

# Integration of HCV treatment at district antiretroviral therapy clinics during COVID-19 pandemic: A success story from Viet Nam

Do Thi Nhan<sup>1</sup>, Van Thi Thuy Nguyen<sup>2</sup>, Tran Anh Dung<sup>1</sup>, Vu Quoc Dat<sup>3</sup>, Vu Van Chieu<sup>1</sup>, Tong Thi Linh An<sup>4</sup>, Duong Thu Hang<sup>4</sup>, Phan Thi Thu Huong<sup>1</sup>

<sup>1</sup>Vietnam Administration for HIV/AIDS Control, Hanoi, Vietnam, <sup>2</sup>World Health Organization, Vietnam Country Office, Hanoi, Vietnam, <sup>3</sup>Hanoi Medical University, Department of Infectious Diseases, Hanoi, Vietnam, <sup>4</sup>The Global Fund supported project on HIV/AIDS, Hanoi, Vietnam.

## Background

Estimated 1 million people are living with hepatitis C virus (HCV) in Vietnam. Majority of them are people living with HIV (PLHIV) and people who inject drugs (PWID). Hepatitis C and B are the major causes of hepatocarcinoma and liver-related deaths in Vietnam. However, access to HCV treatment remains limited for PLHIV and PWID. To address this, an initiative on integration and scale-up HCV treatment at district antiretroviral therapy (ART) clinics for PLHIV and PWID on methadone maintenance therapy (MMT) was implemented.

## Project description

The project was initiated in January 2021 starting with training health providers working at ART clinics at provincial and district health facilities. Job aids were also developed and distributed to the ART sites. A module for patients monitoring for hepatitis C was developed as part of an existing web-based tool namely HMED used for ART and PrEP management. Demand creation activities, integrated counselling, community-based HCV testing also implemented to increase the treatment uptake. Online and onsite technical assistance together with quarterly online review meeting with treatment sites were organized to monitor the progression and provide timely technical support. Direct acting antivirals were supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

## Data analysis

Data on patient demographics, factors related to ART, MMT and HCV treatment were abstracted from a designed HMED web-tool for monitoring HIV and HCV treatment patients including ARVs and DAAs management. Descriptive analysis was conducted. Cure rate was defined as undetectable of HCV RNA at 12 weeks or more (SVR12) after completion of HCV treatment.

## Results

Between April 2021 and August 2022, a total of 16,052 patients (4,492 PWID and 11,560 PLHIV) initiated HCV treatment with direct acting antivirals (DAAs) at 210 ART clinics in 38 provinces in Vietnam. Majority (84%) of these ART clinics were at district hospitals (Figure 1).

