

Rolling up HCV treatment programs for PWIDs in Ukraine

www.apf.org.ua



Ludmila Maistat
Alliance for Public Health

VHPB Meeting, “Highlight undeserved groups for screening, prevention and treatment of viral hepatitis C and C in Europe”
Ljubljana, Slovenia, March 10-11, 2016

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.

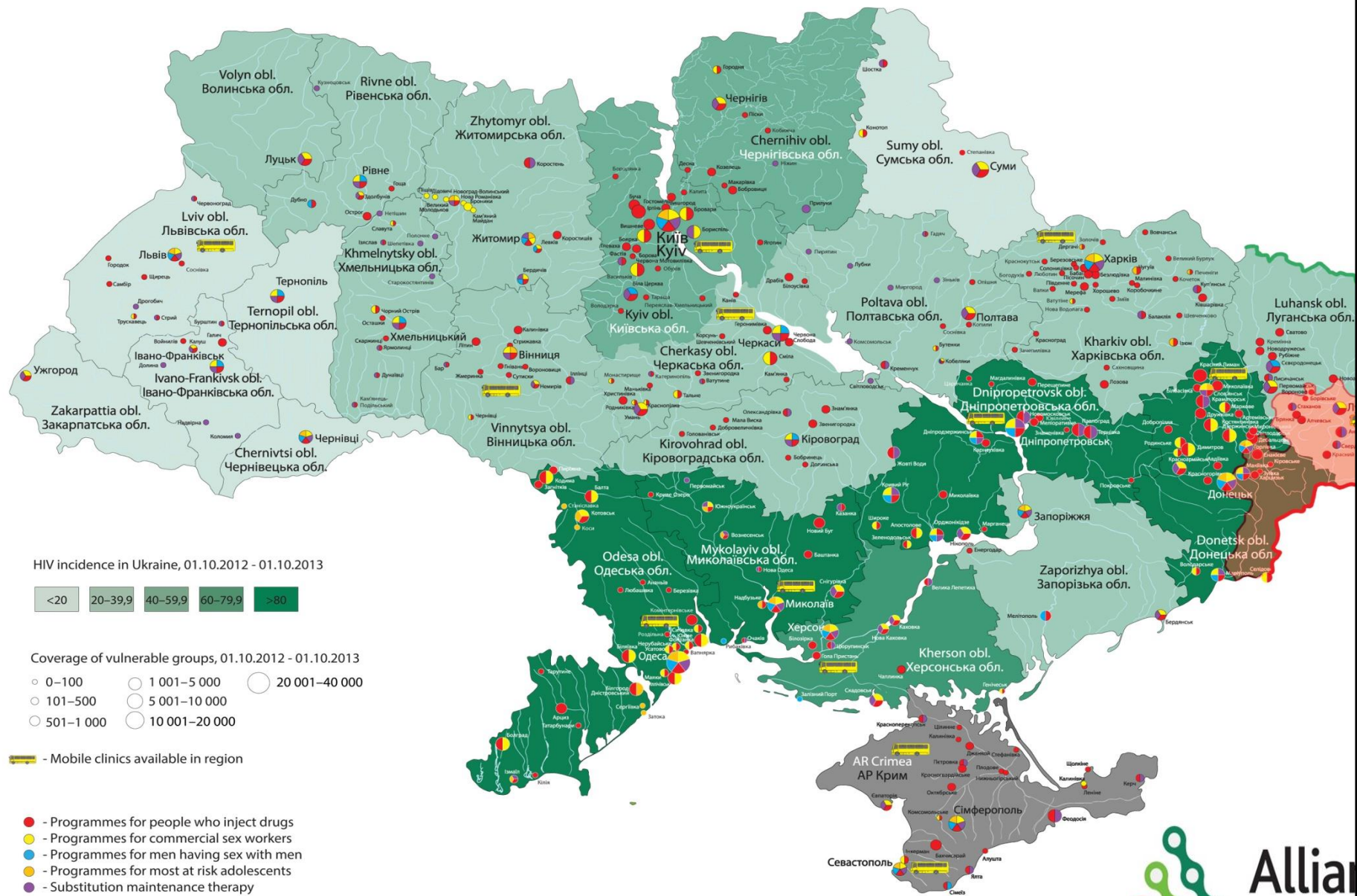
Alliance Ukraine implements one of the biggest harm reduction programs in the world



