

# **ACCESS AND IMPLEMENTATION OF IFN-FREE THERAPY IN PEOPLE WHO INJECT DRUGS : WHERE TO FROM HERE FOR LOW AND MIDDLE INCOME COUNTRIES**

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**Médecins du Monde**



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# Outline

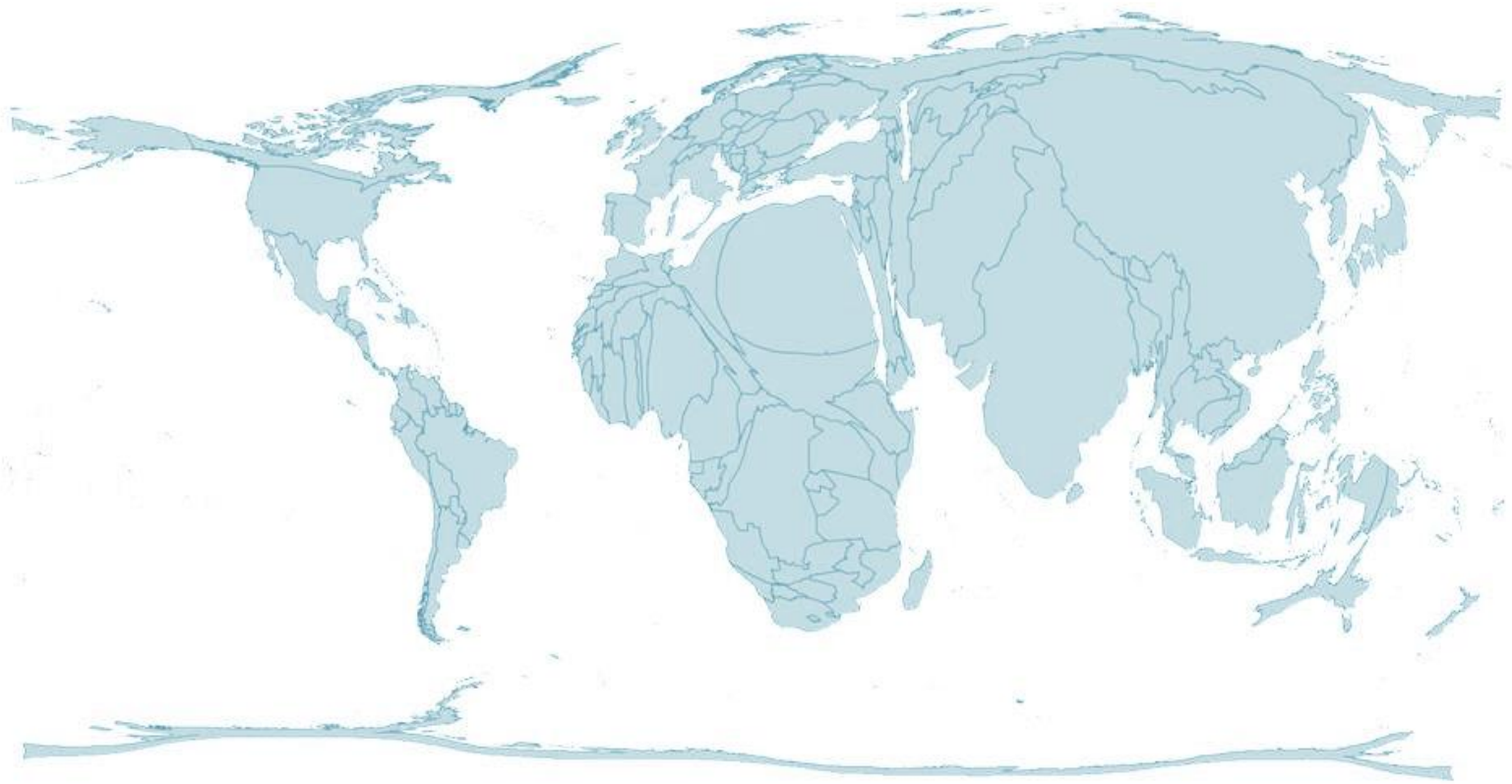
**Part 1: HCV burden in LMICS and PWID**

