

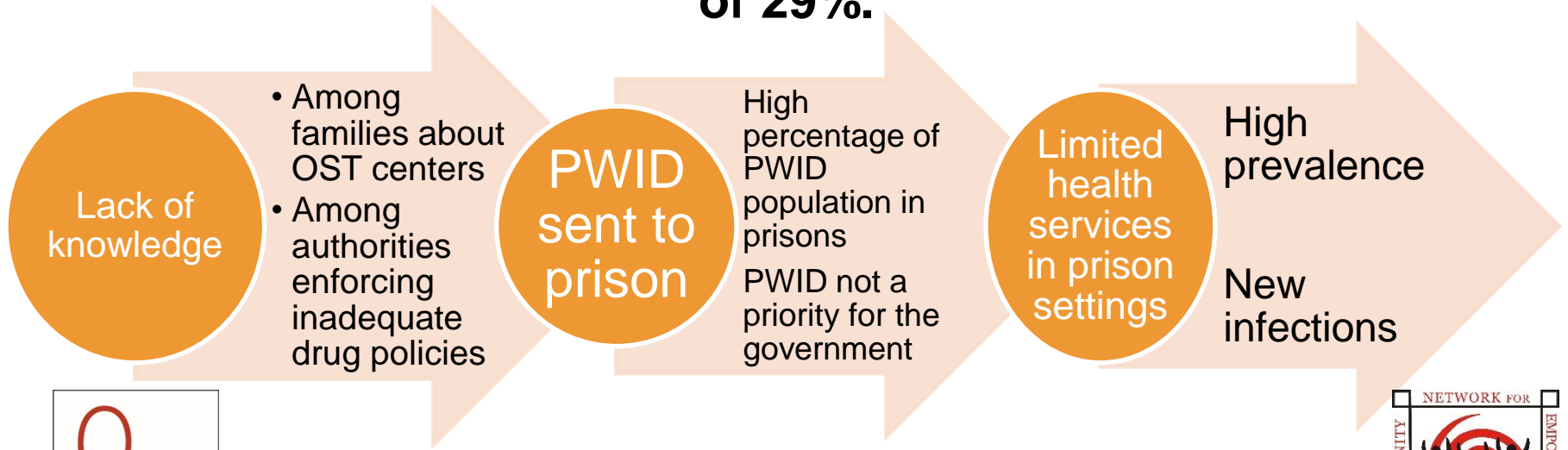
# Can patient groups lead diagnosis & treatment in prisons? We are doing it!



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# Context: CoNE motivation to reach out to inmates

**Studies documented between 70% and 98% HCV prevalence among PWID in Manipur with an HIV / HCV co-infection rate of 29%.**



# Method

**Once the intervention protocol is ready CoNE develops partnerships with different stakeholders to implement the program.**

Jail authority

MoU stipulating that HCW under MoH may be mobilized for screening camps in prisons

HIV NGO in Prisons

Approaching PWID or inmates who are interested to get tested

Diagnostic lab

Providing diagnostics free of cost or at preferential rates

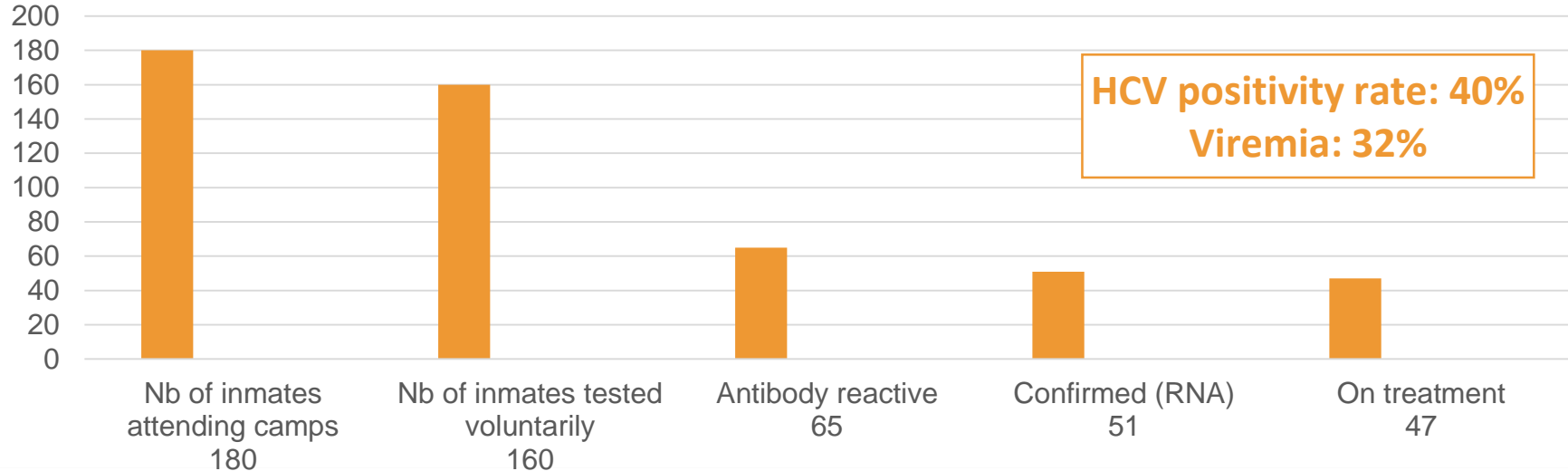
Generic companies

Donation of DAAs

**CoNE offers support and counseling to all PWIDs and inmates throughout the process**

# Results 1

**Process:** CoNE organized 6 HCV screening camps for 30 inmates each



# Results 2

- **Cascade details:**
  - Choice of drugs provided Sofosbuvir - Daclatasvir
  - Cut off value for APRI score was 1.5
  - 12 weeks therapy to non cirrhotic patients and 24 weeks therapy to cirrhotic patients

# Conclusions / Learnings

- This community based initiative proved that even with limited availability of health facilities HCV treatment is still feasible in prisons
- Need to follow up patients after they get out of prison
- It is a lot easier for governments and regional/local authorities to organize and implement screening camps in prisons but we observe lack of willingness or denial in various countries.

# Acknowledgments

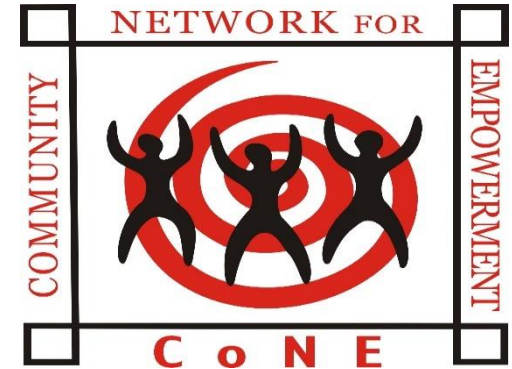
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