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HCV self-testing among people in Kyrgyzstan who inject drugs: VALUES & PREFERENCES



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Acknowledgement

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KYRGYZSTAN: Project Context



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

The **Harm Reduction Network** was sub-contracted by INPUD to conduct a Rapid Qualitative Assessment (R.A.A.) of Values and Preferences of HCV Self-testing among PWUD in Bishkek and Chui Region (Sub-contract number *2020/20/FIND/HarmReductionNetworkKyrgyzstan*, start date 01 August 2020, end date 30 October 2020). The Kyrgyz work is part of this broader assessment and that all countries used a global protocol to be able to synthesize the results.



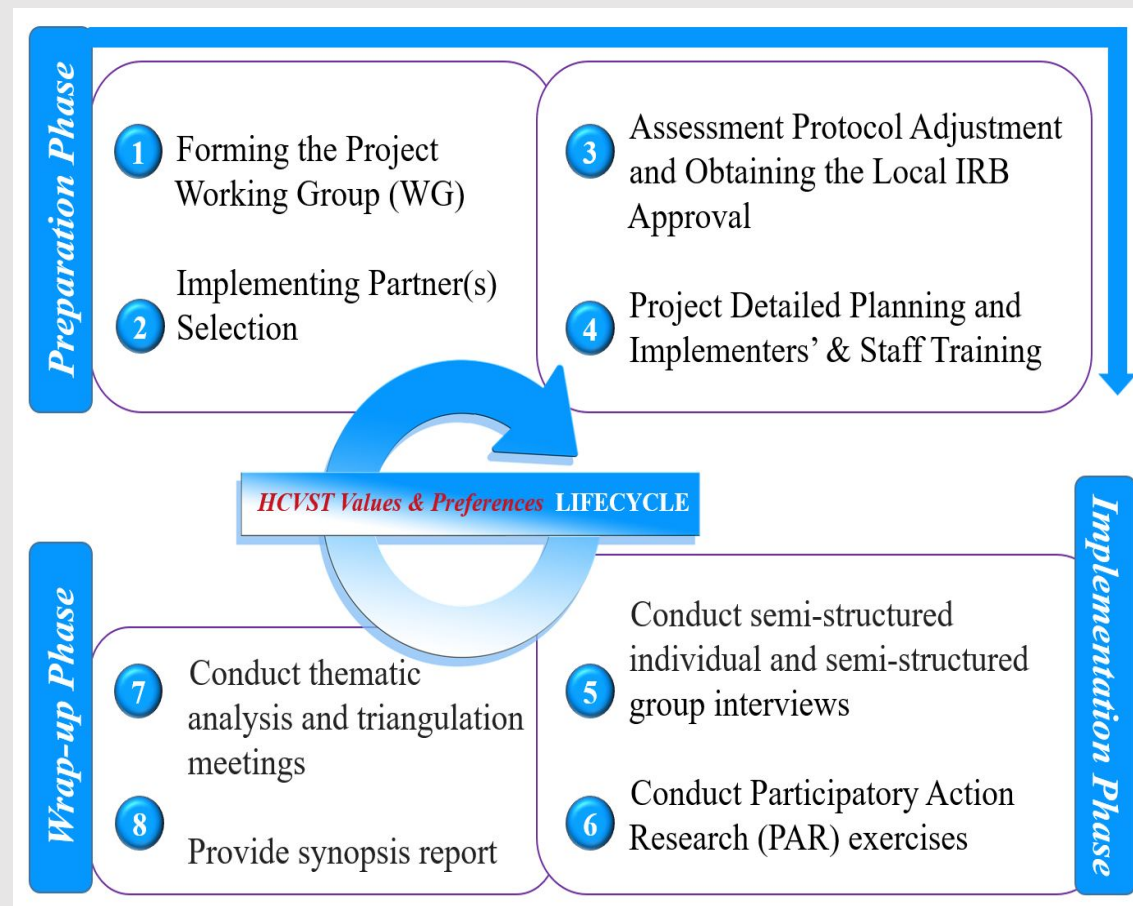
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Project Lifecycle

The work scope was split into 3 phases. The assessment of values and preferences of HCV self-testing (IRB approval Ref. 011082020–1) 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.





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Study Population

People In Bishkek & Chui oblasts Who Use Drugs (PWUD), primarily but not necessarily beneficiaries of the Harm Reduction Network

Eligibility criteria:

- (a) were no younger than 18 yo;
- (b) spoke and understood Russian;
- (c) self-identified as PWID;
- (d) held HCV-specific experience and knowledge useful for operational purposes;
- (e) able to complete informed consent,
- (d) were willing to share their insights to improve operations.



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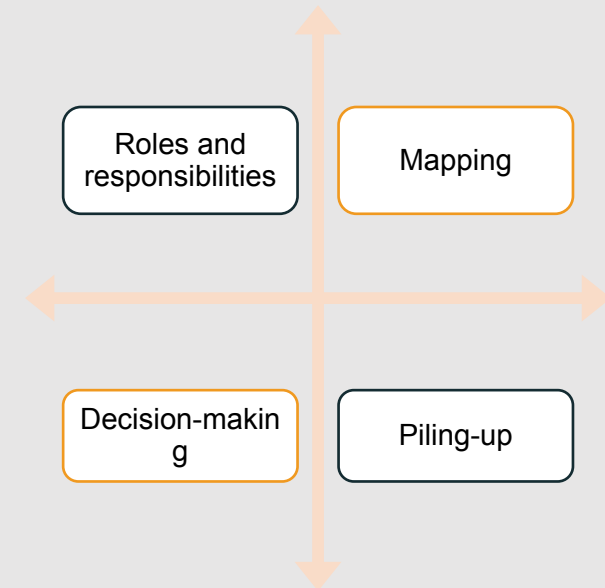
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Data Collection Techniques: 18 encounters



- 1] Face-to-face individual semi-structured interviews ($n=15$)
- 2] Group semi-structured interviews ($n=2$),
- 3] PAR exercises ($n=1$)





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RESULTS: Socio-demographics (*n*=47 informants)

Demographic details	Female (<i>n</i> = 22)	Male (<i>n</i> = 25)	Demographic details	Female (<i>n</i> = 22)	Male (<i>n</i> = 25)
Age range (years)			Ethnicity		
19–25	4	3	German	–	2
26–35	7	8	Karachai	1	–
36–45	7	11	Kazakh	2	3
46–55	4	3	Korean	–	1
Avg. 35.6		Avg. 34.4	Kyrgyz	4	7
Participants in			Russian	9	6
Individual interviews	6	9	Tajik	–	1
Group interviews	6	6	Tartar	3	4
Participatory action research session	10	10	Ukrainian	1	–
Area of residence			Uzbek	2	1
Urban	12	15	Religion		
Rural	10	10	Muslim	10	14
Education			Orthodox	6	3
Primary completed	1	1	Non-religious	6	8
Secondary completed	6	6			
Vocational/College	7	14			
University degree	8	4			



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Results: 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.



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Results: 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).



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Results: 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 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)



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Results: 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)



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Results: 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 possible stigma from lab personnel engaged in follow-up / confirmatory testing.

Rural informants were more concerned about availability and about lack of privacy



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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

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

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.

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.



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Thanks!!
