Toward a Good Practices Guide on HIV and Hepatitis C Integration

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HIV and HCV Co-infection
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CHANGING THE COURSE OF THE HIV PREVENTION, ENGAGEMENT AND TREATMENT CASCADE

About CTAC

CTAC is Canada's national civil society organization address access to treatment for people living with HIV and hepatitis C.

CTAC meaningfully engages community members, service providers, policymakers and researchers to identify and implement policy and program solutions.

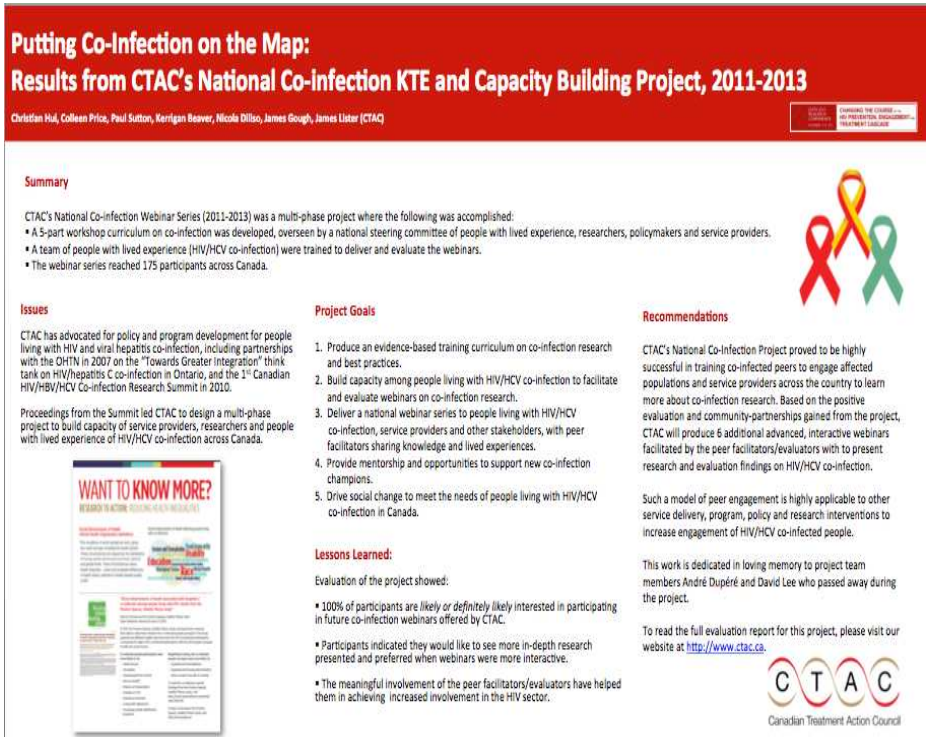
We have no conflicts of interest to declare.

Agenda

1. Background/Context: CTAC's Interest in Integration / Current Integration Realities
2. National Stakeholder Survey: Lessons Learned
3. Toward a *Good Practices Guide:* Next Steps

Background: CTAC's Interest in Integration

- CTAC has been working in HIV/hepatitis C co-infection since 2006
- Lessons learned from 2011-2013 KTE project:
  - Continued siloed responses to HIV and hepatitis C
  - Drastic unmet capacity to address increased negative health outcomes for people living with HIV/hepatitis C co-infection in comparison to HIV or hepatitis C mono-infection
- Promising practices across the sector in enhancing health outcomes for people who use drugs
- Re-inventing the wheel is counter-intuitive and/or improbable



Putting Co-Infection on the Map:
Results from CTAC's National Co-infection KTE and Capacity Building Project, 2011-2013

Christian Hui, Colleen Price, Paul Sutton, Kerrigan Beaver, Nicola Diliso, James Gough, James Lister (CTAC)

Summary

CTAC's National Co-infection Webinar Series (2011-2013) was a multi-phase project where the following was accomplished:
- A 5-part workshop curriculum on co-infection was developed, overseen by a national steering committee of people with lived experience, researchers, policymakers and service providers.
- A team of people with lived experience (HIV/HCV co-infection) were trained to deliver and evaluate the webinars.
- The webinar series reached 175 participants across Canada.

Issues

CTAC has advocated for policy and program development for people living with HIV and viral hepatitis co-infection, including partnerships with the OHTN in 2007 on the "Towards Greater Integration" think tank on HIV/hepatitis C co-infection in Ontario, and the 1st Canadian HIV/HBV/HCV Co-infection Research Summit in 2010.

Proceedings from the Summit led CTAC to design a multi-phase project to build capacity of service providers, researchers and people with lived experience of HIV/HCV co-infection across Canada.

