

Simplified Community-Based HCV Testing, Diagnostics and Treatment Algorithm for People Who inject Drugs in Kyrgyzstan: Facilitators and Barriers

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Agenda

- Overview of the program in Kyrgyzstan
- Prison intervention
- Preliminary results: HCV cascade
- Preliminary results: qualitative component



Alliance for Public Health



25 YEARS OF LIFESAVING IMPACT

X AIDS 2024

Key highlights:

- **5 million people** have been reached and protected through our programmes
- **Key civil society player** in national HIV response: every 2nd person diagnosed with HIV in Ukraine was tested by APH and its partners
- Over last 20 years APH implemented projects and **provided technical support in over 60 countries**
- Since 2015, APH has identified and provided treatment to **15,000 patients with Hep C** from vulnerable groups



APH was listed **#7 top charities** in FORBES Ukraine, and **#4** among humanitarian assistance providers.

Strategic Objectives:

<h4>1. HEALTH</h4> <p>Integrated service provision on HIV, harm reduction, tuberculosis, viral hepatitis, sexually transmitted infections, mental health and emerging public health threats.</p> 	<h4>2. CRISIS RESPONSE</h4> <p>Health-related crisis response and humanitarian action.</p> 
<h4>3. SHARING</h4> <p>Technical and financial support for innovation programming.</p> 	<h4>4. POLICY CHANGES</h4> <p>Impact on health standards and policies.</p> 
<h4>5. COMMUNITIES</h4> <p>Supporting and strengthening public initiative and communities.</p> 	<h4>6. QUALITY OF LIFE</h4> <p>Quality of life to meet the needs of people at a new level, for the benefit of society as a whole.</p> 

Background

- Kyrgyzstan: a country in Central Asia, has an estimated 25,500 (3.5%)* people who inject drugs (PWID)
- HCV prevalence among them reaching 60%* in certain regions
- State-funded HCV program covers mainly general population



**IBBS, 2024*

Overview of the program

- Prospective observational **non-randomized study** that will assess the **feasibility and effectiveness** of the community based-initiated HCV treatment among PWID in Kyrgyzstan.
- The study aims to assess the effectiveness of **integrating HCV testing and treatment into community-based harm reduction services** for PWID in Kyrgyzstan, and to **determine the factors and service provision modalities** associated with better outcomes.
- The study tests Community-Based Simplified HCV Testing and Treatment Algorithm (CBSA) for PWID – a low threshold access to HCV treatment for PWID – implemented at community harm reduction setting.
- Potential participants with a positive HCV test:
 - Undergo **diagnostic procedures**, including HCV-RNA testing. RNA machine (GeneXpert) is placed at community setting.
 - **Prescribed fixed doses** of sofosbuvir/daclatasvir
 - Sustained virologic response (SVR) **assessment 12 weeks after treatment completion.**
- A mixed methods study, including observational cohort study and qualitative methods. Qualitative component includes focus group discussions (FGDs) and in-depth key informant interviews (KIIs) with PWID at baseline, during and upon completion of treatment.

Prison intervention

43%

HCV prevalence among prisoners in penitentiary institutions



No linkage to care for people released from prison

70%

People in prison diagnosed with HCV are PWID



UNITAID GRANT INTERVENTION (FROM NOVEMBER 2025)

Soon-to-be released PWID in prisons:

- Start HCV treatment in prison
- Linked to care upon release
- Finish treatment-
- Undergo SVR testing at a community-based setting

