Strategy for rolling out testing and treatment programs for PWIDs in Ukraine

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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

- Around 300,000 harm reduction clients;
- 170,000 PWIDs:

- **Key services for KPs:**
  - 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
Effectiveness of HIV prevention programs among PWID has an impact on the overall epidemic

Estimation number of IDUs

Number of registered HIV cases

Number of registered HIV cases among PWID

Number of registered HIV cases per 100,000 tests
Ukraine in HCV context:

Where we started

- high HCV prevalence (>3%)
- low HCV awareness
- 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

STEP 1
2010-2011
Hepatitis integration in Harm Reduction programs:
- trainings for social workers, healthcare professionals, clients
- advocacy schools for KPs
- hepB vaccination for PWIDs
- hepB&hepC screenings for PWIDs

STEP 2
2012
Community mobilization:
PWIDs; PLWH; SW; MSM; health care professionals
Demand treatment!

- Goal – expanding access to HCV prevention, testing, treatment and care in Ukraine
- Objectives:
  - raising HCV awareness
  - National hepatitis program and treatment guidelines
  - reducing prices for HCV diagnostics and treatment
  - funding
  - launch of treatment programs for PWIDs by Alliance
Public activities 2012-2015
Key campaign outcomes

- network of NGOs, advocates, experts, patients groups developed
- generated demand for testing and treatment (regular awareness and testing programs)
- waiting lists of patients
- National Hepatitis Program and treatment guidelines approved
- HCV diagnostics price reduced twice
- HCV treatment (peg-IFN-riba) price reduced down to $4800
- launch of first HCV treatment programs (peg-ifn-riba) for 145 co-infected HIV/HCV OST patients by Alliance
- HCV treatment price for Sofosbivir- $900 per treatment course
- Alliance treatment program (Sof based) for 1500 patients launched
PWIDs cannot get HCV treatment 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, frequent change of government).
Alliance HCV Treatment Program with DAAs

• April 2015, Alliance launched the first treatment program with DAAs for PWIDs
• Objectives:
  - scaling up treatment programs for PWIDs
  - developing innovative community based service delivery models
  - pressurizing MoH to follow Alliance example and start treating with DAAs (update hepatitis program and treatment guidelines, include DAAs into the ELM, accelerate registration of DAAs, prioritize PWIDs)
• Geographic scope: **25 regions**
• Number of patients: **1500**
• Combination of Sofosbuvir with pegs&riba
Alliance Ukraine

MoH
- MoU
  ✔ waiver for drugs delivery

Ukrainian Center for SDDs
- Partnership under Cooperation Agreement
  ✔ program monitoring
  ✔ program evaluation

NGOs
- awareness, testing
- patients enrollment
- case management support

National and local HCFs
- Implementation

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Alliance service delivery model

1) awareness & testing; re-addressing for hcv status confirmation

2) informing potential patients about inclusion criteria and refer patients to a doctor

3) Doctors prescribe a list of examinations needed for decision on inclusion into treatment

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

5) Laboratory monitoring

6) Final treatment follow up at the end of the tx course (VL)

7) 12 weeks after the end of treatment follow up (SVR)

case management support provided at each stage

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Community-supported approach

**Doctor & Nurse**
- patients waiting lists
- arranging follow-up visits
- scheduling for lab monitoring

**Potential patients**
Information on
- Alliance tx program
- diagnostic & treatment options:
  - list of needed pre-treatment tests
  - clinic’s & doctor’s contacts
  - possible adverse events

**Support to patients on treatment**
- Counseling:
  - options/contacts of diagnostic sites
  - treatment adherence
  - adverse events
  - controlling patients’ health conditions
  - scheduling visits to clinics and labs

www.aidsalliance.org.ua
5.09.2015

• 129 patients enrolled in treatment:
  ✓ 88% PWIDs
  ✓ 90% on ART
  ✓ 5% on OST

• 58 Patients passed 4 weeks of treatment:
  ✓ 81% with not detected HCV RNA
Conclusions

HCV services integration in harm reduction programs → Prevalence data, raised awareness, mobilized communities

Mobilized communities → Large-scale "Demand Treatment!" Advocacy Campaign

Advocacy Campaign → Price reduction; launch of Alliance HCV treatment programs for PWIDs; National & local hepatitis programs
Can HepC elimination become a reality?
(without access to treatment for PWIDS???)

- awareness and testing programs for PWIDs
- affordable diagnostics and treatment
- simple service delivery model
- peer support
- enabling policies:
  - including of PWIDs in National hepatitis programs
  - scaling up harm reduction, OST and NSP (key tool for HIV&HCV prevention)
  - specifically targeted HCV treatment programs for PWIDs
  - funding
UKRAINE Today

The situation in the eastern regions of Ukraine
14 April 2015 (00:00)

FIGURES

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People killed</td>
<td>6,829</td>
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<tr>
<td>Civilians killed</td>
<td>2,500</td>
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<tr>
<td>People wounded</td>
<td>17,064</td>
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<tr>
<td>Internally displaced</td>
<td>1.4 m</td>
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<tr>
<td>Externally displaced</td>
<td>1.1 m</td>
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<tr>
<td>People in Need</td>
<td>5.0 m</td>
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</tbody>
</table>
Can we make 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.
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