



# Hepatitis C interventions

by organisations providing  
harm reduction services in Europe  
– analysis and examples

## COLOPHON

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This project has been supported by an unrestricted grant by Gilead Science Ltd. Correlation - European Harm Reduction Network is co-funded by the European Union.

Recommended citation: Schatz, E., Perez Gayo, R., & Raulet, I. (2019), Hepatitis C interventions by organizations providing Harm reduction services in Europe – analysis and examples, Correlation European Harm Reduction Network, Amsterdam.

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## ACKNOWLEDGMENTS

Correlation – European Harm Reduction Network would like to thank the large number of partners and contributors without which this project could not have been possible: the more than 80 respondents; the Review Committee members and the C-EHRN Expert Groups for their support and constructive review.

Last but not least, we would like to thank the European Union and Gilead Science Ltd for their financial support.

Eberhard Schatz  
On behalf of the Correlation team

28th of July, 2019

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# FOREWORD

The following report has been prepared within the framework of the viral hepatitis-related activities developed by Correlation – European Harm Reduction Network (C-EHRN).

Since its foundation in 2004, the network has always given special attention to the impact that blood-borne infectious diseases have on the well-being of people who use drugs (PWUD). However, it was through the 'Hepatitis C Initiative' (2014-2016)<sup>1</sup> that the Network activities in this area experienced a significant increase in depth and scope.

Together with a wide range of partners from across Europe, C-EHRN developed and implemented a substantial number of surveys, tools, training and advocacy materials aimed at supporting the integration of viral hepatitis C (HCV)-related activities as a regular practice within the field of harm reduction service provision<sup>2</sup>.

An important milestone in these activities was the Berlin Manifesto<sup>3</sup>, adopted in 2014 during the Correlation - Hepatitis C Initiative Conference in Berlin, Germany. Inextricably related to the introduction of direct-acting antivirals (DAA's) in that same year, and its high rates of treatment success, the Manifesto advocated for full access to testing and treatment for PWUD and its implementation within community settings.

Since then, the Berlin Manifesto has not lost its urgency; the recommendations and action points presented still hold relevance as a guide towards the improvement of access to HCV testing, treatment and care for PWUD. In 2019, C-EHRN will organise the 3rd Hepatitis Community Summit, an event which links the community of harm reduction, health and peer workers as well as drug user representatives with those involved in research and advocacy.

We hope that the data and Good Practice examples hereby presented will manifest the importance of HCV-related activities – including prevention, testing, care and treatment – as an integrated part of harm reduction. Furthermore, we hope that this report contributes to the development of new HCV interventions for PWUD, or the improvement of existing ones.

<sup>1</sup> 'Hepatitis C Initiative' was developed with the generous support of a grant of the European Union.

<sup>2</sup> See, <https://www.correlation-net.org/resource-center-publications/>

<sup>3</sup>Schatz E, Schiffer K, Maher M, Harris M, Roca XM, et al. The Berlin Hepatitis C Manifesto: access to prevention, testing, treatment and care for people who use drugs. *Hepatology, Medicine and Policy* 2016 1:14. <https://doi.org/10.1186/s41124-016-0021-9>

# PART 1

## INTRODUCTION

### Viral Hepatitis C in numbers

Injecting drug use is reported to be a main route of HCV transmission in Europe. Among the cases in 2017 for which information on the transmission mode is available, injecting drug use was reported as the likely cause for 40% of acute cases and 55% of chronic cases<sup>4</sup>.

Although harm reduction programmes and treatment with new DAA's may have contributed to reducing transmission in many countries, people who inject drugs (PWID) are disproportionately affected by HCV. While the seroprevalence rates among the general population vary considerably among European Union (EU) member states from under 5 to over 15 cases per 100,000 of the general population<sup>5</sup>, in PWID the latest estimates range from between 15% (in the Czech Republic) to 82% (in Estonia). Eight out of the 14 EU countries with national data reported a rate of over 50% in 2016-17<sup>6,7,8,9</sup>.

Despite this reality, less than half of countries in the WHO European region had a national HCV strategy and/or action plan in 2018, with even fewer including PWID. Although this number represents a slight increase when compared to the situation in 2013<sup>10</sup>, strategic action is still needed to increase access to HCV treatment for this target group.

