HEPATITIS C TESTING AND TREATMENT SCALE-UP IN PRISONS
PLANNING CHECKLIST

The following items should be considered during the planning phase:	Tick when completed
1. Understand the legislative and policy framework	
What are the policy constraints?	☐
What are the financial limits on testing numbers?	☐
What are the financial limits on treatment numbers?	☐
How supportive are local corrections and health authorities?	☐
2. Understand the prison environment	
What restrictions are in place on accessing prisoners (to come to the health clinic)?	☐
What restrictions are there on available health clinic space?	☐
What is the frequency of prisoner movements (from prison to prison, or release to freedom)?	☐
3. Understand the prisoner population	
What are the characteristics of the prisoner population? (e.g. how many prisoners, average duration of stay, breakdown of security classifications)	☐
What are the characteristics of prisoner health? (e.g. prevalence of hepatitis C, prevalence of risk behaviours, access to harm reduction measures)	☐
4. Understand the existing hepatitis C testing and treatment services	
Which organisation provides hepatitis services?	☐
What hepatitis C education is provided to prisoners, healthcare providers, and correctional staff? (what are the baseline knowledge and attitudes regarding hepatitis C and its treatment for prisoners?)	☐
What is the model of hepatitis care? Who provides each element, and how efficient is it?	☐
How is dispensing of hepatitis C medication managed (e.g. directly observed daily, or self-medication?	☐
5. Engaging the stakeholders and formulating the plan	
Have influential key correctional and healthcare decision makers and influencers been engaged?	☐
Has a multidisciplinary steering committee been formed?	☐
Has a partnership between stakeholders been formalised?	☐
Have shared targets and performance indicators been agreed?	☐
Has the scale-up plan been drafted and approved by stakeholders?	☐
6a. Issues specific to correctional authorities	
Workforce: what is the projected additional allocation of correctional officers needed? Can this be covered by the existing pool of staff, or is recruitment of new staff needed?	☐
Other resources: what are the other additional budget items required? (e.g. rent of physical space, preparation of data, staff time, prisoner time away from work, prisoner incentives)	☐
Data collection and information systems: what data are readily available? (e.g. prisoner movements, number of feasible escorts per day). Are there any information gaps? Can reports be generated regularly to extract data? Can correctional data be linked to health data? Is a systems upgrade needed?	☐
Communication, education, and special populations: has a communication plan been developed? Are stigma and misinformation around hepatitis C evident? Are there ethnic minorities and prisoner sub-populations which may required targeted education?	☐
6b. Issues specific to health services	
Workforce: can the model of hepatitis care be simplified, including by task transfer away from specialist physicians?	☐
Other resources: what are the costs are involved? (e.g. ancillary staff time, pathology tests, pharmacy services, medication, fibro-elastography machines, education, and training)	☐
Data collection and information systems: is an electronic health and pathology record system for extracting data available? Is IT support available? Is an upgrade to information systems needed?	☐
Communication, education, and special populations: has a communication plan been developed? Are systems for staff handover of patients in place? What staff education and training is needed, including for ancillary staff? Which prisoner groups should be targeted and prioritised?	☐