UPDATE

THE AUCKLAND STATEMENT *on viral hepatitis*

AUSTRALIAN PROGRESS REPORT 2014

The Auckland Statement was launched at the 8th Australasian Viral Hepatitis Conference in Auckland, New Zealand, in September 2012, and was endorsed by all the leading Australian and New Zealand hepatitis organisations as a blueprint for urgent action on viral hepatitis. Targets were set for achievement by 2016, and this progress report is provided at the half-way point.

In 2012, The Auckland Statement recognised that despite many challenges we have the capacity, knowledge and tools to tackle viral hepatitis head-on. The signatories therefore called on parliamentarians, responsible Ministers, health departments, and others, to take urgent action.

- **In 2012, we warned that a failure to act would see a steadily increasing number of people infected with hepatitis B and hepatitis C and a rising number of deaths.**
- **To our national shame, hepatitis-related liver disease will claim 1,000 lives in 2014, and is projected to increase further in coming years if the response to viral hepatitis does not significantly improve.**
- **By comparison, 738 Australians died at the peak of HIV/AIDS mortality in 1994. The rapid and highly effective HIV response at this time led to a marked turnaround in morbidity and mortality.**
- **The rapid and successful response to HIV must now be replicated to reverse the rising death toll from viral hepatitis. We need to achieve the same outcome (and quickly) for hepatitis B and hepatitis C.**

Undoubtedly, many people and organisations have been working hard over the last two years, however collectively we have plainly failed to scale up the resources and efforts needed to reverse the escalating burden of viral hepatitis-related liver disease highlighted at the Auckland Statement launch in 2012.

On that sobering note, we revisit the targets set in the Auckland Statement and review them from the perspective of the Australian response.

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TARGET 1: By 2016, halve the incidence of hepatitis C infections by doubling the amount of new injecting equipment distributed in the general community and implementing NSPs in prisons.

PROGRESS

Policy commitments have been made.

- The 4th National Hepatitis C Strategy 2013-2017 was released in July 2014, incorporating the following target agreed by all of Australia's Health Ministers to: ***Reduce the incidence of new hepatitis C infections by 50 per cent***
- In August 2012, the ACT government announced that it would trial the provision of sterile injecting equipment in the prison and in August 2013, the Strategic Framework for the Management of Blood Borne Viruses in the Alexander Maconochie Centre 2013-2017 was released. At the time of writing the trial had not commenced.

Some funding progress has been made.

- In April 2014, Minister Dutton publically confirmed funding over 4 years for NSPs: ***$5.1 million for needle and syringe programmes, particularly in rural and regional areas.***

KEY CHALLENGES

Many challenges remain and without rapid and effective action this target will not be achieved by 2016.

- Measurement of progress is challenging for several reasons:
  - We rely on estimates of incidence, as new hepatitis C infections are rarely detected in the first 1-2 years of infection due to lack of symptoms at the time of transmission.
  - National information on NSP expenditure and the detail of service provision is difficult to obtain.
- There is a lack of information in the public domain on how the new federal funding for NSPs ($5.1 million over 4 years) will be rolled out.
- Unlike the *3rd National Hepatitis C Strategy*, there is no priority action listed in the 4th National Hepatitis C Strategy which supports the implementation of a trial of NSP in prisons. This backward step fails to encourage or support other states and territories to trial prison needle exchange.
- Lack of progress on development of more supportive and enabling legal frameworks and to reduce stigma continues to hamper the achievement of this target.

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TARGET 2: Apply consistent approaches to funding of hepatitis B vaccinations for all those at greatest risk.

PROGRESS

A national policy commitment has been made.

- The *2nd National Hepatitis B Strategy 2013-2017* was released in July 2014 incorporating the following target agreed by all of Australia's Health Ministers to: ***Increase hepatitis B vaccination coverage of priority populations.***

Some programs have been implemented.

- Some state and territory governments have implemented, or are planning to implement, hepatitis B vaccination programs targeting vulnerable, at-risk populations.

KEY CHALLENGES

Many challenges remain and without rapid and effective action this target will not be achieved by 2016.

- Inconsistent approaches and inequitable access to funded vaccinations for key priority populations (as recommended in the Immunisation Handbook) continues.
- Targeted vaccination of vulnerable, at-risk populations, is an economically sound strategy yet to date there has been no progress on developing a consistent approach to funding vaccinations for the priority populations listed in the *Immunisation Handbook*.

TARGET 3: Ensure at least 80% of all people living with hepatitis B and C are diagnosed.

PROGRESS

A national policy commitment has been made.

- The *2nd National Hepatitis B Strategy 2013-2017*, was released in July 2014, and incorporated the following target agreed by all of Australia's Health Ministers to: ***Increase to 80 per cent the proportion of all people living with chronic hepatitis B who are diagnosed.***

A funding commitment has been made

- In April 2014, Minister Dutton publically confirmed funding over 4 years for hepatitis B: ***$4.6 million to increase uptake of testing and treatment for hepatitis B among priority populations.***

KEY CHALLENGES

Many challenges remain and without rapid and effective action this target will not be achieved by 2016.

