



EC Australia

Partnering to eliminate hepatitis C

Annual Report

Year 3 | 2021



Burnet Institute
Medical Research. Practical Action.

**paul
ramsay**
FOUNDATION

Name of Organisation	Burnet Institute
Program Title	Eliminate Hepatitis C Australia Partnership
Program Summary	<p>EC Australia’s goal is to catalyse efforts to eliminate hepatitis C as a public health threat by 2030. The Australian public will benefit from the health system savings that will occur through a targeted and cohesive approach to hepatitis C testing and treatment and the consequent reduction of hepatitis C incidence and prevalence. Bringing together researchers and implementation scientists, government, health services and community organisations, EC Australia is supporting services to increase hepatitis C testing and treatment among key affected populations, including people who inject drugs, Aboriginal and Torres Strait Islanders and prisoners. The EC Australia Partnership uses a health-system strengthening approach, which is structured around five key components:</p> <ol style="list-style-type: none">1. Health promotion and awareness raising;2. Workforce development and health service delivery;3. Implementation research; and,4. Evaluation and surveillance5. Aboriginal Health Strategy
Program objectives	<ol style="list-style-type: none">1. Ensure that approximately 15,000 Australians with chronic hepatitis C are treated and cured of their infection annually.2. Ensure that people identified with cirrhosis related to hepatitis C infection are treated and cured, and regularly monitored for liver cancer.3. Establish a national collaborative framework to facilitate a coordinated response to the elimination of hepatitis C as a public health threat from Australia by 2030.
Reporting period	Year 3 Annual Report: December 2020 – November 2021

Table of Contents

Abbreviations and acronyms	3
Acknowledgment of Jude Byrne	4
Executive Summary	4
Progress towards goals.....	7
EC Australia Component Updates	7
Health Promotion:.....	7
Updates and Progress 2021	7
Lessons and insights from 2021	10
What's Next and Future Work	11
Workforce Development and Health Service Delivery.....	11
Updates & Progress in 2021.....	11
Lessons and insights from 2021	13
What's next and future work in 2022	13
Implementation research	13
Updates and Progress in 2021	14
NHMRC partnership grant update	14
Lessons and insights from 2021	15
What's next.....	15
Evaluation and Surveillance.....	15
Updates and Progress in 2021	16
Lessons and insights from 2021	16
What's next.....	16
Cirrhosis and Hepatocellular Carcinoma (HCC) monitoring database	16
Updates & Progress in 2021.....	16
Lessons and insights from 2021	17
What's next and future work in 2022	17
Cost effectiveness/resource mapping models - Modelling interface for HCV Optima	17

Aboriginal Health Strategy	18
National Leadership Group	18
Bulgarr Ngaru Medical Aboriginal Corporation BBV/STI Partnership	18
National Aboriginal Health Promotion Campaign	19
Surveillance	19
Planned publications for 2022	19
Advocacy Strategy	20
Updates and Progress in 2021	20
What's next and future work in 2022	21
Social Impact Analysis: Social Outcomes update	21
Updates and Progress in 2021	21
Lessons and insights.....	21
What's next and future work in 2022	21
Additional Work.....	22
National Prisons Hepatitis Education Project: HepPEd	22
Thank you	22

Abbreviations and acronyms

ACCESS	Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Blood Borne Viruses and Sexually Transmitted Infections
ACCCHS	Aboriginal Community Controlled Health Service
AHCWA	Aboriginal Health Council of Western Australia
AIVL	Australian Injecting & Illicit Drug Users League
AOD	Alcohol and Other Drugs
ASHM	Australasian Society of HIV, Viral Hepatitis and Sexual Health Medicine
BBV	Blood-borne virus
DAA	Direct-acting antiviral
ECA	EC Australia program
GP	General Practitioner
HCC	Hepatocellular carcinoma
HCV	Hepatitis C virus
MBS	Medicare Benefits Scheme
M&E	Monitoring and evaluation
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NSPs	Needle and syringe programs
NTAHC	Northern Territory AIDS and Hepatitis Council Inc
PATH	Peers supporting Access to Hepatitis C treatment
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
PHRE	Peer-based Harm Reduction Education
PWID	People who inject drugs
QI	Quality improvement
QuIHN	Queensland Injectors Health Network
SAHMRI	South Australian Health and Medical Research Institute
SiREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
STI	Sexually Transmissible Infection
UQ	University of Queensland
VHHITAL	Victorian HIV and Hepatitis Integrated Training and Learning
WANADA	Western Australian Network of Alcohol and other Drug Agencies
WDHSD	Workforce Development and Health Service Delivery

Acknowledgment of Jude Byrne

The EC Australia team at the Burnet Institute were deeply saddened by the passing of Jude Byrne in March 2021. Jude played a significant role in developing the EC Australia program, ensuring people who inject drugs were the program's priority population and that peer-led approaches were a key strategy throughout. Jude co-chaired the National Reference Group for the Health Promotion Campaign and coordinated the National AIVL Peer Network to co-design the campaign from development through to delivery.

We miss Jude's energy and focus and have continued to develop the campaign and EC Australia activities with Jude's vision front of mind.



