



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

SUMMARY OF THE
ACTIVITIES AND RESULTS OF THE
JOINT ACTION ON HIV AND CO-INFECTION
PREVENTION AND HARM REDUCTION
(HA-REACT)

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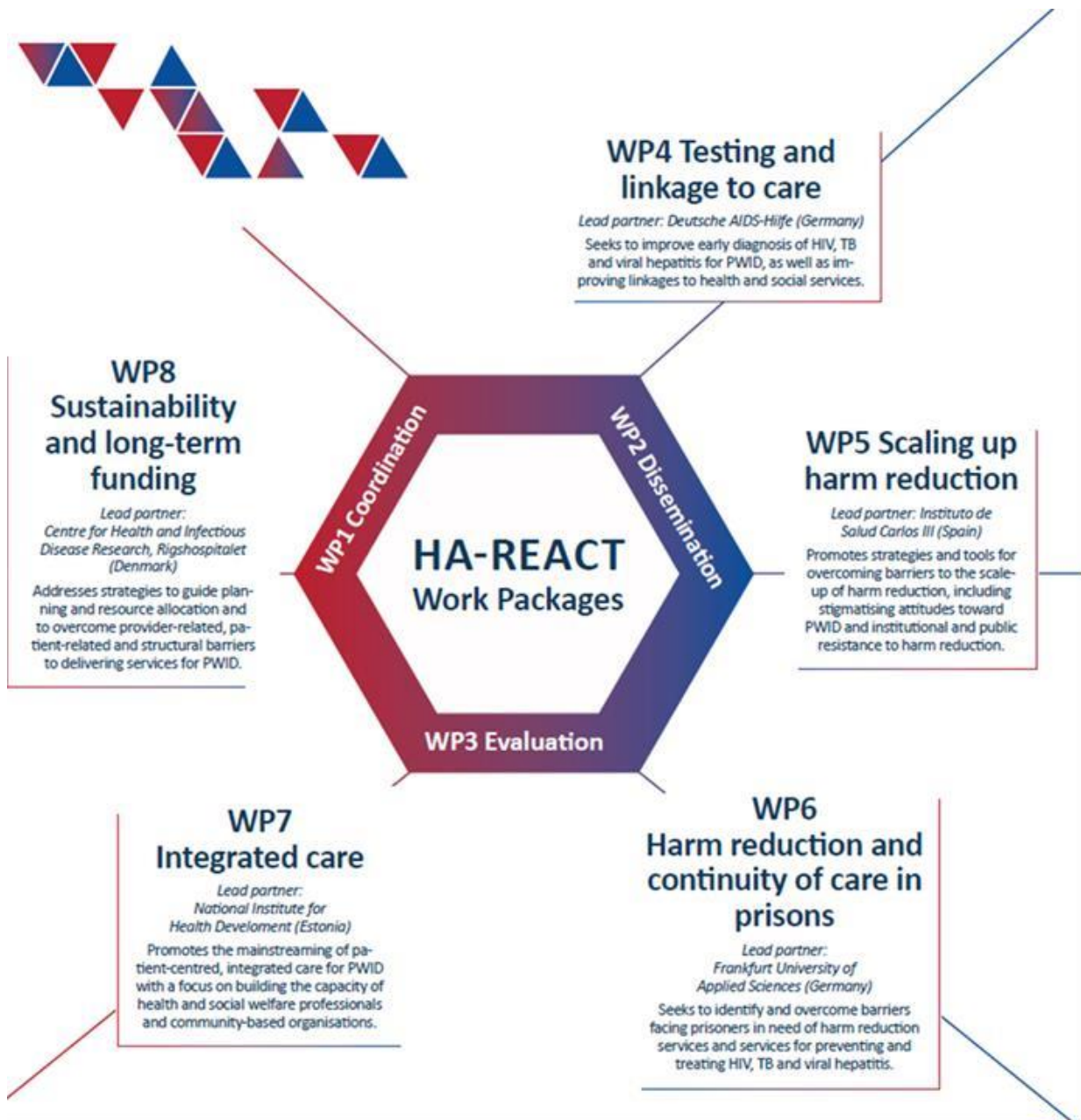