**Part 2: The reality of access in LMICs**

**Part 3: Case exemple: Georgia**

# HCV burden in LMICs

- 184 millions people with anti-HCV antibodies, 85% in LMICs

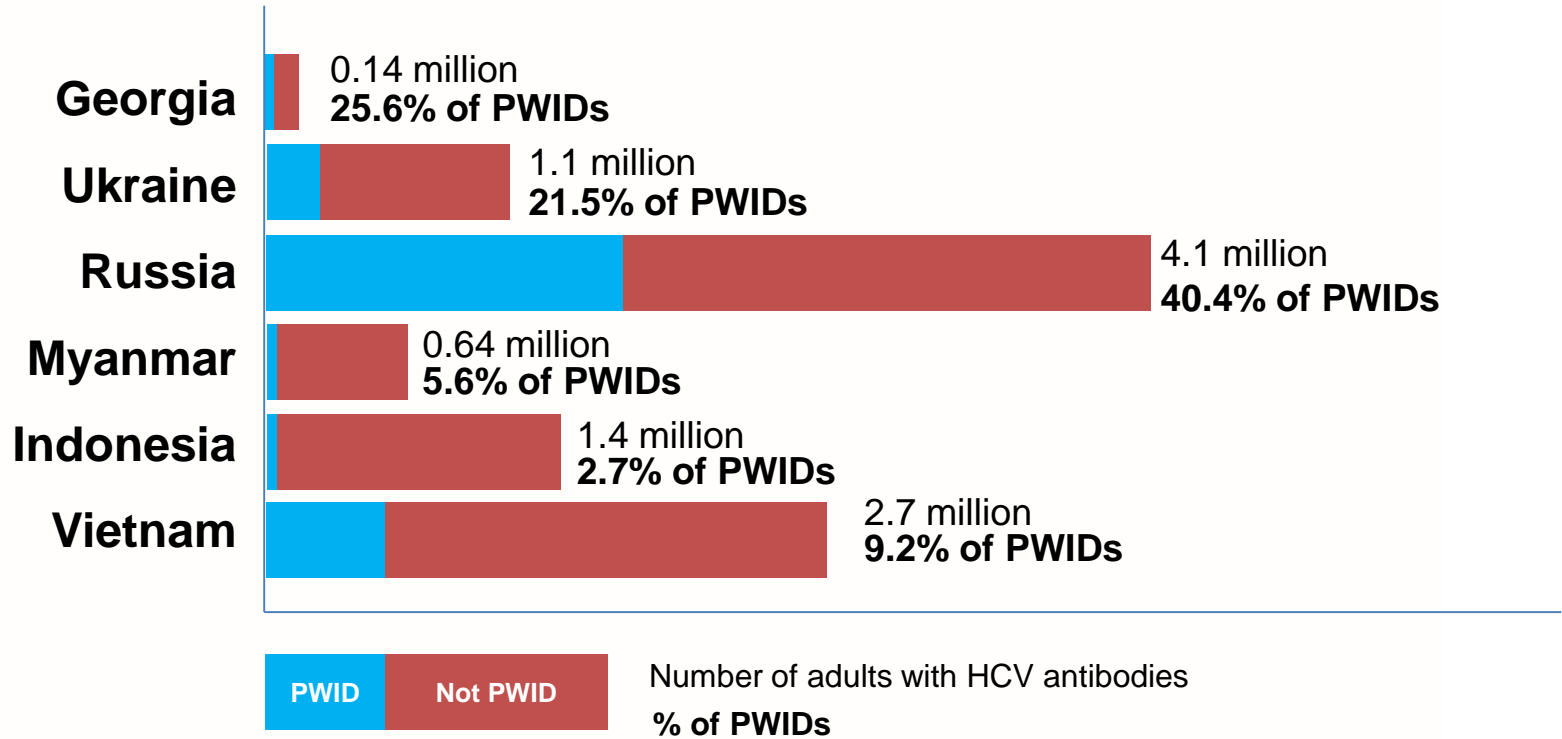


*Burden of disease world map (by MdM, 2015) according to the absolute number of HCV cases (from Lavanchy, CMI, 2011)*

# HCV burden among PWID

- ❑ 12.19 million (range: 8.48-21.46 million) PWID worldwide (*UNODC/WHO/UNAIDS/World Bank 2013*)
- ❑ HCV antibody mid-point prevalence worldwide 67.5% (*Nelson, Lancet, 2011*)
- ❑ PWID-HCV+: 26% live in East/South-East Asia and 23.5% in Eastern Europe (*Nelson, Lancet, 2011*)

# HCV burden in LMICs



(Luhmann et al. IJDP. 2015)



