaps, reaching priority populations
- support engagement with diverse communities
- facilitate place-based, person-centred access to care

- collect data about how/why people connect/disconnect from services and where real-time need is emerging
- strengthen linkage, referral to Commonwealth funded HBV and HCV programs

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