

4th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

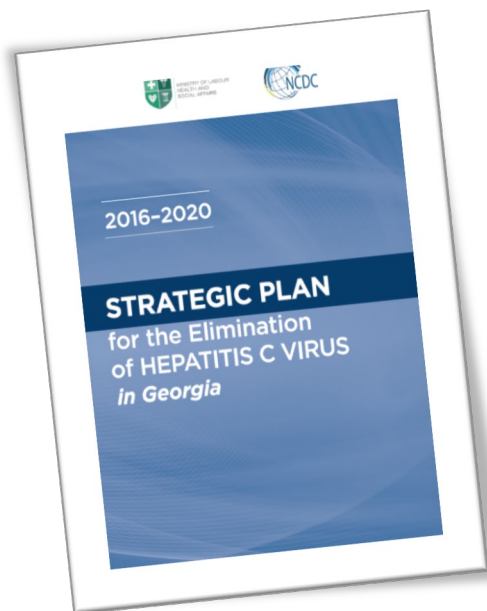
**DECENTRALIZATION AND INTEGRATION OF HCV SERVICES
IN PRIMARY CARE, HOSPITALS AND HARM REDUCTION
SETTINGS IN GEORGIA—PROGRESS AND CHALLENGES**

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Goal

Elimination of HCV by ensuring prevention, diagnostics and treatment of the disease



