Conquering Hep C: a case study from Georgia

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TBILISI, GEORGIA
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Overview

- Epidemiology HCV in Georgia
- Harm Reduction Programme in Georgia
- Barriers faced by PWIDs
  - HIV
  - HCV
- Achievements before and after HCV Elimination Programme

PWID: people who inject drugs

Georgia

Worldatlas.com

- Population 3,729,635
- Geographical location of Georgia means it is an important route for transiting drugs from Afghanistan and Central Asia to Europe
  - Part of the drugs remain in Georgia, facilitating their increased abuse in the country

Estimated 45,000 PWID

Available at: http://geostat.ge/index.php?action=page&p_id=152&lang=eng; http://www.emcdda.europa.eu/publications/country-overviews/ge; http://bemonidrug.org.ge/wp-content/uploads/2014/07/Estimating-the-Prevalence-of-Injection-Drug-Use-in-Five-Cities-of-Georgia.pdf (all accessed June 2015)

HCV status in Georgia

- HCV prevalence of 6.7% in general population[1]
  - Highest among EECA countries
- Reasons are insufficiently studied but may be due to:
  - Collapse of healthcare system in 1990s
  - Poor medical injection practices
  - Poor infection control and blood safety in healthcare settings
  - Widespread practice of needle sharing among PWID

1. Stvilia K, et al. J Urban Health 2006;83:289–98

EECA: EU-Eastern Europe and Central Asia;
PWID: people who inject drugs

Prevalence of HCV among different subpopulations in Georgia

Population	Prevalence
General population	6.7%: population-based survey in Tbilisi 2000–2002[1]
Donors	7.3%: blood donors in Georgia[2] 7.8%: blood donors in Tbilisi, Batumi and Poti[3]
MSM	17.3%: MSM in Tbilisi[4]
TB patients	21%: study at Georgian National Center for Tuberculosis and Lung Disease in patients with confirmed TB[5]
HIV+ individuals	48.57%: HIV+ individuals in Tbilisi[6] 59% HCV antibody+; 91% detectable HCV RNA: HIV+ individuals in Georgia[7]
PWID	73.4%: HIV+ PWID in Tbilisi[6] 51–56% among PWID[8]

1. Stvilia K, et al. J Urban Health 2006;83:289–98; 2. Butsashvili M, et al. Eur J Epidemiol 2001;17:693–5; 3. Zaller N, et al. Eur J Epidemiol 2004;19:547–3; 4. Bio-behavioral surveillance survey among men who have sex with men in Tbilisi, Georgia (2010). Available at: http://www.curatiofoundation.org/en/publications/bio-behavioral-surveillance-survey-among-men-having-sex-with-men.page (accessed June 2015); 5. Lomtadze N, et al. PLoS One 2013;8:e83892; 6. Badridze N, et al. Georgian Med News 2008;54–60; 7. Karchava M, et al. Georgian Med News 2009:51–5; 8. Data from the Harm Reduction Program Database, 2006–2014, Georgia

