Hepatitis C PACT Webinar Series

Community led HCV testing model and linking PWID to HCV treatment 18th February 2021 Kuala Lumpur, Malaysia

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Background of Organization

• CoNE, state level network of 11 CBOs, established in 2011

Organizational philosophy:

CoNE promotes the health and human rights of people who use drugs and allowing PUD to be treated with dignity and respect both as human beings and as consumer of health and other services.

Key Strategic Focus Areas:

- Strengthening Governance
- ➤ Watch Dog
- Advocacy
- Networking and Partnership
- Crisis Intervention
- ➢ Research



Background of Area

Manipur: One of easternmost state of India bordering Myanmar. CoNE studies mentions 43% HCV mono-infection and 13% HIV/HCV coinfection Existing national HIV program ignore critical components for HCV prevention, care and treatment. HCV test cannot be accessed under HIV program

Low awareness and understanding among PWID on HCV

As a result:

- there is poor access to HCV prevention, diagnosis and treatment related services
- No government data available or program to address HCV in the state

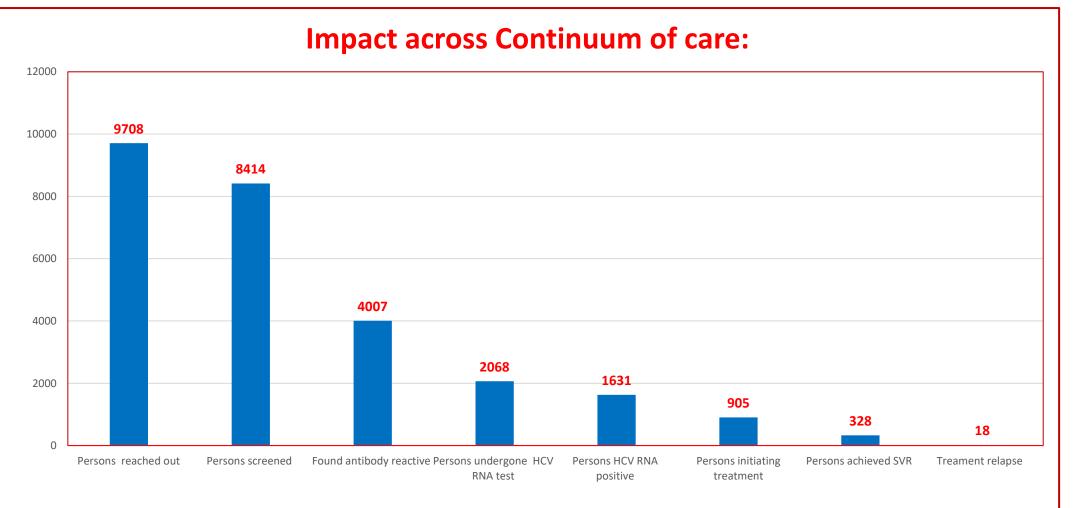


What & How CoNE has done

- Identified hotspot where we can emphasize for HCV awareness camps
- Organize awareness/testing camp on HCV
- Encourage PWID/PLHIV community for voluntary testing during the awareness camp
- Motivate people tested HCV antibody reactive for HCV RNA test during treatment literacy program
- Negotiate with pharma companies for reduction of DAAs
- Pursue companies for donation of DAAs
- Negotiate with local diagnostic centre for RNA test at preferential rate
- Approach individual donors & philanthropic organization to mobilize fund for HCV treatment



CoNE HCV care cascade as on October 2021





HCV Service Delivery during COVID-19



Background of CoNE initiative during COVIS-19 pandemic:

- COVID-19 related lock down came into force from 23rd March 2020
- All government and private institutions, including hospitals, were closed except for emergency cases and no public transportations operated.

Impacts

• No new enrolments for testing, diagnosis and treatment of HCV were done at the Model Treatment Centres (MTCs)

Decentralized testing and treatment services:

- Total no. of people screened = 908
- Total no. of people tested Ab reactive = 378 (42%)
- Total no. of people linked for RNA test = 325 (86%)
- Total no. of people confirmed = 182 (56%)
- Total no. of people linked for Rx to NVHCP = 156 (86%)

Gaps & Challenges under the NVHCP

Outpatient department (OPD) ticket mandatory for HCV screening

Limited working hour of the blood collection room

Working hour of MTC (11 am to 2 pm)

Time taken for HCV viral load report (15 to 30 days)

Lack of coordination among the national public health program

Lack of medical officer lead to non functionality of TC

Non recruitment of peer support staffs

Lack of provision for organizing mass awareness program.

Stigma & Discrimination another treatment access barriers

No proper follow up mechanism existed



Baseline clinical investigation

Lesson Learnt

Community of PWID can play a vital role in mobilizing people for testing

Investing on raising awareness result on early diagnosis and seeking treatment

Patient usually trust our own member or the support that we provide and more willing to get diagnose and treated.

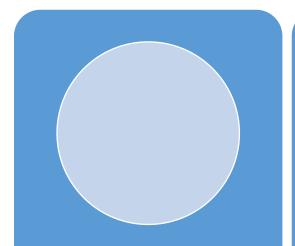
Closed setting like prison provides an opportunity for people to get diagnose and get themselves cured of an infection while they are serving their jail term.

Community led HCV studies among HRG was also made possible.



Recommendations





Community group in the local setting need to be supported both technically and with resources. Decentralization of screening, diagnosis and treatment services, taking it to the smaller town and cities where primary health care centers are located.

Prioritization of Hep B vaccination among the high-risk population under the national program.

Promotion of HCV self testing at the community friendly site.



THANK YOU