

Interventions to improve the uptake of direct-acting antivirals in high- and middle-income countries: A systematic review

David Ortiz-Paredes^a, Afia Amoako^b, Taline Ekmekjian^c, Kim Engler^a,
Bertrand Lebouché^{a,d,e}, Marina B. Klein^{e,f}

- a. Centre for Outcome Research and Evaluation, Research Institute of the McGill University Health Centre, Montreal, Quebec, H3H 2R9, Canada
- b. Department of Epidemiology, Biostatistics, and Occupational Health, McGill University, Montreal, Quebec, H3A 1A2, Canada
- c. Medical Libraries, McGill University Health Centre, Montreal, Quebec, H4A 3J1 Canada
- d. Department of Family Medicine, McGill University, Montreal, Quebec, H3S 1Z1, Canada
- e. Department of Medicine, Division of Infectious Diseases/Chronic Viral Illness Service, Glen site, McGill University Health Centre, Montreal, Quebec, H4A 3J1, Canada
- f. CIHR Canadian HIV Trials Network, Vancouver, British Columbia, V6Z 1Y6, Canada

Centre universitaire
de santé McGill
Institut de recherche



McGill University
Health Centre
Research Institute



Conflicts of interest

I have no conflicts of interest to disclose related to this presentation

Background

- Access to HCV care remains problematic.
- Uptake of direct-acting antivirals (DAAs) has been uneven among priority populations.
- A decrease in treatment initiation rates might prevent Canada from achieving the WHO targets by 2030.

Objective

To identify existing interventions designed to improve DAA initiation among:

- ▀ HCV infected women
- ▀ People who inject drugs (PWID)
- ▀ Men who have sex with men (MSM)
- ▀ Indigenous peoples

Methods

Databases:

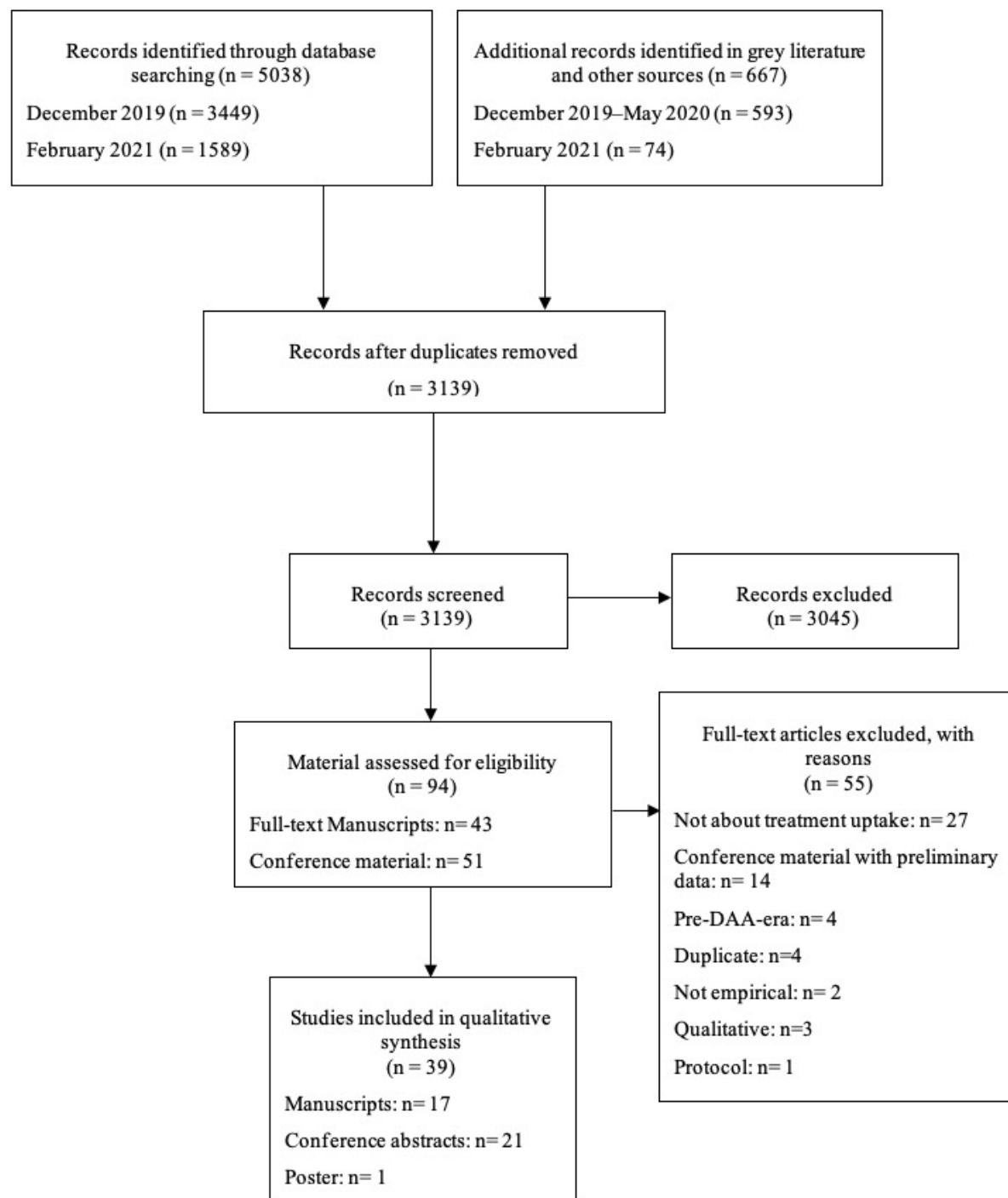
- Medline
- The Cochrane CENTRAL Register of Controlled Trials & Cochrane Database of Systematic Reviews
- Embase
- CINAHL
- Biosis
- Global Health
- Global Index Medicus
- Scopus

