



## 2022 – 2023 Federal Pre-Budget Submission

**Submitted by:** Hepatitis Australia Inc.

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Hepatitis Australia, incorporated in 1997, is the national peak body representing the interests of 360,000 people living with hepatitis B and hepatitis C, and the state and territory hepatitis organisations. Hepatitis Australia's purpose is uniquely aligned with the Australian Government's goal to eliminate viral hepatitis by 2030. Since the organisation's inception, Australia's response to hepatitis has been underpinned by a strong partnership approach between people living with viral hepatitis; affected communities and priority populations; community organisations; the Australian Government; state and territory governments; research and health professionals.

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## **Australia can achieve viral hepatitis elimination by 2030 if investment is maintained**

Hepatitis B and hepatitis C (viral hepatitis) are Australia's most common and burdensome blood borne viruses impacting 360,000 Australians. Viral hepatitis is the primary cause of liver cancer which is the fastest growing cause of cancer related death in Australia.

The Australian Government has shown strong leadership through its commitment to eliminate viral hepatitis as a public health threat by 2030, including through endorsement of the World Health Organization global viral hepatitis elimination goals.

This commitment is enshrined in Australia's National Hepatitis C Strategy; National Hepatitis B Strategy, ('National Strategies') endorsed by all Australian Health Ministers. These National Strategies are premised on leadership from the Australian Government, in partnership with affected communities, states and territories, Hepatitis Australia as the national peak, clinicians and research organisations.

The Australian Government has a pivotal role in driving and resourcing the national response to viral hepatitis, including by leveraging the existing investment of the states and territories, supporting innovation and filling gaps.

**The Australian Government's investment in viral hepatitis elimination is working, for example in five years the number of people living with hepatitis C in Australia has halved – this is success of a global scale and importance.**

With eight years remaining to achieve hepatitis elimination, increased and concerted effort is needed to strengthen and consolidate these successes. In some areas, specifically in relation to hepatitis B, increased effort is needed to achieve missed national targets.

Investment in prevention and viral hepatitis elimination has significant health, societal and economic benefits. For example, modelling shows that increased investment in hepatitis C now, can be cost-saving by 2022 (this year), and generate an estimated \$5.91 billion economic benefit by 2030.

Hepatitis Australia is calling on the Australian Government to invest in these three priorities in the 2022-2023 Federal Budget (see further details below in this submission):

1. Continue to resource the implementation of the five National Blood Borne Virus and Sexually Transmissible Infections Strategies (including the National Hepatitis B and National Hepatitis C Strategy), consistent with Australian Government implementation expenditure to date.
2. Maintain Australia's National Hepatitis Infoline to ensure 360,000 Australians have access to a single point of contact for timely, confidential and non-stigmatising hepatitis information, community-based support and referral.
3. Establish an Australian hepatitis B-specific community workforce to 'catch-up' to achieve the national elimination targets

With continued Australian Government investment and our partnership approach, the elimination of viral hepatitis by 2030 is achievable and can be Australia's next major public and preventive health success.

## National Hepatitis B and Hepatitis C Priorities for the Federal Budget 2022 – 2023

<b>Priority:</b>	Continue to resource the implementation of the five National Blood Borne Virus and Sexually Transmissible Infections Strategies (including the National Hepatitis B and National Hepatitis C Strategy), consistent with Australian Government implementation expenditure to date.
<b>Investment:</b>	\$45 million over 3 years (2023 – 2026)
<b>Outcome:</b>	National hepatitis strategies have the implementation resources needed to meet the policy goals and targets

- The Australian Government is currently refreshing its suite of national BBV and STI Strategies, including the National Hepatitis B Strategy; National Hepatitis C Strategy and National Aboriginal and Torres Strait Islander BBV and STI Strategy.
- These Strategies enshrine Australia’s global commitment to the elimination of viral hepatitis by 2030, and drive progress to national targets.
- The Australian Government provided \$45 million in implementation funding for the current suite of National BBV and STI Strategies (2018 – 2022).
- This implementation funding has been critical in driving the national viral hepatitis response and underpinning success to date. This has included, for example, halving the number of people living with hepatitis C in Australia in only 5 years.
- Existing implementation funding for the National BBV and STI Strategies ends when the current national strategies end.
- With the next National Strategies commencing in 2023, it is crucial that funding is available to support implementation from commencement.
- This will ensure a continuation of the national response at its current / business-as-usual level without stalling progress or losing momentum towards the 2030 elimination goals.

