



JOINT ACTION ON HIV AND CO-INFECTION
PREVENTION AND HARM REDUCTION

SUMMARY OF THE
2ND PERIODIC TECHNICAL REPORT
FOR THE
JOINT ACTION ON HIV AND CO-INFECTION
PREVENTION AND HARM REDUCTION
(HA-REACT)

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INTRODUCTION

ABOUT HA-REACT

The Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis (TB) and viral hepatitis, among people who inject drugs (PWID). The three-year project was launched in late 2015 with core funding by the Health Programme 2014-2020 from European Union (EU). Twenty-two partners representing 18 EU Member States are currently implementing the project. Additional expertise is provided by 14 collaborating partners, including the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The HA-REACT project has been carried out in three focus countries: Latvia, Lithuania and Hungary. However, materials developed as part of the Joint Action will be of benefit to the entire European Union.

KEY FACTS

Budget	approx. EUR 3,75 million co-funded by the Health Programme of the European Union
Duration	October 2015 – January 2019
Coordination	National Institute for Health and Welfare (THL), Finland
Partners	22 partners from 18 countries

HA-REACT OBJECTIVES

WORKING TOGETHER

to prevent HIV, viral hepatitis and tuberculosis among people who inject drugs in Europe.



- To improve countries' capacity to respond to HIV and co-infection risks, and provide harm reduction measures, focusing specifically on PWID.
- To focus on European Union member states where there are obvious barriers to effective and evidence-based interventions, or where such interventions are not sufficiently implemented.
- To encourage the implementation of comprehensive harm reduction in all EU Member States, as an essential strategy to improve the prevention and treatment of HIV, TB and viral hepatitis.

The overall aim of HA-REACT is to significantly contribute to the elimination of HIV and to reduce the number of cases of TB and viral hepatitis among PWID in the European Union by 2020. This objective aligns with strategic action plans issued by the European Union, World Health Organization, UNAIDS and the United Nations Office on Drugs and Crime (UNODC).

COORDINATION WITH NATIONAL, EUROPEAN AND INTERNATIONAL PROJECTS

- The objectives of HA-REACT are in line with the **Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)** strategy and action plan of the Expert Group. This is why HA-REACT has collaborated with NDPHS on HIV, TB and associated infections from the beginning.
- Collaboration with **Optimising testing and linkage to care for HIV across Europe (Opt-TEST)** has encouraged national partners to participate in a survey on the legal and regulatory barriers to HIV testing and treatment, and other activities of this project.
- At the international level, HA-REACT has collaborated with **Doctors of the World** and the **Eurasian Harm Reduction Network (EHRN)**. These NGOs have had an active role in HA-REACT seminars and have presented their experiences of sustainable funding and harm reduction mobile units (WP5).
- At the national level in Latvia and Lithuania, there has been active engagement with several non-governmental organisations (NGOs), especially **DIA+LOGS, I can Live and Fund it!**, in order to determine the main barriers for PWID. HA-REACT is creating a manual to overcome harm reduction professionals' reluctance, educational materials targeting PWID, etc (WP5).



- For a study visit to Spain in 2016, HA-REACT worked together with the main public health agencies in Madrid (**Madrid Health**) and Barcelona (**Public Health Agency from Barcelona**) (WP5).
- HA-REACT is collaborating with the **European Centre for Disease Prevention and Control (ECDC)** with WP leaders participating in expert panels, in order to prepare guidance on the prevention of infectious diseases in penal institutions (WP6).
- The 1st international workshop on integrated care was held at the Regional Harm Reduction Conference in April 2017 and was planned in collaboration with **EHRN** (WP7).



- HA-REACT has been collaborating with **EHRN** and **Harm Reduction International (HRI)** on a sustainable funding project called **Harm Reduction Works Fund it!** The project is funded by the Global Fund and aims to track sources of funding, their duration and the steps following the termination of funds. This is of great interest to the focus countries which have a strategic focus on transitioning from Global Fund support to independent funding (WP8).

PROJECT RESULTS AND VISIBILITY

PWID encounter barriers when accessing health services for HIV, TB and viral hepatitis. HA-REACT aspires to create a platform where public health authorities, researchers, policy makers and government officials can collaborate to create health policies for PWID. The project should strengthen the capacity of harm reduction workers.

The Joint Action aims to encourage more knowledge on infectious diseases that particularly affect PWID. Therefore, HA-REACT will continue to work closely with major infectious disease epidemiology centres in the EU and at the country level.

