TRANSLATING SCIENCE TO END HIV IN EASTERN EUROPE AND CENTRAL ASIA

AIDS 2018 POST-CONFERENCE SYMPOSIUM

Georgia, 20 June 2019
HIV, Tuberculosis and Hepatitis - The path forward for prevention and treatment: which way forward for an integrated approach?

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National Center for disease control and Public Health
Strategic Plan for Elimination of HCV in Georgia 2016-2020

By 2020
✓ 90% of people living with HCV are diagnosed
✓ 95% of those diagnosed are treated
✓ 95% of those treated are cured

Nationwide HCV prevalence

# of interviews – 6330 (90% response rate)
# of blood samples – 6010 (86% response rate)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
<th>Estimated # nationwide ≥ 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HCV+</td>
<td>433</td>
<td>7.7</td>
<td>215 000</td>
</tr>
<tr>
<td>HCV RNA+</td>
<td>311</td>
<td>5.4</td>
<td>150 000</td>
</tr>
</tbody>
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Population Georgia 3.7 million
Road Towards HCV Elimination

1.45 million people screened on anti-HCV
58,000 people enrolled in treatment

Patient inclusion criteria removed
Long-term Elimination Strategy 2016-2020 approved
LDV/SOF based regimens introduced to the program
TAG established

2016

Geographic and financial access to diagnostic services - significantly increased
Moving from vertical to horizontal service delivery systems through active engagement of PHC centers
Decentralization of HCV services

2018

Overall SVR rate 98%

World Hepatitis Summit
Memorandum of Understanding between Georgian Government and Gilead Sciences
Initial phase of HCV elimination action plan

2015

2nd World Hepatitis Summit
Enhancement of electronic information systems
HCV Screening Protocol approved by the Ministry
TAG recommendation on decentralization

2017

Source: Slide from David Sergeenko’s presentation, Amsterdam
HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level

Objective: To improve case detection of Hepatitis C, Tuberculosis and HIV infection at the primary healthcare level

- Pilot Project in Samegrelo-Zemo Stvaneti Region
- Launched in November 2017, implementation period: April - October, 2018
- Supported by the Central Government, Municipalities, Global Fund Program
Decentralization effort
Three Diseases (HIV/HCV/TB) Under One Umbrella

HCV Prevalence – 7.27% (HCV RNA+)
Estimated number of HCV RNA+ 15,458

TB Prevalence - 113 (100,000 population)
Number of notified cases – 373

HIV/AIDS Prevalence – 208 (100,000 population)
Number of cases - 868

Population - 320,800 ≥ 18 Population – 250,700

Target for HCV testing - 40% of local population above 18

Source: Slide from David Sergeenko’s presentation, Amsterdam
Integrated Screening Model at the Primary Healthcare Level
Pilot Project Activities

- To raise awareness among all stakeholders including general public on all diseases in the region
- To strengthen PHC through development of integrated TB/HIC/HCV screening model with detailed protocol
- To map the service providers at the regional level and establish referral systems to specialized clinics
HCV, TB and HIV Integrated Screening Roles and Responsibilities

Central
Ministry/NCDC through the state programs

GF ATM Program

Local Government

PHC district, rural

Confirmation
Sample transportation
Analysis
M&E support
Supervision
Integrated Protocol
Target setting
Coordination
Monitoring

Test Systems
Logistics
Trainings
Family Medicine Training Center
Awareness Rising
Budget allocation for incentives
Health and social unit
Part of multidisciplinary group
Overall coordination and leadership

Taking blood sample at point of care
Referral
Reporting – HIV HCV in HCV screening module, presumptive TB referral

Follow up patients
Active screening of HIV, HCV, using rapid tests, TB using standard questionnaire
Patient education

HCV screening database data quality check
HCV screening database data quality check

www.iasociety.org
HCV AB screening within the Integrated Screening Model

- Total number screened within the pilot by October 31, 2018: 88,178
- Total number of screened before the pilot: 58,478
- By 2019: >95,000
- Over 60% increase in screening coverage

Over 60% increase in screening coverage.
Hep C screening outcomes

Anti HCV+

Before April 2018: 4113
After April 2018: 3007

Detection rate:
- Urban: 3.25%
- Rural: 2.25%

Distribution of screening population: 963 / 29605 = 3.25
Hep C screening outcomes

Population screened for hepatitis C
(by sex and age groups)

-6994
-9655
-19035
-386
-791

18-30
31-60
>60
<18

Male
Female

Total: 88,178; 45 Records missing Age

Anti-HCV+ (by sex and age groups)

-6994
-19035
-886
-834
-74

18-30
31-60
>60
<18

Male
Female

Total: 2,279

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Hep C screening outcomes
Pilot Project Cascade

88,178 Individuals screened within the pilot project.
AB detection rate 2.58% [2,279]

- 21 Days: 56%
- 83 Days: 39%

Test Positive (Anti-HCV+)
Confirmed
Enrolled in Treatment
HIV screening outcomes

75,105 Individuals Screened, with detection rate of 0.05% [37]

- Test Positive
- Confirmed (New Cases): 11
- Enrolled in Treatment
TB screening outcomes

April-October 2018

- **88,178** Screened
- **192** Presumptive TB
- **22** Confirmed and enrolled in treatment

2017

- **55**
- **5**
Plans for 2019
HCV Elimination program is major driver for Health System Strengthening and advancing Public Health Agenda in Georgia, especially for HIV and TB, Safe Blood, Infection Control, Harm Reduction.

Provision of TB, HCV and HIV screening, confirmation, care and treatment services at non-specialized settings nearer to patients’ homes is critical for achieving the elimination goals;

Integration of TB, HCV and HIV screening in PHC settings decreases stigma related to each of them;

Decentralization and integration of HCV/HIV/TB services’ and delivery in primary care can result in overcoming barriers to access care and treatment;

Putting right financial and non-financial incentives significantly promotes performance;

Countries have to adjust international experience to local realities and explore novel approaches.
Thank you