social outcomes

PREPARING FOR THE FUTURE FUNDING OF ELIMINATE HEPATITIS C AUSTRALIA

PHASE 1: LAYING THE FOUNDATIONS EXECUTIVE SUMMARY

JULY 2020

Executive Summary

This discussion paper lays the foundation for a process designed to identify ways in which ECA might broaden its appeal to funders beyond the life of the current agreement with the Paul Ramsay Foundation. The key question being explored in this paper is whether, and how, the data and intelligence gathered by ECA might have an impact beyond the elimination of HCV, with a view to attracting a broader funding pool. It gathers research designed to inform the development of a revised ECA theory of change and impact measurement framework and support a funding proposal targeting new government commissioners and philanthropy.

The key step towards identifying ECA's broader appeal lies in the fact that the populations most affected by HCV are amongst Australia's most disadvantaged populations. This opens the door to attracting the interest of government and philanthropic funders who are more generally concerned with addressing social and economic disadvantage in Australia.

The paper therefore focusses on identifying issues of potential interest to funders beyond the medical research and health sector, and suggests ways in which ECA might be adapted in order to address those broader social issues. However, as the research also revealed opportunities for ECA to demonstrate additional health impacts of its HCV-related interventions, which may be of interest to health and medical research funders, those are also briefly discussed.

The discussion paper considers the following questions:

- Who are the populations most at risk of HCV?
- What barriers do these populations face in accessing care?
- What can we learn from the social sector's approach to addressing the disadvantage and discrimination faced by these populations?
- How might people be better off if HCV initiatives are delivered into more holistic care systems?
- How might these learnings be applicable beyond HCV?
- How might ECA generate cost savings for governments?
- What are the next steps in this process?

This research process revealed two broad pathways for increasing ECA's appeal to a broader set of funders, taking into account ECA's deep research expertise and partnership capabilities.

1. **Expand the focus on health system interventions to demonstrate impact beyond direct liver-related HCV health consequences (to *deepen* the pockets of health funders)**

   ECA could continue its course of demonstrating the health and economic case for shifting HCV treatment from the tertiary to the primary system, and integrate additional elements demonstrating the potential impact beyond HCV itself. In particular, ECA could incorporate an analysis of how new models of care being trialled within ECA (eg peer based models, client-centred delivery, nurse-led care) can help to address some of the more systemic and institutional discrimination and structural barriers experienced by marginalised populations within the health system, and therefore improve engagement with the health system more generally.

   To attract a deeper pool of health funding, ECA could also consider expanding its analysis to examine the impact of this approach on:

- the multiple non-liver related comorbidities experienced by those with HCV (e.g. diabetes and cardio-vascular disease); and
- other diseases which disproportionately impact disadvantaged populations and have a similar treatment profile (e.g. other blood-borne viruses, vaccine preventable diseases).

2. **Intentionally engage in service systems designed to address the social determinants of HCV (to *broaden* the potential funding base)**

   The populations most at risk of HCV are amongst Australia's most vulnerable populations. The research applying the social determinants of health to HCV elimination efforts suggests that the effectiveness of interventions designed to treat HCV may be limited unless they are delivered in a context that *als*o seeks to address both the social determinants of the disease and the social and structural barriers experienced by those populations when engaging with the health and social systems.

   The paper provides some case studies describing attempts to create those holistic environments and address those barriers. It also suggests the possibility of adding HCV treatments into some of these environments to test the hypothesis as to whether delivering HCV treatments within those contexts positively impacts HCV elimination, as well as other quality of life and social outcomes. A partnership between innovative service delivery systems and first-class research partners like those in ECA could be of significant interest to a broader set of government and philanthropic funders.

These two broad strategies are not mutually exclusive. Indeed, the evidence reveals a strong common thread highlighting that, as with other diseases and health conditions that disproportionately impact people experiencing disadvantage, people with HCV are less likely to seek help to prevent, test for and treat such diseases. This is partly due to their experiences of stigma, discrimination and other structural barriers within the healthcare system, and partly because of the impact of social exclusion and instability. If a person is unemployed, unable to afford food, experiencing housing insecurity, and has a mental illness, less urgent health issues like chronic HCV, are more likely to take a lower priority in that person's life.

Thus, this paper also asks whether engaging the key populations in a successful course of HCV treatment delivered in a holistic and supportive service system might give individuals the confidence to engage with other supports through a similar platform and therefore become the catalyst that improves that person's overall wellbeing. It is a big claim, but testing the hypothesis could have broad reaching impacts and ECA is better placed than most to conduct this kind of research. This may appeal to funders.

Finally, we note that government funders in the social service delivery sector are increasingly interested in the cost savings which can be generated by new approaches to social issues, and may be more likely to fund programs where those savings are substantial. This may be particularly important in the context of new service approaches which may be more expensive, at least initially, than the business-as-usual delivery systems. While the modelling of cost savings is not meaningful until the delivery, approach, outcomes, goals and measurement frameworks are decided, the report includes high level data highlighting the significant costs currently generated by the high-risk HCV populations to illustrate the baseline cost of 'doing nothing'.