**COMMUNITY SUPPORTED HCV TREATMENT MODEL IN PROVISION OF CARE FOR PWID IN UKRAINE**

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**Background**: Estimated number of PWID in Ukraine is elevated from 310,000 in 2012 to 341,000 in 2014. Opium extract injections remain prevalent among PWID (81.3%). Safe sexual behavior is practiced by 48% PWID who reported condom use during the last intercourse. HCV prevalence among PWID according to the BBS 2015 is 58% and among sexual partners of PWID is 26%. HCV prevalence among OST patients is 56% according to the Alliance routine monitoring data.

**Methods**: Pilot project aimed to integrate Sofosbuvir (SOVALDI) based HCV treatment combined with community support services was launched in April 2015. HCV treatment can be prescribed and monitored in healthcare settings where social support is limited. HCV treatment was integrated in HIV and infection disease healthcare facilities (HCF), some of them are also provide OST. Multidisciplinary approach is applied in every HCV treatment site. Social support in a form of case-management is provided for all PWID who receive HCV treatment and on a pre-treatment stage information counseling is provided as for PWID of Alliance HR Programs and linkage rapid testing, NSEP and OST. Main HCV treatment regimens are: SOF+RBV+Peg-IFN 12W in 75% (N=373), SOF+RBV 24W in 18% (N=88), SOF+RBV 12W in 6% (N=32).

**Results**: Since the beginning of the program 633 patients had access to HCV treatment. 80% (N=511) are PWIDs. 46% (N=238) completed full course of treatment. 50% (N=259) continue treatment. 2% (N=14) dropped out. 90% of PWID had remission (from 6 to over 12 month), 6% are on OST (methadone n=5, buprenorphine n=3) and 4% are in active drug use. Retention in HCV treatment is 98%. SVR 12w is reached in 91%.

**Conclusion**: Community supported model of Sofosbuvir based HCV treatment shows positive results in treatment effectiveness and retention rates. Social support and linkage to Harm Reduction services are contribute to enhancing HCV treatment program outcomes.