Rolling up HCV treatment programs for PWIDs in Ukraine

Ludmila Maistat
Alliance for Public Health

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Ukraine in HIV context

- Eastern Europe - the fastest growing HIV/AIDS epidemic in the world.
- In 2013 Ukraine and Russian Federation accounted for about 90% of newly reported HIV infections in the region.
- HIV prevalence in Ukraine 1.04%.
- Injecting drug use is the driving force of epidemic.
- 310,000 PWIDs in Ukraine.
- 64% of PWIDs are covered with harm reduction program implemented by Alliance Ukraine.
Alliance Ukraine implements one of the biggest harm reduction programs in the world

- **280 000** harm reduction clients;
- **212 800** PWIDs:

**Key services for PWIDs:**

- Consultations by social/outreach workers
- Dissemination of **preventive materials:** condoms, alcohol wipes, IEC
- Syringe and needle exchange programs
- Opioid Substitution Therapy
- Pharmacy based prevention services
- Early diagnostics of TB
- CITI - short-term intervention for PWID to start ART as soon as possible
- Testing on STI, HIV, HCV, HBV
- HBV vaccination
- HCV treatment
Alliance HIV prevention programmes for vulnerable groups

HIV incidence in Ukraine, 01.10.2012 - 01.10.2013

- <20
- 20-39.9
- 40-59.9
- 60-79.9
- >80

Coverage of vulnerable groups, 01.10.2012 - 01.10.2013

- 0-100
- 1 001-5 000
- 20 001-40 000
- 101-500
- 5 001-10 000
- 501-1 000
- 10 001-20 000

- Mobile clinics available in region

- Programmes for people who inject drugs
- Programmes for commercial sex workers
- Programmes for men having sex with men
- Programmes for most at risk adolescents
- Substitution maintenance therapy
Interventions of focused KP HIV response in Ukraine over a decade
Effectiveness of HIV prevention programs among PWID has an impact on the overall epidemic

![Graph showing number of registered HIV cases, number of registered HIV cases among PWID, and number of registered HIV cases per 100,000 tests over the years 2008 to 2014.]

- Number of registered HIV cases:
  - 2008: 18,963
  - 2009: 19,840
  - 2010: 21,157
  - 2011: 638
  - 2012: 20,743
  - 2013: 21,631
  - 2014: 15,795

- Number of registered HIV cases among PWID:
  - 2008: 7009 (-0.6%)
  - 2009: 7105 (1.4%)
  - 2010: 6934 (-2.4%)
  - 2011: 6588 (-5%)
  - 2012: 5935 (-9.9%)
  - 2013: 5849 (-1.4%)
  - 2014: 4674 (-20%)

- Number of registered HIV cases per 100,000 tests:
  - 2008: 630
  - 2009: 639
  - 2010: 625
  - 2011: 592
  - 2012: 638
  - 2013: 21,177
  - 2014: 606
Ukraine in HCV context:
Where we started

- high HCV prevalence (>3%)
- low HCV awareness level
- high price for diagnostics ($300) and treatment ($20 000)
- no political will
2009
HCV screening:
200,000 tests (2009-2012):
67% HCV positive among PWIDs
91% HCV positive among HIV+ PWIDs

2010-2011
Hepatitis integration in Harm Reduction programs:
- trainings for social workers, health care professionals, clients
- advocacy schools for KPs
- hepB vaccination for KPs
- hepB&hepC screenings for KPs

Community mobilization:
PWIDs; PLWHA; SW; MSM; health care professionals
Demand treatment!

- Goal – expanding access to hepC services (prevention, testing&treatment) in Ukraine.
- Tasks:
  - raising HCV awareness level
  - reducing prices for HCV diagnostics and treatment
  - launch of demonstration treatment programs for PWIDs by Alliance Ukraine
  - National and local Hepatitis programs
  - treatment guidelines
  - funding from state and local budgets
  - inclusion of PWIDs in national and local hepatitis programs
HCV screening data, 2014

The results of the express Hepatitis C testing in the Ukrainian towns within the framework of all-Ukrainian «We demand Treatment!» campaign

July 2014

Reference designations

8.8%
% of positive results rate from the total amount of those who had testing

regions where testing hadn’t took place
Key outcomes (2014)

- network of NGOs, advocates, experts, patients groups developed by Alliance Ukraine
- HCV treatment (peg-IFN-ribo) price reduced by 2.5 times by Alliance Ukraine ($4800)
- HCV diagnostics price reduced twice
- launch of first HCV treatment programs (peg-ifn-ribo) for 150 co-infected HIV/HCV OST patients by Alliance Ukraine
- National Hepatitis Program and 15 local hep programs approved; 6 more local hep programs in development
- National treatment guidelines approved
PWIDs have a high willingness to receive treatment but cannot get it under the National hepatitis program