# The reality of the response


**Knowledge from HIV field:** Very limited prevention and treatment access for PWID in general

Example East and South East Asia and Eastern Europe (*Mathers B et al . 2010, Lancet*):

- Percentage of PWID accessing NSP:
  - E/SE-Asia: 7% (6–9); EE 10% (7 – 15)
- Needles and syringes distributed per IDU per year:
  - E/SE-Asia: 30 (7–68); EE: 9 (7 – 14)
- Number of OST recipients per 100 PWID:
  - E/SE-Asia 4 (2–8); EE: 1 (<1 to 1)
- Ratio of PWID receiving ARV/PWID living with HIV:
  - E/SE-Asia 4 (2-8); EE: 1 (<1 to 44)

**The right of PWID to HIV prevention, care and treatment has not been respected internationally and especially in LMICS.**

# HCV treatment access in LMICs is very limited until now

Estimated number of viraemic adults				
Georgia	Ukraine	Russia	Myanmar	Indonesia
106,412	834,072	3,032,392	476,803	1,007,022
				
Number of adult patients treated in 2013 (yearly treatment uptake in %)				
550 (0.52%)	900 (0.11%)	9,500 (0.31%)	1,000 (0.21%)	350 (0.03%)

(Luhmann et al. IJDP. 2015)

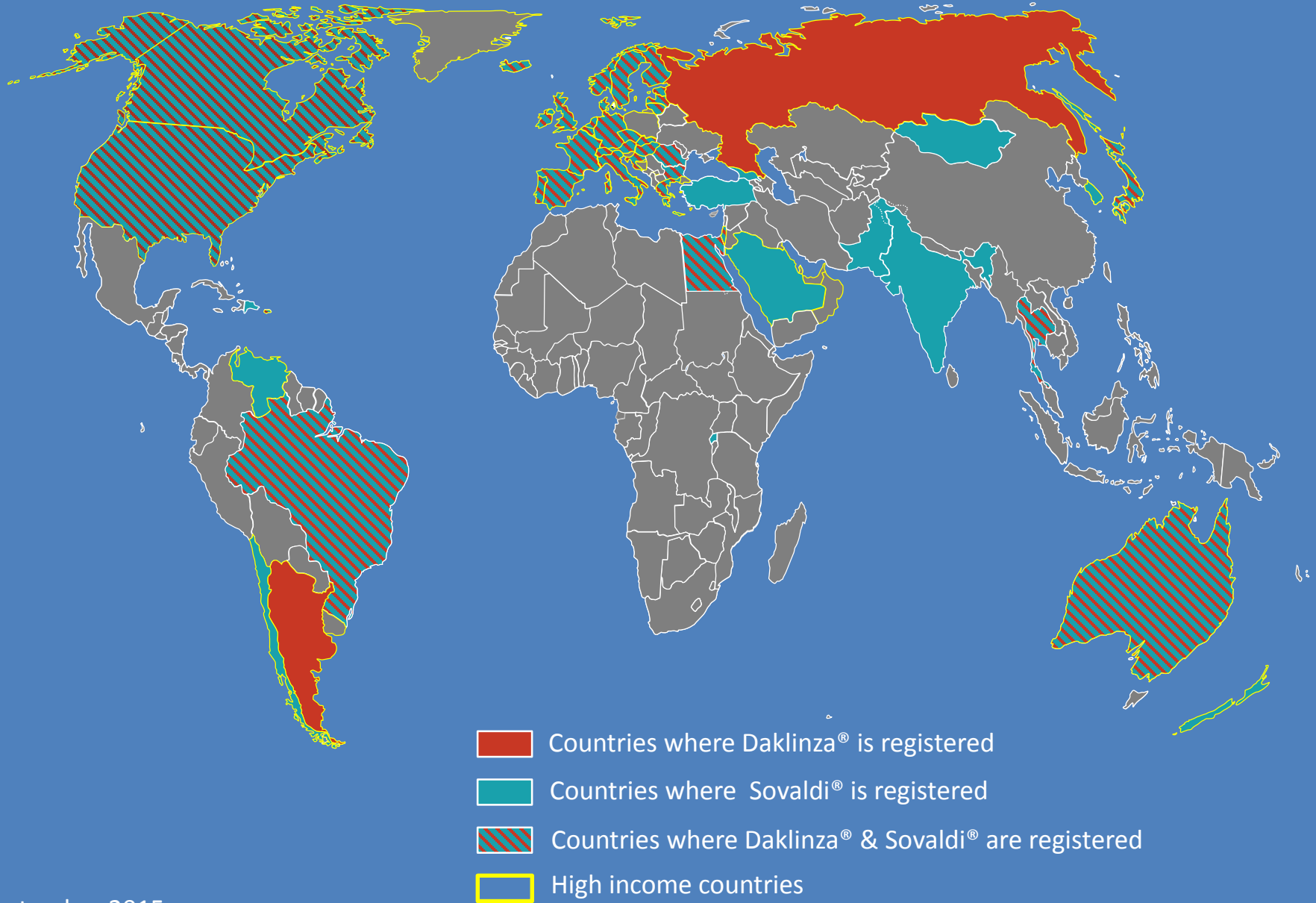
# Treatment access in LMICs is very limited - Especially for PWID

