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Improving Access to Care for PWID in Kenya

from Pilot Study to National Programme

Médecins du Monde - *Doctors of the World*

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Background

- Médecins du Monde (MdM) is an **international health organization** which currently implements **Harm Reduction programming in 6 countries** across Africa, Asia and Eurasia
- Since 2013, Médecins du Monde has been providing comprehensive Harm Reduction services through its Drop-in Centre (DIC) and Outreach activities, based in Nairobi
- From its expertise gained in developing a highly effective HCV model-of-care in Georgia, **Médecins du Monde (MdM) in Kenya added a pilot treatment program to its existing Harm Reduction program in 2016**, in partnership with Médecins Sans Frontières – Belgium, supported by MSF and UNITAID



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Start of the treatment project - 2016

- Since 2016, Médecins du Monde and Médecins sans Frontières added a pilot treatment program to MDM existing Harm Reduction program
- Objective:
- **demonstrate effectiveness of Direct-Acting Antivirals (DAAs) in treating HCV amongst PWID, with the objective to increase equity in access to DAAs and scale-up HCV treatment for PWID**

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Treatment Approach

- Focus on people who inject drugs
- Both co-infected HIV/HCV and mono-infected HCV
- Both male and female

	Co-infected HIV/HCV		Mono-infected HCV		Total
	Male	Female	Male	Female	
Number Screened	130	20	75	25	350
Number Antibody Positive	51	9	32	13	105
Number PCR Positive	45	5	26	9	85 eligible for Tx

- 85 persons included in the program:
 - Genotypes: 70% Genotype 1a; 30% Genotype 4
 - 39% on Medication-Assisted Treatment (MAT)
- Treatment used: SOF/LDV and SOF/DCV

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Screening – Drop in center



Screening – Outreach



Medical assessment



Pre-treatment phase: health education session and counseling



Continuous support from peer educators



Treatment delivery and post-treatment phases



Treatment Outcome

95% treatment success

Results (May 2016 - August 2018)	Total
Number eligible for treatment	85
Number started on treatment with SOF/LDV	9
Number started on SOF/DCV	72
Number completed treatment	100%
Number SVR 12	76(95%)
Number awaiting SVR 12	5
Number with detectable viral load after SVR 12	3



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From pilot to national programme – 2017-today

→ More patients treated

- MoH started treatment of about 400 patients at the Coastal region, supported by Test and Link to Care IDU study, since Mdm/MSF had treated nearly all PWID in Nairobi who had been identified by the study

→ Political and technical support

- Viral hepatitis guidelines developed and launched recently, based on contributions from experts
- Harvoni registered and other DAAs to be registered after launch of guidelines
- National Aids and STI Control Program TLC IDU study and treatment
- NASCOP tasked to spearhead hepatitis intervention
- Hepatitis sub-committee in place to provide technical support



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More successes

→ Funding allocated

- Since 2018, through Global Fund support, resources available to treat 1000 patients among key population

→ MoH expands harm reduction coverage

- Ongoing scale up of Harm reduction services ongoing especially NSP and Medically Assisted Therapy; MAT was introduced in December 2015 with only 2 clinics (1 in Nairobi and 1 at the Coast) and now 7 clinics have been established (2 in Nairobi, 4 in coast , and 1 in Kisumu)

→ Improved awareness on hepatitis

- MoH spearheaded celebration of world hepatitis day 2018
- Countrywide sensitization of Health Care Workers and peer educators on viral hepatitis



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World Hepatitis Day 2018



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Lessons learned

Registration of New Generation DAAs nationally is crucial:

- New generation SOF/DCV not yet registered in Kenya; requires between 1 - 2 months to import. Harvoni is registered but access is limited

Funding:

- Need for national funding strategy to reduce cost-burden of DAAs (*currently up to \$2,000 USD/treatment*)
- Limited access to cost-effective diagnostics for thorough investigation

Need for National Guidelines:

- To standardize quality of service-delivery and advocacy tools for a harmonized approach

To promote scale-up of Harm Reduction Services nationally:

- Important in making elimination a reality

Technical Working Groups are essential to inform policy and guideline development, and provide technical support to implementors

Surveillance and Data-Monitoring: gaps to address and measure progress



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Remaining challenges

→ Access to cheaper generics DAAS and diagnostics

- The government is yet to negotiate for cheaper generics
- There is still limited access to diagnostics in public health system

→ Awareness

- Elimination cannot be realized without proper awareness
- Awareness is still poor among general population and some PWID

→ funding

- There is need for national allocation of funding for Viral hepatitis
- Beyond the global fund support, there is no clear financing strategy



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Challenges;;;

Access to harm reduction services

A number of PWID in need of harm reduction services are not accessing due;

- Punitive drug policy
- Stigma and discrimination
- Under age users who need an adult to consent for them to access services like MAT
- people in prison and incarcerated



Key Messages

- Peer led approach –key in treatment success
- Integrated approach to service delivery- one stop shop for all Harm Reduction services is key
- The Kenya experience might suggest that it is feasible for countries with relative low HepC prevalence among PWID to eliminate HepC
- Comprehensive harm reduction services -key in achieving Elimination among PWID



Acknowledgements

- MoH Kenya – NASCOP, MAT clinics
- MDM Kenya Harm reduction team
- MSF Belgium
- Community of PWID- peer educators
- INHSU conference organizers
- Our parliamentarians present in this conference



YES, WE CAN ELIMINATE HEPATITIS in Kenya!

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