



Making it Work: From planning to practice

October 15-16, 2016 Toronto

Executive Summary

National forum attracts close to 400 professionals

On October 15-16, 2015, CATIE hosted its third national *CATIE Forum, Making it Work: From planning to practice*. The event brought together more than 380 people at the front lines of the response to HIV and hepatitis C across Canada, including program planners, service providers, researchers and policy makers, as well as people living with HIV and people with lived experience of hepatitis C.

As participants attested, CATIE Forum 2015 was a huge success. That's because it addressed issues and shared information and experiences pertinent to the new and changed world of HIV and hepatitis C prevention, testing, treatment, care and support.

Specifically, the Forum:

- Encouraged dialogue on the implications of new HIV and hepatitis C knowledge for frontline work, including key programming approaches to consider moving forward;
- Examined evidence-based programming to address HIV and hepatitis C across the continuum of prevention and care; and
- Encouraged a population-based, syndemic approach to addressing HIV and hepatitis C.

Shared information informs frontline response

At one place, delegates could hear how new world realities are informing real world practices. As HIV knowledge grows, our ability to improve the accessibility of services, and the effectiveness and sustainability of our response has never been more certain. This confidence is based on the recent, rapid acceleration of research findings in HIV prevention, transmission, testing, and treatment, as well as our increased understanding of the continuum of care for HIV and our accumulated experience in addressing HIV at the front line.

These lessons have provided a better understanding of key programming areas to consider moving forward, such as strengthening linkages across the continuum of care (2–4) and improving the integration of new biomedical HIV knowledge into our programs and services (5).

At the same time, there is tremendous optimism in Canada about the rapidly changing landscape in hepatitis C (HCV), given that new, better-tolerated and more effective treatments are already available in some provinces and imminent in others. New national harm reduction best practice guidelines were published in 2013 (6) and new national HCV screening and diagnostic guidelines are on the horizon. Newer understanding of the potential for the sexual transmission of HCV via blood contact among some men who have sex with men has also emerged from research (7–10). This new knowledge has the potential to significantly transform our national frontline response, but uncertainty exists on how these new developments will affect practice.

While we have the knowledge to effect change in Canada, there is an urgent need to understand how we can translate this knowledge into effective programming to reduce transmissions and improve wellness. Addressing that need was the key focus of the CATIE Forum.

Front line informs agenda

To help guide and sharpen that focus for the Forum, CATIE invited 51 nationally-representative advisors including program planners, clinicians, researchers, and people living with HIV or affected by hepatitis C to join small expert advisor sub-committees. Each sub-committee was responsible to advise on or lead specific sessions and, in some cases, advise on the entire agenda. CATIE staff members were responsible to work with the advisors to develop specific sessions, and some of these advisors were also engaged early in the planning process, specifically to support a CIHR meeting, planning and dissemination grant. For a list of advisory committee members, please see *Appendix 1* in the full report.

CATIE thanks the many who helped to make the CATIE Forum 2015 such a success.

Attendees represent a rich, diverse field

Participants came from a variety of organizational settings and regions of Canada, speaking both official languages (*see Tables 1, 2 and 3*). As demonstrated in Table 1, CATIE successfully reached, but also moved beyond, its traditional audience of AIDS service organizations to other community-based organizations, public health units, sexual health clinics and others.

Type of Organization	%
AIDS service organization	34%
Community health centre	8%
Other community-based	20%
Public health unit or sexual health clinic	11%
Government organizations (other than a public health unit)	5%
Clinic/hospital	5%
Corrections	1%
Academic, university, and/or school	5%
Not applicable (do not work for any of these organizations)	11%

Table 1

Province	%
Alberta	4%
British Columbia	11%
Manitoba	2%
New Brunswick	1%
Newfoundland and Labrador	1%
Northwest Territories	0.3%
Nova Scotia	2%
Nunavut	0%
Ontario	67%
Prince Edward Island	0
Quebec	10%
Saskatchewan	7%
Yukon	0.3%

Table 2

Language of registration form)	%
English	93%
French	7%

Table 3

Program brings international and national perspectives

The two-day agenda included 63 speakers in 23 plenary and concurrent sessions. Topics were diverse in that they focused on each stage of the HIV and the hepatitis C continuum of prevention and care. The first day of the Forum focused specifically on new knowledge in HIV and HCV research and programming across these continuums, while the second day focused more on the population-specific implications of this knowledge.

International speakers joined us to unpack newer understandings of HIV and HCV and share policy and practice-experience relevant to Canada. Israel Nieves-Rivera, a director at the San Francisco Department of Public Health, opened the conference with a dynamic overview of the HIV continuum, illustrated through San Francisco's "Getting to Zero" initiative. Dr. Nora Palmateer, an epidemiologist with Health Protection Scotland, shared that country's experience developing and implementing its National Action Plan on Hepatitis C – very timely for Canada – and Andriy Klepikov, executive director of the International HIV/AIDS Alliance in Ukraine, shared their experience strengthening community systems across the country to more effectively address both HIV and hepatitis C.

Dr. Jordan Feld, a leading Canadian hematologist with the Toronto General Research Institute, set the stage for discussions focused on hepatitis C through an opening plenary on the rapidly changing landscape of HCV in Canada and the frontline programming implications of these changes. Other plenary sessions focused on moving forward an agenda on point-of-care HIV testing in Canada and the role and implications of PrEP as a new HIV prevention strategy in this country. Break-out sessions on the first day allowed participants to delve deeper into specific issues and programming approaches across the continuums of HIV and hepatitis C prevention and care, and included presentations and facilitated discussion.

Dr. Alexandra King, of the Vancouver Infectious Disease Centre and a member of the Nipissing First Nations (Ontario), presented an opening plenary on indigeneity and improving our response in the new era of HIV and hepatitis C, setting the stage for more population-specific discussions on the second day of the Forum. A moderated discussion among six people living with HIV from across Canada on the implications of new knowledge for HIV prevention and care was particularly engaging. Population-specific breakout sessions on this day allowed for participants to engage in in-depth discussion on the implications of new programming approaches in HIV and hepatitis C for a diversity of communities.

CATIE posted video recordings of all plenary sessions. To view the sessions noted above and others, please visit: <http://www.catie.ca/en/forum/program>.

Kudos from attendees

Participant evaluations underscored the Forum as a huge success. One hundred per cent of respondents felt that the CATIE Forum sessions were relevant to their work and 96% were satisfied or very satisfied with the event overall. And 100% agreed that the event was well organized.

The Forum was effective in increasing knowledge and building networks: 98% agreed that the Forum increased their knowledge of new directions in HIV and/or HCV programming; 98% agreed that the Forum provided an opportunity to network with others. The CATIE Forum was also very effective at increasing individual and organizational capacity to apply knowledge and to respond to HIV and/or hepatitis C: 95% agreed that the Forum increased their capacity to respond to HIV and/or HCV within

their community and 98% agreed that they will use/apply the knowledge gained at the Forum in their work.

The CATIE Forum is presented every other year by CATIE, Canada's source for HIV and hepatitis C information. Details about Forum 2017 will appear on www.catie.ca.