

National Hepatitis C Strategy 2005-2008

Implementation Plan

Background

This Implementation Plan for the *National Hepatitis C Strategy 2005-2008* (the Strategy) was developed by the Department of Health and Ageing in consultation with the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH), and its Hepatitis C Subcommittee, the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases (IGCAHRD), and other key stakeholders.

In August 2005 MACASHH and IGCAHRD members together with other stakeholders, including key advisory bodies, State and Territory Governments, researchers, community based organisations, experts from relevant medical specialities, general practitioners, and people living with and affected by hepatitis C, convened a joint MACASHH and IGCAHRD Strategy Implementation Forum (the Forum). Comments received via the consultation process were incorporated into the Implementation Plan. The agreed Implementation Plan was endorsed by MACASHH in December 2005.

Purpose of the Implementation Plan

This Implementation Plan has been developed in response to an independent review of the first *National Hepatitis C Strategy 1999–2000 to 2003–2004*. The review recommended that the new Hepatitis C Strategy be supported by an implementation plan and performance indicators to allow monitoring and evaluation of the achievements of the Strategy.

In particular the Implementation Plan will:

- Define the priorities of the Strategy;
- Assign clear responsibility to lead and partner agencies; and
- Define key performance indicators to measure the success of the Strategy.

The Implementation Plan is a national document with shared ownership between State and Territory Governments, the Australian Government, the community sector, the research sector and other organisations. The Implementation Plan should be specific enough to describe the desired outcomes of the Strategy and broad enough to accommodate local differences in implementation.

The Department of Health and Ageing is responsible for both the development of the Implementation Plan and coordinating the evaluation of the Strategy through monitoring its implementation, as well as specific responsibilities under the various priority action areas. The IGCAHRD and the MACASHH are responsible for guiding and informing the development of the Implementation Plan, as well as completing a number of activities associated with it.

State and Territory Governments, researchers and community based organisations are equally vital in ensuring successful implementation of the Strategy. Community based organisations are represented by their national bodies rather than their state and territory affiliates. This is not to diminish the important role of state and territory community based organisations but reflects that the strategy operates at a national level.

The Role of Lead and Partner Agencies

The Implementation Plan assigns responsibility for action by both lead agencies and partners. For the purposes of this plan a ‘lead’ agency has a leadership role and is responsible for initiating, coordinating and progressing action. The lead agency may not necessarily be the funding body. In some cases they may be responsible for undertaking the majority of the action. A ‘partner’ agency is responsible for assisting and supporting the lead agency to achieve the outcomes of the Strategy. Responsibility is generally assigned to national organisations unless a jurisdictional agency has whole or part responsibility for action. It should also be acknowledged that a range of organisations that are not included in the Implementation Plan may be involved in implementation.

Involvement of Other Organisations

Other agencies not already involved in the Partnership may be engaged in the implementation of the strategies. Other agencies include Commonwealth/State/Territory departments other than health departments, community based and professional organisations such as justice and education.

Monitoring and Evaluation

It is intended that progress in the implementation of the Strategy will be reviewed 18 months after the release of the Strategy and again at the conclusion of the term of the Strategy. These processes will ensure that Australia’s response to hepatitis C maintains its momentum, while being flexible enough to accommodate emerging priorities. While all members of the Partnership share responsibility for monitoring the achievements of the Strategy, this process will be led and co-ordinated by the Department of Health and Ageing.

Outcomes of the Implementation Forum

The Hepatitis C Strategy has seven priority areas for action. At the Implementation Forum it was agreed to support and progress the three main priorities identified in the National Hepatitis C Strategy 2005-2008, as the central focal points for action. These are listed below along with the specific areas requiring action. This Implementation Plan has been written to take into account these priorities.

Prevention and education:

- Improve hepatitis C prevention, education, treatment, care and support in custodial¹ settings;
- Research on effective hepatitis C prevention methods in key target groups.
- Increase understanding and knowledge of hepatitis C among the general community and targeted populations;
- Increase access to and quality of needle and syringe programs (NSPs) and improve their level of support in the community; and
- Reduce initiation into injecting drug use.

