Increasing access to hepatitis C testing and care for people who inject drugs

EMCDDA guide to holding a stakeholder round table on supporting hepatitis C testing and care in drug services

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About this guide

This guide has been developed to support teams organising stakeholder round-table meetings as part of their regional or national diagnostic processes (see Figure 1) aimed at identifying barriers to and opportunities to increase hepatitis C virus (HCV) testing and care in drug services. It is not a stand-alone document but needs to be considered in conjunction with a wider range of support materials developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the area of encouraging HCV testing in drug services. These materials are described in detail in the introduction to the diagnostic process in the EMCDDA's manual *Identifying Barriers to and Opportunities to Support Hepatitis C Testing and Care in Drug Services: A Participatory Diagnostic Process*.

FIGURE 1

Steps in a diagnostic process to support HCV testing in drug services

This is a practical guide to planning, preparing and undertaking a multi-stakeholder round-table discussion during which the main barriers to the provision of HCV testing and access to care for people who inject drugs are identified, potential solutions are considered and actions are planned. The participatory approach aims to foster a better understanding of the current situation and needs in regard to HCV testing among people who inject drugs at the national or sub-national level, and to help stakeholders identify opportunities and make concrete and realistic plans for actions that promote HCV testing and access to care among people who inject drugs.

The guide starts by explaining how to plan a stakeholder round-table meeting and concludes with tips on how to ensure the best possible output and impact. It can be used by anyone who would like to improve HCV testing in drug services — including decision-makers, public health experts, drug service managers or drug service users.

In preparing this guide, we have drawn extensively on work of Riggas et al. (2010): *How to plan, organize, perform, evaluate and document roundtables*, Directorate-General for Education and Culture, European Commission (https://cocoate.com/files/places2b/guide.pdf).

What do we mean by a stakeholder round table?

A multi-stakeholder round table can be organised in different ways. The key issue is to allow for open discussion so that all stakeholders have the opportunity and are encouraged to contribute their perspective.

Round tables as a technique arose during the 1980s out of a need to build consensus among formal decision-makers (such as governments and judiciaries) and other sectors of society (such as environmental groups, community groups and other interest groups) to identify problems and seek solutions (Riggas et al., 2010).

A round table is NOT a public meeting — it is a focused event aimed at closely exploring specific issues that have been identified elsewhere or identifying issues not addressed before; it can be used to explore solutions, define actions and develop strategies. A round table confronts issues rather than people and aims to create a win-win situation rather than a win-lose scenario (Riggas et al., 2010).

The premise on which the idea of round tables is based is simple — all participants, be they politicians, government officials, people providing drug services, people who inject drugs, members of community-based organisations or members of the public, are seen as being of equal status.

There is no 'leader' as such but there will be a facilitator, to ease the process by guiding discussion and ensuring that participants remain focused on the objectives, and a scribe or scribes to record the process, the decisions made and the actions agreed on. Nobody is at the head of the table; everyone has an equal voice and should feel able to speak freely on the subject. To facilitate an open and inclusive discussion, it is best to limit the number of participants to a maximum of about 25 to 30 people; otherwise, breaking into groups may be necessary.

The rules may include the following:

- mobile phones must be on silent mode;
- there should be no external interruptions;
- discussions should be open, frank and fruitful and carried out in a polite manner;
- participants should listen to others, with no interruption of speeches;
- there should be no peer-to-peer discussions while someone is talking;
- the agreed time schedule and speaking times should be respected;
- the meeting should be consensus oriented (with no domination);
- everyone should be allowed and encouraged to actively participate;
- differences in opinions will not be taken personally;
- participation should be voluntary.

The rules may be presented on a separate leaflet and handed out at registration or added to a flipchart to be visualised in the meeting room and agreed on by the participants.

There are effectively three main stages to organising a stakeholder event such as that described in this guide, which are shown in Figure 2 below. Each stage is discussed in more detail in the following sections of the guide.

FIGURE 2

Key stages in organising a stakeholder round table

Planning and preparation for the stakeholder round table

Planning and preparing for the stakeholder meeting is likely to be an iterative process, involving establishing a core team and formulating objectives for the meeting; drafting an agenda, and choosing a date and venue; convening the meeting, gathering support and securing budgets; and inviting all relevant stakeholders to the event. Some of these activities will need to take place in parallel, and plans will need to be revisited and adapted as planning progresses. Team work will be key to success and it is important to allow sufficient time for the preparations and to be flexible enough to adapt to changing circumstances or new opportunities that emerge.

Preparing a stakeholder meeting is time consuming. A tentative schedule for preparation, which could also be used as a checklist for the round-table preparation and follow-up activities, is presented in Table 1 below.

