

**TITLE**            **HepLINK: Accelerating HBV/HCV diagnosis and treatment through community – based screening and linkage to care in Vietnam.**

**DURATION**            18 months  
**STARTING DATE**      September 1, 2020  
**COUNTRY**             Vietnam  
**PARTNER**              PATH, in collaboration with the Ministry of Health’s (MOH) Vietnam Administration of Medical Services (VAMS)

### AIM

HepLINK Vietnam will demonstrate a cost-effective model of decentralized and integrated viral hepatitis service delivery—that effectively engages populations at risk of viral hepatitis in prevention, awareness raising, case detection and treatment—to improve viral hepatitis outcomes and provide evidence for scaling and financing interventions that are integral to the elimination of hepatitis C and B by 2030.

### CONTEXT

Viral hepatitis is the third cause of death in Vietnam. **With more than 1 million HCV infections and more than 7 million HBV infections, and 22,900 annual deaths (3 deaths per hour) from HBV and 5,900 annual deaths (16 deaths per day from HCV)**<sup>1</sup>. The government of Vietnam developed the first national plan on viral hepatitis prevention and control for the period of 2015-2019, and in 2016, released guidelines for the prevention, care, and treatment of HCV. These steps demonstrate Vietnam’s commitment to hepatitis elimination by 2030. However, significant improvements in awareness of, demand for, and delivery of chronic HBV and HCV diagnosis and treatment has so far been minimal.

Awareness of the disease and associated risk factors remains low in Vietnam, even among those most at risk: an HCV situational analysis conducted by PATH among men who have sex with men (MSM) and people who inject drugs (PWID) in 2018 found that more than 25% did not know that HCV was curable. Just 41% were aware of direct-acting antiviral agents (DAAs), a treatment option for people with HCV infection.

The most fundamental challenge to scaling anti-HCV screening, diagnosis, and treatment has been the legacy of expensive, toxic and poor efficacy of chronic HCV treatment. With limited treatment options, there has historically been less impetus among the MOH and donors to test and explore ways to significantly increase case detection, treatment, and cure. Chronic HBV treatment is also relatively neglected and much more needs to be done to train primary health care clinicians in HBV screening, treatment, and long-term management.

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<sup>1</sup> <https://cdafound.org/dashboard/polaris/dashboard.html>

## ACTION

HepLINK Vietnam will demonstrate a cost-effective model of decentralized and integrated HBV and HCV service delivery to improve health outcomes and provide evidence for scaling and financing interventions that are integral to the elimination of hepatitis B and C by 2030. The project's strategic technical approaches include:

- Engaging those most affected by viral hepatitis in raising awareness, generating demand and providing HBV and HCV screening services.
- Decentralization of viral hepatitis testing, diagnosis and treatment to the primary care level through engagement of general practitioners, and integration with HIV services, in the public and private sector.
- Ensure a supportive environment for those diagnosed with chronic HCV to successfully complete treatment and remain HCV-free; and for those with chronic HBV to successfully stay on treatment.
- Generate and leverage strategic learning from HepLINK to facilitate resource mobilization and implementation of the national program toward ending viral hepatitis by 2030.

HepLINK will be implemented in the two biggest cities of the country: Ho Chi Minh City and Hanoi, representing the two regions (Northern, Southern regions) of Vietnam and the highest burden of chronic viral hepatitis infection.

## EXPECTED RESULTS

- HepLINK model will reach 30,000 at-risk individuals in Ho Chi Minh City and Hanoi with information about HBV and HCV risk-factors, treatment, and available services.
- Of these, 20,000 will have accessed anti-HCV testing and/or HBsAg testing. We estimate that 90% of those who are antibody positive will be successfully linked to diagnosis and treatment and that more than 80% of those who access HCV treatment will achieve cure.
- Generate data to be used as strategic information for advocacy on the roll-out and domestic financing of innovative interventions and the know-how for scaling this up at the national level.

## CATALYTIC IMPACT

PATH intends to generate and leverage strategic learning from HepLINK to facilitate resource mobilization and implementation of the national program toward ending viral hepatitis by 2030. The project will provide empirical evidence on effective approaches and strategies that will support the government to update the national guidelines on viral hepatitis testing, diagnosis, and treatment and facilitate large-scale implementation of viral hepatitis interventions across the country.

In addition, PATH will share the HepLINK approach, successes, challenges, and lessons learned among a global audience of viral hepatitis policy makers, advocates, investors, implementers, and others.