

# **“There’s too many steps when people are homeless” barriers and enablers to hepatitis c treatment among people who are homeless and unstably housed**

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**Background:** Direct acting antiviral (DAA) treatment for hepatitis C virus (HCV) has very high cure rates including among people who inject drugs. However Australian and international studies have consistently reported lower treatment uptake among people who are homeless and unstably housed. We aimed to qualitatively explore the barriers and enablers to HCV treatment among this group.

**Methods:** Health service providers (n = 6) and people with lived experiences of homelessness or unstable housing and HCV (n = 4) were recruited in Melbourne, Australia. Semi structured one on one interviews were conducted to explore participants' experiences and perspectives on the barriers and enablers to HCV treatment. These data were analysed using a reflexive thematic analysis using a descriptive phenomenological approach.

**Results:** Key themes on the barriers to treatment identified by participants included: (1) the difficulty of prioritising HCV, (2) negative perceptions of HCV and its treatment, (3) the challenge of sustaining engagement and education and (4) system barriers in and between services. Key themes identified as enablers to treatment uptake included (6) incentivisation and (7) scaling up rapid-testing and peer-led programs in community health centres.

**Conclusion:** These findings indicate barriers are present throughout the care cascade for HCV treatment. Greater efforts must be made to support individuals attending services by addressing surrounding challenges of insecure housing, reducing stigma in service settings, recognising the value of peer workers, and expanding rapid point of care testing into further settings including homeless services.

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