The International Network on Hepatitis in Substance Users (INHSU), in collaboration with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), TB HIV Care South Africa and Harm Reduction International, delivered a one-day Satellite Symposium on Hepatitis C adjacent to the 26th Harm Reduction International Conference in Porto, Portugal on 27 April, 2019.

Symposium Summary

The Symposium showcased practical examples of strategies being implemented globally to increase hepatitis C screening, linkage to care and treatment among people who use drugs.

INHSU collaborated with several stakeholders including the International Network of People who Use Drugs (INPUD), Médecins du Monde (MdM), the World Health Organisation (WHO), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Correlation Network to appropriately tailor the program for the target audience. The format of the Symposium was highly interactive, with the provision of time at the end of each session for discourse between attendees and speakers. This encouraged questions and discussion throughout the day.

The program was structured into three sessions; 1) linkage to HCV prevention and care in drug and alcohol settings; 2) innovative models of HCV care for people who inject drugs in harm reduction settings across the globe; and 3) roundtable session on sharing best practices to improve future service delivery.

1. The first session covered HCV awareness, testing, treatment and training in harm reduction settings. The global epidemiology of injecting drug use and hepatitis C as well as effective strategies to enhance testing, linkage to and retention in care and treatment for people who inject drugs (PWID) was presented. This session highlighted the important role of peers for integrating HCV services in community-based harm reduction programs. These presentations were followed by specific real-world examples of models of care to demonstrate challenges and practical solutions for improving linkage to HCV prevention and care.

2. The second session included rapid-fire presentations on innovative models of HCV care from diverse global settings including Australia, Belgium, Brazil, Georgia, Norway, Portugal, South Africa, Sweden and Vietnam. Presenters reflected on how the model of care was developed within their country, detailed the challenges and successes of the model, and outlined future plans to expand and build upon the model. Models of care presented included harm reduction services and centres, peer led models and mobile outreach programs. The different perspectives offered by both high and middle-low income countries added immense value to the session and stimulated an active discussion.
3. The roundtable session was action-oriented and focused on sharing best practices to improve future service delivery. Facilitated discussion groups developed shared priorities for individual and collective action and actionable next steps. They also provided the opportunity for attendees to build their professional network. Key takeaways highlighted by participants included the success of engaging peers, the importance of increased advocacy efforts and the success of mobile harm reduction units in improving access and treatment. Reflections were made on the numerous challenges and barriers faced in developing effective models of care, including the lack of resources, ability to access hard to reach populations and a lack of understanding of the needs of this demographic among medical professionals. Discussion on how to overcome these issues was lively and emphasised the need for a holistic approach. Actionable next steps were outlined and the resources required to fulfil future endeavours included increased education, improved advocacy and further partnerships across the sector.

**Attendee Data**

73 delegates registered for the session, with 55 delegates attending on the day. 25 post symposium evaluations were completed (response rate 45%). The professions of respondents are outlined below (see figure 1).

The main reasons for attendance included professional development, networking and work on projects relating to HCV in people who inject drugs (see figure 2).
Attendee Feedback

In the post-Symposium survey, attendees were asked to rate various aspects of the Symposium including feedback of the day overall as well as reflections on individual sessions.

Of the responses received, 88% rated the Symposium as either ‘excellent’ or ‘very good’. 100% felt that the overall program content was either ‘excellent’ or ‘very good’.

All sessions were well received with 88% of respondents stating that they learnt something new in the sessions 1 and 2 (see figure 3) and 88% rating the session 3 roundtable either ‘good’ or ‘excellent’ in terms of relevance to practice (see figure 4).

The roundtable session was especially well received:

- “In my opinion, the roundtable, by allowing an open discussion with people from different backgrounds, is conducive to broadening ideas on how to better treat patients with HCV.”
- “We had a mix of people from different countries including multiple PWID, so it was great to hear about the different contexts.”
- “Great program with voices from all over the world. I enjoyed the end discussion very much as well.”

Attendees also provided suggestions for future improvements, such as the need for further involvement of low and middle-income countries, as well as more activism and community representation.

![Session 1 and 2 Ratings](image-url)

Figure 3: Session 1 and 2 Rating
Figure 4: Session 3 Roundtable Session Ratings
Changing Practices
A particularly positive outcome of note is the enthusiasm of attendees to apply learnings in their own workplace setting. 92% of respondents said the Symposium was entirely relevant to their workplace and 88% of respondents agreed that they would apply what they learnt at the Symposium in their workplace practices.

When asked how they would change their work practices after the Symposium, respondents intend to share knowledge with their colleagues, improve treatment and testing practices, and draw information from their increased network.

- “I intend to share with my team some strategies that have proven to increase the adherence to HCV testing and treatment. I would also like to contribute, along with my team, to a change in the way diagnosis confirmation and treatment is provided, from tertiary units to units that are closer to patients.”
- “Connections made with other advocates and providers will inform and enhance our ongoing work.”
- “Advocating for the provision of services and training peers on HCV.”
- “Inspired by models employing peer experts. Will move towards point-of-care viral load testing & treatment in NSP & SCS.”
- “Share information with colleagues about best practices around the world.”

Conclusions
In summary, the format of the Symposium was well received, with the interactive and action-oriented nature of the roundtable session particularly meeting participants’ learning needs.

To improve future symposia, we plan to leverage collaborating partnerships to further increase representation from developing countries and improve community representation.

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