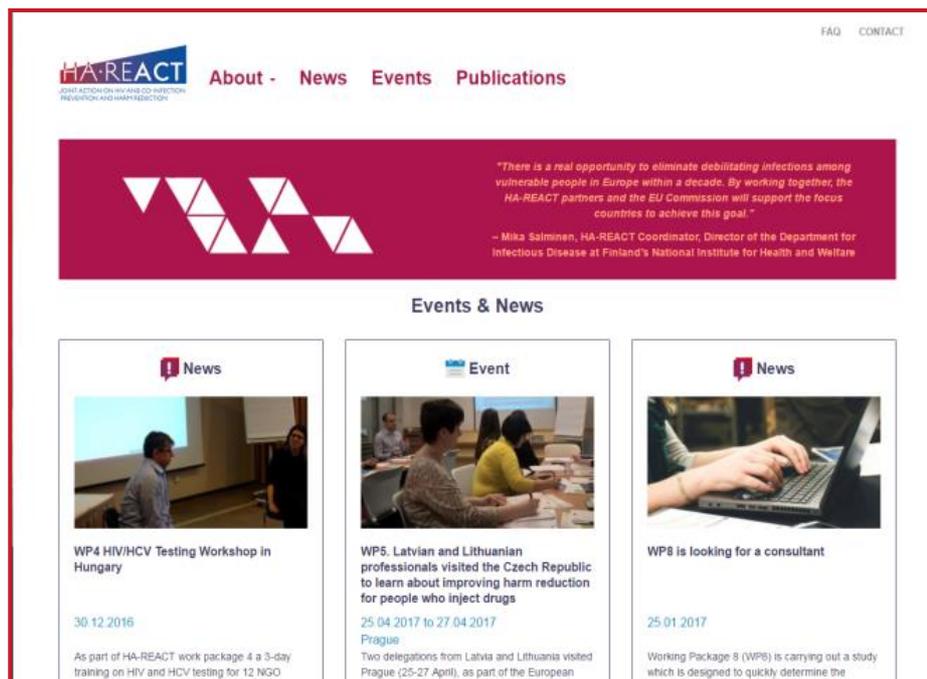
HA-REACT will also use the Joint Action as a forum to display the work of existing European harm reduction networks and engage with them in their capacity as civil society members. Most importantly, we will cooperate with the member states themselves to ensure the integration of HA-REACT activities into national policies.

PROJECT WEBSITE

<http://www.hareact.eu/en>

The HA-REACT website is managed by the pan-European platform, AIDS Action Europe. The platform has served as a strong knowledge management tool for the Joint Action. AIDS Action Europe dedicates a section of their website specifically to events on harm reduction. This allows WP leaders to disseminate information on events, thus allowing for a wider audience to understand the monthly activities of the Joint Action.

In addition, there is an area of the website used to store relevant policy and track events and workshops. All members are encouraged to use this area to remain on top of current activities. The link to the website is on all presentations given on behalf of HA-REACT and is widely disseminated on social media.



HA-REACT WORK PACKAGES AND LEAD PARTNERS

Work package 1: Coordination

Work package lead: Mika Salminen (leader) and Outi Karvonen (project manager)
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Work package 4: Testing and linkage to care

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Work package 5: Scaling up harm reduction

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Work package 6: Harm reduction and continuity of care in prisons

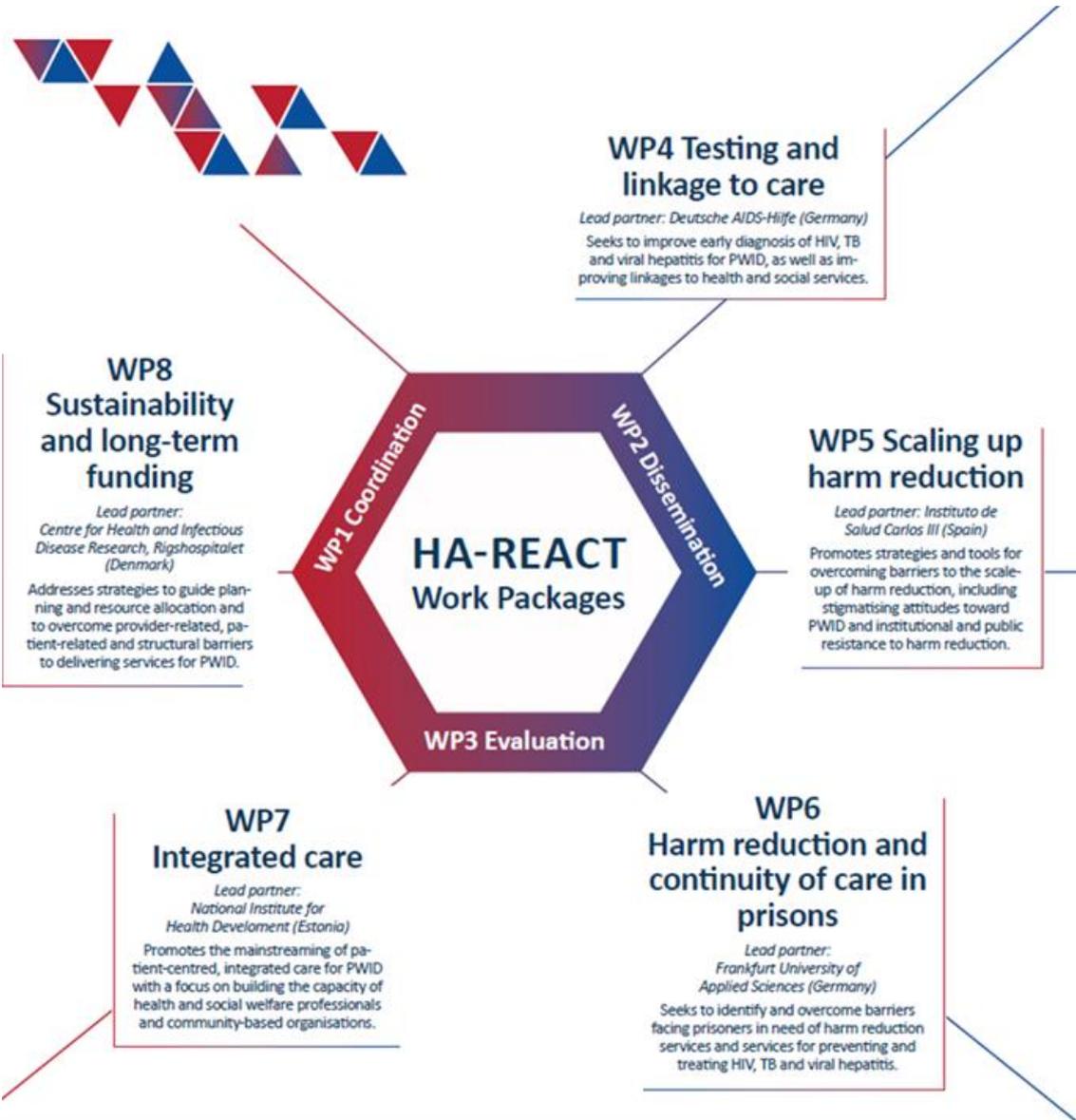
Work package lead: ISFF, Heino Stöver
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Work package 7: Integrated care of people who inject drugs

