Chronic Hepatitis C Treatment in HIV/HCV co-infected PWID in Ukraine: community-supported treatment model experience

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Epidemiological background: HCV in Ukraine

- **8.9%** (3,512,400) estimates of CHC among adult population*

- **76,723** cases of Hepatitis C officially registered in Ukraine 2010-2014 (MoH)

- **30,353** HIV/HCV co-infection (UCDC)

### Key populations Estimates HCV prevalence

<table>
<thead>
<tr>
<th>Population</th>
<th>Estimates</th>
<th>HCV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWID</td>
<td>310,000</td>
<td>55.8%</td>
</tr>
<tr>
<td>CSW</td>
<td>80,000</td>
<td>15%</td>
</tr>
<tr>
<td>MSM</td>
<td>176,000</td>
<td>4%</td>
</tr>
</tbody>
</table>

8,881 OST patients

58% HCV positive OST patients

42% HIV positive OST patients

17% HBV positive OST patients

*(V.D. Hope, I. Eramova, D. Capurro and M. C. Donogho 2013)*

* [http://www.moz.gov.ua/ua/portal/pre_20160728_a.html](http://www.moz.gov.ua/ua/portal/pre_20160728_a.html)*
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 1,889 patients in Ukraine.

**Main objectives:**
- Implementation of community-supported DAAs-based HCV treatment model for MARPs
- Provision of access 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 guidelines

**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, 19 healthcare facilities (14 oblasts, incl. Kyiv City)

[www.aph.org.ua](http://www.aph.org.ua)
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 complete 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 PCR VL testing**
Main tasks of community supported model (II)

- **Reinfection 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 scale 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)
1 171 patients were enrolled (Jun’15-Aug’16):

- 834 - completed HCV treatment
- 314 - continue HCV treatment
- 24 – discontinued treatment

78% (n=912) HIV/HCV
96% (n=879) ART (HIV/HCV)
93% SVR 12w (398/427)

740 – HIV/HCV, (9% OST)
716 - ART (HIV/HCV)
563 – completed HCV treatment
18 – discontinued (7 AE; 4 death; 7 patient’s refusal)
318 – achieved SVR 12 weeks
93% SVR 12 w (296/318)
HCV treatment response according to genotypes

- G1: 48%
- G2: 9%
- G3: 42%
- G4: 1%

- G1: 90% (138/153)
- G2: 86% (24/28)
- G3: 98% (130/133)
- G4: 100% (4/4)
HCV treatment response according to treatment regimens

- **SOF+PEG+RBV 12W**: 94%
- **SOF+RBV 12w**: 85%
- **SOF+RBV 16w**
- **SOF+RBV 24w**: 90%

**Treatments:**
- **SOF+PEG+RBV 12W**
- **SOF+RBV 12w**
- **SOF+RBV 16w**
- **SOF+RBV 24w**

**Numbers:**
- **SOF+PEG+RBV 12W**: 245/260
- **SOF+RBV 12w**: 23/27
- **SOF+RBV 24w**: 27/30

**Notes:**
- www.aph.org.ua
HCV treatment response according to fibrosis stage

<table>
<thead>
<tr>
<th>Fibrosis Stage</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
<th>F4 (A)(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>46</td>
<td>115</td>
<td>63</td>
<td>72</td>
</tr>
<tr>
<td>%</td>
<td>98</td>
<td>91</td>
<td>93</td>
<td>94</td>
</tr>
</tbody>
</table>

- F1: 24%
- F2: 21%
- F3: 40%
- F4 (A)(B): 15%
Conclusions

✓ Community-supported treatment model implemented with integration of social support as a part of the DAAs HCV treatment contributes to treatment adherence and retention (high cure rates and lower drop out due to the non medical reasons).

✓ 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 should be provided by community-supported activities like NSP, HCV information sessions, peer support, work with patients’ close environment etc.
Dr. S. Bhagani, O. Golubovska, S. Antonyak, N. Nizova, J. Shapiro, K. Lacombe, C. Missini, G. Dusheiko, S. Filippovych, O. Burgay, L. Maistat, P. Skala, I. Matkovskiy, T. Koval, O. Yurchenko, T. Iegorova, O. Martynenko, V. Kurpita, R. Ostyak, O. Kulbakh, A. Basenko and many other professionals and activists who support implementation of DAAs based HCV treatment in Ukraine

Thank you!