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ABOUT HA-REACT

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). A three-year project was launched in late 2015 with core funding by the Health Programme 2014–2020 of the European Union (EU). Twenty-two partners representing 18 EU Member States implemented the project. Additional expertise was 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 was carried out in three focus countries: Latvia, Lithuania and Hungary. However, the materials developed as part of the Joint Action will be of benefit to the entire EU.

KEY FACTS

Budget	approx. €3.75 million co-funded by the Health Programme of the EU
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 EU 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 services 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 was to significantly contribute to the elimination of HIV and to reduce the number of cases of TB and viral hepatitis among PWID in the EU by 2020. This objective aligns with strategic action plans issued by the EU, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (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, and a longstanding relationship between the coordinators and NDPHS, is why HA-REACT collaborated with them from the beginning.
- Collaboration with the European Commission's **Optimising testing and linkage to care for HIV across Europe (Opt-TEST)** project 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.
- Further, HA-REACT collaborated with **Doctors of the World** and the **Eurasian Harm Reduction Network (EHRN)**. These non-governmental organizations (NGOs) had an active role in HA-REACT seminars and presented their experiences of sustainable funding and harm reduction mobile units (work package [WP]5).
- At the national level in Latvia and Lithuania, there was active engagement with several NGOs, especially **DIA+LOGS, I can Live and Fund it!**
- 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 collaborated with the **European Centre for Disease Prevention and Control (ECDC)**, and WP leaders participated in expert panels, in order to prepare guidance on the prevention of infectious diseases in penal institutions (WP6).
- Continuous collaboration was carried out with the **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** which gave its active input in the Advisory Board of HA-REACT.
- The first 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 collaborated 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 aspired to create a platform where public health authorities, researchers, policy-makers and government officials could collaborate to create health policies for PWID. The project set out to strengthen the capacity of harm reduction workers.

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

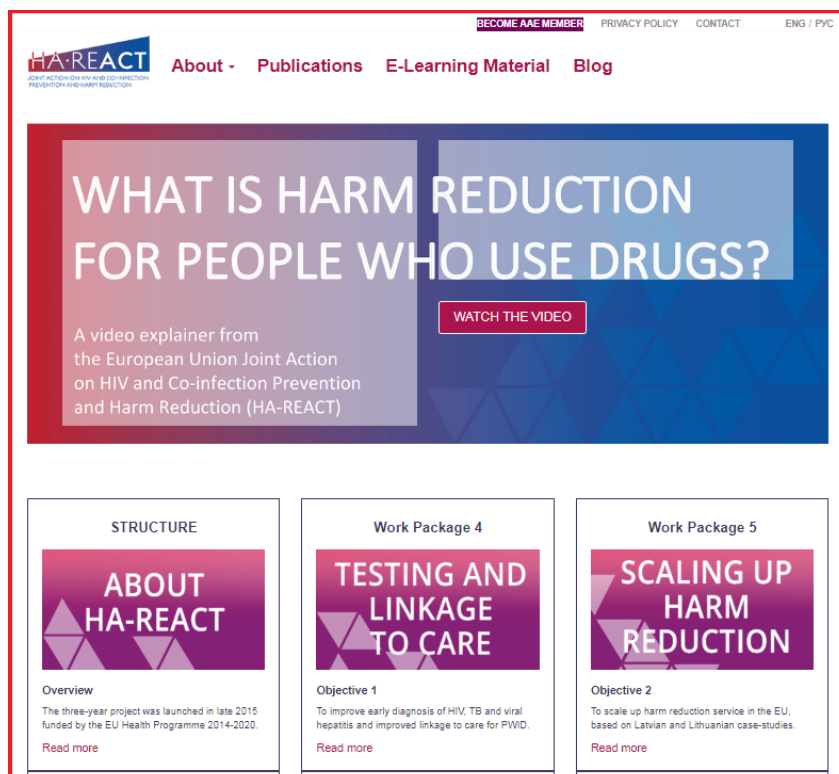
HA-REACT also harnessed the Joint Action as a forum to display the work of existing European harm reduction networks and engage with them in their capacity as civil society members. Most importantly, it cooperated with the Member States themselves to ensure the integration of HA-REACT activities into national policies.