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Work package 8: Sustainability and long-term funding

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SUMMARY: 2ND PERIODIC TECHNICAL REPORT

OVERVIEW OF EVALUATION ACTIVITIES AND RESULTS

The eight primary objectives of the HA-REACT Joint Action 1-5 were assigned to WP4-8. Here we provide an overview of what the individual WPs have done to work towards these goals.

WP1: Coordination

Objective:

A well-coordinated Joint Action and functioning management should provide timely reporting, budget control and support for successful implementation.

Progress:

- Organised the Partnership Forum in Riga, 2-4 November, 2016. 50 experts participated in joint Forum and 39 participated in administrative Forum.
- Kick-off of the Joint Action in Vilnius on 14 January, 2016.
- 2nd Advisory Board meeting on 4th November, 2016 with 22 participants.
- 4th Steering Committee meeting on 8-9 June, 2017 with 12 participants.
- Lithuania Ministry of Health meeting 9th June, 2017 regarding rapid HIV and HCV testing in low-threshold services. Obstacles to testing were later removed by the Ministry (Summer 2017).
- Hungary Ministry of Human Capacities meeting (Coordinator, WP4 lead and CHAFAEA) July 2017 regarding collaboration with Hungary post-merge of government offices. Ministry of Human Capacities agreed to be new partner in HA-REACT.
- Conducted 7 steering committee meetings, plus a special meeting, via Skype.
- Coordinators continue to present the Joint Action at events such as:
 - ECDC meeting and European Commission Consumers, Health,

- Agriculture and Food Executive Agency (CHAFAEA) Symposium, Malta (Jan 2017)
- NDPHS Expert Group on HIV, TB and Associated Infections, Oslo (March 2017)

Internal evaluation:

“From the view of the associated partners and the advisory board the work of the project coordinator appears to be very organised and effective”.

Some challenges remain in solving conflicts between partners, as well as in involving collaborating partners into the activities.

WP2: Dissemination

Objective:

Through the Joint Action three-year project period, the coordinators and partners will share information publicly on a frequent and regular basis and link activities to important meetings, trainings and events. The project seeks to be highly visible in its field by reporting on progress, results and deliverables intended for project beneficiaries and a broader audience.

Progress:

- Launched HA-REACT website in 2016 (<http://www.hareact.eu/en>) with areas for targeted dissemination of activities, including “news” and a calendar of events.
- Host continuing blog series on BioMed Central “On Health” blog under *Hepatology, Medicine and Policy* (HMAP) blog including blog series with interviews of WP leaders and series on financing for harm reduction.
- On-going social media presence (LinkedIn and Twitter) and active engagement with key influencers in the European infectious disease community and beyond via tag #HAREACT.

Progress:

- Organised and implemented three 3-day workshops in Hungary and Latvia. Training included:
 1. HIV and HCV
 2. Rapid HIV/HCV test
 3. Quality Control
 4. Rapid HIV Test – conditions for rapid test offers
 5. Performing HIV Rapid Tests: Demonstration and Practice
 6. Strategies for test promotion
 7. Test counselling
 8. Results notification
 9. Difficult situations in test counselling

 - A. Introductory training Latvia – 15-17 November 2016
 - i. Provided information on rapid oral and finger blood tests; pre- and post- HIV/HCV test counselling; risks assessment (based on adopted tools); communication with clients and promoting of testing.
 - ii. Attended by 21 participants from Latvian drug services.
 - iii. Event evaluation showed that the majority of the participants strongly agreed that the training offered useful contents and rated the atmosphere “very good”. Regarding the opportunity to implement the training topics in their work, the participants were more hesitant.