(Credit: Nigel Brunson)

Executive Summary

It has been a second year of online working, which has continued to pose many and varied challenges for the EC Australia team and many of our partners. However, significant progress has been made despite these and there are a lot of milestones to celebrate.

The Eliminate hepatitis C Australia Executive Committee this year welcomed Shweta Singhal (Australian Government Department of Health), Dawn Casey (National Aboriginal Community Controlled Health Organisation) and Jake Docker (Australian Injecting and Illicit Drug Users League), each bringing great experience and perspectives to the Executive Committee and by extension the EC Australia Partnership. The Executive Committee met in July 2021 to discuss updates from the implementation of all five EC Australia components, and discussions on transition and sustainability planning for on-going funding for hepatitis c at the state and federal level. As EC Australia closes out its third year of implementation and looks towards its fourth and final year of funding, these discussions are crucial in supporting state colleagues to use the opportunity of EC Australia to both generate evidence through implementation, and collectively support one another to identify ongoing funding opportunities. The EC Australia Executive Committee meeting that was due to be in late

2021 has been deferred to 2022 due to COVID-19, but these discussions and support are ongoing.

Under far-from-ideal circumstances the National Reference Group, which is co-chaired by Australian Injecting and Illicit Drug Users League (AIVL) has made incredible progress on the development of the **Health Promotion Campaign**. Working entirely online through the codesign and creative process to generate multiple concept options for the national health promotion campaign, and then focus testing these to confirm the **It's Your Right** campaign, which will be rolled out in each state and territory in 2022.

All the **Workforce Development and Health Service Delivery (WDHSD)** partners have continued implementing through 2021, with seven being completed this year. Challenges have been experienced for all states and territories, whether in 'locked down' states, or those with closed borders. We are grateful to all our project partners for adapting and continuing tirelessly through a second year of entirely online support. Evaluation of the WDHSD component will be the focus of 2022 activities, with the remaining 14 WDHSD projects concluding between March and November 2022.

In **Implementation Research**, following an initially unsuccessful NHRMC partnership grant submission, for the 2020-2021 round, the team have led a resubmission that was submitted on 30 November 2021. If successful in securing funding this grant will ensure that effective and acceptable models of care utilising existing HCV notification data are identified, refined, evaluated, and implemented across jurisdictions in a streamlined and standardised way.

Through the **Evaluation and Surveillance** component, the 2021 *Progress towards hepatitis C elimination* report was launched with the Kirby Institute in October. The report brought together a range of data, from 19 separate sources and this year included new data on Aboriginal and Torres Strait Islander peoples. The Evaluation and Surveillance team have continued to provide support to the 21 Workforce Development and Health Service Delivery projects, this year with a focus on upskilling partners through four online workshops.

As part of the **Aboriginal Health Strategy** work is underway to tailor messaging and resources from the National Health Promotion Campaign for Aboriginal PWID and plan to develop another campaign to be rolled out via Aboriginal Medical Services. EC Australia has also partnered with Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC) and ASHM to increase testing and treatment of hepatitis C among Aboriginal communities in Northern NSW through a \$500,000 grant from the Commonwealth Department of Health.

This year the [EC Australia website page](#) has also undergone a rework so that we can better showcase and share the great work happening across the partnership. And, for the second year in a row an EC Australia Webinar series was held in November which featured three

sessions to showcase the work in Workforce Development, Health Promotion and the Aboriginal Health Strategy.

Progress towards goals

- *Ensure that approximately 15,000 Australians with chronic hepatitis C are treated and cured of their infection annually.*
- *Ensure that people identified with cirrhosis related to hepatitis C infection are treated and cured, and regularly monitored for liver cancer.*

Despite the ongoing challenges presented by COVID-19, EC Australia continues to make substantial progress towards the program outcomes and the hepatitis C elimination targets.

Efforts to eliminate hepatitis C as a public health threat by 2030 are progressing in Australia with approximately 89,000 people receiving DAA therapy by the end of 2020. This is equivalent to 47% of the estimated chronic hepatitis C population in 2015. There are also positive signs estimates indicating declining incidence amongst HIV-positive gay, bisexual, and other men who have sex with men (GBM) and people in prison. An estimated 37% of people treated in 2020 were treated in prison highlighting the important contribution of this sector to hepatitis C elimination efforts.

However, hepatitis C testing and treatment uptake has declined, with less than 10,000 people treated in 2021. This highlights the ongoing need to increase awareness of hepatitis C and ensure accessible and person-centred models of hepatitis C testing are available. It is vital that hepatitis C testing and treatment is revitalised to ensure adequate levels of treatment to reach Australia's elimination targets. The work of EC Australia in collaboration with the Federal Government's National Hepatitis C 50,000 Project will help put Australia back on track to meet its targets.

Positively, there has been a downward trend in the rate of people undergoing liver transplantation for hepatitis C-related liver failure and liver cancer in Australia and New Zealand since 2016. This suggests that hepatitis C treatment is continuing to have an impact in reducing both liver failure and liver cancer.

