

Community based HCV Intervention/Model in Nepal

PRAWCHAN K.C
Sr. Program Manager
SPARSHA Nepal



SPARSHA Nepal at a Glance:

2002

Started its journey as a support group



2004

Officially registered as community based organization



2005

Community based Anti-retro viral clinic (CBART) Initiated

Works with PLHIV in particular, PWID, and other key populations in general



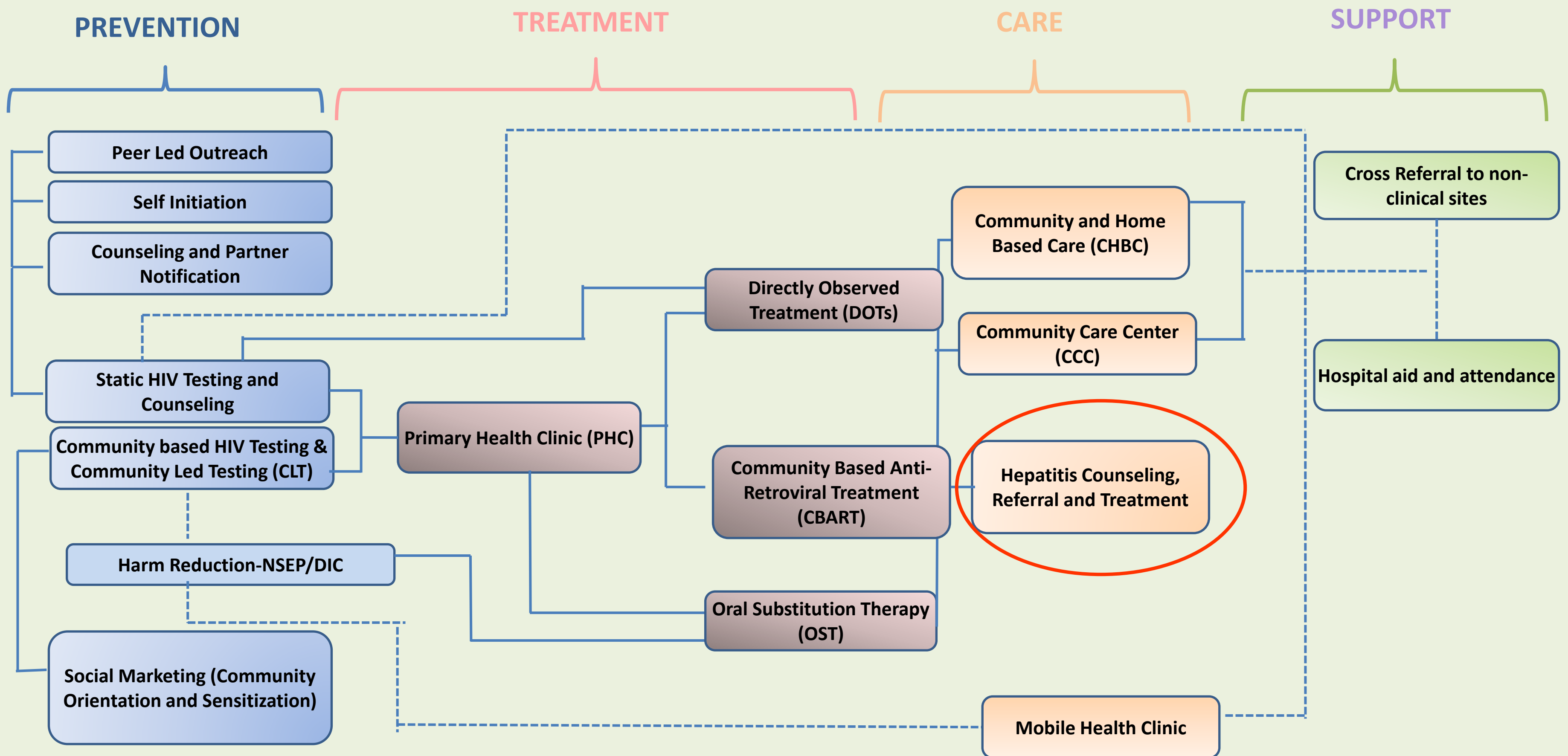
2012

Runs One-Stop Community based Service Model for HIV, Hepatitis and TB (All components as recommended in the Technical Guide of WHO, UNODC and UNAIDS) 2012