Project Goals

1. Produce an evidence-based training curriculum on co-infection research and best practices.
2. Build capacity among people living with HIV/HCV co-infection to facilitate and evaluate webinars on co-infection research.
3. Deliver a national webinar series to people living with HIV/HCV co-infection, service providers and other stakeholders, with peer facilitators sharing knowledge and lived experiences.
4. Provide mentorship and opportunities to support new co-infection champions.
5. Drive social change to meet the needs of people living with HIV/HCV co-infection in Canada.

Lessons Learned:

Evaluation of the project showed:
- 100% of participants are *likely or definitely likely* interested in participating in future co-infection webinars offered by CTAC.
- Participants indicated they would like to see more in-depth research presented and preferred when webinars were more interactive.
- The meaningful involvement of the peer facilitators/evaluators have helped them in achieving increased involvement in the HIV sector.

Recommendations

CTAC's National Co-Infection Project proved to be highly successful in training co-infected peers to engage affected populations and service providers across the country to learn more about co-infection research. Based on the positive evaluation and community-partnerships gained from the project, CTAC will produce 6 additional advanced, interactive webinars facilitated by the peer facilitators/evaluators with to present research and evaluation findings on HIV/HCV co-infection.

Such a model of peer engagement is highly applicable to other service delivery, program, policy and research interventions to increase engagement of HIV/HCV co-infected people.

This work is dedicated in loving memory to project team members André Dupéré and David Lee who passed away during the project.

To read the full evaluation report for this project, please visit our website at http://www.ctac.ca.

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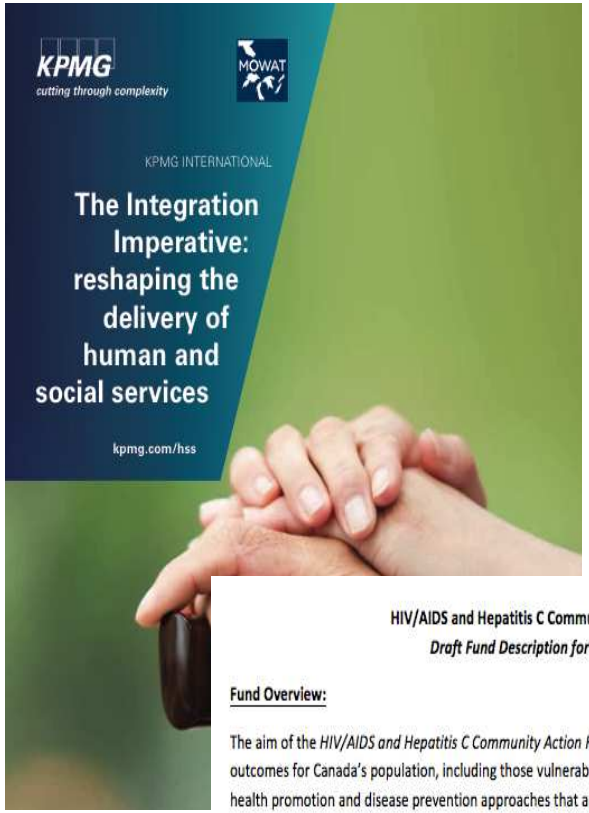
Context: Current Integration Realities (1)

- Shift in federal funding landscape
- Broader shift to integrated approaches in design and delivery of social services
  - Addressing populations with multiple, intersecting needs (ie. aging population)
  - Neoliberal austerity approaches to resource allocation
- Mowat Centre and KPMG Report:
  - Client Pathways
  - Focus on Outcomes
  - Inter-Governmental Integration
  - Intra-Governmental Integration
  - Place-Based Integration



HIV/AIDS and Hepatitis C Community Action Fund
Draft Fund Description for Discussion

Fund Overview:

The aim of the *HIV/AIDS and Hepatitis C Community Action Fund* is to contribute to better health outcomes for Canada's population, including those vulnerable and at-risk for disease through integrated health promotion and disease prevention approaches that address HIV/AIDS, HCV, related communicable diseases (including sexually transmitted infections and TB co-infection) and health factors (such as mental health, chronic disease and aging) as they relate to HIV and hepatitis C.