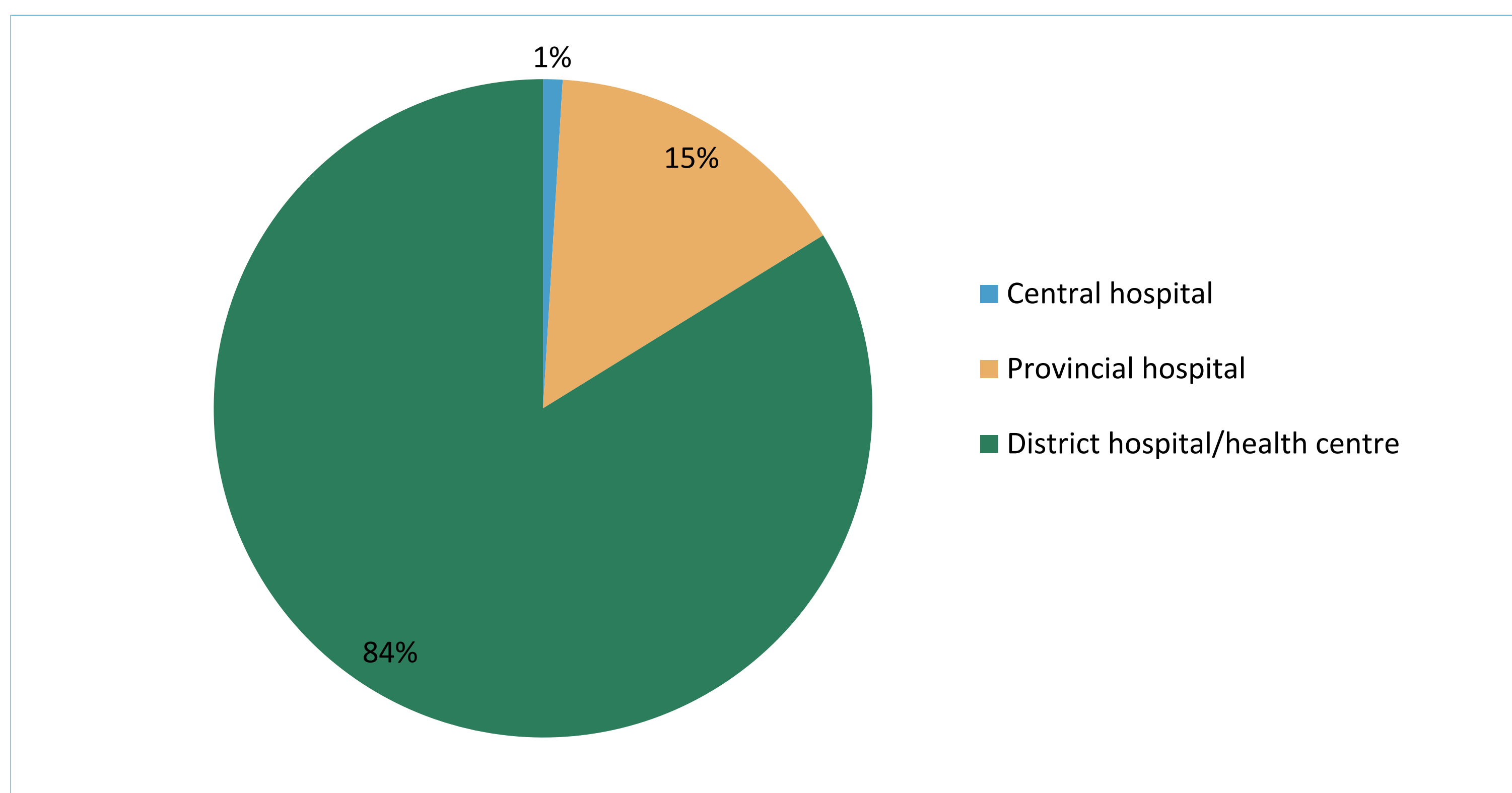


Figure 1. Distribution of patient treatment for HCV by health facility

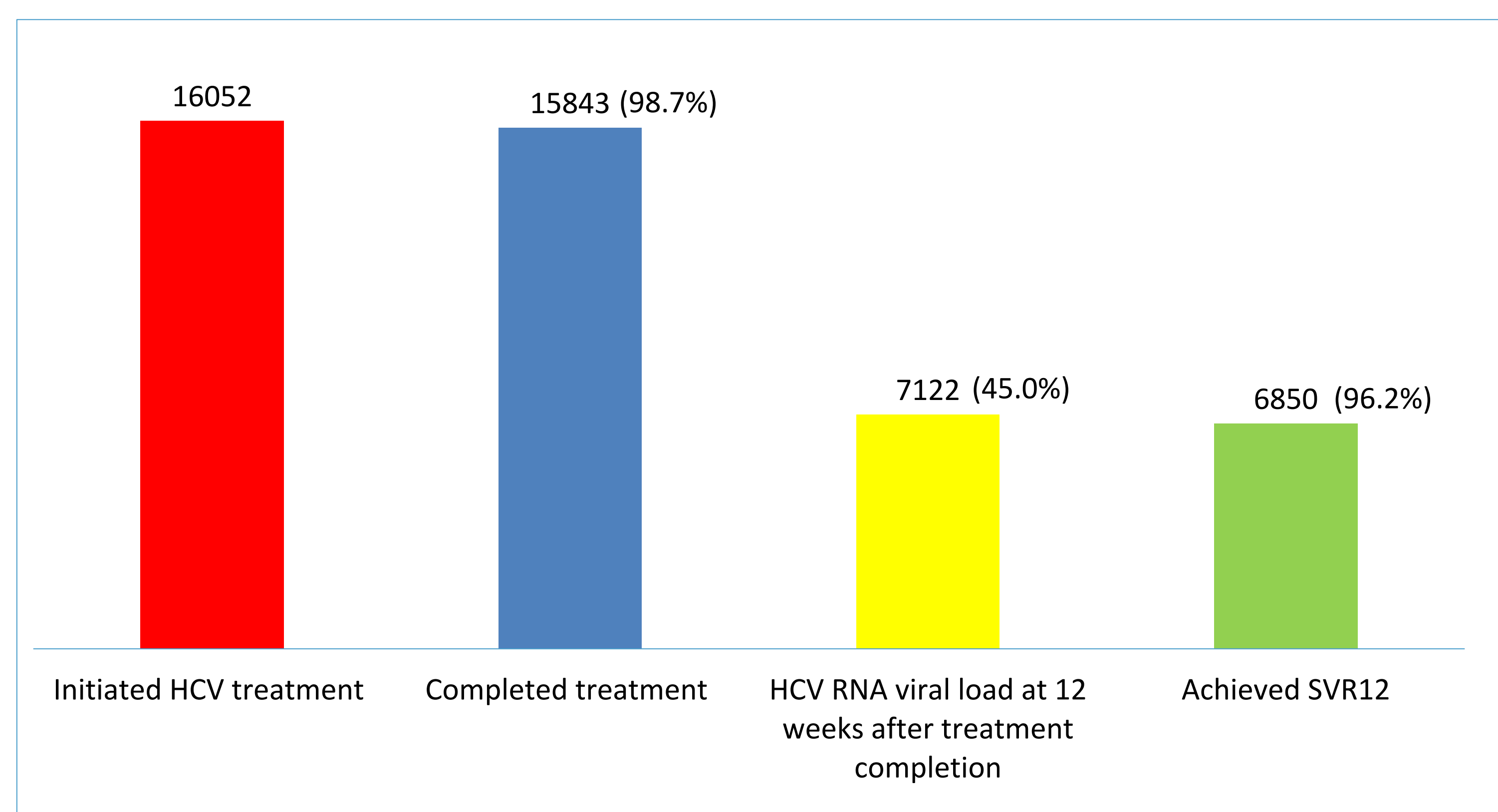


Figure 2. Hepatitis C treatment cascade

## Results (cont.)

Of 16,052 patients (including 1415 compensated and 50 decompensated cirrhosis patients) received DAAs, 15843 (98.7%) patients completed the treatment course. As of 30 November 2022, there were 4,785/15,784 (30.3%) patients had a second HCV RNA test at 12 weeks or more after the treatment completion. The overall rate of achieved SVR12 was 96.6% (Figure 2). No difference was found in achieved SVR12 rates between district (96.7%), provincial (95.6%) and central (98.7%) level health facilities (Figure 3). However, there was a significant proportion of patients (69.7%) who had completed treatment for at least 12 weeks but did not have second HCV RNA test. The major reasons for this were patients felt well and did not want to spend their time or money for the second HCV RNA test.

