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CATIE Strategic Planning Consultations: Key Informant Interviews and Online Survey

Summary

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October 25, 2015

Executive Summary

In late 2014, CATIE began to develop a new strategic plan for the coming three-year period, 2016-2018. As part of that process, CATIE contracted with a consultant to assist with soliciting feedback from stakeholders about potential new strategic directions. This report summarizes those consultations.

Methods

To inform the strategic planning process, CATIE consulted stakeholders via two methods: *online survey and key informant interviews*. The online survey solicited feedback from a broad array of stakeholders (n=169), including people living with HIV/HCV, while key informant interviews were conducted among representatives of organizations working in HIV, hepatitis C, harm reduction and sexual health (STIs), at local, regional, provincial and national levels (n=26). In both methods, respondents were asked about CATIE's role in key domains: 1) core education and training programs for frontline workers; 2) programmatic or service-level changes to improve the HIV or HCV response; 3) STI knowledge exchange; 4) HCV knowledge exchange; ¹ 5) leadership in gay men's sexual health; and 6) health-systems level work to improve the HIV or HCV response.

Results

Overall, >90% of survey respondents indicated a high-degree of support for continuing CATIE's vision, mission and strategic directions for the next three years, though some argued that CATIE vision should be more aspirational. Informants' views about CATIE's role in key domains is summarized below:

- *Health Systems*. Among both survey respondents and key informants, a large majority identified a need for health systems level improvements to the HIV/HCV response in Canada (and believed CATIE should play a greater role), including 1) a national HCV strategy; 2) pre-exposure prophylaxis for HIV (PrEP); and 3) greater integration of HIV/HCV and other STBBI's. Most informants thought CATIE had the credibility among multiple stakeholders, as well as the programmatic and logistical skills necessary to bring

¹ Key informant interviews only

the right people to the table, particularly in partnership with provincial stakeholders.

- *Program Development.* Among both survey respondents and key informants, a large majority identified the need for programmatic or service level changes to improve the HIV/HCV response in Canada (and believed CATIE plays an important role), including: 1) HIV prevention and diagnosis; 2) HCV programming and integration; 3) social determinants mediating HIV prevention and treatment; 4) cultural competence; 5) harm reduction; and 6) sector consolidation. Most respondents considered CATIE’s real strengths to be in convening, facilitating, and consensus-building. With respect to “program science,” informants’ perspectives were mixed, and there did not seem to be a shared definition of what the term meant.
- *Core knowledge building for frontline staff.* Among both survey respondents and key informants, a large majority identified broad needs for core education and training among frontline staff (especially “HCV 101”), and felt that CATIE should play a leadership role in providing it, with a particularly strong need among public health providers, nurses, and STI staff. Beyond ASOs and other non-governmental health organizations, several informants independently raised the need for HIV101 and HCV101 training among health providers – including physicians and other professionals. In addition to the need for training related to HCV 101 topics, other topics included PrEP, point-of-care rapid HIV testing, client management, and treatment-as-prevention. Informants were ambivalent about whether national accreditation or training standards were desirable or even feasible.
- *STI knowledge exchange.* Among both survey respondents and key informants, a large majority identified the need for more information about STI prevention and treatment, and felt that CATIE has a role to play in providing it, particularly among populations at higher risk, including gay men/MSM, sex workers, young people generally, and in some instances seniors. Several informants mentioned the need to integrate STI prevention and treatment in the context of overall sexual health and wellness – rather than by adhering strictly to a disease model. Informants also noted the need for training among mainstream healthcare providers, who provide the majority of STI treatment.
- *HCV knowledge exchange.* While informants uniformly agreed about the need for additional HCV knowledge exchange, there was some disagreement about what

information should be prioritized, how HCV and HIV knowledge exchange and programming should relate to each other, and the role ASOs should play. Informants reported that networking among HCV providers is a challenge, and identified a need to link providers with one another across the country. Informants also mentioned that HCV treatment guidelines were complicated, difficult to apply, and changed frequently. They underscored that information gaps exist for individuals at risk and living with HCV, as well. Informants were enthusiastic about the potential for CATIE to convene, facilitate and build consensus among stakeholders, and there was a strong desire for CATIE to share expertise gained in the HIV sector among those working on HCV.

- *Gay Men's Sexual Health.* Among both survey respondents and key informants, a majority agreed that CATIE should play a leadership role in addressing HIV among gay men in Canada in the context of sexual health and wellness. They noted, however, that such an approach was in its infancy and identified significant program development needs, especially to account for other social determinants that impact gay men's health, including mental health and depression, substance use, and stigma and discrimination. Informants suggested the importance of supporting networking among smaller organizations that were undertaking the formative work in gay men's sexual health, in particular among rural communities, and many lauded CATIE's efforts to date. There was also strong support for CATIE to work to improve cultural competency (for working with gay men) among health care professionals – particularly family doctors, but also nurses.