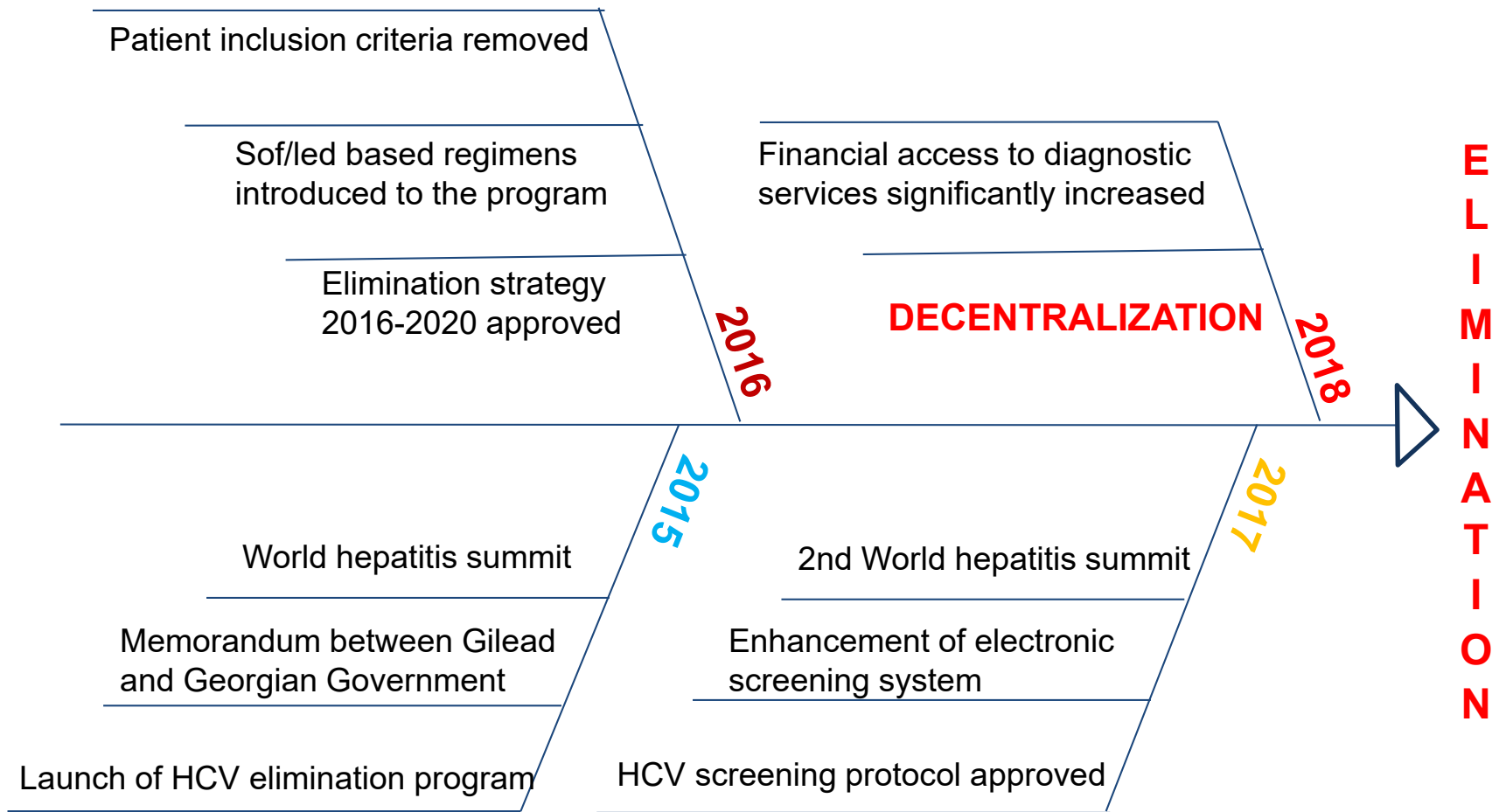
Targets

90-95-95

By 2020

- ✓ **90%** of people living with HCV are diagnosed
- ✓ **95%** of those diagnosed are treated
- ✓ **95%** of those treated are cured

Road Towards HCV Elimination



Objectives of Decentralization

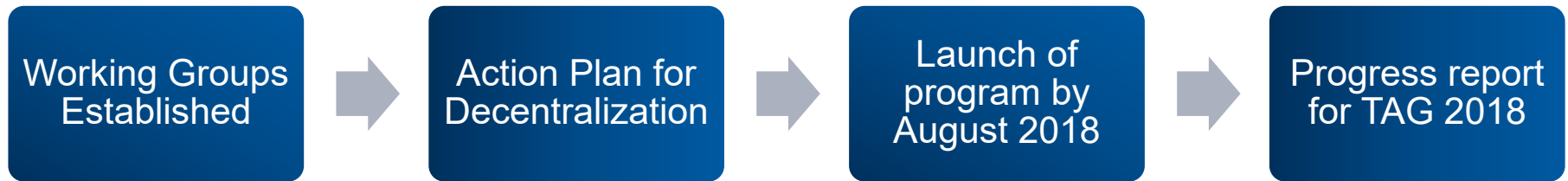
Increase geographical accessibility

- decentralization of screening, care and treatment services

Increase financial accessibility

- simplified diagnostics algorithms
- Minimize cost of diagnostics

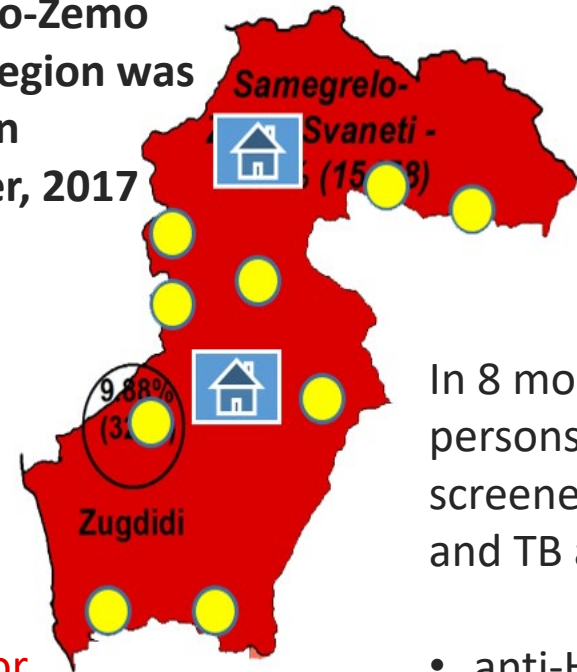
Decentralization Concept



Concept: Three Diseases (HIV/HCV/TB) Under One Umbrella

- Integrated TB/HIV/HCV screening protocol approved
- 454 doctors and nurses trained
- Integrated multidisciplinary service monitoring groups established
- Municipal programs supporting pilot implementation approved