PROJECT WEBSITE

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

The HA-REACT website was managed by the pan-European platform AIDS Action Europe. The platform served as a strong knowledge management tool for the Joint Action. AIDS Action Europe dedicated a section of their website specifically to events on harm reduction. This allowed 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. The link to the website was on all presentations given on behalf of HA-REACT and was widely disseminated in the social media.



HA-REACT WORK PACKAGES AND LEAD PARTNERS

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ADVISORY BOARD

Co-chaired by: ECDC, EMCDDA and Civil Society Forum on Drugs

Members: Chafea, DG Santé, DG Home, WHO/EURO, Civil Society Forum on HIV/AIDS, European Network of people who use drugs (EuroNPUD), Eurasian Harm Reduction Network (EHRN, later EHRA), European Association for the Study of the Liver (EASL), European Liver Patients Association (ELPA), NDPHS Expert Group on HIV, TB and Associated Infections, UNODC and European Forum for Primary Care

SUMMARY of the PERIODIC TECHNICAL REPORTS

OVERVIEW OF OUTPUTS AND RESULTS

This section provides an overview of what the individual WPs did to work towards HA-REACT goals from October 2015 until January 2019. The periodic reports should be consulted for a comprehensive overview of the Joint Action.



WP3: Evaluation

Objective

To arrange an evaluation framework to measure and monitor:

- achievement of project goals of the 2003 Council recommendation, EU drug strategy (2013–2020), EU Action Plan on Drugs (2013–2016,) and the EU HIV policies and action plan on HIV/AIDS;
- to what extent the Joint Action outcomes match the needs of EU Member States;
- to what extent project activities are implemented as intended.

Outputs

- Instruments for data collection of various intervention measures, reporting documents for workshops, study visits and training sessions were developed, and an evaluation framework was finalised in July 2016.
- A survey database was set up for data collection from five groups (associated partners, collaborating partners, advisory boards, national REITOX focal points and Eurasian Harm Reduction Association HRA members).
- Three internal evaluations were carried out, and during the third year expert interviews were conducted in the focus countries.
- Special attention was paid to the mobile unit in Latvia and the prison pilot in the Czech Republic.
- External evaluation was tendered and subcontracted in the middle of the third year.

Results

- According to the internal evaluation, overall satisfaction with training events was good (more than 80% in the 3rd year); especially study visits were highly appreciated. Anyhow there were some hesitations whether the learned methods can be applied at respondents' own work place.
- According to the evaluation of the impact in focus countries, respondents saw increase of ability to address HCV, HIV and TB as well as development of new skills in harm reduction.
- The external evaluation showed that HA-REACT has contributed to the EU international commitments and the results are well in line with the relevant policy documents like Combating HIV/AIDS in the European Union and neighbouring countries and its action plan (2014-2016), the EU drug strategy (2013-2020) and its Action Plan on Drugs (2013-2016 and 2017-2020); WHO global health sector strategy on HIV 2016–2021, UNAIDS Global AIDS monitoring 2018, SDGs and some others.

