

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT

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TRAININGS REPORT

“Peer outreach on hepatitis C for PWID”

9th-10th May 2016, Hanoi, Vietnam

&

“Hepatitis C : counselling, treatments, advocacy”

11th-13th May 2016, Hanoi, Vietnam

Céline Grillon and Niklas Luhmann (S2AP)



Introduction

Since January 2015 MdM-F is implementing a 3 years transversal Program on Hepatitis C (HCV) - in partnership with the French Development Agency – in 6 international programs delivering harm reduction (HR) services for people who use drugs (PWUD) including MdM-F HCV project in Hanoi. One of the objective of this



program is to strengthen capacities of MdM staff and partners on hepatitis C through the organization of trainings. Vietnam has been prioritized as the first program to receive the training that has been scheduled during the week of 9th to 13th May 2016.

Assessment of training needs

In March 2016, MdM HCV capacity building officer has spent one month in Hanoi to evaluate partner's training needs regarding hepatitis C. The partners (VNPUD, HMU and SCDI) had already receive an initial training on hepatitis C before start of activities end in November 2015. The HCV capacity building officer conducted several meetings with partners in order to understand their further training need. Members of VNPUD raised the wish to : 1/ be retrained on hepatitis C, 2/ have more peer educators (PE) trained on basic information regarding hepatitis C, and 3/ to be able to support patients with understanding their HCV test results. The two doctors of HMU expressed interest in learning more about HCV treatment.

For the preparation of the training we followed the recommendations issued after the initial training:

- 1) For some theoretical content maybe separate the training session between VNPUD and HMU staff, so that the trainer can adapt the content based on the level of knowledge of each sections.
- 2) Be careful with interactive sessions: when too much, training is not perceives as “serious”, when not enough, trainees get tired very fast. As mentioned above, separate the audience might be partly a solution.
- 3) Organize the training in some locations that is comfortable for VNPUD members.
- 4) When possible, invite Vietnamese trainers to mitigate the challenged occurred by the translation.
- 5) VNPUD members need regular refreshment trainings on HCV, in order to help them to remember the information needed for counselling.
- 6) Some trainees asked for more theoretical contents on treatment, especially on HCV treatment using DAAs (molecule, price, duration, side effects of each drug).
- 7) Participants also asked some further questions on testing: what kind of laboratory test they need to take during treatment for treatment monitoring? What kind of test besides viral load they should take for treatment registration

1st training learning objectives & agenda

Following the assessment we decided to organize two different trainings in order to meet the different needs.

First, a 2-days training dedicated to PE from VNPU with the training objective of **being able to provide peer outreach on hepatitis C for PWID**. The specific objectives of this training were to :

- 1) Explain what hepatitis C is and how it can affects the health
- 2) Analyse one's risk of hepatitis C transmission related to drug use and provide relevant prevention messages
- 3) Classify the different diagnosis test for hepatitis C, read and explain results of three key test
- 4) Explain how to limit progression of chronic hepatitis C

Agenda of the 1st training (for the content of each session, see the training plan in Appendix):

| | Monday | Tuesday |
|---------------|---|--------------------------------------|
| 9h-9h30 | Introduction and presentation of training session | Learning review |
| 9h30 - 10h45 | Whas is hepatitis C ? | Testing and diagnosis of hepatitis C |
| 10h45-11h | Break | |
| 11h - 12h | Natural history of hepatitis C | Testing and diagnosis of hepatitis C |
| 12h - 13h | Lunch break | |
| 13h - 15h | Prevention of hepatitis C transmission associated with drug use | Practical session |
| 15h - 15h15 | Break | |
| 15h15 - 16h30 | Prevention of hepatitis C transmission associated with drug use | Transfer and evaluation |
| 16h30 - 17h | Monitoring | Conclusion |



2nd training learning objectives & agenda

After this initial training, we gathered all 3 partners for a 3-days training on “Hepatitis C : counselling, treatments, advocacy” which was actually supposed to be a time dedicated to sharing experiences and challenges that emerged from the first months of activities implementation.

The overall training objective was **to improve knowledge and skills regarding hepatitis C counselling, treatment and advocacy**, with the specific objectives being to be able to :

- Identify and address challenging situation for hepatitis C counselling
- Understand what are the new treatments for HCV and what are the treatments for HCV currently available in Vietnam
- Describe elements improving HCV treatment outcomes and lowering reinfection rates for PWID
- Identify barriers for access to hepatitis C prevention, diagnostic and treatment for PWID in Vietnam
- Elaborate advocacy strategy to improve access to hepatitis C prevention and care in Vietnam

Agenda of the second training included one day dedicated to counselling, one days dedicated to treatment and one day dedicated to advocacy (for the content of each session, see the training plan in Appendix) :

| | Wednesday | Thursday | Friday |
|---------------|---|--|--|
| 9h-9h30 | Introduction and presentation of training | Learning review | Learning review |
| 9h30 - 10h45 | Counselling skills | Treatment of hepatitis C virus | What is advocacy ? |
| 10h45-11h | Break | | |
| 11h - 12h | Pre-test counselling | Availability of HCV treatment in Vietnam | Identifying barriers for PWID access to HCV services |
| 12h - 13h | Lunch Break | | |
| 13h - 15h | Post-test counselling | HCV treatment for PWID | Building advocacy strategy to improve access |
| 15h - 15h15 | Break | | |
| 15h15 - 16h30 | Practical session | HCV treatment for PWID | Transfer and evaluation |
| 16h30 - 17h | Monitoring | Monitoring | Conclusion |