TABLE 1

List of tasks for preparing a stakeholder meeting and ensuring follow-up actions

Timing	Tasks for the core-team	Responsible	Done
From 6 months prior to the stakeholder event	Establish a 'core team'		✓
	Draft an overview of the situation in country/local setting; conduct needs assessment		
	Define the objectives of the meeting		
	Secure budget for stakeholder meeting		
From 2 months prior to the stakeholder event	Identify participants for the meeting		
	Identify moderator or facilitator for the meeting		
	Prepare an agenda with specific objectives		
	Share invitations, agenda and checklist survey with participants		
	Prepare topics for round-table discussion		
Meeting takes place	Introduction to the meeting by previously appointed person (possibly a moderator/facilitator of the meeting) Conduct evaluation of the round-table discussion (at the end of the meeting), create list of action points, issue press release (if feasible)		
1 month after the stakeholder event	Write report based on meeting and include concrete action points and indicators, and allocate responsibilities (if feasible)		
	Circulate report to participants and stakeholders		
6 months after the stakeholder event	Publish first evaluation report		
1 year after the stakeholder event	1-year follow-up on action points and measure impact against indicators		

Establishing the core team and formulating objectives

Increasing access to HCV testing and care for people who inject drugs is a multi-disciplinary and inter-departmental issue. Having a small core coordination team comprising representatives from the

important departments or groups involved in the organisation from the start will make it much more likely that useful outputs will be developed and useful action will be taken after the meeting. The team members should be people with in-depth knowledge of HCV and people who inject drugs, as well as of how testing, linkage to care and treatment are organised and funded nationally. It is important to include colleagues with good technical knowledge of the topic under discussion, but also partners who can offer support with administrative tasks.

It is particularly important to have, at a minimum, a drug specialist and an infectious disease specialist working together on the core team. The EMCDDA national focal point may be a catalyst for the work and a valuable provider of information on the problems. However, implementing actions to address the barriers identified is likely to be the responsibility of other departments or bodies, in particular experts working in the field of infectious diseases and with the European Centre for Disease Prevention and Control or the World Health Organization, so obtaining the buy-in and engagement of such experts in the organisation of the meeting is likely to be important in having an impact.

An important first step in the planning is for the core team to formulate the specific objectives that it would like to achieve during the stakeholder meeting and the diagnostic process as a whole. The starting point for this is a review of the needs assessment data on HCV prevalence among people who inject drugs in the area under consideration and of the checklist of barriers to HCV testing (see checklist in Appendix 1). Based on this evidence (or in some cases the information that is lacking), the team should identify what they would like to achieve through the meeting for their country, region or setting. Linking the meeting to current policy processes or plans is important and will help to obtain buy-in from stakeholders and decision-makers, facilitating the obtaining of a budget for the meeting and making action afterwards more likely.

The objectives should be kept simple and formulated as targets that can be realistically achieved within the time frame and at a single stakeholder event. Furthermore, the objectives should preferably be measurable, so that it is possible to see whether or not they have been reached.

Which factors to consider and what circumstances are important in this regard are described below. Broadly speaking, objectives will be in one or both of the following two categories:

- describing barriers to HCV testing among people who inject drugs in the country;
- identifying solutions to overcome these barriers.

These categories can be narrowed down if time or resources are limited, such as by looking at only one level (system, provider or client level) or at a particular geographical region. Identifying the objectives will also help to identify which partners are likely to want to become closely involved in the process and likely to successfully address the topics in question, and who to invite to the meeting to cover areas that are beyond the team’s expertise or knowledge. Section ‘Inviting key stakeholders to the event’ has further details on how to identify key stakeholders to invite to the meeting.

Drafting the agenda and choosing the date and venue

The agenda for the meeting should be based around the objectives that have been agreed on. It needs to consider and allow time for:

- Group dynamics: people should be allowed to introduce themselves or the organisations that they represent, and confidence among participants should be established so that they feel able to speak out and contribute to the discussion.
- Introduction: the project's overall goals as well as the specific objectives of the stakeholder event should be introduced.
- Information about the situation in the country/region in relation to HCV testing and care for people who inject drugs: it is important to get everyone 'on the same page'. The use of the checklist of different barriers to HCV testing and care in drug services in advance or during the meeting should be considered (for more information, see the section on Step 1, Figure 3 and the full version of the checklist in Appendix 1).
- The inclusion of interactive, participative and 'unstructured' elements: this should allow people to interact and network, and develop consensus.
- Identifying next steps. It is important to make a list of next steps or actions and decide who is responsible for taking these actions.

An example of an agenda, from the stakeholder meeting in Luxembourg, is given in Appendix 2.

It is important to plan the meeting well in advance. This will allow plenty of time to promote the meeting, generate interest and increase attendance numbers. Thought also needs to be given to the length of the meeting, taking account of how much time people will be able to give to the meeting and how far they will have to travel.

→ **TIP**: Identify the most important stakeholder(s), i.e. those who need to be present. Check their availability and make sure that the date you have chosen is suitable for them before inviting the others.

The choice of venue will depend on the number of people being invited and where they will be coming from. It needs to be accessible and convenient for everyone expected to attend. It will also be important to check whether the venue offers catering and refreshments and, if not, to make suitable alternative arrangements.

The setting in which the round table takes place will also influence the balance of contributions from the participants. For example, there may be a different atmosphere if the round table is held in a meeting room at the ministry of health rather than at a drug treatment centre.

Convening the stakeholder round table, support and budget

To secure support and a budget for the process, it is important to identify people who will be allies and champions for the process and who can influence decision-makers and budget holders. These people may be part of the core team, but not necessarily.

How much funding is needed to bring together the main stakeholders will largely depend on the country and the setting. A meeting budget that determines how many participants can be invited to take part may already have been secured.

If there is no budget available, it may be necessary to apply for funding. If this is the case, a way to increase the chances of receiving funding is to link the diagnostic process and the multi-stakeholder event with other ongoing work, for example other initiatives being undertaken in the context of the global hepatitis C elimination agenda.

The number of people to invite to the event will depend on the available budget and the range of stakeholders that are considered essential to include. Depending on the experience of the core team, it may be a good idea to limit the number of participants. For a first meeting, about 10-12 participants is a good number to handle. Depending on the number of participants, they could be split into smaller groups, e.g. with six to eight at a table and no more than five tables. Having one facilitator per table to guide participants is recommended. With this format, each table can discuss a different topic.