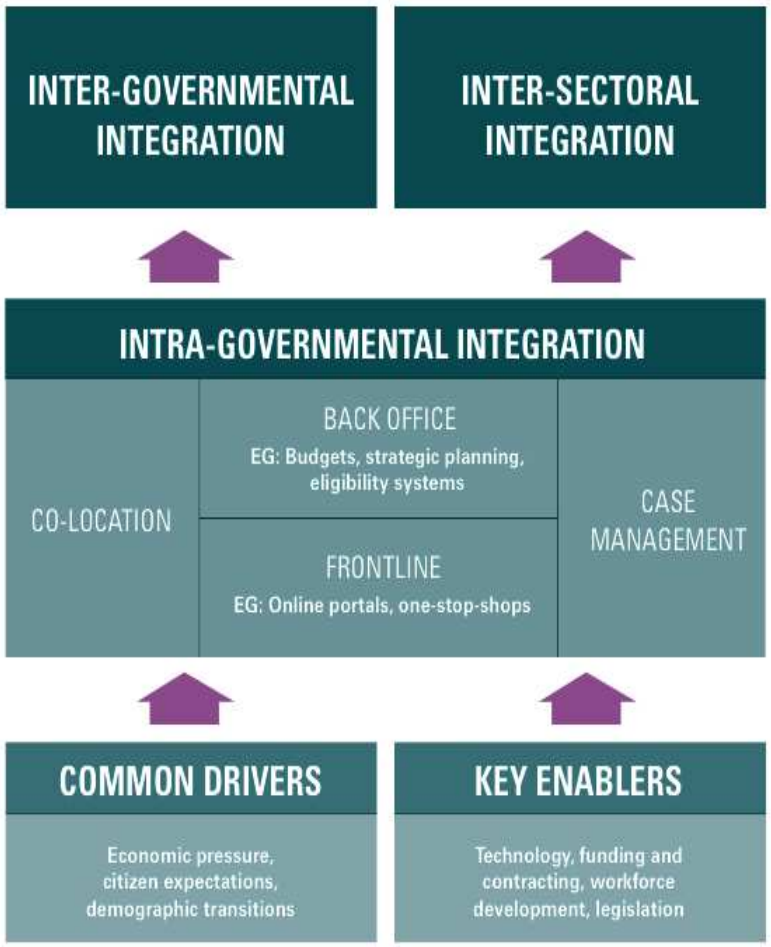
Grants and Contributions funding for community programs under the *Federal Initiative to Address HIV/AIDS in Canada* and the *Hepatitis C Prevention, Support and Research Program* comprise $26.2 million annually ($22.7 million annually from the Federal Initiative and $3.5 million annually from the Hepatitis C Program). The new *HIV/AIDS and Hepatitis C Community Action Fund* will consist of one streamlined funding program made up of the seven former funding streams from the *Federal Initiative to Address HIV/AIDS in Canada* and the *Hepatitis C Prevention, Support and Research Program*. The federal investment in the community response will remain stable.

Context:

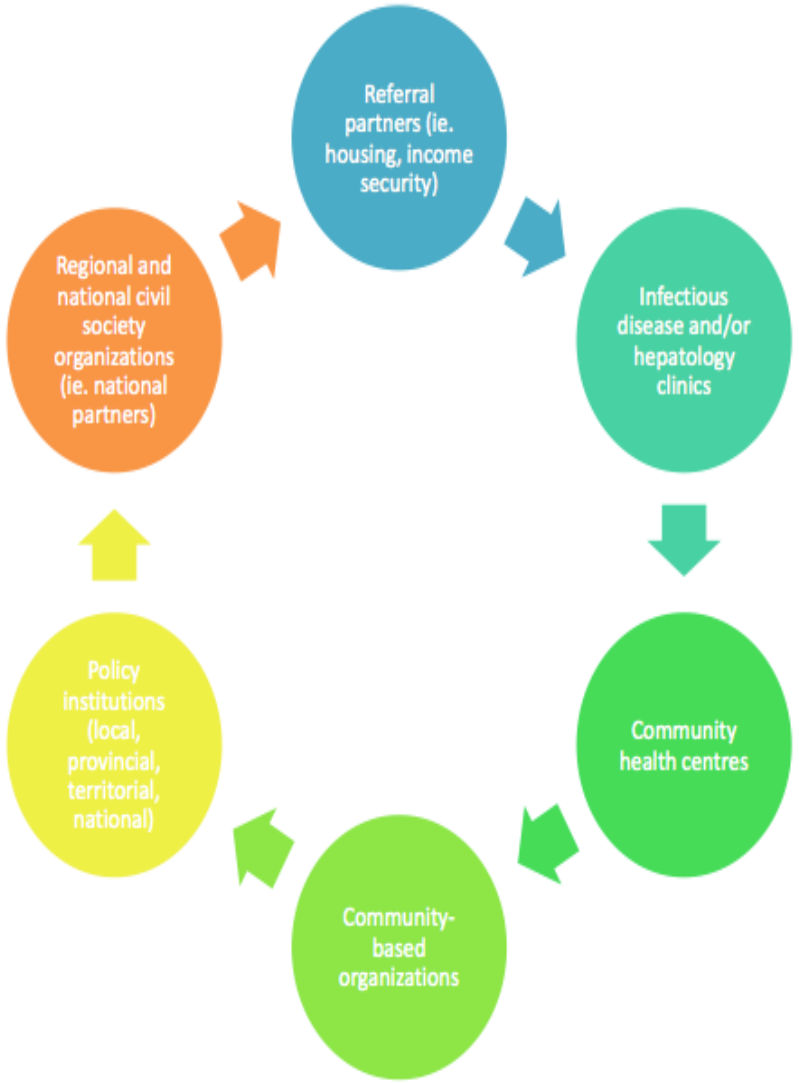
All sexually transmitted and blood-borne infections, including HIV and hepatitis C (HCV), share common