Georgia	Ukraine	Russia	Myanmar	Indonesia
<b>% of PWID among the patients treated (% of PWID among the HCV+)</b>				
20-30% (25.6%)	10-20% (21.5%)	<1% (40.4%)	1-5% (5.6%)	1-5% (2.7%)

*(Luhmann et al. IJDP. 2015)*



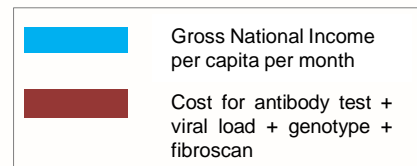
# Registration status worldwide of Sovaldi® and Daklinza®



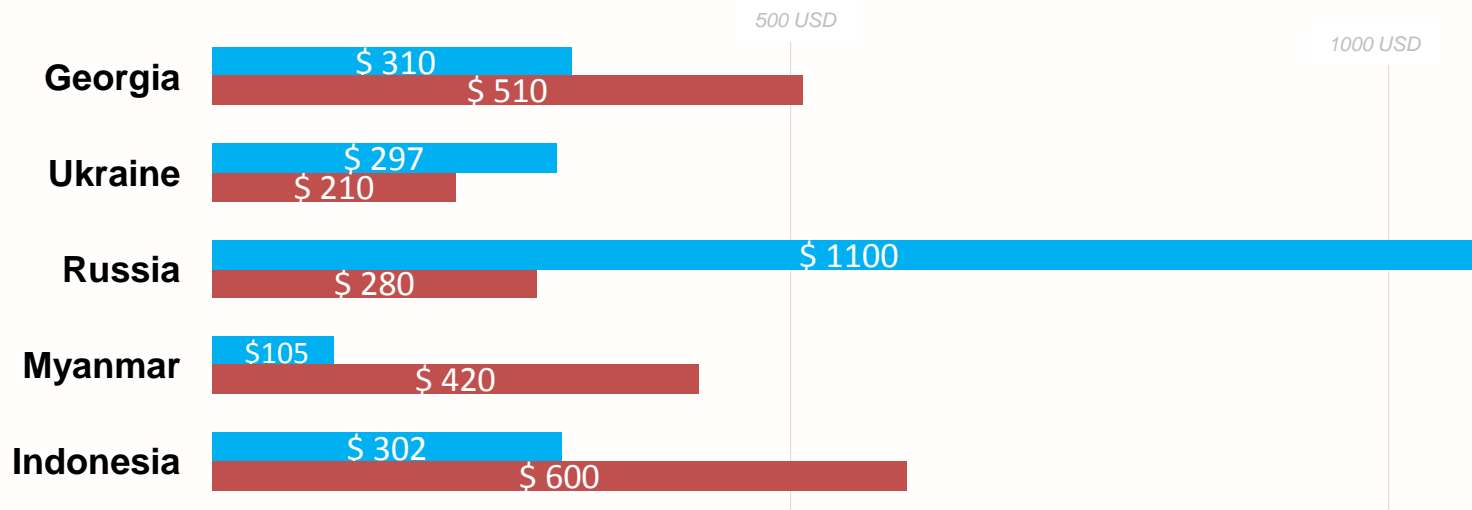
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# Obstacles to treatment for PWIDs in RLSs

- Exorbitant prices



Costs of diagnostics in USD in 5 selected countries of Eastern Europe and Asia in 2014



# Obstacles to treatment for PWIDs in LMICs

## National policies on HCV often omit to mention PWIDs

If not explicitly excluded!