A moderator and facilitators will be required and, for larger groups, a person who monitors the overall process may be helpful. If international guests are invited, the possible need for translation should be considered.

For relatively large groups, facilitators can support group working, collect and summarise information, and help out with the organisation. Whatever approach is taken, it will be important for the facilitators and, if possible, any individuals who will be giving presentations to meet in advance of the event to discuss expectations for the running of the event, roles and responsibilities, and the intended outcomes of the day.

Inviting key stakeholders to the event

Deciding who to invite

When considering who to invite, it is important to refer back to the objectives of the exercise;

- What are the main objectives?
- Who would you like to target with the findings?
- Who would be most suited to contributing positively to either identifying the barriers and/or identifying solutions to overcome these barriers?
- Who will be responsible for taking action on the outcomes?

In this regard, it is important to consider including representatives of the appropriate competence and decision-making levels, but also participants with good technical knowledge about the national/regional situation regarding people who inject drugs, hepatitis and the barriers to testing and care.

Figure 3 illustrates the types of participants to consider inviting, depending on the level(s) (system, provider, client) to be addressed. It is important to consider all stakeholder groups, including participants from different professional and non-professional backgrounds (i.e. from policy, public sector administration, service providers, communities, clients, etc).

If there is no relevant information available about barriers to HCV testing and linkage to care in drug services, it may be easier to limit the first meeting to representatives from one or two levels and repeat the round-table discussion with all three levels at a later point in time. However, inviting participants representing different levels to discuss barriers and solutions together has the advantage of illustrating how issues at one level can have an impact on other levels and is useful for building new networks and pathways.

FIGURE 3

Who to consider inviting to the stakeholder meeting to identify barriers and solutions to HCV testing and care among PWIDS in drug services

Level	Participants
System level	✓ Local politicians ✓ Policymakers ✓ Community/advocacy group representatives ✓ Treatment fund/insurance fund representatives
Provider level	✓ Staff involved in diagnostic testing ✓ Staff from hospital/clinic settings (link to care) ✓ Drug treatment and harm reduction staff ✓ Community/advocacy group representatives ✓ Prison physicians
Client level	✓ Community/advocacy group representatives (for people who inject drugs or with HCV infection) ✓ Clients in contact with harm reducton services ✓ Community/advocacy group representatives ✓ Clients in drug treatment

There is no single mix of people best suited to these events; the final choice will depend on the local or national context, the objectives of the event and the resources available. For example, if the objective is to identify the five most important provider-level barriers to and solutions to support HCV testing in drug services, it would be a good idea to invite representatives from drug treatment and low-

threshold centres to participate in the round-table discussion, both from centres where HCV testing is not implemented and from centres where it is implemented. However, if it is difficult to get representatives from all these services together at a single site, it might be best to look at one region only as a starting point and then replicate this elsewhere. Or the checklist could be sent out nationally to get a full range of opinions and then representatives from just a few services could be invited to the meeting.

Alternatively, starting with the system level may be appropriate, as it is important to have laws, regulations and policies conducive to testing in place to support the implementation of testing. If it appears that many barriers occur at this level, it will be important to invite someone who understands the political situation and who may be able to identify possible solutions and ways to change this during a round-table discussion. For a round-table discussion on HCV testing, it is a good idea to invite the national operational contact point for viral hepatitis surveillance to take part. It is also worth noting that inviting policymakers (and having them attend at least the first session) signals that the event has to be taken seriously.

→ **TIP**: Having a high-level policymaker — a politician or departmental head — present to open the event can help increase the level of participation in and the impact of the event.

If it is decided to discuss all three levels at the same event, it is important to ensure sufficient representation from each level, including the client level. If there is a risk of tensions between representatives of different levels that will prohibit active participation from all representatives, or if the meeting gets too large, other methods can be used to make sure that input from all levels is available for the meeting. This may be particularly relevant with respect to getting representation from people who inject drugs in countries where client involvement is not well developed. Some ways to ensure that their perspectives are represented include:

- having either a preparatory or a follow-up meeting with representatives from one of the levels, for example a focus group meeting with people who inject drugs before the meeting;
- recording an interview or speech by a client, to present their perspective and create empathy;
- having a peer worker or advocacy group representative present the perspectives of people who inject drugs;
- inviting a client to present at the meeting, and, to make sure they feel safe, they could be accompanied by a peer worker, a social worker, their hepatologist or a nurse.

Sending out the invitations

Invitations need to be sent out well in advance, ideally 3-4 weeks or more in advance. They should include some information about the event and, if possible, the agenda. The invitation letter should contain the following elements:

- relevant logos
- aims and objectives of the process
- agenda, including the topic of meeting
- time, length, date and location of the meeting
- a general description of attendees/invitees/organisations
- time line of meetings (if you are planning a series of meetings)
- address of hosting institution
- contact details
- details of how to respond to the invitation
- some further information, such as a leaflet about the project/topic.

It is important to ask for confirmation of participation in the event; confirmation should include the names of organisations' representatives and contact information, so that updates about the meeting can be disseminated. A system should be set up to collect these confirmation details, e.g. an Excel workbook. Regular reminders should be sent leading up to the event.

Holding the stakeholder round-table meeting

The stakeholder meeting is the core element of the diagnostic process.

