

TITLE: PILOTING THE MANAGEMENT OF HEPATITIS C VIRUS (HCV) INFECTION AMONG HIV POSITIVE PEOPLE WHO INJECT DRUGS (PWID) IN BANGLADESH

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Background:

Bangladesh was an early adopter of harm reduction (HR) measures in Asia, initiating programs in 1998. Despite a well-established HR program, treatment for hepatitis C virus (HCV) among People Who Inject Drugs (PWID) remained missing, posing a significant health risk. To address this gap, a pilot initiative was launched in 2023 under the Global Fund NFM3 grant to diagnose and treat HCV infections among HIV-positive PWID. The objective was to assess feasibility and inform future service expansion.

Description:

HR services for PWID in Bangladesh operate across 31 districts through drop-in centers and peer-led outreach. Three districts were selected based on epidemiological significance and availability of HCV confirmatory testing (HCV-RNA). The pilot targeted 740 PWID receiving antiretroviral therapy (ART). A guideline outlining site selection, staff responsibilities, eligibility criteria, referral pathways, and follow-up mechanisms was developed. Advocacy efforts engaged the Centre for Disease Control and the Network of People Who Use Drugs (NPUD) to facilitate government support for HCV management.

Effectiveness:

Screening was conducted for 704 of the 740 HIV-positive PWID, identifying 288 (40.91%) with HCV antibodies. Confirmatory HCV-RNA testing of 177 samples found 144 (81.36%) positive cases. Direct-acting antiviral (DAA) therapy with Sofosbuvir/Velpatasvir was initiated for 131 individuals: 116 completed treatment, while 15 discontinued. SVR testing was conducted for 111 participants, with 87 (78.38%) achieving viral clearance and 24 remaining HCV-positive. The high treatment completion rate underscores the feasibility of integrating HCV treatment into HR services.

Conclusion and next steps:

The pilot demonstrated the feasibility of integrating HCV treatment into HR services for PWID. Lessons learned informed service scale-up under the Global Fund GC7 grant. Given the complexities of HIV and HCV co-infection management, WHO guidelines were followed with expert consultation from tertiary care facilities. The government of Bangladesh planned to expand this model to enhance HCV care among PWID.