SPARSHA Comprehensive Community based Service Model

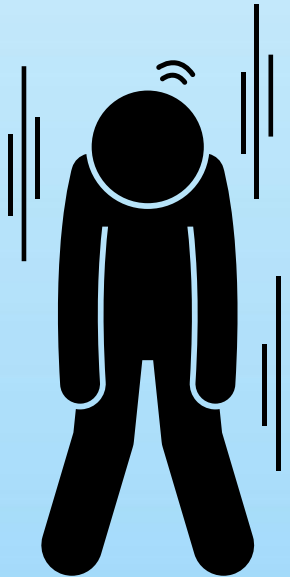


Why Hepatitis Counseling, Referral and Treatment Center Was Needed?

MYTH



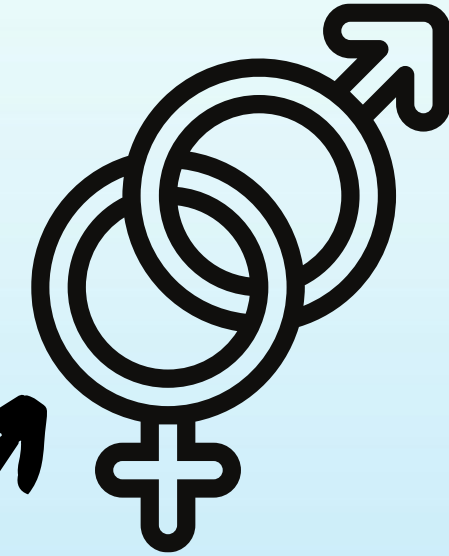
Hepatitis C is a death sentence



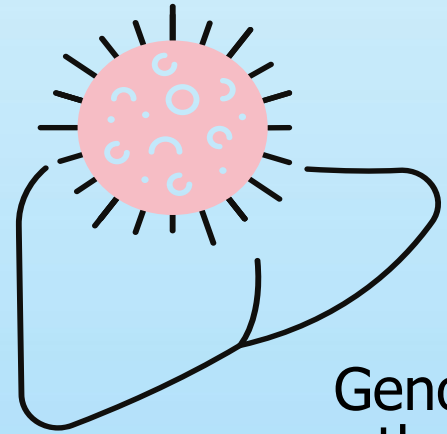
People cannot tolerate the side effects from current HCV medications



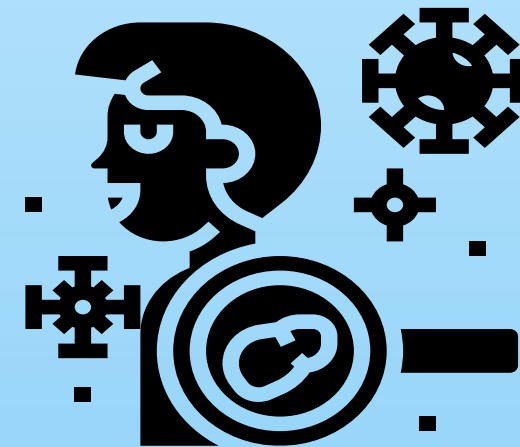
Everyone with Hep C is treated with current HCV medications the same way



Hepatitis C a sexually transmitted disease



Genotype 1 is the 'worst' genotype

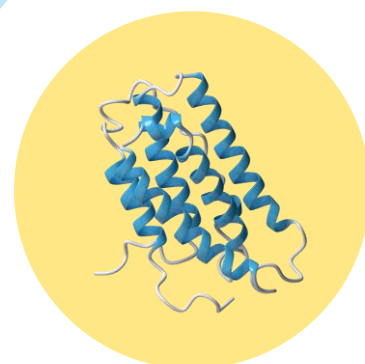


Once you've had Hep C, you can't get it again!