MSM: men who have sex with men:
PWID: people who inject drugs;
TB: tuberculosis

More than one-half of PWID screened for HCV are positive

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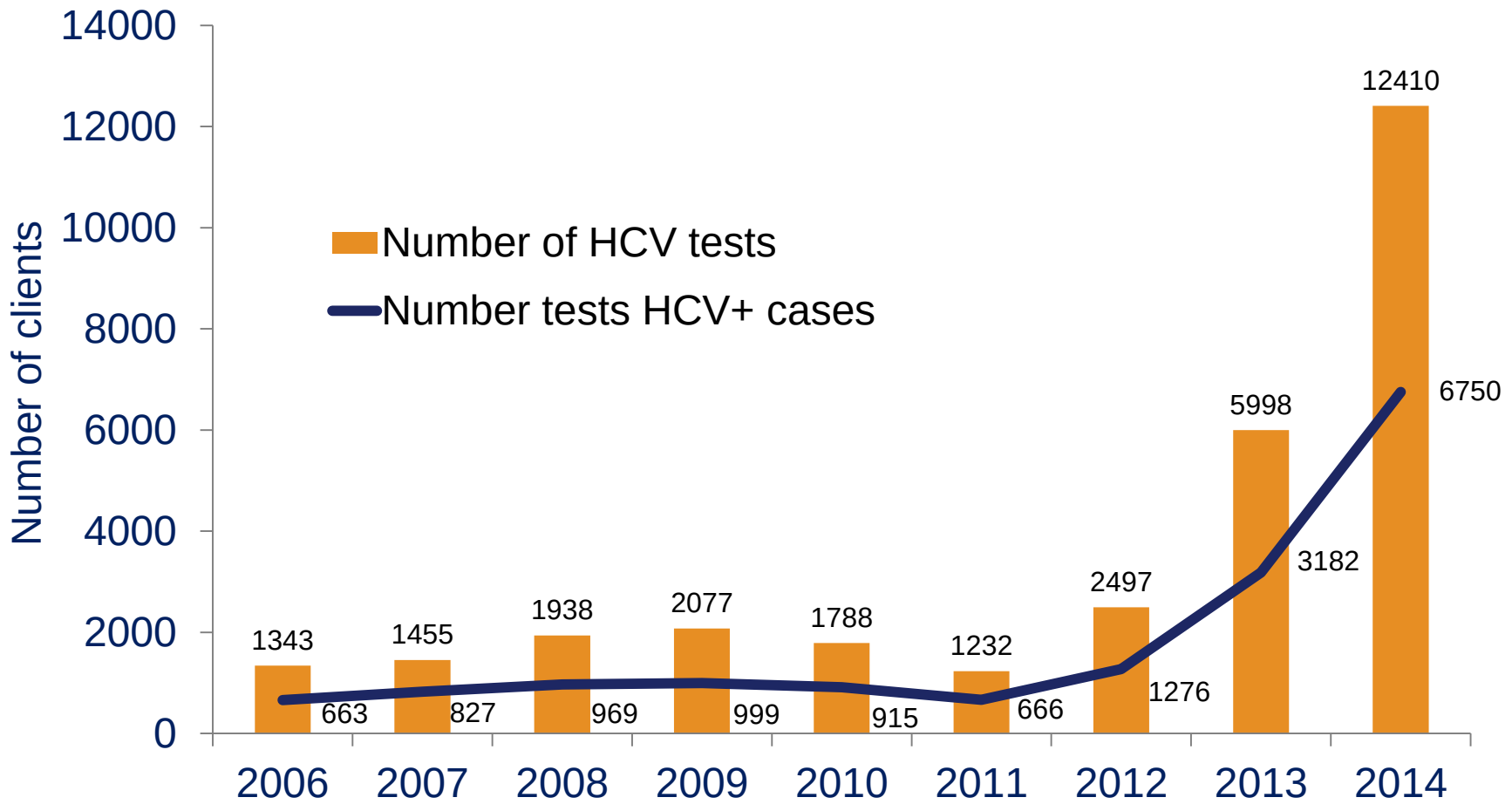

Data from the Harm Reduction Program Database, 2006–2014, Georgia

PWID: people who inject drugs

HCV treatment Until 2014

- The **price** for the treatment was **one of the higher** and accordingly the accessibility of treatment one of **the lowest** in EECA region;
- **Diagnostics and treatment of HCV were not financed** by the state or private insurance schemes;
- Treatment was fully dependent on patient's ability to pay out of pocket. **Only 1% could afford receiving HCV treatmen**t in the country
- Treatment was **mostly inaccessible for vulnerable** population.
- **The Global fund HIV program** has been covering HCV treatment (*Peg Interferon + Ribavirin)* for HIV/HCV co-infected patients – 150 per year, since 2011.

