



Champions and Challenges in Australia's Response to Blood Borne Viruses

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THE FOLLOWING INFORMATION IS PRESENTED ON THE PREMISE THAT

AUSTRALIA NEEDS APPROPRIATELY SUPPORTED AND RESOURCED RESPONSES TO

ALL
BLOOD BORNE VIRUSES
(**HBV**, **HCV**, and **HIV**)

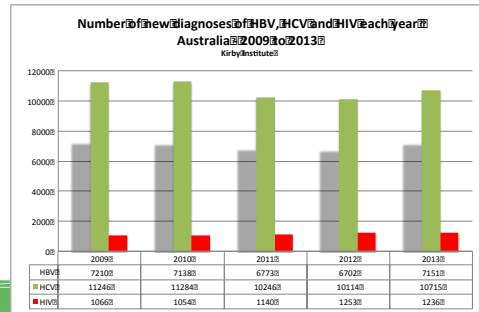


Presentation outline.

- The stark reality of the epidemiology.
- Comparing the responses to BBVs:
 - The key ingredients of a champion response;
 - Policy responses;
 - Resourcing of the community sector response;
 - Research projects
- What messages are being sent by government
 - Media statements
 - Funding announcements
- The challenges and what we need to do.

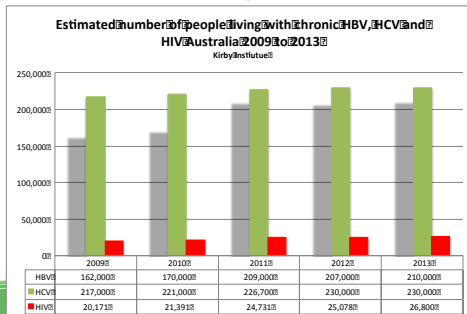


The stark reality! In epidemiological terms



Source: HIV, viral hepatitis and sexually transmitted infections in Australia, Annual Surveillance Report, Kirby Institute 2010 - 2014

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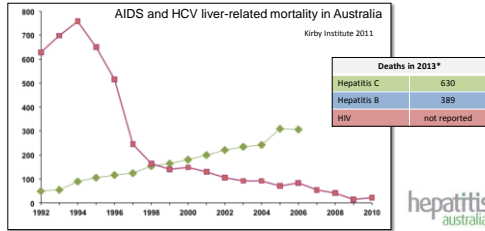
BBVs in Indigenous Australia - 2013

- **HIV**
 - 26 newly diagnosed
- **Hepatitis B**
 - 206 newly diagnosed
- **Hepatitis C**
 - 796 newly diagnosed
- reporting of indigenous status at the time of notification is low;
 - not reported for 59% of viral hepatitis cases and data excludes some jurisdictions
 - Not reported for less than 50% of HIV cases



Source: Blood borne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People, Annual Surveillance Report 2014, Kirby Institute

BBVs and Mortality



* Source: HIV, viral hepatitis and sexually transmitted infections in Australia, Annual Surveillance Report 2014, Kirby Institute

So... how do the responses compare?



Key elements of a champion response.

In Australia	HIV	Hep C	Hep B
First dedicated National Strategy	1989	1999	2010
High profile public campaign (govt.)	1987 / 1993	n/a	n/a
National peak community organisation	1987	1997	1997 unfunded
High profile national fundraising efforts.	1987	n/a	n/a
National peer organisation for people living with.	1990	**	**

Global	HIV	Hep C	Hep B
Global observance of 'Day'	1988 (WAD)	2010 (WHD)	2010 (WHD)
Internationally recognised symbol. (eg. Red Ribbon)	1991	n/a	n/a
Global Fund	2002	n/a	n/a
Highly effective treatments	1996 50% access	NOW 1% access	Yes 3-5% access

** AIVL in relation to people who inject or have injected illicit drugs.

National Policy (aka.. the National Strategies)

Reducing incidence:

- Hepatitis C – reduce incidence by 50%.
- Hepatitis B – increase vaccination coverage.
- HIV - reduce sexual transmission and sustain the virtual elimination in PWID, sex workers and mother to child

Increasing treatment:

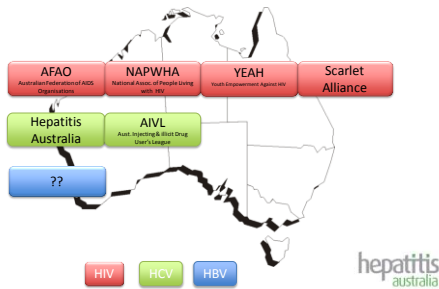
Based on 2012 surveillance figures only, the increases in the number of people accessing treatment each year would be:

BBV	Est. proportion as at 2012	Target by 2017	Est. on treatment in 2012	Target by 2017
HIV	50%	90%	12,850	23,130 cumulative
Hepatitis B *	5%	15%	10,350	31,050 cumulative
Hepatitis C ^	1%	5% (50% increase each year)	2,300	11,500 p.a.

* There is a cheap, preventative vaccine.

