Victorian hepatitis C strategy
2016–2020
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I am very pleased to release the *Victorian Hepatitis C Strategy 2016–2020*.

Being told you have hepatitis C can have profound consequences for the person diagnosed and their families, particularly as the stigma associated with this disease is very hard for certain communities.

But since the expiry of our last strategy in 2009, there have been exceptional advances in the prevention and treatment of hepatitis C which are giving new hope to communities suffering under the burden of this disease.

There are an estimated 65,000 Victorians living with hepatitis C. Treatment rates are very low, as a consequence of the historically toxic side effects of drug treatment regimes.

That is set to change dramatically, with new treatment drugs now available that act more quickly and have a much higher success rate than previous medications. In fact, they are so effective they are known as the ‘cure’ drugs.

It is this remarkable treatment science, and the dedication of our incredible doctors, nurses, community and peer workers, that is giving Victorians real hope that they will be able to live free of the debilitating effects of this disease in the near future.

The Andrews Labor Government is working hard, alongside affected communities, to ensure that all people living with hepatitis C have access to these truly transformative, life-changing medications.

As well as improving access to the new treatments, we will continue to support communities to strengthen their harm reduction and broader prevention activities so that we can reduce the number of new hepatitis C infections each year.

To take full advantage of these exciting scientific advances, we need to change the way we deliver hepatitis C prevention, diagnosis, treatment and care. We need to ensure that people are equipped with the knowledge to prevent new transmission, and that all people with hepatitis C receive treatment as quickly as possible. We need to work to limit new infections in people who have completed treatment, and, importantly, we must ensure people with complex health needs access the treatment they require.
I am pleased to announce that Victoria has set the goal of eliminating hepatitis C as a public health concern by 2030 – with targets exceeding those established by the World Health Organization.

Significantly, we are aiming for zero reported levels of stigma and discrimination experienced by people with hepatitis C. In setting this target, the Andrews Labor Government has one clear message: any level of stigma and discrimination is completely unacceptable. We ask all Victorians to join us in achieving this vision.

By 2030 we aim to:

- reduce the number of new cases of hepatitis C, including reinfections, by 90 per cent
- increase to 90 per cent the proportion of all people living with chronic hepatitis C who are diagnosed
- increase to 90 per cent the proportion of people living with chronic hepatitis C who are cured of the disease
- eliminate reported levels of stigma and discrimination experienced by people with hepatitis C.

This bold ambitious strategy sets out our shared commitment to supporting people with hepatitis C to live longer, healthier lives, with the ability to fully participate in society free from stigma and discrimination. Deaths associated with chronic hepatitis C are preventable, and by working together to reach our targets, we can avoid them.

The participation, engagement and experiences of affected individuals and communities is central to our approach, just as they should be central to decisions about prevention, treatment, care and other strategies that affect their lives. We will continue to listen to and work with our communities and other key partners.

I thank our partners who participated in and shaped the development of this landmark strategy. Your insights, expert knowledge and lived experience have created a robust and detailed roadmap for eliminating hepatitis C and associated stigma by 2030.

Together, we can fundamentally change the future for people at risk of or affected by hepatitis C and the broader Victorian community. I encourage everyone to play their part in embracing this brave and exciting future.

The Hon Jill Hennessy MP
Minister for Health
Our vision
By 2030 Victoria will eliminate hepatitis C as a public health concern and eliminate stigma and discrimination associated with the disease.

With this strategy Victoria will set bold targets to increase prevention, testing and treatment, and to reduce stigma and discrimination.

Our objectives
- Victorians and affected communities are free from hepatitis-C-related stigma and discrimination.
- Victorians are supported to reduce their risk of contracting hepatitis C.
- Victorians with hepatitis C know their status.
- Victorians with hepatitis C are cured of the disease.

We will reduce the burden of hepatitis C on Victorians and will reduce the rising rate of liver cancer.
Introduction

What is hepatitis C?
Hepatitis C is a blood-borne virus that causes inflammation (swelling and pain) of the liver.
The virus is present in the blood of an infected person and can be transmitted through blood-to-blood contact. It is most commonly spread through sharing unsterile needles, syringes and other drug-injecting equipment.
Untreated hepatitis C becomes a chronic illness and can lead to advanced liver disease, cirrhosis, liver cancer and death.
There is currently no vaccine to prevent hepatitis C infection. However, new treatments available for hepatitis C can achieve viral clearance for the majority of people living with the virus through easy-to-tolerate medication.

