

5th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

**UPDATE ON PREVENTION,
SCREENING
AND LINKAGE TO TREATMENT OF PWID**

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Overall Context

Based on PSE, BSS of 2016-2017,
PDI of 2018

Estimated number of injectors in
the country, (2016-2017)



All

52,500
(50,000 – 56,000)



Opioid Injectors

31%
(15,500 – 17,360)

National prevalence estimate for
the injection drug use (for adults)



2.24% (2,13% - 2,39%)

Main Drug Injected



Buprenorphine and Heroin, (including
so called “sirets”), Ephedra

Sharing of needles and
syringes



9.6%
(in some regions up to 24.4%)

Prevalence of HCV ABs



63%

PWIDs profile

Based on PSE, BSS of 2016-2017,
PDI of 2018

Mean Age



Mean 41 (min 20, max 65)

Age at first injection



Mean 20

Injecting Drug Experience



11 years and more (61%)

Frequency of Injection during
last 30 days



56.9% injects at least every other
day

Employment



57% Unemployed

Proffered Institution for HCV
treatment



76%
Harm Reduction
Service Center

Global Fund Supported Services for PWIDs

Utilization of Services

Services

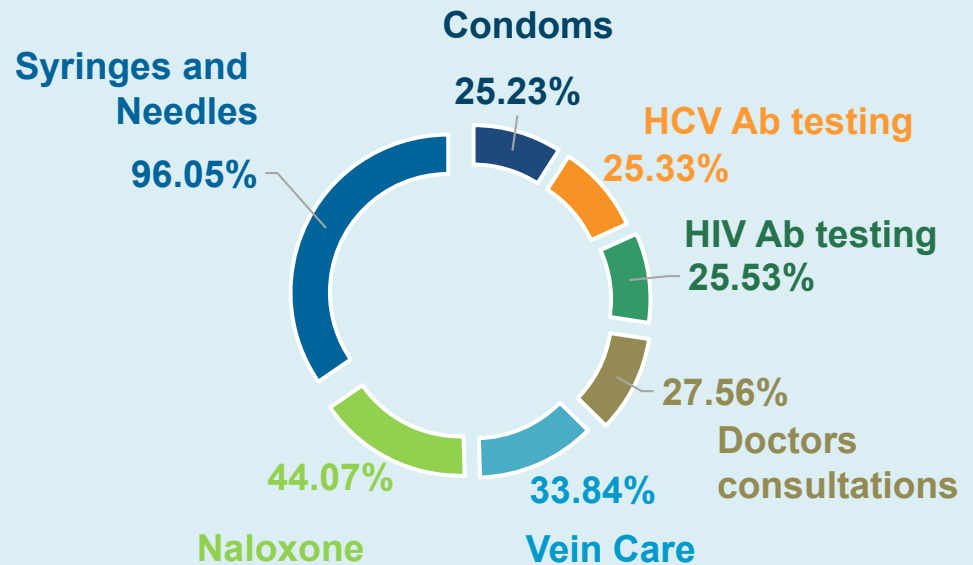
Implemented by GHRN - Georgian Harm Reduction Network

Basic Services

- Needle and Syringe Program
- Condom distribution program
- Overdose Prevention – Distribution of naloxone
- HTC, Testing on Viral Hepatitis and STI
- Risk Reduction Counseling

Add on Services

- TB screening and Referral
- Medical and Legal Consultations
- Case Management Support – linkage to care
- Patient Schools and Peer meetings



HCV Services for PWIDs

Supported by TGF, CDC, FIND and GOV

PREVENTION - Intensify HCV **prevention** efforts among PWID

DETECTION - Intensify HCV **detection** efforts among PWID

TREATMENT - Improved care and **treatment** for PWID living with HCV

LINKAGE - **Ensure Linkage** between the Prevention and Treatment Services and Systems



HCV AB Screening



HCV Confirmation
At Harm Reduction Centers (4 centers)
through FIND HCV Demo Project



Case management support in every Harm
Reduction Center to ensure effective
linkage to Care and follow up