- There is a lack of information in the public domain on how the new $4.6m to be allocated over 4 years to increase uptake of hepatitis B testing and treatment will be rolled out.
- While a national hepatitis B testing policy has been developed, there has been inconsistent uptake at a jurisdictional level, despite promulgation. No formal evaluation of this policy has yet occurred.

Note: The current Australian estimate suggest that one in two people with hepatitis B are undiagnosed. We must continue with hepatitis C early diagnosis efforts and ensure PCR test follow up, however; as over 80% are estimated to be already diagnosed, the predominant focus for action is on diagnosis of chronic hepatitis B.

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TARGET 4: Guarantee that 5% of people living with hepatitis C receive antiviral treatment each year.

PROGRESS

A national policy commitment has been made.

- The *4th National Hepatitis C Strategy 2013-2017*, was released in July 2014, and incorporated the following target agreed by all of Australia's Health Ministers to: ***Increase the number of people receiving antiviral treatment by 50 per cent each year.***

Note: This target was designed to roughly equate with the Auckland Statement target which required around 12,000 people per annum receiving treatment by 2016.

KEY CHALLENGES

Many challenges remain and without rapid and effective action this target will not be achieved by 2016.

- In 2012, just 1% of the 233,000 living with chronic hepatitis C received treatment.
- In April 2013, boceprevir and telaprevir were added to the Pharmaceutical Benefits Scheme (PBS) for people with genotype 1 infection, some 12 months later than many other countries.
- Following the July 2014 Pharmaceutical Benefits Advisory Committee (PBAC) meeting it was announced:
  - PBAC recommended Section 100 listing of simeprevir on the Pharmaceutical Benefits Scheme. (simeprevir will essentially replace boceprevir and telaprevir in treatment of genotype 1 infection).
  - PBAC rejected the submission for Section 100 listing of sofosbuvir on the Pharmaceutical Benefits Scheme citing the high budgetary impact as one reason. This decision will result in a significant delay in Australians accessing game-changing hepatitis C treatment already available in other countries. Meantime, deaths will occur that could have been prevented.
- The hepatitis C treatment targets will not be achieved by 2016 without a greater focus on:
  - faster PBAC and Cabinet approval processes for the new hepatitis C drugs in the pipeline
  - greater awareness of improved treatment options
  - scale-up of alternative models of care to provide multiple pathways to improved treatment access for priority populations.

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TARGET 5: Target 5: Guarantee that 10% of people living with hepatitis B receive antiviral treatment each year.

PROGRESS

A national policy commitment has been made.

- The *2nd National Hepatitis B Strategy 2013-2017*, was released in July 2014, and incorporated the following target agreed by all of Australia's Health Ministers to: ***Increase to 15 per cent the proportion of people who are living with chronic hepatitis B who are receiving treatment.***

It is pleasing to see the Auckland Statement target of 10% of people living with hepatitis B receiving treatment each year being increased to 15% in the 2nd National Strategy.

A funding commitment has been made.

- In April 2014, Minister Dutton publically confirmed funding over 4 years for hepatitis B: ***$4.6 million to increase uptake of testing and treatment for hepatitis B among priority populations.***

KEY CHALLENGES

Many challenges remain and without rapid and effective action this target will not be achieved by 2016.

- There is a lack of information in the public domain on how the new $4.6 million allocated over 4 years to increase uptake of hepatitis B testing and treatment will be rolled out.
- In July 2014, Minister Dutton announced legislative changes to prescribing and dispensing arrangements under the PBS for HIV medicines, but did not include hepatitis B medicines in these changes. This was a lost opportunity and now needs to be progressed separately.
- Information on estimated number of people receiving treatment for hepatitis B was not able to be provided in the *2013 Annual Surveillance Report*. Work is ongoing to obtain accurate information for the estimates.

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In conclusion - decisive action on viral hepatitis is more urgent than ever.

"We must scale-up funding and resources to implement the national priorities quickly".

"Stigma and discrimination and lack of supportive legal frameworks are holding back progress. Attitudes must change and human rights must be upheld."

"It is time to ask the hard questions about why we find ourselves in this situation of undiagnosed and untreated infections."

"The implementation of Nurse-Led Models of Care is a key strategy to increasing access to quality care and improving patient outcomes."

"Australia was once a world leader, now we lag behind many countries in tackling viral hepatitis."

"Viral hepatitis remains largely invisible – we need leaders at all levels to speak up and influence positive change."

"Too many lives have already been lost; we need stronger commitment and greater investment."

"It is crucial to remove barriers which currently impede the scale-up of appropriate models of care in order to meet the needs of priority populations."

"We need urgent action to increase the proportion of people living with hepatitis B or hepatitis C who are both diagnosed and connected to ongoing and optimal healthcare."

"We must end this neglect and address viral hepatitis as an urgent public health issue by working in full partnership with the affected communities."

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