 - B. Introductory training Hungary – 13-15 December 2016
 - i. Same practical content as above Latvia training. Attended by 17 participants.
 - ii. Event evaluation showed that participants reported general benefit from the training. Hungarian participants reported that they “strongly agreed” that the topics in the training could be reflected or applied at their respective workplaces.

 - C. Second training Latvia – 23-25 May 2017
 - i. Follow-up training aimed at providing practical answers for problems raised by trained participants in their first rapid testing experiences. Topics covered were gender specific needs and possible services, including information/counselling for contraception, pregnancy, HIV and mother-to-child-transmission (MTCT), and TB screening, all within low threshold services.
-
- ii. One day focused entirely on TB in cooperation with WP7
 - iii. Trained participants on key interventions of harm reduction in cooperation with WP5 and Correlation Network.
 - iv. Attended by 23 participants. Evaluation showed satisfaction but hesitancy in how to implement new knowledge in their workplaces.
-
- Developed interactive training manual and e-learning package on HIV, HCV and TV testing in low-threshold settings for personnel who work with PWID (special focus on women and peers). Drafted and sent for comments. In process of expansion and addition of new module on “Testing in Prison Settings” in cooperation with WP6.
 - Improved awareness of clients of their infection status, as well as prevention and treatment of HIV, HCV and TB.
 - Developed, produced and disseminated leaflets and posters in English (with translations in HU, LAV and RU) containing information about testing services within low threshold services for PWID. See original leaflet from 2015-2016 [here](#).
 - Started development of questionnaires for pre- and post-test counselling and risk assessment with *Instituto de Salud Carlos III* (Spain). Postponed until collaboration can proceed.
 - Began establishment of network of existing institutions, namely testing services, providing to ensure treatment options and counselling for clients in need of further support. Completed first steps to ensure access to treatment after positive test result in network specifically due to in-practice feedback from participants in Latvia trainings. Should be discussed with WP5 in combination with scaling-up harm reduction measures.
 - Developed and implemented gender-specific approach in testing services focusing on

needs of women who use drugs. Aim to utilise existing guidelines and check-lists for this approach. Timeline for guidelines is April 2018. Expert from Milan was subcontracted (NGO LILA Milano) to provide further expertise and develop training materials. Guidelines will centre around concrete interventions to reach women who use drugs and connect them to harm reduction and rapid HIV and HCV testing.



WP5: Scaling up harm reduction

Objective 2:

To scale up harm reduction services in the EU, based on Latvian and Lithuanian case-studies.

Progress:

1. Organised three study visits:

- i. Spain (I) (month 13): Participants from Latvia: 9 from different fields: Centre for Disease Prevention and Control (CDPC) of Latvia, Centre for Disease Prevention and Control (CDPC) of Latvia, Latvian Red Cross, Ministry of Health, Latvia and Narcology Center in Riga;
- ii. Czech Republic (month 19): Participants from Latvia (9, with similar profile to previous study visit) and Lithuania (6 with a political profile);
- iii. Spain (II) (month 24): Participants from Lithuania (as focus country), Estonia (2), Czech Republic (3) and Greece (as responsables of final report)'

Study visits included visits to addiction treatment centres and harm reduction resources (shelters, supervised consumption rooms, mobile units, and pharmacies participating in HR).

Study visits were important for provoking debates on strategy, overcoming political barriers, and successful resources for harm reduction.

Evaluation showed majority of participants were satisfied with organisation of study visits. Critical assessments were focused on whether home workplaces would be able to replicate services with low resources and political will.

- Continuing to identify gaps/barriers for harm reduction interventions (HRI) beyond those identified in desk study and adjusting Joint Action activities accordingly.
- Sub-contracted work for a manual to overcome HRI professionals' reluctance, with participation of Latvia and Lithuania as focus countries, Spain as WP5 leader, and Slovenia Croatia as activity leaders. Final document will be in ENG, LAV, LIT, and RU.
- Developing document with educational materials targeted to PWID. Main messages decided, target and format to be determined.
- Mobile Unit (MU) activity as of January 2017. NGO DIA+LOGS subcontracted to manage activities in Latvia. 1st evaluation visit occurred 30 August-02 September 2017 with quantitative and qualitative evaluation.
 - **Strengths:** NGO has experience since 2003 in the harm reduction field, especially in Riga. NGO staff is stable with high levels of satisfaction in their work. Established communication pathway between NGO and the municipalities and clients (drug users and relatives). Mobile unit allows outreach to people who otherwise could not access such resources, especially in smaller villages.
 - **Weaknesses:** Riga municipality is positive towards HR, other municipalities less cooperative. Lack of resources beyond HR service support (some clients need connection to social/legal resources). HIV tests are not instant (20mins) and confirmation tests cost 30 EUR and therefore are unconfirmed by clients. Though treatment is free, requires confirmation tests and otherwise will not be registered in national database for disease surveillance. Data collected from clients doesn't

differentiate drug users from relatives. No baseline target population studies mean lack of strategic placement and functioning. No security protocols. Lack of naloxone and tuberculin (TBC) skin test. Additional harm reduction materials for distribution would attract more clients.