Context: Current Integration Realities (2)

Figure 5: Current service delivery schemes



Source: KPMG International, The Integration Imperative: reshaping the delivery of human and social services, 2013



National Stakeholder Survey: Lessons Learned

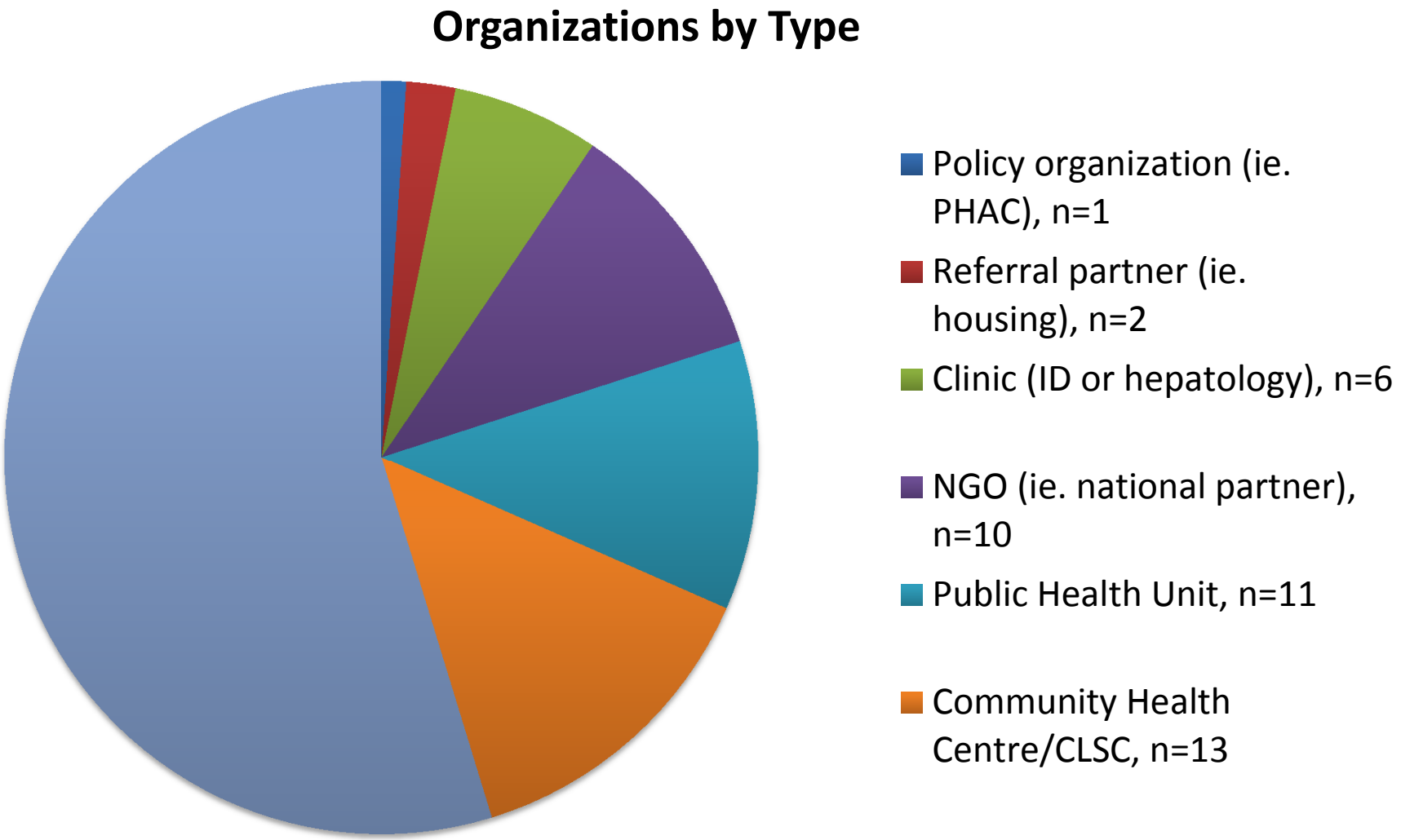
Objectives:

- Identify current realities, promising practices, challenges and opportunities experienced by organizations in doing *both* HIV *and* hepatitis C work
- Identify current realities, promising practices, challenges and opportunities experienced by organizations doing *only* HIV *or* hepatitis C work

