# Community Supported Hepatitis C Treatment Model in Provision of Care for PWID in Ukraine

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## Epidemiological background: Hepatitis C in Ukraine

- **Population**: 43 million
- **8,9%** prevalence of CHC among adult population (*V.D. Hope, I. Eramova. D. Capurro, 2013*) (3,5m)
- Estimated # of **PWID** in Ukraine is **310,000.** Main injectable drug of abuse – acetylated poppy straw extract (opioid), methamphetamine-type drugs are also prevalent
- **HCV prevalence** among **PWID is 55%** (AU, BBS 2013)
- PWID receiving **OST** - 8 385 (55% HCV positive, n=4 606)

# First Pilot Project: Hepatitis C Treatment in Ukraine

**Project period:** 2013-2015

**Key Populations**: HIV/HCV Co-infected OST patients

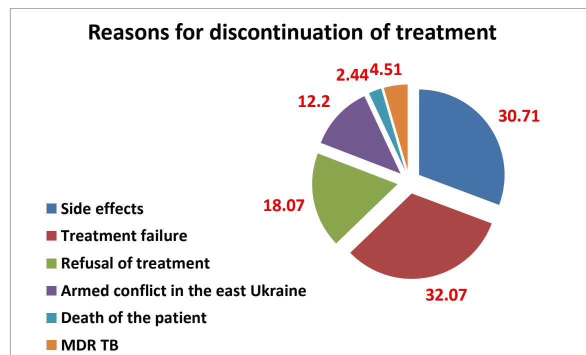
**Treatment regimen:** Peg-IFN+RBV

**Treatment model: s**ocial support conducted by Alliance's partner NGOs, including:
- awareness-raising and psychological counseling,
- peer consultations, counseling patients' relatives,
- distribution of informational materials and condoms,
- assistance in receiving ART and OST
- referring to the infectionists and other doctors, helping diagnose TB, support in resocialization.

**Treatment sites:**
- National Clinic of Institute of Epidemiology and Infectious Diseases;
- 9 AIDS Centers in following regions/cities: Kyiv, Vinnitsa, Donetsk, Dnipro, Luhansk, Poltava, Sumy, Mykolaev, Kharkiv.

**Treatment outcomes:**
**November 2015**
- **145** patients enrolled
- **77** successfully completed treatment
- **68** discontinued treatment

**Genotyping**: **1 -** 56%**; 2-** 6%**; 3** - 38%




## Scaling up accessible and effective HCV treatment through community-supported treatment model for most vulnerable populations in the resource constrained Ukraine

**Project start:** April 2015

**Geographic scope:** starting from 8 healthcare institutions in 7 regions of Ukraine Project will cover overall 1 689 patients in Ukraine.

### Main objectives:

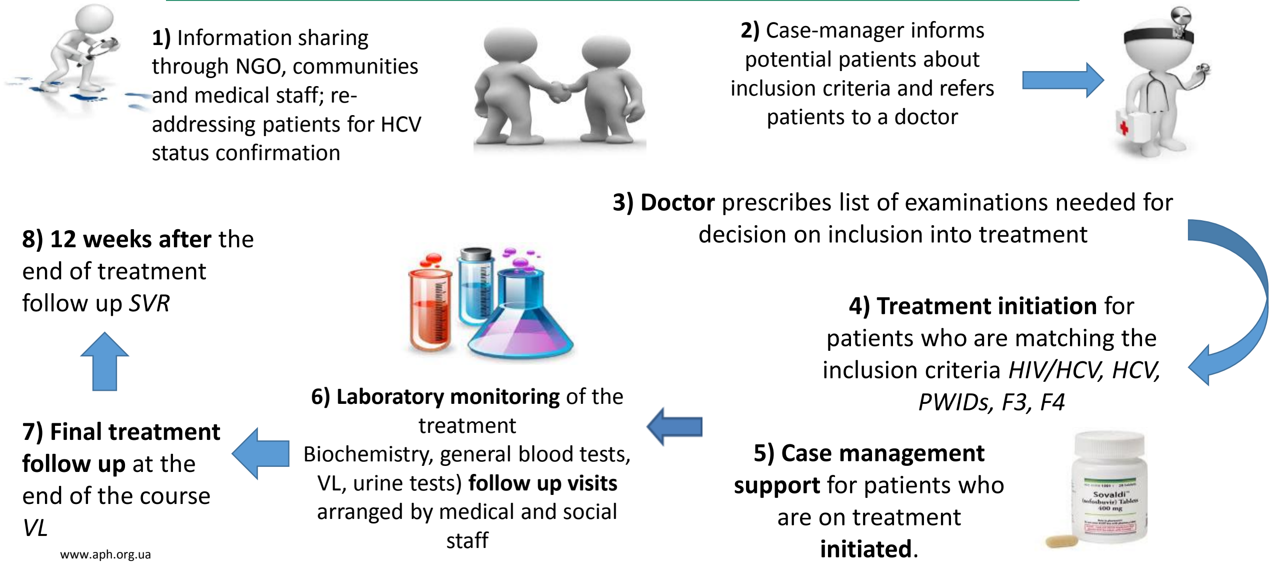
- Organization of community-supported DAAs-based HCV treatment model for MARPs
- Support and access provision to laboratory diagnostics for treatment monitoring and follow-up
- Operational research to identify the most effective model of HCV treatment for MARPs with DAAs
- Integration of DAAs into National HCV treatment protocol

