
Refreshing Healthy Pathways Forward: a Strategic and Integrated Approach to Viral Hepatitis in BC

October 26, 2016

Mikhail Torban

Robin Yates

Gina McGowan

Ministry of Health



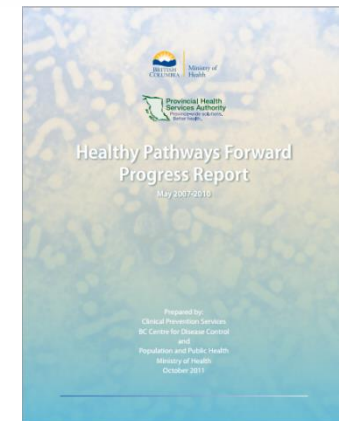
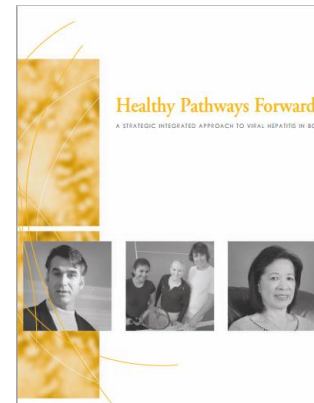
Healthy Pathways Forward (HPF)

2007 HPF Strategy

- Systems response to hepatitis A, B and C

2010

- Incidence decreasing, improved testing
- More work needed for people leaving corrections, new immigrants, refugees
- More work needed in certain settings (e.g. correctional facilities)
- Tripartite approach to First Nations Health



Refresh of HPF Policy Framework

- Refreshed strategy to incorporate novel strategies and biomedical advances, and lessons learned from other communicable disease responses in BC
- Ensure a comprehensive response that accounts for multiple issues that may be faced by people affected by viral hepatitis

Caring for people, not a disease.



Engagement Sessions

- Formal engagement sessions:
 - Northern, Vancouver Coastal, Fraser, Interior and Vancouver Island regions,
 - A focused session on Aboriginal Health
 - A focused session for organizations with a provincial mandate
- Informal engagement with other partners along the way that work in particular areas of viral hepatitis,
- Reconnecting with partners on specifics related to actions/measures (Feb/March/April)



Who did we engage with?

- ❑ People with lived experience
- ❑ Community based organizations working with people affected by hepatitis B, C and HIV
- ❑ Public health (medical health officers, communicable disease nurses, vaccines)
- ❑ Primary care/chronic disease
- ❑ Harm reduction, mental health/substance use staff
- ❑ BC Corrections
- ❑ Specialist care, including hepatology, infectious disease gastroenterology and addictions physicians and nurses
- ❑ First Nations Health Authority (central and regional), First Nations Health Directors and other Aboriginal partners
- ❑ Other service providers and researchers



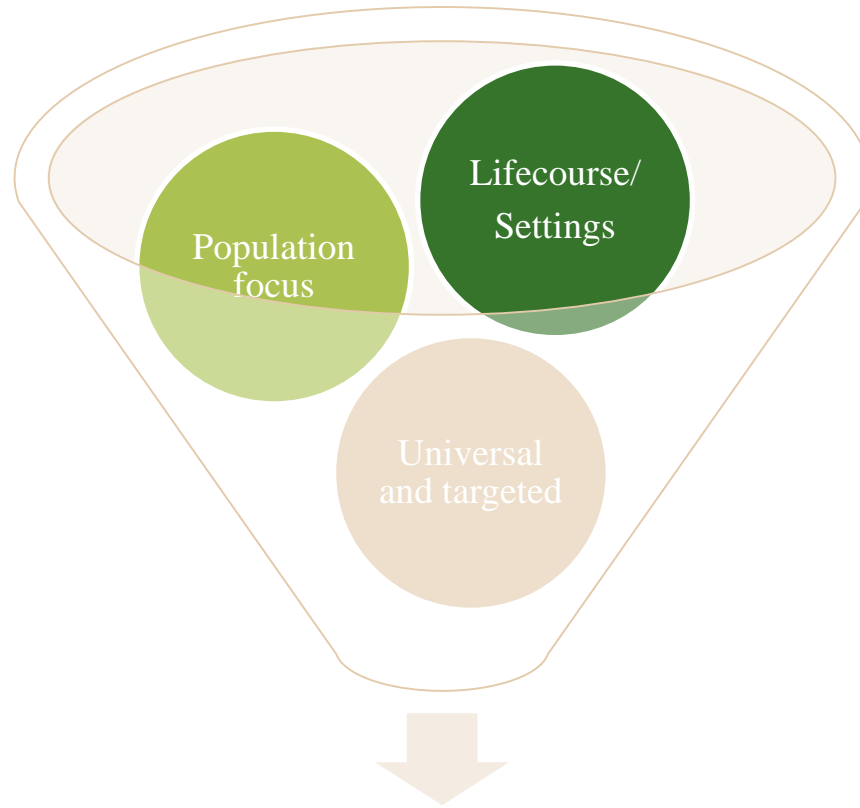
Themes from Engagement 2015/16

- Integration of viral hepatitis prevention, testing, care within a broader STBBI approach, and embedded into care for addictions, mental illness care, and broader social issues
- Ensuring *equitable outcomes* for all British Columbians
- Acknowledgement of the *social factors affecting health* outcomes, including housing, transportation, food security
- *Reducing harm* from viral hepatitis and associated harms from substance use
- Improving *treatment capacity*
- *Stigma and discrimination* is a barrier to care, particularly that which is experienced in the health care setting



