NSW GOVERNMENT

NSW Hepatitis C Strategy

2022-2025

NSW Health

We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to Country.

The artwork is called 'Baalee'. It is inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency. This artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support wholistic health and wellbeing and its role in the health system to build a culturally safe and responsive health service.

Minister's Foreword

New South Wales is a world leader in the prevention, testing and treatment of hepatitis C and is dedicated to eliminating hepatitis C as a public health concern by 2028. This ambitious target is ahead of the 2030 World Health Organization (WHO) elimination goal and Australia is one of the few countries considered to be on track to meet this goal. Elimination will require ongoing partnerships between government, clinicians, researchers, and community.

In 2016, new hepatitis C treatments were introduced which provide over 95% cure rate and minimal side effects for people living with hepatitis C. Since then, active hepatitis C infection among people who inject drugs has dropped from 51% in 2015 to 16% in 2020[1] and three-quarters of people who inject drugs in NSW report having a test for hepatitis C[2].

The previous NSW Hepatitis C Strategy 2014–2020 improved the lives of thousands of people living with hepatitis C by:

- Providing harm reduction and education through the NSW Needle and Syringe Program to prevent transmission of bloodborne viruses.
- Implementing innovative testing technologies such as Dried Blood Spot to increase access to testing for people at risk of infection.
- Treating over 30,000 people for hepatitis C which represents approximately 46% of people in NSW living with the virus.

However, there are still approximately 40,000 people living with hepatitis C in NSW and stigma and discrimination associated with hepatitis C and injecting drug use continues to create barriers to accessing prevention, testing and treatment.

The new Strategy builds on the momentum of the previous Strategy by preventing hepatitis C infections through the NSW Needle and Syringe Program, providing equitable access to testing using Dried Blood Spot and Point of Care testing methods and improving health outcomes for Aboriginal people. It will focus on making testing and treatment available in key settings such as Alcohol and Other Drug, Justice Health and mental health settings and reducing stigma as a barrier to care.

I am pleased to present the NSW Hepatitis C Strategy 2022–2025, which will guide our response to achieving elimination of hepatitis C as a public health concern in NSW by 2028.

Hon. Brad Hazzard, MP
Minister for Health

NSW Hepatitis C Strategy 2022-2025

Aim: Eliminate hepatitis C in NSW as a public health concern by 2028.

Vision: A NSW where hepatitis C transmission is prevented and people with hepatitis C receive regular testing and treatment without barriers.

	1. Prevent	2. Test	3. Treat	4. Stigma and Discrimination
Goals:	Prevent new infections through harm reduction, education and health promotion.	Increase access and testing for people at risk of infection.	Link newly acquired and existing infections into treatment and care.	Reduce stigma and discrimination as a barrier to prevention,testing and treatment.
Targets:	i) 60% reduction in the number of new hepatitis C infections ii) 20% or lower reported receptive syringe sharing among people who inject drugs iii) 10% increase in the distribution of sterile needles and syringes for people who inject drugs	i) 10% increase in the number of hepatitis C antibody tests ii) 20% increase in the number of hepatitis C RNA tests With a focus on services within: - Alcohol and Other Drug Health - Justice Health - Mental Health	i) 65% cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment ii) 50% reduction in hepatitis C attributable mortality	i) 75% reduction in the reported experience of stigma and discrimination among people affected by hepatitis C ii) 75% reduction in the reported experience of stigma and discrimination among people who inject drugs iii) 75% reduction in the reported incidence of stigma and discrimination towards people who inject drugs by healthcare workers
Action Areas:	1.1 Needle and Syringe Program 1.2 Partnership with Aboriginal communities 1.3 Peer workforce 1.4 Custodial settings	2.1 Alcohol and Other Drug services 2.2 Innovative technologies and strategies 2.3 Embed testing in key settings 2.4 Primary Care 2.5 Communication and education	3.1 Models of Care 3.2 Public Health Unit notification follow up 3.3 Post-cure management 3.4 Data, research and surveillance	4.1 Barriers to accessing care 4.2 Data, research and surveillance 4.3 Communication and education

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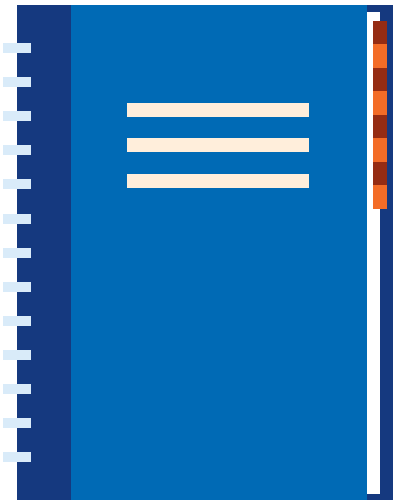
Alignment to the Future Health: Strategic Framework 2022–2032

This Strategy is guided by NSW Health Future Health: Strategic Framework – Guiding the Next Decade of Care in NSW 2022–2032, to improve health services and patient care for the NSW community. The initiatives in this Strategy aim to ensure:

- Patients and carers have positive experiences.
- Safe care is delivered across all settings.
- People are healthy and well.
- Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.