Participants

The participants to the training have been selected by the partners – MdM selected how many participants per organization. 5 new PE have received initial training. The medical advisor from MdM HR project in Kachin (Myanmar) came to attend the training. Unfortunately three out of the four members of HMU could not attend most of the training due to other occupations.

| No./ TT | Name/ Họ và tên | Organization/ Tổ chức | Initial training (Nov.2015) | Onsite training | Peer outreach,,, (May 2016) | HCV diagnosis, treatment and advocacy,,, (May 2016) |
|------------|--------------------|------------------------------|--------------------------------|-----------------|--------------------------------|--|
| 1 | Nguyễn Thị Hậu | Về Nhà/ Coming home alliance | X | X | X | X |
| 2 | Đoàn Hữu Đức | Về Nhà/ Coming home alliance | X | | X | X |
| 3 | Chu Thị Thanh | Về Nhà/ Coming home alliance | X | | X | X |
| 4 | Nguyễn Thị Thuỷ | Về Nhà/ Coming home alliance | X | X | X | X |
| 5 | Trình Thị Hoà | Về Nhà/ Coming home alliance | X | X | X | X |
| 6 | Phan Thị Duy Nhất | Về Nhà/ Coming home alliance | X | | X | X |
| 7 | Nguyễn Văn Tú | Về Nhà/ Coming home alliance | | | X | X |
| 8 | Triệu Thị Hiền | Về Nhà/ Coming home alliance | X | X | X | X |
| 9 | Nguyễn Thị Vân Hà | Cát Trắng/ White sand | X | X | X | X |
| 10 | Đỗ Thái Thịnh | Cát Trắng/ White sand | | X | X | X |
| 11 | Triệu Thị Thu Liên | Cát Trắng/ White sand | X | X | X | X |
| 12 | Âu Xuân Trường | Cát Trắng/ White sand | X | X | X | X |
| 13 | Hoàng Vũ | Cát Trắng/ White sand | | | X | |
| 14 | Nguyễn Văn Cường | Cát Trắng/ White sand | | | X | |
| 15 | Nguyễn Văn Thoan | Cát Trắng/ White sand | | | X | |
| 16 | Phan Thị Quý | Về Nhà/ Coming home alliance | | | X | |
| 17 | Văn Đình Hòa | HMU/ HCV consultation | X | | | X |
| 18 | Nguyễn Hữu Anh | HMU/ HCV consultation | X | | | X |
| 19 | Vũ Đức Việt | HMU/ HCV consultation | X | | | X |
| 20 | Nguyễn Thùy Anh | HMU/ HCV consultation | | X | | X |
| 21 | Nguyễn Thanh Hương | SCDI | X | X | | X |
| 22 | Nguyễn Thị Huệ | SCDI | X | X | | X |
| 23 | AH GU HKRU ZI RAM | MdM Myanmar | | | | X |

Trainers

The training has been mainly prepared by Céline Grillon, MdM HCV capacity building officer (and former MdM HCV advocacy officer), Dr Niklas Luhmann, MdM medical referent for HR, HIV and HCV, and Trần Minh Thảo, MdM project officer in Hanoi at that time.

Partners and local experts have been included in the preparation and facilitation of the training as follow:

- Dr Hoa from HMU facilitated the sessions “What is hepatitis C”, “Natural history of hepatitis C” and “HCV screening”
- Ms. Hoa from VNUP demonstrated on how drugs are used in Hanoi.
- Dr Thuy Anh from HMU facilitated the session on ‘Counselling skills’
- D. Cuong from Bach Mai hospital facilitated a session on “HCV treatment in Vietnam”
- Hương et Huệ, project officers from SCDI, facilitated the sessions dedicated to advocacy
- Minh from VNUPUD presented on the Global Fund CCM

The participation of Vietnamese facilitators has been very much appreciated by participants.



Pedagogical method

The training has involved a various set of training activities: lectures, group works, role-plays, case studies, learning reviews in the form of a quiz-game, etc. We have tried for each session to provide a formal moment of lecture and to schedule activities allowing participants to practice through exercises and games.



A learning review has been organized every morning to consolidate the content learned the previous day. Participants took active and dynamic participation in the different activities.



At the end of the training, a USB flash has been offered to each participant with the content of the training (PPT presentations, videos, and exercise materials), additional resources, as well as photos of the training.

Logistics

The training took place in a room near MDM office which simplified the organization (brining materials, printing). Our first concern was that VNPUD members feels comfortable – as recommended after the initial training – and it has been fulfilled. The training room was good, although a second room would have been useful for group works.