In general, it is suggested that, at a minimum, the duration of the round table should be half a day, and a more intensive exchange should not be longer than 1 day. The length depends on the number of participants, and also on the number of topics (e.g. the number of barrier levels) to be discussed and the objectives that have been formulated.

On the day — before the round-table meeting starts

It is important that someone arrives at least 30 minutes before the event is due to start to check that everything is in order. Things to consider or check:

- put up direction signs to enable people to find the room easily;
- check that the necessary resources and equipment are in place and working;

- make sure that Post-it notes, pens and paper are available on chairs or tables for people to write down their views;
- if appropriate, arrange the seating in a semi-circle facing flip charts enabling maximum eye contact/readability;
- ensure that any refreshments and catering ordered are in place;
- be there to greet all participants and distribute agenda and name badges;
- register attendees;
- start the round table on time but remember to welcome any latecomers.

Starting and managing the meeting and structuring the discussion

It may be a good idea to ask an expert from your country to chair the discussion. It is an advantage if the chairperson is familiar with the area and knows the situation in the country well, to be able to steer the discussion and ask the right questions.

Starting the round-table meeting

- Introduce the team and facilitators and go through the purpose and agenda of the meeting, suggesting people's roles within the meeting given their background.
- Explain the rules briefly, explaining the working procedure. Present these on flip-chart paper stuck on the wall so that all can see.
- Inform participants about the procedure of taking notes and how they will be used further.
- Give participants the opportunity to get to know each other and introduce themselves or the organisations that they represent, to establish confidence among them.

At the start of the event, a round of introductions should be made and a few rules should be clarified (see box above). Next, the purpose of the diagnostic process as well as how the checklist will be used during the event should be explained. To facilitate discussion, it can help to divide people into smaller groups. Another option is to ask each participant to write down key barriers on a card and then for the facilitator to discuss these in plenary without revealing which person wrote down which barriers.

It is useful to briefly illustrate the background situation regarding epidemiology and responses to HCV in the country for the meeting participants. While the checklist can be used to take the facilitator through some central questions, showing the data on which the needs assessment and objectives are based will hopefully help stimulate the discussion by highlighting needs and gaps in implementation.

The country's 'elimination barometer' can be used for this purpose at the beginning of the round-table discussion.

While decisions about the best structure can be taken beforehand (e.g. to have a session on access to testing in the morning and a session on access to treatment in the afternoon), it is important to remain flexible, and to be ready to consider diverging from the original agenda, based on proposals from the participants during the meeting, as long as the objectives of the meeting are met. For example, in the pilot test in Poland a participant suggested that it might be useful to focus on the pathway of care and to visualise the barriers at different stages (see Appendix 3) and this proved useful.

It is important that there is a facilitator for the meeting to assist the process and facilitate the building of consensus. A good facilitator will:

- not allow one person/sector to dominate and will ensure that everyone gets a chance to speak;
- set up an appropriate structure for asking questions, recording replies, moderating discussions and recording changes in decisions;
- make sure that people feel comfortable asking questions and challenging issues and will adopt a non-judgemental approach to participants' viewpoints;
- keep the group on task;
- remind participants that at the round table they are all of equal status and that what is discussed at the round table will remain confidential/non-attributable;
- conclude and summarise the main points of meetings and discussions and the statements/actions and next steps agreed on;
- check that there are no outstanding questions/statements, etc.;
- thank everyone for coming and finish on time.

→ **TIP:** If you decide to split participants into small groups working in parallel and considering barriers across all three levels, it can be helpful to allocate different starting points to the groups to ensure that all levels are covered. This should avoid a situation in which all of the groups have analysed in detail the system-level barriers and none has got as far as considering client-level barriers, for example.

Three round-table scenarios

The way the round-table meeting is structured will depend on the objectives formulated during the diagnostic process and the participants invited. Three different scenarios are outlined below.

Scenario 1

Description of the situation

There is a high prevalence of HCV among people who inject drugs in country X (60 %). There is no law that prohibits HCV testing from being implemented in drug services, and a national plan, which includes testing of people who inject drugs, has been in place since 2017. Data on people who inject drugs are difficult to collect from country X, but surveys suggest that HCV testing rates among people who inject drugs and the proportion diagnosed and linked to care are low. HCV testing is implemented in very few drug treatment services, and these are located in or close to the country's capital. The reasons why so few drug services have implemented HCV testing are unknown.

Objectives

The objectives are to identify the main barriers at the provider and client levels (the five most important barriers at each level) that hinder implementation of HCV testing, and to identify possible solutions to overcome each of the barriers identified.

Participants

- Four representatives from the provider level: two from a drug service that implements HCV testing and two from a drug service that has not implemented HCV testing.
- Four representatives from the client level: two who attend the drug service that offers HCV testing and two who do not attend and have not been tested for HCV.

Structure of the discussion and use of checklist

After a round of introductions and the presentation of basic ground rules and the objectives of the meeting and the agenda, the discussion could start with the consideration of provider-level barriers, by addressing, together with the participants, the questions related to the provider level in the checklist, for example:

- Is knowledge of HCV among staff sufficient to address HCV among clients?
- Is HCV testing perceived as the responsibility of the staff in drug treatment services?

The meeting facilitator could discuss the questions (choose a number that time will permit) with the participants. Once the facilitator has gone through the checklist and the questions, a list of barriers, in order of priority, could be made and the five most important at the provider level identified. Before starting the prioritisation, the barriers identified could be grouped according to level. For the

prioritisation of barriers, participants could be asked to mark the most important barrier (e.g. with a red sticker) to see which of the barriers receive the most votes. Once this step is complete, possible solutions to overcome the most important barriers identified could be discussed. For this, it would be a good idea to draw on the experience of the participants from drug services that have already been successful in implementing HCV testing.

