

A PEER-BASED SUPPORT-MODEL FOR HCV TREATMENT FOR PWID, INTEGRATED INTO A PUBLIC HEALTHCARE FACILITY IN HANOI, VIETNAM

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Background: In Vietnam, People Who Inject Drugs (PWID) have very limited access to HCV screening, diagnosis and treatment. Although Harm Reduction (HR) services exist, enhanced HR facilities (like Drop-in centers or community spaces) are not available in Hanoi. Médecins du Monde and local partners integrated a pilot peer-based intervention into a district level health center (DHC) as a flexible support program to enhance screening, uptake and HCV treatment follow-up for PWID.

Description of model of care/intervention: A medical team together with 7 Peer Educators (PE) co-designed a treatment and follow-up pathway adapted to the needs of the PWID community. PEs raise awareness in outreach settings, provide individualized support for screening, diagnostics interventions and support initiation to treatment in a public health facility. This support model navigates patients through the treatment pathway, including counseling and individualized active case-finding to maximize adherence and post-treatment follow-up.

Effectiveness: DAA-based HCV treatment was initiated to 107 PWID in a public health care facility, without any specialized hepatologist consultations. Adherence to treatment and retention in care was achieved with 97% and 98% of beneficiaries who completed treatment were cured. The participants of the program described the peer-driven support interventions as highly beneficial and declared reduced risk behavior as a direct result of the information received from PEs over the course of the intervention.

Conclusion and next steps: This small-scale pilot initiative demonstrates the feasibility of integrating HCV treatment for PWID in a medium level public healthcare facility, though an integrated peer-driven support program. The very good outcomes suggest potential for scaling-up similar initiatives. Such models could be highly efficient and sustainable, building upon the established public health system, without requiring high-level medical specializations.

An in-depth capitalization has produced an operational handbook including lessons learned and hands-on guidance to Vietnamese stakeholders willing to implement, scale-up or replicate a similar affordable intervention.

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