

ATTITUDE OF STAFF REGARDING INTEGRATED HEPATITIS C TREATMENT AT EIGHT HARM REDUCTION CENTRES IN GEORGIA

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HCV elimination program in Georgia

Georgia is a lower-middle income country located in Eastern Europe,
with a population of 3.7 million



HCV prevalence in Georgia

- National serosurvey in 2015 (with US CDC support) estimated 7.7% anti-HCV prevalence
- Chronic HCV infection (RNA positive) – among 5.4% estimated 150,000 adults aged ≥ 18 years living with HCV



Risk Groups

- 57–92% seroprevalence - people who inject drugs (PWID)
- 17% among MSM
- 4–12% - health care workers



Strategy 2 – Prevent HCV Transmission Objective 2.1. Decrease HCV incidence among PWID by promoting harm reduction*

- Intensify HCV detection efforts among PWID
- Intensify HCV prevention efforts among PWID
- Improve care and treatment for PWID living with HCV

* Strategic Plan for the Elimination of Hepatitis C Virus in Georgia, 2016-2020



HCV treatment integration into Harm Reduction Centers

To improve linkage to care among PWID, the Ministry of Health decided to pilot HCV treatment integration with harm reduction (HR) services

Why integrate

Integration can improve effectiveness of HCV treatment for PWID, including treatment compliance and outcome and mitigate stigma



Aim of the Study

The aim of this study was to evaluate attitudes and readiness of HR centers' staff for integrated HCV treatment

There was concern about potential resistance of employees at HR centers to the inherent added responsibilities



Methods

A self-administered questionnaire was used with questions regarding awareness of the HCV elimination program, and perceived feasibility and barriers of implementing HCV integrated care at HR centers.

Managers, social workers, counselors, laboratory technicians, and nurses were surveyed from eight harm reduction centers at six regions including the capital of Georgia, Tbilisi.



Results

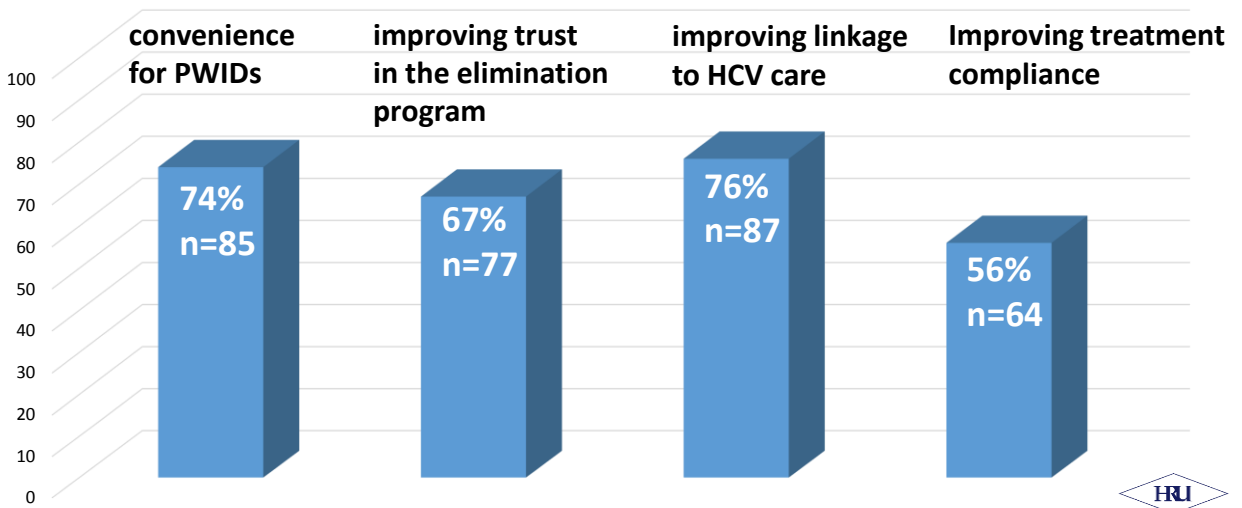
Of a total 115 respondents surveyed, 49% (n=56) were female.

96% of surveyed individuals believe HCV treatment should be integrated with HR services

Most (86% [n=99]) respondents thought that PWIDs would prefer to have HCV treatment at HR centers compared to specialized clinics



Results *perceived benefits*



Results

barriers

Insufficient administrative and technical resources were reported as major barriers to starting HCV treatment at HR centers by 26% (n=30) and 62.6% (n=72) of respondents



Conclusion

The study showed the readiness and willingness of HR centers' staff to integrate HCV treatment with other HR services at their facilities, as well as perceived barriers



Thank You!