EC Australia Component Updates

Health Promotion:

Updates and Progress 2021

The National Health Promotion Campaign seeks to reach people who inject drugs who are not accessing testing and treatment services and/or who may not be aware of DAA treatment. The Campaign aims to shift perceptions about treatment and support people to prioritize treatment. The Campaign has been co-designed by a National Reference Group (NRG) and is using a peer led approach. The NRG is co-chaired by Australian Injecting and Illicit Drug Users League (AIVL) and EC Australia and partnership members include:

- National AIVL Peer Network (12 peer members)
- Harm Reduction Victoria
- NSW Users and AIDS Association
- Peer Based Harm Reduction WA
- Hepatitis NSW

- Latrobe University
- EC Australia
- two Aboriginal Community Representatives
- Enigma

Key progress has been made across the following milestones.

Progress on the milestones Dec 2020- Nov 2021

1. Confirmed the Campaign concept, **It's Your Right** by focus testing 3 concepts
2. Produced the campaign strategy and supporting messages for the advertising materials through 4 online design workshops
3. Produced a theory of change and evaluation strategy through 4 online workshops
4. Established a process to further develop the **It's Your Campaign** concept to reach Aboriginal people who inject (refer to Aboriginal Health Strategy section)

1. **It's Your Right – Campaign Concept**

With the support of [Enigma](#), the NRG designed three concepts to be focus tested with our audience (shown below). An online survey was developed to identify preferences and feedback from people who inject drugs, health and community workers, and peer workers. The peer members of the NRG conducted the surveys and went to locations such as Salvation Army lunch centres, Hungry Jacks, Free food vans, parks, NSPs and other allied health services. A total of 100 responses were completed.

The **It's Your Right** concept was a clear favourite across different groups including:

- People who inject drugs, peer workers and health and community workers
- Aboriginal and Torres Strait Islander people
- People with unstable housing



It's Your Right is a bold and assertive campaign and of the three campaign concepts developed it had the clearest message, delivered in a proud and positive tone of voice.

Concept 1: Get Sorted



Get Sorted is designed to take a common phrase and associate it with treatment. *Get Sorted* says treatment is achievable and is offered by people who understand you and just want to help you out.

Concept 2: It's Your Right

	<p><i>It's Your Right</i> is a bold and assertive campaign. It's about taking control and getting one over The Man. It's triumphant. It says it's possible to find simple judgement free treatment from people who are 100% on your side.</p>
<p>Concept 3: One Less Thing</p>	
	<p><i>One Less Thing</i> simply says "you don't have to put up with hep C holding you back". It isn't about saying treatment is easy - it's about saying it's achievable. It says hep C is just a disease like any other and can and should be treated just like any other.</p>

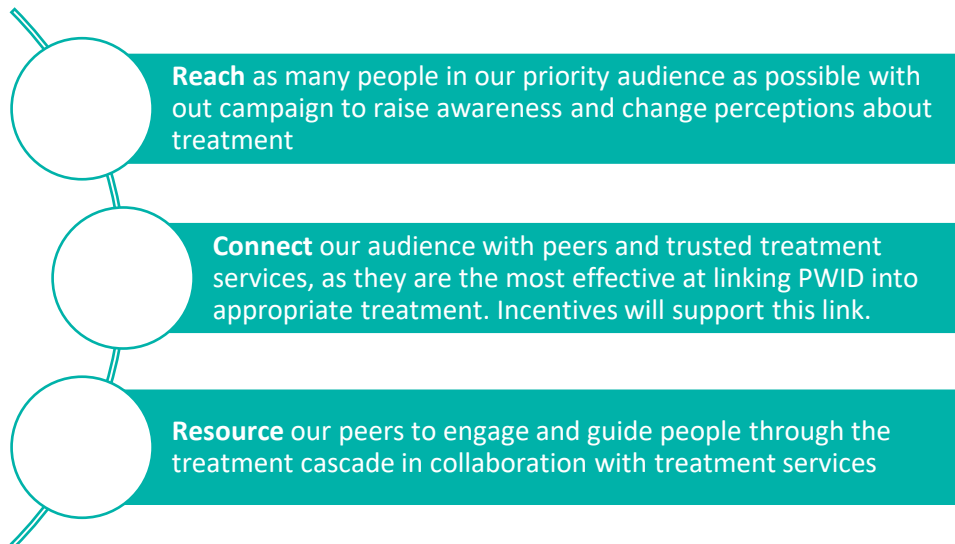
2. Campaign Strategy and Supporting Messages

The NRG used the **It's Your Right** campaign concept to develop and focus test more detailed messages that could be used in street advertising and local posters. These messages address common information gaps and are currently being focus testing with people who inject to confirm if the messages appeal and convey the right information. Refer to Figure 1 for an example of content used for focus testing.



The NRG also finalised a combination of strategies to be used for the roll out of the Campaign. It was determined that it was important to go beyond raising awareness about hepatitis C treatment and to also use strategies that would link people to care, including incentives and connection with a peer and peer led service. The Campaign will use a peer-led approach for delivery, working in partnership with the Australian Injecting and Illicit Drug Users League's (AIVL) member organisations/programs to lead the roll out of the campaign. See Figure 2 for the campaign components.

