A health system strengthening approach to reach hepatitis C elimination: Learnings from the Eliminate hepatitis C Australia partnership

Authors:

Richmond JA,¹ Wilkinson AL,^{1,2} Dawe J,¹ Pedrana A,^{1,2} Stoove M,^{1,2} Doyle J,^{1,3} Hellard M.^{1,2,3,4}

1 Disease Elimination, Burnet Institute, Melbourne, Australia, 2 School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, 3 Department of Infectious Diseases, Alfred Health and Monash University, Melbourne, Australia, 4 Doherty Institute and Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia.

Background/Approach: The Eliminate hepatitis C Australia (ECA) partnership was philanthropically funded (\$AUD13M) in 2019 to create a national framework for hepatitis C elimination through coordination and collaboration. One of five ECA pillars, Workforce Development and Health Service Delivery, provided flexible funding to innovative programs aimed at increasing hepatitis C testing and treatment.

Analysis/Argument: ECA began with a national consultation that identified stakeholders and priority programs for funding. ECA collaborated with funded programs and provided tailored support; evaluation best practice; and reporting and dissemination guidance. Crucially, ECA provided implementation and evaluation support which generated robust evidence and identified which programs were successful and helped leverage ongoing project funding.

Outcome/Results: All 20 ECA funded programs were successfully implemented and evaluated: seven workforce development initiatives; five new models of care; five delivered client engagement strategies; and three focused on linkage-to-care using surveillance systems. Given the diversity of projects funded we will report on relevant outcomes within each program category. Whilst there was extensive reach with workforce development programs, the effect on testing and treatment was mixed or difficult to quantify. Nurse-led models of care, peer-nurse collaborations, and community corrections programs were successful in reaching marginalised clients and increasing testing and referral to treatment. Financial incentives (range \$20-\$50) worked well as a client engagement strategy by reducing loss-to-follow. Finally, the linkage-to-care programs identified a need to ensure people tested in hospitals were linked to ongoing care.

Conclusions/Applications: By fostering innovation and investing in a broad suite of programs, ECA was able to identify successful interventions that could be scaled up. By sharing resources and findings, ECA has supported seven partners to achieve ongoing funding and successfully changed the hepatitis C landscape in Australia.

Disclosure of Interest Statement: JR's institution has received Research support from Gilead Sciences and JR has honoraria for speaker engagements from Gilead and AbbVie.

AW: None Declared JD: None Declared

AP's institution has received investigator-initiated research funding from Gilead Sciences and AbbVie.

MS has received investigator-initiated research funding from Gilead Sciences and AbbVie and consultant fees from Gilead Sciences.

JSD's institution has received consulting fees from AbbVie. JSD's institution receives investigator-initiated research funding from Gilead Sciences and AbbVie.

MH is the recipient of a NHMRC Investigator Grant and has received investigator-initiated research funding from Gilead Sciences and AbbVie.