Treatment and Support:

- Increase the number of people with hepatitis C accessing treatment;
- Increase the involvement of general practitioners² and alcohol and other drug workers in treatment and care of people with hepatitis C;
- Improve workforce development³ regarding hepatitis C diagnosis, counselling, treatment and support;
- Develop and implement appropriate standards of care for people with hepatitis C in custodial settings; and
- Investigate and remove barriers to treatment.

Surveillance:

- Improve understanding of the epidemic of hepatitis C in key population groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, young people and people in custodial settings.

¹ In this document the use of the term custodial settings is generally assumed to include juvenile justice settings.

² The term general practitioners is generic and should be interpreted as all primary care providers including those employed in rural services and the Royal Flying Doctor Service.

³ Workforce development is focussed on a range of different providers with detail provided in the Implementation Plan.

Broad Performance Indicators

A set of broad performance indicators will be used to measure the achievements of the Strategy:

- The number of notifications of hepatitis C including an analysis of the trends;
- The number of people accessing and completing treatment⁴;
- The number of States/Territories implementing agreed standards for hepatitis C education, prevention, treatment, care and support in custodial settings;
- The proportion of IDUs sharing needles and syringes;
- The number of needles and syringes distributed, and characteristics of people accessing NSPs including age, ethnicity and Indigenous status⁵;
- Increase in the completeness of Indigenous data on hepatitis C notifications;
- A completed evaluation of the outcomes of the hepatitis C awareness campaign;
- Behaviour change amongst key target groups in reducing exposure to hepatitis C (as measured by the National NSP Survey and Inmate Surveys)⁶; and
- Overall funding for hepatitis C research in Australia.

⁴ The term treatment in this context refers to pharmacotherapy with interferon and antiviral therapy

⁵ National Data Collection Model being progressed through the COAG NSP Supporting Measures Multilateral State and Territory Group

⁶ Research to be conducted into what type of behaviour change will be measured

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
|--|------------------------------|-----------------|-----------------------|----------------|--------------------------------|-----------------|
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| 1. | Prevention and Education | | | | | |
|------------|---|--|--|---|---|------------------------|
| 1.1 | Increase public knowledge of hepatitis C. | Develop and implement targeted National Hepatitis C Awareness Weeks. | Lead Agency: DoHA AHC Partners: S/T Hepatitis Councils S/T Health Departments AIVL AHF ASHM NACCHO and affiliates | Increased knowledge of hepatitis C in those groups targeted by the awareness weeks. | <ul style="list-style-type: none"> Targeted National Awareness Week held annually and a process evaluation completed. Numbers and reach of awareness raising activities associated with National Awareness Weeks. | Oct 2006 Oct 2007 |
| | | Work towards a National Public Hepatitis C Awareness campaign. | Lead Agency DoHA Hepatitis C Subcommittee of MACASHH Partners: S/T Health Departments AIVL AHC National Research Centres NACCHO and affiliates | Increased knowledge of hepatitis C among the general community, health care workers and at risk groups. | <ul style="list-style-type: none"> National Public Hepatitis C awareness campaign held and an outcome evaluation completed. | June 2007 |
| | | Implement other hepatitis C awareness activities | Lead Agency: AHC Partners: DoHA S/T Health Departments AIVL NACCHO and affiliates | Increased knowledge of hepatitis C among the general community and at risk groups. | <ul style="list-style-type: none"> Numbers and reach of awareness raising activities. | June 2007 June 2008 |

