

## SCALING-UP FOR HEPATITIS C ELIMINATION – LESSONS FROM A SUCCESSFUL PARTNERSHIP BETWEEN AN HIV AND HOMELESSNESS NURSING PROGRAM AND AN HIV/AIDS SERVICE ORGANIZATION IN MELBOURNE, AUSTRALIA.

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**Background:** Amongst people living with HIV (PLHIV), HCV has almost been eliminated in Australia. Gaps exist amongst people experiencing homelessness, people who inject drugs (PWID), indigenous communities, prisoners, gay/bisexual men. The HIV sector is well-organized, with Partnership models optimizing care linkages, health promotion, harm minimization. Integrating HCV care into a Partnership between an HIV and Homelessness Nursing Program and an HIV/AIDS Service Organization (ASO) is a practical initiative. We describe a model that could be harnessed to scale-up the response to eliminate HCV as a major public health threat by 2030, in line with World Health Organization's goal.

**Model of Care:** HIV Nursing Program (HIVNP) at Bolton Clarke (BC) is a domiciliary service, within BC's Homeless Persons Program (HPP), with a formal Partnership with a community-based ASO - Thorne Harbour Health. This globally unique Partnership provides integrated services for PLHIV, ~30% of whom have HCV, within a social model of health. Services include:

- HIV/HPP nursing, 24-hour support, outreach
- Sexual health, blood borne virus clinic
- Needle/syringe programs
- Alcohol/other drugs
- Rapid testing
- Peer and volunteer support
- Legal
- Housing
- Financial
- Education
- Advocacy

**Effectiveness:** This Partnership model offers coordinated pathways to holistic healthcare, seamless access, health interventions for PWID, and continuity, optimizing retention in care.

Of a sample of 51 PLHIV, 15 had HCV. All were successfully linked to care. They received weekly or daily nursing visits for adherence support and healthcare.

**Conclusion, next steps:** In line with 5<sup>th</sup> Australian National Hepatitis C Strategy, this Partnership represents a blueprint to 'engage priority populations in education and awareness of HCV' through integrated services. The model could readily incorporate HCV care for all, not only PLHIV, utilizing existing networks. Stronger Partnerships with the HCV sector will enhance this response. The future inclusion of Nurse Practitioners will enable collaborative expansion to test, treat and cure HCV.

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