Hepatitis C has a growing impact on the Victorian community and the health system.
Victoria needs a new approach and bold objectives to address this challenge.

Eliminating hepatitis C as a public health concern
The Victorian hepatitis C strategy reinforces our commitment to achieve our target to eliminate hepatitis C as a public health concern by 2030.
There is a clear picture of groups of Victorians who are most at risk of and affected by hepatitis C, and that the very low uptake of treatment is contributing to our growing incidence of liver disease and liver cancer.
We have a new and unique opportunity to reverse this trend. For the first time, new treatments available for hepatitis C can achieve viral clearance for the majority of people living with the virus through easy-to-tolerate medication.

Strong local leadership to mobilise and involve affected communities will be central to the response.
Eliminating stigma and discrimination associated with the disease

There is evidence that people with hepatitis C can experience high levels of stigma and discrimination within the health system and in their workplaces and communities. These experiences can discourage people from engaging in effective prevention strategies to reduce onward transmission or minimise complications from long-term infection.

If Victoria is to improve the health and wellbeing of people living with hepatitis C, it will be necessary to reduce the stigma and discrimination that can be experienced by people living with hepatitis C. To address systemic discrimination associated with the condition, we need to enhance the skills of the workforce who treat people with hepatitis C and ensure that services are culturally appropriate and inclusive.

The *Victorian hepatitis C strategy* reinforces our commitment to eliminate the stigma and discrimination experienced by people living with hepatitis C in Victoria.

Victoria will achieve these objectives by taking a person-centred approach and focusing on priority populations, through place-based models, serving those most at risk and most affected. Rural and regional areas and localised delivery of care will be emphasised to improve the health and wellbeing of people affected by hepatitis C.
There are 65,000 Victorians living with hepatitis C.

While the number and rate of hepatitis C infections have been declining over time, chronic hepatitis C infection remains a significant public health burden in Victoria.

In Victoria, there is a concentration of chronic hepatitis C among key populations: people who inject drugs, people in prison, people from high-prevalence countries and HIV-positive men who have sex with men.

Chronic hepatitis C infection is a major contributor to rapidly rising liver cancer incidence and mortality rates – now the fastest increasing cause of cancer death.

**Did you know?**

**Hepatitis C treatment is now fast, easy and effective**

There have been major advances in pharmaceutical science around hepatitis C. Now there are new drugs available that not only achieve viral clearance in as little as eight weeks, but do so with minimal toxicity and side effects.

Prior to 2016, treatment for hepatitis C was not effective in around 50 per cent of people and produced severe unwanted side effects, making the year-long treatment a significant barrier for many.

Of the estimated 65,000 Victorians living with hepatitis C, only around one per cent are receiving antiviral treatment. This low level of treatment is one of the main drivers of hepatitis-related liver cancer, liver disease and poor health outcomes among people living with hepatitis C.

We have a new opportunity to eliminate hepatitis C as a public health concern in our lifetime.
Prevention
The main risk factor associated with newly acquired hepatitis C cases reported in Victoria is drug use with unsterilised or shared injecting equipment. The exception to this risk factor is among HIV-positive men who have sex with men, for whom sexual activity is the primary risk factor.

It is important to engage affected communities in the prevention of hepatitis C. Increasing access to and the use of clean injecting equipment among people who inject drugs are key strategies in reducing the transmission of hepatitis C.

As well as this, better engagement with those with complex mental health or alcohol and other drug issues will help to reduce the number of new hepatitis C cases.

We need to improve the scale and reach of these approaches across Victoria, particularly for rural and regional areas, and ensure they are better integrated across the various aspects of the health system used by people affected by hepatitis C.

Testing
Victoria has effective testing practices and a high rate of diagnosis of hepatitis C compared with other jurisdictions around the world. These rates need to be increased, and this strategy sets out bold targets for this. With more than 2,000 new notifications each year, it is vital that Victoria continues to maintain high rates of testing to ensure that newly diagnosed people are referred to treatment as quickly as possible.

This requires flexible models of testing that are convenient and effective.

Testing also offers an important opportunity to engage people at risk of or living with hepatitis C in health promotion and prevention strategies that enable them to achieve the greatest possible health outcomes.

These prevention endeavours, along with getting people tested and treated, will mean we can look forward to a better future for the tens of thousands of Victorians affected.