Overcoming the barriers faced by PWID living with HCV in Georgia

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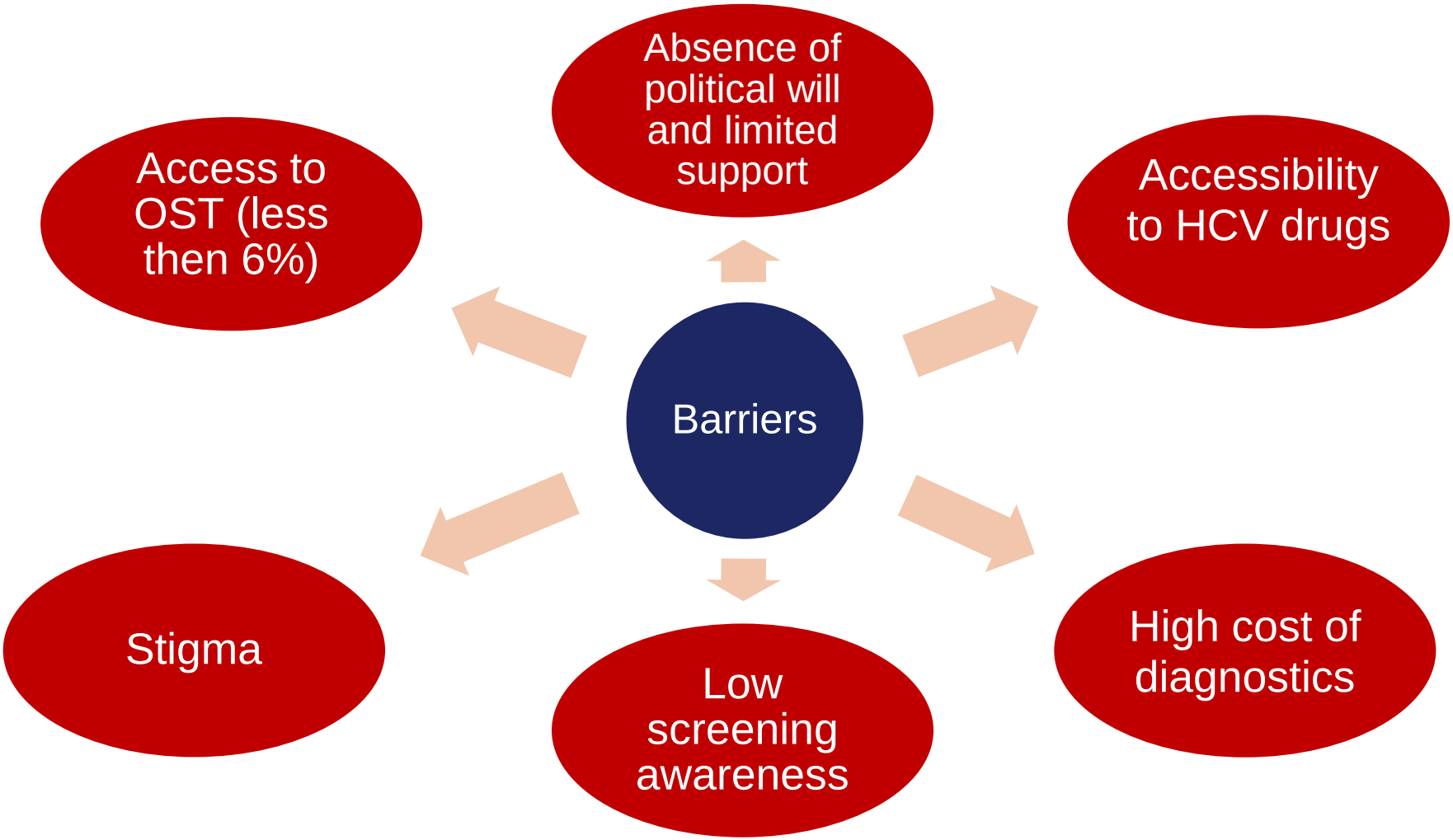

OST: opioid substitution therapy; PWID: people who inject drugs

Advocacy measures from 2007

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Implemented HCV awareness campaigns targeted at decision makers and general public

Political will and support

Stigma

Campaigned for reducing cost of treatment and adoption of government treatment programmes

Accessibility to HCV drugs

Access to OST

High cost of diagnostics

Open letters and petitions

Flash-mobs on social media

Sign-on campaigns

Talkshows on radio and TV

Publications in mass media

Educational HCV videos

GeCAB: Community Advisory Board of Georgia; GHRN: Georgian Harm Reduction Network; OSF Georgia: Open Society Foundation Georgia; TV: television

People Power

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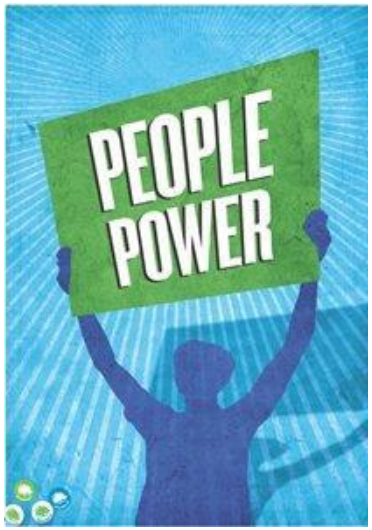

- Street protests to demand better access to treatments
- Annual events on World Hepatitis Day – 28 July
- Daily, more HCV-affected people joined advocacy campaigns

Accessibility to HCV drugs

Stigma

- HCV became a significant concern for civil society
- It became necessary for the government act

