

FROM DISPARITIES TO SUCCESS: STRATEGIES FOR DECENTRALIZED HCV CARE AND INTEGRATION IN HARM REDUCTION IN MYANMAR

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Background:

Integrated Biological and Behavioural Survey (2017) revealed a significant gap in hepatitis C (HCV) testing among Myanmar People Who Inject Drugs (PWID), with only 39.4% reporting prior testing and an overall prevalence of 56%. Waingmaw and Hpakant reported alarming rates of 84.5% and 71%, respectively. Barriers to accessing HCV viral load testing and treatment persist due to stigma and healthcare disparities in public health facilities.

Description of model of care/intervention/program:

In 2019, Asian Harm Reduction Network (AHRN) integrated HCV screening in high-drug-use regions, focusing on Sagaing Region, Kachin, and Northern Shan State, where HIV and HCV prevalence is highest among PWID. HCV screening is included as a baseline investigation in Opioid Substitution Therapy, ART initiation, and at Key Population Service Centers (KPSCs). AHRN collaborated with the National programs in August 2023 to decentralize and integrate simplified HCV treatment for non-cirrhotic and compensated cirrhotic patients in AHRN's KPSCs in Waingmaw and Hpakant township.

Effectiveness:

HCV screening fluctuated due to the COVID-19 outbreak and political crises. In 2019, 74.71% tested positive (4,219 out of 5,647 screened), dropping to 71.51% (2,447 out of 3,422 screened) in 2020, 69.17% (2,690 out of 3,889 screened) in 2021, 66.5% (3,464 out of 5,205 screened) in 2022 and rising to 73.8% (3,926 out of 5,320 screened) in 2023. From August to December 2023, AHRN provided HCV RNA testing to 1,025 PWID, with 919 (90%) testing positive. Of these, 117 (13%) PWID were cirrhotic, with one decompensated cirrhosis needing specialist referral. A total of 694 PWID (76%) started HCV treatment, with 225 (24%) on the waiting list.

Conclusion and next steps:

Appropriately trained non-specialist doctors and nurses in HCV treatment and care improve accessibility, cost-effectiveness, and overall outcomes for patients. This success within a short period highlights the need to scale up HCV screening initiatives and decentralize simplified treatment to locations where PWID are non-judgmental and easily accessible.

Disclosure of Interest Statement:

AHRN receives funding from Access to Health Fund (AHF), Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM) and HIV/TB Agency, Information, and Services Activity (HIV/TB AIS) under President's Emergency Plan for AIDS Relief (PEPFAR). No pharmaceutical grants were received in the development of this program.