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Barriers and Facilitators to screening and treatment for  
Hepatitis C among Injecting Drug Users in Georgia

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# Who did the study

- Research team
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- Funder NIH/NIAD through ISTC
  - SPM *Aiyngul Frith*

# Why PWID

HCV among PWID – 60-70% (2015 BBS)

## Research question

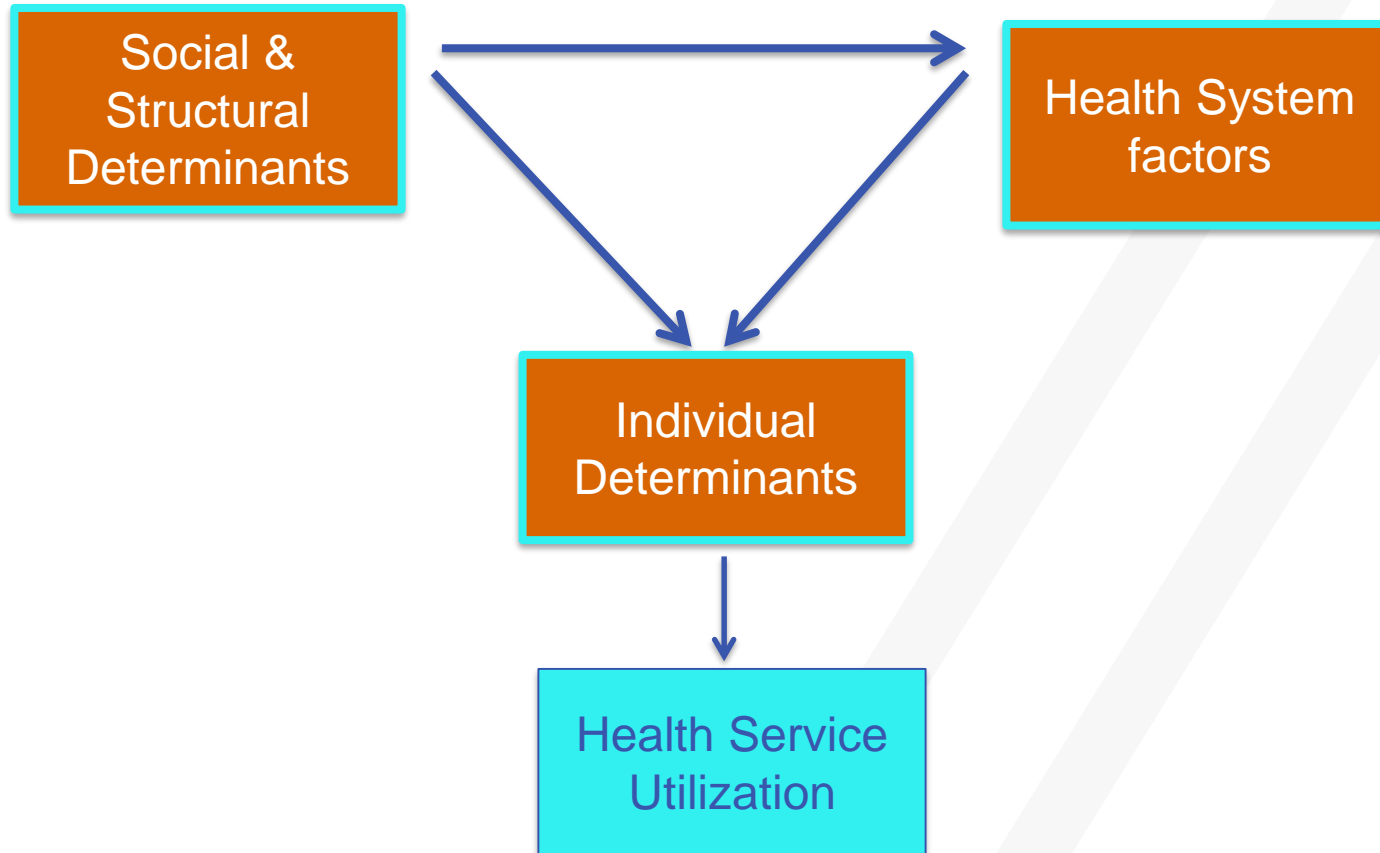
What are **barriers** and **facilitators** influencing

- To seek HCV screening and treatment
- Treatment adherence

# Methods

- Qualitative research
- Research population – 40 injecting drug users in 6 cities
  - have completed Hep C treatment – 9
  - under treatment - 9
  - aware of their status but not under treatment - 9
  - not aware of their status – 9
  - have interrupted treatment – 4
- Key informants: policy makers, health care managers, other stakeholder

# Methods – Conceptual framework



Modification of Anderson & Newman (2005)

# Methods – Conceptual framework

## Social & Structural Determinants

***Social*** factors:  
family/social support, stigma, income, peer influence

***Structural***  
Political support to the program  
Media campaigns

## Health System Factors

Geographical access to services  
Financial access to services  
Clinical environment  
Attitude of staff  
Quality of care  
Side-effect management, etc

