

ENGAGING DRUG USING COMMUNITIES TO SCALE UP DIAGNOSIS AND INFORM NATIONAL HIV/HCV ELIMINATION EFFORTS

Gaudino, A¹, Gay, B¹, Low, E², Gogia, M³, Forette, C⁴

¹Treatment Action Group, New York, United States, ²Positive Malaysian Treatment Access and Advocacy Group, Kuala Lumpur, Malaysia, ³Georgian Harm Reduction Network, Tbilisi, Georgia, ⁴Independent Consultant

Background: Of the estimated 71 million people living with the chronic hepatitis C virus (HCV), only an estimated 20% are aware of their status and less than 4 million people have been treated with direct-acting antivirals (DAAs). New infections outpace annual cures. Despite the growing availability of generics, pangenotypic treatment options, and price reductions due to market competition and payer negotiations, expensive diagnostics have presented obstacles to people knowing their serostatus. Resources for people who use drugs, community leaders living with HIV/HCV, treatment advocates, patients, and medical providers are essential for understanding the latest HCV treatments and diagnostics to ensure the full potential of scientific advances are actualized for those who need them most.

Methods: In-country workshops in Georgia and Malaysia translated and adapted highly technical research on diagnostics with impacted communities, particularly people who use drugs, people coinfecting with HIV/HCV, and men who have sex with men, to put research related to diagnostics, optimal treatment, and country-specific policies into action. Crowd-sourced data from 50 countries captured by the mapCrowd and hepCoalition platforms highlighted the availability and access barriers to diagnostics for community leaders to reflect in their national elimination advocacy work.

Results: We expanded a publicly accessible, crowd-sourced database to provide country comparative data on diagnostics availability, pricing, harm reduction coverage and policies. Using this data, community leaders developed strategies, tactics, and recommendations for overcoming diagnostics barriers that were integrated into a training curriculum for treatment advocates. Community recommendations informed campaigns that center drug user health, drug decriminalization, and harm reduction in HIV/HCV elimination strategies.

Conclusion: Developing treatment advocates' capacity and leadership skills is required to mobilize HIV/HCV impacted communities, generate demand for simplified diagnostics, link people to screening, testing, treatment, and care services, and to inform comprehensive national elimination planning and resource allocation.

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