**COMPARISON OF OUTCOMES OF PARTIALLY DECENTRALISED HCV CARE IN PRIMARY HEALTHCARE SITES FOR PWID AND NON-PWID POPULATIONS IN MALAYSIA: THE HEAD-START PROJECT**

Sem X[1], Markby J[1], Siva S[2], Mohd Zain R[3], Menétrey C[2], Yuswan F[4], Nasir NH[5], Andrieux-Meyer I[2], Easterbrook P[6], Shilton S[1], Abu Hassan MR[7]

1. Foundation for Innovative New Diagnostics, Geneva, Switzerland
2. Drugs for Neglected Diseases *initiative,* Geneva, Switzerland
3. Institute for Medical Research, Kuala Lumpur, Malaysia
4. Disease Control Division, Ministry of Health, Putrajaya, Malaysia
5. Family Health Development Division, Ministry of Health, Putrajaya, Malaysia
6. World Health Organization, Geneva, Switzerland
7. Clinical Research Centre, Hospital Sultanah Bahiyah, Alor Setar, Malaysia

**Background:** Malaysia is estimated to have a hepatitis C virus (HCV) prevalence of 2.5% in the general population and 67.1% in people who inject drugs (PWID). The Foundation for Innovative New Diagnostics collaborated with the Ministry of Health and the Drugs for Neglected Diseases *initiative* on a Unitaid-funded Hepatitis C Elimination through Access to Diagnostics (HEAD-Start) project to introduce decentralised HCV screening at the primary healthcare clinics (PHCs). Here, we describe findings from the study comparing PWID with non-PWID.

**Description of intervention:** HCV rapid diagnostic tests (RDTs) were introduced at 25 PHCs where participants at risk of HCV infection were screened. Antibody-positive patients were subsequently referred to one of five tertiary hospitals for confirmatory testing. Subsequently, after completion of confirmatory testing and pre-treatment assessments, patients were referred to initiate treatment either at PHCs or hospitals.

**Effectiveness:** A total of 15,299 participants were screened using HCV RDT, of whom 12.7% (1,944/15,299) were PWID. 75.3% (1464/1944) of PWID were antibody-positive compared to 4.2% (566/13,355) in the non-PWID population ($p < 0.001$). There was no significant difference in the uptake of HCV confirmatory RNA testing according to PWID status. However, slightly lower proportions of PWID were RNA-positive compared to non-PWID: 82.5% (877/1,063) and 87.1% (364/418) respectively ($p = 0.04$). Similar proportions of RNA-positive PWID completed pre-treatment assessments, initiated treatment, completed treatment, received sustained virological response (SVR) testing and achieved SVR compared to non-PWID.

**Conclusions and next steps:** Introduction of HCV RDTs at PHC sites has yielded good case finding for high-risk populations including PWID and encouraging retention of antibody-positive PWID for confirmatory testing and follow-up. Further optimisation and scale-up will involve a fully decentralised care pathway at expanded PHC sites to improve retention in the care cascade and decrease the turn-around time for all populations.

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