

Victorian hepatitis C plan 2022–30

This plan is one of seven plans in the Victorian sexual and reproductive health and viral hepatitis strategy 2022–30. It builds on the objectives, focus areas and outcomes in the Victorian hepatitis C strategy 2016–2020. It outlines the priority actions implemented to date and includes new and refocused priority actions needed to meet our 2030 elimination agenda.

Achievements since 2016

The Medically Supervised Injecting Room (MSIR) offers services to people at high risk of BBV. These services include a needle and syringe program, testing, assessment, counselling and treatment for those with infections.

The Eliminate Hepatitis C (EC) Victoria Partnership is a five-year project (2017–2021) led by the Burnet Institute in partnership with St Vincent's Hospital Melbourne, the department and key stakeholders across the sector. The partnership developed the EC practice support toolkit which is a comprehensive resource for primary care providers to deliver HCV testing, treatments and engagement in HCV care. The partnership has worked across 11 primary care services, supporting them to test 4,473 and treat 1,162 people. It worked with 14 prison sites to assess 2,465 and treat 1,928 people.

In partnership with the Australian Research Centre in Sex Health and Society, the Victorian Integrated Hepatitis C Services expanded nurse-led models of treatment and care. The nurses were supported to build system links to care in community settings, establish partnerships to deliver HCV services and take part in a quarterly integrated HCV community of practice.



Our vision

Eliminate hepatitis C as a public health concern by 2030

Monitoring and measuring progress

We will develop an **indicators and monitoring framework** in collaboration with key research partners and affected communities.

A **mid-point review in 2025–26** will assess progress against achieving our 2025 and 2030 targets.

Findings will be used to refresh and refocus priority actions and activities in this plan.

Goals

- Victorians are supported to **reduce their risk of acquiring hepatitis C**.
- Victorians living with hepatitis C **know their status**.
- Victorians living with hepatitis C have access to **best practice evidence-based treatment and care**.
- Victorians living with hepatitis C **are cured of the disease**.
- **Stigma, racism and discrimination are not a barrier** to hepatitis C prevention, testing, treatment and care.

2030 targets*

- Reduce the number of newly acquired hepatitis C infections, with a focus on priority populations, by 90 per cent (compared with 2015).
- Increase the proportion of people living with hepatitis C who are diagnosed to 97 per cent.
- Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antivirals treatment to 96 per cent.
- Reduce hepatitis C–attributable mortality by 67 per cent (compared with 2015).
- Reduce the reported experiences of stigma, racism and discrimination among people living with or affected by hepatitis C in health and social support settings to less than 10 per cent.

* **Stepped targets for 2025 are outlined in the plan**

System enablers

Reducing stigma, racism and discrimination

Strengthening workforce capacity

Fostering partnerships and collaboration

Strengthening and supporting data and research