Hepatitis C in New South Wales



There has been considerable success towards hepatitis C elimination in NSW throughout the life of the previous Hepatitis C Strategy (2014 – 2020). Between 2016 and 2021, 32,831 people initiated treatment in NSW, which represents $97 million in avoided healthcare costs. Approximately 46 per cent of people estimated to be living with hepatitis C in NSW have been treated, however recent research suggests NSW may be closer to elimination targets than previously reported.

Hepatitis C is a blood-borne virus which can lead to liver fibrosis, cirrhosis and cancer if left untreated. Direct acting antivirals (DAAs) were listed on the Pharmaceutical Benefits Scheme (PBS) in 2016 which allow for short, effective treatment with minimal side effects. The primary route of transmission of hepatitis C in NSW is via sharing of drug-injecting equipment, however other transmission risks include unsterile tattooing, blood transfusions before 1990, unsterile medical procedures overseas or children born to hepatitis C positive women.

Hepatitis C disproportionately affects people who inject drugs or have previously injected drugs, people in custodial settings, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. People within multiple priority populations may experience additional barriers to accessing care including sexuality and gender diverse people and people living in rural, regional and remote areas of NSW. NSW will provide culturally appropriate, targeted prevention and care services through the mobilisation of peer initiatives, community organisations and outreach models to reach all populations affected by hepatitis C.

Hepatitis C transmission most commonly occurs via sharing of injecting equipment among people who inject drugs. In 2021, 18% of people who accessed the NSW Needle and Syringe Program (NSP) reported at least one episode of receptive syringe sharing in the month prior to data collection[2]. The NSP is a highly cost-effective service that aims to reduce the transmission of blood borne viruses among people who inject drugs through distribution of sterile injecting equipment, harm reduction education and brief interventions. The NSP continues to be a critical key setting for hepatitis C prevention, testing and linkage to care as it may be the only service that a person accesses within the health system. The NSP is complemented by other initiatives such as opioid pharmacotherapy and other drug treatment to reduce injecting risk behaviours and hepatitis C transmission.

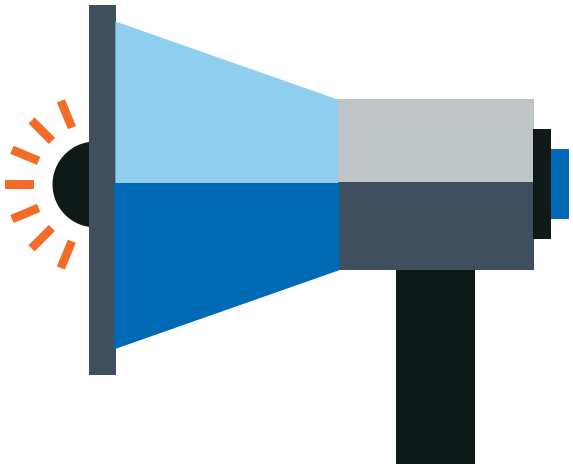
Rates of hepatitis C antibody testing have increased each year between 2012 and 2019[3] although more focused efforts are required. Initiating hepatitis C testing and treatment where priority populations connect with the health system has been shown to provide the best treatment outcomes and is preferred by patients[4]. Hepatitis C testing and linkage to care will be embedded in NSW Health settings where people with increased risk of hepatitis C intersect with healthcare, including mental health services, Aboriginal Community Controlled Health Services (ACCHSs), alcohol and other drug (AOD) settings and NSPs.

Innovations in service design and delivery have made testing more available to people who experience barriers to traditional models of care. Point of care (POC) testing and Dried Blood Spot (DBS) testing options can expand access to screening, reduce loss to follow up and remove barriers related to traditional clinic-based testing models. The NSW HIV and Hepatitis C DBS testing project is a finger stick test for hepatitis C RNA and HIV antibody available online or in approved settings. POC testing refers to a finger stick hepatitis C RNA test with results within 60 minutes undertaken in clinics or on outreach. Enhanced models of care can offer same day treatment initiation without requiring venepuncture. Peers can assist people with testing and treatment options, accessing care and providing ongoing support through treatment.

Hepatitis C infection is one of the leading causes of liver cancer in Australia and can cause permanent damage of the liver. Over the life of the previous Strategy, there have only been moderate declines in liver cancer. It is important that health services prioritise prevention and early diagnosis of liver cancer from hepatitis C.

32,831 people initiated treatment in NSW between 2016 and 2021. This represents approximately 46 per cent of people estimated to be living with hepatitis C in NSW[3].