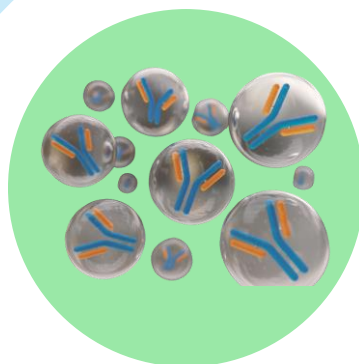
The Situation In The PLHIV/Drug User Community



High mortality
among PLHIV



PWID going to
India to access
Interferon based
treatment without
any know



People who got
treatment based
on Antibody Test
results



No treatment was
available in Nepal
& Treatment was
very expensive
(Market
Monopoly)



Using Google
doctor caused a
panic situation
and fear among
infected
population

Mid-1990s

Prevalence of HCV
in general
population was
estimated at
0.6%

0.3%
of total adult population
inject drug in Nepal.
Prevalence of anti HCV
80%-85%

2016

130,000
individuals were
infected with
HCV

Prevalence of
detectable HCV
RNA of **42%**
among PWID.

2020

Among the total HCV
population, only **6%**
have been treated

Lack of awareness, limited
knowledge and
infrastructure, high rate of
diagnostic and treatment
cost as a barrier

Moving towards HCV Care...

Increasing mortality
among PWID/PLHIV
Investment in ART
became questionable

- DAA based treatment
provided through
community based OST
and HIV service site

- No national program for
HCV
- Expert Consortium formed
- HCV Prevalence and IL28B
study initiated

- (IFN)-based HCV
treatment initiated

2012

2013

2014

2015-2016

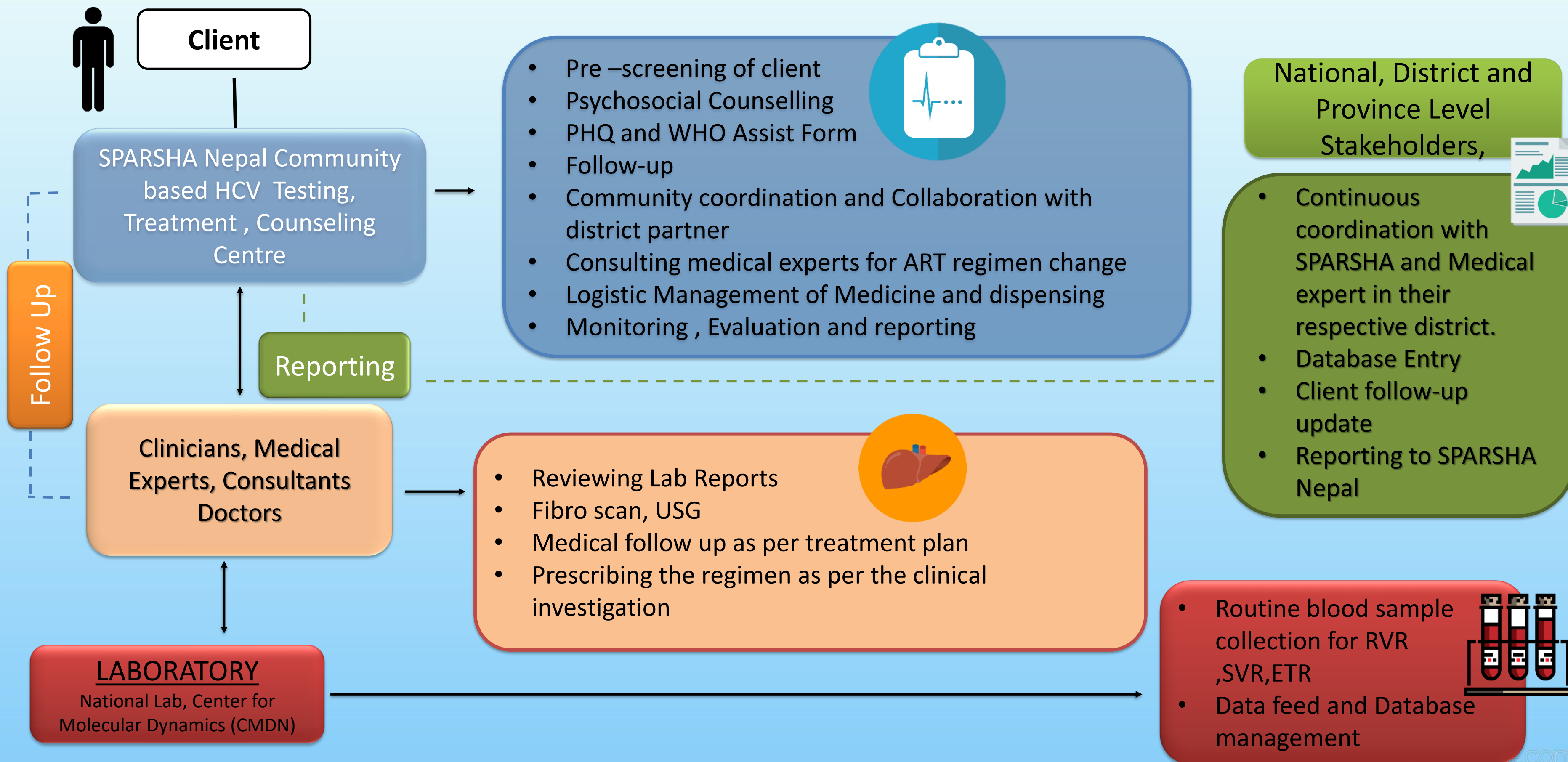
Treatment Advocate Manual on Viral
Hepatitis was also translated in Nepali
Trained treatment advocates in
different region

