WE did not stop hepatitis C testing, diagnosis, and treatment even during COVID-19 pandemic

Community’s role in HCV service delivery in the state of Manipur, India

April-December 2020
Introduction

Due to COVID-19 outbreak, total lock down came into force in Manipur, as in the rest of India, from 23rd March 2020. All government and private institutions, including hospitals, were closed except for emergency cases and no public transportations operated. Consequently, no new enrolments for testing, diagnosis and treatment of hepatitis C (HCV), under the National Viral Hepatitis Control Program (NVHCP), were done at any of the Model Treatment Centres (MTCs) as the viral load machines installed at both the Model Treatment Centres (MTCs) namely Regional Institute of Medical Sciences (RIMS) and Jawaharlal Nehru Institute of Medical Sciences (JNIMS) were exclusively used for COVID-19 related purposes and staff of MTCs were engaged on COVID-19 related activities.

The possibility of complete shut-down of HCV services prompted CoNE to engage in active advocacy efforts to reactivate the services and ensuring that people are accessing testing and treatment services during the COVID-19 pandemic. Various advocacy activities including outreach work, decentralized testing, differentiated service delivery, media engagements, focussed testing and treatment linkages programs; as discussed below, were conducted.
Between April to December 2020, focusing on prioritized high-risk population, a total of 28 screening camps were conducted at 22 Drug Treatment Centres (DTCs) and 1 Opioid Substitution Therapy (OST) site. The sites were chosen based on sufficient space to maintain COVID-19 guidelines.

These targeted decentralization initiatives enabled screening of 908 people, of which, 378 (42%) people were found reactive to HCV antibody. Of the total reactive, 325 (86%) were linked for RNA test, with samples drawn at the DTC and OST centre itself avoiding their travel and presence at the government laboratory. Of the total linked for HCV RNA test, 182 (56%) were found to have chronic HCV infection. So far, 156 (86%) has initiated treatment under NVHCP. Upon APRI assessment for liver fibrosis, all the 156 were found to be non-cirrhotic. Subsequently, CoNE adopted a differentiated service delivery model, in consultation with MTC and NVHCP, following which DAAs were delivered directly to the person at the DTC/OST centre avoiding their travel to the hospital site.
COVID-19 or not, our advocacy yielded results

Any pandemic or outbreak of an epidemic should not stall existing healthcare services. Our government has instituted several mechanisms to implement national programs which remain functional irrespective of a pandemic. The focus of community and civil society groups should be to work with those mechanisms to make them function effectively even during pandemics. We focussed our work and dedicated our energy during the COVID times to look for complementing activities and leveraging our workforce to assist and enable the NVHCP function in Manipur effectively even during COVID-19. Some of these includes:

Differentiated services on testing

People who have HCV antibody reactive results were provided with HCV RNA testing services with blood samples drawn at their location avoiding their physical presence in the hospitals. These were discussed and approved as an intervention strategy both by the State Nodal Officer of the NVHCP- Manipur and Medical Superintendents of both RIMS & JNIMS. This contributed in an increase of linkage to diagnosis of chronic infection and further in uptake of treatment among non-cirrhotic patients.

Decentralized RNA testing facility

From October 2020, the State has entered into an agreement with a signed Memorandum of Understanding with Babina Diagnostics, a National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited laboratory, to provide HCV RNA testing services in the state under the NVHCP. A procedure to ensure patients from the MTCs could access services with ease in this private centre for RNA testing has been worked out. This is a step forward in decentralization of services and will assist people in having more options.
Differentiated treatment services
The sudden lockdown put many things at a halt including interruptions in people obtaining medicines from the MTCs and thus defaulting on treatment. The MTCs and CoNE collaborated, took patients into confidence to ensure confidentiality, and worked on a list who needed the medicines to complete their treatment. CoNE obtained special permissions and curfew passes, collected the DAAs from the MTCs and delivered it to the doorstep of seven patients in different districts of the state.

Complementing services
Medicins Sans Frontiers (MSF), Churachandpur has been providing HIV and HCV services for a number of years. We assisted and referred 156 people to MSF who provided HCV RNA test facilities using their Cartridge Based Nucleic Acid Testing Technology facility during the lockdown.

Working with media
The role of media has been recognized in making any advocacy activity effective. CoNE has engaged with this fraternity in the past and we did it again during COVID-19 time to provide awareness and encourage people to come forward for accessing HCV testing, diagnosis and treatment. Officials of Directorate of Health, Government of Manipur and BABINA Diagnostics presented to the masses about the importance of testing and treatment of HCV, information on decentralized HCV RNA test at BABINA diagnostics and CoNE’s availability on any assistance people may need was emphasized upon.
Key messages

- 86% treatment linkage possible through community work even during COVID-19 lockdown
- Decentralized screening and testing among key population increases diagnosis uptake
- Differentiated Service Delivery increases treatment uptake and continuation
- Decentralized RNA testing in collaboration with private laboratories possible under NVHCP
- Continuous advocacy activities needed to improve program quality and ensuring diagnosis and treatment.

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