Melanie Eagle, CEO, Hepatitis Victoria
2016: 65,000 Victorians living with hepatitis C

Only one per cent of Victorians with hepatitis C are in treatment

2030: Our vision

90 per cent of Victorians with hepatitis C are treated and cured
This hepatitis C strategy for Victoria sets out how we can strategically optimise the advances in treatment, as well as maintain and grow our prevention work in response to hepatitis C. Eradication is within our sights, but it will require a continued focus on harm minimisation and expanding its implementation while also increasing our education and awareness-raising activities.

Melanie Eagle, CEO, Hepatitis Victoria
Treatment

New drugs not only cure hepatitis C in as little as eight weeks but do so with minimal toxicity and side effects. It is important that those who have been waiting for the new treatments are able to access them as quickly as possible to improve their health outcomes.

These treatments provide an opportunity for Victoria to refresh its health system response to hepatitis C, ensuring these revolutionary new drugs are available to all people living with the condition. Hepatitis C treatment services are most effective when aligned and integrated with other services, particularly those used by priority populations affected by hepatitis C, and those focused in primary and community settings.
All Victorians, no matter where they live, should have access to treatment, including people who inject drugs and people in prison. Access requires the ability to be assessed for evidence of liver damage so that the correct treatment can be determined. It also requires treatment to occur in a manner that is free from judgement or bias from health professionals. Increased accessibility also requires a reduction in the current concentration of hepatitis C treatment in the tertiary care sector and increased capacity within primary care settings. Integration with alcohol and other drug treatment services, needle and syringe programs, community health and Aboriginal health services will help to improve access and increase the effectiveness of treatment for all Victorians affected by hepatitis C. Strengthening service and health pathways between tertiary and primary care will ensure complex care is streamlined for those who require it. These services are better able to meet the needs of people who traditionally experience marginalisation within mainstream services.

This will also serve to reduce the current concentration of hepatitis C treatment within the tertiary care sector, leading to shorter waiting times, extended operating hours for clinicians and improved access for rural and regional Victorians.

Because of the damage that long-term infection from chronic hepatitis C can do to the liver, it may be important to continue monitoring liver health, even after being cleared of hepatitis C.

I received good support from GPs and specialists as we share the common goal of curing everyone of the virus. For me the treatment regime involved only taking one pill a day for 12 weeks by which time the virus was no longer detected and I had few, if any, side effects. Most importantly, I am overjoyed by the prospect of being permanently free of hep C.

Amanda, community member, Hepatitis Victoria
Victoria’s priority populations

The focus of this strategy is people living with hepatitis C and those at risk of contracting the virus. Some populations have higher rates of hepatitis C when compared with the general population, due to a range of factors that increase their risk of acquiring a hepatitis C infection. Sharing needles or other injecting drug equipment is the major risk factor for hepatitis C transmission. This means that the population most affected by hepatitis C are people who currently inject or have ever injected drugs.

Compared with the general population, hepatitis C is disproportionately prevalent in Aboriginal Victorians, people in prison, sex workers, HIV-positive men who have sex with men, and Victorians from culturally and linguistically diverse backgrounds.

Priority population in focus: Aboriginal Victorians

The rate of hepatitis C diagnosed among Aboriginal Victorians increased in 2014 at a rate five times greater than in non-Aboriginal Victorians.

Disproportionately higher rates of transmission in Aboriginal communities reflects relatively poorer rates of health literacy, higher rates of stigma and a lower engagement with services than in non-Aboriginal populations. Higher levels of incarceration among Victoria’s Aboriginal communities may also be associated with higher rates of drug use, including injecting drug use. This health gap requires focused work in community-controlled settings to ensure the integrity of culturally respectful, safe and secure services for Aboriginal Victorians.
We need to tackle the stigma and discrimination experienced by people living with hepatitis C so that people feel safe and supported in getting tested, receiving treatment and accessing other supports.
People who use drugs can and should play a vital role in policy development and the future directions identified in the hepatitis C strategy that will impact on their lives.

Jenny Kelsall, CEO, Harm Reduction Victoria
Highlight: Needle and Syringe Program
The Victorian Needle and Syringe Program is a public health initiative that aims to minimise the spread of blood-borne viruses such as HIV and hepatitis B and C among people who inject drugs and into the wider community. The Victorian Government provides $17 million annually for evidence-based harm-reduction initiatives, including the Needle and Syringe Program. As part of the Victorian Government’s Ice action plan, a further $1.8 million has been provided to the Needle and Syringe Program to expand after-hours access.