| 1. | Prevention and Education | | | | | |
|-----|---|--|--|---|---|------------------------|
| 1.2 | Improve access to education and information about hepatitis C specifically targeting: <ul style="list-style-type: none"> • IDUs; • Aboriginal and Torres Strait Islander people; • people in custodial settings; • people from CALD backgrounds; and • young people. | Strengthen the role and capacity of specialist drug treatment services, NSPs, pharmacies and ACCHOs in providing information on hepatitis C and its prevention. | Lead Agency: S/T Health Departments Partners: DoHA Pharmacy Guild NACCHO and affiliates AIVL | Increased capacity of services to provide information on hepatitis C to those most at risk. | <ul style="list-style-type: none"> • Number of NSPs, pharmacies and drug and alcohol services providing hepatitis C information. • Number of NSP, pharmacy and drug and alcohol workers trained (refer to 6:3 and 6.4 Workforce Development). | June 2007 June 2008 |
| | | Deliver peer education programs using evidence-based approaches. | Lead Agency: AIVL Partners: S/T Peer Based Drug User Organisations S/T Health Departments DoHA NACCHO and affiliates | Increased access to information on hepatitis C among those most at risk. | <ul style="list-style-type: none"> • Number of peers trained. • Number of programs delivered by peer educators. | June 2007 June 2008 |
| | | Encourage support of both Aboriginal and Torres Strait Islander people and mainstream primary health care services, including NSPs, to provide culturally appropriate education and information on hepatitis C to Aboriginal and Torres Strait Islander people at risk of hepatitis C. | Lead Agency: DoHA Partners: S/T Health Departments NACCHO and affiliates AIVL AHC ASHM | Increased access to hepatitis C information by Aboriginal and Torres Strait Islander people at risk of hepatitis C. | <ul style="list-style-type: none"> • Number and range of programs offering information and education on hepatitis C to Aboriginal and Torres Strait Islander people. | June 2008 |

| 1. | Prevention and Education | | | | | |
|-----|--|---|---|--|--|---|
| 1.2 | (continued) Improve access to education and information about hepatitis C specifically targeting: <ul style="list-style-type: none"> • IDUs; • Aboriginal and Torres Strait Islander people; • people in custodial settings; • people from CALD backgrounds; and • young people. | Strengthen the capacity of hepatitis C prevention services, particularly NSPs to provide culturally appropriate education on hepatitis C to IDUs from CALD backgrounds. | Lead Agency: <u>DoHA</u> Partners: S/T Health Depts AIVL AHC Multicultural Health Orgs | Increased access to culturally appropriate hepatitis C information for IDUs from CALD backgrounds. | <ul style="list-style-type: none"> • Number of information resources in priority CALD languages. • Increased capacity of NSPs to provide services to people from CALD backgrounds. | June 2008 |
| | | Convene a National Forum to discuss hepatitis C in custodial settings under the auspices of the Prisons Working Group of the Hepatitis C Subcommittee. Develop model guidelines for hepatitis C education, prevention, treatment, care and support in custodial settings. Develop state and territory specific education resources for priority groups in custodial settings. | Lead Agency: Hepatitis C Subcommittee of MACASHH Partners: S/T Health Departments S/T Corrections Departments DoHA Attorney-General's Department JMF CSAC ANCD ASHM | Increased access to means of hepatitis C prevention and education in custodial settings. | <ul style="list-style-type: none"> • Forum held. • Model guidelines for hepatitis C education, prevention, treatment, care and support in custodial settings developed and endorsed by IGCAHRD. • Education resources developed for custodial settings. • % of S/T providing hepatitis C education and prevention in custodial settings⁷ according to model guidelines. | Nov 2005 Dec 2006 June 2008 Dec 2008 |