Patient Schools
and Peer Meetings
held



Linkage between the
Prevention and Treatment
Systems is established



4 + 4 Integrated HCV
Treatment Centers in Harm
Reduction Centers

Geographic Distribution of Services

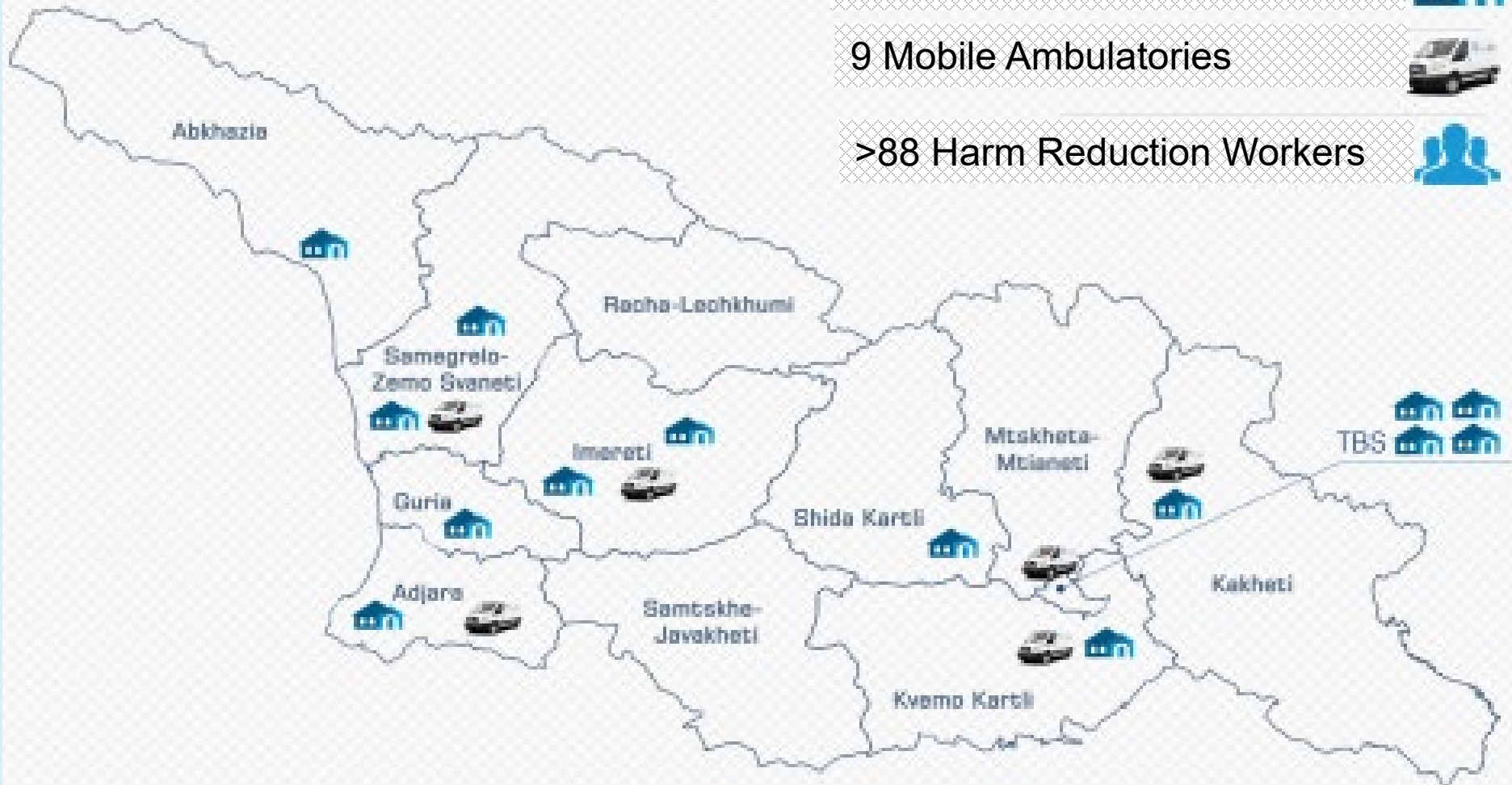
14+2 Harm Reduction Centers



9 Mobile Ambulatories



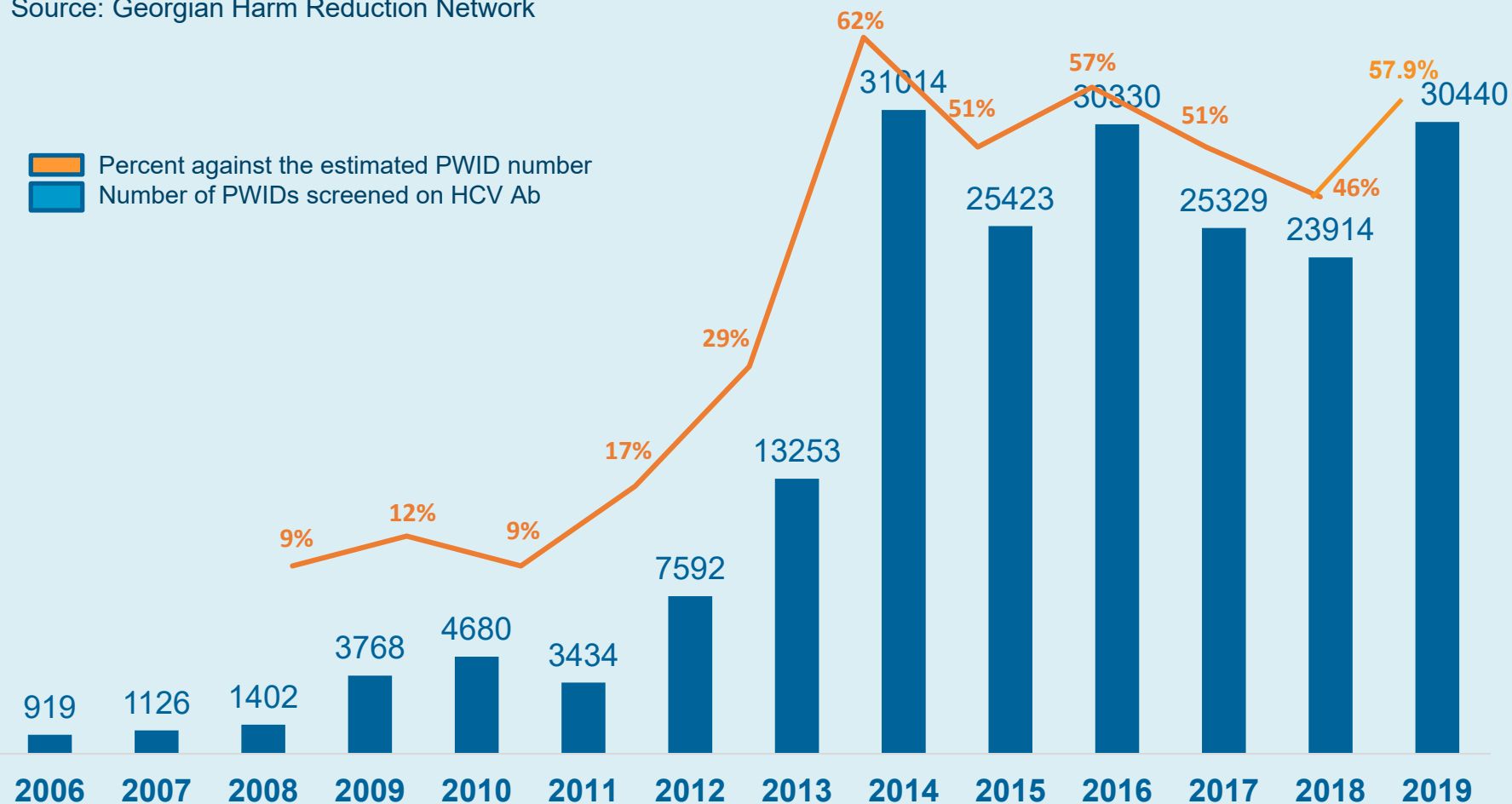
>88 Harm Reduction Workers



PWID Coverage with Needle and Syringe Program 2006-2019 (9 Months)

