

Closing Remarks

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NYS HCV Elimination Annual Progress Report Meeting
May 15th 2024

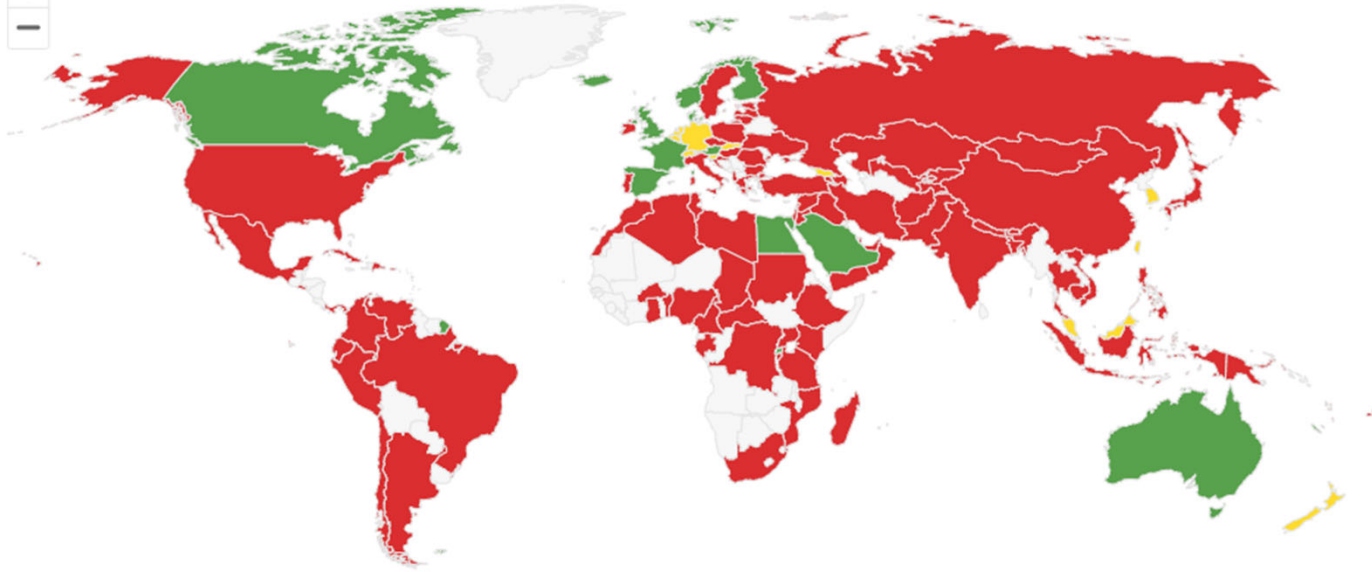


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The national and global path towards HCV elimination is a story of divergent stories



Countries/Territories Achieving Relative or Absolute Impact and Programmatic Targets — HCV
(Trending 2022 Data)



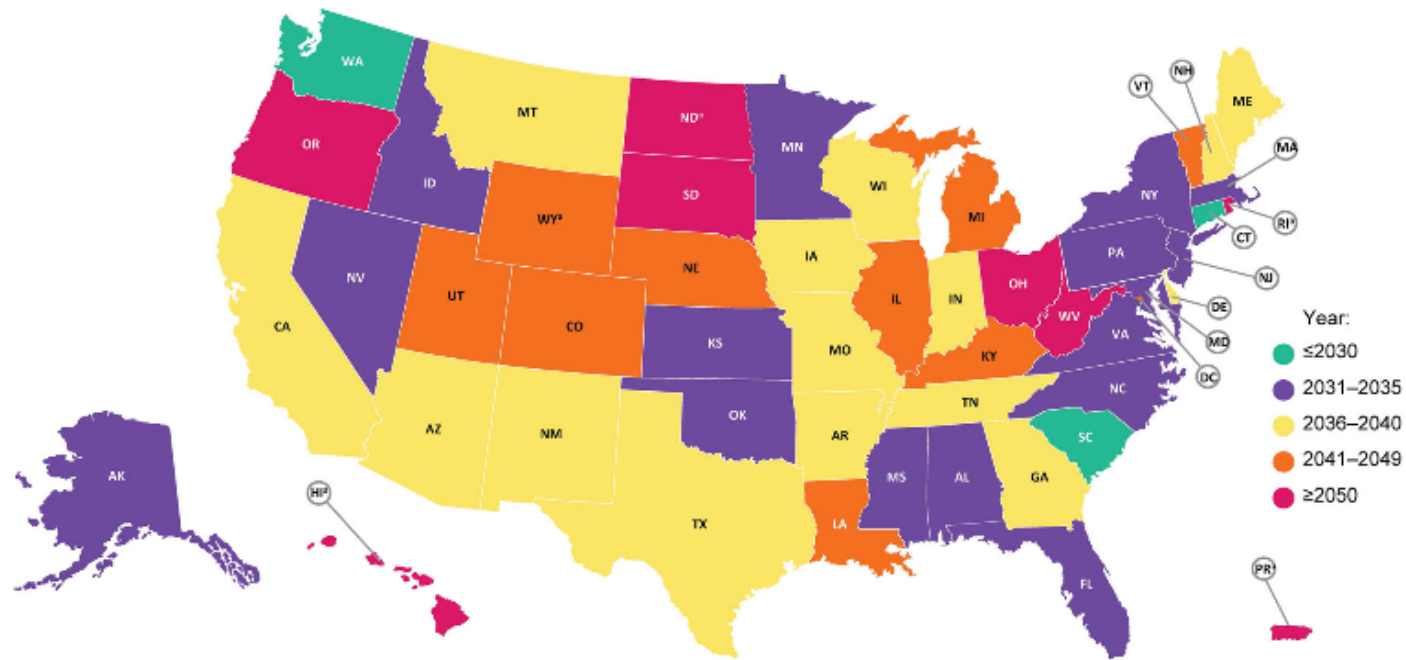
● Not On Track ● Working Towards ● On Track

