Welcome to France

Update on the role of community research in hepatitis prevention

Patrizia Carrieri
INSERM UMR912, ANRS AC25
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No conflicts of interest to declare

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- Global epidemiology, emerging epidemics and priorities
- Diagnostic issues and recent advances
- Linkage to care for specific key groups
- Scale-up experiences and role of generics
- Research gaps and HAV outbreaks
- HCV treatment access: how to achieve it
- Addressing co-morbidities and outcomes
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- Universal access to HCV treatment
- New Hepatitis guidelines (*Dhumeaux*):
  - => targeting people who use drugs (PWUD)
- Availability of point-of-care testing
- **Double environmental risk for PWUD:**
  - ⇒ Criminalization of drug use
  - ⇒ Poor Hepatitis prevention in prison (ANRS PRIDE)
- **Stock shortage of HBV vaccine**
Unintended effects of country-specific and international policies

Inequalities in access to

- Hepatitis care between high- and low-resource settings
- HBV care between HIV-HBV infected and HBV-only infected people
- Reliable low-cost HCV diagnostic tools
- Adequate laboratory capacity and trained staff
- Decentralized care

=> Catastrophic health expenditures for families

Limited international funds amplify these effects
WHO call to action to scale up global response

In 2014 WHO launched a concerted action to increase access to prevention, diagnosis and treatment of viral hepatitis.

It was based on:
- Advocacy and awareness
- Knowledge and evidence
- Prevention of transmission
- Screening, care and treatment
A call to action to reduce inequalities in the field of Hepatitis

- Still a lack of global response
- Most people living in the world with Hepatitis are unaware of their infection
- New opportunities for: testing and treating

Research as a tool to advocate and implement structural changes
Adapting the cascade model to key groups and settings

- PWID, women
- Migrants
- Prisoners
- MSM
- Sex workers
- Homeless people

⇒ Role of specific services to attract key groups through reduced stigma
From stigma and criminalization to Prevention and Care

Time to put an end to criminalization of minorities and police facial controls

=> Increased risk of HIV and HCV

Role of community-based research

A) to overcome barriers for key groups, in particular stigma

B) to change health policies
Community-based research principles

- Doing *with* people, not *for* people
  - Based on *mobilization* of sero-concerned groups
  - Bottom-up approach
- Based on lay knowledge and “living with” expertise
- Policy and social changes:
  - to advocate improvement of health policies and the rights of sero-concerned communities
  - to experiment with innovative approaches to prevention and care
Our experience of policy and social changes obtained through community-based research

Partnerships between patient associations and researchers

Community-based testing

Pre-exposure prophylaxis (PrEP)

Community-based education on injection
A great deal of media hype when results became available

Former Minister of health being (illegally) tested by an AIDES volunteer at IAS Vienna conference in 2010
ANRS AERLI intervention study
ANRS AERLI intervention study

- Need to evaluate innovative harm reduction strategies
- Availability of a novel community-based intervention providing tailored education about injection

1. Peer-to-peer
2. Standardized checklist when supervising injection
3. Tailored intervention to reduce harm
AERLI checklist

- **Hygiene** (Whether/how the injection site/hands are cleaned)
- **Preparation** (tools and actions: syringe, spoon, fingers, type of product, acidification, water, heating, mixing, filtering, use of shared equipment)
- **Pre-injection** (how to clean injection site / how to search for site to inject/ leaking needle etc.)
- **Injection** (arm, legs etc., alternate site, number of attempts, needle orientation, speed etc.)
- **Injection completed or not** (if not, why not?- observations)
- **Post-injection** (management of bleeding and of used equipment, cleaning hands)

=> The intervention included HCV test and treat information
From research to health policy changes

- A significant reduction in HCV risk practices and an increase in HCV testing (Roux 2016a, 2016b)

- AERLI now included in the new 2016 French health law

- Will be replicated in several contexts
  - Needle syringe programs
  - Safe injecting facilities
  - Outreach
  - European countries

- AERLI as an entry point for testing and treatment
Conclusions and challenges

“LEAVE NO ONE BEHIND”

Conduct research with people, not for people

- To reduce inequalities in prevention and care
- To advocate changes in health policy
- To mobilise international funding
- To stop criminalization and stigma
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