Community Involvement: FIND pilot project in Kyrgyzstan

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In Kyrgyzstan, HCV prevalence is around 3% for the general public, and 17-60.4% among PWID.

The Harm Reduction Network and GLORI Foundation were sub-contracted by INPUD for the conduct of a Rapid Qualitative Assessment of Values and Preferences of HCV Self-testing among PWUD in Bishkek and Chui Region, and then by FIND to study acceptability and feasibility of HCV self-testing among people who inject drugs.
Project Lifecycle

**STAGE ONE** The assessment of values and preferences of hepatitis C self-testing was carried on following attributes:

(a) Awareness and attitude; (b) acceptability;
(c) modes of communication and deliver;
(d) challenges and concerns; (e) supervised or unsupervised self-testing;
(f) affordability and packaging; and
(g) change in risk behavior.

**STAGE TWO** The acceptability and feasibility of HCV self-testing among people who inject drugs is an ongoing project being carried with following objectives:

(a) To determine acceptability of and preferences for HCV self-testing among populations at high risk of having HCV infection;
(b) To determine usability (the ability to correctly perform test and interpret results) of an HCV self-test using observed testing model, and
(c) To measure concordance between HCV self-testing results and results of provider-delivered HCV testing (inter-operator concordance) and concordance between results of the same test interpreted by a self-tested and trained healthcare worker (inter-reader concordance)
Two Study Stages

Stage ONE (August – November 2020)

People Who Use Drugs (PWUD)
- In Bishkek & Chui oblasts;
- Eligibility criteria: no younger than 18 yo; spoke and understood Russian; self-identified as PWID; held HCV-specific experience and knowledge useful for operational purposes; were able to complete informed consent, were willing to share their insights to improve operations.

Purposive sampling among KNHR beneficiaries.

Stage TWO (August 2021 – February 2022)

People Who Use Drugs (PWUD)
- In Bishkek;
- Eligibility criteria: age ≥ 18 years
  - Able to understand the scope of the study and provided written informed consent
  - Unknown HCV serology status (i.e. never tested for HCV or tested HCV-negative in a most recent test performed no later than 12 months before enrolment).

Study participants are being screened and enrolled consecutively as they present at the study sites.
Study Procedures: Stage ONE

1] Face-to-face individual semi-structured interviews ($n=15$)

2] Group semi-structured interviews ($n=2$),

3] PAR exercises ($n=1$)
1. Recruitment, eligibility screening, informed consent

2. Participants perform self-test and interpret results observed by a study staff

3. Used HCV self-tests handed to a staff member blinded to self-reported results for re-reading

4. Semi-structured interview and survey

5. Test by a healthcare worker using professional OraQuick® HCV Rapid Antibody Test

6. Navigation to lab for participants tested positive for confirmatory blood testing for HCV

7. All test results documented for determining the inter-reader concordance and consistency

8. PARTICIPANT FEEDBACK: Completing the anonymous client evaluation form after lab testing completed and in 1 month after treatment started (for those tested positive and linked to treatment)

9. Positive participants get linked to standard care and treatment
Results from Stage One: Findings from the R.Q.A (A)

Awareness and Attitude: The interviewed PWID demonstrated proper awareness with respect to the concept of Hepatitis C self-testing, the disease origin, its nature and the ways it gets transmitted. They compared Hep C to HIV and used the HIV-specific terms and concepts as this helped them to highlight similarities and differences. They referred to HCV as a curable disease, and explained that the general population’s attitude to HCV is characterized by “fear” and “panic”.

Acceptability: All informants appreciated the idea to allow people to self-test for HCV since this innovation would give them the flexibility and opportunity:  
- to get tested at their own convenience “even in the time of lock-downs”,  
- to preserve privacy and confidentiality,  
- to avoid interaction with “rude and discriminating” medical personnel,  
- and to save money.  
The primary choice for PWUD would be using HCV self-tests that require an oral specimen.
Results from Stage One: Findings from the R.Q.A (B)

Modes of Communication and Deliver:

(a) the government clinics,  
(b) the private clinics, and  
(c) through harm-reduction community-based NGOs that can even provide HCV-specific medication if it is available as a part of a program funded by an international donor.