- **Opportunities:** Possible to reach new target populations and areas due to mobility. NGOs forced to have active dialogue with government on facts surrounding drug use. Location for de-stigmatisation of opioid substitution therapy (OST) and dissemination of information.
- **Threats:** Long term financing of MU may not be supported by reduction of Riga municipal budget for harm reduction. Personal bonds between outreach workers and clients can't be such a principal factor in enabling harm reduction activities. Without some level of police collaboration, not possible to repeat venues for distribution. Standard operating procedure must be implemented for each worker in the unit for consistency and continuity.
- Supply provision: Lithuania has delivered almost all supplies (1000 EUR remaining at end of reporting period). Latvia is providing the supplies to the MU and will be complete in the next months.
- Draft protocol on surveillance systems for harm reduction currently under study by Lithuania partner.
- Most recent training took place in Lithuania in the first week of October 2017 and will be included in the final report.
- Stakeholders are actively involved in design and implementation of all WP5 activities and are positive in the evaluation of work so far.

5.1. Mobile Unit in Latvia

First results (January 20 – July 31, 2017)	
Distributed syringes and needles	8,436
Collected syringes and needles	1,485
Distributed condoms	2,688
Rapid HIV tests performed	143
Individual clients	185



Additionally, outreach workers distributed 42,691 syringes and needles and 9,769 condoms in this time period.

WP6: Harm reduction and continuity of care in prison

Objective 3:

To increase harm reduction and improve continuity of care for PWID in prison settings.

Progress:

- In progress (work postponed) situation analysis, review of existing/needed support in participating countries, mapping of existing situation of practice of injecting drugs, harm reduction services, accessibility to healthcare, and continuity of HIV, HCV and TB care. Will do desk study to create “National profiles of harm reduction in prisons” summary document with feedback from key experts.
- Organised “International Training Seminar on OST in Prisons”, Warsaw, Poland 07-09 March 2017. 80 participants from 12 countries. Organised by NAC Poland. Included plenary sessions and four interactive workshops. Evaluation showed satisfaction with seminars but some participants were not sure that the topics would be able to be implemented in their

workplaces. Evaluation demonstrated that seminar was especially useful for participants from Poland and Hungary.

- Planning training workshop as continuation of training seminar for 14-16 November 2017 in Poland with collaboration of Polish Central Prison Board.
- Held meeting on implementation of prison-based needle and syringe programmes (PNSP) 29-30 June 2017 in Luxembourg. Attended by 60 participants from 13 countries. Shared Luxembourg experience in implementation of harm reduction measures in prisons (OST, PNSP, condom provision, safe tattooing). Included a study visit of the main prison in Luxembourg, lectures on the prison and health system, sharing experience for application in delegates' countries, working groups to define and counter barriers to HR. Concluding "Luxembourg Paper on Prison Based Needle and Syringe Exchange Programs" adopted by all delegates.
- Developed e-learning materials and knowledge hub for prisoners and prison services with 4 areas for concern: condom provision, PNSP, OST, and harm reduction in prisons on the website (<http://harmreduction.eu>) launched in December 2016.
- Producing information, education, and communication materials with Czech partner together with prisoners and prison staff.
- Working on toolkit on implementation of harm reduction models in prisons with Danish partner.
- Started pilot of harm reduction measures, including condom provision, in August 2017. Pilot prison identified in Prague. Discussed at length during study visit to Berlin (05-07 October 2016) with 12 Czech representatives.
- Produced one video on PNSP in the Women's Prison in Berlin-Lichtenberg, and one video on NSP in the community in order to demonstrate equivalence of healthcare and harm reduction services (see <https://harmreduction.eu/toolbox/videos>).

- Carried out systematic literature review under supervision of Danish partner, "Health Outcomes for Clients of Needle and Syringe Programs in Prisons" which was submitted and accepted for publication by peer-reviewed journal *Epidemiologic Reviews*. To be published April 2018 and is basis for an upcoming policy brief.



WP7: Integrated care

Objective 4:

To improve the provision of integrated HIV, HCV and TB treatment and harm reduction for PWID.

Progress:

- Organised international workshop on integrated care at the Eurasian Harm Reduction Network (EHRN) conference in Vilnius, Lithuania (04-06 April 2017) on April 5th. Aimed to improve collaboration, facilitate networking and knowledge transfer, and exchange experiences and good practices on integrating services for PWID. 49 attendees with diverse backgrounds (state agencies, NGOs, health workers, PWID).
- Workshop highlights included major challenges and key findings such as:
 - Key to view drug use as a social problem, beyond just health centred approach;
 - HR measures should be comprehensive and context-dependent;
 - Important to integrate feedback from practitioners and experienced clients;
 - Bottom-up approach key to creating right conditions, tools, and methodology to reach full potential of harm reduction services;
 - Successful drug policies and good practice exist in some EU countries (Portugal, Czech

Republic) but important to learn from their limitations and move beyond;

