

# Financial incentives to increase hepatitis C testing and treatment uptake and adherence among people at risk of or diagnosed with hepatitis C: a systematic review

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**Background:** Maintaining high rates of hepatitis C virus (HCV) testing, linkage to care and treatment uptake among priority populations is critical for achieving WHO 2030 HCV elimination targets. There is growing interest in provisioning financial incentives to increase engagement in the HCV care cascade. This review aims to evaluate the effectiveness of financial incentives for increasing engagement and retention in the HCV cascade of care.

**Methods:** Electronic peer-reviewed literature databases (Medline, EMBASE and PubMed) and relevant conference databases in August 2021 were searched. Studies reporting use of financial incentives (cash or vouchers) to increase engagement across the HCV cascade from 2013 onwards were included. Study heterogeneity precluded meta-analyses; a quantitative data synthesis of study findings evaluated the effectiveness of incentives on hepatitis C testing uptake, retention in care, treatment uptake, treatment completion and SVR achievement.

**Results:** Twenty-one studies met inclusion criteria: Nine peer-reviewed publications and fifteen conference abstracts. There were three randomised controlled trials (RCTs), fourteen single-armed non-comparative studies describing clinic-based interventions, two single-armed studies comparing outcomes pre/post incentive interventions, and two multi-armed observational studies. Studies included people who inject/use drugs (n=11), people experiencing homelessness (n=6), people in custodial settings (n=3), and people affected by HCV (n=8).

Incentive value varied/ranged from \$5 for HCV testing, up to \$333 for completion of entire cascade. Incentive type/value and control interventions used in RCTs varied significantly, and similar levels of testing and treatment uptake were seen between intervention/control arms. Two of four studies comparing pre/post incentive interventions found improved testing. Among single-armed studies, incentives led to high rates of test uptake (37-99%), treatment initiation (30-80%), and engagement in care (47.6%-91.8%).

**Conclusion:** We found limited controlled trial data on the effect of financial incentives on engagement in the HCV care cascade. Observational data suggests incentives are associated with high rates of HCV testing and treatment uptake among priority populations.

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