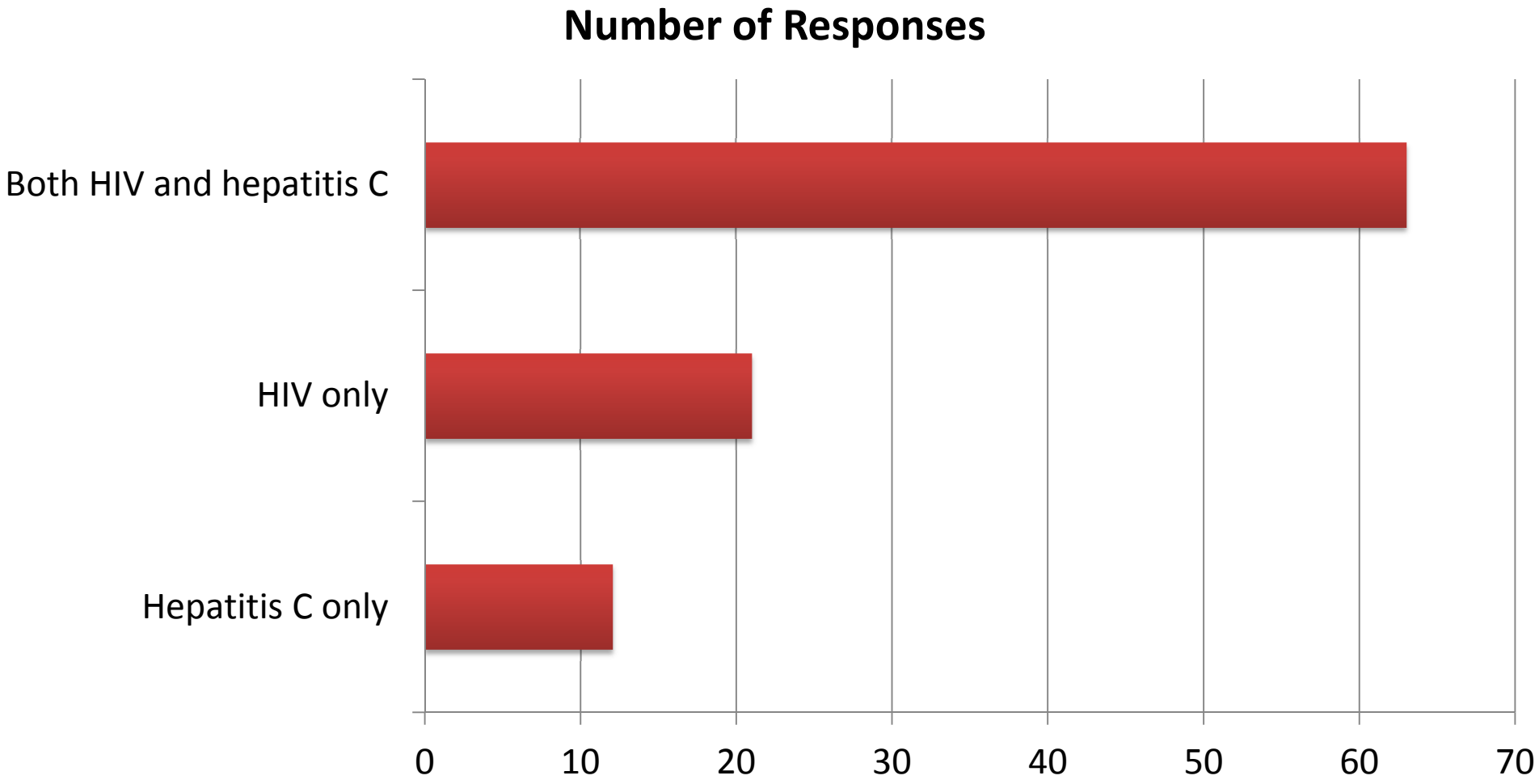
Method:

- National Stakeholder Committee advising project developed survey questions (English/Français)
- Delivered to identified stakeholders across Canada
- Data collected for 3 weeks (late August-early September)
- Total survey responses: n=95
  - Incomplete surveys excluded