Pilot project in Samegrelo-Zemo Svaneti Region was launched in November, 2017

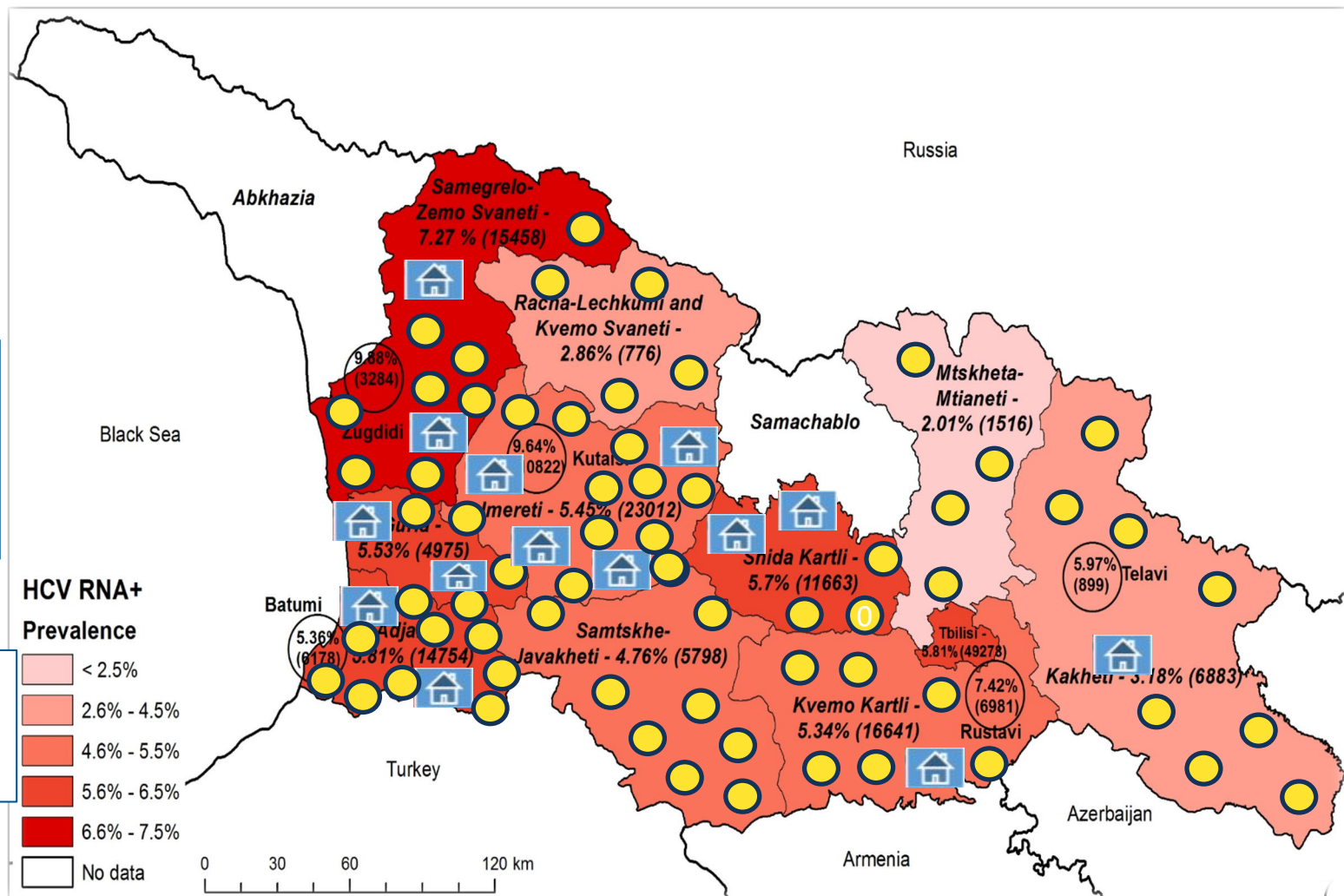