Working proactively with those who inject drugs is an important aspect of Victoria’s response to hepatitis C. This includes providing access to information and sterile injecting equipment.

Highlight: Prison programs
Victorians in prison carry a significant burden from hepatitis C, with high rates of prevalence. According to the National Prison Entrants Bloodborne Virus & Risk Behaviour Survey, it is estimated that 25 per cent of people entering prison are living with hepatitis C. Injecting drug use is the primary risk factor among prisoners, with more than half of those in Victorian prisons who have ever injected drugs having hepatitis C.

Under a new $2.2 million health program funded by the Victorian Government, many more prisoners will be assessed and treated for hepatitis C.

Through this program, a statewide network of hepatitis clinics has been established throughout the Victorian prison system to ensure prisoners are assessed and treated for hepatitis C. Prisoners receive support to manage their disease under the new program, which includes dedicated nurses, specialist physicians and an education program for prisoners and prison staff.

The program will help lessen the burden of disease both for individuals and the general community.
In 2015 the Victorian Government consulted with a wide range of people affected by hepatitis C, as well as with the community and health organisations and professionals. The consultation identified the following principles and considerations:

- Stigma and discrimination that can be experienced by people living with hepatitis C is a powerful disincentive for people engaging in prevention behaviours or with treatment services.
- The current treatment rate for hepatitis C is very low – the most significant opportunity to increase treatment rates comes from access to new direct-acting antiviral treatments.
- Care must be provided where and when people need it and in settings that are culturally appropriate and sensitive to their needs. There is strong support for the development of community-based models and services and peer-led approaches.
- More information is needed on the prevention, care and treatment of hepatitis C delivered by people who understand what it is like to be at risk of, or affected by, the condition.
- Services should operate with flexible access and, where possible, should be integrated with other services commonly accessed by priority populations to promote greater access – for example, needle and syringe programs and community health services.
- Models of care must be offered that address the wider health and social care needs of people as they either manage or treat their hepatitis C. Simply scaling up treatment is not enough.

**General practitioners will provide a crucial and essential link in the chain of healthcare providers, working with their patients towards the goal of eradication of hepatitis C in Australia.**

Fran Bramwell, GP, cohealth, community health service
The Hon. Jill Hennessy, Minister for Health, convened the Viral Hepatitis Roundtable in 2015. The roundtable was attended by leading stakeholders in the hepatitis sector including affected communities, researchers, clinicians, community organisations and Hepatitis Victoria.

The consultation highlighted the following key priorities:

- Address the stigma and discrimination that can be experienced by people living with hepatitis C.
- Increase access to treatment for hepatitis C, with a focus on community-based models of care.
- Ensure people living with hepatitis C are central to the development, delivery and evaluation of hepatitis C services.
- Develop culturally appropriate prevention and treatment messaging to increase health literacy in priority populations.
- Build cultural competence in the Victorian workforce to achieve a greater understanding of the lived experience of people with hepatitis C.
- Develop peer-based models of care so that people feel safe in approaching services.

Health care for people with or at risk of viral hepatitis needs to be mainstreamed to reduce barriers and support equitable access.

Jacqui Richmond, Hepatology Nurse Consultant, La Trobe University
The strategy

The Victorian hepatitis C strategy aims to eliminate hepatitis C as a public health concern and eliminate the stigma and discrimination associated with the disease. This strategy is supported by an outcomes framework that will improve service system integration and ensure that the best approaches are used to respond to the needs of priority populations affected by hepatitis C.

The strategy focuses on seven priority focus areas, four of which focus on affected people and communities and three of which focus on system-wide changes required to achieve the strategy’s goals.

For each, a range of outcomes and priority actions have been developed.
Victorian hepatitis C strategy

By 2030 we aim to:
• eliminate hepatitis C as a public health concern
• eliminate stigma and discrimination associated with the disease.

Priority objectives

Strengthening the Victorian health system will:
• ensure the Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis C prevention, testing, treatment and care
• integrate systems and settings to meet the needs of people affected by hepatitis C
• improve the quality and completeness of hepatitis C data collection and support research.

By 2030 we aim to:
• eliminate hepatitis C as a public health concern
• eliminate stigma and discrimination associated with the disease.