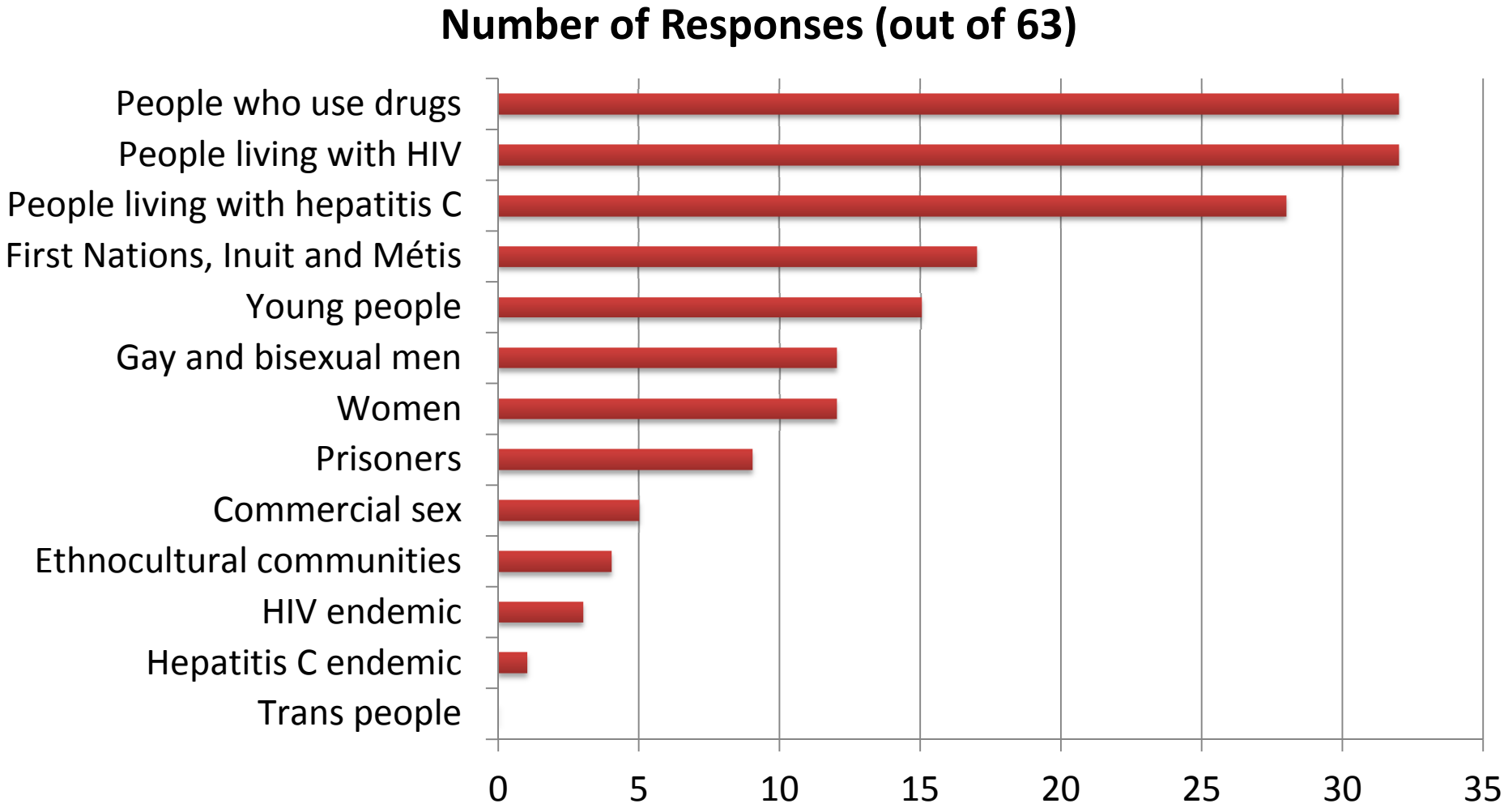
National Stakeholder Survey: Organization by Type



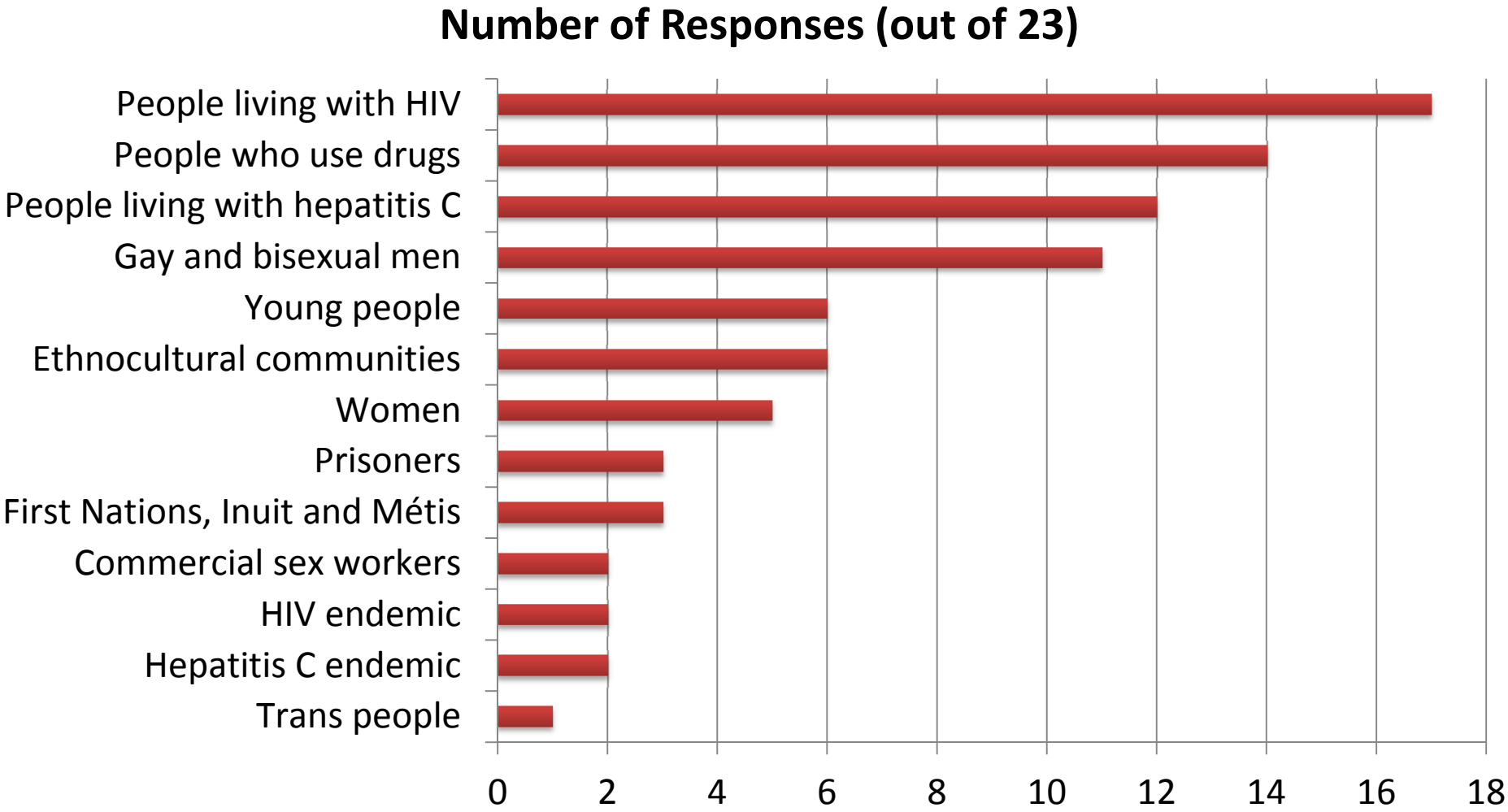
National Stakeholder Survey: Areas of Work