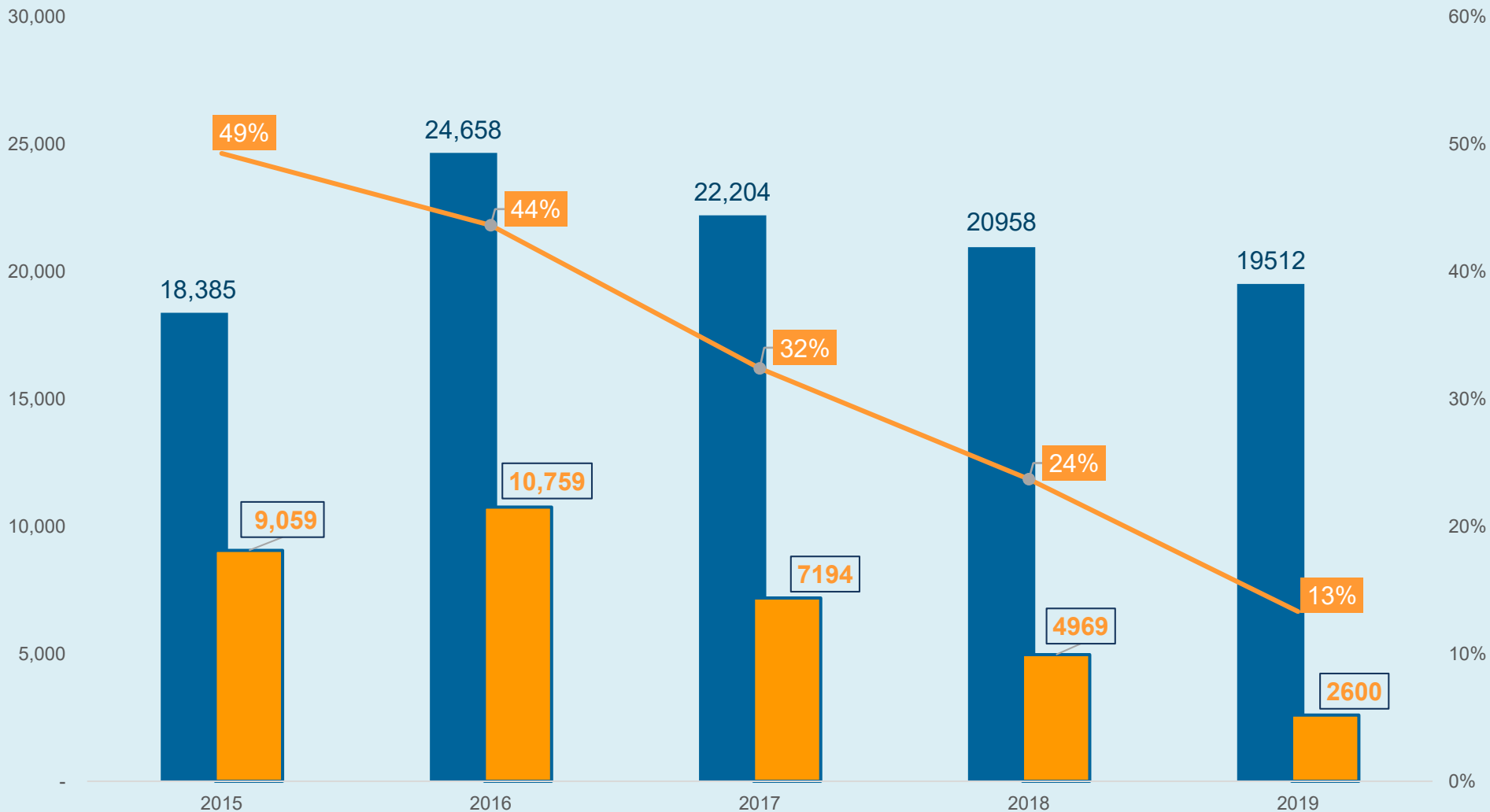
PWID is considered reached if received at least two services from defined package (condom, risk reduction counseling, information materials, syringe/needle) and one of them has to be syringe/needle

Source: Georgian Harm Reduction Network



PWIDs tested for HCV Ab

During 2015- 2019 (9 months) NSPs provided over 105,000 HCV anti-body tests to persons who inject drugs, 34,000 (32.4%) of which were positive



