Developing an optimized model of care
MSF experience

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Outline

1. Overview of MSF projects
2. Project of Cambodia
3. Challenges on the optimization strategies
1-Where MSF treats Hepatitis C

Main target populations:

- HIV+ cohorts

Countries: Mozambique, Uganda, Kenya, Myanmar, India, Uzbekistan
1-Where MSF treats Hepatitis C

Main target populations:

- HIV+ cohorts
- Primary health care
1-Where MSF treats Hepatitis C

Main target populations:
- HIV+ cohorts
- Primary health care
- Specific activities

Countries: Mozambique, Cambodia, Pakistan, Uzbekistan, Myanmar, India, Uganda, Kenya, South Africa, Belarus, Armenia, Iran
1-MSF activities: Key Figures

Since 2013, all sites:

• 50,000 screened patients
• 10,000 patients confirmed with an active HCV infection
• 5,000 initiated HCV treatments
2-Cambodia experience

Project:
• Started in September 2016
• In Phnom Penh
• Within MoH reference hospital
• General Population and HIV co-infected cohorts
• Full model of care based on international guidelines
2-Optimization of HCV care

Main Changes:

- Central Laboratory ➔ Decentralized laboratory
  - Serology screening with Rapid Diagnostic tests
  - HCV Viral load with GeneXpert©
  - Liver staging by Fibroscan©
2-Optimization of HCV care

Main Changes:

• Pan-genotypic & well tolerated treatment
  – Stop Genotyping
  – Simplification of the clinical follow-up
  – Simplification of the biological monitoring

• Focused Counselling
2- Optimization of the flow

- From 16 visits to 8 visits
- Reduced time to initiation
- Decreased workload per patient
- Increased number of treated patients
- Less constraints for the patients
- Impact on the project cost
2-Patients outcomes

• With the full model, among 786 patients, 95% of the patients initiated achieved viral load suppression at 12 weeks post treatment (SVR12).

• With the new model, among 150 patients with outcomes: 95% SVR12.

• With the new model, quality indicators are consistently high:
  – High completion treatment
  – High co-morbidities screening
  – High alcohol assessment
  - High retention to care
  - Appropriate treatment dosage
3-Optimization and Scale Up

• Key Questions
  – Is assessing fibrosis necessary?
  – Which assessment of complications: Cirrhosis & Hepato carcinoma
  – What is the minimum laboratory set, adapted to field constraints?
  – How should we task shift?
  – Which model for rural area/ non-specialized clinics

• Existing Barriers:
  – Registration of quality-assured and affordable DAAs & diagnostics
  – Lack of HCV national programs, guidelines
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Poster from MSF/Access Campaign:
- Oral Poster: **49a**: Identifying the optimal care model for HCV care in Cambodia, and overcoming barriers to decentralization and scale-up (SD5, 2/11 at 1,30 pm)
- Poster **12a**: Hepatitis C: Access Issues & Challenges (SD5)
- Poster **160**: Hepatitis C care in Limited Resource Settings: The experience of MSF (SD 2+3)