

NEED FOR DECENTRALIZATION AND TASK-SHIFTING OF HEPATITIS C (HCV) SERVICES WITH A NON-JUDGEMENTAL APPROACH FOR PEOPLE WHO INJECT DRUGS: RESULTS FROM A GLOBAL VALUES AND PREFERENCES SURVEY

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BACKGROUND

The values and preferences of people who inject drugs are essential for developing and/or adapting HCV services delivery to meet their specific needs.

Objective: To identify specific needs and preferences among people who inject drugs regarding HCV services.

METHODS

Design of the study: A multi-country, anonymous, self-administered online survey was conducted.

When: From 8-22 September 2021.

By who: The survey was developed by Coalition PLUS and the World Hepatitis Alliance in partnership with the World Health Organization.

Study population: People living with or affected by HCV.

Promotion of the study: Via civil society email networks, social media, and mailing lists.

Data collected: Information concerning preferences for simplifying HCV care, and test and treat locations, were collected among people living with or affected by HCV.

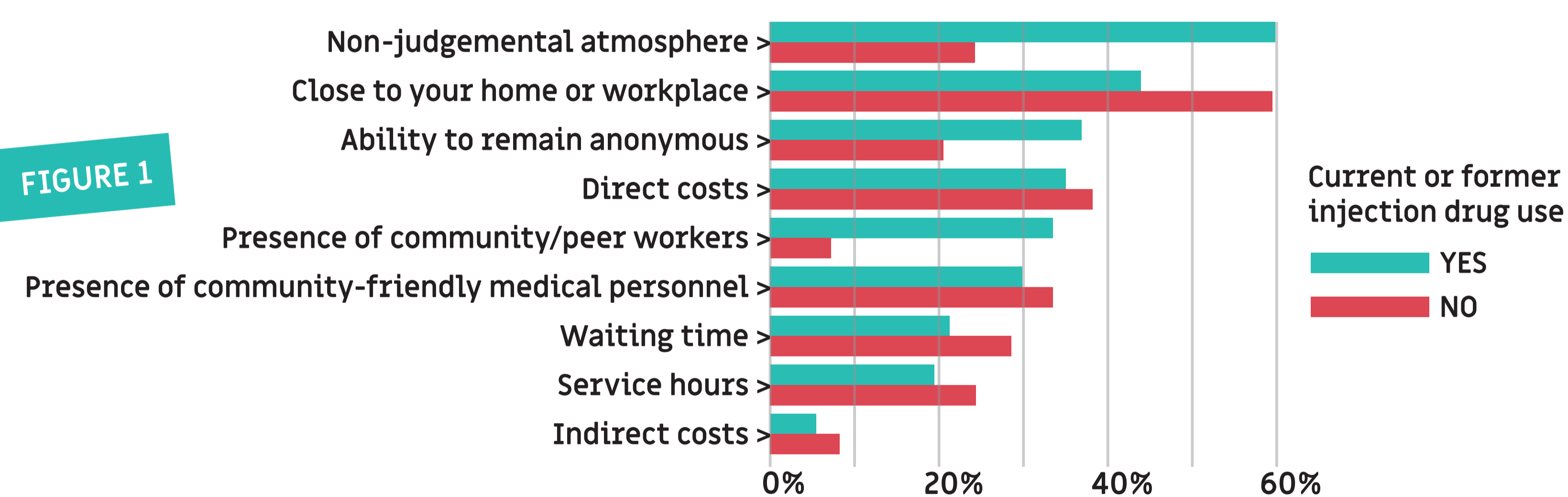
Statistical analysis: Chi-2 tests were used to compare respondents who had a history of injecting drug use to other respondents.