What we will do



This Strategy describes how NSW Health and our partners will work together to develop, implement and evaluate effective programs and services that aim to increase hepatitis C prevention, testing and treatment across the state.

A focus of this strategy is to increase access to testing and treatment for people newly diagnosed or who may have been living with hepatitis C for many years. Key settings for these activities are areas where people at risk of hepatitis C access healthcare such as AOD services, NSP sites, mental health settings, custodial settings including community corrections and ACCHSs.

Building relationships and partnerships with peer groups and individuals is an impactful method of engagement particularly among people who have experienced discrimination and are reluctant to engage with health services. Peers are people with lived and living experience of injecting drugs, hepatitis C infection, incarceration or have a culturally and linguistically diverse (CALD) or Aboriginal and Torres Strait Islander background. Peers are trained and supported to provide harm reduction education, including education on available testing options, provision of DBS and other novel testing methods, treatment navigation, and support to those in their community. This Strategy will prioritise further development and deployment of a peer workforce across NSW to support hepatitis C prevention, testing and treatment.

People affected by hepatitis C commonly experience stigma and discrimination which is often connected with a person's Aboriginality, CALD background, history of incarceration and, most commonly drug use-an area where stigma is already profound[5]. The stigma associated with drug use affects the wellbeing and daily lives of people living with hepatitis C and may discourage access to services for prevention, testing and treatment[6].

Addressing stigma and discrimination is critical for reaching and maintaining national and global targets and is a priority across this Strategy. The manifestation of stigma can exist at individual, interpersonal, and structural levels[7] which must be understood to respond to and address hepatitis C-related stigma. This Strategy will support all partners to better understand, monitor and reduce this trend.

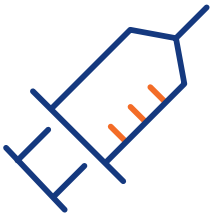
The collection, analysis and reporting of hepatitis C data in NSW remains limited so a key focus of this Strategy will focus on improving this data to better understand the NSW related epidemiology of hepatitis C to enable improved access to care and treatment uptake. The communication of key hepatitis C health messages to people at risk of or living with hepatitis C in appropriate languages and formats and workforce education for healthcare staff and peers will be improved during this Strategy.

Priority Populations

Priority populations have been selected based on groups with a higher prevalence of hepatitis C, higher risk behaviours or who experience greater barriers to accessing services. People belonging to several priority populations are especially vulnerable.

Although not represented as distinct priority populations, men who have sex with men (MSM) and people with HIV are represented within many of the priority populations in this Strategy may be at increased risk of hepatitis C transmission. It is important that the unique challenges of these population groups are addressed throughout the Strategy.

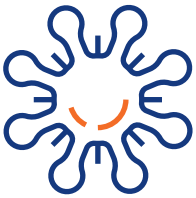
It is not the intention that all settings or access points service all priority populations. Each setting may not be appropriate for all priority populations.



People who currently inject drugs

People with a history of injecting drugs

Aboriginal people

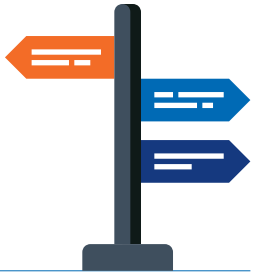


People living with hepatitis C

People in custodial settings or with a history of incarceration

People from culturally and linguistically diverse backgrounds

Key Settings



Aboriginal Community Controlled Health Services

Homelessness services and social housing

Alcohol and Other Drug services

Mental Health services

Custodial settings (including community corrections and parole services)

Multicultural and community settings

General Practice

Needle and Syringe Program services

Our Guiding Principles

Collaboration, Openness, Respect, Empowerment (CORE)

Innovation and evidence-based programs

Accessibility and equity

Partnership

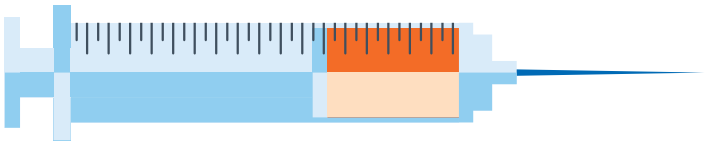
Trauma-informed, person-centred and integrated care

Diversity

Prevention, harm reduction and health promotion

1. Prevent

Prevent new infections through harm reduction, education and health promotion.



1.1 Needle and Syringe Program

The NSP is a critical prevention program that provides people who inject drugs with sterile injecting equipment, peer support, harm reduction education and healthcare navigation. The number of units of injecting equipment distributed in NSW increased by 8% between 2016 and 2020[3].

This Strategy will prioritise continuous improvement of the NSP to prevent hepatitis C transmission among people who inject drugs. The Strategy will also support increased access to initiatives such as opioid agonist therapy (OAT) and other drug treatment services to reduce injecting related risks and hepatitis C transmission.