DDA approved DAA
generic: sofosbuvir
Sofosbuvir/ Ledipasvir
(Hepcinet, Natco, India)

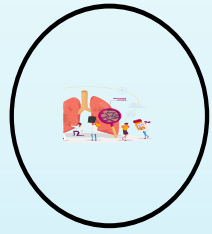
2016- Daclastavir



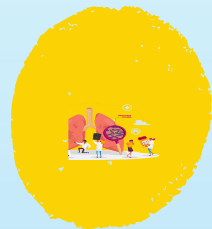
SPARSHA Community HCV Treatment Model



Development of HCV Treatment in Nepal Phase I



Screened 838 patients for a treatment cohort of 600 individuals with HCV infection and past or current drug use.



During phase 1, patients were treated with interferon/rib based regimens , (n=46), 12-24 weeks



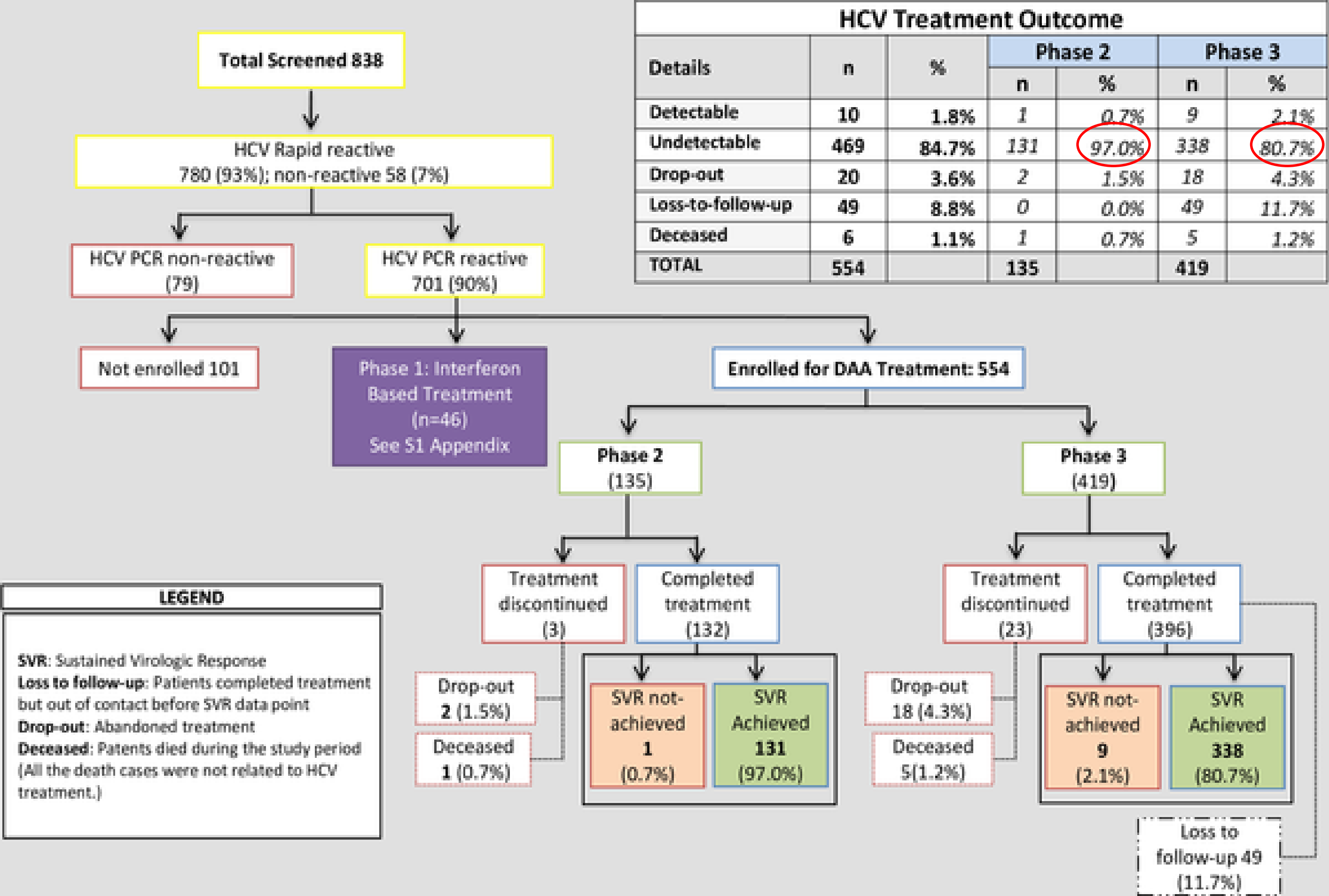