**Key populations**: PWID, OST, CSW, MSM.

**Inclusion criteria**: Fibrosis≥ F2 (priority F3, F4), METAVIR

**Implementation phases:**
Phase 1 – 250, 8 healthcare facilities
Phase 2 – 689, 19 healthcare facilities (14 oblasts, incl. Kyiv City)
Phase 3 – 750, 21 healthcare facilities (14 oblasts, incl. Kyiv City)

## Hepatitis C treatment care model

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## Main tasks of community supported model (I)

- ❑ Provision of **pre-treatment support to patients** including counseling on inclusion criteria, options of diagnostics, medicines that will be used in program.
- ❑ **Maintaining treatment adherence** on a high level:
  - ✓ Applying elements of case-management approach in provision of patients' support during the treatment period
  - ✓ Follow up with patient on taking medications timely, attending appointments and comply necessary lab examinations according to the treatment schedule
  - ✓ provision of emergency appointment
  - ✓ Informing patients about drugs safety issues
- ❑ Provision of timely SVR 12 weeks HCV VL testing

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## Main tasks of community supported model (II)

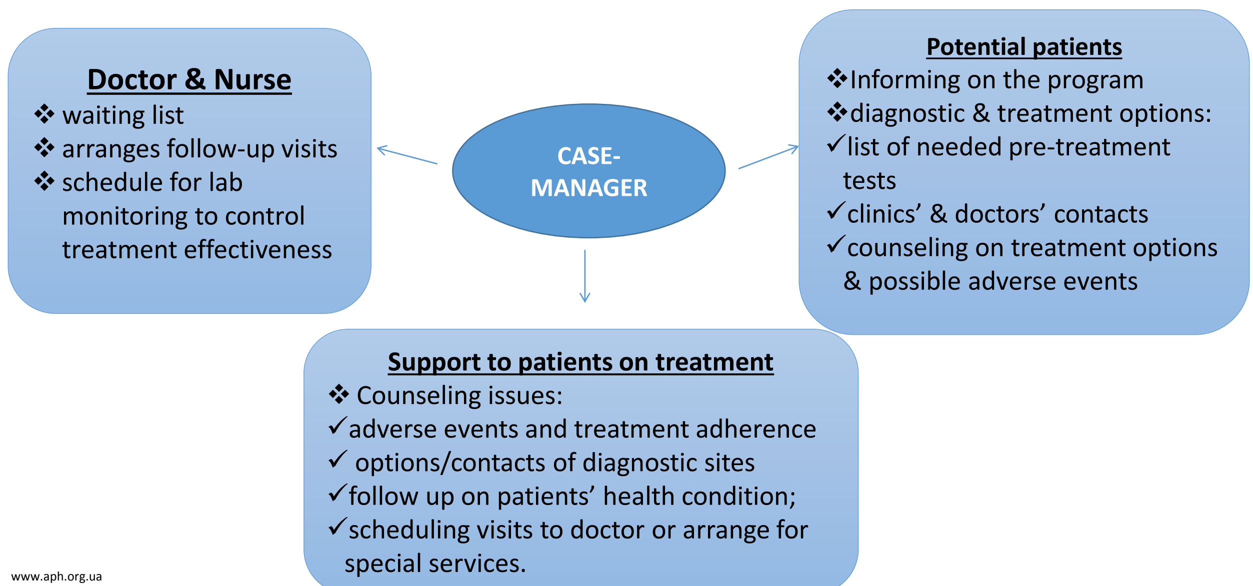
Alliance for Public Health

- **Re-infection prevention**
  - ✓ Referral, linkage and provision of access to harm reduction program:
    - Needles, Syringes Program (NSP)
    - Opioid Substitution Treatment (OST)
    - Condoms Distribution (CD)
  - ✓ Safe health behavior intervention aimed to increase awareness on Hepatitis C risk factors that level up patients' motivation to reduce personal risks of re-acquiring HCV:
    - Informational sessions on HCV transmission
    - Breaking myths about HCV treatment
    - Filling in HCV awareness gaps

- ✓ Work with patients' inner circle (relatives, spouses or friends)

## Interaction map of community case manager

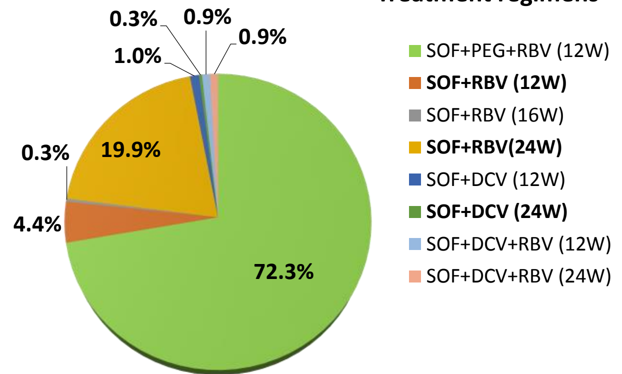
Alliance for Public Health



## Project outputs

**923** PWIDs were enrolled (Jun'15-Jul'16):

- **556** patients have completed course of HCV treatment