<b>Priority:</b>	Maintain Australia’s National Hepatitis Infoline and its services as critical infrastructure to the national hepatitis response
<b>Investment:</b>	\$2 million per annum (\$8 million over 4 years, 2023 – 2027)
<b>Outcome:</b>	360,000 Australians have access to a single point of contact for timely, confidential and non-stigmatising hepatitis information, community-based support and testing and treatment referral

- The Australian Government’s COVID-19 response has reinforced the critical role that community based support including national phone lines and their ancillary support play in infectious disease responses.
- The National Hepatitis Infoline provides Australians affected by hepatitis B and hepatitis C with a single point of contact for timely, confidential, and non-stigmatising information, support, and testing and treatment referral.
- Existing Australian Government funding for the National Hepatitis Infoline expires next year, in line with the expiration of the current National Hepatitis B and Hepatitis C Strategies.
- The National Hepatitis Infoline is core infrastructure supporting the national response to the prevention, testing, treatment and care of hepatitis B and hepatitis C. It is the primary national source of community-based support for the 360,000 Australians living with hepatitis B and hepatitis C, as well as their families and allied workforces including GPs.
- From 2021, the Commonwealth Department of Health resourced the National Hepatitis Infoline to further enhance and embed the service within the national response. This includes, for example, integrating the phonenumber’s services as the primary referral source for the community, allied health and within national hepatitis campaigns and national point-of-care testing activities (as part of the *National Finding 50,000 people living with hepatitis C initiative*). This has included the development of:
  - a National Hepatitis Infoline dataset as a new data source through which to monitor progress to the elimination of hepatitis by 2030, including for example early warning, localised intelligence, trends, and outbreak monitoring
  - a co-designed service model to provide enhanced web-based and personalised support, including peer-support (as adjuncts to phone based models)
  - capacity building and workforce development of the community-based hepatitis workforce nationally, including to respond to emerging needs
  - infrastructure and logistics support
  - ongoing evaluation and monitoring capacity to support continual quality improvement
- An allocation of \$2 million per annum of funding is required to maintain operation of the service and ensure no disruption or cessation of service capability. Additionally, this will ensure the National Hepatitis Infoline has sufficient capacity to respond to hepatitis service demand-generating activities that will be funded by the Commonwealth under the refreshed National Strategies (2023 – 2030).

<b>Priority:</b>	Establish an Australian hepatitis B-specific community workforce to ‘catch-up’ to achieve the national elimination targets.
<b>Investment:</b>	\$15 million per annum (\$60 million over 4 years, 2023 – 2027).
<b>Outcome:</b>	There is base-level workforce capacity to boost the national hepatitis B response; catch up on missed diagnostic, treatment and mortality targets; and provide national coordination and capacity building for the people impacted by hepatitis B – the primary cause of liver cancer in Australia.

- Hepatitis B is Australia’s most prevalent and burdensome blood-borne virus, affecting more than 220,000 Australians – the majority of whom are culturally, ethnically and linguistically diverse people and Aboriginal and Torres Strait Islander people.
- Hepatitis B is the primary cause of liver cancer, driving Australia’s fastest growing cause of cancer death.
- The National Hepatitis B Strategy is the youngest of the five national BBV and STI Strategies, and the national response to hepatitis B is therefore less progressed and lacks sufficient resourcing.
- Australia has the bio-medical tools and policy framework to eliminate hepatitis B, but not the resourced capacity in communities to reach those affected.
- With the current business-as-usual response, Australia is missing its national targets and won’t achieve its global commitment to the elimination of hepatitis B by 2030. For some targets we are tracking decades behind.
- Australia can ‘catch-up’ and meet its targets by boosting its hepatitis B investment and response above the current business-as-usual levels.
- **There is virtually no hepatitis B specific community workforce - it is estimated that the existing workforce is less than 20 FTE in Australia. This is at odds with the scale and burden of hepatitis B.**
- One Australian project that is tracking towards hepatitis B elimination is Hep B PAST in the Northern Territory. This is a result of sustained investment including in a community workforce; and reflects a case study on which success could be replicated on a national level.
- Calls to establish a national hepatitis B specific community health workforce, have been made through the Ministerial Advisory Council on BBVs and STIs Hepatitis B Roundtable (March 2021) and the Second National Hepatitis Elimination Forum (November 2021).
- An investment of \$15 million per annum for 4 years will establish a hepatitis B specific community workforce of 100 workers across all States and Territories to boost the national hepatitis B response; catch up on missed diagnostic, treatment and mortality targets; and provide national coordination and capacity building.