From the Polaris Observatory (<https://cdafound.org/polaris/>)

On Track for Achieving Relative or Absolute Impact and Programmatic Targets by 2030

| | | |
|-----------|---------|----------------|
| Australia | Austria | Canada |
| Denmark | Egypt | Spain |
| Finland | France | United Kingdom |
| England | Iceland | Malta |
| Norway | Rwanda | Saudi Arabia |

<https://cdafound.org/polaris-countries-maps/>



*The estimation may be less accurate owing to the small number of HCV patients in the area.
HCV, hepatitis C virus.

Paper reference:
Sulkowski et al 2021
doi: 10.1007/s12325-020-01535-3

What creates an environment for successful innovations in HCV prevention and treatment?

- Relationships between community / providers / CBOs
- Public resources and motivation
- Access to healthcare
- Access to testing and treatment
- Access to harm reduction services
- Access to MOUD
- A stable social safety net

In this context, we can do great work:

In the OTP session we saw:

- Methadone clinics with dedicated HCV-focused staff
 - Staffing that INCLUDED people with lived/living experience, people focused on navigation, and people focused on medical treatment
- Workflows and metrics for monitoring the care cascade
- Highly successful treatment outcomes
 - 56%-96% SVR12, with lower end largely driven by missed SVR12

In the Health Center session we saw:

- FQHCs leveraging information technology to monitor progress and treat patients
- Electronic Health record workflow
- Successful telehealth treatment models
- Leadership of Community Health Workers

In the Carceral Settings session we saw:

- Local carceral settings establishing testing and treatment programs
- Which often involved expansions of scope and staffing, partnerships with external agencies
- Bringing the HCV cascade into ATI programs

For all the interventions we heard about today, I will go home and ask myself:

How can we make this the way it always works?

...even at other programs?

...even when the grant is over?

...even when our beloved champion changes jobs?

...even if there's a new mayor / governor / president / whomever

For all the interventions we heard about today, I will go home and ask myself:

How can we make it easier for people and programs to do the right thing, even if they aren't the "champions"?

Expanding reimbursement options in non-traditional settings

Funding essential clinical services like coordination and navigation

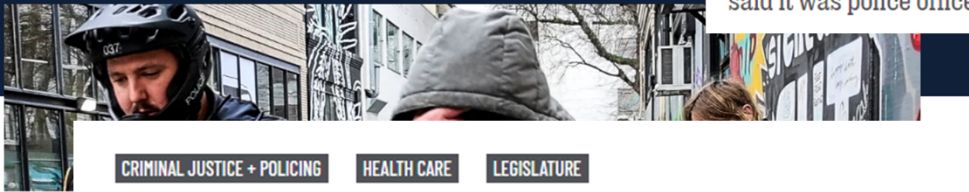
Minimize barriers to medication delivery

Now what happens?

We cannot take for granted that the public context that allowed you (us) to do these cool things will last forever...

Oregon re-criminalizes small amounts of hard drugs after 2020 voter initiative overturned

Under the new law, possession of small amounts of drugs such as heroin or fentanyl will be as a misdemeanor and punishable by up to six months in jail.



CRIMINAL JUSTICE + POLICING

HEALTH CARE

LEGISLATURE

POLITICS > PHILADELPHIA

Philly police and city workers dismantled a Kensington encampment Wednesday

City officials had previously said the encampment clearing would be led by outreach workers, but witnesses said it was police officers who escorted away advocates and people living on the streets.

Fentanyl bill criminalizing possession follows fear, not science, critics warn

BY: CAMALOT TODD - JUNE 16, 2023 9:13 AM

San Francisco appears to pass measure for welfare recipients to be drug-tested

British Columbia

Toronto

Ontario pauses new supervisory approvals pending review

Hundreds march in support of safe supply following arrests of 2 Vancouver drug activists

The founders of the Drug User Liberation Front were arrested Oct. 25



[Darryl Greer](#) · The Canadian Press ·

Posted: Nov 03, 2023 10:59 PM EDT | Last Updated: November 3, 2023

We cannot take for granted that the public context that allowed you (us) to do these cool things will last forever...

And SO we need to use our influence, intelligence, and voices to guard it

In closing

- New York has always been, and continues to be, a national leader in public health programming for HCV
- We have some of the smartest, realest, most passionate people in the world who have given their all to this for decades – this is why we will succeed at HCV elimination, IF we're empowered to do the work.
- We need to maintain a supportive federal and state environment for harm reduction, HCV, HIV, housing, and so much more. We cannot take our progress for granted –we need to push for more; and sometimes to push back

Thank you

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