Refreshed HPF – Two Pillars

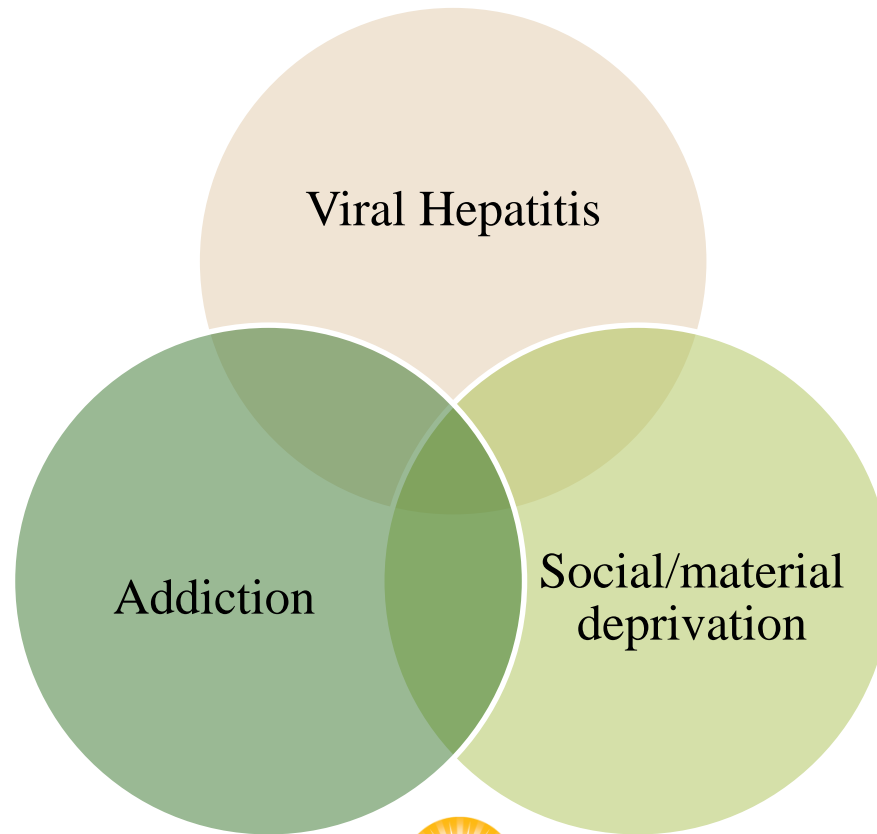
DRAFT



Equitable health outcomes

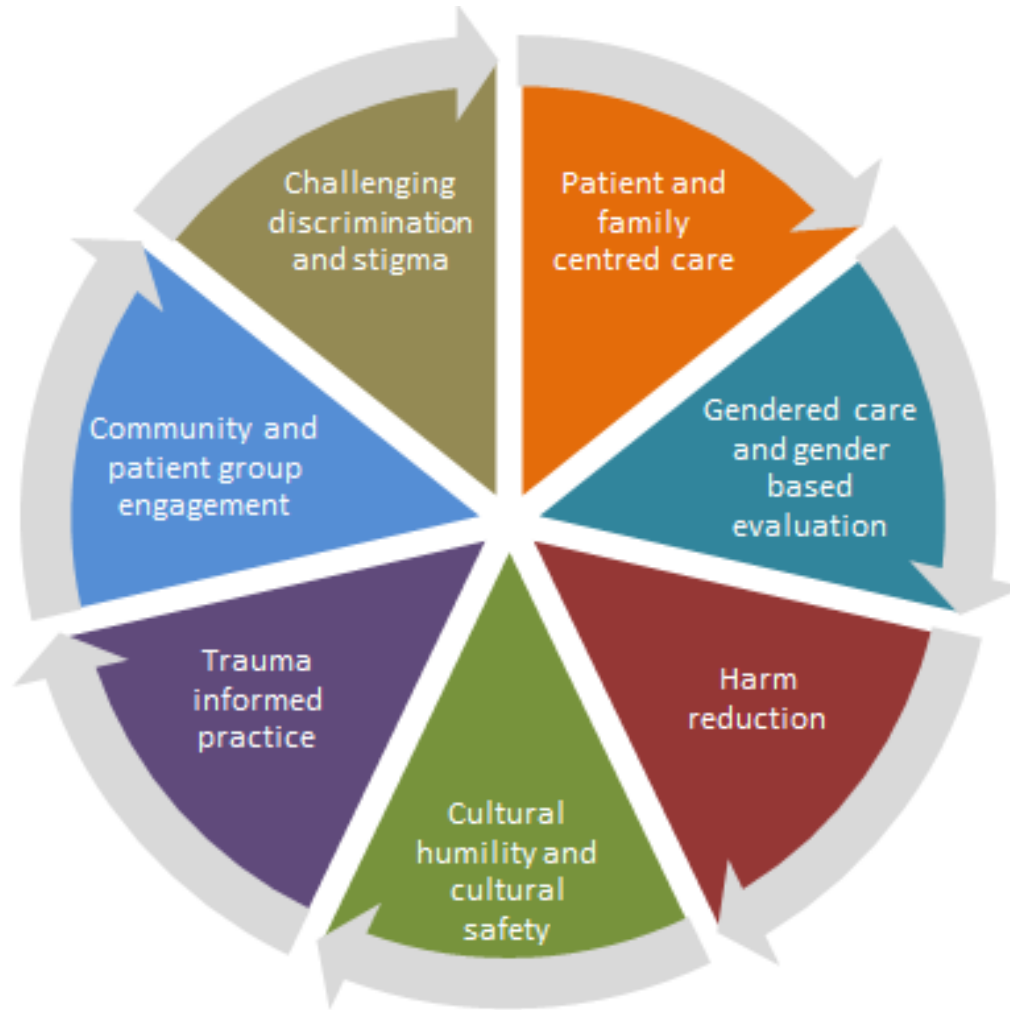
Syndemics

DRAFT



Draft Guiding Principles

DRAFT



DRAFT: Priority Actions Along the Continuum

PREVENTION:

Immunization (HAV/HBV)
 Harm Reduction
 Care for people who use drugs
 Preventing HCV reinfection

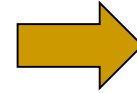
Assures Across the Cascade

LINKAGE TO CARE

Primary care capacity
 Non invasive liver staging

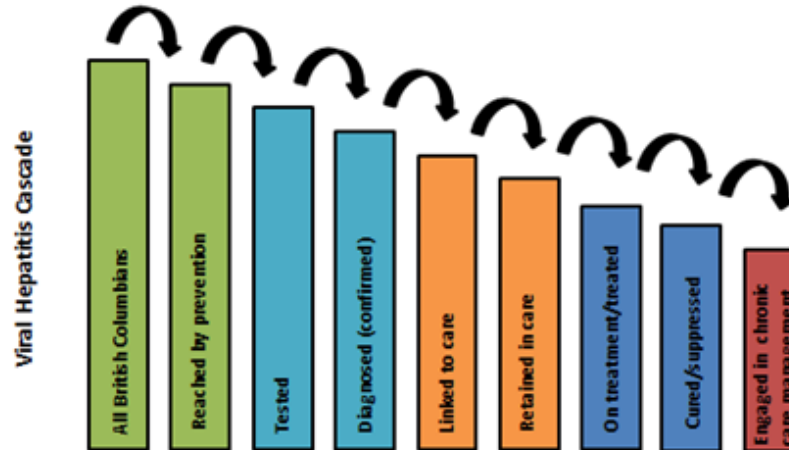
TREATMENT

Population equity
 Enhancing treatment through primary care



DIAGNOSIS

Increase testing by population
 Confirmatory RNA HCV



TREATMENT OUTCOMES

Integration with social supports
 Viral suppression (HBV)
 Confirmatory testing after treatment (HCV)

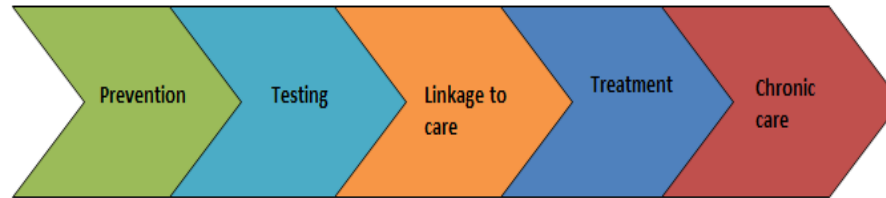
PREVENT DISEASE PROGRESSION

Engagement in primary care
 Alcohol harm reduction

DRAFT

Additional Population Focus

DRAFT



- Work with FNHA to develop an approach to HCV designed by and for *First Nations and Aboriginal people*
- Improve prevention/testing/outcomes and linkages to regional services for *people in correctional facilities*
- Work with community to develop a response to care for *people who come from areas where HBV or HCV is endemic*



Any questions?

Mikhail.torban@gov.bc.ca