1.2 Partnership with Aboriginal communities

In 2019, the hepatitis C notification rate among Aboriginal people in NSW was 11 times higher than the rate of hepatitis C notifications among non-Indigenous people[3]. Greater recognition of diverse social and cultural factors which can influence the health and wellbeing of Aboriginal people is required to reduce infections.

Supporting Aboriginal Health workers will lead to improved health outcomes for Aboriginal people living in NSW. This Strategy will also improve the availability of harm reduction initiatives such as provision of sterile injecting equipment, OAT and prevention education for Aboriginal people who inject drugs and improve uptake of hepatitis C treatment in ACCHSs.

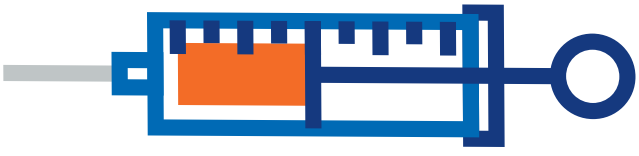
It is crucial that partnerships with Aboriginal communities are embedded across all pillars of this Strategy.

1.3 Peer workforce

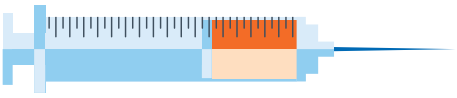
The inclusion of peers in key settings can increase uptake of hepatitis C prevention, testing and treatment[8] and ensure appropriate messaging for affected communities. This Strategy will support partnerships with community organisations to deliver structured peer training and peer deployment to improve access and availability to hepatitis C prevention and treatment among priority populations.

1.4 Custodial settings

Hepatitis C prevalence in custodial settings is higher than in the community in part due a higher incidence of people who inject drugs and lack of effective harm reduction measures. This Strategy will improve education, partnerships and harm reduction initiatives to reduce hepatitis C transmission among people in custodial settings. Enhanced partnerships between Local Health Districts (LHDs), Community Corrections, Corrective Services and Justice Health and Forensic Mental Health Network (JHFMHN) will also improve continuity of hepatitis C and AOD care and improve treatment outcomes for people released from prison or in community corrections.



The number of units of injecting equipment distributed in NSW increased by 8% between 2016 and 2020[3]



Prevention Action Areas

Actions	Description		Partners
1.1 Needle and Syringe Program	1.1.1	Distribute a range of sterile injecting equipment and provide information on safe injecting and harm reduction appropriate to the needs of people who inject drugs.	Ministry of Health, NUAA, ACCHSs, LHDs, pharmacies, AOD NGOs, JHFMHN
	1.1.2	Expand novel distribution methods of sterile injecting equipment.	
	1.1.3	Update the NSP service and data collection tools to meet the needs of service users.	
	1.1.4	Improve access to Opioid Agonist Therapy and other drug treatment services.	
1.2 Partnership with Aboriginal communities	1.2.1	Improve culturally appropriate access and uptake of harm reduction services such as NSP and OAT for Aboriginal people through peer workforce development and mobilisation.	ACCHSs, AH&MRC, Ministry of Health, Department of Community and Justice, LHDs, NUAA, Hepatitis NSW, AOD NGOs, private correctional facilities, JHFMHN
	1.2.2	Improve partnerships between LHDs, NGOs and ACCHSs to ensure continuity of hepatitis C care across services.	
	1.2.3	Scale up an Aboriginal Workforce (including peer workers) to provide harm reduction through education and support.	
1.3 Peer workforce	1.3.1	Develop and deliver structured peer training and mentorship to improve access to care.	NUAA, Hepatitis NSW, MHAHS, LHDs, ACCHSs, AOD NGOs, Ministry of Health, JHFMHN and private correctional facilities
	1.3.2	Deploy and support a peer workforce to promote and support prevention, testing and treatment services	
	1.3.3	Facilitate peer-based harm reduction initiatives, education and equipment distribution.	
1.4 Custodial settings	1.4.1	Increase the availability and range of harm reduction initiatives in custodial settings.	JHFMHN, Corrective Services, Hepatitis NSW, NUAA, private correctional facilities, parole services, community corrections
	1.4.2	Facilitate opportunities for improved prevention in custodial settings in partnership with Corrective Services and Justice Health and Forensic Mental Health Network.	
	1.4.3	Support evaluation of alternative prevention strategies in custodial settings.	
	1.4.4	Improve uptake of hepatitis C prevention and treatment in private correctional facilities in partnership with Corrective Services.	
	1.4.5	Develop and embed an education program to improve health literacy focused on infection risks and prevention methods in custodial settings and upon release.	

2. Test

Increase access and testing for people at risk of infection.

2.1 Alcohol and Other Drug settings

AOD services are an ideal and acceptable setting for hepatitis C testing and treatment as they are often accessed by a higher proportion of people from priority populations. Some AOD services like residential rehabilitation or opioid agonist programs care for clients on a long-term or regular basis which increases opportunities for hepatitis care.

