

A QUALITATIVE STUDY EXPLORING BARRIERS AND FACILITATORS TO IMPLEMENTING A RAPID-START DIRECT-ACTING ANTIVIRALS (DAA) MODEL FOR HEPATITIS C TREATMENT AMONG PEOPLE WHO USE DRUGS IN MALAYSIA.

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Background:

Direct-acting antivirals (DAAs) have been shown to be effective, yet treatment uptake among people who use drugs (PWUD) in Malaysia remains low. There is an urgent call for implementation science to fill this gap by developing innovative rapid-start models of care that reduce delays in treatment initiation. This study explores stakeholders' perspectives on the barriers and facilitators to implementing a Rapid-Start DAA (RS-DAA) model—which aims to integrate community-based testing and phlebotomy, telemedicine for treatment initiation, and patient navigators.

Methods:

Between August and December 2024, two semi-structured focus group discussions (FGDs) were held in Klang Valley with HCV care providers (n=10) and public health experts (n=5). Participants were purposively sampled based on their involvement in HCV care or policy. FGDs were audio-recorded, transcribed, and analyzed thematically using the Consolidated Framework for Implementation Research (CFIR) to guide understanding on contextual determinants.

Results:

Within the intervention characteristics domain, the RS-DAA intervention presents logistical barriers in conducting pre-treatment assessments during outreach and integrating remote patient registration with existing clinic systems. Limited availability of confirmatory HCV RNA testing in primary care clinics and delays in test processing and reporting at tertiary hospitals pose barriers within the inner settings domain. In the implementation process domain, stakeholders noted a lack of standardized protocols for telemedicine-based treatment initiation and concerns regarding the capacity of community health workers (CHWs) as patient navigators. Facilitators included enabling remote client registration to reduce administrative delays and establishing service-level agreements on timely HCV RNA reporting and service coordination across providers.

Conclusion:

While there is strong potential for an RS-DAA model in Malaysia, study findings highlight the need for clearer service workflows and enhanced training for CHWs. Findings from this study will guide the development of specific implementation strategies aimed at scaling up HCV elimination efforts among PWUD in Malaysia.

Keywords: Hepatitis C, Direct-Acting Antivirals, Implementation Science, People Who Use Drugs, Rapid Initiation

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