www.aph.org.ua

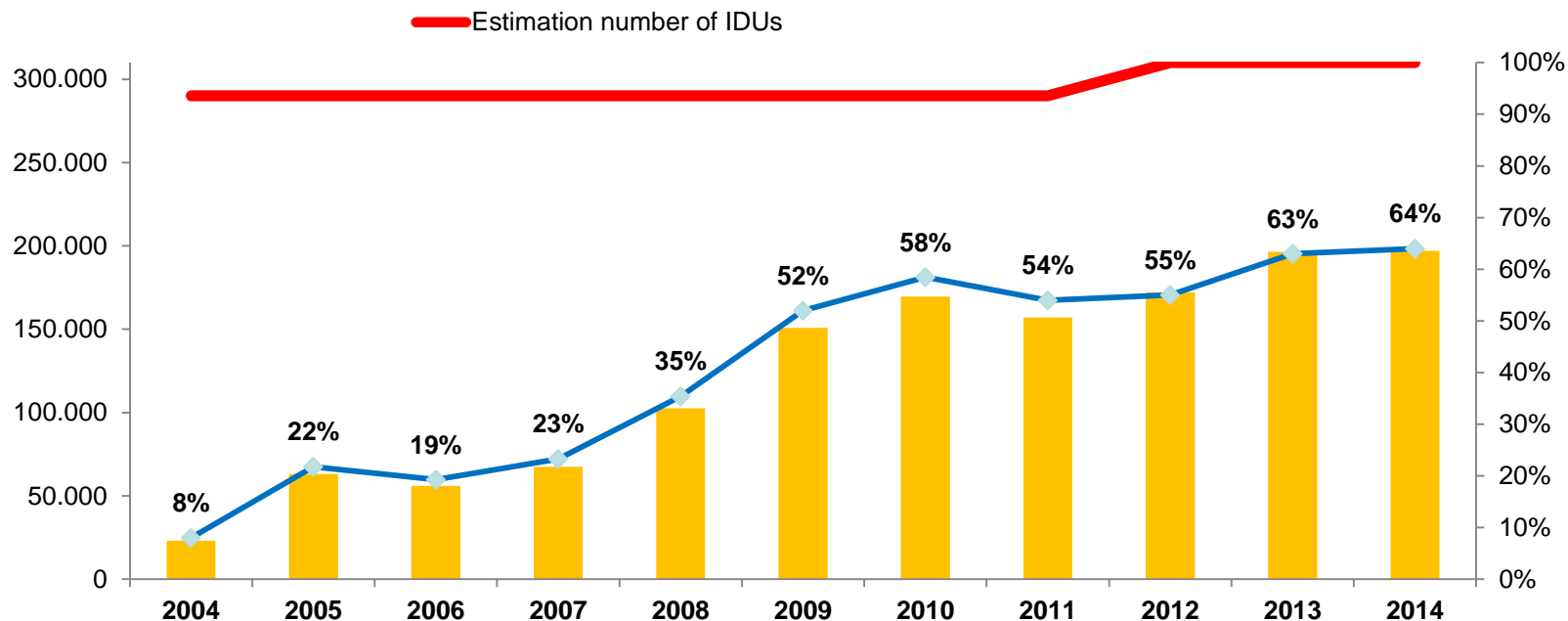
-
- **280 000** harm reduction clients;
 - **212 800 PWIDs:**
 - **Key services for PWIDs:**
 - **Consultations** by social/outreach workers
 - Dissemination of **preventive materials:** condoms, alcohol wipes, IEC
 - **Syringe and needle exchange** programs
 - **Opioid Substitution Therapy**
 - **Pharmacy 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

