Australia

Hepatitis Australia*

NGO – peak national hepatitis community organisation
Woden Act, Australia
www.hepatitisaustralia.com

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Australia reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **68.0%** of items.*

Survey points marked "accurate": 1.1, 1.3, 2.2, 3.1, 3.3, 3.4, 4.1, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 5.2, 5.3, 5.4 and 5.5.

*The government information was thought to not be accurate for **12.0%** of items.*

Survey points marked "not accurate": 1.2, 3.2 and 3.5.

*The respondent took no position on the government information for **20.0%** of items.*

Survey points marked "take no position": 2.1, 4.2, 4.9, 4.10 and 5.1.

Survey comments from Hepatitis Australia:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**1.1** There is a written national strategy or plan that focuses exclusively on the prevention and control of hepatitis B and hepatitis C. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.	*The Third National Hepatitis C Strategy 2010 to 2013 and the First National Hepatitis B Strategy 2010-2013 have both expired. The revisions have been delayed and consequently we currently have no operational national strategies at present (March 2014).*
	1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, migrants, prisoners, the homeless, people living with HIV, indigenous people, pregnant women, men who have sex with men, sex workers, partners and other household and intimate contacts of people who have chronic hepatitis B infection, people travelling to and from high-prevalence countries, people with mental health issues, and children born to mothers who have tested positive for hepatitis B infection.	*The information provided is incomplete and oddly worded. The listed specific populations may reflect the populations for which hepatitis B vaccination is recommended. However, these vaccinations are not all funded and it is a stretch to say that there programmatic activities for all these groups.* *On the other hand they haven't even mentioned that the Australian and State and Territory governments fund needle and syringe programmes and prevention education and awareness programmes through NGOs.*
	2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections, Blood Borne Viruses and Sexually Transmissible Infections Standing Committee, Australian National Council on Drugs, Hepatitis Australia, Australian Society for HIV Medicine, and Australian Injecting and Illicit Drug Users League Incorporated.	*The wording in the government response does not really reflect the very comprehensive partnership approach across community organisations, clinicians and researchers and governments – this is a key feature of the Australian response.*

* World Hepatitis Alliance member.
Submitting on behalf of Hepatitis SA, Hepatitis NSW, Hepatitis Council of Queensland, ACT Hepatitis Resource Centre, Hepatitis C Victoria

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C, D and E*, and for the following types of chronic hepatitis: *B, C and D*.	*Hepatitis E infection is not included in the Annual Surveillance Report.*
	4.4 There is a national policy specifically targeting mother-to-child transmission of hepatitis B (Annex B).	*All pregnant women are screened for hepatitis B infection, however, follow up of the infected mother remains sub-optimal.*
	4.6 There is no national policy on injection safety in health-care settings. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.	*Re-use of syringes is not permitted under the standard best practice framework in health care settings – it does occur but is not common and due to malpractice.*
	4.7 Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings were not known.	*Unnecessary injections is a cultural issue for some countries but is not a primary concern in Australia.*
	5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.	*This forms part of the National Testing policies.*
	5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B tests are ot free of charge for all individuals, but they are free for high-risk groups. Hepatitis C tests are not free of charge. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.	*This is mostly accurate but I'm not sure that tests are free for all high-risks groups.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. The following people are eligible: medicare holders. Information was not provided on the amount spent by the government on such treatment for hepatitis B and hepatitis C.	*Other clinical restrictions on treatment access are listed too.*

