A Qualitative Study Exploring Barriers and Facilitators to Implementing A Rapid-Start Direct-Acting Antivirals (DAA) Model for Hepatitis C Treatment among People Who Use Drugs in Malaysia

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Background

- Globally, 58 million live with Hepatitis C virus (HCV), with 1.5 million new infections annually. Malaysia has a moderate burden, with a prevalence of 0.4–1.9%. Despite compulsory licensing of DAAs since 2017, uptake remains low among people who use drugs (PWUD).
- Drop-offs after screening, delays in RNA testing, and fragmented care pathways persist in the HCV care cascade.
- Rapid-Start DAA (RS-DAA) aims to reduce delays via community-based testing and blood draws, on-site pre-treatment assessment, telemedicine for treatment initiation and patient navigation led by community health workers (CHWs).

Objectives

- Explore stakeholders' perspectives on barriers and facilitators to implementing a Rapid-Start DAA (RS-DAA) model.

Methods

Study designs:

- Qualitative study using two semi-structured Focus Group Discussions (FGDs).
- Conducted between August and December 2024.
- Location: Klang Valley, Malaysia.

Participants characteristics:

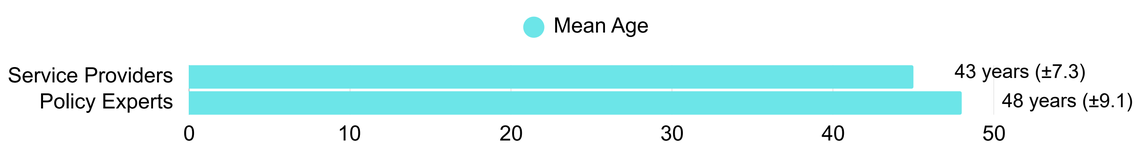
Group 1: HCV Service Providers (n = 10)

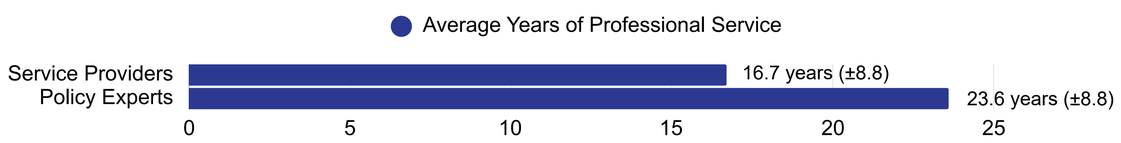
- Roles: family medicine specialists, clinical pathologists, medical officers, medical assistants, laboratory technologists, pharmacists, and community health workers.

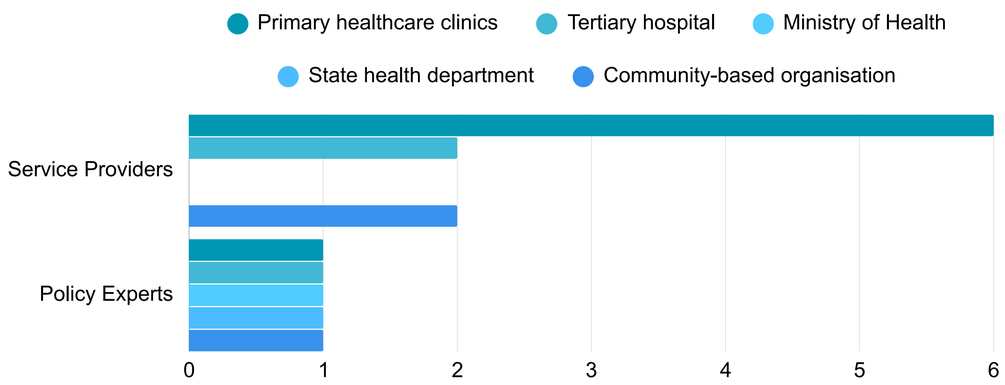
Group 2: HCV Policy Experts (n = 5)

- Roles: public health medicine specialists, a family medicine specialist in addiction medicine, a consultant hepatologist, and a community-based organisation programme manager.

Sampling: Purposive sampling based on involvement in HCV care or policy.