The next step (which could be after a break) would be to identify the barriers at the client level by going through the same steps as above and answering the questions in the checklist for the client level. Once the barriers have been identified and listed in order of priority, possible solutions for overcoming these barriers can be identified.

Scenario 2

Description of the situation

In country Y, it is believed that the HCV epidemic is mainly concentrated among people who inject drugs, but up-to-date figures are unavailable. Despite the existence of a national hepatitis action plan, there are still barriers at the system level that prevent the efficient scale-up of HCV testing among people who inject drugs. However, exactly which barriers play the most significant roles, and which can be overcome, is unknown. Data on HCV prevalence among people who inject drugs are available, and so are data on testing uptake, which is low. Some drug services offer HCV testing, but this has not improved testing uptake among people who inject drugs. The reasons for this are unknown.

Objectives

Objectives include identifying the main barriers at the system, provider and client levels (the five most important at each level) that hinder implementation of HCV testing, but the main objective is to identify solutions to overcome these barriers.

Participants

- One representative from the policy level/political scene.
- One representative from a national or regional/local public health institute.
- Four representatives from the provider level: two from a drug service that implements HCV testing and two from a drug service that does not offer HCV testing.
- Four representatives from the client level: two who attend the drug service that offers HCV testing and two who do not attend and have not been tested for HCV.

Structure of discussion and use of checklist

Since barriers at all levels should be identified, but the main focus is on identifying solutions, to save time and ensure constructive discussion, in this case the checklist, with some brief instructions, could be shared with the participants before the round-table discussion. Participants could be asked to complete the checklist and send it back some time before the round-table discussion takes place, to leave enough time to summarise the answers and the barriers identified at each of the three levels.

After a round of introductions of the participants and the presentation of basic ground rules and the objectives of the meeting and the agenda, the discussion could start with the facilitator providing a brief summary of the results from the participants' responses to the checklist and presenting the most commonly identified/agreed on barriers. These prioritised barriers could then be discussed with the participants, with a focus on identifying solutions for overcoming these. While the answers to the checklist received and summarised at the start of the meeting will allow discussions to be focused more directly on the topic, it is possible that more or other barriers will be identified when discussing the results and looking for potential solutions. There should be room for alterations of the initial results, as participants getting together at a round-table discussion may stimulate more thoughts and ideas than participants completing the checklist by themselves.

Scenario 3

Description of the situation

It is known that the HCV epidemic is mainly concentrated around people who inject drugs, and this group represents the majority of new HCV cases in country Z. The country has just begun to implement its first 4-year national hepatitis action plan and, according to recent data, the uptake of HCV testing among people who inject drugs is high, but the proportion of people who inject drugs accessing hepatitis C treatment is low. Prior to the round-table discussion, another stakeholder consultation had been held to discuss access to hepatitis C treatment among healthcare practitioners working in drug treatment centres. This means that most of the current round-table participants had already discussed existing barriers together and are familiar with each other.

The planning of the round table is led by a core coordination team that consists of the EMCDDA national focal point and two other experts with technical background in and knowledge about hepatitis C/HIV and people who inject drugs in the country, linked to the national infectious diseases department. Members of the team take turns chairing and presenting at the round table, depending on content.

While some main barriers to testing and access to HCV treatment and explanations for these barriers are known and may have been addressed previously, others are less evident. There is a need to gather people from different levels to reach a consensus and an understanding regarding the existing

barriers and develop possible solutions for these barriers at different levels (service provider/practitioner and client levels).

Objectives

To have a clearer and common view of the barriers and solutions to HCV testing:

- to achieve common ground (consensus) regarding the main barriers to testing at each level;
- to suggest a list of solutions per barrier and organise them into a hierarchical order according to their feasibility.
- To have a clearer and common view of what a barrier is and what facilitates linkage to care:
- to achieve common ground (consensus) regarding the main barriers to linkage to care;
- to suggest a list of solutions per barrier and organise them into a hierarchical order according to their feasibility.

Participants

- Prison psychiatrist.
- Infectious disease physicians.
- Infectious disease nurses.
- Directors and healthcare practitioners from drug treatment centres.
- Directors and healthcare practitioners from low-threshold centres.
- Representatives from the Directorate of Health, including the coordinator of the current and future national strategy and action plan against illicit drugs and associated addictions.
- Coordinator of the national hepatitis action plan.
- Deputy head of the National Infectious Diseases Research Unit and president of the Surveillance Committee for AIDS, Hepatitis and Sexually Transmitted Diseases.

Structure of discussion and use of checklist

Since barriers at all levels should be identified, the checklist could be circulated prior to the round-table discussion. Participants could be asked to complete the checklist and submit their replies to the coordination team before the meeting, to save time and ensure constructive discussion. The barriers identified in the replies to the checklist submitted could be presented briefly, as well as barriers identified during the earlier consultation meeting. They could then be discussed in more detail: first in small groups and then in plenary.

Ensuring useful output

The type of output will depend on the objectives of the meeting, and ideally the participants will agree on and endorse the output. This can be done to some extent during review sessions at the meeting, but it may also be helpful for participants to agree on a follow-up process in which they formally agree on and sign up to a meeting report.