Political will and support

MoH: Ministry of Health

In 2014 – Government implements first steps in HCV treatment

- The **first State program for HCV treatment in prisons** with (Peg/Riba) regimen
- The treatment envisaged 1000 prisoners
- But Protease Inhibitors Telapevir or Boceprevir was **financed by the patient** himself

Screening	PCR+
7971	3769 (47.28%)

Results	
Successesul result	204
Now is on treatment	121
Unknown outcome	448

- Ministry of Health negotiated preferential pricing of Peg/Riba for the general population (60% discount for 10,000 people).
- The standard price for dual therapy was established a price from 350 to 98.88USD per vial of Peg/Riba. This has dramatically lowered a price for HCV standard treatment regimend to 1115 and 2230 USD for Gynotype 2,3 and Genotype 1 respectively.

In 2014 – Government implements first steps in HCV treatment

- At the end of 2014 Georgian government announces **Hepatitis C as a high governmental priority.**
- A special commission on HCV was established under MoH to coordinate a national HCV elimination movement
- HCV eliminations perspectives were discussed and negotiations regarding possibilities of HCV response initiated with US partners (CDC Atlanta) and Gilead.

National Hepatitis C Elimination Programme started in 2015

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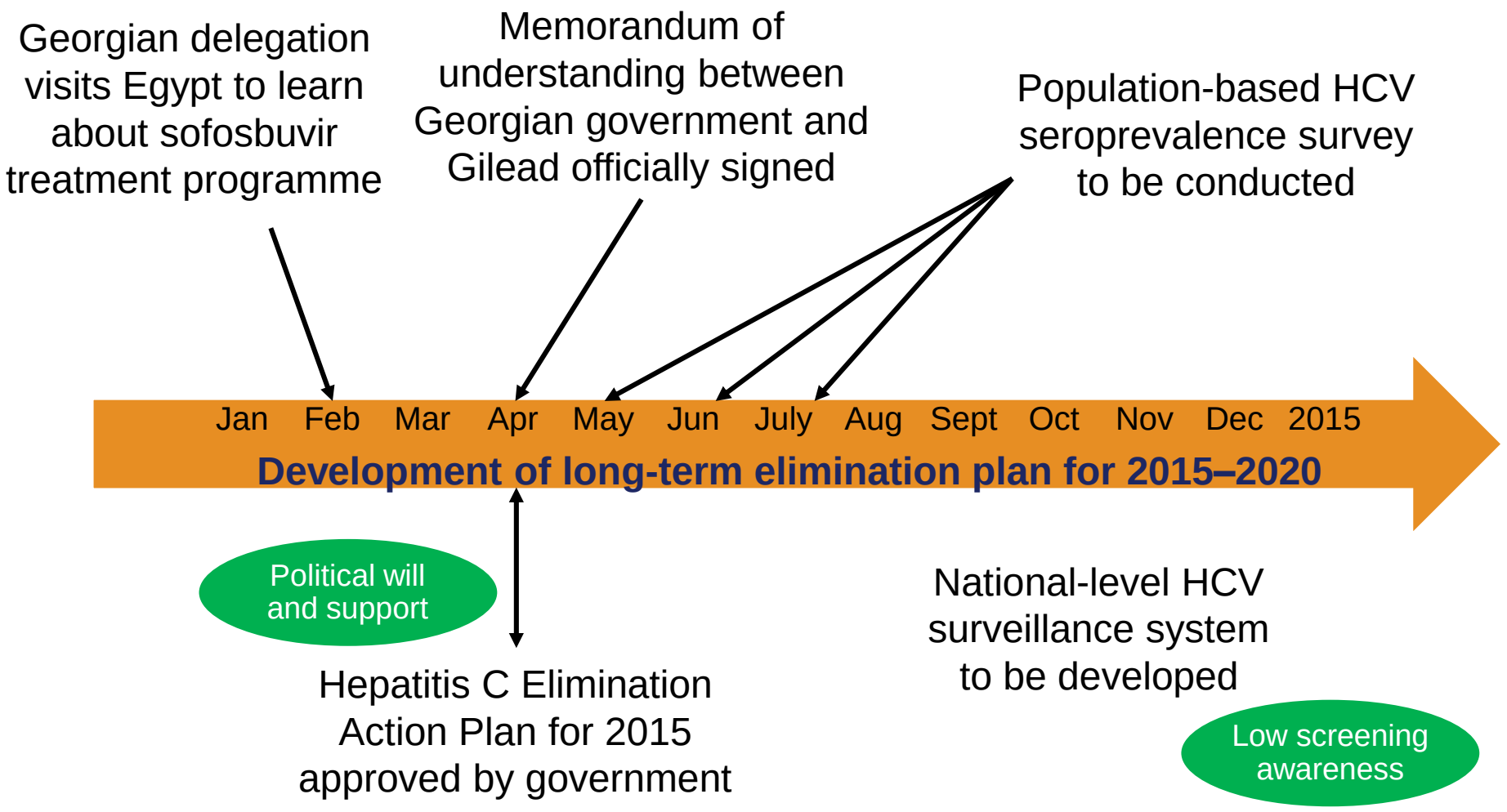

