

# National perspectives

Jean-Philippe Dousset, Médecins Sans Frontières, Cambodia

Approximately 1.1% of the world population, and 1.6 % of the population (257 000 people) in Cambodia, are estimated to be chronically infected with Hepatitis C virus (HCV), with the rate in Cambodia being the second highest in the Western Pacific Region. In 2016, MSF and the Cambodian Ministry of Health launched an HCV project at Preah Kossamak Hospital in Phnom Penh.

As part of this project, MSF implemented a simplified model of care (MoC) for HCV, with Gene-Xpert for point of care viral load testing and Sofosbuvir/Daclatasvir as the pan-genotype treatment regimen. This simplified MoC resulted in a 97% success rate (n = 10 000). With no reduction in the treatment safety or effectiveness, the MoC reduced the number of patient visits, the time between diagnosis and initiation of direct-acting antivirals (DAA). This increase in efficiency resulted in more patients initiating DAA and an overall reduction in staffing and cost requirements.

The simplified MoC was then adapted to a rural setting, where sero-diagnosis and follow up care were conducted by nursing staff at health centers, while viral load testing and DAA initiation were managed by physicians at a referral hospital.

In 2018, Epicentre/MSF conducted an HCV prevalence survey of the adult population in Moung Russei district, identifying very low population awareness of HCV and an overall adult seroprevalence of 2.6%, with seroprevalence twice higher (5.1%) among adults aged  $\geq 45$  years. These results allowed MSF to incorporate active case finding among older adults and to better understand the limitations of passive screening.

Supported by the findings of the MSF HCV-project, the Cambodian Ministry of Health will develop a national strategic plan for HCV for 2019. Together with the simplified MoC – capable of decentralization and complemented by targeted screening strategies – this is a promising next step to accelerate HCV elimination in Cambodia.

The screening strategies and simplified model of care implemented by the MSF HCV-project in Phnom Penh and in a rural district bring critical evidence tools for designing national programs in affected countries.