Agreeing on an action plan or other outputs

It is important to have an output from the meeting summarising the outcomes of the discussions. The content of this will depend on the objectives of the meeting. For example, if the objective was to simply get consensus on the main barriers to HCV testing for people who inject drugs in drug treatment services, then a simple report of the barriers identified will suffice. However, if the objective was to identify potential actions to overcome these barriers, then the development of an action plan might be the most appropriate outcome. In addition to considering the barriers to testing and care for people who inject drugs, it is also important to consider information gaps and how these can be addressed within the action plan or report.

To ensure that the information in an output report is accurately captured and that participants will sign up to it, it will be important to summarise the discussions during and/or at the end of the event, to allow people to agree on and refine the information to be included.

If an action plan is being developed, it will be important to be realistic about what can be achieved, as it will not be possible to address all the barriers in one go. It can be useful to structure the discussion so that consideration is given in turn to actions that can be taken immediately — the ‘quick wins’ — which will often be small changes made by individual participants; medium-term actions, which can be achieved reasonably quickly; and longer- term actions, for example if legislative changes are needed.

Concluding and evaluating the round table

Getting feedback from participants could facilitate improvements to the current meeting or future events and is likely to encourage participants’ engagement in any actions arising from the meeting. This may be done in a number of ways.

First, feedback could be asked for and evaluation performed during the meeting, so that improvements to the meeting process can be made right away. For example, participants could be asked for feedback between sessions or after a coffee or lunch break on whether any bits of the previous session were not clear, the discussion time was too short, etc.

If possible, 5-10 minutes should be available at the end of the meeting for evaluation. Using a free online tool, such as Poll Everywhere or Mentimeter, could be considered for this purpose to liven things up a bit. Questions that could be asked include:

- Which aspects of the round table were most useful?
- What other topics are you interested in discussing?
- Rate the overall organisation (venue, facilitation, length, fairness).

→ **TIP:** The facilitator or moderator who chairs the final session could ask: 'What is the one thing you would do on leaving the meeting?'

It can also be useful to carry out a short anonymous written evaluation of the round-table experiences among the participants. This can be done using a paper questionnaire that participants are asked to complete before they leave or an online questionnaire could be circulated very shortly after the meeting while it is still fresh in participants' minds. This will give an idea of the general level of satisfaction and allow suggestions for improvement from the participants to be collected.

A template for such a survey is available in Appendix 4, to provide ideas for creating a feedback questionnaire. However, it is important to limit the number of questions asked or it is unlikely that many responses will be received.

→ TIP: You can use Mentimeter (https://www.mentimeter.com/) or Slido (https://www.sli.do/) to collect inputs in quick and efficient way, and results can be displayed immediately to all participants.

Finally, it is important to end the meeting on time and attempt to end on a positive note. Give an oral summary, review actions and assignments, and explain briefly where to get further information and the notes from the meeting and what follow-up activities are planned.

Other follow-up activities

Write to participants and thank them for coming and share the report with them.

Continue to publicise the meeting and the issues discussed by following up with a press release (remembering not to attribute statements to individuals).

It is important to reflect on what happened:

- Did you achieve what you wanted?
- What was successful?

If another meeting is planned, think about any problems that could be avoided next time. What do you want to change next time?

Finally, celebrate successes with the other members of the core team!

Appendix 1: Checklist of barriers for HCV testing

Available on the webpage 'Increase access to HCV testing and care in drugs services — a toolkit'.

Appendix 2: Agenda for a multi-stakeholder event — example from Luxembourg

Round table/workshop: ‘Overcoming barriers to hepatitis C testing and facilitating access to care/treatment in treatment centres for injecting drug users’.

Objectives: in Luxembourg, improving HCV testing and linkage to care among people who inject drugs remains necessary. To this end, communication and collaboration between drug treatment centres and other field agencies is very important. This round table/workshop intends to identify and discuss issues perceived as relevant barriers to HCV testing and access to care (at the system, provider or client level) and to discuss solutions/facilitators to overcome these barriers. The goals and objectives of this meeting are defined as:

Goal 1: to have a clearer and common view of the barriers and facilitators regarding HCV testing

1.1 to achieve a common understanding (consensus) regarding the main barriers to testing per level; and

1.2 to suggest a list of facilitators per barrier and propose actions, reflecting priority and feasibility.

Goal 2: to have a clearer and common view of the barriers and facilitators regarding linkage to care

2.1 to achieve a common understanding (consensus) regarding the main barriers to linkage to care; and

2.2 to suggest a list of facilitators per barrier and propose actions, reflecting priorities and feasibility.

Round table/workshop programme

8.30 — *Registration and welcome coffee*

9.00 — Opening, introduction, practical issues

9.10 — Presentation by Dr Devaux: ‘Luxembourg’s baseline: hepatitis C epidemiological situation among people who inject drugs’

Part 1 — HCV testing

9.30 — Part 1.1: Presentation and plenary discussion of the system-, provider- and client-level barriers towards HCV testing and reflection on facilitators/solutions

9.45 — Part 1.2: Group discussions on barriers to HCV testing and on priority and feasibility of the facilitators/solutions (parallel sessions); proposals for future action

10.40 — Presentation of each groups’ findings in the plenary session by each group spokesperson

10.55 — Summary and main conclusions of the morning session

11.00 — *Coffee break*

Part 2 — HCV linkage to care

11.15 — Presentation of the sequence of steps between the testing and the treatment of HCV

11.30 — Open discussion on the barriers and facilitators between each step

12.00 — Group discussions on barriers to linkage and access to HCV care and on priority and feasibility of the facilitators/solutions; proposals for future action; presentation by each group spokesperson