Short and long term plans of Elimination

- In 2015 Free Soposbuvir Treatment for 5,000 patients,
- From November, 2015 new drug Harvoni (combination of Ledipasvir and Soposbuvir) – mainly recommended for Gynotype 1 treatment
- In 2016 and next years treatment for 20,000 patients
- Presumably 10 years will be enough to eliminate HCV ??

Selection criteria for the first year

- Compensated liver cirrhosis (F4);
- Advanced liver fibrosis (F3);
- Decompensated liver cirrhosis (liver transplant candidates);
- Patients with liver transplantation and HCV relapse or reinfection;
- HCV infection in patients with clinically important manifestations of extra liver disorders: For example, the 2nd and 3rd type of mixed krioglobulinemia (eg. Vasculitis), proteinuria, Nephrotic syndrome or membranoproliperatsive glomerulonephritis, Debilitating weakness, diabetes type 2, Late skin porphyria, and others; And patients with HIV / HBV co-infection.

The Elimination Programme aims to:

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- Provide accessible treatment
- Decrease the number of persons unaware of their HCV status
- Support prevention of new HCV cases – treatment as prevention
- Increase HCV awareness among the general public
- Develop national-level HCV surveillance system of the key populations, including PWID, prisoners, PLWHIV, and MSM
- Become a cost-effective tool for early detection of both HCV and HIV

MSM, men who have sex with men;
PLWHIV; people living with HIV;
PWID: people who inject drugs

Overcoming the barriers faced by PWID living with HCV in Georgia

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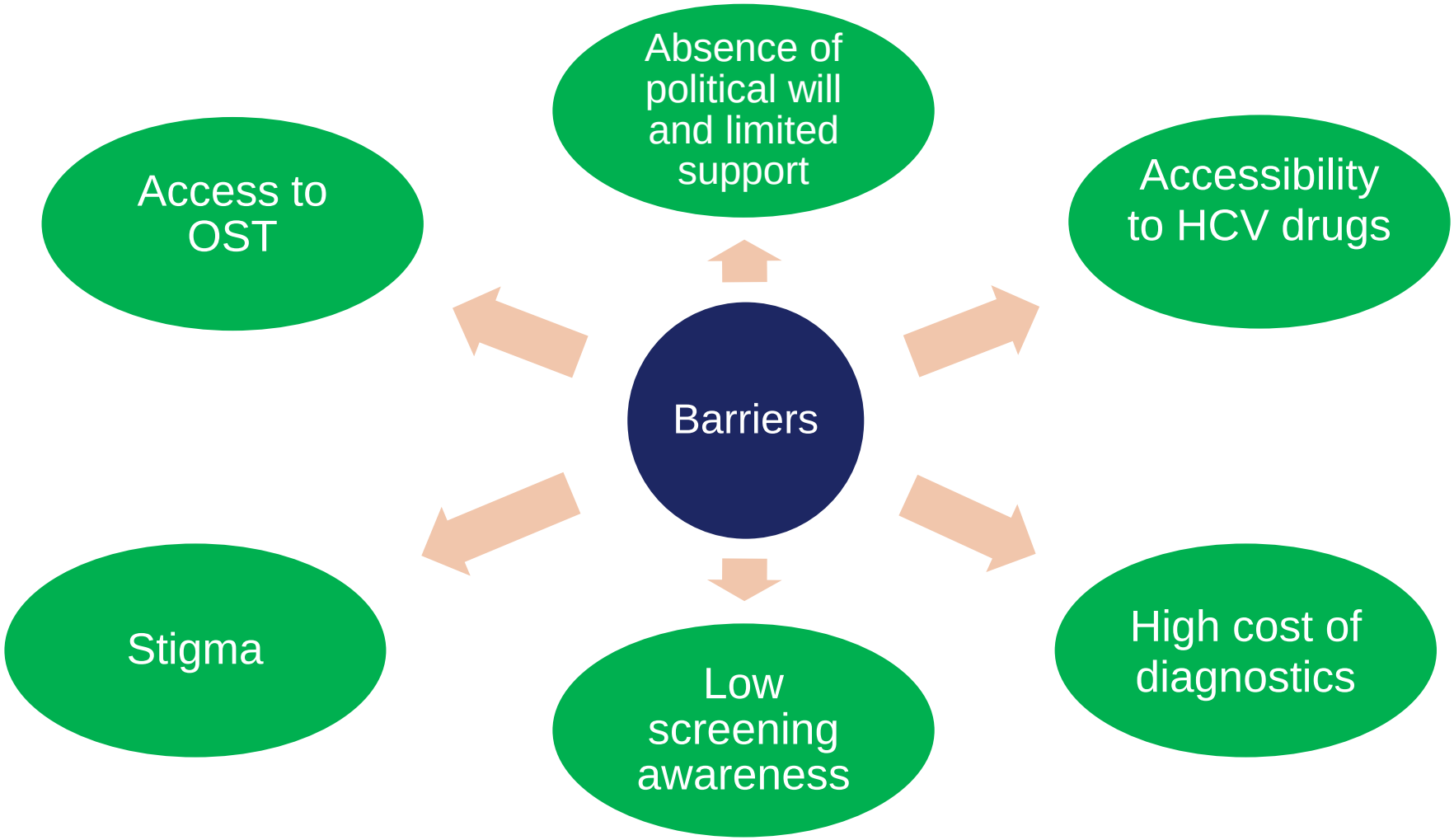