Victoria will achieve these objectives through action on priority areas focusing on people, communities and the health system.

Priority focus areas

Reduce stigma and discrimination
Increase prevention
Increase testing
Increase treatment

Strengthening the Victorian health system will:
• ensure the Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis C prevention, testing, treatment and care
• integrate systems and settings to meet the needs of people affected by hepatitis C
• improve the quality and completeness of hepatitis C data collection and support research.

Action will focus on priority populations, through place-based approaches, serving those most at risk and most affected.

Priority outcomes for 2030

The proportion of people experiencing and reporting hepatitis-C-related stigma and discrimination will be:

| 0% |

Between 2016 and 2030, the number of new transmissions of hepatitis C will be reduced by:

| 90% |

The proportion of all people living with chronic hepatitis C who are diagnosed will be:

| 90% |

The proportion of people living with chronic hepatitis C who are cured of the disease will be:

| 90% |

This strategy will reduce the burden of hepatitis C on Victorians and will reduce the rising rates of liver cancer.
Stigma and discrimination can be one of the main drivers of the poor health of our community. They can explain the reluctance to seek medical help, the late presentations, and incidences of poor-quality care that can be provided and the poor outcomes that can result.

Jenny Kelsall, CEO, Harm Reduction Victoria
Priority focus area 1:

Victorians and affected communities are empowered to speak up about stigma and discrimination

What will be different:

- Victorians feel confident about accessing respectful and culturally safe services for hepatitis C testing, treatment and support, regardless of their gender identity, cultural identity, ethnicity, age, sexual orientation, injecting drug use, disability or residential location.
- No one living with hepatitis C experiences stigma and discrimination when seeking or using Victorian health and community services.
- No one with hepatitis C experiences stigma and discrimination from their families, communities and employers, and people feel safe to disclose their viral status.
- Affected communities are engaged in all aspects of the response to hepatitis C.

Priority actions:

- Identify individual, community, system and policy enablers and barriers for priority populations in accessing hepatitis C treatment, testing and care.
- In collaboration with people living with hepatitis C, develop evidence-based strategies to address barriers to treatment, care and support.
- Support affected communities to address stigma and discrimination including the use of community champions and peer-based approaches.
- Address embedded stigma and discrimination in the health system towards people living with, or at risk of, hepatitis C by developing and implementing training modules for community and health workers, developed in consultation with affected communities.
- Promote the use of complaint systems within community and healthcare settings, and proactively work to remove barriers to accessing these mechanisms for priority populations.
- Identify and make effective use of channels of communication across and between sectors (for example, health, housing, mental health, alcohol and drugs and criminal justice) to promote better understanding of the impact of stigma and discrimination, and discuss the impacts of wider decisions on the health of people living with hepatitis C.
- Contribute to work to develop national indicators for stigma and discrimination.
- Work with people with hepatitis C to provide feedback to health providers and institutions to ensure that workforce training occurs where discriminatory practices are identified as an issue.
Prevention always trumps cure. We must continue our prevention efforts, even in this area of new treatments, and provide people who use drugs with education about safer drug use and how to protect yourself and others from potential drug-related harms.

Sam, peer educator, Harm Reduction Victoria
Priority focus area 2:

Victorians are supported to reduce their risk of contracting hepatitis C

What will be different:

- Victorians know what to do to prevent hepatitis C infection, and re-infection, and are supported to do so.
- There is an overall, and ongoing, reduction in new cases of hepatitis C.
- Safe sexual and injecting practices are practised among priority populations.
- Clean injecting equipment is widely available to people who inject drugs, including those in regional and rural parts of Victoria.
- Needle and syringe programs are widely accessed by people who are injecting drug users at risk of, or living with, hepatitis C.

Priority actions:

- Increase awareness among people living with hepatitis C about how to prevent transmission.
- Develop easily understood and culturally appropriate information about prevention and risk factors for priority populations, including information to reduce the harms related to injecting drug use, non-sterile tattooing and piercing.
- Strengthen proven and effective prevention strategies to encourage safe sexual and injecting drug practices for priority populations including community education and peer-based education approaches.
- Partner with the tattoo and body piercing industries to maintain evidence-based, peer-driven tattooing, piercing and other body modification-related hepatitis C prevention messaging.
- Build awareness regarding the risks of blood ritual and injecting practices in Aboriginal communities to reduce the risk of hepatitis C transmission.
- Provide information, education and support programs for healthcare workers that recognise the risk of infection with hepatitis C, discourage risky injection practices and establish clear policies about treatment access.
- Increase awareness of the importance of safe sex practices (using a condom).
- Increase the use of needle and syringe programs.
Priority focus area 3:

Victorians with hepatitis C know their status

What will be different:
- People infected with hepatitis C are diagnosed early and know they have the infection.
- Victorians understand the need to be tested for hepatitis C if they are at greater risk.
- Testing services for hepatitis C meet the needs of people at risk of contracting the virus.
- Opportunistic testing takes place for priority populations across community and primary care settings.

