Delivering High Quality Hepatitis Services:
HCV Testing, Treatment and Care of People who Inject Drugs

ICF “Alliance for Public Health”

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About the Alliance for Public Health

The International Charitable Foundation “Alliance for Public Health” is non-governmental professional organization making a significant impact on the epidemics of HIV/AIDS, tuberculosis, viral hepatitis and other socially dangerous diseases in Ukraine. In partnership with the government and civil society we provide funding and technical assistance to programs, supporting over 250 000 people from key groups.
Alliance Key Initiatives for PWID (2009-2017)

Ukraine: Epidemiological Background
- WHO estimates 5% of HCV prevalence in Ukraine (2,100,000)
- HCV prevalence rate among PWID in Ukraine exceeds overall average, reaching 56% (2015, Alliance bio-behavioral research)
- Estimated number of PWID is 346,900

Advocacy and awareness raising
- setting advocacy network
- launching national advocacy campaign "Demand Treatment"
- creation of National Program on HBV&HCV 2013-2016
- DAAs price reduction
- attaining laboratory diagnostics
- allocated fundings from the state budget for procurement DAAs

Testing
- HCV and HBV testing incorporated into HIV prevention services
- HCV prevention activities were implemented

Scaling up access to treatment
- DAA-based regimens incorporated into National Treatment Protocol
- HCV treatment with DAAs launched

Capacity building
- physicians and social workers were trained
- 90 NGOs were supported all over Ukraine
- community-based care model was deployed
- performing behavioral research among PWID and their partners
Key advocacy achievements (2009-2017)

- “National Program on HBV and HCV Diagnostic and Treatment 2013-2016” was developed and funded by the Government.
- 15 field viral hepatitis C programs were approved and funded by local governments. DAAs were procured at regional level
- Price reduction for ribavirin, PEG-interferon and DAAs advocated by Alliance.
- Sofosbuvir price agreed by Alliance (900 USD/12w treatment course) became a benchmark for the state procurement. HCV diagnostic prices reduced in a private lab network.
- Sofosbuvir-based regimens integrated in National guidelines and the list of drugs to be procured from the state and regional budgets
- PWID identified as KP in National HCV treatment guidelines
- In 2013, Alliance’s first HCV treatment program in Ukraine launched for more than 150 OST HIV positive patients.
- HCV treatment Project with DAA-based regimens started in 2015, covering over 1900 patients
- HCV diagnostic prices reduced twice in private laboratories
- Video blog (success story) about HCV treatment (SOF-based regimen) in the frames of Alliance treatment program was developed and widely shared in Ukraine and outside
- National HCV hot line was launched. Promotion of the hotline was supported all-over Ukraine as part of WHD activities
- For the first time Harvoni was introduced in Ukraine. Doctors, involved in Alliance treatment program, were trained for PEG-INF free treatment implementation.
Alliance Field Activities (2009-2017)
**Testing Model: HCV Testing among PWID**

- Testing among PWID is integral to comprehensive HIV prevention services package
- About 58 NGOs supported by Alliance provide HCV testing all over Ukraine
- PWID get the following integrated services:
  - counseling
  - HIV, HCV, HBV testing (2010-2014)
  - screening for TB
  - preventive materials: syringes(needles), alcohol wipes, condoms, lubricants
  - navigation to ART, OST

Testing is carried out:
- at syringe exchange points,
- in the premises of NGOs,
- community centers, outreach routes,
- in mobile clinics

### HCV and HBV testing among PWID 2010-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>HCV Tests</th>
<th>Positive Results</th>
</tr>
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<tbody>
<tr>
<td>2010-2017</td>
<td>255641</td>
<td>24%</td>
</tr>
</tbody>
</table>
Treatment Model

**Project** - Scaling up Access to High Quality HCV Treatment through Community-Supported Care Model for Key Populations in Ukraine

April 2015 – December 2017

- Access to HCV treatment with DAAs: 2015 - sofosbuvir; 2017 - ledipasvir/sofosbuvir
- Implementation protocol (Guide)
- Linkage of public health institutions, private laboratories and NGOs
- Trainings for medical and NGO staff
- 50% discount for laboratory diagnostics before treatment and free laboratory monitoring of treatment
- Patients e-register development
- Management of complicated medical cases in communication with international experts
- Operational research “Effectiveness of HCV Treatment Program for MARPs”

