HCV comprehensive package of peer services for marginalized women in Ukraine during war

Background

Ukraine continue to suffer russian aggression from February 2022, resulting in large-scale displacement, psychosocial stress, and reduced access to healthcare. Women who use drugs (WUD) have been disproportionately affected, facing increased exposure to HIV and hepatitis C (HCV), heightened stigma, gender-based violence, and significant barriers to continuous care. In 2022, Alliance for Public Health (APH) had to refine its peer-led HCV program implemented since 2015, to prioritize marginalized women to ensure them uninterrupted access to HCV care.

Description of the model of care/intervention

APH procures DAAs and diagnostic reagents and delivers directly to healthcare facilities, including remote and conflict-affected areas. The decentralized, peer-led model operates through partner NGOs integrating harm reduction outreach, HCV antibody screening, referral for confirmatory RNA testing, and navigation through treatment initiation and completion. Comprehensive peer services focus on psychosocial support, family planning counselling, and structured HCV education. During treatment, women attend three mandatory peer-led sessions focused on reinfection prevention, stigma reduction, and safe behaviors. Sessions follow standardized Facilitation Guidelines combining open discussion, myth-busting, and empowerment-based approaches. Trauma-informed design prioritizes confidentiality, informed decision-making, and adherence.

Effectiveness

Since war start, 2,676 women were screened positive for HCV antibodies through APH harm reduction services and referred for confirmatory diagnostics. Active HCV infection was confirmed in 2,141 women, all initiated treatment. Among them, 61.7% were WUD, 36.7% PUD partners, 1.6% sex workers. 87.6% were women living with HIV, 15% received opioid substitution therapy, and 1.3% TB treatment; 10% displaced persons. 1933 patients completed full treatment course, 187 continue treatment, 21 terminated it. Overall retention was 99%. Of those evaluated for sustained virologic response at 12 weeks (No=1467), 97.7% (No=1443) achieved SVR.

Conclusion and next steps

This peer-led, decentralized strategy successfully maintained the HCV care cascade during active conflict. High cure rates and minimal loss-to-follow-up demonstrate that community-based, trauma-informed models are effective for women and marginalized populations even in emergency settings.