- **350** patients continue HCV treatment
- **17** – discontinued treatment (PWID –14, OST-3)
- **93%** (n=860) fibrosis ≥F2 by METAVIR.
- **79%** (n=727) HIV/HCV co-infected
- **97%** (n=703) of HIV/HCV con-infected are on ART
- **92%** SVR 12 (243/263)
- **6** treatment sites are based at Integrated Care Centers (ART, OST, HCV)




**Genotypes distribution:**

| G1 | 429 (46%) |
|---|---|
| G2 | 46 (5%) |
| G3 | 441 (48%) |
| G4 | 7 (1%) |

## Challenges

- ❑ Pre-treatment diagnostics – financial burden for patients *($275 – lab exams+$106 – instrumental tests= $381*)
- ❑ Strong beliefs among patients related to the HCV treatment such as "not effective", "accompanied by lots of side effects"
- ❑ Launching the project revealed a number of healthcare system barriers which slow down rapid scale up: diagnostics, professional level of medical staff, poor patients' awareness about HCV issues etc.
- ❑ Poor access to qualitative diagnostics (laboratory and functional)
- ❑ Limited access to affordable treatment of adverse reactions

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## Conclusions

- ✓ Community-supported treatment model implemented with integration of social support as a part of the HCV treatment care contributes to better treatment adherence and retention.
- ✓ Social support with elements of case management makes patients' path easier through pre-treatment and during treatment period.
- ✓ Community-supported model assures scale up of the access to HCV treatment for PWID through building a strong linkage between hard-to-reach populations and treatment facilities as well as reducing stigma and discrimination.
- ✓ Most of the re-infection interventions are provided and should be assured by community -supported activities like NSP, HCV information sessions, peer support, work with patients' close environment etc.

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## Thank You

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