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

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

**Geographic coverage**: 25 medical facilities in 19 oblasts

**HCV Treatment Program Partnership**

- **Alliance Ukraine**
  - MOH
  - Partnership
  - Waiver for drugs delivery
- **PHC**
  - MoU and partnership
  - Monitoring
- **NGOs**
  - Partnership on patients enrollment and further support
- **HCFs**
  - Collaborative agreements
  - Diagnostics
  - Treatment

**Not covered**

- Donetsk
- Kherson
- Sevastopol
- Crimea
Multidisciplinary Approach to Patient Oriented Integrated Services

**Doctor & Nurse**
- Consultations
- Diagnostics
- Administering treatment
- Dispensing medicines
- Clinical monitoring
- Laboratory monitoring

**Case manager**
- Counseling
- Scheduling visits to doctors
- Three sessions on re-infection prevention
- Linking ART and OST

**Multidisciplinary team (MDT)**
- Takes joint decision on patients' enrollment

Hello, I am your case manager
Hello, I am your patient
Care Model: community-supported HCV treatment

Step 1: Sharing information
- Sharing information on the Project via NGOs, communities and medical staff; referrals to HCV diagnostic

Step 2: Counseling
- Case-manager informs potential patients from key groups about enrollment criteria and refers patients to a doctor

Step 3: Examination
- A doctor conditions a list of examinations required to take enrollment decision

Step 4: Start of Treatment
- Multi-disciplinary team consisting of a doctor, a nurse and a social worker takes joint decision on treatment regimen

Step 5: Social support
- Social support provided by a case manager; 3 sessions on re-infection prevention

Step 6: Laboratory monitoring
- Laboratory monitoring of treatment in the private laboratory

Step 7: End of Treatment
- End of treatment

Flowchart:
- Step 1 → Step 2 → Step 3 → Step 4 → Step 5 → Step 6 → Step 7
- Loop from Step 7 to Step 1

Key Points:
- Sharing information on the Project via NGOs, communities and medical staff; referrals to HCV diagnostic
- Case-manager informs potential patients from key groups about enrollment criteria and refers patients to a doctor
- A doctor conditions a list of examinations required to take enrollment decision
- Multi-disciplinary team consisting of a doctor, a nurse and a social worker takes joint decision on treatment regimen
- Social support provided by a case manager; 3 sessions on re-infection prevention
- Laboratory monitoring of treatment in the private laboratory
- End of treatment
- Treatment success evaluation
Interventions on HCV Re-infection Prevention (3 sections)

Referral, linkage and access to harm reduction program:

- Needles, Syringes Program (NSP)
- Opioid Substitution Treatment (OST)
- Condoms Distribution (CD)

Safe health behavior intervention aimed at raising awareness on HCV risk factors adherence to treatment:

- Informational sessions on HCV transmission
- Breaking myths about HCV treatment
- Filling in HCV awareness gaps

Communications with relatives, partners, friends
Retaining on Treatment

Adherence to treatment among PWID reached **98.2%**
Only **1.8%** (n=27) PWID patients terminated treatment:

- 10 patients suffered serious adverse events (4 of them re-enrolled on treatment)
- 1 patient discovered cervical cancer, was transferred to oncology center and was re-enrolled on treatment
- 10 patients refused to continue treatment (1 re-enrolled on treatment)
- 1 patient on SOF+RBV 24W had detectable HCV VL at W12
- 5 patients died

<table>
<thead>
<tr>
<th>Cohort Date (n=1530), patients (%)</th>
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<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Median age, years</td>
</tr>
<tr>
<td>HIV co-infection</td>
</tr>
<tr>
<td>out of them receive ART</td>
</tr>
<tr>
<td>HBV co-infection</td>
</tr>
<tr>
<td>PWID on OST</td>
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Lessons Learnt

- Advocacy campaigns can make significant difference (raised awareness, mobilized communities, reduced prices, launched treatment programs)
- HCV testing is a first step on the way to treatment
- Multidisciplinary approach with social support proves to be an effective HCV treatment model
- Social support model, short-term DAA-based regimens (12w) and effectiveness of treatment lead to high retention PWID on HCV treatment
- Scale-up of HCV treatment requires price reductions, governmental commitment and involvement of community
- Integration of HCV services into harm reduction programs gives various benefits (prevalence data, increased access to testing and treatment for PWID, improved treatment cascade)
- HCV services model for PWID should be evidence for the government and other stakeholders in process of national strategy and policy development
I would like to thank my colleagues Liudmyla Maistat, Natalia Kravchenko, Olga Burgay and Alliance HCV Treatment Project Team for their enthusiastic work, wonderful collaboration and valuable input.
Thank You

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