

A MIXED-METHODS SYSTEMATIC REVIEW OF BARRIERS AND ENABLERS TO HEPATITIS C CARE AMONG PEOPLE WHO INJECT DRUGS

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Background:

Following initial rapid uptake of direct-acting antivirals (DAAs), progress towards hepatitis C (HCV) elimination has slowed. There is now a renewed focus on research to understand the barriers and enablers to accessing HCV care among people who inject drugs (PWID). The aim of this review is to collate and describe the specific barriers and enablers to accessing testing and treatment for HCV among PWID in the DAA era, to inform future interventions to reach HCV elimination goals.

Methods:

A literature search of five scientific databases was conducted in October 2020. Grey literature was sourced from conference and harm reduction-focused websites. Searches were limited to publications focused on PWID, written in English and data collected from 2015 onwards to coincide with the availability of DAAs. Quantitative and qualitative data from included articles will be synthesised using a ‘best fit’ approach using a published framework that conceptualises HCV care access for PWID through aspects of candidacy and individual-level, provider-level and systemic-level factors.

Results:

Forty-six publications met our inclusion criteria: 35 peer-reviewed publications, 7 abstracts/conference presentations and 3 grey literature reports. Most (87%) research was conducted in high income countries, with 9% conducted in upper-middle income and 4% in lower-middle income countries. Most were from the perspective of PWID (80%), followed by clinicians (24%) and peer workers (7%). Half (50%) included qualitative data only, 37% included quantitative data only, and 13% were mixed methods. Most studies were cross-sectional (85%).

Conclusion:

This review is unique in encompassing the global literature of barriers and enablers faced by PWID to access HCV care. With most people with HCV residing in lower and lower-middle income countries and ongoing transmission among PWID and iatrogenic routes, it is critical that we increase research in these settings that appear to be underrepresented in the HCV care access literature.

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