

**Good morning everyone,**

**I am very pleased to be invited here today to discuss the 1<sup>st</sup> Canadian HIV/HBV/HCV Co-infection Research Summit 2010, that took place last weekend in Toronto on the 30<sup>th</sup> and 31<sup>st</sup> of October.**

**This landmark event welcomed community members, frontline, clinicians and researchers to gather together to examine HIV/HBV/HCV co-infection research, policy and models of care, nationally.**

**The Canadian Treatment Action Council (CTAC) led the initiative of developing multi-stakeholder partnerships to respond to gaps in research, care, treatment and support of co-infected individuals.**

**The 1<sup>st</sup> Canadian HIV/HBV/HCV Co-infection Research Summit was planned by the Canadian Treatment Action Council (CTAC) in partnership with the Ontario HIV Treatment Network (OHTN), Canadian Hemophilia Society, Canadian Aboriginal AIDS Network (CAAN), Canadian AIDS Treatment Information Exchange (CATIE), Gilead Sciences, Ontario AIDS Bureau, Public Health Agency of Canada and other researchers and community based organizations.**

**The purpose of the Summit will be to develop a Roadmap Report of co-infection research questions of immediate importance, the answers to which will significantly enhance the response to the co-infection epidemic for a range of stakeholders in the field. Designed by a multi-sectoral planning committee, the Summit will develop a capacity building, knowledge transfer and implementation processes for all stakeholders to implement the Roadmap research agenda. The Planning committee for this Summit included persons living with hepatitis and HIV co-infection, those affected, and those involved with the research, treatment, diagnosis support of individuals living with co-infections.**

**This multidisciplinary gathering invited and ensured equal participation from people living with HIV and HBV/HCV co-infections, physicians including general practitioners, hepatologists, and gastroenterologists, epidemiologists and others involved with the substantial scientific and therapeutic challenges of individuals living with co-infections, people working in community organizations, correctional settings, governments, and the pharmaceutical industry.**

**We sought the best of the best of all stakeholders nationally for this Summit. The wealth of knowledge, lived experience, frontline and clinical perspectives will prove to make this Summit and Canada, leaders in responding to HIV/HBV/HCV co-infection.**

**The participants of the Summit were highly engaged in reviewing the latest research and examining if there are gaps in research, policy and support service delivery. All of us played a very important role in contributing to the prioritization of HIV co-infection research needs which will direct next steps for research in Canada. The final priorities will form the basis of "Roadmap of HIV Co-infection Research" to help guide research, program and policy development regarding treatment, care and support of people living with hepatitis and HIV.**

As findings are still being analyzed by Meredith Kratzman from the CIHR Centre for REACH in HIV/AIDS and the Ontario HIV Treatment Network (OHTN) the following is an overview of the Summit processes along with some observations and cross-cutting themes.

**The Summit stakeholders reviewed state of the art research from the following 5 tracks:**

- 1. Clinical and Epidemiology Research**
- 2. Clinical Service Delivery**
- 3. Socio-Behavioural Research**
- 4. Support Service Delivery**
- 5. Social Policy Development**

**Regarding Clinical and Epidemiology Research:**

This area covered issues which include markers or screening factors for disease progression that inform treatment: the factors that put people at risk; trends for infection; monitoring disease progression (morbidity); identifying people at risk; and management of end stage liver disease. Much of this work guides future decision making for both the individual and the clinician.

**Regarding Clinical Service Delivery:**

The focus of this stream are those services delivered in the clinical environment; most specifically, looking at key issues related to treatment of co-infection and other issues that arise in the interaction between clinician and the co-infected individual as well as the scope of research that takes place in that environment.

**Regarding Socio-Behavioural Research:**

This area focused on health services that are in place to support frontline service delivery that are not related directly to the treatment of co-infection. These include expertise in specialized services such as psychology, social work, or addictions. The goal was to identify key issues that have the greatest likelihood of success and focus discussion around the research that takes place in this area of work.

**Regarding Support Service Delivery:**

This area focuses on those frontline services that create the opportunities for various interventions through support and social services delivery. Using models of service delivery, we will look at the work that takes place in the following focus areas:

- o Engaging people in treatment at various points in their addictions cycle
- o Residential prevention/treatment programs
- o Intervention opportunities for clinical care
- o Support services critical to laying the groundwork for treatment

**Regarding Social Policy Development:**

How we move evidence to policy might be the biggest question. This area deals with the issues of social determinants of health that are not related to the biological or physical aspects of the individual and look at the traditional “safety net” (i.e. economically based) issues that form a part of the overall wellness equation and how these unfavourable social conditions can impact wellness.