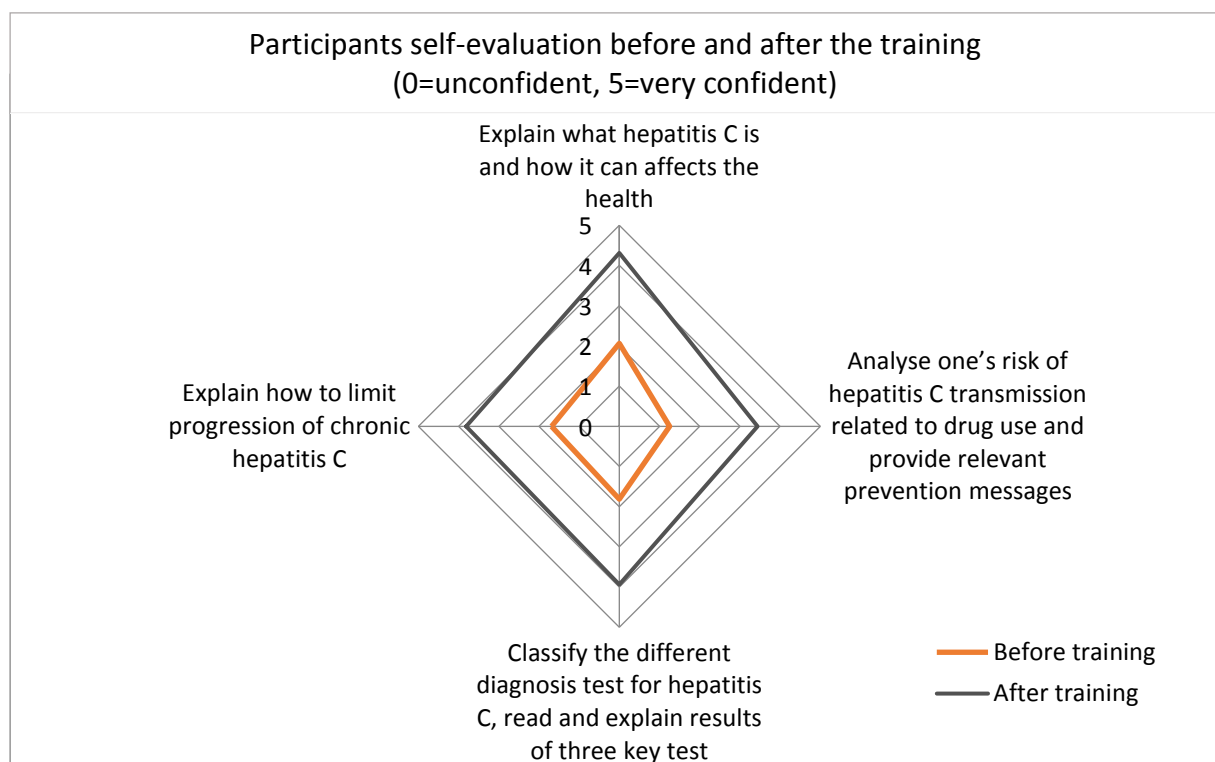
For the translation we hired Nguyen Thi Minh Thu, who works usually for CHAI. She was a good translator but sometimes she exceeded her role by behaving as a facilitator and sometimes trying to correct the trainer – that made it more complicated for the trainer who did not speak Vietnamese to facilitate.



Evaluation

We evaluated the training regarding two aspects: self-estimated confidence of participants regarding learning objectives before and after the training for the 1st training and participant's satisfaction at the end of the 2nd training.

The pre- and post-training self-evaluation of participants clearly shows an increase of confidence on all learning objectives (+ 43%), with average confidence for all objectives at the end of the training ranging from 3,4/5 to 4,3/5 (see figure below).



Participants evaluated positively the training, all criteria of evaluation reached >80% of satisfaction (see graph below).



Comments and recommendations

- 1) In overall the training has been successful and appreciated by participants and trainers. The group demonstrated great interest and commitment to learn more about hepatitis C.
- 2) In general participants have been more interested by learning new content than by working on the quality of their activities.
- 3) Vietnam has been prioritized as first program to receive HCV training based on a transversal agenda that was not in the ideal match with program's capacity building agenda – as an initial training has been done just a few months ago. Though it has not been totally clear for the field which needs the training was supposed to answer. At the same time it was not easy to discuss for the HCV capacity building officer to discuss with partners – especially HCU – their training needs. Ideally the training would have taken place later in the year (for ex. one year after the initial training), the HCV capacity building officer would have spent more time with doctors from HCU to explain the objective of the training, and would have been more designed as a workshop.
- 4) In some aspects the training has been very challenging for the facilitators:
- 5) Pedagogical methods have been appreciated. Games and exercises involving competition has been powerful in driving the participation of the trainees. But sometimes it occurs that trainees were more concerned by the game than by the learning content; or did not want to give credit to the trainer explanations when challenging their answers.
- 6) Translation was necessary but very difficult. Participants from VNPUD are very dynamic in their exchanges that did not allow for proper translation. The translator sometimes behaved as facilitator or even corrected the trainer.

Appendix: training session plan

DAY 1

| Session 1 : Introduction | | | | |
|---|---|--|--|---------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| <p>09.00 – 10.10</p> <p>Establish the group dynamic by setting a framework for the activity and getting to know each other.</p> | <p>Introduction of the trainers. (5 mins) - Celine</p> <p>Introduction of participants (25 min) - Than</p> <p>Expectations of the participants (10 mins) - Celine</p> <p>Statement of the objectives and presentation of the two-day programme. (5 mins) - Celine</p> <p>Pre-training self-evaluation (10 mins) - Than</p> <p>Establish ground rules for the training and discussion. (15 mins) – Than</p> <p>Introduce the “Questions” paperboard (2 mins) - Than</p> | <p>Presentation of trainers and participants</p> <p>Participants’ expectations through feedback from introduction game</p> <p>Presentation of the programme</p> <p><u>Important to remind participants that self-evaluation form is to evaluate the training not their own knowledge/skills</u></p> <p>Working rules of the group agreed with participants</p> <p>Do not forget to ask participants if they would like to have the training materials on USB or printed</p> <p><u>Important : need to identify a rapporteur for the 2 days</u></p> <p><u>Recall issues around translation (speak loud, slowly)</u></p> | <p>A4 papers and pen</p> <p>Papers with names of participants</p> <p>Paperboard and markers</p> <p>Instructions for the questions to be asked for presentation and expectations (on paperboard)</p> <p>Printed self-evaluation form</p> <p>Copies of the programme to hand out</p> <p>Group ground rules written on paperboard</p> <p>PPT presentation + LDC projector</p> | Celine + Than |

Session 2: What is hepatitis C ?