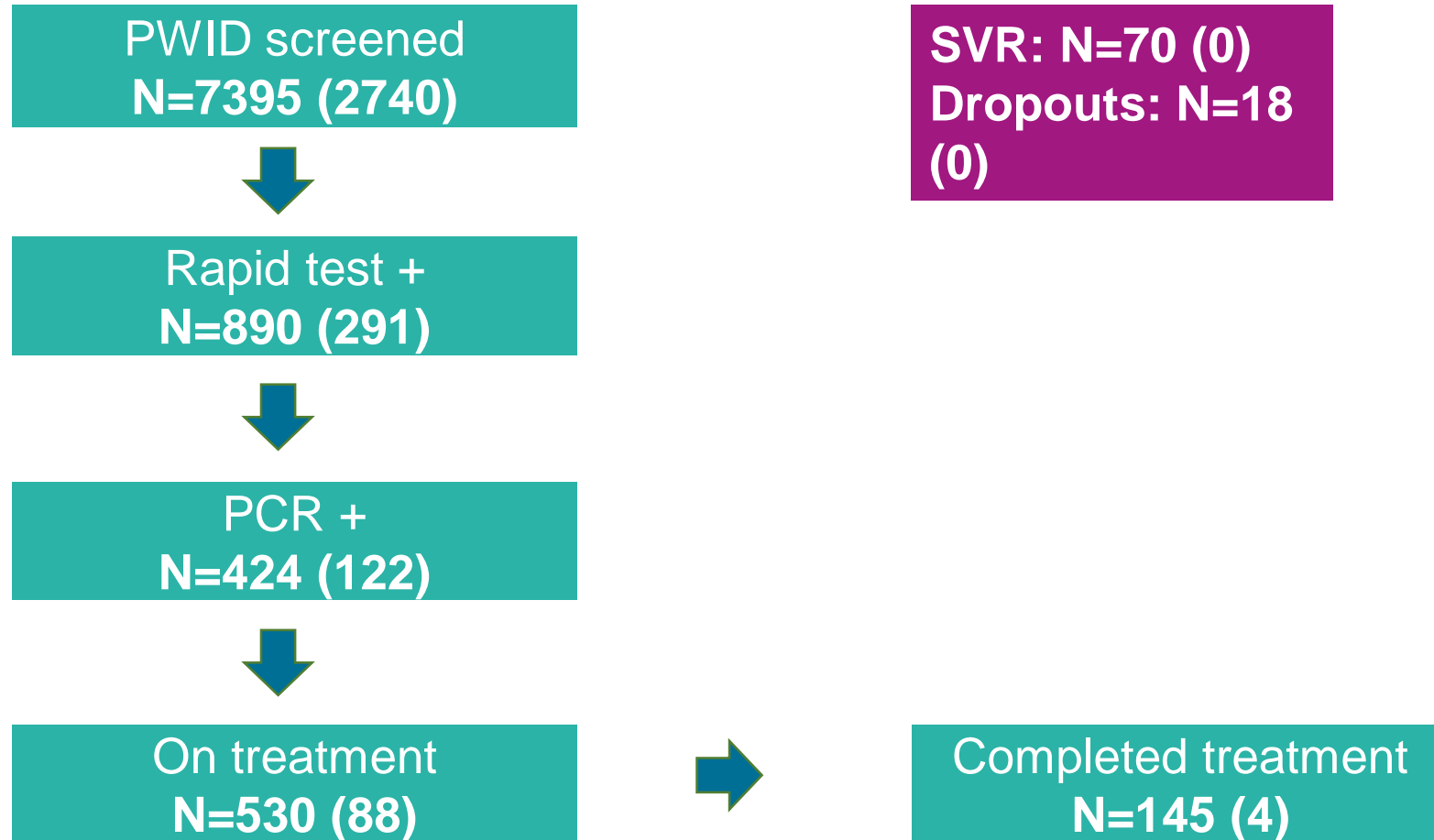
Prisoners with sentences of 3 months+

State-funded HCV treatment*

*varies from year-to-year, excludes soon-to-be-released prisoners



Preliminary results: April 2025 – 2026



Preliminary results – qualitative component: Key domains

- Barriers to start HCV treatment at public healthcare facility
- Overall attitudes towards community-based HCV treatment
- Facilitating factors and benefits of CBSA
- Main reasons for dropping out

Barriers to start HCV treatment at public healthcare facilities

Financial difficulties

'I live far from the city. It is expensive for me to travel to the city to visit the doctor'.

Long waiting lists for the state-funded medication

'I was tested positive about 2 years ago. And I am still waiting for the call that I can come and start treatment. Maybe this is because I use drugs and I am not a priority? I don't know!'

Lack of required documents

'You know... You have to present your ID and other papers before you can even get tested. I don't have any at all'.

Stigma and discrimination from medical staff

'Us, drug users, we are not normal people to them. They don't treat us like people at all'.

Long commuting time to HCV clinic

'Sometimes it takes 2 hours one way to get to the infectious diseases clinic. I just do not have all that time, I have to work during the day'.

Overall attitudes towards community-based HCV treatment

Overall positivity

'I really like this idea – I can't wait to start treatment. They told me I only have to come 3 times for my medication. Isn't it like very cool?'

No need to go to the clinic

'I am happy I don't have to go to the hospital. I hate hospitals.'

No potential stigma

'I see that the staff here is very friendly with me, they treat me like I am one of them, not a drug user.'

No police encounters

'I feel safe here. Sometimes there is militia [police] near the hospitals looking for people like us.'

Confidentiality

'They did not request a single document from me. And no one knows me in this area.'

Facilitating factors and benefits of CBSA

Trust in physician

'I feel that doctor here knows her staff'.

Adherence counseling

'When I only started treatment the social worker would call me every day asking how I feel. Even my Mom doesn't call me that often'.

Possibility to get diagnosed and receive treatment in one place during one visit

'I came here once and on the same day received first batch of pills for a month – amazing'.

Adherence counseling

'When I only started treatment the social worker would call me every day asking how I feel. Even my Mom doesn't call me that often'.

Respectful human attitude

'They treat me like a human being'.

Free-of-charge

'I wanted to start treatment couple years ago but I have to do additional blood work at a private lab and I could not afford it then. Here everything is for free and even cookies'.

Linkage to other health services

'I had suspected TB in the beginning so they linked me with the TB clinic. It was not confirmed!'

Main reasons for dropping out

- Arrest (n=4)
- Death (n=1)
- Side effects
- Mistrust in medication

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