	Georgia	Ukraine	Vietnam	Russia	Myanmar	Indonesia
<b>Existence of a national policy plan for viral hepatitis or HCV?</b>	Yes	Yes	Yes	Yes	No	Yes
Prevention strategies for PWID	No	No	Yes	No	-	Yes
<b>Treatment inclusion of PWID</b>	Yes	No	No	No	-	No

(Luhmann et al. IJDP 2015)

# MdM work in Georgia



- Population: 3.8 Million
- Around 40,000 PWIDs in the country (*Bemoni Public Union, 2009 report*)
- Around 5-7% of Georgians carry HCV antibodies (*Butsashvili et al. Occupational Medicine, 2012*)

**Harm reduction project in partnership with a Georgian peer-support organization – New Vector (since 2011):**

- ✓ Drop In Center / Outreach work
  - NSEP, health education, HIV and VH testing, psychological and dental care
  - Focus on HCV: testing, fibrosis assessment, secondary prevention, treatment preparation
- ✓ Advocacy efforts for access to rights and to health care for PWID

# MdM work in Georgia

**Treatment need study 2012 in collaboration with Health Research Union and New Vector**

**RDS survey among 217 PWID (2012)**

HCV Prevalence, Severe Liver Fibrosis,  
Genotype Distribution Among PWID

		N	Prevalence (%)
HCV antibodies		199	91.9
Current infections		180	82.0
Among current infections	Severe liver fibrosis	40	24.2
	Genotype 1	32	22.0
	Genotype 2	42	20.3
	Genotype 3	126	66.9
	Mixed genotype	20	10.4

N: number of participants

≈ 5,000 PWID in Tbilissi alone  
(and 7,900 PWID in the country)  
**chronically infected with severe  
liver fibrosis requiring  
immediate treatment**

**Yearly HCV incidence = 16% [11-  
22%] (Modeling based on age-specific  
prevalence data)**

*(Bouscaillou et Al. IJDP 2014, Incidence modeling by Kévin Jean, Department of Infectious Diseases Epidemiology, Imperial College, London)*

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# Context - National policy



2011

Georgian MoH publicly acknowledged that HCV is a main public health problem

GF: free treatment for HIV/HCV

2013

**HCV Treatment program in prison**

Announcement of tender and achievement of 60 % discount on dual therapy medications (pegINF+RBV) – small increase in access

2015

Discussion about elimination program supported by US-CDC - Launch of the **elimination program**

# National elimination plan 2015-2020

**Objective: Georgia HCV-free zone through universal access to prevention, diagnosis and treatment**

- Since May: Phase I – 5,000 treatments for patients (F3-F4):
  - Treatment by Sofosbuvir-RBV +/- PegInF according to the genotype in authorized centers
  - Funding by government (30% of testing + follow-up), Cities (PegInF/Riba) and patients (70% of testing and follow-up)
- Population based prevalence survey (7,000 people)
- Inclusion of PWIDs as target group (after negotiations)



