

# Building capacity and enthusiasm to evaluate hepatitis C elimination strategies in community organisations: learnings from a national implementation program.

## Authors:

Dawe J<sup>1</sup>, Richmond J<sup>1</sup>, Wilkinson AL<sup>1,2</sup>, Pedrana A<sup>1,2</sup>, Doyle J<sup>1,3</sup>, Hellard M<sup>1,2,3,4</sup>, Stoové M<sup>1,2</sup>

<sup>1</sup> Burnet Institute, Melbourne, Australia, <sup>2</sup> School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, <sup>3</sup> Department of Infectious Diseases, Alfred Health and Monash University, Melbourne, Australia, <sup>4</sup> Doherty Institute and Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia

**Background:** The Eliminate C Australia (ECA) partnership funded community organisations to implement innovative hepatitis C virus (HCV) programs to contribute to the overall goal of HCV elimination. High-quality evidence of what works to increase HCV testing and treatment is needed, but often stymied by limited monitoring and evaluation capacity within community organisations. We highlight processes that supported the feasibility and utility of research organisations working with community organisations to build a strong evidence base for HCV elimination.

**Methods:** The ECA partnership provided funding to 12 community organisations across Australia to implement HCV programs, and supported them to evaluate these programs. ECA embedded staff, shared resources, and worked collaboratively with organisations to develop tailored program logics and evaluation plans, and reviewed and refined evaluation plans over the life-cycle of projects. ECA provided technical support at no-cost, including evaluation theory and skills training, support with formal reporting, dissemination of evidence, and development of funding applications.

**Outcome/Results:** Between 2019–2021, ECA provided \$2m in funding to 12 community-based programs across five jurisdictions. Types of programs included workforce development, linkage to care, HCV outreach, and peers and incentive programs. All 12 projects successfully implemented and reported against their program logic and evaluation frameworks. Community organisations were enthusiastic about applying robust monitoring and evaluation strategies, and remained highly engaged throughout project implementation. Projects reported sustained improvements in their organisational monitoring and evaluation capacity.

**Conclusions/Applications:** We demonstrated that research organisations can transfer evaluation skills to community organisations. With a partnership approach and a focus on sustainability, ECA built the monitoring and evaluation capacity within community organisations, embedding processes to generate high-quality evidence of program effectiveness in non-research settings. Future programs which fund community organisation activities should employ a collaborative, partnership approach to building the evaluation capacity within organisations to ensure robust evidence is generated.

**Disclosure of Interest Statement:** AW's institute has received speakers' honoraria from AbbVie for activities unrelated to this work. JSD's institution has received consulting fees from Gilead Sciences, AbbVie and Merck. JSD's institution receives investigator-initiated research funding from Gilead Sciences, AbbVie, Merck and Bristol Myers Squibb. MH is the recipient of a NHMRC Investigator Grant and has received investigator-initiated research funding from Gilead Sciences and AbbVie. MS is the recipient of a NHMRC Senior Research Fellowship (Commonwealth Government) and has received investigator-initiated research funding from Gilead Sciences and AbbVie and consultant fees from Gilead Sciences for activities unrelated to this work.