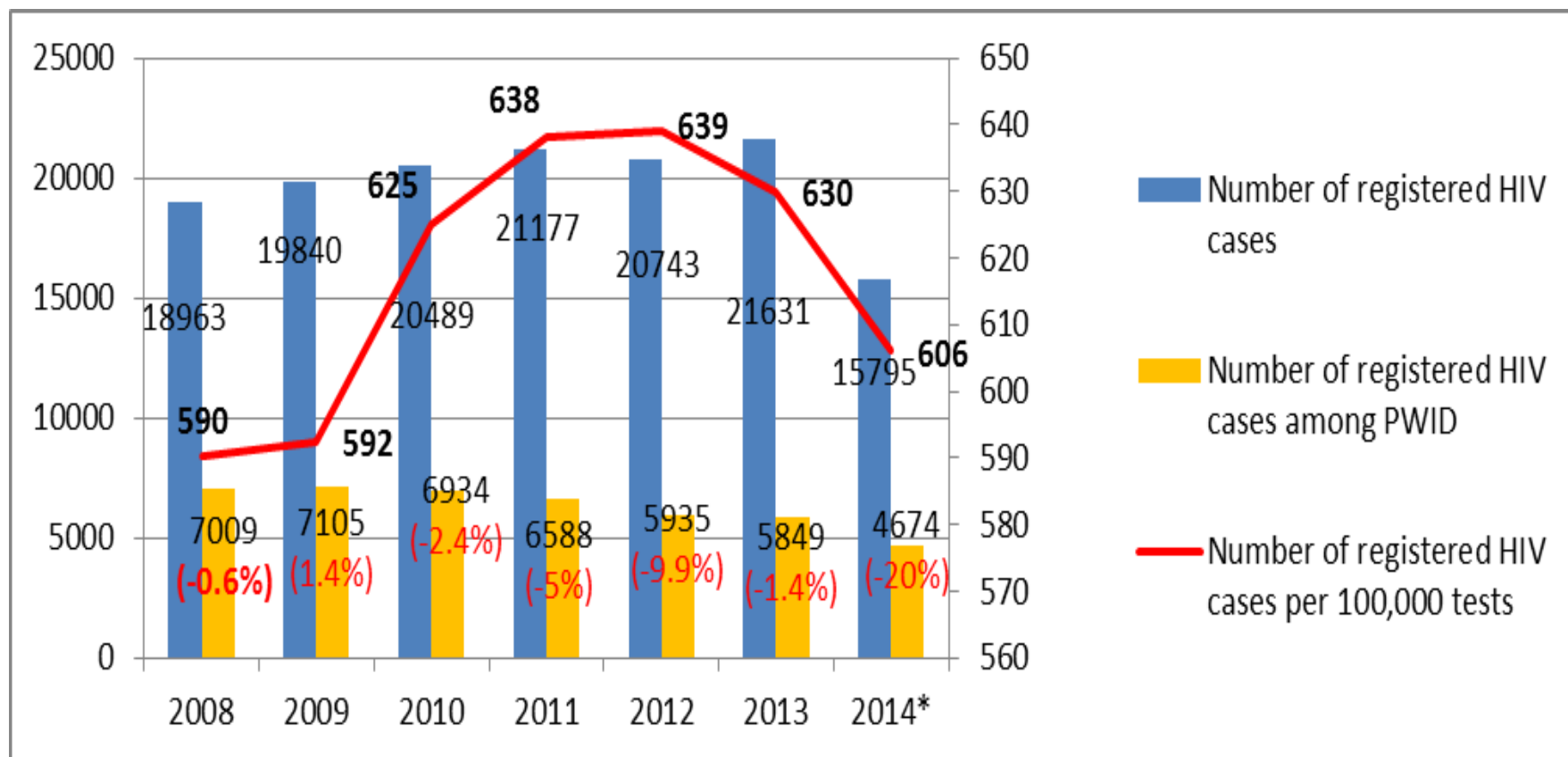


Alliance
for Public Health

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



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

START UP



2009

HCV screening:

200 000 tests (2009 -2012):

67% HCV positive among PWIDs

91% HCV positive among

HIV+ PWIDs

STEP 2

2012



STEP 1



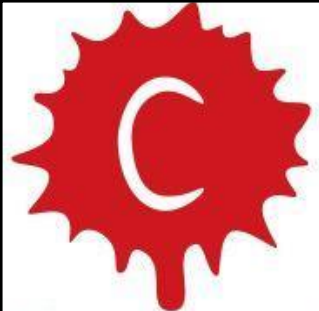
2010-2011

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:

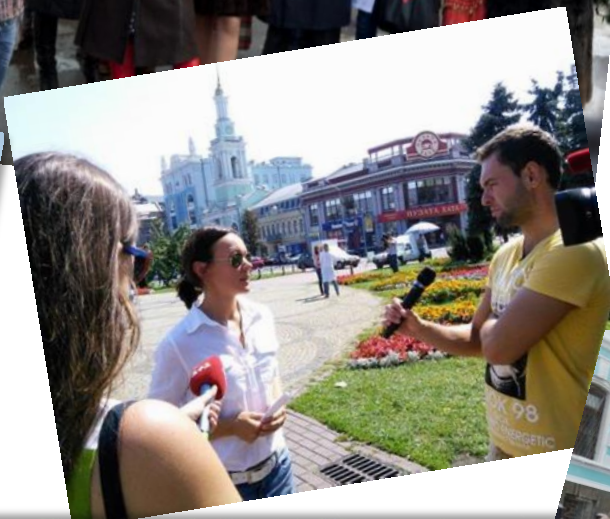
PWIDs; PLWHA; SW; MSM; health care professionals