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
|---|--|---|---|----------------|
| <p>10.10 – 10.45</p> <p>Know the key issues in relation to hepatitis C.</p> | <p>Q&A (10min)</p> <p>Interactive PowerPoint presentation on basic information about hepatitis C and epidemiology -> Dr. Hoa (20min).</p> <p>Attendance sheet is circulated (5 mins)</p> | <p>Hepatitis means swelling of the liver. When hepatitis is caused by a virus it is called viral hepatitis.</p> <p>There are 5 main hepatitis viruses : A, B, C, D, E</p> <p>Hepatitis C virus is transmitted through blood-blood contact HCV is 10 times more infectious than HIV</p> <p>HCV disproportionately affects PWID</p> <p>There is no vaccine against HCV but treatment can cure the virus, especially a new generation of treatment with few side effects</p> | <p>Questions for the Q&A</p> <p>PPT + LDC projector</p> <p>White board + markers.</p> <p>Attendance sheet</p> | <p>Dr. Hoa</p> |
| 10.45 – 11.00 | Break | | | |

| Session 3: Natural history of hepatitis C | | | | |
|--|--|---|--|-----------------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| <p>11:00 – 12:00</p> <p>Understand how hepatitis C affects the liver and what can be done to take care of your liver</p> | <p>Interactive PowerPoint presentation on the effect of hepatitis C on the health → Dr Hoa (30 mins)</p> <p>Consolidation game on factors accelerating disease progression or protective (30 mins)</p> | <p>The Liver is a vital organ that helps you stay healthy. Healthy liver regenerates itself.</p> <p>Hepatitis C can be acute or chronic – about 20% of people infected with hepatitis C develop chronic infection.</p> <p>Chronic HCV can progressively damage your liver, around 20% of people with chronic infection will develop cirrhosis after 20 years and be at risk of liver failure or cancer</p> <p>There are factors of liver disease progression (HIV, HBV, alcohol,...) or protective factors (drinking water, exercise, healthy food) – some may actually make fibrosis regress (stopping or reducing alcohol). There also exist treatment to avoid cirrhosis complications, like Anti-hypertensive treatment in case of oesophagus varicose etc...</p> <p>During the game it is important to remember that some question do not have good or bad answer but shall be used to create discussion.</p> | <p>PPT</p> <p>Paper sheets with behaviours written on them</p> <p>Flipchart, marker pens.</p> <p>A0 poster of disease progression + tape</p> | <p>Than + Dr. Hoa</p> |
| 12.00 – 13.00 | Lunch break | | | |

| Session 4: Prevention of hepatitis C transmission associated with drug use | | | | |
|--|--|---|---|------------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 13.00 – 14.30 Participants identify risk of HCV transmission related to drug use practices in Vietnam | VNPUD presentation and demonstration of injection habits (20 min) Group work: participants are divided into 4 groups and asked to answer the following question: “In the case of Vietnam that has just been presented, in your opinion what are the behaviors that are the most at risk for HCV transmission during drug use?” (20 mins) Group write their answers on paperboard and present to the group (40mins) | What are the drug use practices in Vietnam What is the HCV transmission risk associated with this practices? In case of Vietnam which are major drug use practices at risk for HCV transmission | Paperboard + markers + tape Materials for VNPUD demonstration of injecting habit Paperboard with written rule for exercise: “What behaviours associated with drug use are the most at risk of HCV transmission in Vietnam ? “ Attendance sheet | Niklas + Ms. Hoa |
| 14.30 – 15.00 | Break | | | |
| 15.00 – 16.30 Participants explore possibility to improve HCV prevention in the current | Presentation by Niklas (60 mins) Group discussion: How can we improve HCV prevention in our harm reduction activities? What are the challenges remaining? (30 mins) Niklas writes key elements on paperboard and Than translate them on 2 nd paperboard | What does mean blood-blood transmission? Review on the HCV transmission risks HCV is highly infectious and resistant Overview of some drug use practices at risk of HCV transmission Case study of a harm reduction intervention targeting HCV transmission | PPT + LDC Projector Paperboard + markers | Niklas |

| | | | | |
|--|---|---|--|----------------------|
| harm reduction services | | <p>All tools used for injection/ all aspects of injection environment need to be considered and targeted for HCV prevention</p> <p>How HCV prevention can be improved in current harm reduction practices (more counselling, new tools, etc.)</p> | | |
| Session 5 : Monitoring | | | | |
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| <p>16:30 – 17:00</p> <p>Participants monitor the first day of training</p> | <p>Monitoring session: participants are divided into 4 groups and receive 3 yellow and 3 green post-it. On green post-it they have to write what they think happened well in the day, and in yellow post-it what they thing didn't happen very well (10 mins).</p> <p>Groups stick post-its on the paperboard (5 mins)</p> <p>The facilitator reads the post-it and eventually ask the group to explain. (15)</p> | <p>Participants express what they did like and what they did not like about the first day of training</p> | <p>Post-it of 2 different colours, markers, paperboard</p> <p>Rule written on paperboard : "What happened well today ?", "what could happened better tomorrow ?"</p> | <p>Celine + Than</p> |

