

ACCESS BARRIERS TO DIAGNOSIS AND TREATMENT OF HEPATITIS C FOR PWID IN PEREIRA (COLOMBIA): THE ROLE OF COMMUNITY BASED ORGANIZATIONS

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Background: Colombian health system is based on individual insurance schemes (contributory or subsidized), depending on working status. This impairs the implementation of national programs on communicable diseases, as HIV and Hepatitis C. Active screening for People who inject drugs (PWID) is weak, because outreach is difficult and there are no incentives to seek patients, especially poor, homeless PWIDs. Although studies have reported high prevalence of Hepatitis C in PWIDs, they represented only 3% of the cases diagnosed and treated in 2018.

Description of model of care/intervention: Temeride is part of a National Campaign, involving 23 CBOs coordinated by IFARMA, to increase awareness, access to diagnosis and treatment for Hepatitis C in Colombia. From 2018 to 2020, Temeride performed HCV/HIV screening campaigns among PWIDs in Pereira, accompanying reactive patients to ensure linkage to care.

Effectiveness: 119 HCV rapid tests were performed on PWIDs. The majority were affiliated to the subsidized regime (43, 69%) or not affiliated to any scheme (14, 22,5%). 62 (52%) tested positive; only 14 of them (22,5%) got a confirmatory test. **So far, none has been treated.** 14 HIV tests were performed with 1 detected case of HIV/HCV coinfection. The main barriers to treatment were difficulty to get an appointment with specialists, stigma, and lack of support by insurers.

Conclusion and next steps: PWIDs faces major barriers for access to treatment for HCV, which prevent from factually supporting knowledge that DAAs treatment adherence is possible among PWIDs, including active users. CBO's work shows the importance of educating doctors and insurers about the fact that HCV elimination within PWIDs is critical, as they are key transmission drivers of the epidemic.

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