# MdM work in Georgia

Since May 15th = treatment programme with and for PWID

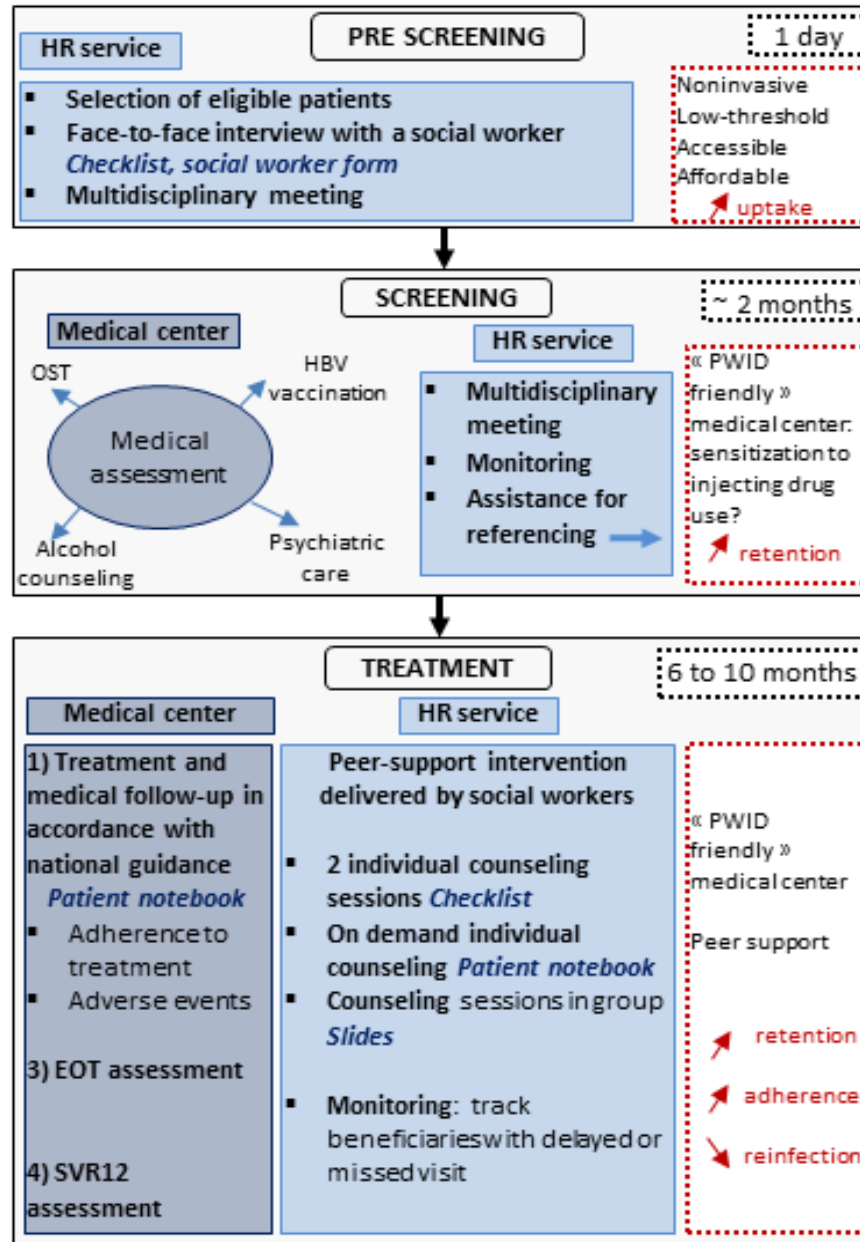
## Objectives:

- Facilitating PWIDs access to and retention in the national program
- Overcoming providers and PWID concerns about HCV treatment (enhance uptake, adherence, prevent reinfections)
- Being affordable and easy to scale-up
- **Producing evidence that PWID treatment in Georgia is feasible, effective and affordable: primary endpoint is SVR 12**

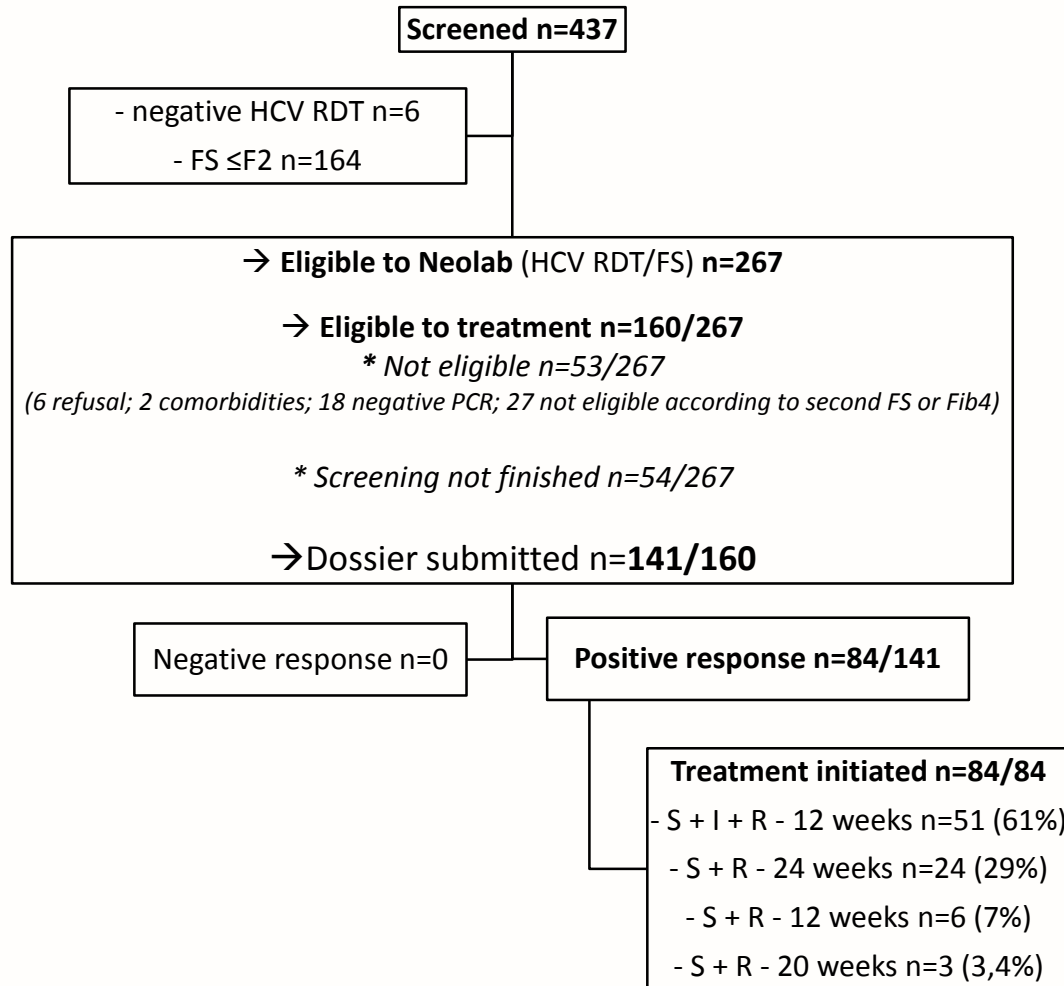
**Program is designed and implemented with our partner organizations NV and HRU**