### Ending Hepatitis C

In May 2016, WHO adopted and prioritised the first Global Health Sector Strategy on Viral Hepatitis, 2016-2021, highlighting five core areas of intervention necessary to eliminate viral hepatitis as a public threat by 2030<sup>11</sup>. Among them, harm reduction for PWID and treatment with DAA's are included<sup>12</sup>. Furthermore, the strategy outlines a concrete set of actions that need to be taken by countries to reach the proposed targets, particularly emphasising prevention of transmission.

<sup>4</sup> <https://ecdc.europa.eu/en/publications-data/presentation-surveillance-hepatitis-b-and-c-eueea-2017-data>

<sup>5</sup> ECDC, 2019.

<sup>6</sup> European Monitoring Centre for Drugs and Drug Addiction. Hepatitis C treatment for injecting drug users (perspectives on drugs). Lisbon, Portugal; EMCDDA, 2016. [http://www.emcdda.europa.eu/publications/pods/hepatitis-c-treatment\\_en](http://www.emcdda.europa.eu/publications/pods/hepatitis-c-treatment_en). Accessed 11 July 2017.

<sup>7</sup> Nelson PK, Mathers BM, Cowie B, Hagan H, Des Jarlais D, et al. Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. *Lancet*. 2011;10:553-83. doi: [https://doi.org/10.1016/S0140-6736\(11\)61097-0](https://doi.org/10.1016/S0140-6736(11)61097-0)

<sup>8</sup> Hope VD, Eramova I, Capurro D, Donoghoe MC. Prevalence and estimation of hepatitis B and C infections in the WHO European Region: a review of data focusing on the countries outside the European Union and the European Free Trade Association. *Epidemiol. Infect.* 2014;142:270-86. doi: [10.1017/S0950268813000940](https://doi.org/10.1017/S0950268813000940).

<sup>9</sup> Wiessing L, Ferri M, Grady B, Kantzanou M, Sperle I, et al. Hepatitis C virus infection epidemiology among people who inject drugs in Europe: a systematic review of data for scaling up treatment and prevention. *PLoS One*. 2014; doi: [10.1371/journal.pone.0103345](https://doi.org/10.1371/journal.pone.0103345)

<sup>10</sup> Maticic M, Zorman JV, Gregorcic S, Schatz E, Lazarus JV. Changes to the national strategies, plans and guidelines for the treatment of hepatitis C in people who inject drugs between 2013 and 2016: a cross-sectional survey of 34 European countries. *Harm Reduction Journal* 2019 16:32. <https://doi.org/10.1186/s12954-019-0303-9>

<sup>11</sup> Global health sector strategy on viral hepatitis 2016-2021: towards ending viral hepatitis. Geneva: World Health Organization; 2016 (WHO/HIV/2016.06; <https://apps.who.int/iris/handle/10665/246177>. accessed 22 July 2019)

<sup>12</sup> Modelling studies suggest that antiviral treatment could play an important and cost-effective role in preventing HCV infection in people who inject drugs by reducing the number at risk of transmitting the virus. See, Martin NK, Vickerman P, Miners A, Foster GR, Hutchinson SJ, Goldberg DJ, Hickman M. Cost-effectiveness of hepatitis C virus antiviral treatment for injection drug user populations. *Hepatology* 2011 55:1. <https://doi.org/10.1002/hep.24656>

In spite of European and international guidelines like this one, and others<sup>13 14</sup>, recommending treatment access, PWUD still face considerable barriers. Low rates of testing for HCV among PWID<sup>15</sup> relates to the inability of PWID to access social and health support and the criminalisation of drug use as well as discrimination and stigma towards this population. In addition, the national coverage of harm reduction approaches, such as needle and syringe exchange and opioid substitution treatment (OST), is still sub-optimal in many EU countries<sup>16</sup>.

## Scaling-up Harm Reduction

The effectiveness of harm reduction approaches in reducing morbidity and mortality among PWUD is well-documented<sup>17</sup> and this includes the impact that such approaches have in the prevention of HCV transmission. Modelling studies by WHO have demonstrated that full implementation and coverage of harm reduction programmes would achieve a reduction of HCV incidence by approximately 80%<sup>18</sup>.

The principles of harm reduction - including trust, non-judgmental attitudes, flexibility to adapt to the needs of clients, and the active participation of the community of PWUD - have conferred such interventions with the capacity to be highly effective in engaging PWID in care and treatment<sup>19</sup> and, even more so, to offer treatment on-the-spot.

