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# A multi-sectoral model to support Hepatitis C testing and treatment access among People who inject drugs in Hanoi, Vietnam







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## **Disclosure of Interest Statement**

The authors declare no conflict of interest





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## The context



- HCV Testing and treatment uptakes remain very limited
- >> HCV+ prevalence rates estimated :
  - ✓ In the general population: as high as 4.3%
  - ✓ Among people who inject drugs: up to 97.2%
- People who use drugs have very limited access to screening, diagnosis and treatment of HCV





### THE PROGRAM

- >> Starting date: 1/10/2015
- >> Target group: People who inject Drugs
- Donor: French Development Agency (AFD)
- Main axis: Demonstrate a <u>model of care</u> adapted to People who inject drugs regarding HCV <u>diagnosis</u>, <u>screening</u> and <u>treatment</u>



## **Partners**

## **VNPUD** Vietnamese Network of People who Use Drugs

- HCV sensitization and prevention in outreach
- Refer/accompany beneficiaries to consultation
- Welcome and navigate the consultation
- Community mobilization

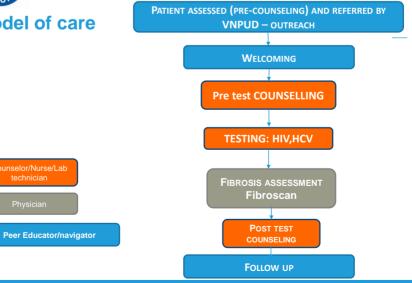
## HMU-CREATA **Hanoi Medical** University

- Medical services
- · Quantitative and qualitative research
- Training

**Center for Supporting** Community **Development Initiatives** 

Advocacy

## The Model of care







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## Follow up visit





 Beneficiaries come back after three days for testing results and additional counselling.



 HCV chronic patients: tested for HBV and referred to short scheme HBV vaccination (0-7-21 days)

## Outcomes: from 2/2016 to 4/2017

**73%** 

844 PwIDS were screened at HCV consultation clinic. 100% received HCV testing, fibrosis assessment and counselling



74%

305 patients were referred to HBV vaccination. 74% completed HBV vaccination

PEs provided HCV information in outreach for about 400 drugs users in the community per month









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## Core elements of success

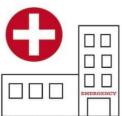
- Peer educators: Follow up beneficiaries and provide support
- Peer Navigator: provide more conducive environment at the HCV consultation services/ link between PE team and medical team
- Counselling: key messages of Harm reduction were provided and repeated at all counselling sessions
- Effective cooperation between peer educators and medical team



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## Conclusion

- Model of care: specific, simple, affordable and adapted to People who inject Drugs
- Easy to integrate into government health care system





# In 2018, we are.....

#### **PEER BASED INTERVENTION**

Complementing the model of care with a treatment component

### **MEDICAL SERVICES**

- Integrating the HCV services into a district-level public health facility
- Developing a mobile unit to reach most-hidden PwID

#### **ADVOCACY**

Modelling and capitalizing on the intervention

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# **THANK YOU**