This Strategy will support AOD settings to follow best practice hepatitis C care in line with Clinical Guidelines and Policies[9] such as intake screening, completing audits of medical records and care plan reviews.

2.2 Innovative technologies and strategies

Innovative testing models such as DBS and POC have been shown to be effective tools in engaging people with hepatitis C[10] particularly in NSPs[11] and AOD settings[13].

DBS testing continues to be a useful model to reduce barriers to clinical services and improve access to testing in key settings. This Strategy will support the scale up of DBS testing among priority populations and advocate for TGA approval of DBS as a diagnostic test.

Pilot studies of POC testing in AOD treatment clinics and NSPs have shown promising results[11,12]. This Strategy will support POC testing implementation research to scale up testing in key settings across NSW.

2.3 Embed testing in key settings

Hepatitis C testing will be embedded in NSW Health settings where people with increased risk of hepatitis C intersect with healthcare, including mental health services, AOD settings and NSPs.

Early diagnosis and treatment improves individual health and prevents transmission to others, however many hepatitis C antibody positive people have not received RNA testing or appropriate linkage to care. This Strategy will support services to better utilise reflex testing and medical audits to ensure RNA testing is completed on positive antibody results in all settings.

In 2020, 3,446 hepatitis C DBS tests were completed[3]

2.4 Primary care

General practice plays a key role in testing and treating people with or at risk of hepatitis C. GPs that treat people from a range of backgrounds are important in reaching people with hepatitis C who may not access other health services. GPs may require additional education and support to undertake appropriate hepatitis C screening, diagnosis and treatment initiation. This Strategy will provide targeted GP workforce capacity development including lived experience speakers to allow GPs to identify patients at risk of hepatitis C and build confidence to initiate testing and care. We will increase access to innovative models such as appropriate coding and extraction of hepatitis C data in medical audit software to facilitate regular testing for at-risk people and public health services to support GPs through the hepatitis C care pathway. Additional support will be provided to GPs in rural, regional and remote areas through remote prescribing, support programs and telehealth.

2.5 Communication and education

Community co-design is critical when developing targeted health promotion messaging and campaigns to ensure they are relevant and understood to maximise reach and engagement but also build community capacity[13]. This Strategy will involve peers and community groups in the development and delivery of health promotion campaigns to ensure appropriate, in-language and effective messaging and seek to normalise testing for people at risk of infection. This Strategy will also build community and health workforce capacity through education to increase appropriate testing and care for priority populations.

Testing Action Areas

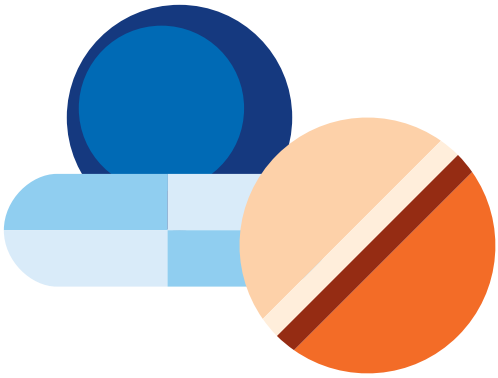
Actions	Description	Partners
2.1 Alcohol and other drug services	2.1.1 Update NSW Health policies and clinical guidelines to ensure screening is completed upon intake and at regular intervals in AOD services. 2.1.2 Support services to undertake testing blitzes in AOD services 2.1.3 Utilise existing patient record systems to complete audits of medical records and care plan reviews.	Ministry of Health, public and private AOD settings, LHDs, NADA, Hepatitis NSW, NUAA, ASHM
2.2 Innovative technologies and strategies	2.2.1 Scale up the use of DBS in key settings. 2.2.2 Advocate for TGA approval of DBS testing for diagnostic purposes. 2.2.3 Scale up POC testing in key settings. 2.2.4 Train and utilise peers to conduct DBS and POC testing in key settings. 2.2.5 Scale up testing at emergency departments.	Ministry of Health, LHDs, NSW Pathology, St Vincent's Pathology, pharmacies, Hepatitis NSW, NUAA, NADA, ACCHSs, AH&MRC, MHAHS, Kirby Institute, ASHM, PHNs, JHFMHN, homelessness services, Nurse Practitioners, SHIL, private correctional facilities
2.3 Embed testing in key settings	2.3.1 Embed testing across key settings 2.3.2 Ensure RNA testing is completed on positive antibody results in all settings using reflex testing and medical audits. 2.3.3 Educate clinicians to increase risk-based testing as part of MBS 715 Aboriginal Health assessments. 2.3.4 Increase testing among people with continuing at-risk behaviours to diagnose primary infection and re-infection. 2.3.5 Implement activities to increase testing among CALD communities across key settings through the provision of expert advice, cultural support workers, multilingual resources and workforce development.	Ministry of Health, St Vincent's Pathology, NSW Pathology, LHDs, pharmacies, Hepatitis NSW, NUAA, NADA, ACCHSs, AH&MRC, Kirby Institute, ASHM, GPs, public and private AOD settings, public and private pathology services, practice nurses, mental health services, MHAHS