□ Period: 2019 As of October 1st

□ Source: GHRN Data

■ Number of HCV tests

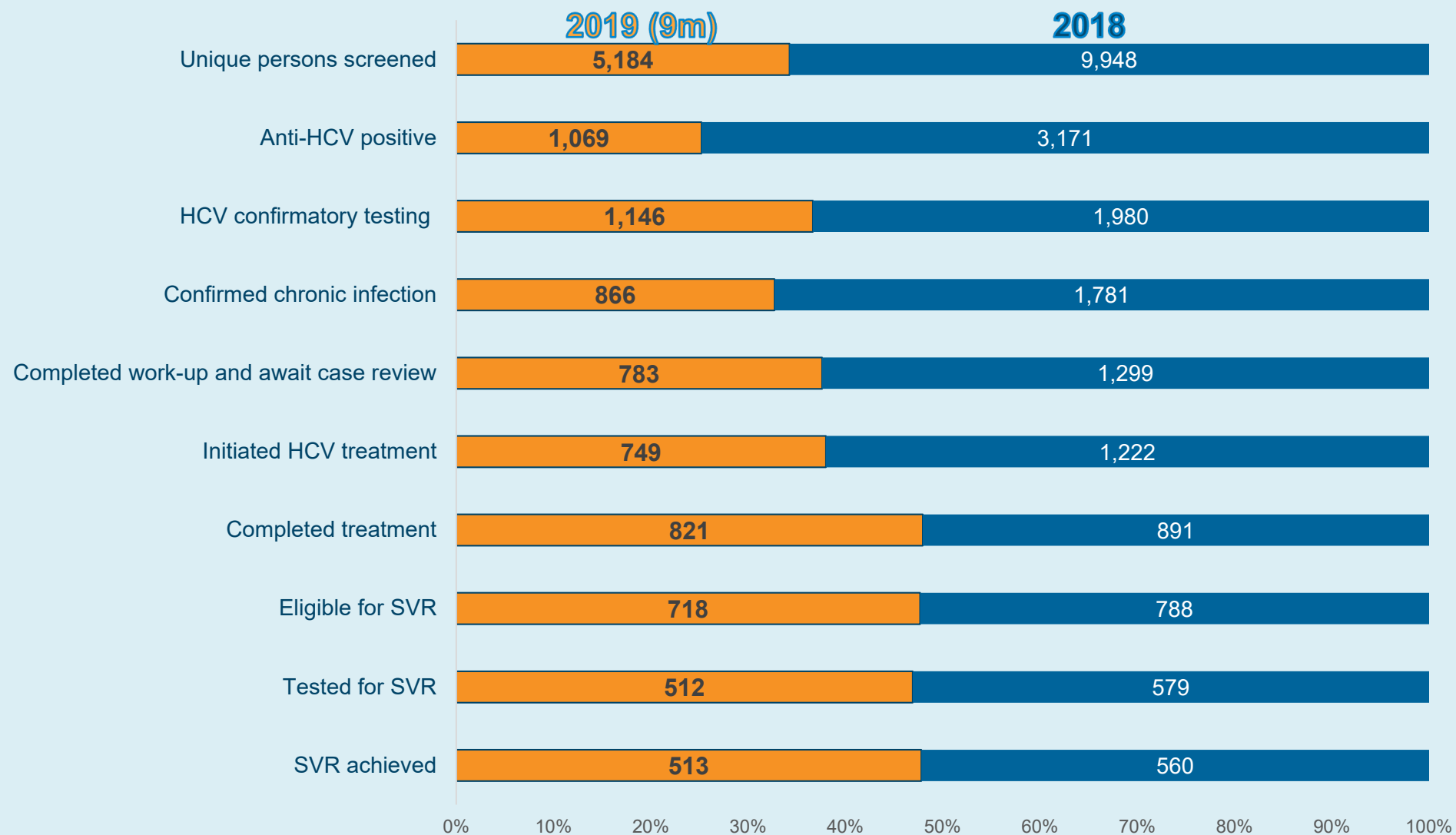
■ Anti HCV positive cases

— Percent Positive

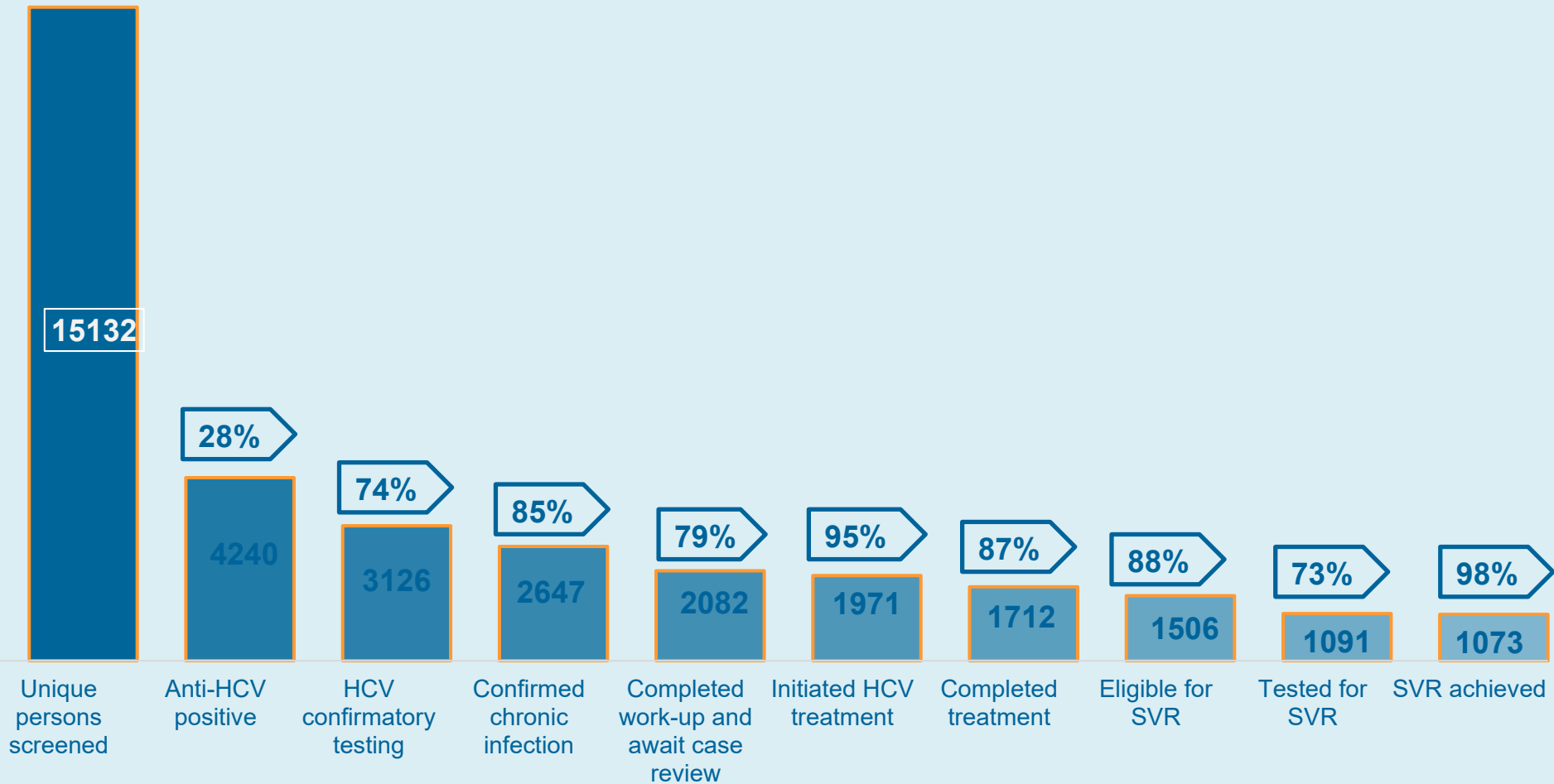
HCV Care Cascade for PWIDs

2018 and 2019 (I – IX),