WP4: Testing and linkage to care

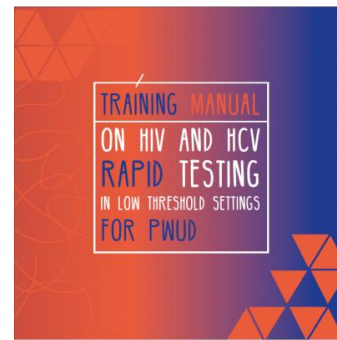
Objective 1

Improved early diagnosis of HIV, viral hepatitis and TB, as well as improved linkage to care for men and women who inject drugs

Outputs and results

- Training of personnel working with PWID in Hungary and Latvia was organised in the following topics:
 - i. HIV and HCV
 - ii. rapid HIV/HCV testing
 - iii. quality control
 - iv. rapid HIV and HCV tests – conditions for offering rapid tests
 - v. performing HIV and HCV rapid tests: demonstration and practice
 - vi. strategies for test promotion
 - vii. test counselling
 - viii. results notification
 - ix. difficult situations in test counselling
 - x. gender-specific approach in testing services
 - xi. TB in people who use drugs. HIV and TB co-infection
 - xii. core interventions for harm reduction.

- The training cycle included National seminar on infectious diseases testing and counselling in the Czech Republic, in October 2018
- Altogether 176 workers were trained by WP4.
- An interactive training manual and e-learning package were developed on HIV, HCV and TB testing in low-threshold settings for personnel who work with PWID (special focus on women and peers). The manual was developed in English and translated in Hungarian, Latvian and Russian languages. The manual is available in hard copy and online. More than 700 copies were distributed at meetings.



- Leaflets and posters were developed in English (with translations in HU, LV and RU) containing information about testing services within low-threshold services for PWID (355 posters and 13 200 leaflets were distributed). Additional information materials in the form of candies with vitamin C were developed (2200 distributed).



- Questionnaires for pre- and post-test counselling and risk assessment were developed in cooperation with Instituto de Salud Carlos III (Spain).
- In cooperation with WP7, a network of test services and other institutions providing HIV, HCV, TB services was established to ensure treatment options and counselling for those clients who are in need and want further support.
- Guidelines on gender-specific approach for testing services, focusing on the needs of women who use drugs, were developed and included into the Training manual.

WP5: Scaling up harm reduction

Objective 2

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

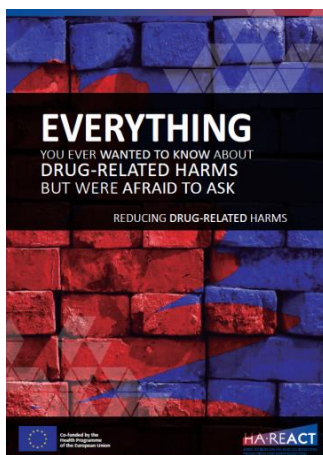
Outputs and results

Training

- The training package of WP5 included two seminars for debate, two harm reduction seminars, four workshops on naloxone use and four study visits to harm reduction sites in Spain, Czech Republic and Finland.
- The training seminars in Lithuania and in Latvia used practical issues to illustrate the process of service provision in relation to different harm reduction interventions and facilities, as well as related problem-solving strategies. The seminars had the following structure: (i) workshop on opioid substitution therapy (OST), (ii) workshop on other harm reduction interventions and (iii) workshop on overdose prevention.
- Altogether 307 professionals were trained by WP5. A report on the training package is available at <https://www.hareact.eu/en/publications>.

Educational materials

- A manual to overcome professionals' reluctance towards harm reduction interventions was produced: "Everything you ever wanted to know about drug-related harms but were afraid to ask". The final English version was translated to Latvian, Lithuanian and Russian. A thousand copies were printed in LV and LT.



- Educational materials (videos and leaflets) targeted at PWID were produced and translated into LV and LT. Some examples:
 - Brochure: What is Harm Reduction for people who use drugs? 2018
 - Video clip: Harm Reduction Services in Synergy between Institutions and NGOs: The Croatian Experience. 2018
 - Video clip: What is Harm Reduction? 2018

Surveillance

- A protocol for a harm reduction surveillance system was developed in collaboration with the Centre for Communicable Diseases and AIDS (CCDA, Lithuania).
- The study *Epidemiological research to estimate the number of high risk drug users in Lithuania* was subcontracted to ResAD and was finalized at the beginning of 2018.
- On basis of the study, a guideline on PWID estimation and harm reduction coverage was developed (available on the HA-REACT [website](#)).