National Stakeholder Survey: Groups most often served (*both* HIV *and* HCV)



National Stakeholder Survey: Groups most often served (HIV *or* HCV)



National Stakeholder Survey: Organizational Incorporation

HIV *and* HCV	Yes	No	Unsure	N/A
Mandate/Mission Statement	31	**22**	3	3
Policy and Procedures	36	18	5	6
Position Statements	28	18	5	6
Funded Projects	**47**	12	1	0
Strategic Plan	**41**	14	4	0
Constitution/Bylaws	17	**22**	9	5
Partnership Agreements	**43**	9	3	1
Staff and Volunteer Training	**48**	9	3	4
Research	27	19	2	7

HIV *or* HCV	Yes	No	Unsure	N/A
Mandate/Mission Statement	6	25	0	0
Policy and Procedures	8	23	0	0
Position Statements	2	23	4	1
Funded Projects	8	23	1	0
Strategic Plan	7	15	0	0
Constitution/Bylaws	2	25	2	1
Partnership Agreements	**16**	15	1	0
Staff and Volunteer Training	**17**	14	0	0
Research	5	21	2	2

National Stakeholder Survey: Why did you integrate HIV and HCV?

	Yes	No	Unsure
Responding to service user need	**51**	3	2
Directed by funder	25	12	5
Needs assessment	37	7	4
Responding to epi	35	6	5
Changing demographics	34	8	3
Advocacy from community	22	12	6
Incorporating co-infection	**41**	4	4
Responding to partner need	26	12	6

What works well?

- Reaching "similar populations" (through prevention interventions (ie. NEPs), and testing)
- Comprehensive care (ie. "one stop shop", multidisciplinary, case management)
- Partnerships (local referrals, and with knowledge broker)
- Strong harm reduction focus
- Responding to unmet need in populations living with and immediately at risk (especially re: co-infection)
- Staff and volunteer "cross-training" in HIV and hepatitis C to increase strength and cross-over of services

National Stakeholder Survey: What challenges did you face?

	Yes	No	Unsure
Community resistance	13	33	4
Organizational resistance	17	28	7
Governance resistance	6	37	8
Funder resistance	8	36	6
Training needs	**34**	26	6
Limited resources	**51**	4	4
Partnership development	17	27	7
Harm reduction policy	16	31	6

What doesn't work as well?