Source: ELIM C, Data Processed by CDC

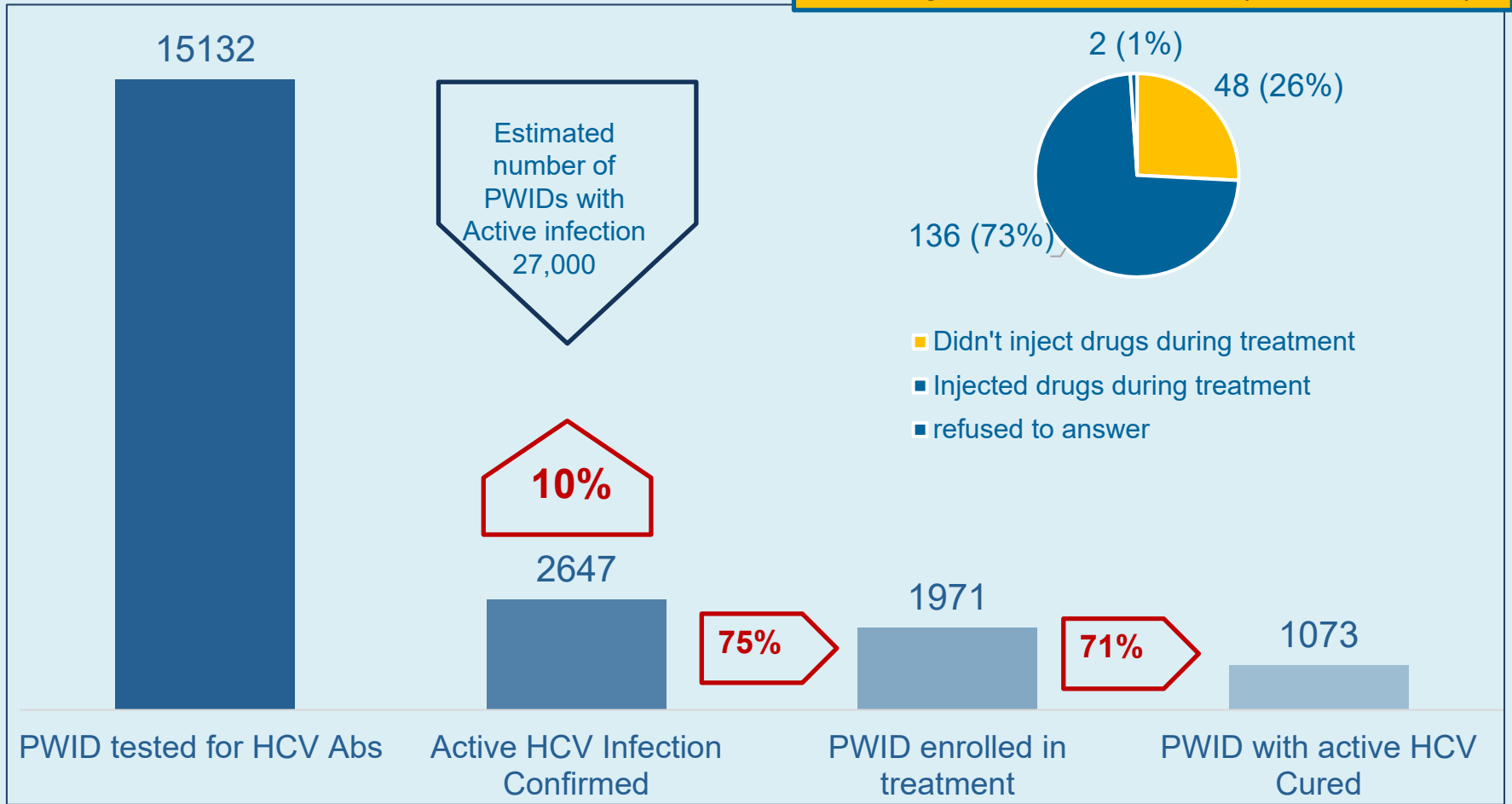


Detailed HCV Care Cascade for PWIDs screened at NSP sites registered in ELIM C 2018 – 2019 (9 months)



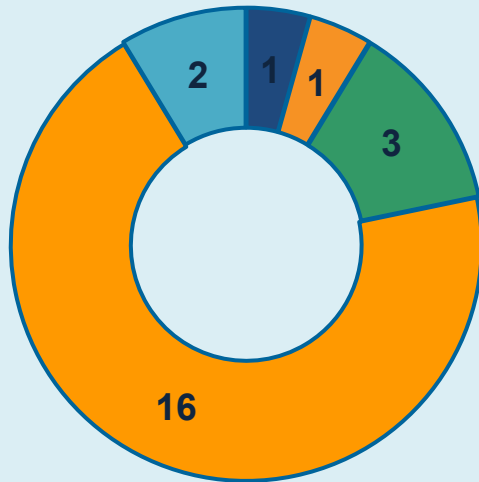
HCV Care Cascade for PWIDs screened at NSP sites registered in ELIM C 2018 – 2019 (9 months)

Self-reported high risk behavior during HCV treatment (PDI, N=186)



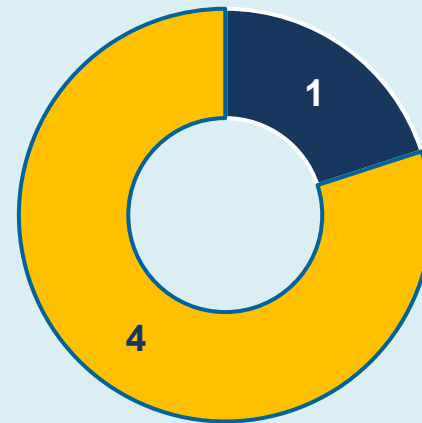
HCV Retreatment Rates among PWID

PWIDs with more than 1 attempt of treatment registered in ELIM C 2018 – 2019 (9 months)