Figure 2. Campaign components



Street advertising will be a visual prompt to raise awareness about hepatitis C treatment and will be paired with the following activities:

- peer outreach/engagement activities to increase conversations about treatment and links with trusted services;
- merchandise giveaways to engage and promote campaign messages;
- financial incentives for the testing and treatment pathway;
- online video series to share personal stories about treatment;
- localised referrals to peer led services and related treatment services
- campaign landing page to promote information and referral contacts.

2. Theory of Change and Evaluation Strategy

Still using the codesign and peer led approach, the reference group did four online workshops to coproduce a Theory of Change to describe what success would look like for Campaign and what this would look like across short- and longer-term outcomes. The theory of change was then used to draft and design the campaign evaluation plan with a focus on examining the impact of the short-term outcomes.

Lessons and insights from 2021

Insights from the recent codesign workshops include:

- Incentives were considered essential for the roll out of the campaign in providing support to people who inject with the small costs
- A campaign landing page would be useful to provide easy to read information about hepatitis C treatment
- The focus testing showed that QR codes were not a trusted method of accessing information for people who inject and not useful for a call to action

What's Next and Future Work

The Campaign will roll out across the jurisdictions using a staggered approach from March 2022 onwards. The delivery of the campaign will be tailored across each area in relation to the pairing of advertising, incentives and peer outreach engagement activities. EC Australia, AIVL, Enigma and collaborating organisations are all working together to establish a rollout plan that includes a media buy plan (e.g. spending on street advertising to promote campaign messages) and activity plan that defines peer outreach activities and the use of incentives, with the aim of amplifying current work as well as identifying new opportunities.

National Hepatitis C 50,000 Project

An additional \$1.25 million funds were secured via the National Hepatitis C 50,000 Project (funded by the Australian Government Department of Health). The Project is a national partnership to scale up testing and treatment to find 50,000 people living with hepatitis C by the end of 2022 to support annual national hepatitis C targets for testing and treatment. The funds will be used to expand the media buy for the It's Your Right campaign, including the Aboriginal and Torres Strait Islander-targeted element, and to design and roll out the Aboriginal Health Strategy Health Promotion campaign in partnership with NACCHO (see Aboriginal Health Strategy section for further detail).

National hepatitis C public education campaigns is one of five pillars of the Project, with the others being; National program to scale up hepatitis C point of care testing, Expanded hepatitis activity in primary care including case finding, National Hepatitis C Infoline enhancement and Hepatitis C systems working group and project coordination and evaluation. This project partners with Hepatitis Australia, The Kirby Institute in partnership with Flinders University and National Reference Laboratory, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and the Australian Department of Health & BBVSTI Standing Committee

Workforce Development and Health Service Delivery

Milestones Dec 2020- Nov 2021

1. Continuation of education and workforce development activities

Updates & Progress in 2021

Once again, 2021 has been a year of adaptation for our WDHSD partners across the country, as the COVID pandemic has continued to impact on project implementation. Despite the challenges, significant progress has been made. Our partners' ability to be flexible and continue to implement under significantly restricted and challenging circumstances must be acknowledged and commended.

In 2021, seven projects came to their conclusion including:

- Cairns Sexual Health Service: Cairns Hep C Free incentive program for people who inject drugs

- Queensland Injectors Health Network (QuIHN): Prison Transition Support
- Hepatitis WA: Regional Workforce Development Project
- Western Australian Network of Alcohol and other Drug Agencies (WANADA): Increasing access of AOD services users to testing and treatment
- Tasmanian Council on AIDS, Hepatitis and Related Diseases: Tasmanian EC Australia Community Education Project
- Peer Based Harm Reduction Western Australia: Hepatitis C PHRE project
- QuIHN: Hepatitis C Community Peer Support Project

EC Australia is extremely grateful for the tireless work of our partners in delivering such high-quality projects and their generosity in sharing their findings and learnings along the journey. The results achieved by these projects will inform our understanding of what is needed to achieve hepatitis C elimination.

EC Australia also acknowledges and congratulates the partners who submitted abstracts and presented their work in 2021 at the Australasian Viral Hepatitis Conference, the International Network of Hepatitis and Health in Substance Users conference and the Australasian Professional Society on Alcohol & other Drugs conference. We had over five abstracts presented on ECA WDHS activities in 2021.

An ongoing goal for the WDHS team has been to develop a community of practice for EC Australia partners to come together to learn new skills and share their reflections about project implementation. The focus on building the project evaluation capacity of our partners was enhanced through the delivery of a four-part virtual and interactive workshop series. EC Australia partners were consulted on their learning needs and the subsequent workshop topics and details (duration and timing) were informed by their generous feedback.

The four workshops included:

- *How to write a survey for public health*: presented basic survey design theory and practical information to participants
- *Introduction to REDCap*: offered practical information on the key advantages REDCap, how REDCap can be implemented within resource-constrained settings and an introduction to basic REDCap functionalities
- *How to visually present data*: introduced participants to basic graph theory relating to the use of size, colour, positioning and labelling of data and how different graphs can be used to tell a story
- *Hepatitis C surveillance 101*: introduced participants to the foundations and primary aims of hepatitis C surveillance, and the different types of infectious disease surveillance. The workshop also covered the core measures of disease frequency: incidence and prevalence.