# Georgia: model of care for PWID



# Georgia: activity flow chart



# Georgia: performance of the screening according to level of liver fibrosis

- FS not assessable (n=37) : 30% eligible to treatment (6/20 with all results available)
- F2-F3 (n=37) : 16% eligible to treatment (4/25 with all results available)
- F3 (n=79) : 93% eligible to treatment (64/69)
- F3-F4 (n=12) : 91% eligible to treatment (10/11)
- F4 (n=102) : 95% eligible to treatment (76/80)

# Georgia: description of patients starting treatment

<b>Sex</b>		
Male	83	(99%)
Female	1	(1%)
<b>Age</b>		
	45	(32;60)
<b>IDU last month*</b>		
Yes	24	(31%)
No	54	(69%)
<b>Age of first injection*</b>		
	18	(14;30)
<b>Under OST program*</b>		
Yes	32	(41%)
No	46	(59%)
<b>How often do you have a drink containing alcohol?*</b>		
Never	34	(44%)
Monthly or less	7	(9%)
2-4 times a month	13	(17%)
2-3 times a week	10	(13%)
≥ 4 times a week	14	(18%)

33/54 = 2012 study

Out of these 54 beneficiaries, 19 used cannabis during the last month

\* 6 missing data

Data are presented as number (%) or median (min-max)

# Disease progression is fast in PWIDs

PWIDs can't wait until we discuss their case

Nov 2012<sup>1</sup>

May 2015<sup>2</sup>

PWIDs with chronic HCV infection (82% of PWIDs)

PWIDs with chronic HCV infection after 2.5 years of progression

59.6% No/minimal liver fibrosis (F0-F1)

17.4% evolution to severe liver fibrosis (F3+)  
1.9% deceased

18.2% Mild liver fibrosis (F2, F2-F3)

44.4% evolution to severe liver fibrosis (F3+)

22.2% Severe liver fibrosis (F3+)

2.5% deceased

*Risk factors of progression: heavy alcohol consumption +++ , and VHB and initial level of fibrosis limit significant*

## References

1 Bouscaillou, J. (2014), Int J Drug Policy.

2 Preliminary data of the MdM cohort









# Conclusion

- Historic chance: not leaving PWID behind (again!)
- Access and scale up has to come with all- oral drugs: we need affordable and adapted treatments! And affordable diagnostics!
- Release clear guidances for HCV prevention and treatment among PWID on all levels
- Develop entry points for HCV treatment through low-threshold HR:  
**Access to treatment needs access to prevention and HR**
- Develop flexible and adapted health services and train health care workers
- Include PWID at all level of decision making and service delivery
- Sustain the fight against stigma and criminalization





**HEPATITIS C:**  
**NO ELIMINATION**  
**WITHOUT**  
**DECRIMINALISATION**



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