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

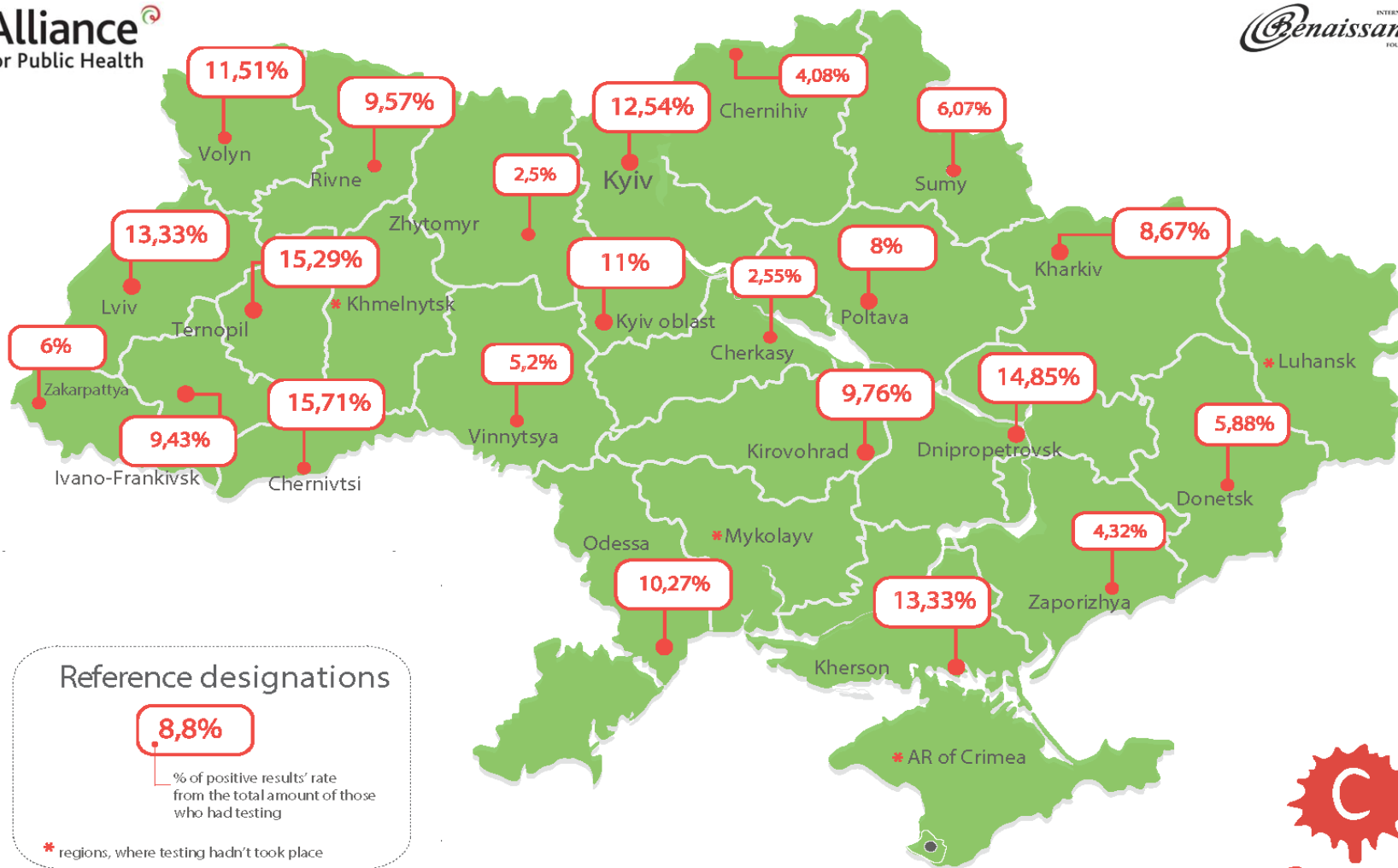
Public activities 2012-2015



HCV screening data, 2014

www.aph.org.ua

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-riba) price reduced by 2.5 times by Alliance Ukraine (\$4800)
- HCV diagnostics price reduced twice
- launch of first HCV treatment programs (peg-ifn-riba) 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