| 1. | Prevention and Education | | | | | |
|-----|--|--|---|--|---|-----------|
| 1.2 | (continued) Improve access to education and information about hepatitis C specifically targeting: <ul style="list-style-type: none"> • IDUs; • Aboriginal and Torres Strait Islander people; • people in custodial settings; • people from CALD backgrounds; and • young people. | Develop hepatitis C educational resources and programs for people from CALD backgrounds via multicultural and mainstream health services. | Lead Agency: DoHA S/T Health Departments Partners: Multicultural health services AIVL AHC ASHM | Increase awareness by people from CALD background of hepatitis. | <ul style="list-style-type: none"> • Resources developed in priority community languages. • Number of different CALD groups targeted by resources and programs. | June 2008 |
| | | Collaborate with S/T Departments of Education to ensure blood borne viruses and blood awareness are included in the secondary school curriculum. | Lead Agency S/T Health Departments Partners DoHA S/T Education Departments ANCD AIVL | Reduced exposure to risk of hepatitis C infection in young people. | <ul style="list-style-type: none"> • Hepatitis C education and blood borne virus prevention are included in secondary school curriculum. • Hepatitis C notification rate in people aged less than 20. • Population estimates of age of initiation into injecting drug use. | June 2008 |
| 1.3 | Improve access to hepatitis C prevention strategies particularly in key target groups as described above. | Support and expand access to NSPs including pharmacies and other secondary outlets. | Lead Agency: S/T Health Departments Partners: PGA PSA NCHECR AIVL | Improved access to NSPs as a means of primary prevention. | <ul style="list-style-type: none"> • Number of people accessing NSPs. • Rates of needle and syringe sharing among people attending NSPs. • Increase in the number of NSP outlets. • Number of pharmacies and other secondary outlets participating in NSPs. | June 2008 |

⁷ Custodial settings in this document is generally assumed to include juvenile justice settings

| 1. | Prevention and Education | | | | | |
|-----|--|---|---|--|--|-----------|
| 1.3 | (continued) Improve access to hepatitis C prevention strategies particularly in key target groups as described above. | Support Aboriginal primary health care services, such as ACCHOs and ACCHS, to provide hepatitis C prevention strategies to Aboriginal and Torres Strait Islander people at risk of hepatitis C. | Lead Agency: DoHA Partners: S/T Health Departments NACCHO and affiliates AIVL AHC | Increased access to hepatitis C prevention strategies by Aboriginal and Torres Strait Islander people at risk of hepatitis C. | <ul style="list-style-type: none"> • Number of Aboriginal and Torres Strait Islander health services providing NSP services. | June 2008 |
| | | Improve access to hepatitis B vaccination for people entering and in custodial settings and additionally hepatitis A for hepatitis C positive people in custodial settings. | Lead Agency: S/T Health Departments Partners: S/T Corrections Departments S/T Corrections Health Services | Increased access to hepatitis A and B prevention strategies including vaccinations in custodial settings, particularly for inmates with hepatitis C. | <ul style="list-style-type: none"> • % S/T providing voluntary vaccinations in custodial settings. | June 2008 |
| | | Collaborate at S/T Health Dept level to enhance and promote access to drug substitution such as methadone in key target groups. | Lead Agency: S/T Health Departments Partners: ANCD PGA PSA | Reduce exposure to risk of hepatitis C infection in target groups. | <ul style="list-style-type: none"> • Range of drug substitution programs available. • Participation in drug substitution programs. | June 2008 |
| | | Support services that work with people with or at risk of hepatitis C to provide education, counselling, testing and referral for treatment, specifically: <ul style="list-style-type: none"> • Drug and Alcohol services • Multicultural services • Mental health services; • Aboriginal and Torres Strait Islander primary health care services; and • NSPs. | Lead Agency: DoHA S/T Health Departments Partners: ASHM AIVL NACCHO and affiliates | Improved capacity to provide testing, treatment, counselling and education and prevention for people with or at risk of hepatitis C. | <ul style="list-style-type: none"> • Counselling, testing and referral services available to people with or at risk of hepatitis C from a range of service providers. | June 2008 |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
|------------|--|--|--|--|--|--|
| 2 | Diagnosis, Treatment and Support | | | | | |
| 2.1 | Increase awareness of appropriate testing for hepatitis C and the requirement for test discussion and post-test counselling. | Establish a Working Group to review and develop an implementation plan for the <i>National Hepatitis C Testing Policy</i> . Implementation Plan actioned. | Lead Agency: DoHA MACASHH Hepatitis C Subcommittee Partners: S/T Health Departments PHLN GP Organisations AHC AIVL ASHM | Increase in appropriate testing practices in a range of settings. Improve the 'testing experience' for people being tested for hepatitis C. | <ul style="list-style-type: none"> • Policy evaluated and reviewed. • Implementation plan developed and implemented. • Numbers of individuals from at-risk groups accessing hepatitis C antibody and PCR testing. | Dec 2006 June 2007 June 2008 |
| 2.2 | Investigate and address barriers to the uptake and completion of treatment. | Review the Pharmaceutical Benefits Scheme restrictions applied to hepatitis C treatments. | Lead Agency: PBAC Partners: DoHA | Increased access to hepatitis C treatment. | <ul style="list-style-type: none"> • Review completed. | June 2006 |
| | | Conduct research on minimising the barriers to uptake and completion of treatment taking into account research already undertaken. | Lead Agency: National Research Centres Partners: DoHA S/T Governments Hepatitis C Subcommittee of MACASHH NHMRC | Improved knowledge of treatment barriers and ability to develop strategies to overcome them. | <ul style="list-style-type: none"> • Literature review of research conducted. • Research conducted and results disseminated. • Strategies to address barriers to treatment developed and implemented. | June 2008 |