Overall, the workshop series evaluated very highly, with great participant engagement evidenced through interactive sessions and lots of questions. The workshop series was recorded and is available on the [EC Australia Youtube channel](#).

To continue the facilitation of learnings from EC Australia, a webinar was held in November 2021 showcasing the work of three projects including WANADA's quality improvement project, the

PROMPt study from South Australia and the Northern Territory Hepatitis C Elimination model of care. The webinar was well attended by 40 participants; 23 participants completed a brief evaluation which indicated that all participants learnt something from the webinar and all would recommend it to a colleague. The webinar was recorded and is available via the [EC Australia website page](#).

Lessons and insights from 2021

COVID-19 has continued to impact the implementation of EC Australia funded projects across the country. Restrictions and periods of lockdown have interrupted the implementation of projects in every jurisdiction except Tasmania. Partners have continued to innovate and develop new methods of striving for elimination.

The seven projects which have concluded in 2021 have yielded important and robust results. The EC Australia team have focused on developing comprehensive and bespoke end-of-project reporting templates to ensure all the learnings and achievements of the projects are captured. To date, a number of themes have been identified through feedback received from these finalised projects, including that partners enjoyed being a member of the EC Australia model particularly through the community of practice approach which is focused on connecting and learning from other jurisdictions and/or disciplines.

Regular project reporting and communication has also been highlighted as important aspects of the EC Australia project management approach. Offering flexibility regarding project reporting and execution of contract payments has been important to provide comprehensive support during this challenging time.

What's next and future work in 2022

Evaluation of the WDHSD component will be the focus of 2022 activities, with the final evaluation to be delivered by the end of the year. The remaining 14 WDHSD projects will conclude between March and November 2022. Tailored final reporting templates are being developed and structured around each project's program logic to capture the important contribution of each project.

To facilitate dissemination of the project findings, each partner has been offered the opportunity to develop a project specific infographic. The infographic is a visual tool for communicating the main findings of the project for the specified target audience, often the project services and participants. The EC Australia team and project partners are collaboratively identifying the most important project findings/learnings and will then work with an external graphic designer to develop the infographic.

Implementation research

Milestones Dec 2020- Nov 2021

1. Development of NHMRC Partnership Grant submission (revised timeline) focussed on *Using notification data to increase access to the hepatitis C cure*; and national partner engagement and agreements.

Updates and Progress in 2021

NHMRC partnership grant update

Following an unsuccessful NHRMC partnership grant submission for the 2020-2021 funding round, the Burnet Institute has led a resubmission that was submitted on 30 November 2021. The resubmission included all jurisdictional Department of Health representatives and other key community, clinical, laboratory partners. The grant resubmission focused on involving local health agencies and public health units in NSW, Queensland, and Victoria. The overall goal of this partnership grant is to develop, implement and refine systems for using notification data to ensure people diagnosed with HCV are provided appropriate care pathways and offered timely access to treatment and the HCV cure.

The aims of the grant are:

1. To identify strategies needed to address regulatory and operational barriers in each state and territory to the use of HCV notification data to identify and link to care people diagnosed with HCV;
2. To identify models that use notification data to contact and link people diagnosed with HCV into care and treatment services that are acceptable to community;
3. To implement and evaluate the effectiveness of initiatives that use hepatitis C notification data in each state and territory to guide care for people diagnosed with hepatitis C;
4. To undertake epidemic and cost-effectiveness modelling to identify optimal and sustainable approaches for using notification data to enhance HCV diagnosis and treatment outcomes in Australia and achieve HCV elimination goals.

If successful, implementation of the partnership grant will be over a four-year period

Timeline	Phase	Activities
Year 1 – Q1-2	Establishment	Governance/steering committee structures, partner agreements
Year 1 – Q3-4	Phase 1	Undertake research workshops
Year 2 – Q1-2	Phase 1	Workshop data synthesis, trial design briefs, finalise protocols
Year 2 – Q2-3	Phase 2	Trials establishment and commencement
Year 3 – Q1-4	Phase 2	Complete trials, identify trial effect mechanisms for models

Year 4 – Q1-2	Phase 3	Data analysis, generate model inputs, final model outcomes
Year 4 – Q2-4	Phase 3	Translation workshops and dissemination

Lessons and insights from 2021

The NHMRC partnership grant builds on work undertaken under EC Australia and partners including: Acceptability of hepatitis C notification systems to help eliminate hepatitis C, a formative study¹. This qualitative study highlighted the potential use of notification data to increase access to hepatitis C treatment with due consideration on the method of contact (including by whom and how) and whether new or historical notifications are followed up.

Hepatitis C notifications follow up project in Queensland: A project officer followed up all new antibody notifications with no RNA test result recorded within 4 weeks of notification were followed-up. The project documented successful follow ups of clinicians in hospital settings using email contact and GPs using phone calls. Invariably, the contact method was determined by the clinician/GP and sometimes included both emails and phone calls. The project evaluation and final report are being finalised.