- The populations vary (including stigma and discrimination re: HIV and injection drug use)
- Limited staff and program funding resources
- Organizational resistance/structures to entrenched to change easily
- "HIV is different" (ie. stigma, no cure)
- Limited multidisciplinary care/co-location
- Resistance to harm reduction (community, partners, within organizations)
- Funding prevents all services to be accessed by all service users

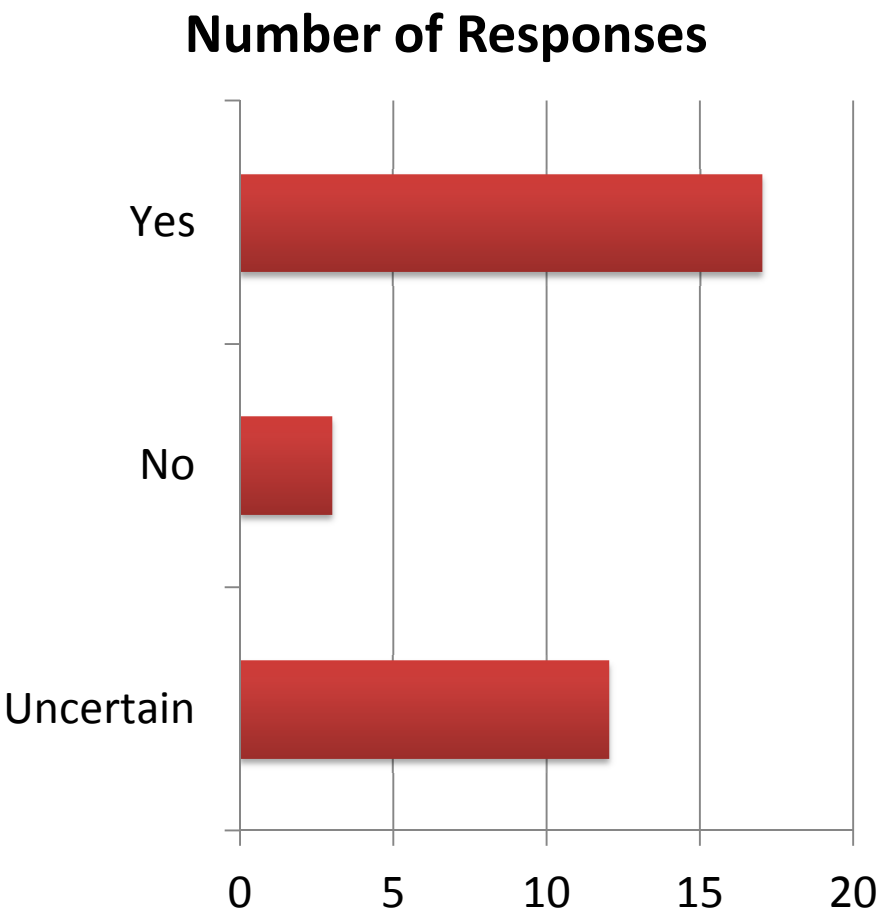
National Stakeholder Survey: What helped you integrate?

	Yes	No	Unsure
Community support	**42**	10	3
Community champions	39	12	2
Funder support	**41**	8	8
Strong staff familiarity with HIV and/or hepatitis C	**43**	9	2
New and emerging partnerships	37	12	6
External resources (educational information, good practices)	**42**	8	3

What resources are needed?

- Funding resources (staffing, peer integration, funding sources that aren't siloed in disease areas)
- Information resources (especially re: co-infection, First Nations-specific resources, a "hub"
- Organizational capacity guidance (ie. good practices)
- Coordination and co-location of services
- Staff and volunteer capacity training
- Public campaigns (re: testing, treatment, toward youth prior to injection initiation)

National Stakeholder Survey: Do you plan to integrate?



What are your plans?

- "Already do the work"
- Organizational commitment to include in strategic plan, polices and procedures
- Yes, to increase organizational funding
- Yes, to respond to community needs
- Included in external partnership development
- Training staff on HIV OR hepatitis C

Toward a *Good Practices Guide*: Next Steps

- Key informant interviews: Identify 10-12 Executive Directors/Program Managers across Canada (balancing urban, rural, reserve) established and/or innovating in doing *both* HIV and hepatitis C work
- *Good Practices Guide* can be conceived of as an "advice" or "guidance" document to organizations at various phases of considering how to do HIV and hepatitis C work together:
  - Strengths and social determinants of health-based program planning across organizational service offerings and outputs
  - Board of Directors and governance work to integrate mandates
  - Community development strategies to ensure membership and partner acceptability
  - Staff and volunteer training and development needs
- *Good Practices Guide* expected February-March 2014
- Potential continuation to offer capacity building and strategic development support, specific focus on organizations selected in "Community Planning" fund competition

For the time being: Next Steps

- Two kinds of policy development at work: Top-down and ground-up
- Reflection exercise:
  - What are we *really good* at?
  - How do we *envision* our organizational outcomes and objectives (in the near- to mid-term)?
  - Taking a determinants of health approach, what are the unmet needs facing the people we work with most often?
  - Through new partnerships and collaboration across sectors, how could we calibrate already existing programs and services (inside and outside our organization) to meet these unmet needs?
    - If you were given the chance to undertake a new or lessons-learned project tomorrow (based on the criteria above), what would you want to accomplish? What would a program look like?
- Does your organization engage with people who use drugs?
  - Is substance use indicated in your epidemiology or community needs assessments?
  - How are you doing? How to build on current successes?