Day 2

| Session 1 : learning review | | | | |
|---|---|---|--|----------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Responsible |
| 9:00 – 9:30 Review content learned the prior day | Learning review : game with the ball | Refresh information learned on hepatitis C, natural history of disease, HCV transmission among PWID and prevention | Questions for learning review Ball (Than) | Than |
| Session 2 : diagnostics | | | | |
| 9.30 – 10.45 To understand the different diagnostics tools and what information they provide | Activity: participants are standing in one line. Facilitator ask them to decide together how many of them would be at risk of developing chronic hcv infection and how many would naturally clear the virus. Then the facilitator ask the group how we can find out who has cleared the virus and who has not. Facilitator helps the discussion (15min) Interactive presentation by Dr Hoa : the presentation needs to explain the | Two different blood tests are used to diagnose HCV: antibody test and viral-load test HCV antibody test only provide the information whether you have been infected by HCV, it does not inform you if the infection is still active or finished. A negative HCV-antibody test result usually means a person doesn't have HCV—but not always. To confirm chronic infection you need to do a viral load test (also called PCR or HCV-RNA test) Hepatitis C viral load does not determine the need for HCV treatment | PPT + projector A0 format for disease progression to be stucked in the room Attendance sheet | Dr. Hoa + Than |

| | | | | |
|---|---|--|---|-----------------------|
| | <p>diagnostics, the cut offs, and provide examples (40 min)</p> <p>Q&A 10 mins</p> <p>attendance sheet is circulated during the break</p> | <p>Liver Enzyme Tests (also called LFT) can provide information regarding your liver. If your Liver enzyme remain high over time it can mean that your liver is inflamated.</p> <p>Fibroscan test measures the stiffness of the liver. It does not provide information on hepatitis C virus.</p> <p>What are the cut offs, what is the precision.</p> <p>Genotype test</p> | | |
| 10.45 – 11.00 | Break | | | |
| <p>11:00 – 12:00</p> <p>Participants apply what they have learned to read the test result</p> | <p>Case study: participants are divided into group of 3 people, each group is provided with 3 scenarios: one person plays the patient, one person must explain the result, one person observes (he/she has the solution). (45 min)</p> <p>Feed-backs on the challenges of the case study and Q&A (15 min)</p> | <p>Participants practice what they have learned about diagnosis test and hepatitis C to read the test and explain to the “patient”</p> | <p>Case studies and solutions (Than)</p> <p>Poster of disease progression</p> | <p>Than + Dr. Hoa</p> |
| 12:00 – 13:00 | Lunch break | | | |

| Session 4 : Practical session | | | | |
|---|---|--|--|-------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Responsible |
| <p>13.00 – 14.30</p> <p>Participants practice what they have learned in situation of outreach</p> <p>Objective of exercise 1 : participants identify the key messages to give on hepatitis C depending on the available time</p> <p>Objective of exercise 2 : Participants integrates hepatitis C messages into their usual outreach situations and adapt relevant messages to the client</p> | <p>Case study :</p> <p>scenario 1 : You are meeting a client for the second time during your outreach activity. You would like to start a conversation about HCV. You can see that your colleagues want to leave soon and you have only 2 minutes. How do you approach the client?</p> <p>scenario 2 : You are conducting your outreach activity. 7 clients are present and the general situation is calm and suited for a short health education session. Imagine a session of 5 minutes and list the main messages that you would like to share regarding HCV in this situation</p> <p>Groups preparation (30 mins)</p> <p>Group presentation and discussions (60 mins)</p> <p>Attendance sheet is circulated during the break (2 mins)</p> | <p>Need to adapt your message to the time you have</p> <p>Need to adapt your message to the person in front of you</p> | <p>Printed scenarios for the case study</p> <p>Paperboard, marker, tape</p> <p>Allowance sheet</p> | Niklas |
| 14.30 – 14.45 | Break | | | |

| Session 5 : Transfer | | | | |
|--|---|---|---|---------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Responsible |
| 14.45 – 15.45 Participants plan how they will use what they have learned during the training in their outreach activities | Individual Action Plans are filled in pairs (15 mins) Participants feedback on their individual action plans (45 mins) | Facilitator asks participants to follow up on their partner individual action plan in 2 months | Individual action plan | Than |
| Session 6 : Evaluation | | | | |
| 15.45 – 17.00 Participants evaluate the training | Evaluation and post-test (10 mins) Oral evaluation of the training (15 mins) Distribution of certificate (30 min) Group photo (5 mins) Conclusion (5 mins) Distribution of allowance (10 mins) | Participants can evaluate form and content of the training Participants receive certificates of attendance Participants receive allowance for their attendance Trainer do not forget to thank participants | Certificates Printed self-evaluation form Photo camera Attendance sheet Allowance sheet | Celine + Than |