Data collections:

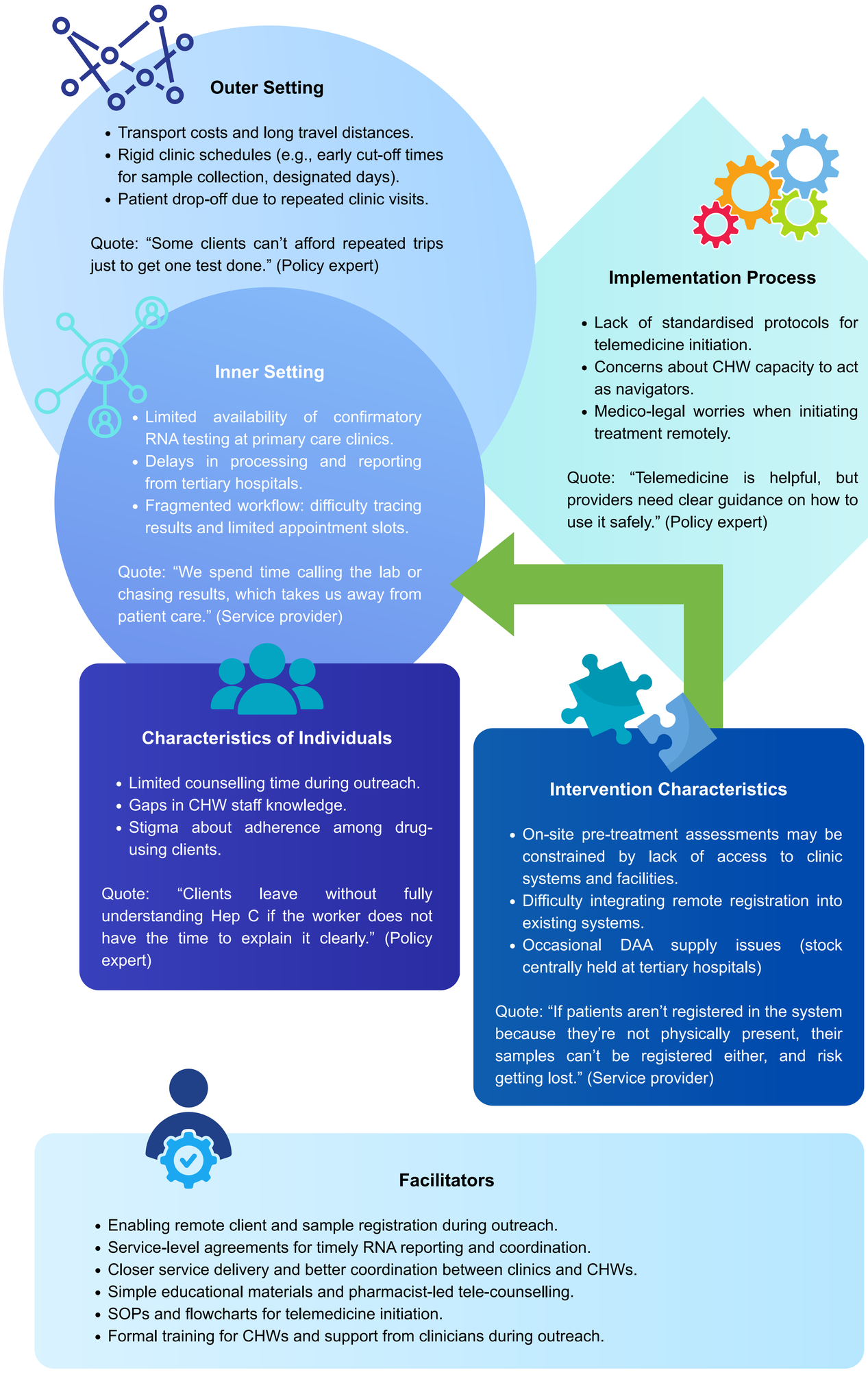
- Sessions were audio-recorded and transcribed.

Data analysis:

- Thematic analysis guided by the CFIR (Consolidated Framework for Implementation Research).
- Coding done by multiple researchers to ensure reliability.
- Themes organised under CFIR domains.

Results

Consolidated Framework for Implementation Research (CFIR)



Conclusion

RS-DAA has strong potential in Malaysia. Needs include: clearer workflows, improved lab coordination, and enhanced CHW training. Findings guide future implementation strategies for scaling HCV elimination efforts in Malaysia.

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