- New, non-hospital-based technologies improve hard-to-reach, or vulnerable populations' quality of life;
- Peer-delivered services have positive impact on client health.
- Organised national workshop in Tallinn, Estonia (30 August 2017) to improve existing take-home naloxone (THN) programmes by engaging general practitioners, police, and prison staff and pharmacists on integrated care. Coincided with International Overdose Awareness Day (31st August). 23 participants with diverse backgrounds took part. Discussion led to primary take-home messages:
 - Good coverage of naloxone can save lives;
 - Wider distribution of naloxone essential in Estonia, especially for patients at risk in small towns;
 - Peers and non-medical personal are willing and able to administer naloxone as more authentic voice conveying client needs;
 - Police want to strengthen cooperation with PWID and are willing to play essential role and ideally create better atmosphere for PWID to ask for help.
- Strengthened collaboration with Estonian Pharmacists' Association (EPA) through workshops and established more open dialogue and cooperation. EPA will raise role of pharmacies in management of opioid addictions in future meetings.
- Organised national workshop in Lithuania 07 September 2017 Vilnius, Lithuania. The goal was to bring together institutions involved in delivering HCV, HIV, and TB care, as well as harm reduction services, to PWID. Addressed stakeholder roles and responsibilities, and models for future collaboration. Included discussions on patient referral pathways and best treatment outcomes. 28 healthcare specialists attended; and main focus was on infectious disease treatment among PWID. Doctors and social workers provided perspectives on barriers to effective integrated health care for PWID and participants worked in groups to identify and

propose ways to overcome main systematic barriers to better collaboration between institutions in order to be more PWID focused.



- Began planning national workshop in Prague, Check Republic (Oct 2017). National workshop will focus on integrated care for drug users in the context of infectious diseases, in particular HIV/AIDS and hepatitis C, ranging from testing to clinical diagnosis, after treatment and dispensarisation.
- Began planning the second international workshop as a satellite event of the 18th International conference on Integrated Care "Value for People and Populations: Investing in Integrated Care" that will take place in Utrecht, Netherlands, 23–25 May 2018.
- Began planning national workshop in December 2017 to introduce the mobile outreach units in Estonia. The key speakers will be Dr Alistair Story (University College Hospitals NHS Foundation Trust) and Ruta Kaupe, who will share the experiences Latvia has had with mobile outreach units.
- Began planning national workshop in Czech Republic in November 2017 and in Hungary and Lithuania in April 2018.
- Working on toolkit. The Toolkit will be based on European good practices and existing evidence based and practice informed projects. The aim is to improve the provision of integrated HIV, HCV, TB, harm reduction and drug treatment services in a client-centred and client-friendly manner whilst also guaranteeing a high level of confidentiality. The Toolkit will synthesize core recommendations from international guidelines, include examples of the most

relevant models of care (good practices, case studies), quality assessment and facilitation tools.

- Began planning study trip for 2018. An Estonian delegation will visit Portugal to learn about how to implement harm reduction and health services in mobile outreach units.

WP8: Sustainability and long-term funding

Objective 5:

To update national programmes to overcome barriers to responding to HIV, TB and HCV-related needs of PWID in the EU, with particular focus given to Latvia, Lithuania and Hungary.

Progress:

- Prepared and carried out open-ended survey to map barriers for PWID access to HIV, hepatitis and TB services. Survey closed on 18 May 2017. Results were presented at Addictions Conference in Lisbon, Portugal in October 2017.
- Literature review is in process to compliment the survey results; on barriers to accessing HIV and hepatitis services, including harm

reduction and treatment, globally and in Europe specifically. Prepared draft review and is being finalized as results are circulated to all WP leaders.

- Drafted review of current policy environments in focus countries and implementation of national policies in relation to services for prisoners and PWID. Policy reviews from Hungary, Latvia and Lithuania are currently being finalized by Denmark and will be supplemented with a statistical annex.
- Chaired final session with EU stakeholders in Budapest on harm reduction funding at final meeting of project “Harm reduction works – Fund it!” in October 2016.
- Held second meeting on funding for harm reduction at EHRN “1st Regional Conference for Central and Eastern Europe and Central Asia” in Vilnius Lithuania (April 2017). HA-REACT meeting geared towards regional planning and sharing knowledge and experience, with objective to coordinate and improve funding and sustainability efforts for harm reduction services. Attendees included clinicians, NGOs, independent consultants, public health experts, and national representatives from health institutions.
- Circulated first draft of “Guidance on funding mechanisms” for comments.

EVENTS AND PRESENTATIONS

2016

28-30 September 2016 – CHAFAEA presentation at **European Health Forum Gastein**

6-7 October 2016 – **WP6** Study tour for prison staff from Czech Republic (Heino Stöver)

18-21 October 2016 – **WP5** Latvian delegation visit to Spain, learning about improving prevention of HIV in populations of people who inject drugs (Luis Sordo del Castillo)

26 October 2016 – Harm Reduction International, Budapest, Hungary, HA-REACT Sustainable Funding meeting (Jeffrey Lazarus)

02-03 November 2016 – **HA-REACT Partnership Forum** all participants

15-17 November 2016 – **WP4** HIV/HCV testing workshop, Riga, Latvia (Inessa Vyshemirskaja)