Day 3

| Session 1 : Introduction | | | | |
|---|--|--|---|----------------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| <p>9.00 – 10.15</p> <p>Establish the group dynamic by setting a framework for the activity and getting to know each other</p> | <p>Introduction of the trainers (5 mins)</p> <p>Introduction of participants (35 mins)</p> <p>Statement of the objectives and presentation of the three-day programme. (5 mins)</p> <p>Establish ground rules for the training and discussion. (10 mins)</p> <p>Introduce the “Questions” paperboard : the paperboard will hang in the training room during the whole training and participants can, at any moment, stick on it post-it with questions (if worked during the 2-days meeting) (5 mins)</p> <p>1 participant of the 2-days training present the content of discussion/work of the 2-days training with a specific focus on HCV transmission risks related to drug use (15mins)</p> | <p>Presentation of trainers and participants</p> <p>Participants’ expectations</p> <p>Presentation of the programme</p> <p>Working rules of the group agreed with participants</p> | <p>Papers with names of participants</p> <p>PPT + LDC projector</p> <p>Paperboard + markers</p> <p>Ground rules on the paperboard</p> | <p>Than + Celine</p> |

| Session 2 : Counselling skills | | | | |
|---|---|--|--|---------------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 10.15 – 11.15 Participants remain key counselling skills | <p>Each participant will receive 6 post - it cards and write down at least 3 answers for each of the following questions (15 minutes)</p> <ul style="list-style-type: none"> - If you are a PwID, what are your expectations from a counsellor? (Answers are written on the green post – it cards) - What do you think are aims of the counselling (Answers are written on the yellow post – it cards) <p>Each participant will stick their post – it cards to the wall (5 minutes)</p> <p>Facilitator groups the expectations of participants in to different counselling skills and aims of the counselling (20 minutes)</p> <p>Facilitator asks one participants to describe one counselling section that they use to provide for PwID, describe each step of counselling section. Ask other participants for the input (10 minutes)</p> <p>Facilitator summarize key steps in a counselling section (10 minutes)</p> <p>Attendance sheet is circulated during the break</p> | <p>Counselling is a <u>voluntary and confidential</u> communication between a client and a care-provider aimed at enabling the client to take personal decisions.</p> <p>Confidentiality (place, data protection)</p> <p>Consent : rejecting offer should not have any bad consequences</p> <p>Start from what the patient already know</p> <p>Importance of monitoring and evaluation of counselling</p> <p>Translation here is very important so that Niklas can facilitate following sessions. Recall participants tos peak loud, clearly, slow.</p> | <p>Rule for the exercise written on the paperboard</p> <p>Post – it cards (yellow/ green colour)</p> <p>Attendance sheet</p> | Than + Dr. Thuy Anh |
| 11.15 – 11.30 | Break | | | |

Session 3 : Pre-test counselling

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
|---|---|---|---|---------------|
| <p>11.30 – 12.00</p> <p>Participant discuss the content of pre-test counselling</p> | <p>Interactive presentation on content of pre-test counselling (30 mins) (Niklas)</p> | <p>Pre-test information can be provided in a group setting, but all clients should have the opportunity to ask questions in a private setting if they request it.</p> <p>It is often the first encounter with a client and thus important to establish a trusting relationship.</p> <p>Pre-counselling should leave some time for dialogue and exchange.</p> <p>Explain the illness with simple words</p> <p>Explain the potential test results</p> <p>The client might post-pone the test – the counsellor might suggest to post-pone the test</p> | <p>PPT + LDC Projector</p> <p>Paperboard + markers</p> <p>Counselling flowchart</p> | <p>Niklas</p> |
| <p>12.00 – 13.00</p> | <p>Lunch Break</p> | | | |

Session 4 : Post-test counselling

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
|--|---|--|--|---------------|
| <p>13.00 – 14.30</p> <p>Participant discuss the content of post-test counselling depending on test results</p> | <p>Interactive presentation on post-test counselling (Niklas) (1h30)</p> <p>Niklas or Than circulates attendance sheet during break</p> | <p>All HCV testing must be accompanied by appropriate and high-quality post-test counselling, based on the specific test result and HCV status reported.</p> <p>A good post-test individual counselling process takes time, especially if you have tested for different pathologies. Make sure you have enough time to explain the test results in detail. As a rule of thumb, calculate at least 15 minutes per tested disease, especially for people who are being tested for the first time. Ideally, testing and counselling shouldn't be done for more than 2 diseases at once.</p> <p>Explain the result</p> <p>If positive : Preventive measures regarding transmission + Prevention liver damages + Further testing and health care</p> <p>If negative : Interactive discussion : "now, what are you going to do to remain negative ?"</p> <p>If indeterminate : explain and suggest to do the test again</p> <p>Alcohol risk reduction</p> <p>Once the results are given, persons are often less concentrated. If negative, they want to go away and celebrate it! If positive, they may be shocked. So the most important information should be given before, and explained again and adapted to the results. If positive, time has to be left for the emotional impact of the diagnosis</p> | <p>PPT + LDC Projector</p> <p>Paperboard + markers</p> <p>Attendance sheet</p> | <p>Niklas</p> |
| 14.30 – 14.45 | Break | | | |

Session 5 : Practical session

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
|--|---|--|--|---------------|
| <p>14.45 – 15.30</p> <p>Participants practice what they have worked on</p> | <p>Role-play on 3 scenarios (played by volunteer in the role of counsellor and Niklas plays the role of the patient)</p> <p>Scenario 1: a patient comes to the clinic at HMU. He comes to get the result of his PCR/viral load test. The test shows that he has more than 500.000 copies. He has already done a Fibroscan which showed stage F4. The patient can currently not afford the treatment. (this information is shared with the counselor and the entire group).</p> <p>Scenario 2 : a patient comes to the clinic at HMU. He a PWID who has attended the HCV clinic just 2 days ago. He has HIV infection, takes ARVs since 3 years (first line) He has been provided a positive antibody test result and Fibroscan showed F2-F3. PCR result not yet available. He comes back because he has problems understanding the result. How do you react as counsellor?</p> <p>Scenario 3 : May is a young heroin injector. The peer educator meets her during outreach. She has been tested negative for HCV. She says that she sometimes inject with friends and do not always access to clean syringes. How can you counsel her?</p> <p>Group feedback and discussion on the role play (75 minutes)</p> | <p>Depending on how effective is the translation most probably Niklas will play the role of the patient (will be decided on Monday evening).</p> <p>Translation is crucial for this session</p> <p>There is no easy/good way to announce positive result</p> | <p>List of groups (Than)</p> <p>Printed scenario for each pair (3 pairs work on same scenario)</p> | <p>Niklas</p> |

