COMMUNITY-BASED HCV TREATMENT MODEL FOR PWIDs IN UKRAINE`S WAR EMERGENCY

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Background:
Since the war started, 14 community NGOs, cooperating with field health care facilities (HCFs) in 16 regions of Ukraine, provided an HCV cascade of care - linkage with harm reduction, outreach routes, OST sites; peer treatment monitoring, and re-infection prevention education. Some HCFs and laboratories were destroyed, and others suspended HCV diagnostics and treatment. Supply chains were disrupted, patients and medical staff could not reach HCF under shelling, block posts, and lack of transportation. Patients on treatment were displaced and lost to follow-up. Four major HCFs remained on the occupied territory. Enrollment decreased by 40% from 3336 patients in 2020 to 2041 patients in 2022.

Description of the model of care/intervention:
Services were urgently re-adjusted to patient's war needs - medicines procurement to replace governmental undersupplies, dispensing for the full course to avoid treatment interruptions, personal delivery to the patients by mobile vans/volunteers, online treatment monitoring, support, and education. Food packages, transportation allowances to reach HCFs, and medical staff incentives compensated for war hardships. Authorities to contract nearby labs and readdress patients to working field HCFs were delegated to NGOs. NGOs decentralized HCV treatment, spreading services to 40 HCFs, including far-distant communities and TB clinics. Diagnostic reagents and medicines were supplied to occupied territories.

Effectiveness:
During a year of the war, community NGOs enrolled 2335 HIV/HCV co-infected PWIDs and partners. 44 PWIDs terminated treatment, including 27 from Mariupol lost to follow-up. 78% (N=1823) completed treatment, 468 continue it. 71% (N=904) appeared for SVR12, 98 waiting its date. 27 patients did not reach SVR 12. Retention - 98%. Treatment effectiveness is 97%.

Conclusion and next steps:
Reshaped model evidenced the cascade of HCV care sustainability during the war. It prevented treatment interruptions and minimized loss to follow-ups. It proved that community NGOs may be delegated authorities for HCV treatment to make services assessable to PWIDs in far distant places in an emergency.