

## Integration of HCV treatment at district antiretroviral therapy clinics during COVID-19 pandemic: A success story from Viet Nam

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**Category:** B3: Co-infections (including opportunistic infections)

**Country of research:** Vietnam

**Please use the drop down list to indicate if your abstract relates to any of the below** People living with HIV, People who use drugs

**Background:** Estimated 1 million people are living with hepatitis C virus (HCV) in Vietnam. Majority of them are people living with HIV (PLHIV) and people who inject drugs (PWID). Hepatitis C and B are the major causes of hepatocarcinoma and liver-related deaths in Vietnam. However, access to HCV treatment remains limited for PLHIV and PWID. To address this, an initiative on integration and scale-up HCV treatment at district antiretroviral therapy (ART) clinics for PLHIV and PWID on methadone maintenance therapy (MMT) was implemented.

**Description:** Between April 2021 and August 2022, a total of 16,052 patients (4,492 PWID and 11,560 PLHIV) initiated HCV treatment with direct acting antivirals (DAAs) at 210 ART clinics in 38 provinces in Vietnam. Majority (84%) of these ART clinics were at district hospitals. Data on patient demographics, ART, MMT and HCV treatment were abstracted from a web-tool designed for HIV and HCV treatment patients. Cure rate was defined as undetectable of HCV RNA at 12 weeks or more (SVR12) after completion of HCV treatment.

**Lessons learned:** Of 16,052 patients (including 1415 compensated and 50 decompensated cirrhosis patients) received DAAs and 98.7% patients completed the treatment course. As of 30<sup>th</sup> November 2022, there were 4,785/15,784 (30.3%) patients had a second HCV RNA test at 12 weeks or more after the treatment completion and overall rate of SVR12 was 96.6%. No difference was found in SVR12 rates between district (96.7%), provincial (95.6%) and central (98.7%) level health facilities. However, there was a significant proportion of patients (69.7%) who had completed treatment for at least 12 weeks but did not have second HCV RNA test. The major reasons for this were patients felt well and did not want to spend their time or money for the second HCV RNA test.

**Conclusions/Next steps:** The findings from this real-world data demonstrated the feasibility of integration of HCV treatment at district ART clinics which brings HCV treatment services closer to PLHIV and PWID. The results will be served as strong evidence to advocate health insurance reimbursement for HCV treatment at district health facilities to ensure sustainability of HCV treatment in Viet Nam.

**Ethical research declaration:** Yes

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