

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



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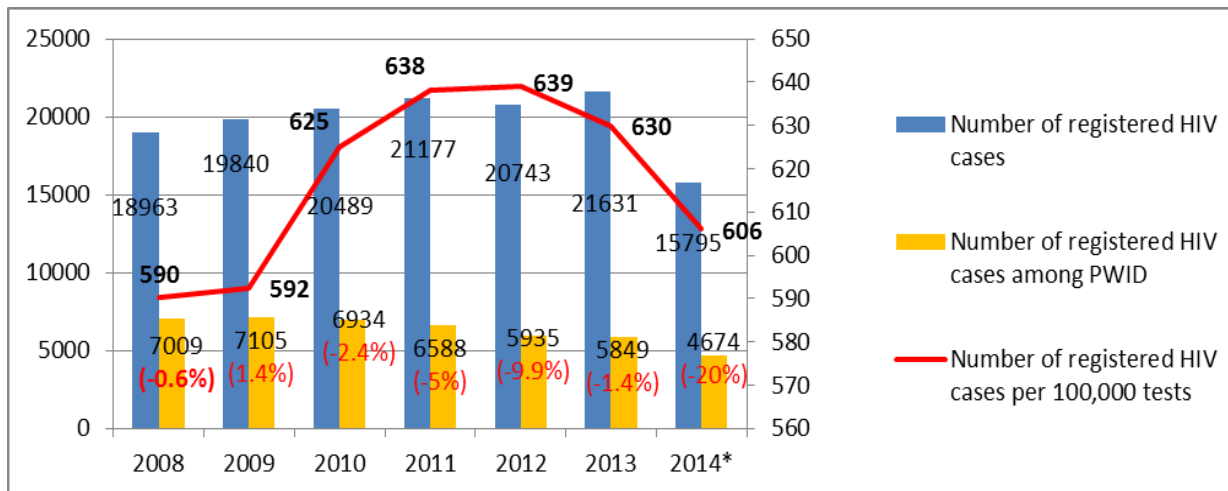
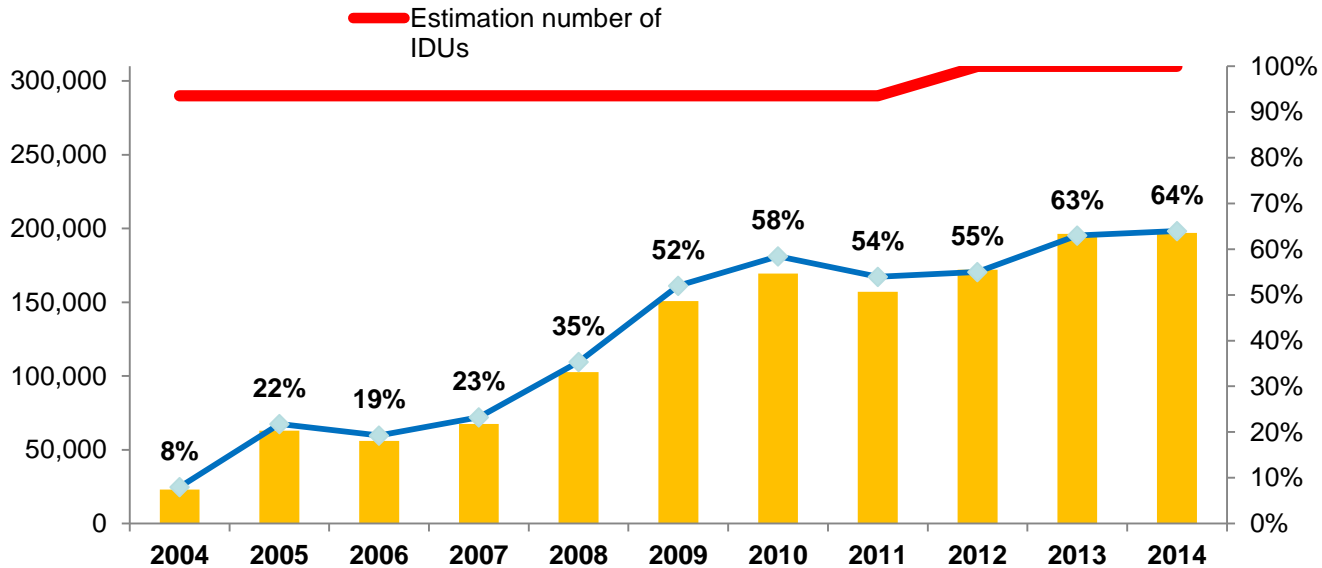
Ukraine in HIV context

- 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



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

START UP



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, health care professionals, clients
- advocacy schools for KPs
- hepB vaccination for PWIDs
- hepB&hepC screenings for PWIDs

Community mobilization:

PWIDs; PLWH; SW; MSM; health care professionals

STEP 2

2012



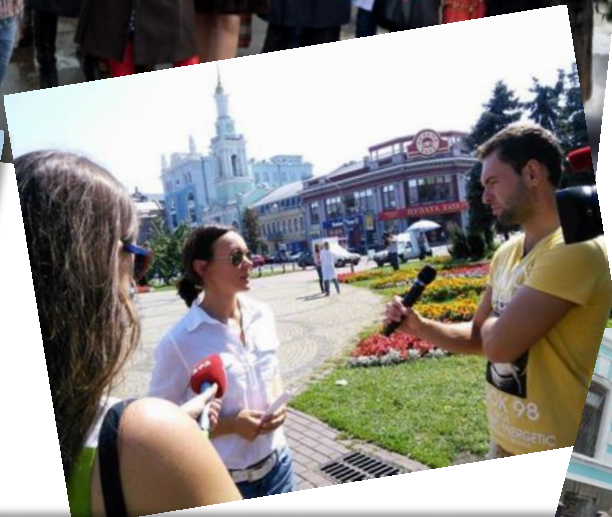


Demand treatment!



- 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



Альянс
International HIV/AIDS Alliance in Ukraine



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 HCV Treatment Program Partnership



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*



case management support provided at each stage



5) Laboratory monitoring

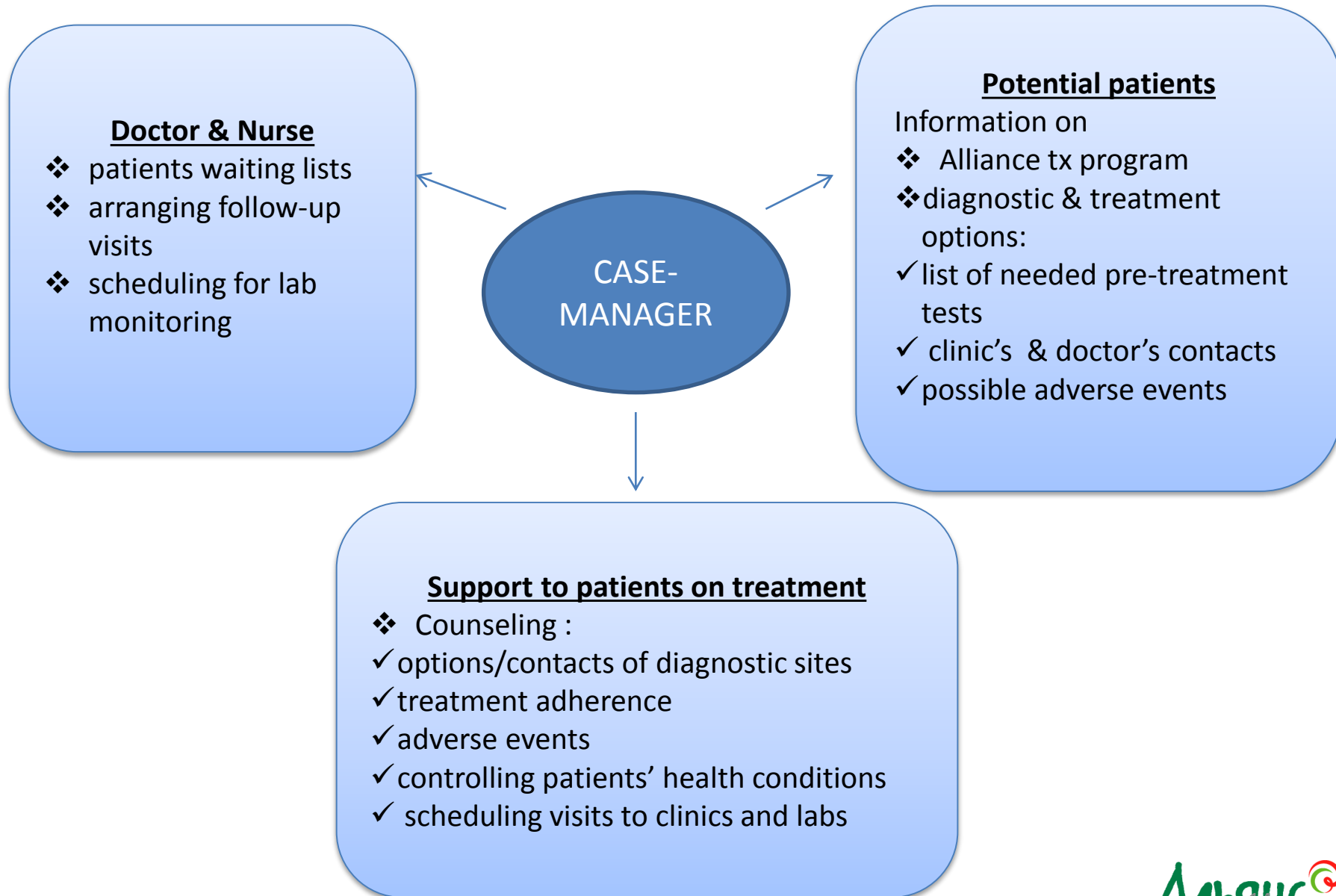


7) 12 weeks after the end of treatment follow up (SVR)



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

Community-supported approach



Preliminary treatment outcomes

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



FIGURES OCHA

People killed	6,829
Civilians killed	2,500
People wounded	17,064
Internally displaced	1.4 m
Externally displaced	1.1 m
People in Need	5.0 m

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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