Priority actions:
- Work with a range of providers to increase opportunistic testing across primary care, community care and allied health.
- Collaborate with clinical, community and research organisations to encourage testing and early diagnosis, with a focus on at-risk populations.
- Use data to inform service system refinement, and support targeted screening in areas of high prevalence and among priority populations.
- Develop easily understood and culturally appropriate information to ensure people at risk of hepatitis C know they should get tested and how to do so.

Now that there are new medications available that can successfully treat and cure hepatitis C there’s never been a better time to get tested if you think you need to, and get cured at the same time.

Amanda, community member, Hepatitis Victoria
Joel, community member, Living Positive Victoria and Hepatitis Victoria
Compared to the past the new treatments are highly effective, have few side effects and treatment length is shorter. The new treatments mean that hepatitis C elimination as a public health threat is a real possibility in Victoria.

Professor Margaret Hellard
Head, Centre for Population Health, Burnet Institute
Professor, Infectious Diseases and Epidemiology, NHMRC Senior Research Fellow
Priority focus area 4:
Victorians with hepatitis C have access to best practice evidence-based treatment and care

What will be different:
- People affected by hepatitis C receive the treatment and care they need (including monitoring of their liver health and antiviral treatment).
- People living with hepatitis C can access medications in general practice and the community care sector, and in custodial settings.
- Treatment services meet the needs of affected communities through a process of co-design and integrated pathways.
- Victorians are aware of the long-term consequences of untreated chronic hepatitis C infection (including liver cancer) and know how to access appropriate treatment and support.
- Few people with chronic hepatitis C die due to consequences of their infection.
- Few people need liver transplants.

Priority actions:
- Engage priority populations, including people who inject drugs, to design and develop appropriate and tailored population-specific models of hepatitis C care that recognise the complex and diverse needs and circumstances of people who require treatment.
- Actively promote treatment with newly available direct-acting antiviral drugs, with a focus on priority populations.
- Provide a systematic response to all notifications of hepatitis C by providing advice and information to diagnosing doctors on:
  - assessment, ongoing monitoring and clinical treatment, in accordance with national guidelines
  - support for testing sexual contacts and people in drug-injecting networks
  - connections to specialist support for ongoing care and treatment.
- Work to improve general practice and community care-based access to non-invasive measures of liver fibrosis.
- Develop easily understood and culturally appropriate information for people with hepatitis C about how and where they can access appropriate treatment and support, and about the liver health risks of hepatitis C infection.
- Acknowledge that effective hepatitis C treatment will often need to be delivered in the context of wider health and social care needs.
- Routinely monitor people who have completed hepatitis C treatment but have ongoing liver health issues.
- Evaluate and review models of care, with the involvement of service users, to ensure they remain appropriate and effective.
Priority focus area 5:

The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice hepatitis C prevention, testing, treatment and care

What will be different:

- Knowledge of hepatitis C diagnosis and management among primary healthcare and allied health and community service professionals is high.
- Healthcare professionals have the knowledge to deliver appropriate and evidence-based care and to meet the needs of priority populations.
- Health professionals understand the impact of stigma and discrimination on people living with hepatitis C and actively work to eliminate it from their services.
- Victoria’s workforce responds to the broader health and social care needs of people who inject drugs and others at risk of contracting hepatitis C.