| 2 | Diagnosis, Treatment and Support | | | | | |
|-----|--|---|---|---|--|-----------|
| 2.3 | Increase the proportion of people with hepatitis C accessing treatment. | Facilitate the development and distribution of up to date information on treatment options for people with hepatitis C, tailored towards key target groups. | Lead Agency: DoHA Partners: S/T Health Departments AHC ASHM AIVL Multicultural organisations NACCHO GP Organisations | Increased uptake of treatment among people with hepatitis C. | <ul style="list-style-type: none"> • Increased rate of treatment uptake. • Increased rate of treatment Completion. | June 2008 |
| 2.3 | (continued) Increase the proportion of people with hepatitis C accessing treatment. | Develop and disseminate guidelines on models of care for diagnosis, treatment and support of people with hepatitis C in custodial settings. (See also 1.2) | Lead Agency: Hepatitis C Subcommittee of MACASHH Partners: S/T Health Departments S/T Corrections Departments | Improved care and support of people living with hepatitis C in custodial settings. | <ul style="list-style-type: none"> • % of S/T that have implemented model guidelines. | June 2008 |
| | | Develop and implement service delivery models for target groups in rural and remote settings. | Lead Agency S/T Health Departments NACCHO and affiliates Partners: DoHA AHC AIVL ASHM GP organisations | Improved access to services for people with hepatitis C in rural and remote settings. | <ul style="list-style-type: none"> • Services for diagnosis, treatment and support available to people with hepatitis C in rural and remote settings. | June 2008 |

