Implementation Plan: Fifth National Hepatitis C Strategy

Name/organisation:

Email contact:

| **Higher-level Priority Areas**  |  | **Key area for action** | **PRIORITY FOR ACTION:****H = highest priority for 2019/20L = lower priority - to commence 2021/22** | **CURRENT ACTIVITIES:****What current main activities are supporting this key area for action?** | **NEXT STEPS:** **What additional activity is needed to progress this key area for action?** | **Who is the lead for initiating / implementing this additional action?** |
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| Education and prevention Improve knowledge and awareness of hepatitis C in the general community and priority populations, to support prevention of transmission and engagement in testing and treatmentImprove equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through NSPs | 1 | Implement a national hepatitis C public education initiative which incorporates a focus on transmission routes, risks and evidence-based prevention strategies |   |   |   |   |
| 2 | Scale up access to tailored information, education and prevention programs (including peer-based programs, in-language and low literacy resources) targeting each priority population across priority settings, to improve hepatitis C related health literacy, promote transmission risk mitigation, and support engagement in testing and treatment |   |   |   |   |
| 3 | Facilitate the sharing of successful prevention approaches and initiatives and support the adaptation of successful approaches to other priority populations and settings, including custodial settings |   |   |   |   |
| 4 | Increase the availability and distribution of sterile injecting equipment and information on safer injecting among people who inject drugs across all priority settings, including facilitation of peer-based harm reduction initiatives, education and equipment distribution |   |   |   |   |
| 5 | Support an increase in the provision of and equitable access to evidence-based OTP in priority populations and priority settings and address key barriers to access |  |  |  |   |
| Testing, treatment and managementImplement approaches that maximise the number of people living with hepatitis C who are diagnosed; and support the completion of confirmatory testing and treatment for priority populationsSupport health professionals to provide current, innovative and effective testing and care for people living with hepatitis C | 6 | Incorporate information on new cures and how to access testing and treatment into the national hepatitis C public education initiative |  |  |  |   |
| 7 | Explore the use of rapid testing and point-of-care (POC) technologies where appropriate to improve access to testing and engagement with priority populations |  |  |  |   |
| 8 | Further develop and deliver evidence-based risk assessment and testing approaches for key priority populations which provide strong linkage to treatment |  |  |  |   |
| 9 | Identify opportunities to improve the application of recommended testing procedures for hepatitis C by clinicians, including the feasibility of automatic HCV RNA testing for priority populations |  |  |  |   |
| 10 | Support best-practice case finding, treatment and management for hepatitis C in all primary care settings |  |  |  |   |
| 11 | Develop and integrate peer-based support models that include people with lived experience of hepatitis C as peer navigators in diagnosis, treatment and care for all priority populations  |  |  |  |  |
| Equitable access and coordination of careContinue to strengthen connections between priority populations, the healthcare workforce and community organisations to facilitate coordination of careEnsure equitable access to treatment and care for all priority populations, including people in custodial settings and people reinfected after cure | 12 | Support models of care that provide effective testing, treatment and management of people living with hepatitis C in primary health settings, including links and referral pathways to specialist and multidisciplinary services |  |  |  |  |
| 13 | Identify opportunities to improve patient management systems to better support the primary care workforce to promptly identify and provide treatment and care for people living with hepatitis C |  |  |  |  |
| 14 | Improve the coordination of hepatitis C treatment services and other service providers, including general practice, Aboriginal and Torres Strait Islander health services, AOD, NSPs, sexual health services, peer-based services and mental health services to better link people at risk of or living with hepatitis C to prevention, testing, and relevant follow-up and management |  |  |  |  |
| 15 | Enhance partnerships between jurisdictional health and justice systems and facilitate knowledge sharing across jurisdictions regarding prevention, testing, treatment and support services for inmates and those recently released |  |  |  |  |
| 16 | Identify and trial opportunities to increase access to prevention, testing and treatment in custodial settings |  |  |  |  |
| 17 | Establish and support nurse-led and other treatment programs in custodial settings, review prescribing arrangements for authorised nurse practitioners in these settings, and develop systems for active case management of people released from prison upon re-entry into the community |  |  |  |  |
| 18 | Explore the inclusion of hepatitis C related key performance indicators, aligned to the targets of this strategy, for organisations central to the delivery of hepatitis C programs or services, including Primary Health Networks and custodial facilities |  |  |  |  |
| Addressing stigma and creating an enabling environmentImplement a range of initiatives to address stigma and discrimination and minimise their impact on the health of people at risk of or living with hepatitis CContinue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours | 19 | Incorporate messaging to counteract stigma into the national hepatitis C public education initiative |  |  |  |  |
| 20 | Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services; and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response |  |  |  |  |
| 21 | Review and address institutional, regulatory and system policies which create barriers to equality of prevention, testing, treatment, care and support for people living with hepatitis C and priority populations |  |  |  |  |
| 22 | Implement initiatives in the community and healthcare settings aimed at minimising stigma and discrimination against people living with hepatitis C, people who inject drugs and other priority populations |  |  |  |  |
| Workforce Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people at risk of or living with hepatitis C | 23 | Implement targeted initiatives to facilitate a highly skilled clinical and community sector workforce, including the use of online learning, web-based resources, mobile applications and face-to-face learning opportunities |  |  |  |  |
| 24 | Continue to prioritise education and resources to support GPs and other prescribers in prescribing DAAs, managing patient care, and utilising available multidisciplinary referral pathways |  |  |  |  |
| 25 | Support community organisations, the healthcare workforce and peer workers to increase their engagement with priority populations to improve health literacy and connection to care |  |  |  |  |
| 26 | Facilitate and support the involvement of the primary care workforce in the early detection and treatment of hepatitis C, including access to remote support for those new to treating hepatitis C, upskilling and training, and other approaches |  |  |  |  |
| 27 | Support the continued provision, dissemination and maintenance of evidence-based, responsive and accessible national clinical guidelines and other information resources on testing, treatment, care and support for people living with hepatitis C that are adapted to the needs of the workforce |  |  |  |  |
| 28 | Continue to explore and share experiences of innovative models of care for hepatitis C prevention and management, particularly models for rural and remote areas and areas of workforce shortage |  |  |  |  |
| Data, surveillance, research and evaluationContinue to build a strong evidence base for responding to hepatitis C in Australia, informed by high quality, timely data and surveillance systems that underpin evidence-based local and national responses | 29 | Identify opportunities to improve the timeliness and consistency of data collections |  |  |  |  |
| 30 | Implement initiatives to improve data completeness of Aboriginal and Torres Strait Islander status and country of birth in clinical and pathology settings; and for collecting data on the impact of hepatitis C on sex workers in Australia |  |  |  |  |
| 31 | Investigate opportunities to better measure incidence and prevalence of hepatitis C in the community, including linkage of data on the incidence of reinfection |  |  |  |  |
| 32 | Identify gaps in surveillance data for measuring and monitoring the implementation of this strategy and prioritise these for action |  |  |  |  |
| 33 | Improve surveillance of issues that impact people living with hepatitis C, including stigma and discrimination and quality of life measures |  |  |  |  |
| 34 | Promote a balance of social, behavioural, epidemiological and clinical research to better inform all aspects of the response |  |  |  |  |
| 35 | Ensure current and future programs and activities are evaluated to ensure linkage and alignment to the priority areas of this strategy |  |  |  |  |
| Would you like to provide any other comments? (Free text) |  |