Prediction Model was established for HCV Screening and INF based Treatment for mono and co-infected patient, first evidence based model



Community Care Centre was utilized to provide HCV treatment and care for co-infected patients.

HCV Treatment Response with PEG-Interferon+ribavirin	n= 46
Deceased	-
Detectable	5 (10.9)
Drop out	3 (6.5)
Out of Contact	-
Undetectable (SVR)	38 (82.6)

HCV Screening and Treatment Outcome—Flowchart



uration

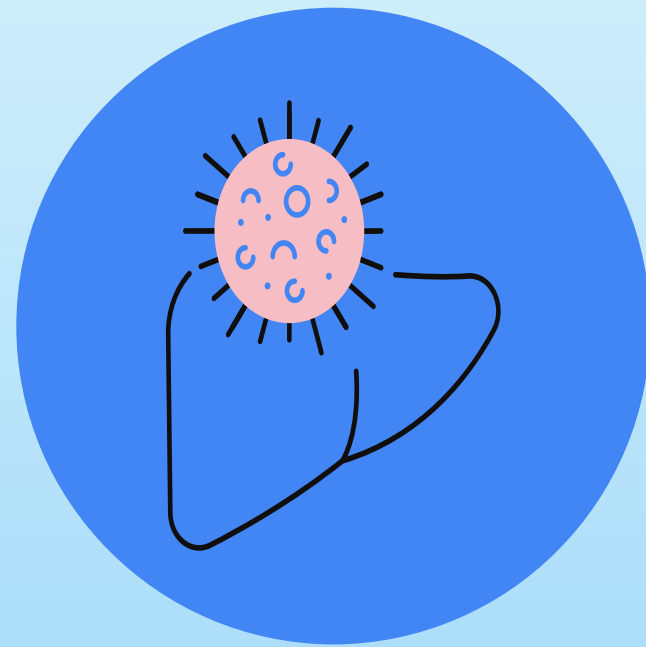
eks as per
guided by

Community Engagement Led to...