Harm reduction intervention

- A mobile unit was launched in Riga in January 2017. The mobile unit is operated by NGO DIA+LOGS and offers the following services: tests and consultations for HIV, hepatitis B and C, syphilis and TB; exchange and distribution of syringes/needles, disinfectants, condoms, containers and naloxone. The activities of the mobile unit were evaluated together with WP3, and results were good. By the end of August 2018, a total of 730 HIV tests, 164 tests for hepatitis C, 207 tests for hepatitis B, and 756 tests for syphilis were conducted. Continuity of the mobile unit after the Joint action was ensured in collaboration with the Ministry of Health, Latvia.

WP6: Harm reduction and continuity of care in prison

Objective 3

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

Outputs and results

Situation analysis

A situation analysis of the support needed in participating countries was performed. The “European mapping of harm reduction interventions in prisons” is available at hareact.eu

Training

Medical, social and other prison professionals were trained to work with PWID and provision of harm reduction services:

- International Training Seminar on OST in Prisons, Warsaw, Poland, March 2017.
- Training of trainers workshop in November 2017 in Popowo (Poland).
- Meeting on implementation of prison-based needle and syringe programmes in June 2017 in Luxembourg.
- Three training sessions on OST, harm reduction and HIV for Polish prison staff in January 2019.



- A training seminar on OST and other harm reduction interventions for prison health personnel in December 2018 in Prague.
- Two study visits for Czech and Polish prison personnel to Berlin and Luxembourg.
- Condom Summit at the Frankfurt University of Applied Sciences in January 2019. Its aim was to highlight the importance of condom provision to prevent transmission of infections in prisons.
- Altogether 320 professionals were trained by WP6.

IEC materials

- E-learning modules and other information materials were developed for prisoners and prison staff on condom provision, prison-based needle and syringe programmes (PNSP), OST, overdose prevention and other harm reduction measures in prisons. They are available on <http://harmreduction.eu>.

Piloting in prison

- Condom provision and other harm reduction measures were piloted in Pankrac prison in Prague (starting in October 2016). By the end of 2018, 6000 condoms were distributed. In August 2018, all parties agreed to extend the project and in spring 2019, condom distribution was to be launched in another prison in Prague.

Publications

- Brochure. Przewodnik po Terapii Substytucyjnej w Jednostkach Penitencjarnych - Brochure on Infectious Diseases. 2018
- Guide. Przewodnik po Terapii Substytucyjnej w Jednostkach Penitencjarnych - Opioid Substitution Treatment in Custodial Settings. A Practical Guide. 2018
- Report. European Mapping of Harm Reduction Interventions in Prisons. 2018
- Leaflet. Broszura przygotowała Krajowe Centrum ds. AIDS dla Centralnego Zarządu Służby Więziennej. 2018

- Systematic literature review “Health Outcomes for Clients of Needle and Syringe Programs in Prisons”, January 2019, *Epidemiologic Review*.
- Report *Availability, coverage and barriers towards condom provision in prisons: a review of the evidence*. January 2019. Translated into Polish, Latvian and Russian languages.

WP7: Integrated care

Objective 4

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

Outputs and results

Training

- First international workshop on integrated care was organized in April 2017 in Vilnius, Lithuania in connection with the Eurasian Harm Reduction Network conference.



