



The role of civil society in HCV/HIV prevention and treatment access among people who use drugs

Presenter:

Dasha Ocheret


dasha@harm-reduction.org


Hepatitis C




- HCV epidemics grows faster among people who use drugs than HIV-infection
- HCV increases death rates among people living with HIV
- Not enough attention – and funding - from international and national stakeholders

Community perspective on disease prevention



- Accurate information on how to avoid or decrease the risk of getting the disease
 - Ability to apply this knowledge in real life
 - Access to testing and high-quality affordable treatment
 - Protection from discrimination
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Hepatitis C information and harm reduction



- Incorrect information in educational pamphlets (*sexual transmission, drug use and disease progression, etc.*)
- Filters, water and cookers are rarely part of standardized harm reduction package
- <3% access to OST in EECA; majority of OST clients already have HCV infection or HIV/HCV co-infection

HCV testing



- Covered by national/local budgets only in Russian and Kazakhstan, but only for people with health insurance
- Sporadic HCV testing through the Global Fund and other donor programs
- No recommendations on counseling
- **Georgia:** due to a civil society action - free antibody tests for citizens of Tbilisi
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HIV/HCV treatment



- WHO-Euro recommends *Pegylated Interferon and Ribavirin* for EECA
- National funding for treatment only in Russia and Kazakhstan
- **Russia:** Court case on free-of-charge HCV diagnostics for PLHIV
- **Georgia:** ECHR decision on hepatitis C treatment in prison settings

Treatment price



- Average price for 48 weeks – 14,500 USD
- Georgia – around 7,000 USD (for 550 patients from the Global Fund program)
- Price reduction dialogue is possible; pilot programs are a good argument for price reduction

Recommendations



- Review standard harm reduction packages and adapt it to HCV needs: include filters, water and containers and HCV testing
 - Invest into harm reduction staff and peer counselors training on HCV prevention and treatment
 - Start pilot treatment programs and negotiate PEG-INF price with pharma to treat more patients with co-infection
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