Target for screening - 40% of local population

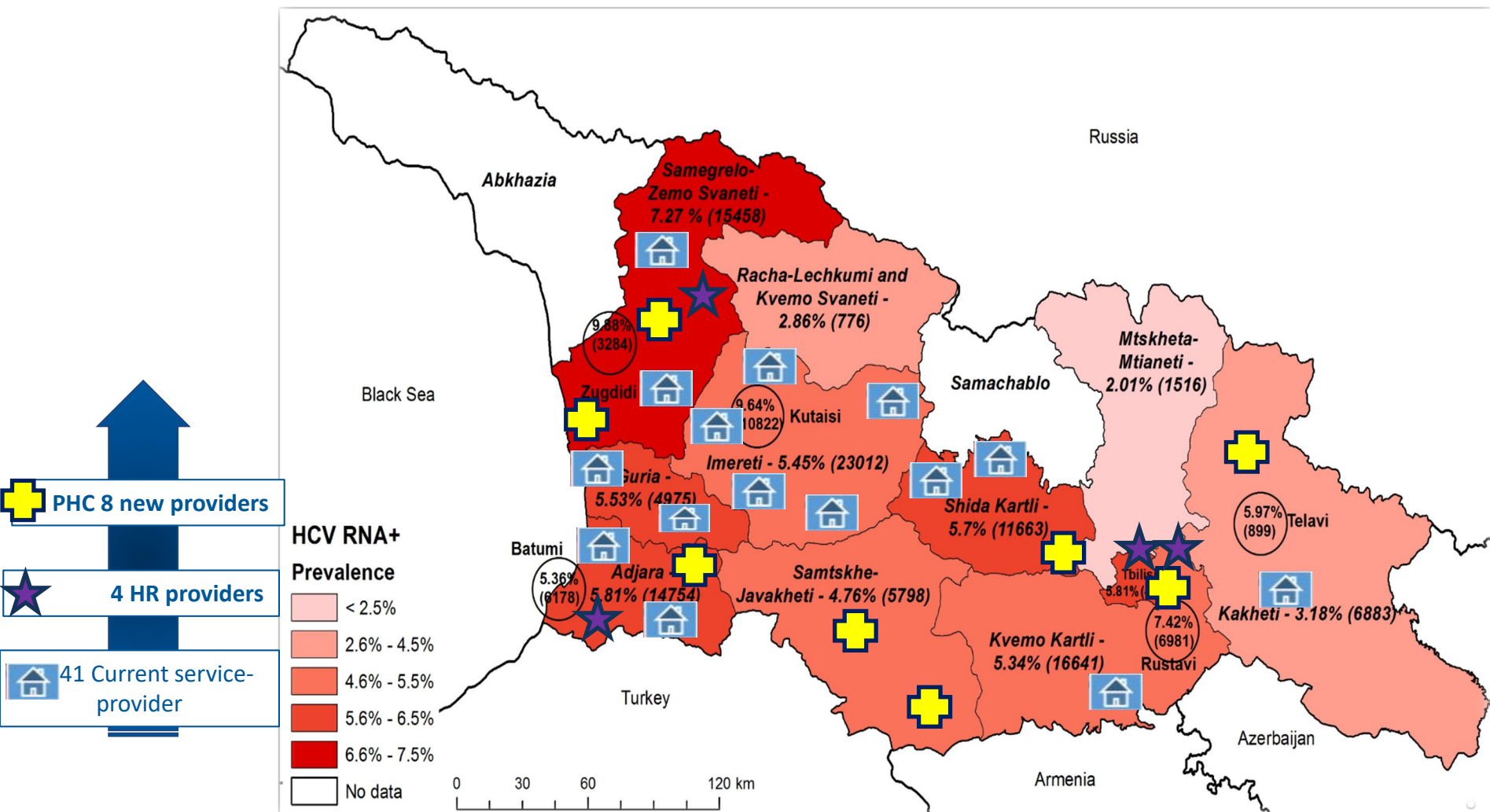
In 8 months 89,602 persons were screened on HCV, HIV and TB among which

