

## **ADDRESSING INSUFFICIENT HCV KNOWLEDGE AND SERVICE CAPACITY THROUGH COMMUNITY-LED TRAININGS ON HCV AND MARGINALIZED POPULATIONS' NEEDS**

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### **Background:**

In early 2018, Coalition PLUS conducted a qualitative study of most-at-risk populations and healthcare workers (HCW) to explore issues related to hepatitis C (HCV) awareness and access to HCV services. Through focus groups and interviews, five countries were profiled in the study—Malaysia, Morocco, Thailand, India, and Indonesia. Key takeaways from the study were the lack of HCW knowledge concerning the needs of most-at-risk populations and the lack of local HCV service capacity.

### **Description of model of care/intervention:**

Several of the in-country partners leading the study have subsequently engaged in HCV trainings of HCWs. The trainings were adapted to various local settings; all promoted HCV literacy (disease and services) and sensitized HCWs on needs of most-at-risk populations—most notably people who inject drugs (PWID) and people living with HIV (PLHIV). Implementing organizations included CoNE (India), ALCS (Morocco), MAC (Malaysia), MTAAG+ (Malaysia), and TREAT Asia. This project was funded by Unitaid.

### **Effectiveness:**

CoNE trained 150 HCWs in Manipur to serve as trainers. In Indonesia, PKNI supported HCW pilot training in all of the 6 priority provinces. In Morocco, 16 doctors from different regions attended a training led by ALCS. Trainings were conducted for a further 54 persons from the local prison administration and prison medical personal. Through broader awareness-raising activities, ALCS has also reached 212 general practitioners. In Malaysia, MAC's workshops trained 36 medical personnel in total (32 doctors and 4 nurses). MTAAG+ distributed a total of 1900 English and 785 Bahasa HCV training guides for HCWs. The TREAT Asia workshop was attended by 48 physicians from 16 countries.

### **Conclusion and next steps:**

Community-led trainings have been implemented to increase HCV knowledge and service capacity among HCWs to better address the needs of marginalized populations across 5 countries. These small-scale programs were used to promote the addition of specific HCW trainings on most-at-risk populations' needs in HCV strategic plans.

### **Disclosure of Interest Statement:**

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