Hepatitis C Satellite Symposium at the 25th Harm Reduction International Conference, Montreal

13 May 2017

With the generous support from our funders, the International Network on Hepatitis in Substance Users, in collaboration with ASHM, Harm Reduction International, the Canadian Network on Hepatitis C, Canadian Research Initiative in Substance Misuse, Medecins du Monde, the National Viral Hepatitis Roundtable and CATIE, successfully held the Hepatitis C Satellite Symposium at the 25th Harm Reduction International Conference in Montreal, Canada on 13 May 2017.

Roughly 90 delegates attended the session and we received 42 evaluations of the day.

Of the 42 attendees who completed an evaluation, there was a spread of professions as indicated below. The “Other” category included a lawyer and sexologist.

- Advocacy (15%)
- Management/Admin (11%)
- Aid/Development (2%)
- Community (PWID; persons with HCV (4%)
- Community Health (9%)
- Drug and alcohol (7%)
- Health Education/Promotion (9%)
- Public Health (9%)
- Medical Practitioner (4%)
- Research (7%)
- Social Work/counseling/Psychology (16%)
- Other (7%)

Of the 42 responses received 64% said they felt the learning objectives had been entirely met and the other 36% said they had been partially met.

95% felt that the overall program content was either ‘good’ or ‘excellent’ with 95% also stating that the timing and length of the day was either ‘good’ or ‘excellent’.

‘Networking’ (62%) and ‘looking to increase knowledge in the area of HCV’ (60%) were listed as the top motivating factors for people to attend the symposium with ‘professional development’ (52%) and ‘work on projects relating to HCV in people who use drugs’ (45%) also highly rated.

The Symposium was structured into two sessions; a morning plenary showcasing, among other things, work being done in Australia, Canada, Kenya, Indonesia and the USA to integrate care for
drug use and HCV infection among people who inject drugs; and an afternoon roundtable session focussing on how researchers, practitioners, policy makers and the community work together to improve access to HCV care for people who inject drugs.

Both sessions were well received with 88% of attendees stating that they learnt something new in the morning plenary and 90% rating the afternoon roundtable either ‘good’ or ‘excellent’ in terms of relevance to practice.

Attendees also provided suggestions for future improvements, for example, the need for more information on developing countries and making the Symposium more accessible for those in less financially privileged areas/agencies.

The afternoon session was especially praised:

- “Nice to have a space to look at the issues from low level, focusing on the roots of the problems”
- “Good to be able to talk within a group about different aspects of HCV with people from other areas of the world with different points of view”
- “Excellent opportunity for deeper work in small groups with practical actionable outcomes”
- “Feel a part of things in a real way”
- “Very good to build alliances”

A particularly positive outcome of note is the enthusiasm of respondents to change workplace behaviours and implement learnings in their own setting 70% of respondents said the Symposium was entirely relevant to their workplace and 93% of respondents agreed that they would apply what they learnt at the Symposium in their work place practices.

We asked respondents who answered yes to changing their workplace practices to provide information on how they would go about doing this. Answers included:

- The information shared through the working group process helped me focus my advocacy recommendations for state-based elimination efforts in the US. I've already shared what I learned with allies on the ground and received positive feedback. The Symposium has shaped how we will approach our US domestic policy work for 2018.
- I am planning to engage in more advocacy for harm reduction resources in my State.
- I'm going to change the training I do to include new global information provided.
- Try to continually remember the roots of the issue while still focusing work on immediate achievable goals.
- It will help planning services for my organisation.
- Advocate on treating HCV to PWIDs regardless of the possibility of re-infection.
- Scale up and prioritise key points.
- Inform research dissemination.
- Improve peer education and strengthen link to care and support.
- Remembering to examine my privilege and bring oppression into all my presentations.
- As a peer worker I will do more to reach out to the trenches and seek more clients for our HCV and HR Program. I will also advocate for more peer workers.
- Through our communications and advocacy work, both within the organization and with patients. I hope to work on HIV issues more directly through my organisation.
- Increase focus on international collaboration and advocacy.
• Encourage and advocate for more HCV testing.
• Integrate messaging to my advocacy work.
• Share information and knowledge gained with my team and clients. I would like to find out more about the peer-based Georgia model to see what we can use in own program.

In summary, we feel the format of the Symposium worked well and that the interactive nature of the roundtable session in particular met participants learning needs. In future, we look forward to continuing to build on the international nature of the program, leveraging collaborating partnerships to include increased representation from low and middle income countries.