Testing Action Areas

Actions	Description	Partners
2.4 Primary Care	2.4.1 Provide targeted workforce development to empower GPs to offer routine screening among priority populations. 2.4.2 Implement innovative engagement models to appropriately identify and engage at-risk groups for testing. 2.4.3 Support improved data coding and clinical audits to identify patients for care. 2.4.4 Increase access and awareness of telehealth and remote prescribing for regional, rural and remote GPs.	Ministry of Health, GPs, PHNs, LHDs, Hepatitis NSW, NUAA, RACGP, MHAHS, ASHM, research partners, practice nurses, AH&MRC, ACCHSs
2.5 Communication and education	2.5.1 Build workforce capacity to increase appropriate testing and care. 2.5.2 Implement targeted communication campaigns to increase awareness, testing and treatment among priority populations. 2.5.3 Involve peers, people from CALD backgrounds and relevant communities in the development and delivery of communications campaigns to ensure appropriate and effective messaging. 2.5.4 Implement a communications campaign in GP waiting rooms aimed at increasing testing among priority populations. 2.5.5 Develop educational material in multiple languages to empower people at-risk of hepatitis C including people from CALD backgrounds to access testing and care.	Ministry of Health, LHDs, pharmacies, Hepatitis NSW, NUAA, NADA, ACCHSs, AH&MRC, MHAHS, ASHM, JHFMHN, practice nurses, AOD settings

3. Treat

Link all newly acquired and existing infections into timely treatment and care.



3.1 Models of Care

In 2020, 2,828 people initiated hepatitis C treatment in NSW[3].

People who inject drugs and other marginalised priority populations may not visit traditional healthcare settings. Testing and treatment should be offered to people in a range of settings in a person-centred approach with peer support throughout the care pathway.

Settings that are traditionally non-clinical should strengthen treatment pathways and integration of care through partnerships with clinicians. This Strategy will improve accessibility of treatment initiation on outreach and in remote areas via a peer workforce, telehealth, nurse-led models of care and remote prescribing.

3.2 Notification Follow Up

The Hepatitis C Control Guidelines will be updated to improve notification follow up, recording of infections and treatment initiation. Updates to these Guidelines will facilitate improved linkage into care for people who have tested positive and provide clinical support to those clinicians that may not be experienced in hepatitis C management.

3.3 Post-cure Management

People cured of hepatitis C, particularly those with cirrhosis, continue to experience an increased risk of morbidity and mortality beyond cure[13]. People with cirrhosis should be linked into care, and receive appropriate management and surveillance (including screening for hepatocellular carcinoma)[15] . This Strategy will provide clinical support to people who have tested positive and ensure healthcare providers are educated to manage people with cirrhosis after treatment completion.

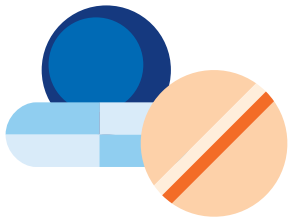
Hepatitis C treatment in Australia is offered regardless of acquisition type. Previous infection does not provide immunity to further hepatitis C infection and reinfection can be treated effectively. People at risk of infection after cure should be offered ongoing testing and treatment if required, without stigma or discrimination. This Strategy will improve monitoring of subsequent infections among at risk groups to provide appropriate prevention, testing and treatment.

3.4 Data, research and surveillance

Analysis of hepatitis C treatment initiation data allows for identification of areas with low program delivery such as among certain population groups or locations. Treatment initiation data via the Pharmaceutical Benefits Scheme remains incomplete due to limited information on prescriber specialty classification and patient demographics such as Aboriginal status and risk history. This Strategy will advocate for improved treatment initiation data to support program delivery and support research to improve the collection and use of data in NSW.

Collection and analysis of antibody and RNA testing data for hepatitis C remains limited. Improved testing data will allow for better understanding of the hepatitis C cascade of care and identification of population groups that may be missed with current testing strategies. This Strategy will advocate for improved testing data to support program delivery and support research to improve the collection and use of data in NSW.