13-15 December 2016 – **WP4** HIV/HCV testing workshop, Budapest, Hungary (Inessa Vyshemirskaja)

18-20 December 2016 – European HIV/AIDS Civil Society Forum & Think Tank, Luxembourg (Michael Krone)



2017

23-26 March 2017 – 1st World Congress of the World Association on Dual Disorders, Madrid, Spain (Luis Sordo del Castillo)

04 April 2017 – **WP7** 1st International Workshop, HA-REACT, Vilnius, Lithuania (Aljona Kurbatova, Kristel Kivimets)

06 April 2017 – **WP8** Sustainable Funding Meeting as part of Regional Harm Reduction Conference with the Global Fund and Eurasian Harm Reduction Network (EHRN), Vilnius, Lithuania (Jeffrey Lazarus)

25-27 April 2017 – **WP5** Latvian and Lithuanian professionals visit Czech Republic to learn about improving harm reduction for people who inject drugs (Luis Sordo del Castillo)

23-25 May 2017 – **WP4** HIV/HCV testing and linkage to care workshop, Riga, Latvia (Alexandra Gurinova)

14 June 2017 – EMCDDA and ECDC joint meeting, Lisbon, Portugal (Jeffrey Lazarus)

20-22 June 2017 – European HIV/AIDS Civil Society Forum & Think Tank, Luxembourg (Michael Krone)

29-30 June 2017 – **WP6** “Needle exchange and other harm reduction measures in prison settings” conference, Luxembourg (Heino Stöver, Outi Karvonen)

30 August 2017 – **WP4** supervision, Riga and Ogre, Latvia (Alexandra Gurinova, Henrikki Brummer-Korvenkontio)

30 August 2017 – **WP7** Workshop review: “Preventing Opioid Overdose Deaths”, Tallinn, Estonia (Aljona Kurbatova, Kristel Kivimets)

07 September 2017 – **WP7** One-day workshop on integrated care, Vilnius, Lithuania

18-19 September 2017 – Tuberculosis workshop by Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Expert Group on HIV, TB and Associated Infections and Nordic Council of Ministers and Consulate General of Finland in St. Petersburg, St Petersburg, Russia (Outi Karvonen)

06-08 September 2017 – International Network on Hepatitis in Substance Users annual symposium, New York, USA (Jeffrey Lazarus)

12-15 September 2017 – **WP5** Lithuanian professionals visited Spain (Madrid and Barcelona) to learn about improving harm reduction for people who inject drugs (Luis Sordo del Castillo, Iciar Indave)

19-20 September 2017 – Launch seminar of INTEGRATE Joint Action, Brussels, Belgium (Alexandra Gurinova)

24-26 September 2017 – HA-REACT abstract in European Forum for Primary Care conference, Porto, Portugal (Mika Salminen)

LESSONS LEARNED

The number of stakeholders involved in the planning process of the Joint Action has proven to be challenging. Future planning activities should be interactive using new technologies such as webinars, video conferences etc. expanding on the means currently used.

RECOMMENDATIONS

WP1: Coordination

The logical framework approach workshops proved to be a good tool for the planning activities in the beginning of the project. This approach gives an analytical and comprehensive picture of possible problems that may occur. For the 2nd internal evaluation, the 1st amendment was prepared on the basis of these observations. More attention was also paid to guidance on financial issues during the second year.

It has been shown that the participant portal is still challenging to use for both coordinators and partners and should include further training and learning. Any opportunity to increase activity in working and communication methods among the advisory board and collaborating partners should be utilised, as active involvement could still be developed further.

WP2: Dissemination

Dissemination activities via blog posts and tweets have been very active. This demands continuous efforts.

WP3: Evaluation

Leaders must keep in mind constant need for internal evaluation using questionnaires and provision of evaluation forms for all activities. Still to be improved on basis of experiences of the second year.

WP4: Testing and linkage to care

Structural problems detected on country mission to Latvia still to be improved.

Enhancement of testing is not enough alone; the wider structure needs to be considered.

WP5: Scaling up harm reduction

Study visits were very successful and initiated debates among the Latvian and Lithuanian delegation. To give two examples, Latvian delegation have used visit to Madrid HR mobile Unit and Barcelona's pharmacies as standards in its own country. In the case of Lithuania, participants in Czech's Study visit were mainly decision makers rather than HR professionals in order to scale up harm reduction from a political point of view.

WP6: Harm reduction and continuity of care in prison

The activities have continued with full speed; some have been implemented even earlier than planned. The pilot prison in Czech Republic may demand quite a lot of attention; also sustainability issues need to be discussed. – Additional activities have been added into the Czech Republic in both amendments. The Czech partner is very active and motivated.

WP7: Integrated care

Activities started in the 2nd year will be culminated during the 3rd year. Further collaboration with WP4 and WP5 on linkage to care is essential.

WP8: Sustainability and long-term funding

Survey, literature review and policy reports are all under preparation. There are some delays and catching up demands enhanced advising of partners by REGIONH. – Still more time is needed to finalise the D8.1 Report on prevention and treatment service access barriers which will include the components mentioned above; change of timeline to M28 was requested in the 2nd amendment.