OST: opioid substitution therapy; PWID: people who inject drugs

HVC Elimination Results up to now

- Free Sofosbuvir Treatment was initiated from May, 2015
- Apart from Free Drugs diagnostic co- financing is envisaged (30%) and up to full financing by Local Governmental Budget
- Already registered number of patients – 7,000
- On Treatment – 1,700 patients
- Among the first 32 patients there was depicted no HepC virus in 23 cases

- **Negative sides**: The patients have an exaggerated expectations regarding Liver associated and other Accompanying diseases treatment, they want 100% guarantee of recovery from HCV

Treatment results (July, 2015 – 1525 patients)

Gynotype		%
HCV1	727	47.67
HCV2	262	17.18
HCV3	536	35.15

Gender		%
Men	1276	83.67
women	249	16.33

Fibrosis		%
F0	2	0.13
F0-1	3	0.20
F1	1	0.07
F1-2	2	0.13
F2	2	0.13
F3	199	13.05
F3-4	160	10.49
F4	1156	75.80

Treatment regimens		%
12 weeks Interf.Sop.Riba	627	41.11
12 weeks Sof. Riba	46	3.02
20 weeks Sof. Riba	90	5.90
24 weeks Sof. Riba	426	27.93
48 weeks Sof. Riba	336	22.03

Regions		%
Tbilisi	1120	73.44
Achara	68	4.46
Ozurgeti	12	0.79
Imereti	74	4.85
Kaketi	23	1.51
Mtsketia-Mtianeti	8	0.52
Racha-Lechkumi	6	0.39
Samegrelo_zemo Svaneti	92	6.03
Samtske-Djavekheti	12	0.79
Kvemo Kartli	60	3.93
Shida kartli	50	3.28