In 2020, 2,828 people initiated hepatitis C treatment in NSW[3]



Treatment Action Areas

Actions	Description	Partners
3.1 Models of Care	3.1.1 Strengthen treatment pathways and integration of care through partnerships and peer-based approaches. 3.1.2 Enhance nurse-led models of care, telehealth and other remote prescribing methods to improve access to care in outreach, rural, regional and remote settings. 3.1.3 Improve continuity of care for people diagnosed in custody and accessing treatment on release into the community. 3.1.4 Support ACCHSs to increase access to hepatitis C testing and treatment for Aboriginal people.	Ministry of Health, St Vincent's Pathology, LHDs, Hepatitis NSW, NUAA, Alcohol and Other Drug Service Directors, NADA, ACCHSs, AH&MRC, Kirby Institute, MHAHS, JHFMHN, GPs, ASHM, practice nurses, Aboriginal Health Practitioners, Nurse Practitioners, PHNs, pharmacies, DCJ
3.2 Notification Follow up	3.2.1 Update the Hepatitis C Control Guidelines to improve notification follow up, treatment initiation recording and enable the notification of reinfections. 3.2.2 Use positive results to facilitate linkage into care and provide support to clinicians inexperienced in treatment. 3.2.3 Design methods to identify historic notifications and link previously diagnosed patients into care. 3.2.4 Investigate the feasibility of a hepatitis C support program to support diagnosing doctors initiate treatment.	Ministry of Health, Health Protection, GPs, PHNs, LHDs, PHUs, ASHM, Nurse Practitioners, NUAA
3.3 Post-cure management	3.3.1 Provide a pathway for people with continuing at-risk behaviours to access RNA testing such as DBS, treatment for re-infection and management. 3.3.2 Provide a pathway for people with cirrhosis to receive appropriate management including monitoring for liver cancer.	Ministry of Health, GPs, PHNs, LHDs, Hepatitis NSW, NUAA, ACCHSs, AH&MRC, MHAHS, JHFMHN, Nurse Practitioners, RACGP
3.4 Data, research and surveillance	3.4.1 Support systems to improve collection and use of incidence, prevalence, testing and treatment coverage variables in NSW. 3.4.2 Improve completeness of notification and treatment data including Aboriginality, country of birth, language spoken at home and prescriber specialty. 3.4.3 Investigate methods to measure reinfection using NSW surveillance systems.	Research organisations, Ministry of Health, Health Protection, LHDs, Hepatitis NSW, NUAA, ACCHSs, AH&MRC, NSW Health Pathology, JHFMHN, Nurse Practitioners

4. Stigma and discrimination

Reduce stigma and discrimination as a barrier to prevention, testing and treatment.

4.1 Barriers to accessing care

Almost three quarters (71%) of people living with hepatitis C in Australia report experiencing stigma and discrimination[16]. Evidence supports addressing individual, interpersonal and structural stigma is critical in reaching elimination targets and is a priority across this Strategy[7].

Stigma in the community

Misinformation about hepatitis C, perceived risk of transmission and individual characteristics such as sexual orientation, drug use and Aboriginal or CALD background can influence discriminatory behaviours in the community[17,18]. This Strategy will focus on community awareness and education to reduce misconceptions about hepatitis C.

Stigma in clinical settings

Stigma and discrimination experienced in clinical settings from healthcare workers and treatment providers continues to be a major barrier to hepatitis C testing and treatment in NSW[19]. In 2020, 69% of people living with hepatitis C in Australia reported being treated differently or negatively by a healthcare worker due to their hepatitis C status[16]. Recognising different forms of stigma and discrimination and how they intersect in clinical settings, including social, systemic and perceived stigma, will be a focus of this Strategy to support the long-term goal of eliminating the impacts caused by stigma and discrimination.

The NSW Health Guide to improving patient experience *Elevating the Human Experience*[20] guides the development of the person-centred evaluation framework. Its aim is to have collaborative partnership, development with consumers in mind, embrace value-based healthcare, care for the whole person, and use timely feedback and data to measure progress.

4.2 Data, research and surveillance

Communicating stigma and discrimination as data indicators enables the mapping and monitoring of stigma and discrimination in terms of its location, frequency and severity[21]. This Strategy will focus on research to improve data collection tools to monitor stigma and discrimination targets.

Partnerships between service users, research organisations, community organisations, and health professionals support a coordinated response to change behaviours and social interactions for addressing stigma and discrimination.

NSW Health acknowledges that no experience of stigma and discrimination is acceptable and this is a deeply entrenched issue among people who inject drugs, people from CALD backgrounds, Aboriginal people and people with hepatitis C. To have an impact that is sustainable, NSW recognises the need for incremental changes towards the reduction of stigma and discrimination.

4.3 Communication and education

Interventions to normalise and promote testing and treatment require training and capacity building of the entire workforce. Tailored marketing, promotion and peer-led initiatives that promote hepatitis C testing and treatment will increase awareness and knowledge amongst the health workforce including about the impact and prevention of stigma and discrimination.

This Strategy will continue to support the collaboration between peer-based organisations, community organisations, and service providers to enable a highly skilled workforce that is respectful of and responsive to the needs of people at risk of or living with hepatitis C.