www.aph.org.ua

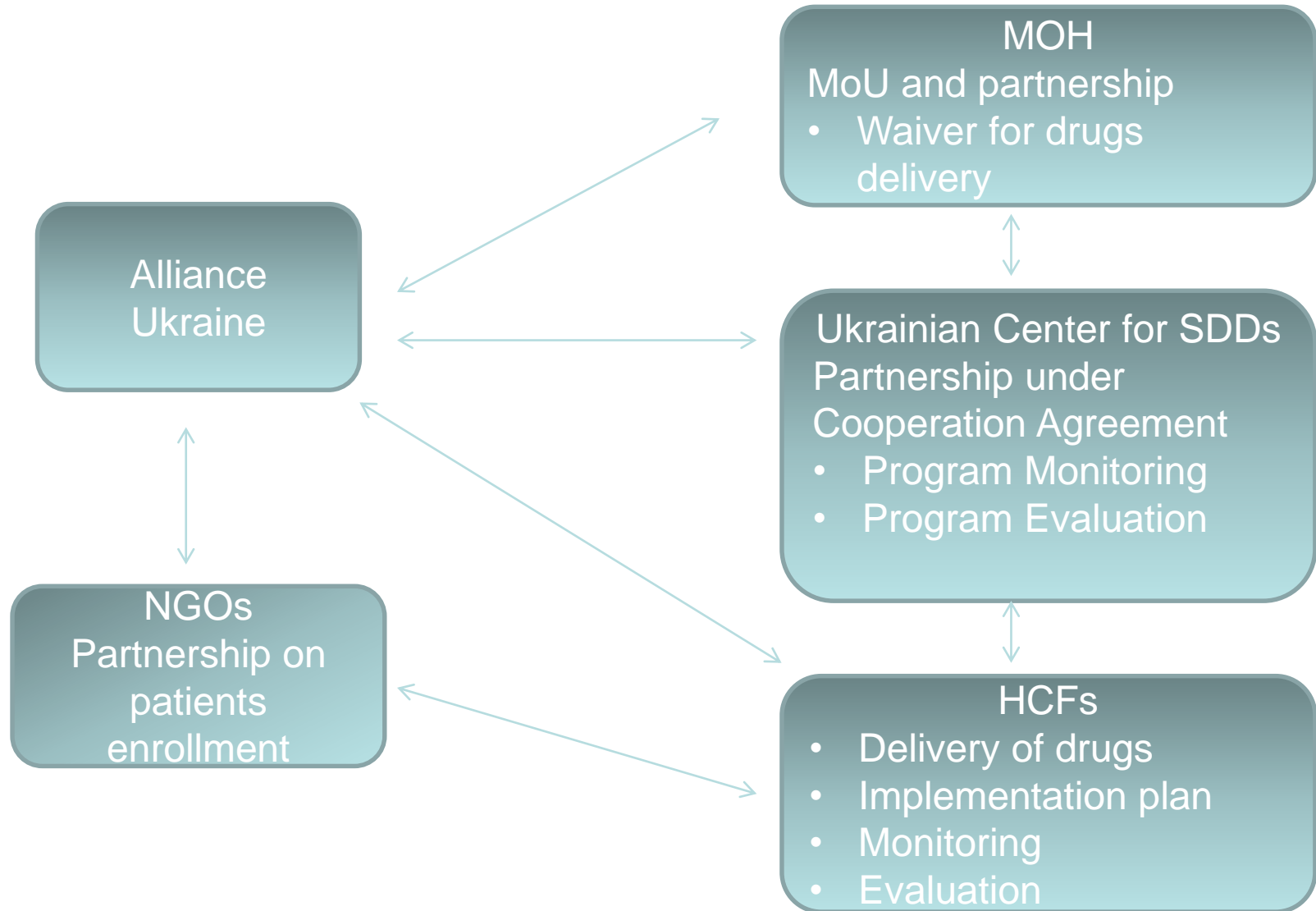
- PWIDs are not specified in the national hepatitis program as a vulnerable group;
- lack of funding for National hepatitis program= no treatment for PWIDs;
- repressive drug policy:
 - police interference with HR programs
 - up to 3 years of imprisonment for possession of drug traces in used syringes
 - 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

www.aph.org.ua

- **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 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

