

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER



A peer-based support-model for HCV treatment for PWID integrated into a public healthcare facility in Hanoi, Vietnam

TRUNG TÂM Y TẾ
QUẬN NAM TỪ LIÊM



Médecins du Monde
Mathilde Laval
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Disclosure of Interest Statement

The authors declare no conflict of interest



Context

- » Low awareness of the disease
- » HCV+ prevalence rates estimates :
 - ✓ General population: 1-4.3%
 - ✓ Among people who inject drugs: up to 97.2%
- » High cost of diagnosis & treatment
- » No DAAs registered
- » Lack of comprehensive Harm Reduction programs for drug users
- » No enhanced HR facilities available (Drop-in centers or community spaces) in Hanoi





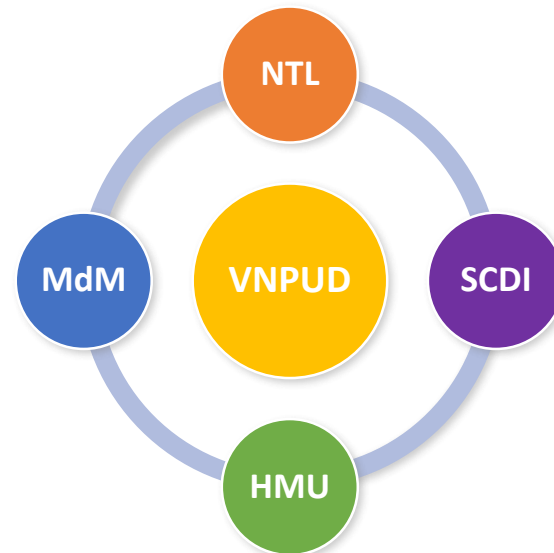
The project : October 2015 - May 2019

- » Demonstrate a **model of care** adapted to People who inject drugs regarding HCV **diagnosis**, **screening**, and **treatment**
- » Use the results as evidence to promote access to HCV prevention, diagnosis and treatment by self-help groups



The model

- » Community-focused
- » Designed by the community



“Everything we said was listened to and included in the activities. It was [a model] based on the needs of the community”

~Anonymous Treatment Peer Educator

- » Integrated into existing services



Setting: District Health Center

Existing services

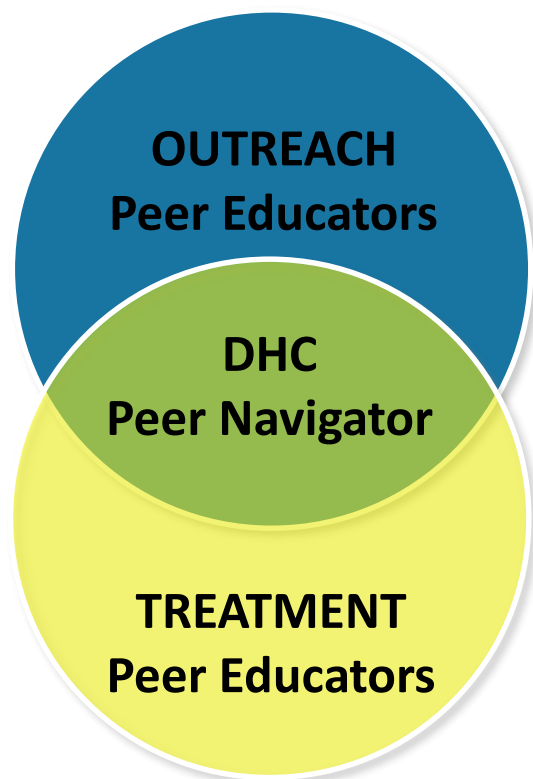
- HIV counselling & testing (VCT)
- HIV treatment
- Methadone maintenance treatment
- TB screening & treatment
- Counselling on ATS use
- Mental health treatment and care
- Primary care

Integrated services

- HCV testing + HCV viral load
- Fibrosis assessment Fibroscan®
- Counselling
- HCV treatment
- HBsAg testing for people with chronic HCV
- HBV vaccination
- Support for health insurance
- Referral
- Mobile Unit



A peer-based intervention



Sensitizing the community to HCV and encouraging SCREENING

Navigation and support through the SCREENING and TREATMENT processes

Counselling and support throughout TREATMENT



Treatment peer educators

The team:

- » 7 PEs, in charge of individualized follow-up of 15-18 patients

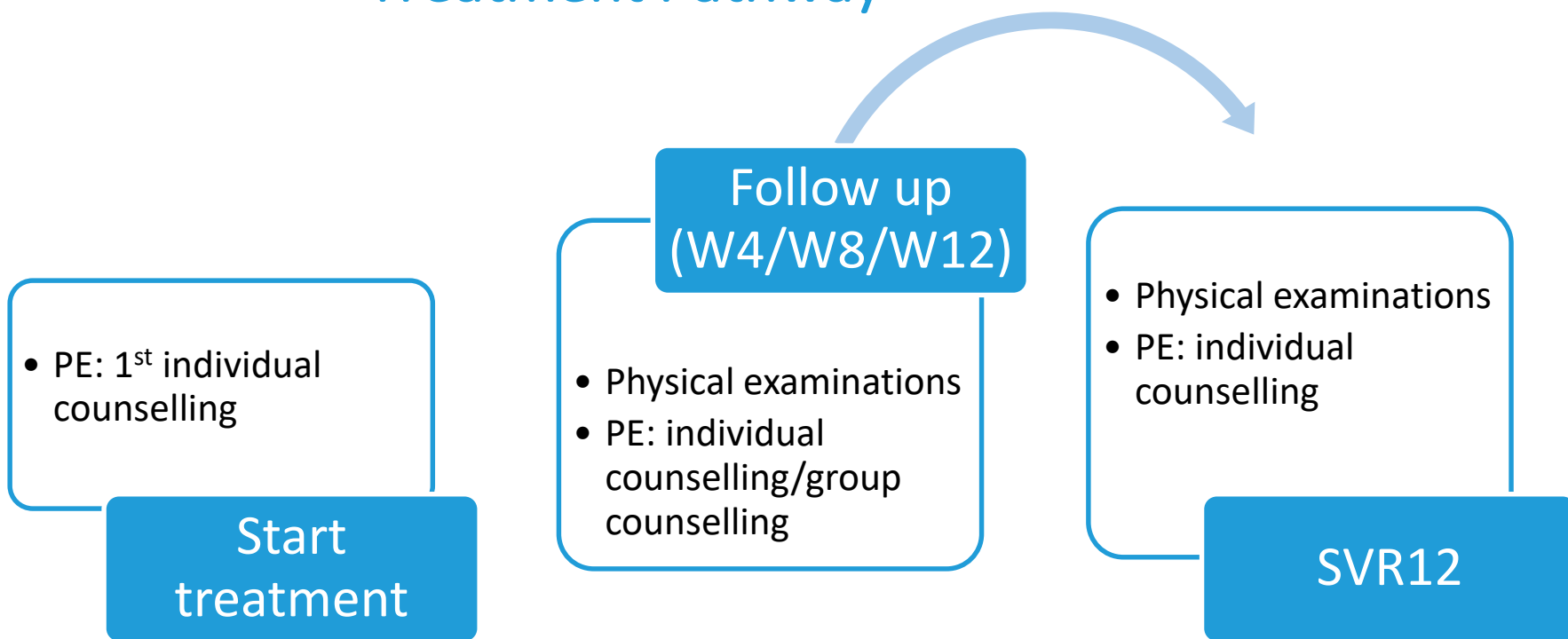
Goal: improving the uptake, linkage and retention in HCV treatment
& inducing behaviour changes to lower the risk of reinfection

Responsibilities to beneficiaries:

- » conducting **individual counselling** sessions for each beneficiary
- » organizing and facilitating monthly **group sessions**
- » providing **family counselling**
- » tracking to support adherence, and follow-up with additional **individualized care and support as needed**



Treatment Pathway

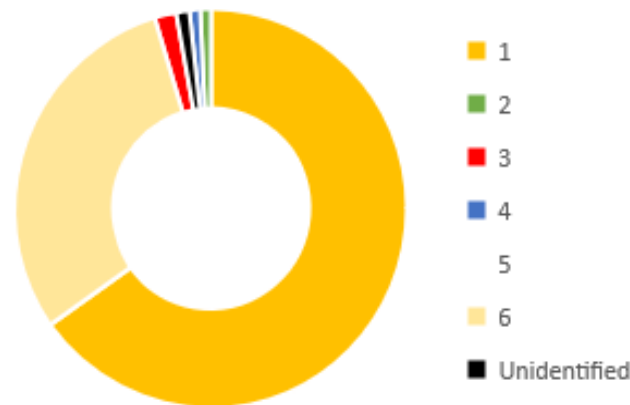


Individualized FU: additional counselling, phone calls, home visits, family counselling...



Cohort snapshot

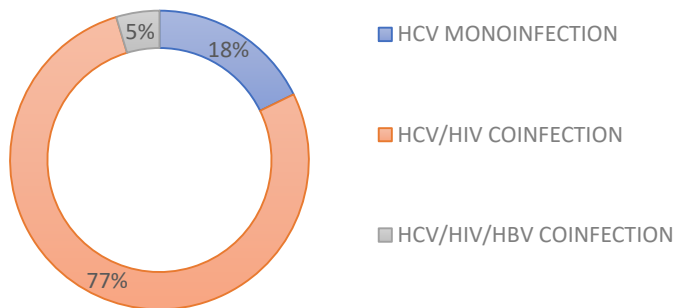
HCV genotypes



Eligibility criteria

- Chronic HCV infection and a FibroScan score of > 2
- Chronic HCV/HIV coinfection and a FibroScan score of > 1
- Chronic HCV/HIV/HBV coinfection, regardless of FibroScan score

