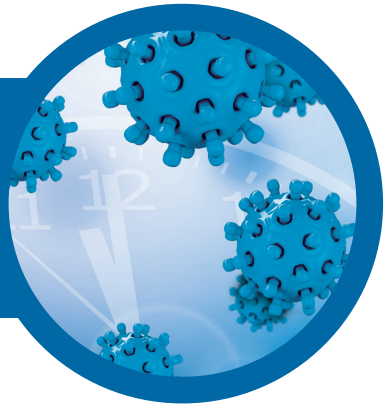
A grass-roots approach: South-east Asian HCV policies



With one-quarter of the world's population, South-east Asian nations carry 30% of the total global hepatitis C virus (HCV) burden, according to the World Health Organisation (WHO). HCV hotspots are found in Indonesia, Myanmar, Vietnam, Cambodia and Thailand, some of which have an estimated prevalence of more than 2%.[1] As many as 50m people in the region have chronic HCV, and the majority are unaware of their status.[2]

Know thy enemy

As is the case in many other low-income parts of the world, a lack of sufficient data is one of many obstacles to assessing the scale of HCV infection in South-east Asian countries, let alone shaping policies to diagnose and treat affected populations.

In Myanmar and Cambodia, there is little information about methods of transmission and the most vulnerable groups. This is despite both countries reporting that they have screening programmes, publicly funded treatment for those infected with HCV and, in the case of Myanmar, a national surveillance system for chronic HCV.[3]

In Vietnam, recent studies have suggested that the virus is frequently transmitted through dialysis, transfusions, people who inject drugs (PWIDs) and sex workers.[4] Yet, although Vietnam has policies on preventing HCV in healthcare settings, there is no co-ordinated national strategy, routine surveillance or national screening and referral policy related to HCV.[5]

The Thai case

Thailand's efforts to confront HCV have taken on a higher profile in recent years. There is now better screening and treatment for HCV, in large part in response to pressure from activist groups campaigning on HIV and PWIDs issues.

Although there is no comprehensive national strategy and no national screening or referral policy, Thailand has a set of national clinical guidelines for treating viral hepatitis cases. While national surveillance exists for acute forms of the disease, however, there is no surveillance for chronic forms of hepatitis.

With a prevalence of around 1% in the general population, HCV infection remains low, and according to Professor Tawesak Tanwandee of Siriraj Hospital at Mahidol University in Bangkok, "incidence is

[1] *Global Policy report on the prevention and control of viral hepatitis in WHO member states*, World Health Organisation, 2013, page 147. Under the WHO regional classification, Vietnam and Cambodia are part of the Western Pacific region.

[2] Ibid.

[3] Ibid, pp. 160 and 176.

[4] Linda Dunford, Michael J Carr, Jonathan Dean, Allison Waters, Linh Thuy Nguyen, Thu Hong Ta Thi et al., "Hepatitis C Virus in Vietnam: High Prevalence of Infection in Dialysis and Multi-Transfused Patients Involving Diverse and Novel Virus Varients", *PLoS ONE* 7 (8): e41266. Doi:10.1371/journal.pone.0041266

[5] *Global Policy report on the prevention and control of viral hepatitis in WHO member states*, World Health Organisation, 2013, page 188.

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decreasing rapidly". Infection through blood transfusion, previously a primary path of transmission, has been virtually eliminated with blood donor screening.

Thailand's government currently offers free treatment to those with genotype 3 of the virus, which is most easily treatable. From October 2014 the government will offer free treatment for all those infected with HCV, says Professor Tanwandee. Stigma and discrimination, however, still affect access to both testing and treatment.

Indonesia's HCV fight

In Indonesia, meanwhile, around 7m people are thought to be infected with HCV; a study in 21 of the country's provinces between 2007 and 2012 found that 0.7% of participants tested positive for HCV antibodies. As the world's fourth most populous nation, the potential consequences from failing to control transmission of the virus are especially dire.

Some 77% of PWIDs in Indonesia are infected with HCV, making them a priority for treatment, says Edo Nasution, national co-ordinator for the Indonesian Network of People Who Use Drugs (PKNI) in Jakarta.

Indonesia's government has a national strategy for controlling viral hepatitis, surveillance, prevention and treatment and care, according to the WHO *Global Policy Report*. But the policy is a general one, with no specific measures for preventing HCV infection in healthcare settings, although there is a national infection control policy for blood banks. There are also no national policies relating to screening and referral to care, and testing is not free.

Yet the government has made greater efforts in the past few years to engage with HCV as a public health problem. "Since the end of 2010 viral hepatitis has become more prominent on the agenda of the Indonesian government," says Dr Ali Sulaiman, a gastroenterologist who runs a liver disease diagnostic centre in Jakarta, adding that the government has installed a new agency under the Ministry of Health to deal with co-ordinating and administering the hepatitis programme. The government's decision to introduce a basic medical insurance programme in 2014 to cover the entire population suggests that it is committed to improving funding.

But despite the government's pledge to cover the cost of all testing and treatment if mandated by a physician, implementation has been variable. There are also limitations to the new scheme, with key groups—including PWIDs—excluded from the national insurance programme.

"We found that the costs of the test, diagnosis and treatment are not the only problem," Mr Nasution says. "Awareness is still the major issue for the overall population, and also for PWIDs."

On-the-ground response

In the absence of comprehensive national action, much of the response to preventing, diagnosing and treating HCV in South-east Asia has been at the local level. A range of non-governmental organisations

and activist groups—many formed to protect the rights of PWIDs and those living with HIV/AIDS— have taken the lead in providing information and support for those infected with HCV.

These organisations, such as the Coalition for the Eradication of Viral Hepatitis in Asia Pacific (CEVHAP), are training peer educators, lobbying governments, partnering with multinational initiatives and increasingly driving the regional agenda for HCV. "A lot of the work we do is one-off sustained activities, such as trying to support our members in the various countries to undertake their own advocacy activities," says Jack Wallace, a research fellow with the Hepatitis Social Research Programme at La Trobe University in Melbourne, Australia, and a co-founder of CEVHAP. "Sometimes this involves giving them the evidence or the arsenal (of data on HCV prevalence), and sometimes it involves helping them develop the skills to do something about it."

PKNI is working with pan-regional organisations, such as the Bangkok-based Asian Network of People who Use Drugs (ANPUD) and Therapeutics Research, Education and AIDS Training (TREAT) Asia, learning from the experience of activists in other countries about how to get better access to diagnosis and treatment and educate its members.

TREAT Asia is currently running a pilot study at four treatment centres in Jakarta, Bangkok, Hanoi and Kuala Lumpur, in which 200 HIV-positive patients with confirmed chronic HCV and signs of liver disease will be offered free treatment, disease education and peer support.

CEVHAP, for its part, has found success in smaller, visibility-raising activities, such as helping to engage media support for World Hepatitis Day and efforts to increase awareness, including a seminar for general practitioners in Indonesia held in September 2013.

In the absence of clearer guidance from national policies, South-east Asian civil society and activist groups have stepped into the breach to set the agenda for the monitoring, control and treatment of HCV infection. Regional governments will come under increasing pressure to follow.