Challenges:  
- missing privacy and confidentiality. According to the informants, HCV self-testing also creates another risk to other people with whom they interact;

Recommended support materials:
- leaflets, paper-based inserts, readable brochures, videos and video tutorials, online resource center and hot-line available 7/24, including based on interactive voice response (IVR).
Results from Stage One: Findings from the R.Q.A (C)

Challenges and Concerns:
(a) Finance issues,
(b) Discrimination by medical personnel,
(c) Psychological discomfort, and
(d) Myths and lack of relevant information about HCV.

Solutions suggested:
(a) friendly navigation by peers,
(b) Lab office hours convenient to PWID,
(c) brief counselling by a pharmacist,
(d) introducing self-testing in prisons.

PWID mentioned that people living with HIV are protected by a Law on AIDS that describes their rights and responsibilities – however, people with HCV do not have such opportunity as there is no legislative framework describing what they can expect and count on and what the society expects from them.

Whenever I visit a lab to get some kind of a blood test, the nurses always ask me whether I am a drug user. When I say ‘yes’, they ask me to wait in a queue, and they service me only after they are done with all other visitors. They think that reduces the risk of spreading the viruses that I may have.

(Female, 35 y.o, Bishkek)
Results from Stage One: Findings from the R.Q.A (D)

**Top preferences:**

(a) Managing self-test alone with no further obligations

(b) Testing with peer support at community-based harm-reduction NGOs

(c) Involving their siblings, relatives and children in the self-testing process

(d) Use of 24/7 online resource center and hotlines, including based on interactive voice response (IVR)

(e) An online resource center with Hep C materials and information.

Enhanced communication with medical staff in clinics and necessity to disclose status, was mentioned as a top necessity should PWID have to request confirmatory testing or treatment and care after a positive HCV self-test.

We would prefer to get tests through the outreach staff at the NGOs that we collaborate with. Let it be a part of needle-exchange services. Why not make it available through pharmacies? Maybe vending machines installed in the trade centres [...] I don’t know whether it would be all right to make them available through drug dealers

(Male, 30 y.o, Chui)
Results from Stage One: Findings from the R.Q.A (E)

Affordability:
(a) To get self-testing for free
(b) To receive certain incentives when the initial self-testing is applied;
(c) As the least desirable alternative: paying $5-7.

Change in Risk Behavior: Availability of self-testing can provide necessary basis for awareness of PWUDs’ own health status, and can encourage PWUD to practice less risky behavior and apply precautions and advanced care for themselves and their close ones.

Females were concerned about the possibility of GBV

Rural informants were more concerned about availability and about lack of privacy
Results from Stage Two (recruitment has not started yet):

(a) Self-tests and professional tests received;
(b) Medication procured;
(c) Training ongoing;
(d) Procedures being confirmed and finalized.
Recommendations

The cost for testing services has to be covered by the medical insurance, and key populations have to be eligible to it.

Medical professionals have to be further trained to minimize stigma and neglect towards clients with HCV.

Efforts have to be undertaken to engage the Prison Management Authority for developing proper testing and treatment protocols applicable for in-prison framework.

Harm Reduction Network and CAB under MoH have to mobilize civil activists, NGO leaders and medical professionals for developing proper training materials on how HCVST can be used.

Design the Law on HCV that would be similar to the existing Law on AIDS where the procedures, subsidies and privileges will be detailed.

Some sort of Association has to be organized, kind of an HCV Association, that would be an independent body led by people with HCV and activists, similarly to Harm Reduction Network and Diabetes Association of Kyrgyzstan.

People have to be properly informed of diverse testing and treatment solutions, and their decisions have to be fairly informed. Information does not have to be limited by Kyrgyzstan but be applied globally, like in the case of vaccination.
More about the project:

Russian version: https://glori.kg/ru/samotestirovanie-na-hcv/

Thanks!