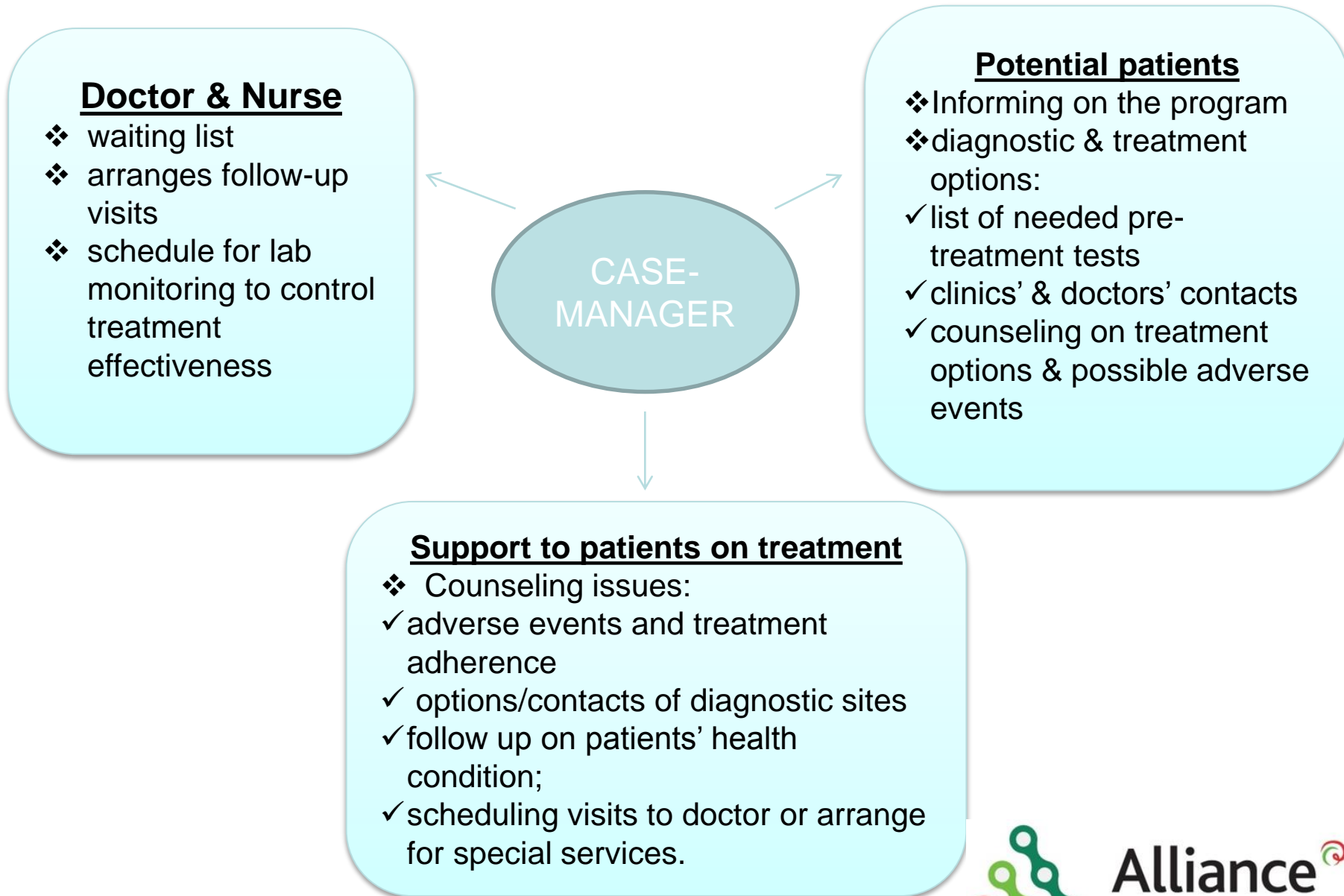


8) 12 weeks after the end of treatment follow up *SVR*



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

Community-supported approach



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)

Alliance HCV Treatment Program NOT ONLY IMPLEMENTATION!



