

INTRODUCING DIRECT-ACTING ANTIVIRALS TO TREAT HEPATITIS C AMONG PEOPLE WHO USE DRUGS IN NAIROBI, KENYA

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BACKGROUND

The Kenyan government has made recent efforts to develop a national public health response to viral hepatitis, taking people who use drugs (PWUD) into specific account considering they are at highest risk of viral infections.

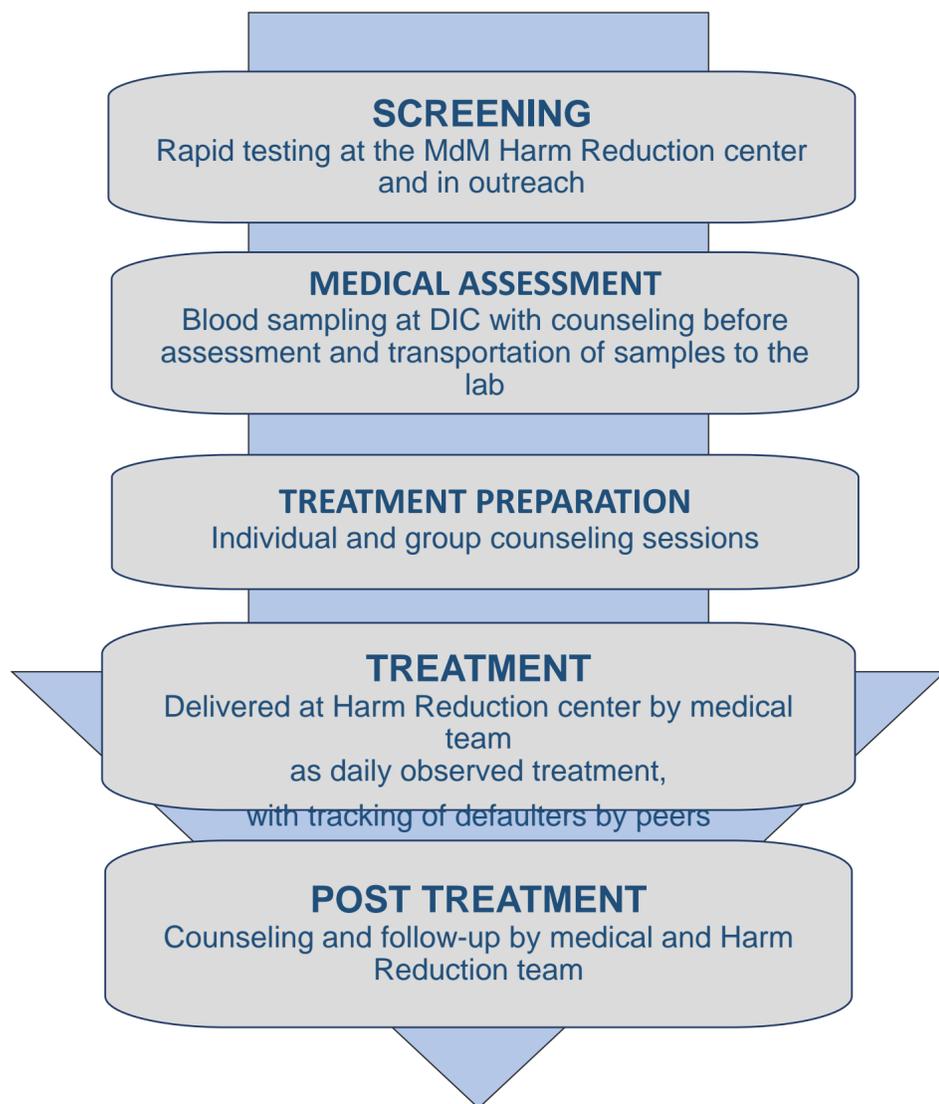
Yet, necessary antiviral medications are not available in the public health system, which critically prevents access to Hepatitis C Virus (HCV) treatment services.

In May 2016, Médecins du Monde (Mdm) and Médecins Sans Frontières (MSF) initiated a treatment program providing HCV Direct Acting Antivirals (DAAs) to PWUD living with HCV chronic infection (co-infected and mono-infected).

This project aims at demonstrating the effectiveness of DAAs in treating Hepatitis C among PWUD, through high-quality services and peer-led support throughout the process.

The objective is to increase equity in access to DAAs and scale up HCV treatment for PWUD.

Figure 1 – Model of care



METHODS

The entire treatment process is delivered within Mdm's already-existing and well-established Harm Reduction center for PWUD.

- > Routine rapid HCV test at Mdm service delivery point is continuously done to assess PWUD exposure, as well as in outreach.
- > Once a rapid test turns positive, the patient is enrolled in the programme and starts pretreatment investigations (such as confirmatory test, fibroscan and genotyping) at Mdm center.
- > Treatment preparation phase lasts one month and also includes one-to-one counseling and group therapies, co-facilitated by peer educators.
- > Treatment is delivered as Daily Observed Treatment for 12 weeks, with transport and lunch covered as well.
- > Biweekly medical examination to assess any adverse reactions or side effects as well as individual and collective counseling sessions.
- > Social support is provided to ensure high levels of adherence throughout the treatment.

(See Figure 1)

RESULTS

The outcomes of this treatment pilot programme are very conclusive.

Since May 2016 to September 2017, 43 PWUD out of the 44 enrolled in the programme have been able to successfully complete HCV treatment, with **100% adherence and 98% treatment success**.

Peer-led and social support ensures that all investigations are done on time and adherence to treatment is maintained.

Through this treatment project including daily visits to Mdm center, PWUD have also been able to access lifesaving treatment as well as other harm reduction services, including access to needle and syringe exchange programme, HIV and STI screening, referral to Opioid Substitution Therapy and hygiene support.

The number of PWUD seeking HCV testing has significantly increased since the beginning of this treatment project.

(See Figure 2)

Figure 2 – Results from the pilot programme

Results from pilot program, data May 2016 - September 2017	
HCV Rapid test	350
HCV Rapid test +	105
HCV PCR ve +	79
Treatment started	44
Treatment completed	44
Treatment success (SVR12)	43 (Cohort 1: 8/9 Cohort 2: 2/2 Cohort 3: 33/33)

CONCLUSIONS

Using DAAs to treat HCV among PWUD is feasible and effective when combined with necessary medical, counseling and peer-led support mechanisms.

This high-impact model of treatment is a step towards equity and strengthening health and community systems through access to life-saving high-quality services to a marginalized and vulnerable population.

Yet, for this pilot program to be scaled-up and reach more people in need of treatment, **a priority is to tackle the absence of access to affordable DAAs and testing in the country.**

CONFLICTS OF INTEREST

No conflicts of interest.

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