

# Treating Hepatitis C in MSF programs

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## Introduction

Worldwide, 71 million people are infected with hepatitis C (HCV). The introduction of Direct-Acting Antivirals (DAAs) in 2013 radically changed HCV care outcomes, with simpler, cheaper and efficacious treatments. MSF introduced Sofosbuvir into programs in 10 countries beginning in 2013. Here, we present an overview of patients initiated on treatment and an example of a simplified model of care in Cambodia.

## Methods

Eligible patients were initiated on DAAs in 9 MSF supported clinics in 7 countries. Longitudinal follow-up data from these patients was entered into a standardized database. Patient characteristics are described using descriptive statistics. To document and describe a simplified model of care, different laboratory and screening possibilities were identified to simplify care. These included Fibroscan®, ultrasound for hepatocarcinoma screening, oesophagus-gastro endoscopy, Sofosbuvir-Daclatasvir as pan-genotypic treatment and simplification of follow-up. In addition, field evaluations were conducted to investigate performance of capillary blood use for HCV RDT (SD Bloline®) and the performance of Genexpert® for viral load in Cambodia, where genotype 6 circulates.

## Results

Over 60,000 patients were screened between January 2013 and April 2018. Chronic HCV infection (CHC) was confirmed in 15,500 patients and 9,462 patients were initiated under DAA treatment. Final virological outcome is known for 5,159 patients, with 4,997 patients considered cured (96.9%).

In Cambodia, we describe the different aspects of the simplified model of care. We identified algorithms which decreased the number and types of laboratory tests (e.g. capillary blood for rapid diagnostic tests, point-of-care viral load, removed genotyping) and shifting certain tasks (e.g. refill appointment with pharmacist), thereby allowing for simplification.

## Conclusion

We document the feasibility of curing HCV with a simpler cheaper and efficacious regimen and model of care, while maintaining high cure rates and patient safety. Simplification of care is essential for decentralization and scale up of HCV care.

Longitudinal follow-up data from Hepatitis C patients and tests evaluation provided evidence for efficient and simplified model of care in resources limited settings.