HEPATITIS C TESTING, TREATMENT & CARE
FOR PEOPLE WHO INJECT DRUGS

Lessons from Kenya

Médecins du Monde - Doctors of the World
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Background

- Médecins du Monde is an international health organization which currently implements Harm Reduction programming in 6 countries across Africa, Asia and Eurasia.

- Since 2015, specific focus on access to Hepatitis C services for people who inject drugs (PWID) through an adapted model-of-care, along with advocacy for accessible and affordable treatment.

- From its expertise gained in developing a highly effective HCV model-of-care in Georgia, Médecins du Monde (MdM) in Kenya added a pilot treatment program to its existing Harm Reduction program in 2016, in partnership with Médecins Sans Frontières – Belgium.

- Aim: to demonstrate effectiveness of Direct-Acting Antivirals (DAAs) in treating HCV amongst PWID, with the objective to increase equity in access to DAAs and scale-up HCV treatment for PWID.
Kenya is a major drug-trafficking route in East Africa.

There are roughly 18,000 PWID in the country: 1 of 10 countries with highest numbers of PWID, globally.

HCV prevalence amongst PWID is between 20-40%.

- Limited coverage of Harm Reduction services, reaching only about 40% of the national need.
- Limited access to DAAs in the public health system.
- Since 2013, Médecins du Monde has been providing comprehensive Harm Reduction services through its Drop-in Centre (DIC) and Outreach activities, based in Nairobi.
Model-of-Care

**SCREENING**
Rapid-Testing at the MdM Drop-in-Centre (DIC) and in Outreach sites

**MEDICAL ASSESSMENT**
Blood sample collection at DIC with counselling prior to assessment;
Transportation of samples to laboratory reference

**PRE-TREATMENT PREPARATION**
1 month minimum, through individual and group counselling sessions

**TREATMENT**
Delivered at MdM DIC by nursing and medical team;
Directly-Observed Treatment (DOTs), with defaulters traced through facilitation by Peer-Educators

**POST-TREATMENT**
Counselling and follow-up conducted by nursing, medical and outreach team
emphasis on reinfection
Treatment Approach

- Focus on people who inject drugs
- Both co-infected HIV/HCV and mono-infected HCV
- Both male and female

<table>
<thead>
<tr>
<th></th>
<th>Co-infected HIV/HCV</th>
<th>Mono-infected HCV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Number Screened</td>
<td>130</td>
<td>20</td>
<td>75</td>
</tr>
<tr>
<td>Number Antibody Positive</td>
<td>51</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>Number PCR Positive</td>
<td>40</td>
<td>5</td>
<td>26</td>
</tr>
</tbody>
</table>

- 79 persons included in the program:
  - Genotypes: 70% Genotype 1a; 30% Genotype 4
  - 39% on Medication-Assisted Treatment (MAT)
- Treatment used: SOF/LDV and SOF/DCV
# Treatment Outcome

**98% treatment success**

<table>
<thead>
<tr>
<th>Results (May 2016 - October 2017)</th>
<th>HCV</th>
<th>HIV/HCV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number eligible for treatment</td>
<td>34</td>
<td>45</td>
<td>79</td>
</tr>
<tr>
<td>Number started on treatment with SOF/LDV</td>
<td>0</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Number started on SOF/DCV</td>
<td>26</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>Number completed treatment</td>
<td>26</td>
<td>17</td>
<td>43</td>
</tr>
<tr>
<td><strong>Number SVR 12</strong></td>
<td>26</td>
<td>16</td>
<td>42 (98%)</td>
</tr>
<tr>
<td>Number being prepared for treatment</td>
<td>8</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Clients pending treatment due to other factors</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
Lessons Learned - Implementation Level

➢ **Peer-Support**: Peer-Educators assigned to HCV clients for health education, treatment-navigation and follow-up:
  - Cost-Effective
  - Efficient in ensuring successful treatment outcomes

➢ **Adequate Pre-Treatment Preparation (at minimum, 1 month)**:
  - Contributes to high retention and drug adherence
  - This model-of-care (with long preparation and DOT) proves the feasibility and good cure results of a HCV treatment program for PWID in Kenya. It is a 1st experience though, that could be softened in the future

➢ **Psycho-social Support**:
  - Ensures adherence and promotes a client-centred approach

➢ **Integration of Testing, Treatment and Care**:
  - Cost-effective
  - Optimally-efficient

➢ **Delivery of Treatment at Outreach Sites**:
  - Increases utilisation of other Harm Reduction services in parallel
Lessons Learned - Policy Level

➢ Registration of New Generation DAAs nationally is crucial:
  - New generation SOF/DCV not yet registered in Kenya; requires between 1 - 2 months to import. Harvoni is registered but access is limited

➢ Funding:
  - Need for national funding strategy to reduce cost-burden of DAAs (*currently up to $2,000 USD/treatment*)
  - Limited access to cost-effective diagnostics for thorough investigation
  - Kenya’s Ministry of Health has allocated funding to scale-up treatment (1,000 cases) in 2018, through the Global Fund

➢ Need for National Guidelines: *to be launched soon*
  - To standardize quality of service-delivery and advocacy tools for a harmonized approach

➢ To promote scale-up of Harm Reduction Services nationally:
  - Important in making elimination a reality

➢ Technical Working Groups are essential to inform policy and guideline development, and provide technical support to implementers

➢ Surveillance and Data-Monitoring: gaps to address and measure progress
YES, WE CAN ELIMINATE HCV IN KENYA!

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