HIV and HCV prevention and harm reduction programme in Georgia

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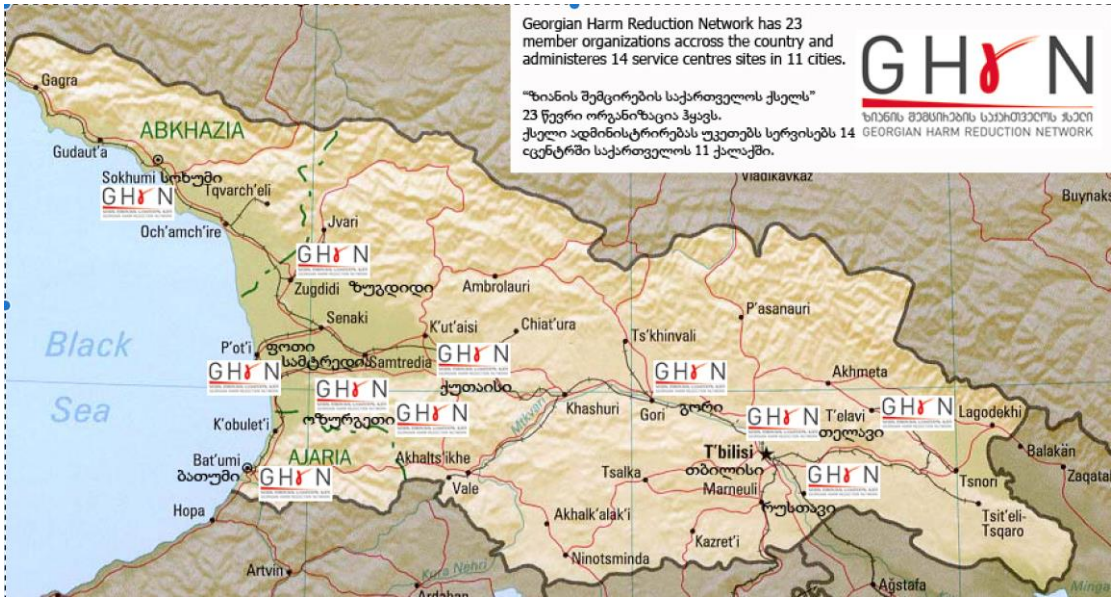
- 14 sites across 11 cities
  - 4 sites in Tbilisi
  - 1 located in conflict region of Abkhazia
- NGOs and CBOs involved in the delivery of HIV/HCV detection, prevention and care services



Data from the Harm Reduction Program Database, 2014, Georgia

CBOs: community-based organisations:
NGOs: non-governmental organisations

A number of services are provided by GHRN

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Screening and testing	Harm reduction	Support services	Innovative outreach methods
• HIV • HCV • HBV • Syphilis • TB	• Sterile injection equipment • Distribution of naloxone • Condoms • Education	• Case management • Women-friendly services • Partners of PWID • Medical, psychological and legal consultations • Patient schools	• Peer-driven intervention • Effective outreach testing model • July 2015: mobile lab service will be available

Data from the Harm Reduction Program Database, 2014, Georgia

GHRN: Georgian Harm Reduction Network;
PWID: people who inject drugs; TB: tuberculosis

Increase in number of clients accessing services in 2011–2014

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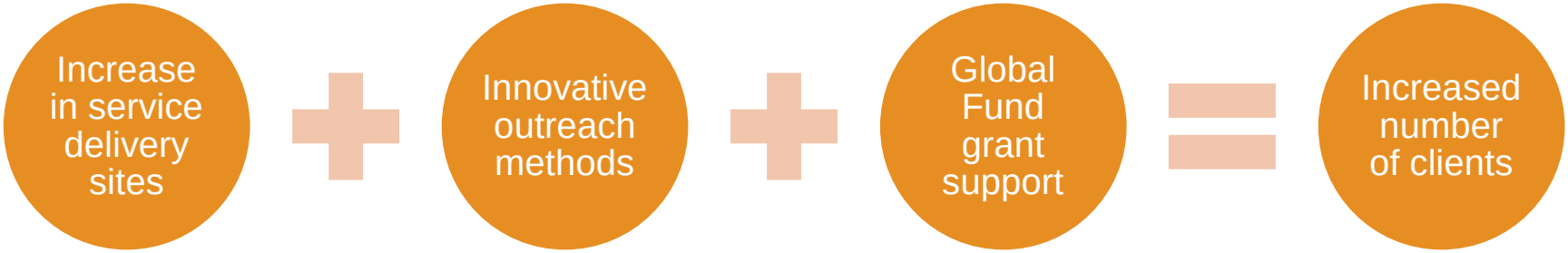

- 12,000 clients per month are being served by different HIV and HCV prevention services
- Annual coverage is 31,014 people accessing at least 1 HIV service[1]