In Victoria, a Doherty and Burnet Institutes and Department of Health partnership is following-up notifications and undertaking process evaluations to help develop streamlined and sustainable approaches to follow-up. The follow-up is led by a nurse seconded to the department of health. The project is in the pilot phase after delays due to COVID-19. In Tasmania, a randomised controlled trial comparing post-notification enhanced case management with standard practice was conducted in 2020-2021. Enhanced case management led to a significantly greater proportion of HCV antibody notifications progressing to a complete RNA diagnosis.

What's next

Further evaluation of pilot projects in different jurisdictions is required to inform best strategies for utilizing hepatitis C notification data. A successful NHRMC partnership funding will ensure that effective and acceptable models of care that utilize existing HCV notification data are identified, refined, evaluated, and implemented across jurisdictions in a streamlined and standardised way.

Evaluation and Surveillance

Milestones Dec 2020- Nov 2021

1. Third annual *Progress toward hepatitis C elimination* national report completed and launched.
2. Cirrhosis and HCC Monitoring Database progression update
3. Update on web interface for HCV model utilisation

¹ Walker S, Wallace J, Latham N, Saich F, Pedrana A, Hellard M, et al. "It's time!": A qualitative exploration of the acceptability of hepatitis C notification systems to help eliminate hepatitis C. *International Journal of Drug Policy*. 2021;97

4. Summary of ACCESS site recruitment via EC Australia

Updates and Progress in 2021

The third annual *Progress towards hepatitis C elimination* was released on Monday 25 October 2021 and launched at a public webinar, with guest speakers from the Burnet Institute, Kirby Institute, Hepatitis Australia and the Australian Injecting and Illicit Drug Users League (AIVL). The report brought together a range of data, from 19 separate sources and this year included new data on Aboriginal and Torres Strait Islander peoples.

The Evaluation and Surveillance team provides ongoing support to 21 Workforce Development and Health Service Delivery projects; a range of support is provided, tailored to each project. In 2021, there was a focus on upskilling partners through four online workshops (described above). Ongoing liaison with the ACCESS coordinator is in place and the ECA team have completed an identification and prioritisation of clinical sites that are in the WDHS that could be approached to participate in ACCESS.

Lessons and insights from 2021

The annual progress report continues to highlight gaps in data and knowledge about progress towards hepatitis C elimination, with considerable gaps in understanding morbidity and mortality outcomes. A deep dive into the evaluation of each of the WDHS and the overall evaluation has revealed where there is emerging or a lack of evidence for key interventions including the use of clinical audits, incentives, nurse-led models of care, point-of-care tests, and peer-inclusive models of care. There is also emerging evidence that intensive support of partners can increase knowledge sharing, for example, several partners have presented work-in-progress at academic conferences.

What's next

The fourth *Progress towards hepatitis C elimination* will be produced in 2022, with a focus on key gaps in the data.

An overall evaluation plan for the WDHS component had been developed, with a focus on collecting and collating shared metrics. An interim report will be delivered in December 2021. Due to clinical sites having a focus on COVID-19, ACCESS was not a priority for sites therefore the piece of work will continue in 2022.

Cirrhosis and Hepatocellular Carcinoma (HCC) monitoring database

Updates & Progress in 2021

We have published the impact of introduction of universal access to DAAs on hepatitis C-related liver transplants for liver cirrhosis and liver cancer in Australia and New Zealand. This was a collaboration with the Australian and New Zealand Liver and Intestinal Transplant Registry steering committee. We have established a new collaboration with University of Melbourne to develop an automated digital viral hepatitis screening, linkage to care and clinical management decision-making support module for use in the Future Health Today primary care electronic medical system. This system is

linked to the PATRON surveillance system, facilitating monitoring and evaluation of impact on National Strategy testing, linkage to care and targets in primary care.

We have commenced a statewide data linkage program in Victoria to describe and monitor impact of DAAs on hepatitis C related liver cirrhosis and liver cancer (**The PRECISE program**), using novel data sources in combination with routine statewide data linkage sources. This will be combined with other state data to inform progress toward National hepatitis strategy targets.

We have commenced a population-based cirrhosis screening program in partnership with St Vincent's pathology (**CAPRISE program**) which will provide automated APRI calculation, liver cirrhosis information and a weblink for specialist referral on routine blood test event reports.

Lessons and insights from 2021

There has been a clear downward trend in the rate of people being wait-listed for liver transplantation, and the rate of people undergoing liver transplantation for hepatitis C-related liver failure and liver cancer in Australia and New Zealand since 2016, when universal access to DAAs was adopted.

There is increasing prevalence of hepatitis C together with other concurrent liver diseases and liver risk factors, which may impact disease progression, clinical outcomes and treatment options. Pilot data show a significant downward trend in the proportion of new cirrhosis cases diagnosed in Victoria that are due to hepatitis C compared to other aetiologies

What's next and future work in 2022

- PRECISE program will commence
- CAPRISE study will commence
- Cirrhosis and liver cancer data linkage projects are ongoing
- Future health Today project will commence

Cost effectiveness/resource mapping models - Modelling interface for HCV Optima

The development of Optima HCV was on hold because of COVID-19; modelling staff have been working with Victoria, New South Wales and federal governments to guide the COVID-19 response and pathways out of lockdown. This is expected to reduce by the end of 2021 (with a caveat of ongoing monitoring and uncertainty about the COVID-19 situation).