Eligibility criteria

- Primary research (papers or conference materials)
- Described an DAA uptake intervention
- Middle- or high-income country
- Study participants: PWID, MSM, Indigenous, and/or women
- Data on DAA initiation
- Written in English
- Published after 2013

Evidence synthesis

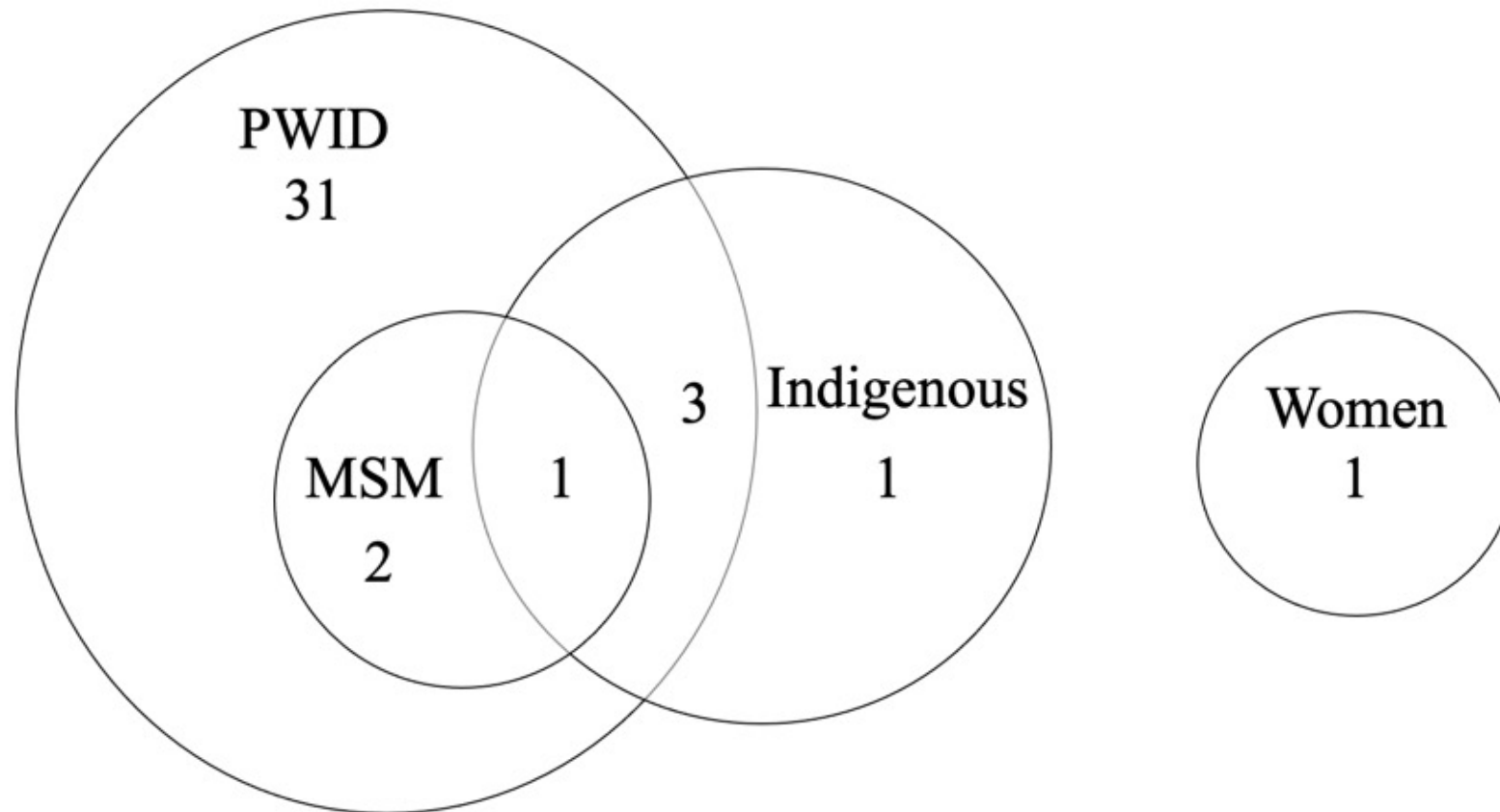
- Textual narrative synthesis



Results

Interventions targeting patients	Care coordination	Streamlined referrals	To usual care
			To community
	Accelerated DAA initiation and on-site distribution		
	Patient education	Peer-based support	
Interventions targeting providers	Provider education		
	Telemedicine		
	Multidisciplinary teams	Nurse-led care	
		Pharmacist-led care	
	Specialist-supported general practitioner-led care		
Interventions targeting the Health System	DAA universal access		
	HCV care setting	Primary care-based models	
		Tertiary care	
		Secondary care	
		Colocation in community setting	Community centres
			OST centres
			Needle exchange services
			Mobile clinics

Populations for which interventions were studied



Conclusions

- Combining multiple interventions is a common approach for supporting DAA initiation.
- Lack of:
 - Controlled trials estimating the effects of interventions on DAA uptake
 - Studies in middle-income countries
 - Interventions tailored to women, MSM, and Indigenous people.



10

Thank you

Questions?

david.ortiz-paredes@much.mcgill.ca