Lyn Morgain, CEO, cohealth, community health service
Priority actions:

- Train and provide ongoing support to primary care clinicians (medical and nursing) on how to assess and test people at risk of hepatitis C, as well as how to treat and manage people living with hepatitis C in the primary care setting.
- Improve the capacity of community and healthcare workforces to engage with people of low literacy so that health and wellbeing is maximised.
- Develop the skills of the workforce to reduce stigma and discrimination in the health system and provide inclusive and appropriate services, with a focus on cultural competence and diversity as well as the importance of contact tracing.
- Involve affected communities in the design and delivery of treatment and management services for hepatitis C.
- Use patient experience and satisfaction surveys to monitor and improve the quality of care and support for people receiving treatment for hepatitis C, with a particular focus on stigma and discrimination.
- Support practitioners in providing safe environments in which people can disclose illicit drug use, tattooing and piercing procedures and other risk factors as a way of addressing the risk of contracting hepatitis C.

All Victorian health services need to build their viral hepatitis capacity so Victorians with or at risk of viral hepatitis can have broad and mainstream access to prevention, care, support and treatment.

Jacqui Richmond, Hepatology Nurse Consultant, La Trobe University
Priority focus area 6:

Systems and settings are integrated to meet the needs of people affected by hepatitis C

What will be different:

- Care and referral pathways are clear and implemented across community, primary and tertiary care settings, and by multidisciplinary teams.
- Health promotion messages are consistent across the domains of care used by people living with hepatitis C.
- Access to services is high, and the health costs and personal consequences of unmanaged hepatitis C infection are low.
- People at risk of or living with hepatitis C are able to readily access the services they need in a manner that is convenient to them and that maximises their likelihood of preventing transmission, being tested, being treated and receiving information and support.
Priority actions:

- Link tertiary care, primary care and community-based services so that people have ready access to appropriate services close to where they live.
- Develop health pathways between specialist services and primary and community care for people who are newly diagnosed, and build the capacity of existing clinical services to deliver care and support.
- Work in partnership across the blood-borne virus and sexually transmissible infection sectors on common priority areas, and identify opportunities to reduce duplication and plan services according to areas and populations of high need.
- Identify and engage with relevant community-based networks, including drug and alcohol services, to collaborate in the design and planning of hepatitis C service models.
- Provide information to people living with hepatitis C about the services available in their area and how they can access them.

The health worker used to support me going to the hospital to see about my hepatitis C. This time I just went to the health service and they got me on treatment there and now I have nearly finished it. I feel great and have started walking every day.

Graham, community member, Victorian Aboriginal Health Service
Simon, community member, Harm Reduction Victoria
Priority focus area 7:

Hepatitis C services and outcomes are improved in Victoria by increasing the quality and completeness of data and supporting research

What will be different:
- Complete and accurate data is collected from notifiers and across the continuum of the hepatitis C pathway to measure outcomes and improve service delivery.
- Demographic data is complete, including Aboriginal and Torres Strait Islander status and culturally and linguistically diverse status.
- Priority social, public health and implementation research is identified and coordinated to guide development of public health and clinical responses to hepatitis C.

Priority actions:
- Identify and respond to opportunities to develop burden of disease indicators for hepatitis C at the state and national levels.
- Train health professionals about the need and the most appropriate way to collect cultural demographic data.
- Assess gaps in data reporting across the continuum of the hepatitis C pathway and identify opportunities to address these.
- Identify data linkage opportunities that can inform hepatitis C service planning and the evaluation of impact and outcomes.
- Ensure that robust evaluation processes are included in the development of programs and activities.
- Engage with relevant professional bodies and organisations to promote the use of the National hepatitis C testing policy and emphasise the importance of accurate and complete notification forms.
- Ensure that robust monitoring and evaluation processes are included in the development and delivery of programs and activities.
- Use national cascade of care data to inform service improvements.
The implementation of this strategy promises to be an exciting period for hepatitis C elimination. In the next few years we will see more people accessing treatment and achieving viral clearance than ever before. We will have new and effective ways to bring radically new treatments to people in a way that is culturally appropriate and effective.

The next steps for this strategy will involve mapping out how we will achieve our goals, how we will utilise and configure our resources, and how we will monitor our progress. This work will be coordinated through an outcomes plan to identify short, medium and long-term strategies. Performance against national indicators will also be monitored.

The Department of Health and Human Services Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections will be used to provide ongoing oversight for the strategy and support progress in meeting its goals.

Next steps: Towards 2030

The proportion of people experiencing and reporting hepatitis-C-related stigma and discrimination will be: 0%
Between 2016 and 2030, the number of new transmissions of hepatitis C will be reduced by: 90%
The proportion of all people living with chronic hepatitis C who are diagnosed will be: 90%
The proportion of people living with chronic hepatitis C who are cured of the disease will be: 90%