New HIV drug (Raltegravir and Azatanavir) was made accessible under HIV program



Partnership with private agencies to provide testing and treatment in subsidized rate



- Evidence based advocacy through TWG
- Involvement and representation in STAG



- National HCV Treatment Guideline
- Treatment Strategic Plan and Cost Action Plan



- Nominated NCASC as focal point of Hepatitis
- Provision of treatment to 350-400 patients (Sofo/Val)



- HCV Community based Guideline in collaboration with NCASC
- Community-Led HCV
- Testing (CLT) feasibility study

Community Based Model As Micro Elimination Strategy

- ❑ The community-based HCV treatment can result in excellent treatment outcome in a difficult-to-treat population in a low-income country regardless of the patient's profile, disease severity and HIV status.
- ❑ Case example of community HCV model demonstrated that HCV treatment screening and treatment service can be provided with very high treatment response rates despite the severe 2015 earthquakes in Nepal. Which means the model can be efficient in rendering services in situation like COVID-19 or unforeseen challenging situation.
- ❑ The model can be easily replicated with low cost in existing harm reduction or HIV prevention and treatment program.
- ❑ Since HCV is concentrated in specific group like PWID and PLHIV, community-based HCV model can be used as one of the micro-elimination strategy to complement the goal to "eradicate" viral hepatitis by 2030
- ❑ Parallel approach of screening and vaccinating key population for Hepatitis B is most effective approach of Hepatitis prevention that can be built or interlinked in existing HIV and harm reduction program.

"A stitch in time saves nine"

References

- Kinkel H-T, Karmacharya D, Shakya J, Manandhar S, Panthi S, Karmacharya P, KC P, et al. Prevalence of HIV, Hepatitis B and C Infections and an Assessment of HCV-Genotypes and Two IL28B SNPs among People Who Inject Drugs in Three Regions of Nepal. PLoS ONE. 2015;10: e0134455
- KC S, Murphy H, Dixit S, Rai A, Pradhan B, KC.P, et al. (2020) Hepatitis C (HCV) therapy for HCV mono-infected and HIV-HCV co-infected individuals living in Nepal. PLOS Neglected Tropical Diseases 14(12): e0008931.
<https://doi.org/10.1371/journal.pntd.0008931><https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0008931>
- Ojha SP, Sigdel S, Meyer-Thompson HG, Oechsler H, Verthein U (2014) 'South Asian cocktail'-the concurrent use of opioids, benzodiazepines and antihistamines among injecting drug users in Nepal and associations with HIV risk behaviour. Harm Reduct J 11: 17. pmid:24886095
- Karki S, Ghimire P, Tiwari BR, Rajkarnikar M. Seroprevalence of anti HCV antibodies among blood donors in Kathmandu valley, Nepal. Kathmandu Univ Med J (KUMJ). 2008;6: 491–496. pmid:19483431
- World Health Organization. Global hepatitis report, 2017.
Available: <http://apps.who.int/iris/bitstream/handle/10665/255016/9789241565455eng.pdf;jsessionid=E9368CACF39E5C73CDFE6C442423BB8B?sequence=1>
- Polaris Observatory HCV Collaborators. Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. Lancet Gastroenterol Hepatol. 2017;2: 161–176. pmid:28404132
- WHO. Combating hepatitis B and C to reach elimination by 2030. [cited 17 November2021].
Available: <http://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>
- NCASC.Routine HIV Status During COVID19 Pandemic in Nepal. [Factsheet. 2020]. Available: <http://www.ncasc.gov.np/WAD2020/Factsheet-2020-S.pdf>



*Thank
you!*