| 2 | Diagnosis, Treatment and Support | | | | | |
|-----|---|--|---|--|---|-----------|
| | | Explore strategies to increase the participation of GPs from CALD backgrounds in hepatitis C medical education. | Lead Agency: DoHA S/T Health Departments ASHM Partners: S/T Health Departments AIVL AHC GP Organisations Multicultural organisations | Improved access to treatment and support services for people from CALD backgrounds with hepatitis C. | <ul style="list-style-type: none"> Increased capacity among GPs from priority CALD backgrounds to provide hepatitis C care and support. | June 2008 |
| 2.4 | Broaden the role of general practitioners in managing care for people with hepatitis C including prescribing and monitoring treatment. | Implement service delivery models which increase the role of GPs and other health care workers in prescribing and monitoring treatment for hepatitis C. | Lead Agency: S/T Health Departments Partners: DoHA ASHM GP Organisations | Increased access to hepatitis C treatment and support services. | <ul style="list-style-type: none"> s100 prescriber pilots completed. Number of GPs acting as s100 prescribers. % of people with hepatitis C accessing treatment via GPs. | Dec 2007 |
| 2.5 | Investigate alternative measures to care for and support people with hepatitis C who are not currently eligible for treatment or do not respond to treatment. | Develop and implement models of care for ongoing support and health monitoring of people not eligible for treatment and those who do not respond to treatment. Provide resources to assist in self-management of hepatitis C amongst those not eligible or those who do not respond to treatment. | Lead Agency: MACASHH Hepatitis C Subcommittee Partners National Research Centres AHC AIVL AHF | Increased access to hepatitis C support services. | <ul style="list-style-type: none"> Increase in the number and range of support services and resources available to people who are not eligible or do not respond to treatment. | June 2008 |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
|------------|--|--|---|--|--|---|
| 3 | Surveillance | | | | | |
| 3.1 | Improve national hepatitis C surveillance mechanisms. | <p>Evaluate the <i>National Hepatitis C Surveillance Strategy</i> and revise the national surveillance strategy in light of the evaluation.</p> <p>Improve identification of Indigenous status on hepatitis C notifications.</p> <p>Revise the national NSP survey to ensure improved representativeness.</p> <p>Establish methods of surveillance of hepatitis C morbidity.</p> | <p>Lead Agency: DoHA S/T Health Departments</p> <p>Partners: NCHECR CDNA NACCHO GP Organisations Viral Hepatitis Surveillance Committee</p> | Improved knowledge of hepatitis C incidence, prevalence and morbidity. | <ul style="list-style-type: none"> • Evaluation completed. • National Hepatitis C Surveillance Strategy revised and implemented. • National NSP survey modified. • Indigenous status recorded on 90% of hepatitis C notifications. | <p>Dec 2005 June 2008</p> <p>June 2008</p> <p>June 2008</p> |
| 3.2 | Update existing estimates and projections report for hepatitis C in Australia. | Complete new modelling of hepatitis C incidence and prevalence data. | <p>Lead Agency: NCHECR</p> <p>Partners: AHC AIVL DoHA</p> | Updated estimates on hepatitis C prevalence and incidence available | <ul style="list-style-type: none"> • Modelling completed • Modelling updated | <p>Dec 2005 Dec 2007</p> |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
|------------|---|--|--|--|--|--|
| 4 | Research | | | | | |
| 4.1 | Undertake research in key priority areas for hepatitis C. | <p>MACASHH to facilitate annual roundtable consultation on research priorities for hepatitis C.</p> <p>Conduct research in agreed priority areas as identified by the annual research roundtable meeting.</p> <p>Develop research partnerships with service delivery agencies and research partners such as corrections services and youth services.</p> | <p>Lead Agency: DoHA National Research Centres Partners: MACASHH Hepatitis C Subcommittee IGCAHRD AHC AIVL NHMRC ARC</p> | Increased knowledge of emerging priorities in hepatitis C research. | <ul style="list-style-type: none"> • Roundtable held in 2007 pending decision by MACASHH. • Research priorities negotiated through roundtable meeting and incorporated into national research centre work plans. • Number of new partnerships developed with external funders external to DoHA. • Research priorities addressed by other organisations eg NHMRC funding. | <p>June 2007</p> <p>June 2008</p> <p>June 2008</p> <p>June 2008</p> |
| | | <p>Hold regular forums for the dissemination of hepatitis C research to stakeholders.</p> <p>Use opportunities at existing conferences and forums to disseminate National Centres' research results to key stakeholders.</p> | | | | <p>Lead Agency: National Research Centres Partners: DoHA S/T Health Departments AHC AIVL</p> |
| 4.2 | Understand the economic impact of hepatitis C in Australia. | Undertake an analysis of the economic impact of hepatitis C in Australia. | <p>Lead Agency: DoHA Partners: S/T Health Departments</p> | Increased knowledge of the economic impact of hepatitis C infection. | <ul style="list-style-type: none"> • Analysis completed. • Disseminate report. | <p>June 2005</p> <p>Dec 2006</p> |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
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| 5 | Health Maintenance, Care and Support | | | | | |
|------------|--|---|---|--|---|-----------|
| 5.1 | Improve access to primary health care and support services for people with hepatitis C. | <p>Support agencies and build capacity within NSPs, pharmacies, and drug and alcohol workforce to inform, refer and support people with hepatitis C in their health management.</p> <p>Encourage practice nurses to identify healthcare needs with GPs and coordinate appropriate referrals to allied health, community based organisation support services and oral health services.</p> <p>Investigate opportunities through developments in primary care to provide improved support and care for people with hepatitis C.</p> | <p>Lead Agency: DoHA S/T Health Departments</p> <p>Partners: ASHM AHC AIVL NACCHO and affiliates PGA PSA GP organisations</p> | Increased access to health care and support services for people with hepatitis C. | <ul style="list-style-type: none"> Increased capacity to provide hepatitis C referral and support services in a range of health care settings. | June 2008 |
| 5.2 | Increase the capacity of people living with hepatitis C to improve self management skills. | Develop and/or disseminate culturally appropriate self management resources to people living with hepatitis C. | <p>Lead Agency: S/T Health Departments</p> <p>Partners: GP Organisations ASHM AHC AIVL NACCHO and affiliates</p> | Increased knowledge among people with hepatitis C of how to manage their own health. | <ul style="list-style-type: none"> Distribution and availability of self management resources. | June 2008 |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
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| 6 | Workforce Development | | | | | |
|------------|--|---|---|---|---|--|
| 6.1 | Improve the knowledge and skills of health professionals in relation to hepatitis C education, prevention, care and support. | <p>Work with professional bodies to develop national standards on educating health care professionals about hepatitis C.</p> <p>Work with professional bodies to develop core curriculum and professional continuous training in hepatitis C.</p> | <p>Lead Agency: DoHA S/T Health Departments Professional Organisations Training Organisations including Tertiary Sector ASHM</p> <p>Partners: IGCAHRD AIVL ANEX NACCHO and affiliates</p> | Health professionals equipped to provide services to people with or at risk of hepatitis C. | <ul style="list-style-type: none"> Standards developed. Number of disciplines covering hepatitis C in their training curriculum. Uptake of standards by training and educational institutions. | <p>June 2007</p> <p>June 2008</p> <p>June 2008</p> |
| 6.2 | Increase the involvement of general practitioners in hepatitis C education, prevention, care and support. | <p>Training programs for GPs.</p> <p>Refer also to 2.4</p> | <p>Lead Agency: S/T Health Departments ASHM DoHA</p> <p>Partners: GP Organisations IGCAHRD NACCHO and affiliates S/T Health Departments</p> | Increased involvement of GPs in hepatitis C. | <ul style="list-style-type: none"> Number of GPs managing hepatitis C patients on s100 medication. Number of GPs trained. | June 2008 |
| 6.3 | Increase the involvement of the Alcohol and other drugs workforce in hepatitis C education, prevention, care and support. | Training programs for the Alcohol and other drugs workforce. | <p>Lead Agency: S/T Health Departments ASHM DoHA</p> <p>Partners: IGCAHRD NACCHO and affiliates S/T Health Departments ADCA</p> | Increased involvement of the Alcohol and other drugs workforce in hepatitis C. | <ul style="list-style-type: none"> Hepatitis C education and prevention modules included in Alcohol and other drugs training programs. | June 2008 |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
|------------|---|--|--|--|--|-----------------------------------|
| 7 | Addressing Stigma and Discrimination | | | | | |
| 7.1 | Reduce stigma and discrimination against people with or at risk of hepatitis C. | <p>Increase understanding of the nature and extent of hepatitis C related discrimination and the strategies which would prevent discrimination from occurring.</p> <p>Disseminate resources and programs which inform people with hepatitis C of their rights and how to seek redress from discrimination.</p> <p>Develop and disseminate resources and programs that support non –discriminatory work practices in health care and employment settings.</p> | <p>Lead Agency: AHC AIVL S/T Health Departments</p> <p>Partners: DoHA Anti-discrimination groups</p> | <p>Increased awareness among people with hepatitis C of their rights.</p> <p>Improved capacity of health care services to provide non-discriminatory services.</p> | <ul style="list-style-type: none"> • State and Territory specific resources developed and distributed. • Evidence of reduced discrimination in health care settings. | <p>June 2007</p> <p>June 2008</p> |

