



Key Learnings from Sessions

Session A

We should share experiences and adapt them to different realities so we can reach HCV elimination by 2030. Drug use should not be a crime.

Session D

There are very creative models of care for people with HCV around the world. The one that caught my attention was the health prevention delegate that provided support for GPs and pharmacists.

Session F

Besides the many barriers found in HCV integration with other services, there are alternatives for providing better services to the community, such as the supply of condoms inside prisons. Research is important to identify syndemics.

Session H

We can work to improve care cascades, such as pharmacist care to patients, being able to prescribe treatment in uncomplicated cases or using generic medication provided by the government.

Session K

Different strategies can help improve treatment access, such as: TV program information, lack of exclusion criteria for treatment, integrated treatment, easy diagnosis, providing most technological treatments, etc.

Session M

Treatment outcomes can also be improved by some means. Some examples were shown, such as using treatment as prevention and using a nurse-led social network to provide the necessary care to drug users.

Session Q

Different diagnosis strategies can be used in different locations, depending on which tests are also available. The most technological test available now is a rapid RNA testing, in which patients can have a single-visit HCV diagnosis and get prescription right away.



Session R

Treatment courses have been improved a lot during the years, but we have not reached a perfect course of treatment yet. Ongoing and future studies are necessary.

Session S

Health professionals should fight for providing free and easy access to HCV diagnosis to all their patients, even if national policies do not provide such tests. Not only should high-risk groups be tested, but also every person willing to be tested.

Key Learning in One Sentence

There are many professionals and researchers who have been implementing different strategies to reach people with hepatitis C or substance users in order to provide access to diagnosis, treatment, harm reduction and better access to care. Many of these professionals and researchers are willing to share ideas so that other professionals will be able to provide better care to their patients as well. The key learning for me was the possibility and willingness to cooperate, even internationally.

"INHSU was able to provide me with rapid professional growth and the development of new ideas that can be applied in the reality of my country. The knowledge I obtained will be shared with my co-workers during our meetings. I plan on sharing information and providing them with the materials I collected during the symposium."