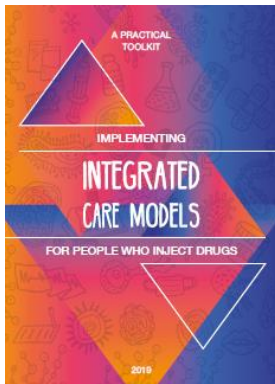
- The second international workshop was organized in May 2018, as a satellite event at the 18th International Conference on Integrated Care in Utrecht (Netherlands).
- National workshops on integration of care for PWID were organized in four countries

- Seven workshops in Estonia on the following topics:
 - take-home naloxone;
 - mobile outreach work;
 - integration of activities with the new Estonian resocialization programme SÜTIK;
 - strengthening city governments and increasing their role in dealing with drug use and addiction
 - prisons and linkage to care.
 - rehabilitation, treatment and overdose prevention for PWID
 - multisectoral collaboration.

Two national workshops in Lithuania with the following topics:

- collaboration between institutions providing HCV, HIV, TB and harm reduction services for PWID.
- integrated care approach and quality-of-care models.

- Two national workshops in the Czech Republic on integrated care for drug users in the context of infectious diseases (in particular, HIV/AIDS and hepatitis C) in the Bohemia region (1st workshop) and in the Moravia and Silesia regions (2nd workshop)
- One national workshop in Hungary with the title: “To the treatment – the possibility of HIV, HCV and TB treatment of intravenous drug users”.
- A study visit for Estonian mobile unit workers and Czech experts to get practical experience on implementation of harm reduction services in Portugal.
- Altogether 558 professionals were trained by WP7.



- ***Evidence- and practice-based tools and instructional materials***
- A practical Toolkit on implementing integrated care models for people who inject drugs
- Policy Brief. Improving the delivery of integrated services for people who inject drugs. 2019

WP8: Sustainability and long-term funding

Objective 5

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

Outputs and results

- An open-ended survey was conducted in order to map the barriers for PWID to access HIV, hepatitis and TB services. All 28 countries responded to the survey. Survey results were presented at the Addictions Conference in Lisbon in October 2017, published by HA-REACT in a report in November 2017 and in the peer-reviewed journal *Harm Reduction* in March 2019.
- A literature review was carried out on the barriers to access HIV and hepatitis services, including harm reduction and treatment services, globally and in Europe specifically.

- Review of the current policy environments in the focus countries and implementation of national policies in relation to services for prisoners and PWID in particular.
- Meeting on financing and sustainability of harm reduction services in the EU, Vilnius (Lithuania), April 2017.

Publications

- Guide to funding mechanisms for harm-reduction programmes in European Union Member States. 2017
- Report. An assessment of barriers to access to HIV and HCV services for people who inject drugs in Europe. 2019
- Report. The financing and sustainability of harm reduction services in the EU. 2017
- Article. Hepatitis C services at harm reduction centres in the European Union: a 28-country survey. 2019



CONCLUSIONS

Several issues require continued collaboration beyond the life of the Joint Action. Harm reduction measures in prisons are still scarce, but there is commitment to continue this work. Rapid testing for HIV and HCV, and other harm reduction services should be tailored for WUD and provided more widely in low-threshold centres. With the removal of reimbursement restrictions for direct-acting antiviral therapy in almost all EU Member States, interventions to reach PWID must be implemented or scaled up. In countries such as Hungary, where HCV treatment is not really available for people who use drugs, policy change needs to be advocated.

In the focus countries, dialogue with decision-makers should be maintained in order to ensure the sustainability of harm reduction services. This needs to be further discussed with Hungarian authorities, in particular. In Latvia, there are structural problems concerning confirmation of HIV and HCV test results after rapid testing. It is also necessary to embed the financial mechanisms for maintenance of harm reduction services in the country, and to translate the legal framework to facilitate the allocation of resources to specific plans and programmes. In the case of Lithuania, despite the capacity-building that took place in response to the issues of injecting drug use and HIV, evidence-based harm reduction is still challenged by some leading figures. In all three countries, a lack of political will to enhance harm reduction activities was pointed out as the main problem by the staff working with PWID. Special attention should be paid by public health authorities to subgroups of PWID, and the UN comprehensive package on harm reduction should be implemented where lacking.