| | PRIORITY ACTION AREAS | STRATEGY | RESPONSIBILITY | OUTCOME | MEASURES OF ACHIEVEMENT | BY WHEN? |
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| 8. | Other Elements Supporting Implementation | | | | | |
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| 8.1 | Develop and maintain effective partnerships. | Establish and maintain partnerships and links between areas relevant to the response to hepatitis C including: <ul style="list-style-type: none"> • areas responsible for health in custodial settings; • Secondary and Tertiary Education Institutions; • GP Colleges and Divisions; • Researchers; • Aboriginal and Torres Strait Islander Organisations; • Multicultural organisations; • Peer based IDU organisations; • People living with or affected by or hepatitis C; • Rural health medical services; • Royal Flying Doctor Service; and • Anti-discrimination bodies. | Lead Agency: DoHA Partners: S/T Health Departments MACASHH JMF CSAC AIVL AHC ANEX National Research Centres NACCHO AIHW S/T Corrections Departments S/T Education Depts DEST | More effective and broader partnerships to assist in implementation of the Strategy and to increase information dissemination to all affected by and involved in the response to hepatitis C. | <ul style="list-style-type: none"> • Links established. • Partnerships maintained. • Stakeholder cross-representation on committees and working across different areas relevant to the response to hepatitis C. | June 2008 |