# Methods – Conceptual framework

## Individual Determinants

### *Predisposing* factors:

Demographics, knowledge on HCV and Elimination program, attitudes and beliefs

### *Perceived, illness level* factors:

Disability, Symptoms, Diagnoses  
General State

# Methods

- Field work – June-July, 2016
- Recruitment through harm reduction clinics in six cities
- Analysis – Nvivo 11.3.0





## Results

**Enabling factors to seek HCV testing and treatment**

**Barriers for decisions to seek treatment**

**Enabling factors to adherence to treatment**

**Barriers for adherence to treatment**

# Enabling factors to seek treatment

## High Political support and Media campaign

*“The whole city is talking about it..”*

*“There was huge media attention to the program, and primarily because high government officials mention the program all the time ...”*

# Enabling factors to seek treatment

## Awareness of the uniqueness of HCV Elimination program

*“This is same to having a new chance to live..”*

*“I am constantly told from my family members, you would not have such a chance again...”*

# Enabling factors to seek treatment

## Knowledge about the disease

**Good knowledge** on transmission ways

**Very few** - mention that *the disease could be asymptomatic*

**Majority** - believe that *the disease could be cured*

# Enabling factors to seek treatment

## Referral to the program

- SCO role (Harm reduction network, French NGO Medecins du Monde France )
- Peers role

## Public Financial Support

Mayor's office contribution

Poor exempted from co-financing

# Enabling factors to seek treatment

## Social Support from Family and Friends

*“I would not have joined the program had not my mother and family insisted on that.”*

*“my mother visited the Mayor’s Office as well as other places for the documents. I would not have been able to do that alone”*

Not involved in the program:

*“if my family insisted I would probably had gone”*

*“ I need someone to take me to treatment”*

# Barriers for decisions to seek treatment

## Exemption from the programs

**Financial burden** (350 to 600 Gel for diagnostics and monitoring tests)

*“I have not been able to accumulate that money. It is a little bit difficult for a jobless person.”*

Some are trying to get Tbilisi registration

**Geographical access** - Residents of Kakheti region

# Barriers for decisions to seek treatment

## Knowledge about HCV, Risk perception

Asymptomatic

*“I feel as usual; I do not feel like having C or cirrhosis.  
That is why I do not make the test”...*

Low risk perception

Low interest in their health

*“let it kill me whenever it decides to do so..”*



# Barriers to decisions to seek treatment

## Fear of test results

*“If I go there and they tell me that I have a terrible condition, this will cause depression of course.”*

## More harm than cure

*“I am afraid to start treatment. I saw this people feeling bad because of Interferon. I used to think I could die because of the treatment?”*

# Barriers for decisions to seek treatment

## Scepticism about the program effectiveness

*“why they are helping us die”*

*“may be it is some experiment?”*

# Facilitators influencing treatment adherence

## Clinic environment

### Flexibility, Responsiveness

*“Once I was a bit late, by ten minutes, they called me to make sure everything was all right ”.*

### Confidence

*“I know that they do not show this to the public, so I do not feel any discomfort”*

# Facilitators of treatment adherence

## Supportive staff

*“The doctor also encouraged me and gave me hope. This was a big incentive to me”*

## Quality of care

*“is a real medical professional, a person born for medicine”*

*“She explained everything in detail, stage-by-stage as one might explain to a child”*

# Facilitators of treatment adherence

## Social support from family and friends

*“They provide incentives for living. When you have people who stand by your side you have hope”*

# Barriers of adherence to treatment

**Financial barrier** to cover monitoring tests, final PCR test

- At the beginning co-financing final PCR test - 110-130 GEL
- Later the Program fully finances PCR test
- Local Gov. co-finance monitoring test
- From Jan 2017 Tbilisi mayor's office stopped co-financing

*“Patients could easily abandon treatment when they did not pay anything, so co-financing from patients is important for treatment adherence perspective” (MoLHSA)*

# Barriers of adherence to treatment

## Side effects

- *Interferon* associated with side effects mainly with the first injections
- Some re-lapsed cases *refuse to continue treatment* with interferon
- last period *increased No of cases* when patients interrupted treatment and resumed it later

## Lack of psychological support

# Prevention of re-infection

Patients are well informed of Hepatitis C re-infection risks

***Re-infection risk is real***

*“I try not to contaminate veins, but ...”*

*“if someone offers (drugs) this is a great temptation..”*



# Limitations

- did not succeed to enrol female PWID
- recruitment through harm reduction services may affect generalizability of the findings
- some policy changes took place afterwards that was not captured by the study

# Recommendations

- *Reduce knowledge deficit* on HCV infection among PWID by peers, social media, other interventions
- *Involve peers* in disseminating information on HCV testing and treatment
- *Offer mental health services* in addition to medical care to overcome adverse-effects

# Recommendations

- *Improve awareness on the benefits of Interferon use in the treatment scheme among service providers and beneficiaries*
- *Widely disseminate HCV program performance results and HCV treatment success stories to dissolve scepticism about the program and encourage treatment uptake*
- *Contentiously monitor and evaluate HCV Elimination Program*

# Thank You



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