The process was that after presentations in each track, discrete stakeholder groups (e.g. community members, community organizations, Aboriginals, clinicians) would meet to come to consensus around an immediate-to-midterm research question, which, if answered, would most help them in their work. This was highly interactive, facilitated discussion group work on each of the 5 tracks.

We “peer reviewed” each track and developed research questions, including giving suggestions on how that research would best be undertaken.

This cross-fertilization of the knowledge and experience of the various stakeholder groups resulted in better informed research questions than would have occurred with any of the stakeholder group working in isolation.

The accumulation of the questions in each research track and the recommendations for implementation processes will form the final “Roadmap of Co-infection Research” Report from the Summit which will be posted on [www.ctac.ca](http://www.ctac.ca) website when completed in the next few months.

**Key objectives of the Summit include:**

- o Review the most recent information about the epidemiology of HIV/HBV/HCV co-infection
- o Review current research in the five areas covered by the Summit
- o Develop short- to mid-term research questions of relevance to each stakeholder group at the Summit in each of the focus areas covered by the Summit with proposals for research protocols and process
- o Develop a HIV/HBV/HCV Co-Infection Research Roadmap Report authored by all of the Summit partners,
- o Develop a plan to communicate the Roadmap report through all stakeholder channels to assist in ongoing knowledge transfer and capacity building as required
- o Submit a paper outlining the results of the Summit to an accredited journal with a senior researcher as principal author
- o Establish dedicated co-infection tracks at key Canadian conferences such as the Canadian Association of HIV Researchers, Ontario HIV Treatment Network, and key non-governmental community organizations working in HIV
- o Establish HIV Co-infection Provincial Working Groups to support the implementation and monitoring of the HIV/HBV/HCV Co-Infection Roadmap
- o Evaluate the process and the outcomes of the Summit

**Key Points:**

“With the input of over 100 participants, we were actually able to generate some preliminary research questions in each of the 5 tracks over the 2-day summit and we are just working on some further analysis to finalize these and identify some clear priorities, as well as the most ‘urgent’, ‘important’, ‘impactful’ and ‘fundable’ questions. Interestingly, however, while our focus was to come develop a clear set

of research questions and priorities, other clear themes seemed to emerge in the discussions across the five tracks and in the discussions during the final plenary sessions where the participants all came together again. So these early learnings or observations suggest some important themes that I think we have to consider, although like I said we are still analyzing all of the work that was done in the Summit, so this is just early observations.

Regarding Process, getting all the stakeholders in the room gives a synergy of each of their separate storehouses of information, resulting in numerous quality research questions.

Regarding the 5 tracks that were covered, many of the same questions kept coming up in different words so a number of questions in each group could be amalgamated to create a manageable number of research questions in each area.

**Some of the key overarching themes that seemed to emerge were:**

It was recognized that each research question needed to be seen through a variety of lenses of:

Specific priority populations: (e.g. Aboriginal people, ethno-cultural communities, aging/long-term survivors, street youth)

Specific settings, contexts of risks: (e.g. prisons, rural/remote, on-reserve); and social determinants of health impacts)

And that in looking through various lenses we will create a matrix of research questions that will move research, program and policy forward with regards to treatment, care and support of Hepatitis and HIV co-infected individuals.

**Other themes that also emerged were:**

The impact of stigma and discrimination on access, health and 'opinions' (e.g. public, media etc.);

The need for innovative KTE approaches to mobilize existing research and knowledge that we already have. KTE stood alone but was demanded in each track area.

**To Conclude:**

“This National Co-infection Research Summit has been a dream of mine for the last 4 years, through my work with CTAC and with key stakeholders I am ecstatic that we have made such progress and that this Summit will spark research, policy

and program development. I thank all community, frontline and researcher participants for joining. It will take the unity of provincial, federal governments, researchers, clinicians, co-infected community members, frontline healthcare and support workers to create innovative education, prevention and support services that will increase access to treatment, encourage treatment adherence and harm reduction to increase quality of life and impact the epidemic”.

**Presented to Global HCV Network – 05NOV10 – Ottawa by:**

**Colleen Price**

**Survivor: Trauma, Addictions, HCV and HIV**

**The Canadian Treatment Action Council (CTAC) Secretary of the Board**

**Chair: CTAC Hepatitis and HIV WG**

**Co-chair: 1<sup>st</sup> Canadian HIV/HBV/HCV Co-infection Research Summit**

I can be reached via email [coinfection@sympatico.ca](mailto:coinfection@sympatico.ca) or [colleen@ctac.ca](mailto:colleen@ctac.ca).