The original workplans for this project will be commenced as soon as possible, however, over 2021 the context has changed, and we have learnt more. It is becoming clear that denominator populations (e.g. number of people who inject drugs, prevalence of HCV) at small geographical regions are unknown and require further investigation. In order to establish a dashboard of progress for different areas, these risk population numbers are needed, and research is planned to estimate these, before moving forward. Without these geographically granular risk population information, epidemiological and treatment pathway estimates cannot be as accurate. We are also reviewing the

value and format of this type of dashboard, and whether there might be alternatives to best serve the sector, especially taking into consideration the post-COVID-19 pandemic era.

The next steps are to follow-up the studies of risk population sizes and other data by geographical area, and to meet with stakeholders about whether there are alternate dashboard interfaces, based on currently available data, that may assist with implementation or planning purposes. This work will continue through 2022.

Aboriginal Health Strategy

Milestones Dec 2020- Nov 2021

Update on Aboriginal Health Strategy:

1. National Leadership Group priorities
2. Health Promotion Campaign
3. Aboriginal Health Worker / Practitioner Workforce Development
4. Implementation Research opportunities identified
5. Evaluation and surveillance

National Leadership Group

Over the course of 2020 the Aboriginal Health Strategy, National Leadership Group (NLG) was formed. Membership consists of representation from:

- NACCHO (National Aboriginal Community Controlled Health Organisation)
- AHCSA (Aboriginal Health Council of South Australia)
- AHCWA (Aboriginal Health Council of Western Australia)
- Hepatitis New South Wales
- QuIHN
- Walhallow Aboriginal Health Service (NSW)
- Institute for Urban Indigenous Health (IUIH)
- VACCHO (Victorian Aboriginal Community Controlled Health Service)

The reference group convened three times during 2021 in March, April and October.

Bulgarr Ngaru Medical Aboriginal Corporation BBV/STI Partnership

EC Australia has partnered with Bulgarr Ngaru Medical Aboriginal Corporation (BNMAC) and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to increase testing and treatment of hepatitis C among Aboriginal communities in Northern NSW. The \$500,000 grant from the Commonwealth Department of Health has provided funding over two years (2021 – 2023).

The partnership aims to spearhead hepatitis C elimination in Aboriginal communities that continue to be disproportionately affected by Hepatitis C. The project will implement a co-design process to embed local needs and culture to improve health service access, testing, treatment and

management of BBVs and STIs. Utilising a health-systems strengthening model approach the program will have three phases that will be implemented over two years:

- | | |
|-----------------------|--|
| Phase 1 (Year 1): | Workforce Development and Education, |
| Phase 2 (Year 1 & 2): | Implementing a Continuous Quality Improvement framework to improve surveillance and clinical indicators of STIs and BBVs; & |
| Phase 3 (Year 2) | Community campaigns with rapid point-of-care testing and a peer-referral incentives program for patients along the care cascade for hepatitis C. |

Bulgarr Ngaru Medical Aboriginal Corporation is a large regional primary health care provider that operates five clinical hubs (Sth Grafton, Grafton, Maclean, Casino & Tweed Heads) across Northern NSW. These sites provide services to the traditional clans of the Yaegl, Gumbaynggirr and a large proportion of the Bundjalung nation (excluding Lismore, Ballina, & Byron Bay).

National Aboriginal Health Promotion Campaign

The National Aboriginal Health Promotion Campaign will develop two distinct campaigns, one with a focus on Aboriginal PWID and access peer-based services while the other will have an explicit focus on reaching Aboriginal and Torres Strait Islander people who access Aboriginal Community Controlled Health Services.

The PWID peer-based campaign will adapt existing campaign resources and messaging from the Health Promotion Campaign to have an Aboriginal focus.

In 2022 EC Australia intends to partner with NACCHO, their State and Territory Affiliates and local Aboriginal Medical Services to develop the Aboriginal and Torres Strait Islander National Health Promotion Campaign. This campaign will target Aboriginal and Torres Strait Islander people who access Aboriginal Community Controlled Health Services. This campaign will apply a co-design process that will ensure the development of culturally appropriate messaging and resources for use within Aboriginal Medical Services.

Surveillance

For the first time in 2021 a subset of sexual health clinics participating in ACCESS that had high completion of the Aboriginal and Torres Strait Islander status of individuals was reported in the *Progress towards hepatitis C elimination* report. When restricted to individuals contributing one test per year, data from ACCESS sites can be used to describe trends in test uptake (tests conducted divided by consultations) and positivity (positive tests divided by tests conducted). The Burnet Institute submitted the ACCESS data set for use in the Kirby Institute's, *Australia's progress towards hepatitis C elimination in Aboriginal & Torres Strait Islander people* report.

Planned publications for 2022

A number of publications are planned for 2022 to explore

- Hepatitis C incidence, prevalence, testing patterns and the cascade of care amongst Aboriginal and Torres Strait Islander people using ACCESS data
- Prevalence of hepatitis C and injecting drug use among Aboriginal and Torres Strait Islander people

- Experiences of kinship and family for Aboriginal and Torres Strait Islander young men with histories of incarceration.

