

Parallel session 5



The gap between
treatment and people living
with Hepatitis C
– barriers and opportunities –

Developed for the community by the community: access to testing and treatment



CIVIL SOCIETY BY ITSELF: BARRIERS AND OPPORTUNITIES IN PROVIDING HARM REDUCTION INTERVENTION FOR PEOPLE WHO INJECT DRUGS IN BUCHAREST

Who?

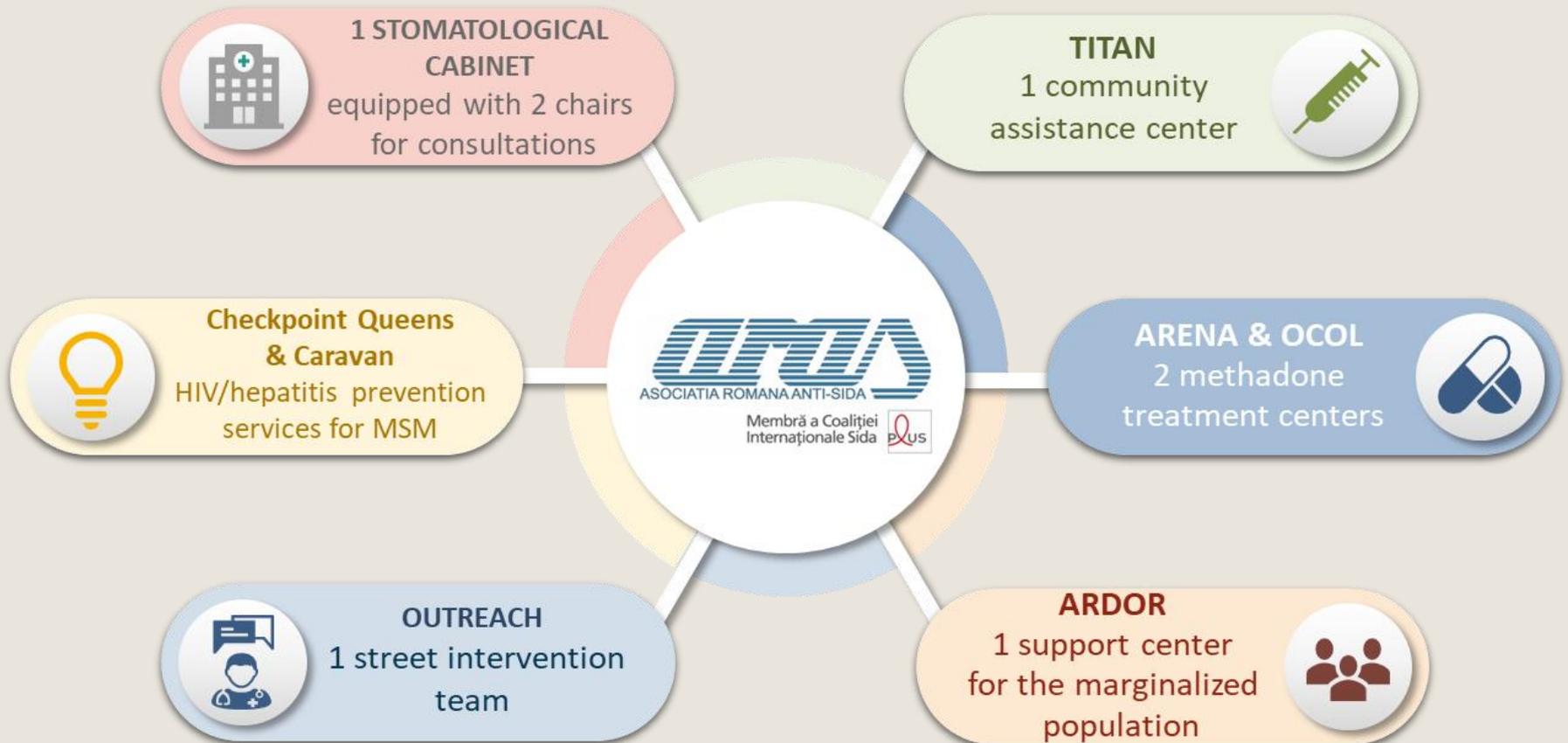


ARAS - the first Romanian NGO established in '92 to prevent HIV. It provides services to people with severe/multiple vulnerabilities - people living with HIV/HCV/TB, PWID, homeless people, people involved in sex work, Roma ethnic minority, young people, MSM, etc.

Services provided

- ❖ HIV/AIDS/ STIs risk assessment and risk reduction;
- ❖ opioid substitution treatment (OST);
- ❖ distribution of condoms and hygiene materials;
- ❖ Needle exchange programs;
- ❖ primary medical care;
- ❖ psychological support;
- ❖ social assistance;
- ❖ referrals to other medical and social services;
- ❖ information and education on HIV/HCV/HBV/ TB /STIs;
- ❖ accompanying services.
- ❖ dental care services;

How?



