Monitoring and evaluation of prison-based hepatitis C programs

When running a prison-based hepatitis C program, it's vital that you collect quality data. This will enable you to demonstrate the value of the program to key stakeholders including funders, which will help them decide whether to continue funding the program. Your ability to collect and present data as meaningful results can also support future projects and associated funding opportunities.

When deciding what data to collect, consider the needs of your stakeholders. Make sure you're collecting data that will be of interest to them, and that will help them identify whether their goals have been met through the project. For example:

- Health departments want to see whether it's both effective and cost beneficial to roll out prison-based hepatitis C programs
- Departments of justice/correctional services may want to ensure the safety of people in prison, reduce long-term healthcare costs, and prevent the spread of the virus both in prison settings and the broader community.

Here are some ideas for types of data that may be useful:

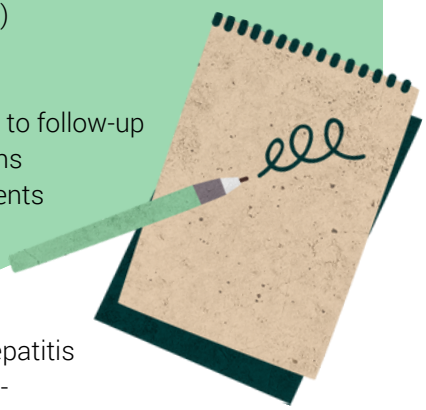
Quantitative data

Quantitative data is numeric information that can be counted. In a hepatitis C program, you may want to count things such as:

Prison characteristics:
- Total number of people in prison
- Number of receptions
- Number of transfers
- Number of releases

Costings data:
- Costs for testing devices
- Costs for pathology
- Cost of treatment

Care cascade data:
- Number of hepatitis C antibody tests
- Number of hepatitis C RNA (confirmatory) tests
- Number of positive antibody and RNA test results
- Number of people initiated on direct acting antiviral (DAA) treatment
- Number of people achieving sustained virological response (SVR) (cure)
- Time from test to treatment initiation
- Number of those lost to follow-up
- Number of reinfections
- Number of re-treatments



These data would be helpful to record at both the individual prison level as well as the jurisdictional, regional, and/or national level. Quantitative data can help you assess your hepatitis C program's impact, the points of attrition along the hepatitis C care cascade, and the cost-benefits of the program. It is important to ensure there is ongoing monitoring and quality improvement processes in place.

Qualitative data

Qualitative data is non-numeric data that seeks to answer the 'why' and 'how' questions. You might collect this data by interviewing people in prison and/or stakeholders who were involved in your hepatitis C program (i.e. correctional officers, healthcare workers etc), either one-on-one or in a group setting. You might ask questions like:

- Why did you choose to get tested or not tested?
- What persuaded you to take treatment?
- What's been your experience of the program?
- Why do you think others don't want to get tested?
- How do you feel about having cleared the hepatitis C infection?
- What factors do you think might lead to reinfection?

Qualitative data can be powerful in telling the stories behind your hepatitis C program, and putting the human experience into perspective, in support of the quantitative data. They can also help you to understand barriers or opportunities to engage people that you may not have identified without talking to them.

Tips for collecting data

- Some of the data you need may be centrally coordinated by prison authorities including the prison administration and the health authority. You may need to work with the prison administrators to identify where this data is managed, and whether/how you can access it
- Partnership with both health and prison administration is key to successful data collection
- The literacy and health literacy (knowing, understanding, analysing, and acting on health-related issues) among key stakeholders may be low. This should be considered when collecting information
- Consent must be obtained where required
- Confidentiality is of the highest priority. People in prison may be unwilling to participate in your hepatitis C program if they perceive any risk that their results may be personally identifiable or able to be accessed by anyone else in prison, including staff

Who collects the data?

One of the challenges of running a prison-based hepatitis C program is that your access to people in the program is limited and highly controlled. Although medical staff will have some access at certain points, and researchers may find it challenging to conduct one-on-one interviews.

Community-led monitoring is a strategy that may be useful in prison-based settings. This means that people in prison could volunteer to collect and report data using a structured template (with approval of the relevant authorities). This approach may provide greater access to gather and record both quantitative and qualitative data.

What to do with the data you collect

Both qualitative and quantitative data are crucial for advocating the scale-up of hepatitis C services in prisons. Quantitative data, such as infection rates, treatment outcomes, and cost-benefit analyses, can be used to build strong evidence-based arguments to secure funding and resources, design targeted interventions, and set measurable goals for program implementation.

Qualitative data, including personal narratives and insights from stakeholders, can be leveraged to identify and address specific barriers to care, improve service delivery, and tailor educational campaigns to resonate with the prison population. By combining these data types, advocates can create comprehensive strategies, inform policy decisions, and foster stakeholder support for enhancing hepatitis C services in prison settings.

Key performance indicators

There are no currently agreed upon global Key Performance Indicators (KPIs) for viral hepatitis specific to prison settings. However, standards for monitoring in prisons should be at least equal to those in the community. Targets for the elimination of hepatitis C globally have been developed by the WHO, examples can be found HERE and HERE.

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