

## **EXPERIENCES OF PWID COMMUNITY NETWORK IN LINKING HCV TESTING AND CARE TO TREATMENT USING DIRECT ACTING ANTIVIRALS**

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**Introduction:** HCV infection is major health concern among PWID. In Manipur, PWID have extreme difficulties in accessing HCV testing, diagnosis and treatment in spite of widespread prevalence of 98%. Understanding among PWID on HCV is low as no program addresses HCV. There is increased HCV related mortality among PWID living with HIV, although HIV is managed

**Methods:** CoNE advocated with the Department of Health to conduct HCV screening among PWID. Camps were conducted at 9 district hospitals from 20 October to 30 November 2014. Government contributed infrastructure, trained manpower and blood storage facilities while the network mobilized PWID as well as other population. PCR test were conducted on the positive samples by Indian Council of Medical Research. Liver assessment was needed to assess fibrosis and FibroScan camps is an ongoing process now for all who would want to check the condition of the liver and understand treatment needs. Price negotiations are also ongoing with pharmaceutical companies to reduce the price of sofosbuvir.

**Results:** 1011 people from various groups were mobilized, including 602 PWID. In total 48%, while among PWID 68% were positive. People tested were provided with pre and post-test counselling besides treatment education. Through negotiations with pharma companies, the price of sofosbuvir was brought down to approx 193 USD a bottle. Currently, 11 people who use drugs out of the 602 have started treatment using sofosbuvir.

**Conclusion:** PWID networks can quickly and effectively mobilize people at risk, negotiate with different stakeholders, including government, to provide infrastructure and support that are needed. They are also best positioned to support peers to understand the infection, provide care, treatment education and allow people to take an informed decision on treatment. They can also effectively negotiate with pharma companies for price reduction which has real time impact at individual patient level.

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