RESULTS

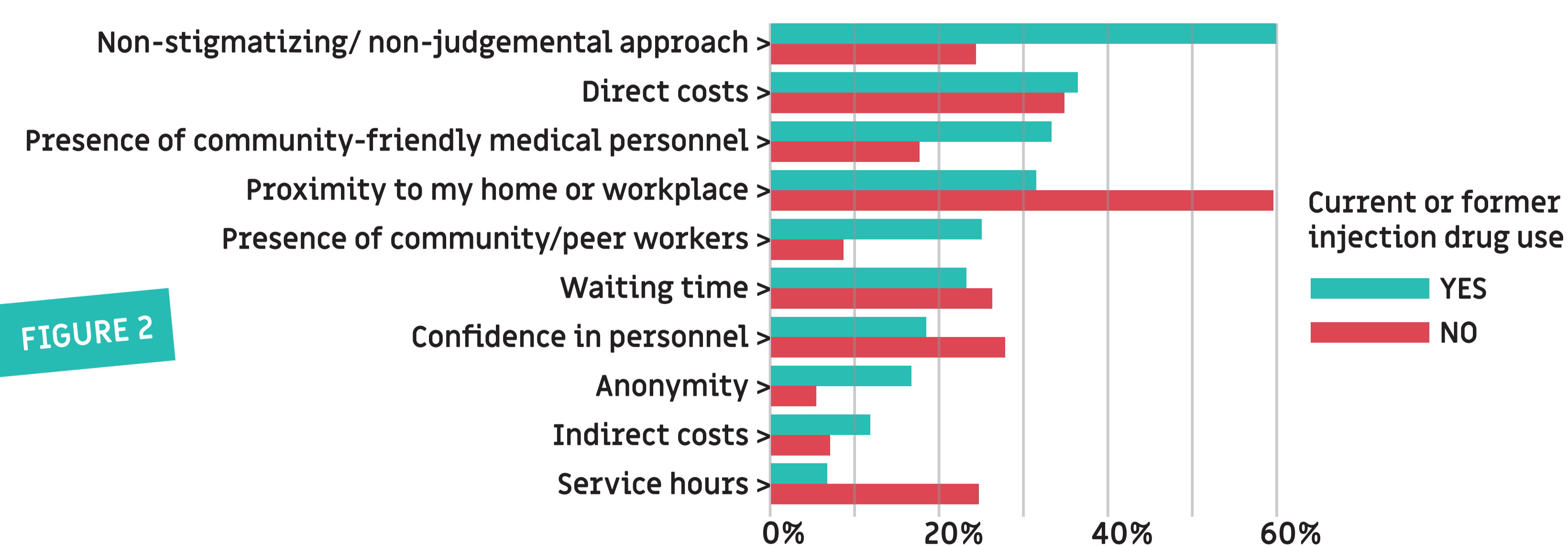
CHARACTERISTICS OF THE STUDY POPULATION (N=202)

- **30.7%** had a history of injecting drug use
- **56.5%** were male, **40.5%** were female, **2.0%** were gender non-binary and **1.0%** was transgender
- Median [IQR] age was **42** [33-52]
- **72.1%** were tested at least once for hepatitis C and among respondents tested positive with PCR (n=53), **90.6%** of whom have already been treated for HCV

MOST IMPORTANT CONSIDERATIONS FOR HCV TESTING LOCATION ACCORDING TO INJECTION DRUG USE (N=202)



MOST IMPORTANT CONSIDERATIONS FOR HCV TREATMENT LOCATION ACCORDING TO INJECTION DRUG USE (N=202)



COMPARISON OF RESPONDENTS WHO HAD A HISTORY OF INJECTING DRUG USE TO OTHER RESPONDENTS (N=202)

Respondents who had a history of injecting drug use were:

- > Older (median [IQR]: 48 [36-57] vs. 39 [31-51] years, p=0.003)
- > More often lived in an urban area (72.1% vs. 67.4%, p=0.022)
- > More likely to have already been tested for HCV (90.2% vs. 64.3%, p=0.001)
- > Less likely to prefer testing in a hospital (16.1% vs. 40.7%, p=0.001) or in a laboratory (5.4% vs. 41.5%, p<0.001)
- > Preferred to be tested in a community-based centre (CBC) (55.4% vs. 33.3%, p=0.005) or in a drug user support centre (DUSC) (50.0% vs. 9.8%, p<0.001)

Regarding HCV treatment locations, respondents who had a history of injecting drug use were:

- > Less likely to prefer receiving HCV treatment in a hospital (16.7% vs. 50.0%, p<0.001)
- > More likely would like to receive HCV treatment in a CBC (63.0% vs. 44.8%, p=0.028) or in a DUSC or HIV clinic (resp. 46.3% vs. 9.5%, p<0.001 and 14.8% vs. 5.2%, p=0.033)

The most important considerations regarding testing and treatment locations among the respondents who had a history of injecting drug use were:

FIGURE 1

- The non-judgemental atmosphere
- Anonymity
- Community worker

FIGURE 2

- Non-stigmatizing/non-judgemental approach
- Presence of community-friendly medical personnel or CW
- Anonymity

CONCLUSIONS

People who currently/formerly inject drugs showed specific needs concerning HCV services.

Integration of HCV services in community-based harm reduction services is an important element for the development of adapted services to increase HCV care in this population and move towards eliminating the HCV.

ACKNOWLEDGEMENT:

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