Australia

Hepatitis Australia continued

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon and ribavirin.	*In April 2013, Boceprevir and Telaprevir were also subsidised by the government for hepatitis C genotype 1.*
To our knowledge, this information is not accurate.	**1.2** There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.	*For well over a decade there has been a section within the federal department of health which is responsible for the management of the national strategies and distribution of government funding. Each of the State and Territory governments also have units of varying size.*
	3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. No hepatitis case is reported as "undifferentiated" or "unclassified" hepatitis.	*The Kirby Institute (which is the organisation charged with reporting on hepatitis C deaths) states it is unable to do so because current surveillance systems are inadequate. All hepatitis cases are reported as A,B, C, etc.*
	3.5 There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is the general population. The last serosurvey was carried out in 2007–2008.	*There is a viral hepatitis research agenda. However, viral hepatitis serosurveys are not conducted "regularly." There has been no general population serosurvey since 2007-08 to my knowledge. The prevalence figure derived from the 2007-08 survey was far higher than previous estimates (however, different research methodology may be the reason for this discrepancy).*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
– *We take no position regarding this statement.*	**2.1** The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).	*Hepatitis Australia takes responsibility for coordinating World Hepatitis Day (WHD) each year and receives a very small amount of grant funding from the government to do so. (The majority of our funds for WHD are sourced from elsewhere).* *There were no significant public WHD events run by the government in 2012 to our knowledge. However there were numerous events run by other organisations. I am not aware of what other "viral hepatitis public awareness campaigns" since January 2011 that the government has held. There has never been a federal government-led public awareness "campaign" on viral hepatitis although they do support our general media and consumer information activities.*
	4.2 The government has established the goal of eliminating hepatitis B but the timeframe is not specified.	*I was not aware that the government had established the goal of eliminating hepatitis B and it is not to my knowledge articulated in any policy document. However, I am very pleased to see it written here in a public document.*
	4.9 There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.	*There is national framework for the prevention of viral hepatitis among people who inject drugs – this includes recommendations for hepatitis B vaccination, provision of needle and syringe programmes and funding of drug user organisations for the peer education and other awareness programmes. Australia has also had a long standing National Drug Policy which incorporates harm reduction (e.g. needle and syringe programmes), demand reduction (e.g. opioid substitution therapy), and supply reduction.*
	5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training. There are no national clinical guidelines for the management of viral hepatitis or for the management of HIV, which include recommendations for coinfection with viral hepatitis.	*There are national testing policies and professional organisations have published guidelines for clinical management – both medical and nursing – although these may not be formally endorsed national documents.*

Australia

Hepatitis Australia continued

Statement from Hepatitis Australia regarding key hepatitis policy issues in Australia:

National coordination. The structures for the national co-ordination of hepatitis B and hepatitis C are in place: an inter-government committee and a Ministerial Advisory Committee for all blood-borne viruses and sexually transmitted infections. NGOs participate in these committees.

National strategies for hepatitis B and hepatitis C have been developed but expired at the end of 2013 and have not yet been replaced (although the process is in train). Implementation plans are developed but not all areas are progressed.

We do not have nationally approved targets for hepatitis B and hepatitis C yet (although these are in place for HIV) and need these to drive action.

Awareness-raising, partnerships and resource mobilisation. The First Hepatitis B Strategy was eventually approved in 2010 (ten years after the First Hepatitis C Strategy) but no new funding has been distributed at a national level to support implementation yet – this acts as a major brake on the implementation process.

The Hepatitis C Partnership is much more developed than the Hepatitis B Partnership.

The Federal Government has never run a comprehensive public awareness campaign for hepatitis C despite it being listed as a priority action in the National Strategy since 1999 and similarly has not run a comprehensive public awareness campaign for hepatitis B. They do provide a very small amount of funding to support World Hepatitis Day activities.

There is no balance in funding allocations across blood-borne viruses and sexually transmitted infections. HIV is an example of a well-funded response with good outcomes compared to hepatitis B and hepatitis C.

Evidence-based policy and data for action. There are three designated national research centres covering virological, clinical, epidemiological, prevention and social research – they are provided with government funds to assist with viral hepatitis research and surveillance. Other research institutes also contribute to building the evidence and data for action.

Although effort is put into the development of the evidence-base, gaps remain.

Prevention of transmission. Needle and syringe programmes are in place in the community. Opioid substitution therapy is available. Universal infant hepatitis B vaccination is in place including the birth dose. Education and information to support prevention is provided through various agencies. No regulated government-supported prison needle exchange is operating yet.

Screening, care and treatment. Australia has an estimated diagnosis rate of over 80% for hepatitis C but it is much lower for hepatitis B. Treatment rates are very low – in 2012 less than 1% for hepatitisC (2,360 people) and it was thought to be less than 3% for hepatitis B but there is insufficient rigorous data to estimate.