Evaluating Strategies for a Primary Care Model for HBV and HCV Care: Research Priorities in Viet Nam

Thinking Big: Hepatitis B and C Elimination in Asia
Kyoto, 27/3/2024

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Disclaimer

• The data presented are derived from the available sources
• The author’s point of view may not represent the official vision of Vietnam Government.
Objectives

1. Provide brief context of viral hepatitis burden and response in Vietnam
2. Demonstrate that a people-centered, primary care model is possible in Vietnam through the STITCH project
3. Show the research and implementation strategies and achievements of the model to date
4. Illustrate how implementation research is being applied to comprehensively evaluate and improve the model
# Viral hepatitis burden

## Vietnam

2022 Total Population: 98,186,856  |  2022 Adult Population: 72,026,052  
| World Bank Classification Lower middle income

### At a Glance

<table>
<thead>
<tr>
<th></th>
<th>HCV Infections (2022)†</th>
<th>HBV Infections (2022)‡</th>
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<tbody>
<tr>
<td>Total</td>
<td>905,000</td>
<td>6,518,000</td>
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<tr>
<td>%</td>
<td>&lt;1%</td>
<td>7%</td>
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<tr>
<td>Diagnosed</td>
<td>6%</td>
<td>42%</td>
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<tr>
<td>Annual Treated</td>
<td>&lt;1%</td>
<td>3%</td>
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<tr>
<td>Annual Deaths</td>
<td>4,415</td>
<td>26,736</td>
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<td>Deaths per day</td>
<td>12</td>
<td>3</td>
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Source: https://cdafound.org/polaris-countries-dashboard/
Comprehensive national policy framework and plan

Source: Holt at al. The Lancet Vol 44 March, 2024
Challenges translating policies and plans at subnational and facility level

Implementation barriers

• Most primary care facilities are not accredited or prepared to provide care

• Primary care HCPs and community have limited knowledge and awareness

• This means services remain concentrated at central and provincial level, led by specialists

SHI gaps

• If HBV or HCV screening results are negative, the cost of the test is not covered, means low uptake and delayed diagnosis

• High co-payment rate for HCV DAAs (50%) means ~$650/12 weeks, which is not affordable for many
Strengthening the Integrated Treatment and Care for Hepatitis (STITCH)

**Goals:**
- Strengthen hepatitis diagnosis, care and treatment at primary care facilities in Vietnam (and the Philippines)
- Close the gap between policy and implementation
- Use people-centered care strategies (e.g., patient journey mapping, co-design)
- Form partnerships between patients, providers, private sector and health authorities

**Location:** Thai Binh province  
**Duration:** 2022 to 2026
Co-designing the model of care

Design thinking workshops

Four intervention areas

1. Optimize clinical pathway and linkages to emphasize primary healthcare
2. Build HCW capacity and capability to manage hepatitis in primary care
3. Improve facility & systems readiness at the primary care level
4. Activate people and community to engage with primary healthcare
Optimizing the clinical care pathway
Building capacity of primary HCPs

- Training on hepatitis in collaboration with National Hospital of Tropical Disease
  - 42 district HCPs trained on screening and linkage
  - 16 physicians trained on hepatitis care
- Specialist technical support/telementoring by visiting provincial HCPs
Viral hepatitis service at the two pilot district hospitals approved by Thai Binh Provincial Health Department and accredited by SHI
  - The service can be provided to people at primary care level and covered by SHI

Specimen transfer system established
  - Viral load specimens can be collected at district hospitals and tested at provincial facility covered by SHI

HepB and HepC medicines arrived at district hospitals ready for patients’ use

Improving facility and system readiness
Engaging and activating the community

- IEC health promotion materials and activities; IEC campaigns planned
- Collaborate with Women’s Labour Union in the two pilot districts
Evaluating of the model

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<thead>
<tr>
<th>Part</th>
<th>Objectives</th>
<th>Data collection tools</th>
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<tr>
<td><strong>Part A:</strong></td>
<td><strong>Cascade of care</strong></td>
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<tr>
<td></td>
<td>1. Rate of treatment completion/cure for hepatitis B/C</td>
<td>Routine health data (supported by team to establish/integrate)</td>
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<td>2. Uptake and retention in care</td>
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<td><strong>Part B:</strong></td>
<td><strong>Patient experience</strong></td>
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<td>3. “Person-centeredness” of care</td>
<td>Patient experience and literacy surveys (new tools)</td>
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<td>4. Hepatitis-related health literacy</td>
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<td>5. Hepatitis-related stigma and discrimination</td>
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<td><strong>Part C:</strong></td>
<td><strong>Facility readiness</strong></td>
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<td>6. Healthcare facility/system readiness for viral hepatitis management</td>
<td>Health facility assessment (repeat 3 from 202)</td>
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<td><strong>Part D:</strong></td>
<td><strong>Provider competency and experience</strong></td>
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<td>7. HCP competency for viral hepatitis management</td>
<td>Provider survey, competency assessments</td>
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<td>8. HCP experience in new MoC</td>
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<td><strong>Part E:</strong></td>
<td><strong>Cost</strong></td>
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<td>9. Financial expenditure by government and patients</td>
<td>TBC – under development</td>
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<td>10. Cost savings from MoC compared to specialist model</td>
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Dashboards used for continuous quality improvement

**Hep B**
- Screened: 1,655
- Positive Cases: 58 (3.5%)
- Linkage to Care: 30 (51.7%)
- Eligibility: 10 (33.3%)
- Treatment initiated: 10 (100.0%)

**Hep C**
- Screening Target: 956 (33.4% of 2,862)
- Treatment Target: 17
- Actual Screening: 10 (58.8% of 17)
- Treatment Target: 0
- Actual Treatment: 0 (93.2% of 4)

Scaling up and using evidence for system-level advocacy

1. Start with existing service delivery in pilot areas
2. Test facility and community-based interventions in pilot areas
3. Define MoC for right care, right time, right place
4. Extend MoC to new areas as part of scaling phase

- QI and Community Advisory Board input
- Learning collaborative and shared impact evaluation
- Address system-level issues required for implementation
- Evaluate cost and impact of MoC at full implementation
- System-level advocacy for changes to financing and policy that will sustain MoC

Research and co-design workshops to identify and prioritize issues and interventions.
Accelerating predictions for Vietnam to reach hepatitis elimination targets

Through the STITCH project, implementation research can be used to support Vietnam to translate plans into action by providing evidence on HOW to implement a people-centered primary care model and accelerate achievement WHO and national Government hepatitis goals faster!
Much thanks to STITCH Hanoi and Boston Team

Core STITCH team from Harvard, BIDMC, UP and HAVN
Thank you for your attention!