Achievements 2018

- ❖ 18,780 services offered to 4,590 unique clients;
- ❖ 4775 testing and counseling sessions for VHC/VHB/HIV;
- ❖ 295,536 distributed condoms;
- ❖ 600 people in OST;
- ❖ 824,877 distributed syringes;
- ❖ 677,557 syringes recovered;
- ❖ 7,263 social counseling sessions;
- ❖ 3,094 healthcare sessions, referrals & accompaniments;
- ❖ 18,057 IEC sessions;
- ❖ 2,161 counseling sessions for socio-professional integration.

Methods



- ❖ an observational, non-experimental study;
- ❖ an external desk research.

PWID Context

- ❖ 9,030 PWID estimated in Bucharest as a result from 2017 research;
- ❖ OST and NSP are limited in scale and coverage due to lack of resources;
- ❖ NSP has scaled down in Romania after the Global Fund grant ended;
- ❖ NSP is currently available only in Bucharest by ARAS and Carusel;
- ❖ in 2017, ARAS provided 86% of harm reduction services;

HCV Epidemiology

- ❖ according to 2018 public data, the prevalence of HCV among the general population was **3.2%**, more common among men;
- ❖ According to the results of the latest Behavioral Surveillance Survey among injecting drug users in Bucharest (2017), the prevalence of HCV infection from rapid testing is **79.3%** compared to the self-declared status - **63.2%**;
- ❖ HCV is the infection with the highest prevalence among PWID (30% HIV and 8,8% HBV);
- ❖ Out of 2769 PWID assisted by ARAS in 2018, 233 (8,4%) got tested for HCV and 53,2% were positive (124).

PWID with HCV Profile



- ❖ The profile of PWID with HCV positive serological status:
 - ✓ 71.8% - male;
 - ✓ 63,6% - age between 25 and 34 years;
 - ✓ 81.3% - over 10 years of injection;
 - ✓ 35.5% - used in the past non-sterile injection equipment - but not in the last 12 months;
 - ✓ 30% - co-infected with HIV and 11.8% co-infected with HBV;
 - ✓ 40.4% - have mainly secondary school education;
 - ✓ 95.5% - live in Bucharest;
 - ✓ Over 50% do not have IDs and health insurance;

HCV Context



- ❖ only this year, a national framework plan for the control of viral hepatitis in Romania for the period 2019-2030 was approved but heavily underfunded;
 - ✓ is foreseen, for harm reduction purpose, the annual distribution of 200 syringes/PWID;
 - ✓ at least 40% of PWIDs to receive opioid substitution therapy;
- ❖ in Romania, from the cases that entered the national surveillance system in 2018, injecting drug use is the second greatest risk factor for HCV following the nosocomial transmission;
- ❖ rapid testing for anti-HCV antibodies for PWID is available free of charge only in specialized drug related services (public and private);
- ❖ testing for HCV diagnosis is free of charge only for those with health insurance;
- ❖ despite the HCV new treatment regimens available in Romania, few PWID get tested and receive treatment;

HCV Challenges



- ❖ no public funding for HCV prevention testing in community settings;
- ❖ low testing rates and insufficient awareness about chronic viral hepatitis contributes to limited access to treatment and care;
- ❖ the lack of IDs and/or health insurance impede PWID from accessing health and social care services including HCV diagnosis and treatment;
- ❖ restrictive OST (few available services, limited free of charge places, long waiting list, limited support from the National House of Health Insurance);
- ❖ lack of integrated services including the provision of OST for PWID in HCV treatment;
- ❖ HCV pangenotypic treatment not yet available;

Opportunities



Currently ARAS is implementing a local project built around three HCV elimination strategies:

1. Outreach and awareness to prevent new infections: 1000 PWID to be reached with individual and group HCV prevention sessions;
2. Identification of people infected: 600 PWID benefit from free of charge HCV antibody testing and counseling;
3. Linkage to care for the medical management of those infected:
 - * the project ensure access to HCV genotype detection for 150 PWID out of those tested positive;
 - * 105 people will start treatment for Hepatitis C.

Opportunities



- ❖ the Government of Romania has made a commitment at the World Health Assembly to use the **World Hepatitis Day** to improve public awareness - an opportunity to induce real change in disease prevention and access to testing and treatment;
- ❖ Advocacy for the approving of community testing, recommended by ECDC and WHO;
- ❖ Facilitating the access of the uninsured to diagnostic and treatment services for hepatitis C;

Conclusions



- ❖ universal access including for key populations to testing and treatment is crucial to eliminating viral hepatitis, WHO recommends;
- ❖ integrated services offered in the community could reduce liver disease and cancers and potentially eliminate hepatitis C as a public health threat among people who inject drugs;
- ❖ HCV among PWID remains a public health challenge in Romania requiring changes in the national legislation (ID, health insurance) and the organisation of the health system (integrative approach);
- ❖ the provision of adequate funding for HCV – priority;
- ❖ working in partnership with civil society – priority.

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