- anti-HCV+ 2350 cases
- anti-HIV+ 37 cases
- Presumptive TB 177 cases

Decentralization Concept



Decentralization Progress (August-October)



Progress towards decentralization

- HCV screening widely accessible at all levels
- Point of care –
 - ✓ RNA confirmatory testing is available and free of charge
 - ✓ HCV genotype test is free of charge
 - ✓ Expansion of the area of beneficiaries - Cost of the diagnostic tests for war and military veterans is covered by 70% within the state program and 30% by the Veterans Affairs State Service
 - ✓ Introduction of the new generation hepatitis C treatment medicine Epclusa (Sofosbuvir/velpatasvir) – from December, 2018
- Simplified diagnostic and treatment protocols adopted for general health settings and harm reduction centers
- CME training program for PHC physicians developed and approved
- Training for PHC and Hospital staff has been launched
- ECHO platform is utilized for training and care decentralization support
- HCV elimination program database is modified in response to HCV care decentralization needs

Progress towards decentralization

In order to ensure successful linkage to care:

- Decentralization of confirmatory testing – like Lugar center, service providers are allowed to conduct confirmatory tests of patients with screening-positive results;
- The relevant units of the NCDC are obliged to ensure surveillance of HCV positive patients revealed by **screening** testing;
- The relevant units of the SSA are obliged to ensure patient navigator services after **confirmatory** testing;
- The right to seek and attract **HCV positive** patients (approved by confirmatory testing) are given to service providers.

Integrating HCV screening and simplified treatment services in primary healthcare – **pilot project**

Completed activities

- Implementation of integrated model of HCV diagnostics and simplified treatment started by **Senaki PHC** in May, 2018
- All preparation work for project initiation was recently completed at **PHCs Tbilisi, Telavi and Khashuri** and they already started the project.

Preliminary Results from Senaki and Telavi PHC

Senaki

- Number of screened on anti-HCV: **1415**
- Anti-HCV+: **154 (10.9%)**
- **135** specimens sent for confirmation using HCV Core Ag
- Chronic infection was confirmed in **131** cases. **124** persons returned for pretreatment evaluation.
- **43** Persons had FIB4 score <1.45 . **12** persons already started HCV treatment at Senaki PHC.
- **44** patients with FIB4 score ≥ 1.45 were referred to specialty clinics (current providers)
- **37** persons are under pretreatment evaluation

Telavi

- Number of screened on anti-HCV: **163**
- Anti-HCV+: **13 (7.9%)**
- Specimens of **13** patients were sent for confirmation using HCV Core Ag
- Chronic infection was confirmed in **10** cases. All **10** persons returned for pretreatment evaluation.
- **5** persons had FIB4 score <1.45 . Their paperwork is under review by social service agency and they will start treatment in nearest future at Telavi PHC.
- **5** patients with FIB4 score ≥ 1.45 were referred to specialty clinics (current providers)

