

Migration policy and viral hepatitis: Navigating policy reforms and health outcomes in Australia

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Australia's migration policy, including mandatory hepatitis B testing, offers opportunities for early identification and management of hepatitis B. To maximise the benefits, a multi-sectoral approach is essential to better support engagement in care and address access barriers such as stigma, discrimination, misinformation, awareness and health system complexity.

Background

Australia's migration program plays a vital role in shaping the nation's economic, social, and cultural landscape. It also intersects with public health in complex ways. Hepatitis B disproportionately affects people from culturally and linguistically diverse backgrounds, particularly those born in countries with high hepatitis B prevalence.

- In 2023, 70% of people living with hepatitis B in Australia were born overseas¹.
- 95% of new cases enter Australia through migration².
- Migrants often face systemic barriers to healthcare, including misinformation and stigma, compounded by health system complexity, hepatitis B awareness, privacy concerns, language barriers, access to Medicare, visa status, racism, and cultural and gender issues. Systemic barriers include underfunding and insufficient prioritisation.

This highlights the need for inclusive, culturally responsive, and coordinated healthcare strategies.



Policy Reform: A Public Health Opportunity

In July 2024, the Australian Government introduced mandatory hepatitis B screening for visa applicants aged 15 and older from high-prevalence countries³.

Benefits of this reform include:

- Early identification of hepatitis B cases
- Opportunities to connect people to care
- Reduced risk of transmission
- Enhanced surveillance and public health outcomes

However, screening alone is not sufficient. Without more robust and comprehensive follow-up systems and culturally safe pathways to care, Australia will not achieve its National Hepatitis B elimination targets.



Barriers to Care and Ongoing Engagement

Following diagnosis, many individuals face multi-layered barriers to care:

- Misinformation about hepatitis B, transmission risks, treatment, and prognosis
- Stigma and discrimination in families, communities, and workplaces
- Lack of culturally and linguistically appropriate services
- Lack of or limited access to Medicare or private insurance



Australia falling behind

Australia is not on track to meet the agreed National Hepatitis B Strategy and 2030 elimination targets⁴.

- Diagnosis gap: 68.8% are diagnosed, leaving nearly 69,000 unaware⁵.
- Treatment gap: Only 12.6% are receiving treatment, despite around 30% being eligible⁵.
- Care gap: Less than one-quarter are receiving guideline-based care, when a further 166,000 should also be receiving it⁵.
- Equity gap: Culturally and Linguistically Diverse communities and Aboriginal and Torres Strait Islander communities are disproportionately affected due to systemic barriers, including a lack of resourcing for community-controlled and culturally appropriate services.

Call to Action

To meet the agreed targets of the National Hepatitis B Strategy and the 2030 elimination targets, Australia must fully implement the strategy, including:

- Roll-out of universal offer of hepatitis B testing for adults born before the year 2000.
- Implement community-led programs which facilitate and strengthen monitoring and care for people living with hepatitis B.
- Implement community-led culturally appropriate and accessible hepatitis B public awareness campaigns which encourage and support people to access testing, treatment and linkage to ongoing care.
- Support and expand person-centred, decentralised, and differentiated models of hepatitis B care in primary health and community and peer-based settings such as ACCHOs.
- Enable and expand the provision of diverse, culturally and linguistically appropriate hepatitis B services.
- Build and strengthen the hepatitis B community workforce and facilitate a highly skilled multidisciplinary workforce that is inclusive, respectful of and responsive to the needs, culture and preferred language of people affected by hepatitis B.
- Increase capacity and availability of hepatitis B prescribers and implement dual s85/s100 listing for hepatitis B treatments.
- Better monitor prevention of mother-to-child transmission.
- Strengthen workforce capacity, including in public health units for guideline-based follow-up of all notifications.

References

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² MacLachlan JH, Cowie BC, Romero N. 26 February 2024. Australia falling behind on hepatitis B elimination targets. InSight+. Retrieved on 9 July from [Australia falling behind on hepatitis B elimination targets | InSight+](#)

³ Department of Home Affairs. Threats to public health. Accessed on 9 July, 2025 from [Threats to public health](#)

⁴ Australian Government Department of Health, Disability and Ageing. Draft Fourth National Hepatitis B Strategy 2023-2030. Accessed on 10 July from [Fourth National Hepatitis B Strategy 2023-2030](#)

⁵ Nguyen A, Romero N, MacLachlan JH, Cowie BC. Surveillance for Hepatitis B Indicators: Tracking Australia's progress towards hepatitis B elimination – National Report 2023. Melbourne: WHO Collaborating Centre for Viral Hepatitis, The Doherty Institute; 2025.