COMPARISON OF FULLY DECENTRALIZED AND PARTIALLY DECENTRALIZED MODELS OF HCV TESTING AND TREATMENT FOR PWID IN MANIPUR, INDIA -THE HEAD START PROJECT.

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Background:
Manipur, India shares a border with Myanmar and is the state with the highest burden of injectable drug use. The prevalence of HCV infection among PWID in the capital, Imphal is 64.9%, however access and uptake of HCV care is poor, largely due to economic barriers amongst PWID.

Methods:
Here, we assessed the feasibility of providing appropriate models of HCV care for PWID. Screening for HCV, using rapid diagnostic tests (RDTs), was implemented at two study clinics, three harm reduction sites (HRS) and through several outreach activities. Confirmatory testing (GeneXpert) and treatment was provided at the study clinics. We compared retention in the HCV care cascade for individuals receiving all care at a study clinic (fully decentralised model) with individuals who received screening at HRS or via outreach and were subsequently referred to a study clinic for confirmation and treatment (partially decentralised model).

Results:
Between January and September 2019, 7897 participants were screened. Among seropositive participants (45.8%), significantly more participants screened at study clinics received confirmatory testing (91.1%, 1396) compared with those screened offsite at HRS (76.1%, 381, P=0.046) or during outreach (70.15%, 1114, P<0.001). Among HCV RNA-positive patients, treatment initiation was comparable across the three groups (study clinics, 88.5%, 965); HRS, 93.3%, 291); outreach, 82.6%, 771).

Conclusion:
A fully decentralised model of HCV care for PWID with screening, confirmation and treatment at one site resulted in better retention compared to a partially decentralised model. It is expected that the outcomes of this study will inform scale up of HCV care, both within Manipur and in the wider region.

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