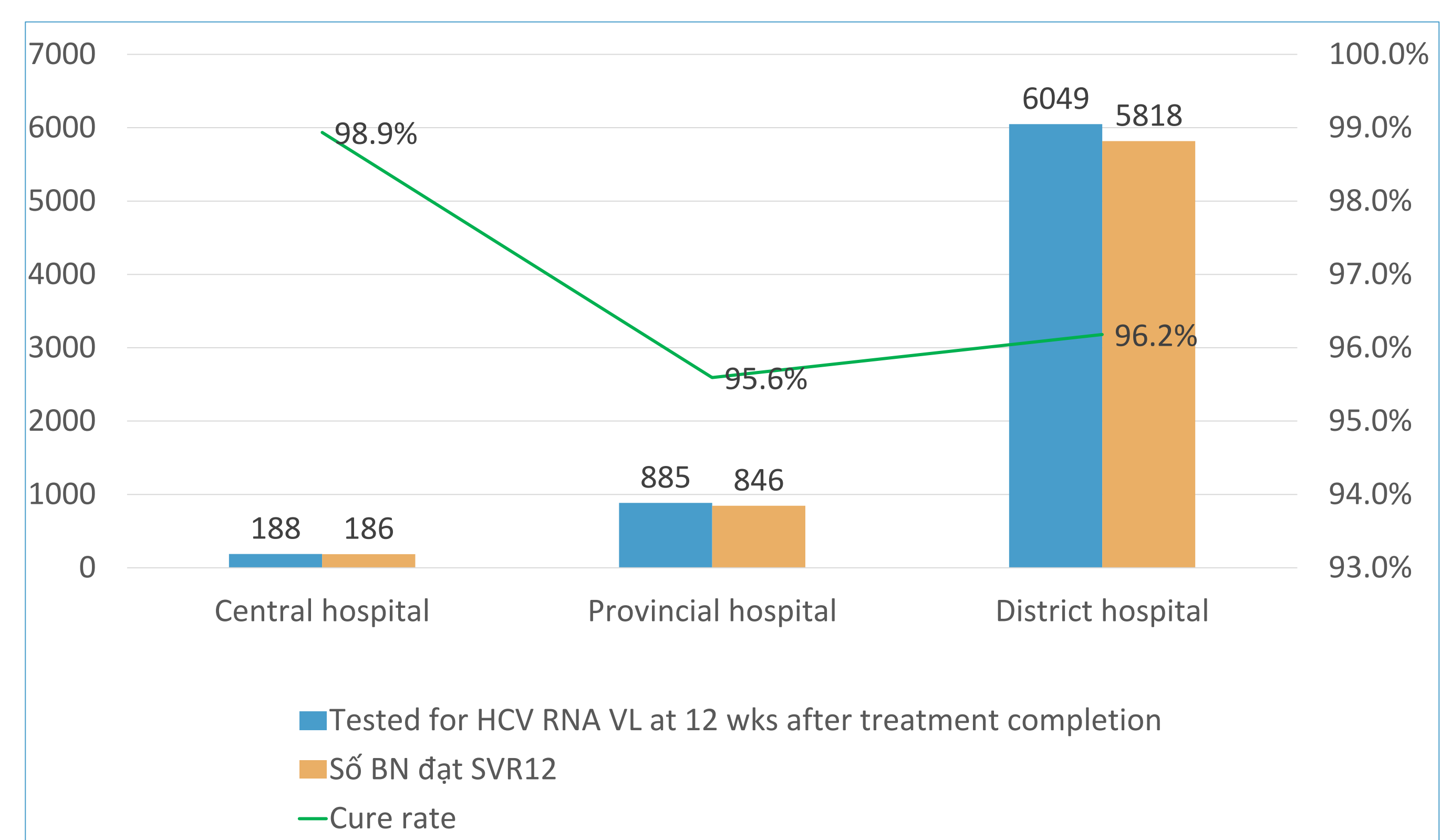


Figure 3. Cure rate by treatment health facility

## Conclusions and recommendations

The findings from this real-world data demonstrated the feasibility of integration of HCV treatment at district ART clinics which brings HCV treatment services closer to PLHIV and PWID. The results will be served as strong evidence to advocate health insurance reimbursement for HCV treatment at district health facilities to ensure sustainability of HCV treatment in Viet Nam.

Funding mobilization to provide hepatitis C treatment for PLHIV and key populations is needed to ensure people living with HBV, especially key populations can access to life-saving treatment to reduce the morbidity and mortality caused by liver cirrhosis and liver cancer.

Ensure the access to HCV treatment is available at district health facilities in all provinces through building capacity for district health staff and insurance reimbursement for HCV RNA testing and DAAs.

Establish a local platform of technical expertise, in partnership with national hospitals, provincial hospitals and relevant institutions, representatives of civil society, and development partners to support the implementation of a public health response to viral hepatitis.

## Acknowledgement

We would like to thank all the health staff working at ART clinics at central, provincial and district hospitals who have worked very hard to provide hepatitis C services to the patients.

We express our great gratitude to the Global Fund for supporting DAAs and HCV viral load test for our patients.

We also thank WHO and other development partners for supporting the project implementation.