

INTERVENTIONS TO IMPROVE THE UPTAKE OF DIRECT-ACTING ANTIVIRALS IN HIGH- AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW

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Background:

Access to Hepatitis C (HCV) care remains problematic. Uptake of direct-acting antivirals (DAAs) has been uneven among priority populations. This review sought to identify existing interventions designed to improve DAA initiation among HCV infected women, people who inject drugs (PWID), men who have sex with men (MSM), and Indigenous peoples.

Methods:

For this systematic review, studies published in high- and middle-income countries between January 2013 and February 2021 were retrieved from eight electronic databases and grey literature and were screened by two independent reviewers. Identified interventions summarized using textual narrative synthesis.

Results:

Thirty-nine studies were included (36 conducted in high-income countries) after screening 3139 records. Three groups of interventions were identified: interventions involving patients; providers; or the healthcare system. Interventions directed to patients included care coordination, accelerated DAA initiation, and patient education, often with peer-based support. Interventions involving providers included provider education, telemedicine, multidisciplinary teams, and general practitioner-led care. System-based interventions comprised DAA universal access policies and offering HCV services in four settings (primary care, secondary care, tertiary care, and community settings). Most studies (30/39) described complex interventions, i.e., with two or more strategies combined. Data concerning the effectiveness of interventions for increasing HCV treatment initiation rates were limited as only 11/39 were controlled comparative studies. Most interventions (37/39) were tailored to, or studied among, PWID while only one study described an intervention that was aimed specifically at women.

Conclusion:

This systematic review provides a portrait of existing strategies for supporting DAA initiation and reveals that combining multiple interventions is a common approach. However, three main research gaps were identified, specifically, a lack of: 1) controlled trials or studies estimating the individual or combined effects of interventions on DAA treatment initiation rates; 2) investigation of interventions tailored to women, MSM, and Indigenous people; and 3) studies in middle-income countries.

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