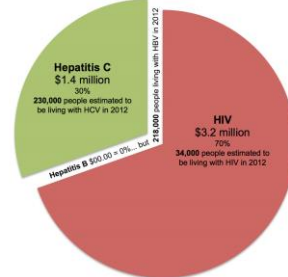
^ cure is now possible for most people if they can access the latest treatments

National Community Organisations Funded by the Australian Government



Domestic Government Grants to Australia's National Peak Community Organisations 2012

Surveillance data sourced from Kirby Institute. Financial data estimated from organisational Annual Reports
Organisations included: Hepatitis Australia, AIVL, AFAO & NAPWA



Notes:
- financial data are approximations only
- People living with HIV is the high estimate

Federal Government Role in the Visibility of BBVs public comments since July 2013

"Government Steps Up Fight Against Sexually Transmissible Infections and Blood Borne Viruses."
Media release headline Tanya Plibersek Federal Health Minister (12 Aug '13)

"World Aids Day" "..... a reminder that continued vigilance was needed to prevent the spread of HIV infections."
Headline and quote - Federal Health Minister Peter Dutton (1 Dec '13)

"Australia's commitment to fight HIV/AIDS, Tuberculosis and Malaria"
Media release headline - Hon Julie Bishop MP, Minister for Foreign Affairs (3 Dec '13)

"New Strategies on Blood Borne and Sexually Transmissible Diseases"
Media release headline - Federal Health Minister (7 July '14)

"New Access to HIV Tests and Treatments"
Media release headline - Federal Health Minister (7 July '14)

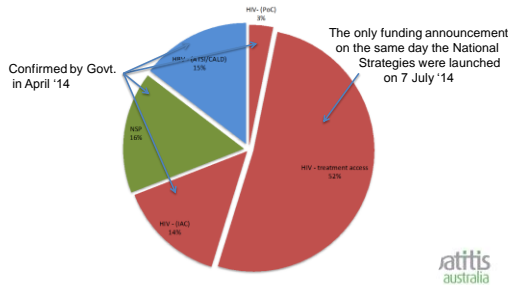
"Health Ministers sign on to end HIV transmissions by 2020"
COAG Health Council 20 July '14



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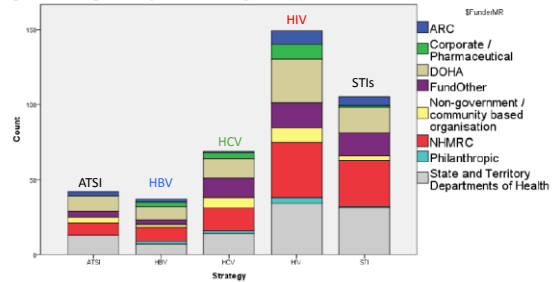
Event	Government Media Releases
Election campaign, August 2013	Labour announces new funding in 2013/14 Budget
World AIDS Day (December 1)	<ul style="list-style-type: none"> Media release to mark the event Reinstates \$200m to global fund
New funding, previously announced by Labour is confirmed despite the Commission of Audit (April)	Media release outlines new funding \$5.5 - HIV (\$4.1 AS + \$1m point of care testing) \$4.6m - HBV (Testing & treatment) \$5.1m - NSPs (regional and remote)
World Health Assembly (May) Australia supports hepatitis resolutions.	-- SILENCE -- No media release or public comment
Launch of National Strategies (July 7)	<ul style="list-style-type: none"> Media release: National strategies Media release: \$16.2m for access to HIV meds
International AIDS Conference (July)	AIDS 2014 Legacy Statement (signed by all Australian Health Ministers)
World Hepatitis Day / Liver Danger Zone (July 28)	-- SILENCE -- No media release or public comment

Federal Government funding announcements - April to July 2014



Focus of Research Projects Funded

Figure 8: Funding Source by National Strategies



Source: Australian Research Centre in Sex, Health and Society, National BBV and STI Research, Audit Report, 2013. Includes research started before 2008 and continuing into 2009, or research conducted from 2008 and into 2016.

Conclusions – Champions

Champions for HIV... yes!

- Australia has been, and continues to be a global champion with it's strong response to HIV. This has included:
 - High levels of community engagement;
 - Comparatively high visibility;
 - Effective government investment in policy, services, clinical and social research;
 - A willingness of governments to talk about HIV as a public health issue.

But... what about viral hepatitis?

- Not yet, the invisibility of viral hepatitis and inequities in the approaches by governments are hampering the response; This is despite:
 - A significantly greater number of people living with chronic viral hepatitis;
 - The high overall disease burden and an increasing number of lives being lost; and
 - The data being readily available to decision makers; (So why are government responses lagging behind?)



So... Australia is failing to emulate a similar response to hepatitis B and hepatitis C.

Conclusions - Challenges

The challenges in building up the response to viral hepatitis include:

- Continuing to support the affected community to speak out and tell their stories;
- Getting governments to speak up for viral hepatitis, just like they continue to do for HIV;
- Establishing a more equitable approach in resourcing a comprehensive and effective response to all blood borne viruses.

To step up the response to viral hepatitis, we need to...

- Reduce the stigma and discrimination;
- Learn from and build on the HIV response where possible;
- See greater political will from governments to speak up and act;
- Increase the fiscal investment in responding to hepatitis B and hepatitis C which:
 - Increases the visibility of viral hepatitis in Australia;
 - Enables greater community participation;
 - Results in more targeted research; and
 - Improves access to treatment and support services.



WITH 1,000 DEATHS EACH YEAR, WE NEED TO DO IT NOW!

REMEMBER

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(HBV, HCV, and HIV)

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Acknowledgements

- Hepatitis Australia Board – Equity Working Group Members.
- Hepatitis Australia's member organisations.
- AFAD, NAPWA and AIVL.

Bibliography

Extensive background material was sourced to inform this presentation, including:

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