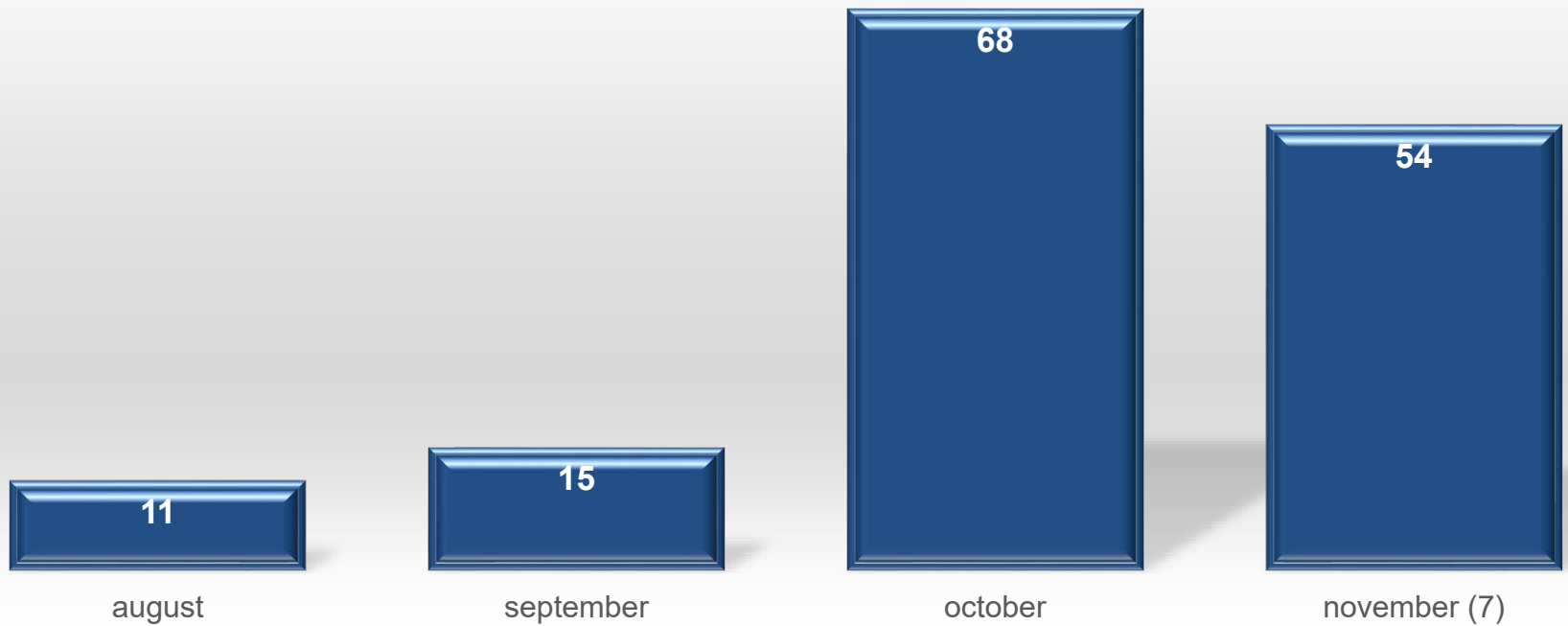
Integrating HCV screening and simplified treatment services in primary healthcare and HR centers – **first phase**

Completed activities

- All preparation work for project initiation was recently completed and they already started the project:
- *at PHCs:* Akhalkalaki, Akhaltsikhe, Kobuleti, Poti
- *at HR centers:* Tbilisi (2), Zugdidi, Batumi

Progress towards decentralization

Registered patients at new PHC centers



Conclusion

- In the first 30 months of the HCV Elimination Program, Georgia has scaled up the screening and treatment services achieving impressive results - 30% treatment coverage with **98,3% cure rate!**
- Enhancing HCV testing and linkage to care and treatment services are critical to reaching the **2020** HCV elimination goal
- Provision of HCV screening, confirmation, care and treatment services at peripheral non-specialized settings closer to patients' homes is critical for achieving HCV elimination goals,
- Decentralization, such as integrated service delivery at primary care or harm reduction settings, has several advantages including: lessening the wait time at specialized hospitals, reducing transportation cost, and decreasing stigma. This can result in overcoming barriers to access for HCV care and treatment
- HCV Elimination program is major driver for Health System Strengthening and advancing Public Health Agenda
- Lessons learned from the Georgia elimination program can inform programs in other countries striving to eliminate HCV as a public health threat.

Acknowledgements



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WHO, WHO Euro

TAG Members



LIFER



ECHO



World Hepatitis Alliance



Nohep Movement



Ministry of Labour, Health and Social Affairs



National Center for Disease Control and Public Health