Hepatitis C virus (HCV) causes an estimated 350,000-700,000 deaths per year globally. National prevalence ranges from less than 1% in some countries to more than 10% in others. According to the latest population-based survey in Georgia, conducted in 2015 by the country’s National Centre for Disease Control and Public Health (NCDC) and the U.S. CDC, the national HCV seroprevalence is an estimated 7.7% and the prevalence of active disease is 5.4%. Georgia is thus considered to be among those countries with a high HCV burden.

HCV disproportionately affects vulnerable or socially marginalized populations, including HIV and TB co-infected patients and people who inject drugs. HCV is now seen as one of the most critical public health problems facing the HIV community today because co-infected patients suffer the highest morbidity and mortality from rapidly progressing liver scarring. Studies suggest that nearly half of all people living with HIV in Georgia are co-infected with HCV, rising to more than 70% of people living with HIV who also inject drugs.

HCV ELIMINATION PROGRAMME

Today, Georgia stands out globally as one of only a handful of countries showing leadership by tackling its HCV epidemic. In 2014, the Government of Georgia declared its intention to eliminate hepatitis C by identifying 90% of the estimated 150,000 people living with HCV in Georgia, treating 95% of them and curing 95% of those on treatment – with the ultimate goal of reducing national HCV prevalence from 7.7% to 0.5%. The national HCV elimination programme was launched in 2015 with plans to use new oral direct-acting antiviral (DAA) regimens, which reduce treatment duration by up to 75% and cure more than 90% of HCV cases, with few side effects.

Having achieved universal access to antiretroviral therapy for people living with HIV, Georgia is building on this experience and health care capacity to provide treatment for people living with HCV. By 2020, Georgia intends to scale up access to HCV treatment for an estimated 140,000 patients with a ‘test and treat’ model. From January 2015 to December 2016, more than 470,000 people in Georgia were screened for HCV. More than 30,000 people with a confirmed diagnosis were enrolled in a treatment programme and nearly 20,000 patients have now successfully completed treatment.

HCV DIAGNOSIS - A MAJOR BOTTLENECK

Despite early successes, Georgia’s 2015 HCV seroprevalence survey suggested that fewer than 40% of those living with HCV were aware of their status. Up to 50% of people who inject drugs were lost to follow-up after initial HCV screening, in part due to social stigma and high health care costs. The high cost of available diagnostic tests and the complexity of HCV testing algorithms remain important obstacles to achieving HCV elimination in Georgia, despite the availability of highly effective treatment. With plans to expand access to HCV diagnosis, there is an increased need for quality-assured tests that are easy to use and affordable.
PROJECT OVERVIEW

FIND is the lead partner on a multi-year, multi-country HCV project funded by UNITAID.

In Georgia, FIND is partnering with the National Centre for Disease Control, which leads the national response to HCV in close collaboration with the Ministry of Health, the National AIDS Centre, the U.S. Centers for Disease Control and Prevention, the Global Fund-supported Georgian Harm Reduction Network and civil society partners.

The primary purpose of the project is to prove the effectiveness of decentralizing HCV testing capacity in Georgia to maximize programme reach and impact by improving linkages to care and reducing costs. Ultimately, this could also provide a scalable model for other countries. Project components include:

REACHING VULNERABLE PATIENT STAND REDUCING LOSS TO FOLLOW-UP

FIND and partners will determine the feasibility and effectiveness of decentralized versus centralized testing for HCV viremia among people at high risk for HCV infection by integrating testing at harm reduction centres. In peripheral settings, where on-site PCR testing is unavailable, point-of-care tests will be introduced to enable same-day test results and accelerate treatment initiation, thereby lowering the cost of diagnosis to patients and reducing loss to follow-up.

PROMOTING INNOVATIVE DIAGNOSTIC STRATEGIES

Using FIND’s expertise, the possibility of establishing a one-step testing strategy to initiate patients on therapy will be explored once the simplified two-step strategy has been well established. With the availability of new testing technologies and pan-genotypic drugs in Georgia, FIND will advocate for testing algorithm simplification as per the WHO Guidelines on Hepatitis B and C Testing (2017). FIND will also explore task-shifting models for clinical services in response to the increasing simplicity of HCV testing and treatment.

IMPROVING CONNECTIVITY AND DATA OPTIMIZATION

To optimize the storage and use of meaningful HCV data, FIND will train and work with local technology partners to establish modern connectivity solutions for HCV diagnostics. This will translate into fewer patients who are lost to follow-up, better management of test-related stock and improved disease surveillance.

ENSURING HIGH-QUALITY TESTING THROUGH QUALITY ASSURANCE

In order to improve HCV testing quality and put in place quality assurance systems, FIND will work together with the Richard Lugar Center for Public Health Research, which serves as a reference laboratory in Tbilisi as part of NCDC’s lab network. Activities will include proficiency panels, lot testing, external quality assurance and the implementation of quality management systems in selected laboratories.

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LOWERED TESTING COSTS THROUGH CENTRALIZED PROCUREMENT

FIND will work with key stakeholders to develop and support a centralized procurement approach by mapping current procurement activities across the public and private sectors; establishing a centralized pooled procurement strategy; and then transitioning to centralized procurement for quality HCV tests.

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