ACRONYMS:

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| ACCHOs | Aboriginal Community Controlled Health Organisations |
| ACCHS | Aboriginal Community Controlled Health Services/Sector |
| ADCA | Alcohol and Other Drugs Council of Australia |
| AHC | Australian Hepatitis Council |
| AHF | Australian Haemophiliac Foundation |
| AIHW | Australian Institute of Health and Welfare |
| AIVL | Australian Injecting and Illicit Drug Users League |
| ANCD | Australian National Council on Drugs |
| ANEX | Association for Prevention and Harm Reduction Programs Australia Inc. |
| AOD | Alcohol and Other Drugs |
| ARC | Australian Research Council |
| ASHM | Australasian Society for HIV Medicine |
| CALD | Culturally and Linguistically Diverse |
| CDNA | Communicable Diseases Network Australia |
| CSAC | Corrective Services Administrators Conference |
| DEST | Australian Government Department of Education, Science and Training |
| DoGP | Divisions of General Practice |
| DoHA | Australian Government Department of Health and Ageing |
| GP | General Practitioners |
| IDUs | Injecting Drug Users |
| IGCAHRD | Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases |
| JMF | Justice Ministers Forum |
| MACASHH | Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis |
| MHAHS | Multicultural HIV/AIDS and Hepatitis C Service |
| NACCHO | National Aboriginal Community Controlled Health Organisation |
| NCHECR | National Centre on HIV Epidemiology and Critical Research |
| NHMRC | National Health and Medical Research Council |
| NSP | Needle and Syringe Programs |
| OATSIH | Office for Aboriginal and Torres Strait Islander Health |
| PBAC | Pharmaceutical Benefits Advisory Committee |
| PHLN | Public Health Laboratory Network |
| PGA | The Pharmacy Guild of Australia |
| PSA | The Pharmaceutical Society of Australia |
| RACGP | Royal Australian College of General Practitioners |
| RFDS | Royal Flying Doctor Service |
| S/T | State/Territory |