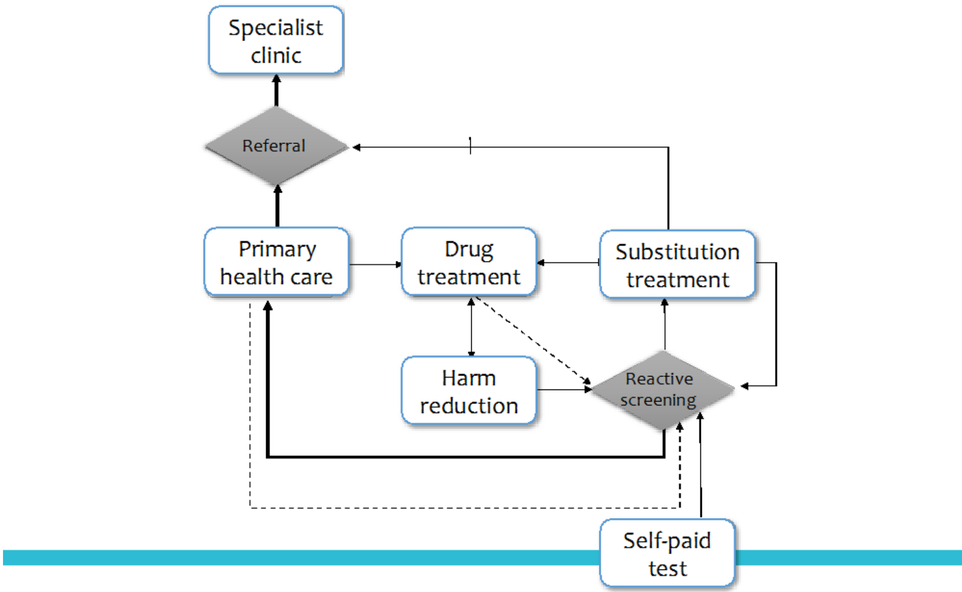
12.30 — Conclusions and summary of the identified proposed actions