1. Data from the Harm Reduction Program Database, 2014, Georgia

Dramatic increase in NSP and PDI coverage over past 8 years

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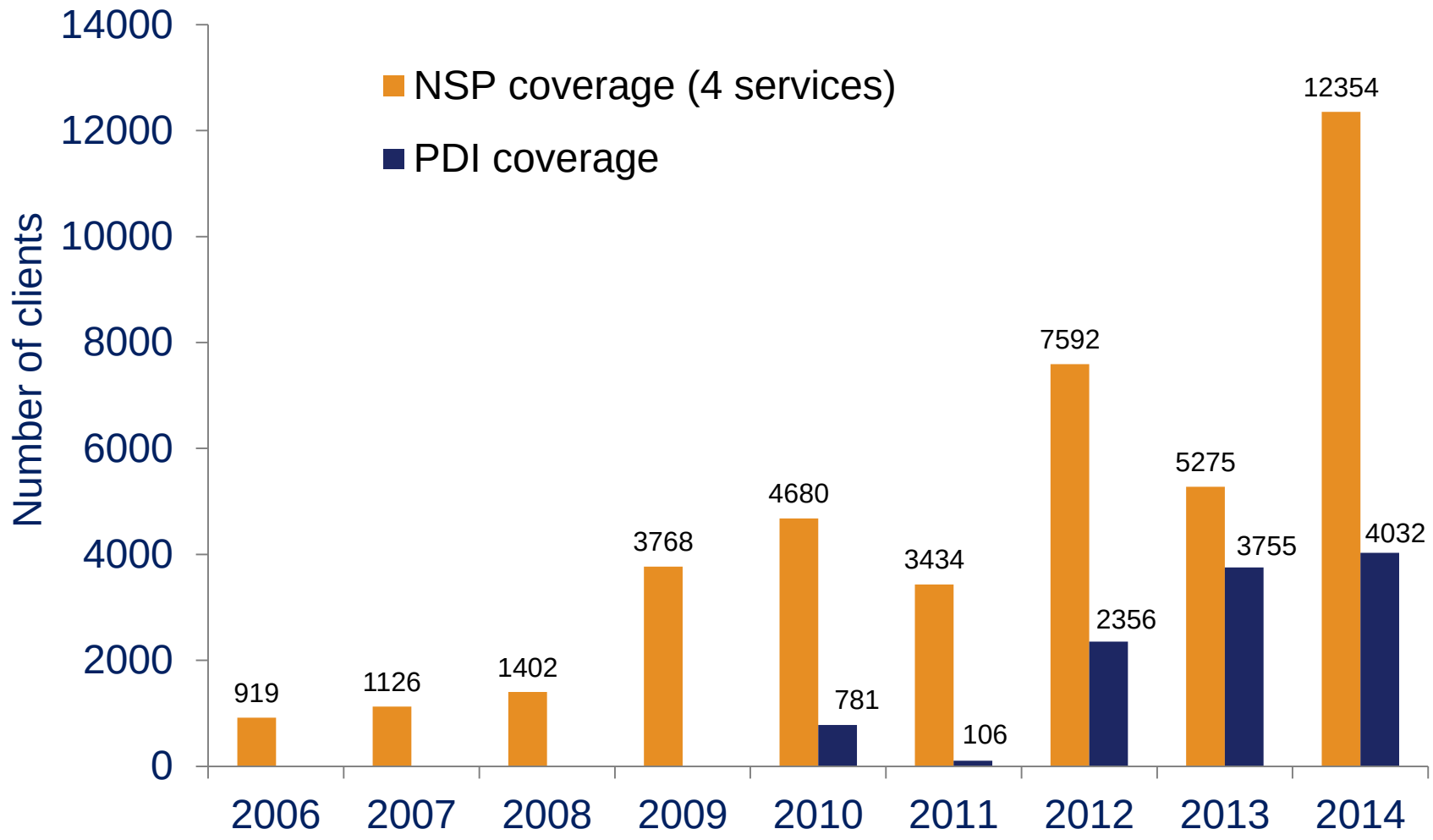

Data from the Harm Reduction Program Database, 2006–2014, Georgia

NSP: needle and syringe programme;
PDI: peer-driven intervention

Next steps for Harm Reduction Programme representatives and activists

- More effective integration of HCV component into harm reduction programmes – providing tandem testing for HIV and HCV as a standard option
- Provide sexual partners of PWID with free testing for HIV and HCV
- Adoption of mobile laboratories (8 units) will enable uncovered regions with much-needed HCV testing
- Ensure chain referral system to access the required adherence and other support measures designed to ensure positive treatment outcomes
- Provision of ‘patient schools’ for people living with HCV on different clinical and legal aspects of treatment

PWID: people who inject drugs

Next steps for Harm Reduction Programme representatives and activists: Advocacy

- More liberalised drug laws and policy
- Free treatment for drug dependency, substitution therapy and rehabilitation services
- Free vaccination of hepatitis B for PWID to be envisaged in elimination programme to increase effective treatment outcome
- Minimise cases when PWID are denied HCV treatment and care services, create legal precedents and disseminating among decision-makers
- Work on including PWID into national HCV prevention and treatment programmes and guidelines

PWID: people who inject drugs

Thanks for your attention!

And waiting questions for discussion…

PWID: people who inject drugs