PROJECT DISSEMINATION AND NEWS

- <http://www.hareact.eu/en>
- <https://www.thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/projects/33323>
- <http://www.tai.ee/et/instituut/koostooprojektid/ha-react>
http://www.aids.gov.pl/wspolpraca_miedzynarodowa/772/
- <http://www.udruga-let.hr/novosti/letak-iz-projekta-ha-react/>
- <https://smlouvy.gov.cz/smlouva/838669>
- <http://www.chip.dk/Collaborations/HA-REACT>
- <https://www.frankfurt-university.de/fachbereiche/fb4/forschung/forschungsinstitute/isff/forschungsprojekte/ha-react.html>
- <https://slimibas.lv/2016/11/04/riga-notiek-projekta-vienota-riciba-hiv-un-saistito-infekciju-profilakse-kaitejuma-mazinasanai-forums/>
- <http://www.ulac.lt/renginiai/Uzkreciamuju-ligu-ir-AIDS-centro-specialistai-lapkricio-2-d.-dalyvavo-projekto-ZIV-ir-susijusiu-infekciju-prevencija-ir-zalos-mazinimas-677085-HA-REACT-partnerystes-forume-kuris-vyko-Rygoje>
- <http://www.vplc.lt/naujienos/268>
- <http://www.aidsactioneurope.org/en/project/ha-react-joint-action-hiv-and-co-infection-prevention-and-harm-reduction> (in addition to the HA-REACT itself which is also maintained by AAE).
- [THL news about the 2nd Partnership Forum here](#)
- <https://www.harmreduction.eu/news>
- <http://blogs.biomedcentral.com/on-health/tag/ha-react/>

LIST OF ABBREVIATIONS

CHAFEA	European Commission Consumers, Health, Agriculture and Food Executive Agency
ECDC	European Centre for Disease Prevention and Control
EHRN	Eurasian Harm Reduction Network
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EPA	Estonian Pharmacists' Association
EU	European Union
HA-REACT	Joint Action on HIV and Co-infection Prevention and Harm Reduction
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HMAP	<i>Hepatology, Medicine and Policy</i> journal
HR	Harm reduction
HRI	Harm Reduction International
HU	Hungarian language
INTEGRATE	Joint Action on Integrating Prevention, Testing and Linkage to Care Strategies Across HIV, Viral Hepatitis, TB and STIs in Europe
LV	Latvian language
MTCT	Mother-to-child-transmission
MU	Mobile unit
NDPHS	Northern Dimension Partnership in Public Health and Social Wellbeing
NGO	Non-governmental organization
NSP	Needle and syringe programme
Opt-TEST	Optimising testing and linkage to care for HIV across Europe
OST	Opioid substitution therapy
PWID	People who inject drugs
PNSP	Prison-based needle and syringe programs
RU	Russian language
STI	Sexually transmitted infection
TB	Tuberculosis
TBC	Tuberculin skin test
THL	Finland National Institute for Health and Welfare
THN	Take-home naloxone
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WP	Work package

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Croatia. Croatian Institute of Public Health (Hrvatski zavod za javno zdravstvo); Life Quality Improvement Organisation - NGO FLIGHT (Udruga za unapređenje kvalitete življenja "LET")



Czech Republic. National Monitoring Centre for Drugs and Addiction (Office of the Government of the Czech Republic)



Denmark. Centre for Health and Infectious Disease Research, Rigshospitalet



Estonia. National Institute for Health Development (Tervise Arengu Instituut)



Finland. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos)



Greece. Hellenic Center for Disease Control And Prevention (Kentro Eleghou & Prolipsis Nosimaton)



Germany. Centre for Interdisciplinary Addiction Research, University of Hamburg; Institut für Suchtforschung; Deutsche AIDS-Hilfe, AIDS Action Europe



Hungary. Ministry of Human Capacities



Iceland. Landspítali University Hospital



Italy. National Institute for Infectious Diseases (Istituto Nazionale Malattie Infettive L. Spallanzani)



Latvia. Center for Disease Prevention and Control of the Republic of Latvia (Slimību profilakses un kontroles centrs)



Lithuania. Centre for Communicable Diseases and AIDS (Užkrečiamųjų ligų ir AIDS centras – ULAC); Vilnius Centre for Addictive Disorders (Vilniaus priklausomybės ligų centras)



Luxembourg. Directorate of Health – Division of Sanitary Inspection (Ministère de la Santé)



Malta. Ministry for Health



Poland. National AIDS Centre (Krajowe Centrum ds. AIDS)



Portugal. Directorate-General of Health (Ministerio Da Saude)



Slovenia. Association ŠKUC (Društvo ŠKUC)



Spain. Carlos III Health Institute, Biomedical Research Networking Centre (Instituto de Salud Carlos III (ISCIII), Centro de Investigación Biomédica en Red (CIBER))

COLLABORATING PARTNERS

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Czech AIDS Help Society
Department of Health, London, United Kingdom
European Centre for Disease Prevention and Control
European Monitoring Centre for Drugs and Drug Addiction
Free Clinic, Belgium
Grupo de Ativistas em Tratamento (GAT), Portugal
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