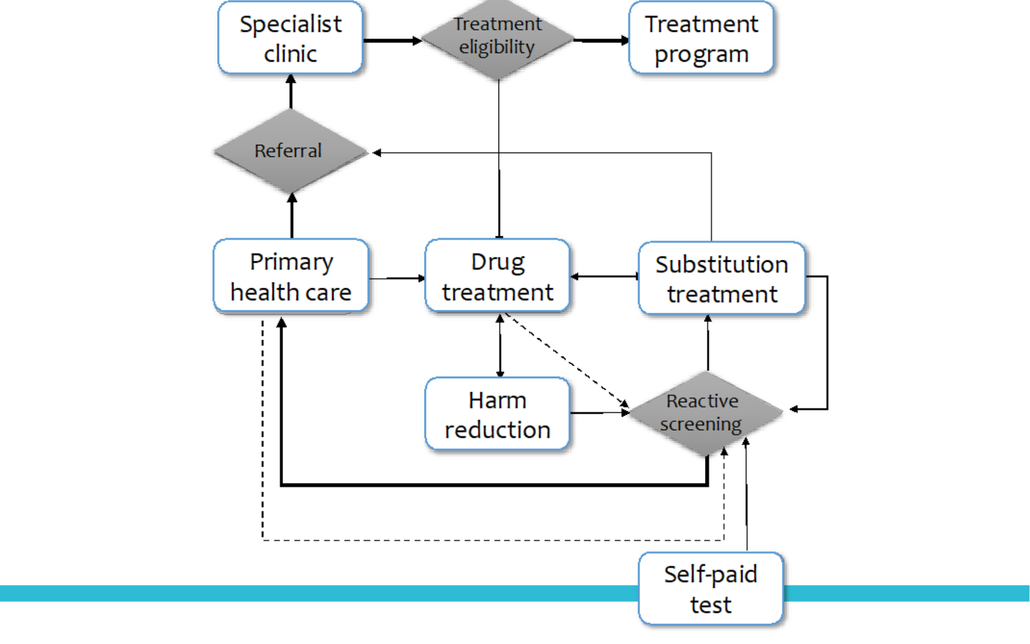
Part 3 — Conclusions

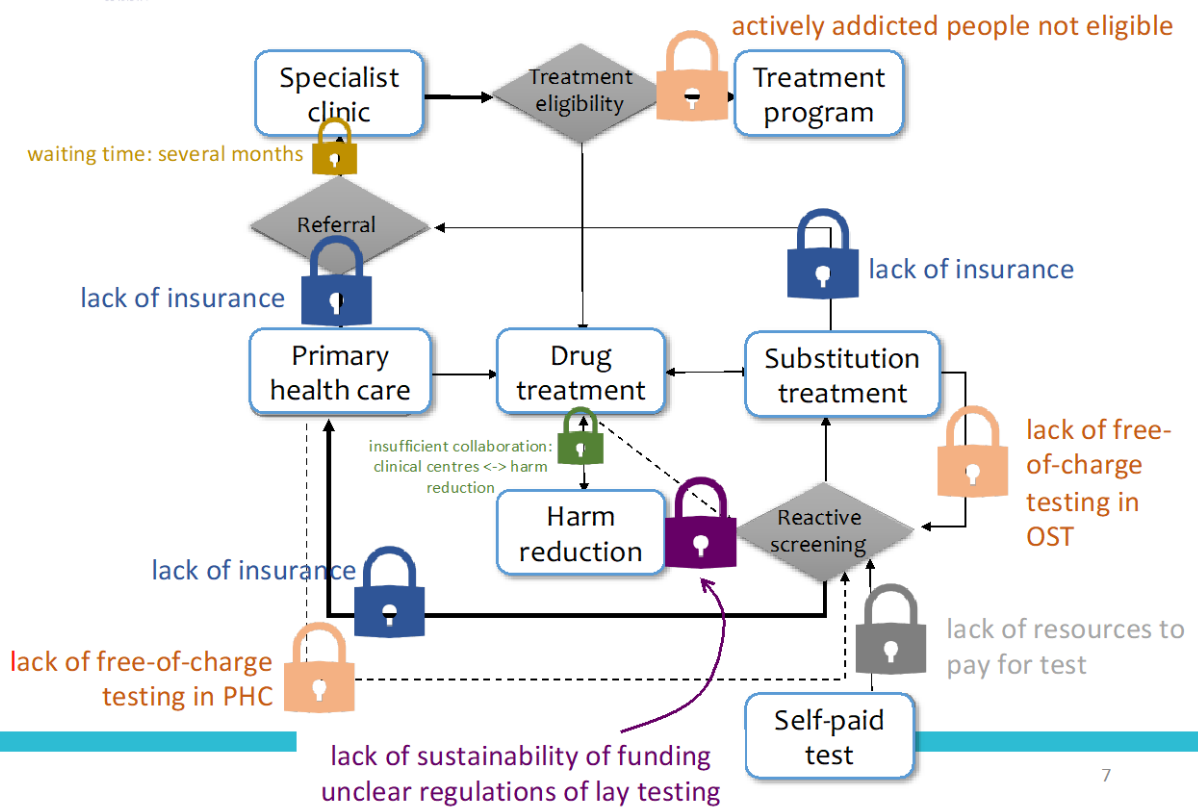
12.45 — Presentation/wrap-up of proposed actions regarding ‘testing’ and ‘treatment’ resulting from the round table; discussion of next steps

13.00 — *Closing (lunch)*

Appendix 3: Graphical presentation of barriers to hepatitis C testing — example from round table, Poland, June 2019






DEBATE – OUTCOMES (HEALTH CARE SYSTEM)
actively addicted people not eligible
Specialist clinic
Treatment eligibility
Treatment program
waiting time: several months
Referral
lack of insurance
lack of insurance
Primary health care
Drug treatment
Substitution treatment
insufficient collaboration: clinical centres <-> harm reduction
lack of free-of-charge testing in OST
Harm reduction
Reactive screening
lack of insurance
lack of resources to pay for test
lack of free-of-charge testing in PHC
Self-paid test
lack of sustainability of funding
unclear regulations of lay testing
7

Appendix 4: Example of an evaluation questionnaire

Evaluation questionnaire for the participants of the multi-stakeholder round-table meeting

Introduction

Dear Participant,

Thank you very much for your valuable contribution to the workshop on 'Barriers and facilitators to HCV testing and linkage to care in drug treatment services for People Who Inject Drugs "PWID"', which took place on 22 January in the Ministry of Health in Luxembourg.

As you know, one of the objectives of the workshop was to test the EMCDDA pilot initiative to 'promote HCV testing and linkage to care in drug treatment settings' and a practical manual for the organisation of a diagnostic process for HCV testing at a national or local level.

We would like to learn from your experience and ask a few questions which will help us improve our tools and materials.

1. Have you ever attended a similar workshop/round-table discussion on HCV testing and linkage to care for PWID organised in your country?

    - Yes/no

      If yes, please describe briefly the objective and the format of the previous meeting (Was it different from the recent one and, if so, how?)

2. Did you find the round-table discussion format suitable and comfortable enough for you to share your own experiences and views?

    - Yes/no

    If no, could you please explain what did not work or what should be improved to make it work in the future?

3. Before the meeting, you received a checklist with potential barriers for HCV testing in drug treatment services for PWID. Please rate the checklist on a scale of 1 to 5, where 1 is the lowest rating and 5 the best. To what extent was the checklist:

    a. Useful: 1-2-3-4-5

    b. Easy to use: 1-2-3-4-5

    c. Easy to understand: 1-2-3-4-5

    d. Exhaustive: 1-2-3-4-5

    e. Relevant to your country situation: 1-2-3-4-5

4. Do you have any recommendation on how to improve the checklist? If so, please briefly describe below:

5. The objective of the round table discussion was to gather an interdisciplinary group of specialists working in areas related to HCV testing and linkage to care for PWID. Do you think that all the main stakeholders were well represented at the meeting?

    - Yes/no

    If no, who else should be invited to such a meeting in the future?

6. Please rate the meeting on a scale of 1 to 5, where 1 is the lowest rating and 5 the best. Did you find the meeting:

    a. Well organised: 1-2-3-4-5

    b. Relevant: 1-2-3-4-5

    c. Action oriented: 1-2-3-4-5

    d. Useful: 1-2-3-4-5

7. What for you was:

    a. the most useful element of the meeting?

    b. the least useful element of the meeting?

8. What for you were the most important outcomes of the meeting/main take-home messages?

9. Will you personally be taking any action as a result of attending the meeting? If so, what?

10. Would you be happy to attend a similar meeting if one is organised in the future?

    - Yes/maybe/no

11. Do you have any other general comments on the meeting and all the supporting materials, including the checklist?

Thank you for completing the survey.