

# JOURNEYS TO WELLNESS

## Prairie Hepatitis C Roadmap



# SASKATCHEWAN SUMMARY

### What's working?

**On Track** for meeting WHO targets:

- ✓ DAA prescribing count surpasses targets
- ✓ Hep C reflex\* RNA testing
- ✓ Community engagement is a central pillar of SK's approach to addressing hep C

### What's not working?

SK has **DOUBLE** the national rate of cases (38.3 versus 19.7 cases per population) (7)

The 20% reduction in new cases between 2015 and 2019 fell short of the 30% target reduction. (7)

**20%**  
Between 2015 and 2019 in SK there was a 20% reduction in reported cases of hep C.

\*refers to laboratory testing performed subsequent to initial test results used to further identify significant diagnostic information for appropriate patient care

**NOT** on Track for these WHO targets:

- ✗ No strategy or plan in place
- ✗ Rolling back of harm reduction programs

### Where is the opportunity for change?

- Increase access to prevention resources, including harm reduction equipment and information for safer sex and drug use. Creating resources in First Nation, Métis, Inuit and other languages provides community organizations with resources to develop their own resources
- Implement enhanced hep C policies and protocols that facilitate access to treatment and support for people entering incarceration (including remand) facilities
- Unite approaches and policies across sectors (e.g., health, education, social services, justice) and prioritize upstream approaches that help address the social and structural determinants of health

**INVEST IN** awareness AND prevention

Opportunities, like those identified by the WHO, to implement cost-effective interventions such as NSPs and opioid agonist therapy (OAT), reduces the risk for hep C infection by up to 74%.