Stigma and Discrimination Action Areas

Actions	Description	Partners
4.1 Barriers to accessing care	4.1.1 Scale up peer-based services aimed at reducing stigma and discrimination experienced by people who inject drugs and people with a history of hepatitis C. 4.1.2 Implement evidence-based enablers to reduce barriers to health seeking behaviours for prevention, testing and treatment. 4.1.3 Identify methods to address systemic, structural and legislative policies and procedures that hinder hepatitis C prevention, testing and treatment. 4.1.4 Engage with peers and community-based groups in the design and planning of service models. 4.1.5 Work with the NSW Police Force and Corrective Services NSW to expand education and training programs for hepatitis C, harm reduction and exposure risk management	Ministry of Health, LHDs, Emergency Departments, Hepatitis NSW, NUAA, NADA, Research organisations, MHAHS, ASHM, JHFMHN, AH&MRC, RACGP, nurses
4.2 Data, research and surveillance	4.2.1 Support research to identify enablers and barriers to stigma and discrimination in how they relate to injecting drug use and hepatitis C. 4.2.2 Identify and develop strategies to combat structural stigma and discrimination that may affect people who inject drugs or people with hepatitis C. 4.2.3 Support an audit of key settings to measure engagement and partnerships with community organisations as a measure of stigma and discrimination.	Research organisations, Ministry of Health, LHDs, Hepatitis NSW, NUAA, ACCHSs, AH&MRC, Nurse Practitioners
4.3 Communication and education	4.3.1 Support development and implementation of workforce training aimed at reducing stigma and discrimination related to injecting drug use and hepatitis C across the health system, in partnership with affected communities. 4.3.2 Expand workforce training across a range of healthcare settings aimed at reducing stigma and discrimination. 4.3.3 Involve affected communities and peers in the design and delivery of communications campaigns.	Ministry of Health, Hepatitis NSW, NUAA, NADA, Research organisations, MHAHS, ASHM, JHFMHN, AH&MRC, LHDs, RACGP, Nurse Practitioners, practice nurses

Data Sources

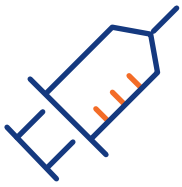
All targets are relative to a baseline of 2019-2021

Target: 60% reduction in the number of new hepatitis C infections

Data source: Notifiable Conditions Information Management System

Target: 65% cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral treatment

Data sources: Pharmaceutical Benefits Scheme and Justice Health Pharmacy Data



Target: 20% or lower reported receptive syringe sharing among people who inject drugs

Data sources: NSW Needle and Syringe Program Enhanced Data Collection, Kirby Institute (UNSW)

Target: 50% reduction in hepatitis C attributable mortality

Data source: NSW Data Linkage

Target: 10% increase in the distribution of sterile needles and syringes

Data sources: NSW NSP Minimum Data Set, Pharmacy Fitpack Scheme, The Pharmacy Guild of Australia - NSW Branch

Target: 75% reduction in the reported experience of stigma and discrimination among people affected by hepatitis C in the last 12 months

Data sources: Stigma Indicators Monitoring Project, Centre for Social Research in Health (UNSW)

Target: 10% increase in the number of hepatitis C antibody tests with a focus on key settings

Data sources: NSW denominator data project, NSW Health Pathology, NSW HIV and Hepatitis C Dried Blood Spot Testing Pilot

Target: 75% reduction in the reported experience of stigma and discrimination among people who inject drugs in the last 12 months

Data sources: Stigma Indicators Monitoring Project, Centre for Social Research in Health (UNSW)

Target: 20% increase in the number of hepatitis C RNA tests with a focus on key settings

Data sources: NSW Health Pathology, NSW HIV and Hepatitis C Dried Blood Spot Testing Pilot

75% reduction in the reported incidence of stigma and discrimination towards people who inject drugs by healthcare workers

Data sources: Stigma Indicators Monitoring Project, Centre for Social Research in Health (UNSW)

Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
AH&MRC	Aboriginal Health and Medical Research Council
AMS	Aboriginal Medical Services
AOD	Alcohol and Other Drug
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
CALD	Culturally and Linguistically Diverse
DAA	Direct Acting Antiviral
DBS	Dried Blood Spot
GP	General Practitioner
HARP	HIV and Related Programs Unit
HCV	Hepatitis C virus
JHFMHN	Justice Health and Forensic Mental Health Network
LHD	Local Health District
MHAHS	Multicultural HIV and Hepatitis Service
NADA	The Network of Alcohol and Other Drugs Agencies
NCIMS	Notifiable Conditions Information Management System
NGO	Non-Government Organisation
NSP	Needle and Syringe Program
NUAA	NSW Users and AIDS Association
OAT	Opioid Agonist Therapy
PHN	Primary Health Network
PHU	Public Health Unit
PWID	People who inject drugs
POC	Point of Care
RACGP	Royal Australian College of General Practitioners
SHIL	Sexual Health Info Link
UNSW	University of NSW

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