| Session 6 : monitoring | | | | |
|---|--|--|--|---------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 16.30 – 17.00 Participants monitor the day | <p>Each participants will be distributed two post –it cards, in one card he/she has to write down what is new thing he/she has learnt today, and on the other is what he/she want to change about the organization of the training</p> <p>Facilitator read through the post – it to ensure participants understand the content of the training correctly</p> | <p>To review participant’s understanding of the day</p> <p>Give opportunity to participants to ask for training organization improvement</p> | <p>2 kinds of post – it card (yellow and green color)</p> <p>Markers for each participants</p> | Than + Celine |

Day 4

| Session 1 : learning review | | | | |
|--|--|--|---|--------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 9.00 – 9.30 Review content learned prior day | Learning review : game with the ball (25 mins) Introduction tot he objectives of the day (5 mins) | Refresh information learned on hepatitis C testing and counselling Introduce objectives of the day | Ball (Than) Questions for learning review | Niklas |
| Session 2 : treatment of hepatitis C virus | | | | |
| 9.30 – 10.45 Participants have an overview of HCV treatment | Game outside if possible. Niklas gives the rule for the exercise and facilitates the exercise. (20 mins) : participants receive a paper with the image of a treatment (PegINF+Riba, PegINF+Sof+Riba, SOF/LDV, SOF+DCV, princeps or generics, etc.) and they need to organize regarding efficacy of the treatment for genotype 1. Niklas facilitates group discussion on positive and negative impacts of different treatments (20 mins) Presentation on the HCV treatment and WHO recommendations (45 mins) - Niklas Attendance sheet is circulated | <u>Be clear on exercise direction : there are 3 level of efficacy, you need to discuss together to organise, genotype 1, duration is on your paper</u> How does hepatitis C virus (HCV) treatment work? How to measure if the treatment succeeded HCV treatment requires a combination of drugs Desirable characteristics of DAAs Overview of key DAAs : sofosbuvir, ledipasvir, daclatasvir Currently recommended treatment in the WHO updated guidelines Availability and price of generic DAAs | Printed images of treatment for the game PPT + LDC Projector Attendance sheet | Niklas |
| 10. 45 – 11.00 | Break | | | |

| Session 3 : HCV treatment for PWID | | | | |
|---|---|--|--|--------------|
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 11.00 – 12.00 Discuss about treatment of active PWID | <p>Group exercise on advantages and disadvantages of treating active injecting drug users for HCV</p> <p>Niklas divide participants in 4 groups and ask them to discuss “What are in your opinion 3 relevant arguments in favor and 3 relevant arguments against treatment of PWID?”. Participants are asked to write their answers on a paperboard sheet (20 min)</p> <p>2 groups will present their results and a group discussion will take place. The other 2 groups will complete (30 min)</p> | Participants will discuss about adherence, risk of reinfection, equity, public health benefits such as reduction of transmission. | Paperboard and markers | Niklas |
| 12.00 – 13.00 | Lunch break | | | |
| 13.00 – 14.30 Participants know how to support patients on treatment | <p>Presentation on hepatitis C treatment for PWID (1h30) – Niklas</p> <p>Attendance sheet is circulated</p> | It is possible for PWID to be successfully treated for HCV, when their side effects were treated and when relevant counseling, clean injection equipment and addiction treatment were available. | <p>PPT + LDC Projector</p> <p>Paperboard and markers</p> | Niklas |

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|---|--|--|------------------|--------------|
| | | Are they interaction between drugs (heroin, methamphetamine) and HCV treatment? Are they interaction between OST and HCV treatment? Are they interaction between alcohol consumptions and HCV treatment? Specific consideration and model of care for HCV treatment for PWID – Case study Georgia | Attendance sheet | |
| 14.30 – 14.45 | Break | | | |
| Session 4 : HCV treatment in Vietnam | | | | |
| Timetable and objectives | Facilitation | Key points | Equipment | Facilitators |
| 15.30 – 16.30 Participants know what HCV treatment is available in Vietnam | Presentation by Dr. Cuong on HCV treatment at Bach May Hospital (30 mins) Q&A 30 mins | Existing HCV treatment in Vietnam | | D. Cuong |

| Session 5 : Monitoring | | | | |
|--|------------------------------------|--|------------------|--------|
| 16.30 – 17.00 Participants provide feedbacks on the day | Monitoring with the images of cats | How do the participants feel after the day of training | Papers with cats | Celine |

Day 5

Session 1 : learning review

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitator |
|--|--|--|--------------------------|-------------|
| 9:00 – 9:30 Participants review the content of former day | Learning review activity to be defined + recalling day's learning objectives | Refresh information learned on hepatitis C treatment | To prepare the questions | Celine |