Coinfection status



Regimen

Sofosbuvir/Ledipasvir
Sofosbuvir/Daclatasvir
+/- Ribavirin

107 beneficiaries

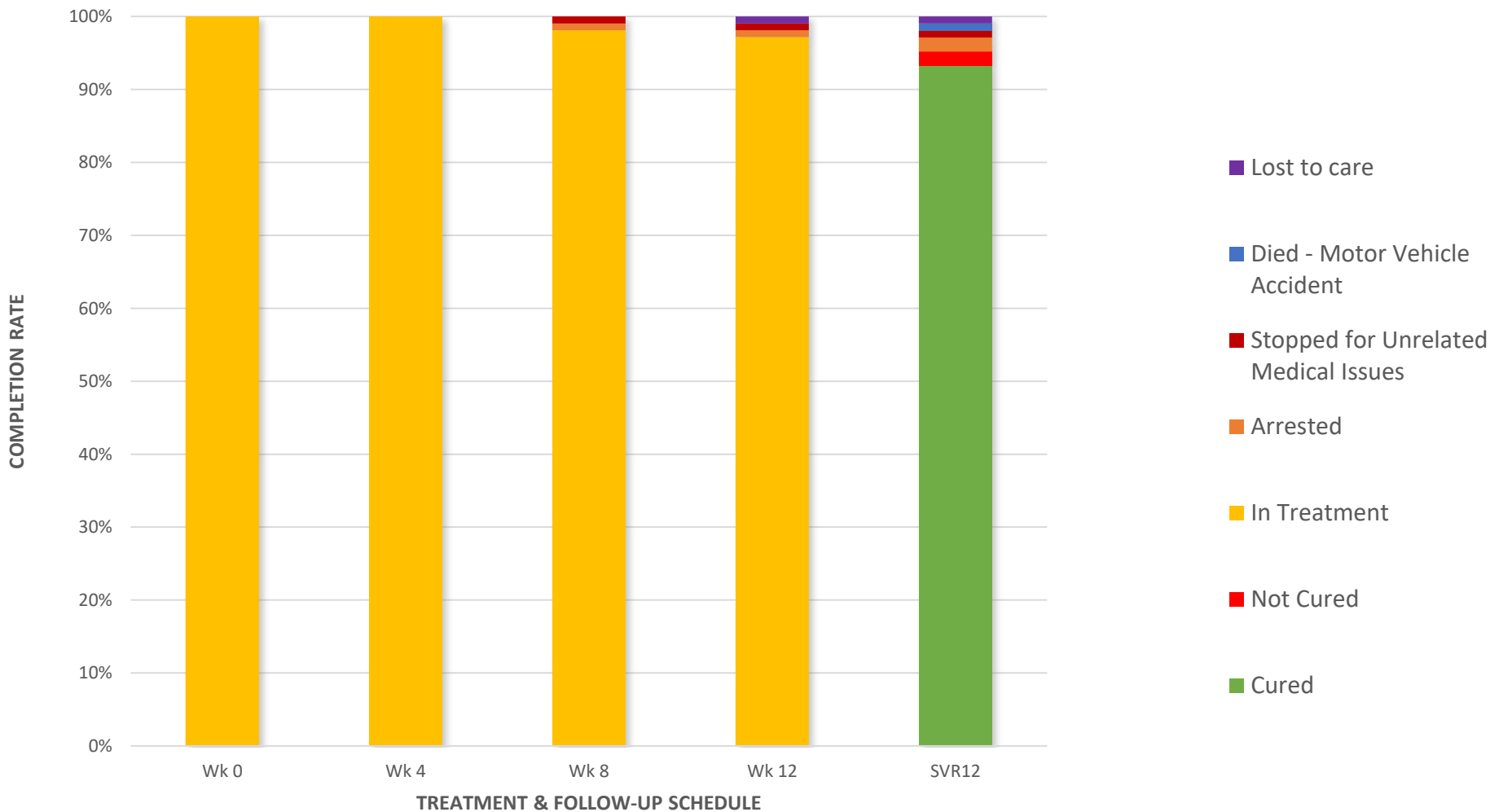
- 13 female, 94 male
- 30-55 years old (average 41)

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Follow-up and cure rates [n = 107]





Results – Behaviour change

Lifestyle

Realistic reductions in alcohol intake

Increased attention and improvements to nutrition

Healthcare seeking behavior

Actively seeking out screening and care

Injection practice

Not sharing any piece of injecting or drug preparation equipment

Avoiding any injecting situation where blood to blood contact could occur

Reducing or stopping drug use



Relative Costs of the model – Treatment phase

- » **Peer-based support : 13 %**
- » **Diagnostic/monitoring costs : 16%**
- » **DAA-based therapy : 71 %**
- » **Simplification of National Protocol to align with WHO's:
would reduce diagnostic costs 60%**



Conclusion

- Model of care: specific, simple, affordable and adapted to People who inject Drugs
- High feasibility and replicability: could be a cornerstone in the response towards elimination
- Expansion: Peer-driven interventions can be applicable to other diseases and key populations in the same context
- Easy to integrate into government health care system

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IMPLEMENTATION HANDBOOK

**HEPATITIS C PREVENTION, DIAGNOSIS & TREATMENT:
A Peer-Based Model of Care for People Who Inject Drug
– Ha Noi, Viet Nam**

Chart Area

Contact:

mathilde.laval@medecinsdumonde.net