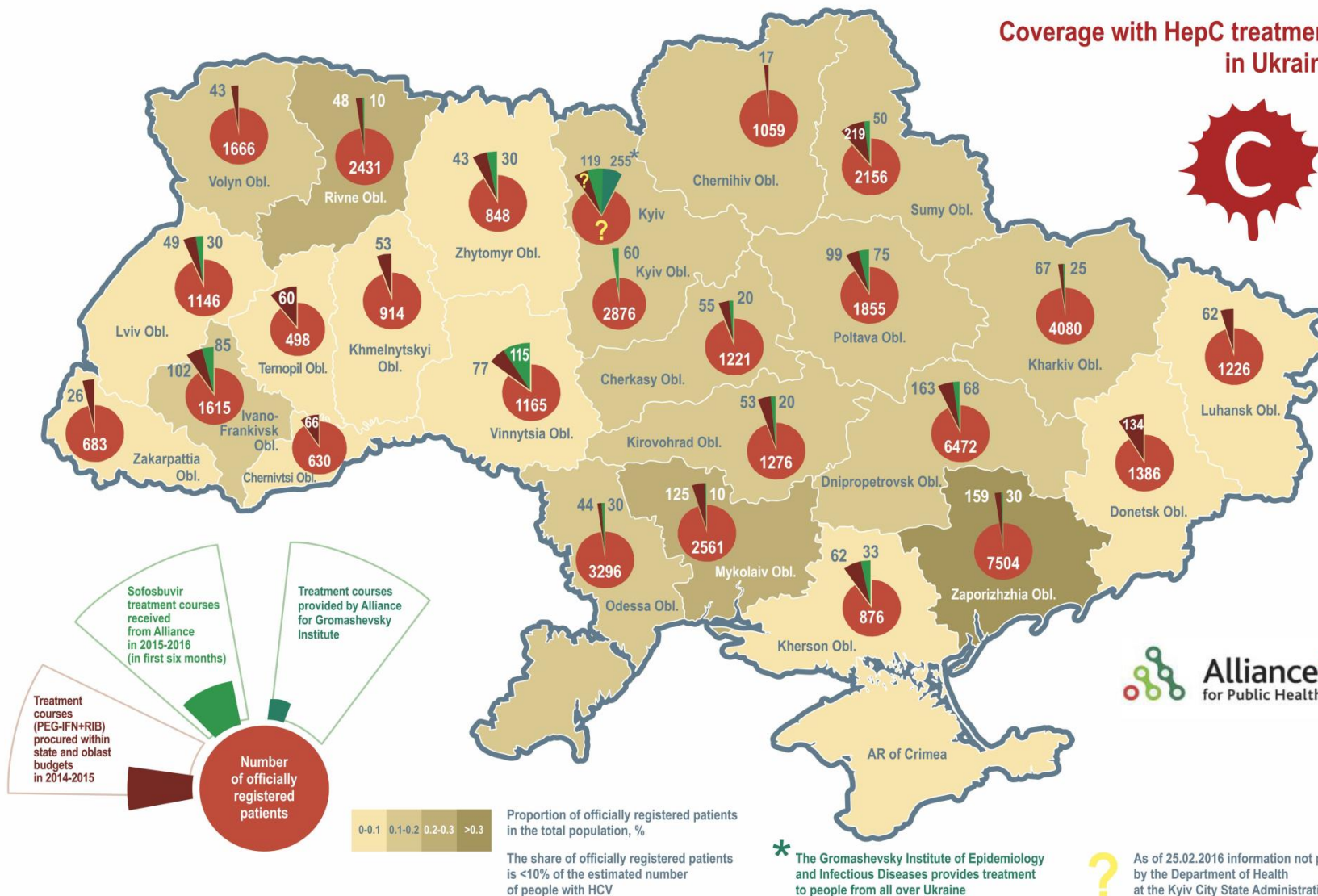
www.aph.org.ua

- 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

Alliance HCV Treatment Program

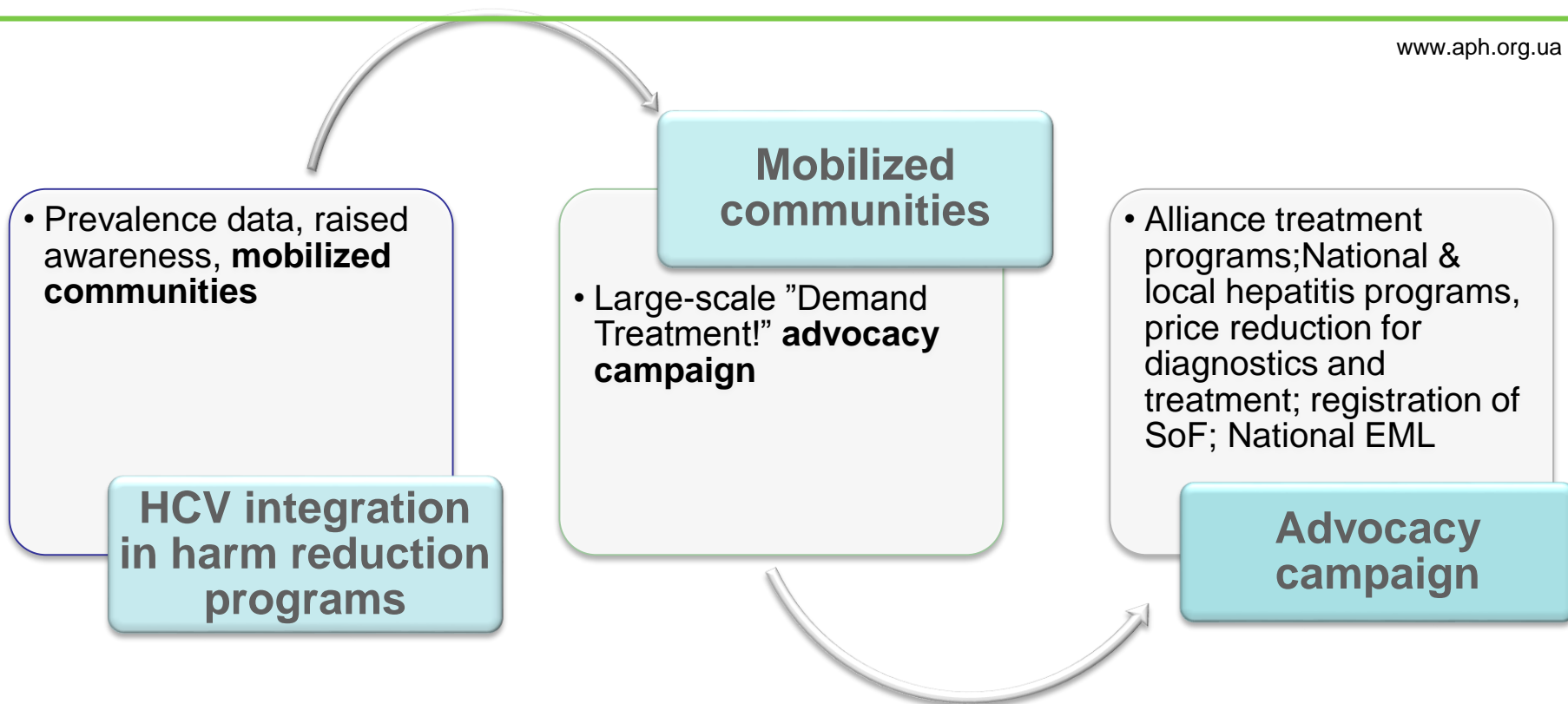
www.aph.org.ua

Coverage with HepC treatment
in Ukraine



Alliance
for Public Health

Conclusions



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)

Acknowledgements

Dr. Frederick L. Altice, Yale University; Dr. Peter Vickerman, University of Bristol; Prof. Jürgen Rockstroh, Department of Medicine, University of Bonn; Prof Cristina Mussini; Dr. Jonathon Schapiro, National Hemophilia Center Tel Hashomer Sheba Medical Center; Dr. Karine Lacombe, Infectious Diseases Unit Saint-Antoine Hospital ; Anton Ofield Kerr, International HIV/AIDS Alliance; David Goldberg , Health Protection Scotland NHS; Dr. Sanjay Bhagani, Royal Free Hospital; Dr. Francisco Averhoff , CDC Atlanta; Karyn Kaplan ,Treatment Action Group; Prof Geoffrey Dusheiko, Royal Free Hospital and University College School of Medicine; Dr.Gregory Dore, Head of the Viral Hepatitis Clinical Research Program, Kirby Institute; Tracy Swan, TAG; Dr.Niklas Luhman, MdM; Chloe Forette, MdM; Eliot Alberts, INPUD; Pauline Londeix, Access; Luis Mendao, EATG.

Thank you for your attention!