Session 2 : what is advocacy

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|---|---|---|--|-----|
| 9:30 – 10:15 Participants understand the concept of advocacy | <p>Exercise: each participant writes down key words on post-it (3 max) to define advocacy and stick them into the paper board. (10 mins)</p> <p>Facilitator reads the key words, organize them on the paper word (results/objectives, activities, targets, alliances) and ask participants why they wrote these words : guided discussion ending up with the writing of a definition for advocacy (10 mins)</p> <p>Interactive ppt presentation on advocacy and case study of SCDI's advocacy to improve access to HCV treatment (15 mins)</p> <p>Q&A session (10 mins)</p> <p>Attendance sheet is circulated</p> | <p>Advocacy is an activity that consists of using a number of different channels to influence decision-making bodies. It aims to bring about long-lasting changes in policy and practice having a direct impact on the health of population groups.</p> <p>Participants are provided with an example of successful advocacy campaign in Vietnam implemented by SCDI</p> | <p>Post-its</p> <p>Paperboard</p> <p>Markers</p> <p>Paperboard with the definition of advocacy written on it (back-up)</p> <p>Attendance sheet</p> | Hue |
| 10:15 – 10.30 | Break | | | |

Session 3 : barriers for access to HCV prevention and care for PWID in Vietnam

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitator |
|---|---|--|---|-------------|
| <p>10:30 – 12 h</p> <p>Participants identify key barriers for access to HCV prevention, diagnostic and treatment ; and if/how they can become advocacy objectives</p> | <p>Participants are divided into 4 groups. Each group receive one topic (“access to hepatitis C prevention” or “access to hepatitis diagnostic and treatment”) and must identify at least 4 barriers (10 mins).</p> <p>Group feedback on the barriers identified and the trainer facilitates discussion for the group to decide whether it an advocacy issue or not. (20 mins)</p> <p>Interactive PPT presentation on “Access to hepatitis C services in Vietnam on policy level” + Q&A (30 mins) - SCDI</p> <p>Presentation on the GF CCM by VNPUD (30 mins)</p> | <p>Participants identify barriers faced by PWID for access to HCV prevention, diagnostic and treatment and discuss whether they are related to policy/advocacy</p> <p>Key elements of the National Action Plan for Viral Hepatitis, PWID in the National Action plan</p> <p>Participants understand key issues regarding access to DAAs in Vietnam :</p> <ul style="list-style-type: none"> - Registration - Price - Coverage by Health Insurance <p>Participants understand what is the GFATM CCM and how the community is represented</p> | <p>4 papers with 2 topics for the group work (Huong)</p> <p>Paperboards</p> <p>Markers</p> <p>Ppt presentation +LDC projector</p> | Huong |
| 12 h – 13h | Lunch break | | | |

Session 4 : building advocacy strategy to improve access to HCV prevention and care for PWID in Vietnam

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitator |
|---|--|---|---|-------------|
| <p>13h – 14h45</p> <p>Participants are provided with examples of successful advocacy for access to HCV treatment</p> <p>Participants use what has been learned in the morning to elaborate advocacy strategy to target issues identified in the morning</p> | <p>Presentation on success stories of advocacy for access to HCV treatment in other countries and globally (20 mins)</p> <p>Group work : participants are divided into 4 groups and each group receive one specific advocacy issue (identified during the morning session) for which they have to respond to following questions on a paperboard :</p> <ul style="list-style-type: none"> - What is the policy change needed? - Who has the power to make the decision? - What activities can the community implement in order to influence this decision? <p>Co-facilitators (Hue, Huong, Than and Celine) help the groups by providing relevant information. (30 mins)</p> <p>Each group presents its work to others and trainer facilitates the group discussion and summarize key points (40 mins)</p> <p>Attendance sheet is circulated during break</p> | <p>Participants are provided with examples of successful advocacy campaign at the international level (hepCoalition) and at national level (case study : Georgia)</p> <p>Participants work on an advocacy strategy targeting key access issues identified in the morning.</p> | <p>Rule for the exercise is written on the paperboard.</p> <p>Advocacy issues are prepared during lunch break</p> <p>Attendance sheet</p> | Celine |
| 14:45 – 15:00 | Break | | | |

Session 5 : Transfer

| Timetable and objectives | Facilitation | Key points | Equipment | Facilitator |
|--|--|--|----------------------------------|---------------|
| 15:00 – 16:15 Participants identify how they will use content of the training to improve their activities | <p>Celine explain the objective of the individual transfer plan.</p> <p>Participants are divided into pairs of the same organisation and fill the individual transfer plan</p> <p>Celine asks participants to present to the group the individual transfer plan of their partner.</p> <p>Celine explain that the individual transfer plan shall be used in 2 months to monitor its implementation.</p> | Participants identify what they want to improve in their activities, what will be the challenges and how they can address them | Individual transfer plan printed | Than + Celine |

Session 6 : Final evaluation and conclusion

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|--|--|---|--|--------------------------|
| 16:15 – 17.00 Trainers receive evaluation on the content and organization of the training by participants | <p>Participants fill the evaluation form (10 mins)</p> <p>Participants provide oral evaluation (10 mins)</p> <p>Distribution of the Certificates (5 mins)</p> <p>Photo of the group (5 mins)</p> <p>Conclusion (5 mins)</p> <p>Distribution of allowance (10 mins)</p> | <p>Participants evaluate the trainings (content and organization)</p> <p>Participants receive certificates of attendance</p> <p>Group photo</p> <p>Trainers do not forget to thank participants</p> | <p>Evaluation form (18 copies) – Than</p> <p>Certificates of attendance</p> <p>Photo camera</p> <p>Attendance sheet</p> <p>Allowance sheet</p> | Than + Mathilde + Celine |
|--|--|---|--|--------------------------|