Advocacy Strategy

Milestones Dec 2020- Nov 2021

1. Advocacy strategy implementation continuing

Updates and Progress in 2021

Drawing on the workshops, consultations and conversations across 2019-2020, EC Australia has mapped out 68 policy challenges across 8 domains - impacting hepatitis C elimination in Australia. A planning committee involving key stakeholders was established to plan the process for prioritisation. From this, an initial policy prioritisation exercise was conducted with ECA Team Members. A decision matrix was applied to each of the policy issues and rated using the following criteria:

- Alignment with EC Australia values
- The evidence base
- Potential impact on elimination targets
- Resourcing
- Likelihood of achieving policy change
- Existing supporters

The refined list was then presented to the EC Australia Advisory Committee in June 2021 to help prioritise EC Australia's advocacy priorities further. Members were asked

- *To what extent is this policy change important to your organisation and the people you represent to achieve hepatitis C elimination?*
- *How beneficial is it to have a collective voice advocating for this policy change?*

Three priority areas were identified for further advocacy work at this time:

1. improving hepatitis C testing
2. increasing support for peer workers across the care cascade
3. expanding hepatitis C elimination efforts in prisons (in collaboration with the National Hepatitis Prisons Network and awaiting finalization of the Consensus Statement).

To inform Action Plans around the prioritised issues, background scoping has commenced on the first two areas including:

- exploring existing models of reflexive testing funded under the Medicare Benefits Schedule
- mapping out pathology processes to identify opportunities for reflexive testing/achieving a complete test event

- engaging with Royal Australian College of General Practitioners regarding their advocacy to support/increase point of care testing amongst general practices
- mapping out critical questions and drafting a background paper on the role of peer workers

ASHM and Hepatitis Australia are co-convening a POC/reflexive testing roundtable in March 2021 which is also likely to further inform the advocacy plan for the hepatitis C testing priority.

What's next and future work in 2022

- Drafting of action plans informed by scoping and bringing together working groups to advocate on these priorities.

Social Impact Analysis: Social Outcomes update

Milestones Dec 2020- Nov 2021

1. Update and summary of workplan for developing sustainable funding mechanisms and role of social impact bonds

Updates and Progress in 2021

Working with the team from Social Outcomes has continued during 2021 and has focused on designing a project to test and measure the social impact of engagement with hepatitis C treatment. The proposed project will seek to work with a new partner that has expertise in delivering socially focused services including housing and financial support services, to establish an integrated hepatitis C testing and treatment service. Measuring the impact of the hepatitis C engagement on social outcomes will be performed using an adapted Burnet survey tool, previously used in the EC Victoria project.

Lessons and insights

Anecdotally, engagement in hepatitis C testing and treatment has led to people seeking and achieving greater social stability as evidenced by improved housing stability and increased engagement in community/family relationships. Measuring this impact is very challenging. Working with Social Outcomes has allowed the ECA team the opportunity to meet new potential partners working with people at risk of hepatitis C and explore other opportunities for engaging individuals and organisations in hepatitis C elimination efforts.

What's next and future work in 2022

The focus for 2022 will be to work with Social Outcomes to develop a pitch document to attract potential partners for this work. A draft proposal will be available in February/March 2022 and will subsequently be utilised for future funding opportunities.

Additional Work

National Prisons Hepatitis Education Project: HepPEd

EC Australia has supported the National Prisons Hepatitis Education Project: HepPEd through the provision of \$50,000 of funding. HepPEd continued this year, focusing on and producing a ***Report of Findings from the National Needs Assessment and Steering Committee Process: Public Health Literacy and Hepatitis C Education in the Australian Prisons.***

The overall goal of HepPEd is to develop, deliver, and evaluate a prison-specific HCV education program to improve HCV public health literacy and facilitate enhanced HCV testing and treatment uptake in the prison sector. The HepPEd Program targets three key audience groups: healthcare providers working in the prison setting, correctional officers, and people in prison.

The most recent report from this project details the outcomes of the **Development Phase** for the HepPEd Program. It describes findings from key stakeholder and target audience member interviews conducted as part of a national needs assessment as well as advice and recommendations from national steering committees on the resource types, key topics/themes, and delivery mode of the HepPEd Program.

The HepPEd Program will be delivered and evaluated in select prison sites across Australia in 2022. A link to the online version of the full report can be found [here](#). Contacts for this project can be found on their website: [Education Project | National Prisons Hep](#)

Thank you

A special thank you to all our partners for their valuable insights, contributions, and hard work. We look forward to continued work with our EC Australia Partnership network in 2022.

ABOUT EC AUSTRALIA

Eliminating hepatitis C as a public health threat in Australia by 2030 is the long-term goal of EC Australia.

By bringing together researchers and implementation scientists, government, health services and community organisations, EC Australia will support services to increase hepatitis C testing and treatment among key affected populations.

Contact

Dr Alisa Pedrana
Eliminate Hepatitis C Australia Coordinator
E: alisa.pedrana@burnet.edu.au
M: +61 412 476 477