KEY POLICY RECOMMENDATIONS

WP4: Testing and linkage to care

Women who use drugs (WUD) are at higher risk of acquiring HIV, viral hepatitis and other sexually transmitted infections than their male partners. They also suffer from higher stigma, and are less likely to attend health and social services. This should be taken into account when organizing low threshold harm reduction services, including rapid testing of HIV and viral hepatitis.

The recommendations are:

- The services should be tailored to be women-friendly, e.g. by organizing women-only days or hours and baby care or children's corner;
- Provide multidisciplinary case management for WUD and their children, including pregnant women;
- Provide free, low-threshold sexual and reproductive healthcare;
- Provide counselling in cases of violence and legal questions.

WP5: Scaling up harm reduction

- In order to scale up harm reduction, the first step is to promote the concept itself; to explain harm reduction approach and its advantages to main political actors, but also to the general population
- There is a necessity of promoting the acceptance of harm reduction interventions in different political spheres (health, social and legislative) and governance levels (local, regional and national), in order to provide common ground for interventions
- Harm reduction interventions have to be focused on patient/client education (including risks of drug abuse and best practices) and availability of resources (human and material), including geographical proximity and continuity of care
- Harm reduction services should be led by qualified professionals who also have resources to make the process effective
- Scaling up of harm reduction services should be taken as the main goal. Process, results and impact have to be measured. First: finding out the number of target population; second: establishing clear and measurable indicators, and finally creating surveillance system with clearly established protocols and periodicity.

WP6: Harm reduction and continuity of care in prison

- In most prisons in Europe drugs are easily available and used by a substantial number of prisoners, mostly in harmful ways, which spread viral infectious diseases.
- This has to be acknowledged by prison officials and politicians and should lead to the introduction of harm-reduction measures in order to avoid overdoses and HIV/HCV/HBV infections, which do not only affect the health of prisoners, but also the health of society.
- All EU member states implement the internationally agreed principle of equivalence: equivalence of care stands for the same level of health care quality in prison as in the community.
- The same standards of HIV/HCV/HBV prevention, screening, testing and treatment that are applied in the community should be implemented in prisons (this includes opioid substitution treatment, needle and syringe exchange programmes, HIV and HCV treatment, condom provision).
- The HA REACT project focused especially on the introduction and expansion of opioid substitution treatment, needle and syringe exchange programmes and condom distribution in prisons. All these measures were successfully implemented and effectively operated in prisons. We strongly recommend expanding these models to other prisons in the EU.

WP7: Integrated care

- Provide point-of-care services where practical, and strong linkages to other parts of the care system
- Coordinate the care of individual PWID so that they do not get lost trying to navigate complicated health systems
- Overcome bureaucratic barriers and utilize new kind of care providers and technologies – such as non-medical organisations, non-healthcare workers and non-hospital based technologies
- Take advantage of peer expertise and encourage PWID to take responsibility for their own care

WP8: Sustainability and long-term funding

- Countries need to address the main barriers PWID face when they access HIV, HCV and TB services: (1) availability, (2) accessibility, (3) HIV and HCV testing services, and (4) sustainable funding.
- EU member states need established referral systems from harm reduction services to treatment providers.
- Addiction specialists should be allowed to prescribe HCV treatment in order to make it more accessible.
- Harm reduction funding should be sustainable and where needed rely on multiple national funding sources.
- Joint public procurement, when two or more contracting authorities agree to perform certain specific procurements jointly, should be increasingly considered for EU member states facing cost challenges related to hepatitis C care.



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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)



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European Monitoring Centre for Drugs and Drug Addiction
Free Clinic, Belgium
Grupo de Ativistas em Tratamento (GAT), Portugal
Medical and Public Health Services of the Ministry of Health of the Republic of Cyprus
Ministry of Health, Czech Republic
National Institute of Public Health, Czech Republic
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