- PWIDs are not specified in the national hepatitis program as a vulnerable group;

- lack of funding for National hepatitis program= no treatment for PWIDs;

- repressive drug policy:
  - police interference with HR programs
  - up to 3 years of imprisonment for possession of drug traces in used syringes
  - no state funding for harm reduction programs
  - Harm Reduction is still a politically speculated issue
  - political instability (war, Crimea annexation, change of governments).
Alliance HCV Treatment Program with DAAs

- April 2015, Alliance launched the first treatment program with DAAs (Sofosbuvir $900 !!!).
- Overall goal: to ensure access to HCV treatment for key populations and develop innovative community based service delivery models.
- Geographic scope: **25 regions**
- Number of patients: **1500**
- Combination of Sofosbuvir with pegs or/and riba
HCV Treatment Program Partnership

- Alliance Ukraine
- Ukrainian Center for SDDs Partnership under Cooperation Agreement
- NGOs Partnership on patients enrollment
- MOH
  - MoU and partnership
    - Waiver for drugs delivery
- HCFs
  - Delivery of drugs
  - Implementation plan
  - Monitoring
  - Evaluation
Alliance treatment model

1) Information sharing through NGO, communities and medical staff; re-addressing patients for hcv status confirmation

2) Case-manager informs potential patients about inclusion criteria and refers patients to a doctor

3) Doctor prescribes list of examinations needed for decision on inclusion into treatment

4) Treatment initiation for patients who are matching the inclusion criteria HIV/HCV, HCV, PWIDs, F3, F4

5) Case management support for patients who are on treatment initiated.

6) Laboratory monitoring of the treatment Biochemistry, general blood tests, VL, urina tests) follow up visits arranged by medical and social staff

7) Final treatment follow up at the end of the course VL

8) 12 weeks after the end of treatment follow up SVR
Community-supported approach

**Doctor & Nurse**
- waiting list
- arranges follow-up visits
- schedule for lab monitoring to control treatment effectiveness

**Potential patients**
- Informing on the program
- diagnostic & treatment options:
  - list of needed pre-treatment tests
  - clinics’ & doctors’ contacts
  - counseling on treatment options & possible adverse events

**CASE-MANAGER**

**Support to patients on treatment**
- Counseling issues:
  - adverse events and treatment adherence
  - options/contacts of diagnostic sites
  - follow up on patients’ health condition;
  - scheduling visits to doctor or arrange for special services.

Alliance for Public Health
Alliance HCV Treatment Program

Project start - April 2015
Geographic scope: 25 regions of Ukraine
Target populations: PWIDs, OST patients and other KPs (both mono-and co-infected with HCV/HIV)
Number of patients: 1500
as of 31.12.2015
320 patients enrolled in treatment
287 patients ARV+HCV treatment
20 patients OST+ARV+HCV
drop outs - 6
161 accomplished treatment
90% with non-detected HCV RNA (12w)
- Sofosbuvir included in EML and treatment guidelines
- Alliance price ($900) became a benchmark for state procurements
- Alliance treatment model became an example for the MoH to follow
- PWIDs are specified in national treatment guidelines
- Alliance and MoH agreed to start working on National Viral Hepatitis Program 2017-2021
Conclusions

- Prevalence data, raised awareness, mobilized communities
- HCV integration in harm reduction programs
- Mobilized communities
  - Large-scale "Demand Treatment!" advocacy campaign
- Advocacy campaign
  - Alliance treatment programs; National & local hepatitis programs, price reduction for diagnostics and treatment; registration of SoF; National EML
Is HepC elimination a reality?

- increased awareness and testing
- affordable diagnostics and treatment
- funding to support scale up of diagnostics and treatment programs
- HCV services integration in harm reduction
- simple service delivery model
- peer support

- enabling policies:
  1) including of PWIDs in National hepatitis programs
  2) sound harm reduction policies (decriminalization of drug users (possession for personal use), government funding for scaling up HR services including OST and NSP).
Is HepC elimination a reality?

Steps required from other stakeholders

**Pharmaceutical companies:**
- price reduction for diagnostics and treatment, registration of medicines in countries
- VL agreements? MICs included!
- “access” programs, demonstration project? NO anti-diversion measures!

**Governments:**
following WHO recommendations
- reliable surveillance systems
- national hepatitis programmes (prevention, testing, treatment and care) + funding
- TRIPs flexibilities
- enhanced prevention among key populations and increased treatment access:
  - inclusion in national hep programs
  - support & scale up of harm reduction programs (key tool of hiv & hcv prevention)
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Thank you for your attention!