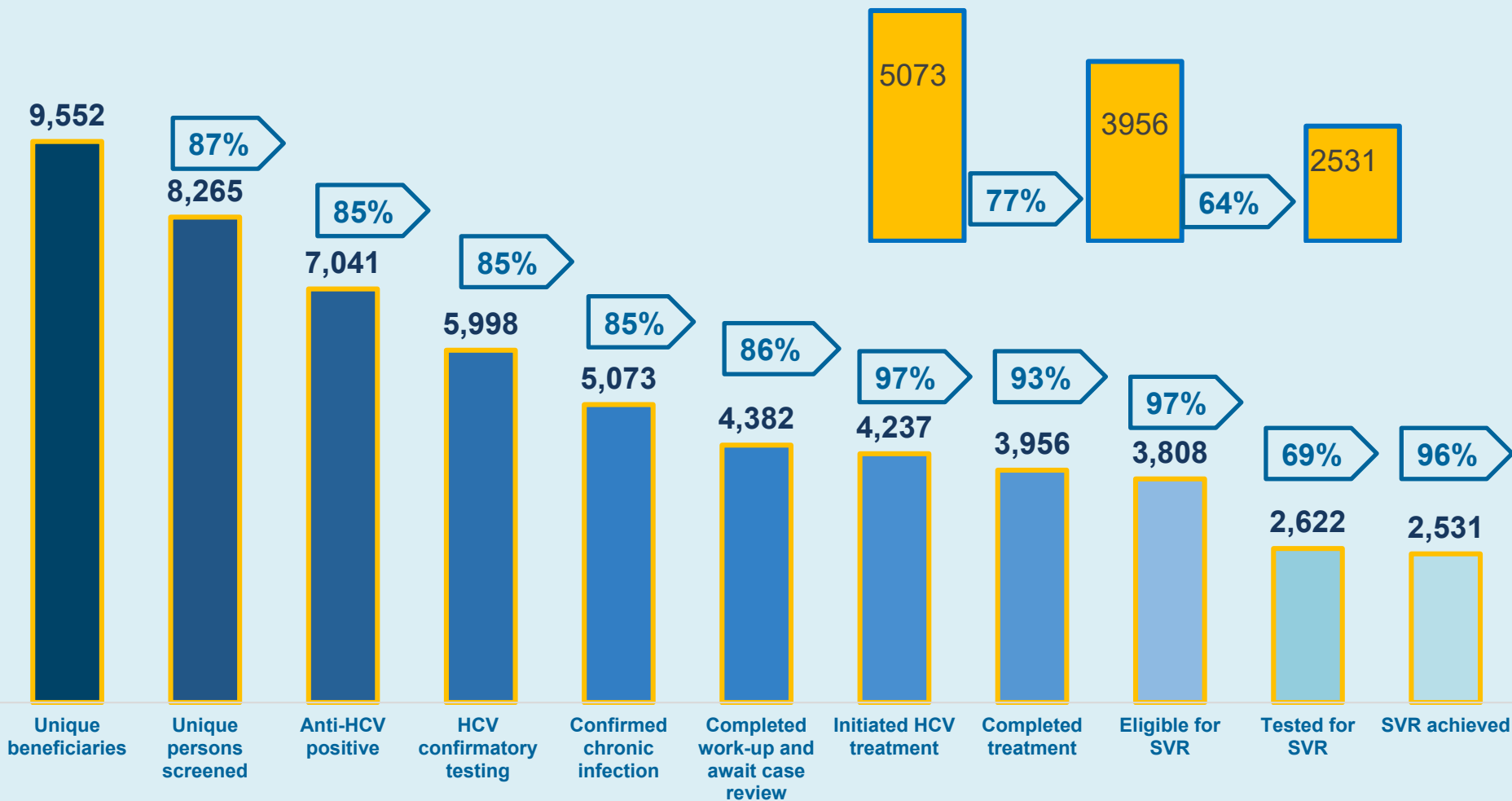
- Discontinued, non-compliant
- Self-Discontinuation
- Completed Treatment, no SVR Test
- SVR Not Achieved
- SVR Achieved

Self-reported re-infection cases among PWIDs with HCV treatment history (PDI, 2019), n=186



- not used drug by injection
- used drug by injection

HCV Care Cascade for PWIDs enrolled in Methadone Substitution Treatment Program 2018 – 2019 (9 months)



Challenges for 2020

- ❑ **Needle and Syringe Program should be part of the National Health Strategy and Service Provision platform**

Positive Development: NSP is Already part of the GOV take over plan and Budget plan for 2020

Challenge: To develop a Program Design and implementation mechanism acceptable for the State;

- **State needs to consider investing for HCV Detection, linkage to care and adherence support for PWIDs**

- ❑ **TGE is moving towards Results Based Funding (RBF) Model:**
 - local and international expertise is mobilized for the funding model
 - Relevant M&E tools has to be developed also;
Capacity development is needed for NCDC as well as for implementing partner organizations



Thank You!