A combination of integrated interventions in low threshold settings, such as syringe distribution programmes, OST, access to heroin-assisted treatment (HAT) and community-based, peer-led harm reduction programmes, are not only cost effective regarding HCV prevention, but also ensure that marginalised populations stay connected to services for which they are in dire need.

<sup>13</sup> WHO, UNODC, UNAIDS, *Ibid.*; World Health Organization. Guidance on prevention of viral hepatitis B and C among people who inject drugs. Geneva, Switzerland; World Health Organization, July 2012. [https://apps.who.int/iris/bitstream/handle/10665/75357/9789241504041\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/75357/9789241504041_eng.pdf)

<sup>14</sup> European Association for the Study of the Liver. EASL Recommendations on Treatment of Hepatitis C 2018. *J Hepatol* (2018), <https://doi.org/10.1016/j.jhep.2018.03.026>

<sup>15</sup> McDonald et al., (2014) Attendance at specialist hepatitis clinics and initiation of antiviral treatment among persons chronically infected with hepatitis C: Examining the early impact of Scotland's Hepatitis C Action Plan *Journal of Viral Hepatitis*, 21 (5) (2014), pp. 366-376

<sup>16</sup> European Monitoring Centre for Drugs and Drug Addiction (2019). Drug-related infectious diseases in Europe: update from the EMCDDA expert network. Publications Office of the European Union, Luxembourg.

<sup>17</sup> European Monitoring Centre for Drugs and Drug Addiction. Harm reduction: evidence, impacts and challenges. EMCDDA Monographs 10. Luxembourg: Publications Office of the European Union, 2010. [http://www.emcdda.europa.eu/system/files/publications/555/EMCDDA-monograph10-harm-reduction\\_final\\_205049.pdf](http://www.emcdda.europa.eu/system/files/publications/555/EMCDDA-monograph10-harm-reduction_final_205049.pdf)

<sup>18</sup> [https://www.who.int/hepatitis/news-events/03\\_prevention-preventing-infection.pdf](https://www.who.int/hepatitis/news-events/03_prevention-preventing-infection.pdf)

<sup>19</sup> Scott N, Doyle JS, Wilson DP, Wade A, Howell J, et al. Reaching hepatitis C virus elimination targets requires health system interventions to enhance the care cascade. *International Journal of Drug Policy* 47 (2017) 107-116. <https://doi.org/10.1016/j.drugpo.2017.07.006>

## METHODOLOGY

### Research Purpose

The aim of this project was to identify and select good practice examples in the field of HCV awareness, testing, access to treatment and care for PWUD in harm reduction and community settings in Europe<sup>20</sup> and to offer service providers, social and health professionals and policy makers relevant information with which to encourage the development of new HCV interventions for PWUD, or to improve existing ones.

### Methodology

The project was divided into two phases (see Figure 1). The first phase involved data collection through an exploratory survey among civil society organisations providing harm reduction services in the field of HCV prevention, testing, treatment and care in Europe; an evaluation process of the programmes that qualified as candidates<sup>21</sup> (n=61); and the final selection of the organisations which comprise the Good Practice Collection (n=14).

This part of the process was developed with the support of a Review Group which contributed to the development of the data gathering (see Annex 1), the development of the evaluation criteria for applicants (see Annex 2), and to the reviewing and evaluation process. The Review Group was formed of 11 international experts providing insights from a range of perspectives, including drug research and monitoring, social and health service provision, lived experiences and harm reduction implementation.

The second phase of the project entailed an in-depth study of the selected Good Practices. This involved data gathering through non-systematic desktop research (including policy documents, grey literature and other relevant contextual data) and semi-structured interviews (see Annex 3) with representatives of the selected organisations.

### Structure of the Report

This report is divided into four parts and brings together all the phases of the project, summarises the study findings and its conclusions. The first section presents an overview of all of the data collected through the exploratory survey and offers a brief discussion of the main patterns observed.

<sup>20</sup> Unless stated otherwise, when referring to Europe, the 53 countries of the WHO European Region is used.

<sup>21</sup> Total received (N=91). 30 submissions were not taken into consideration for lack of sufficient information, or because they provide services outside of the WHO Europe Region.

While this data does not necessarily provide a representative picture of the whole state of affairs regarding HCV support for PWUD in Europe - as only services who already work in this area took part in the survey - this information offers useful and relevant information regarding patterns and models of care within harm reduction and community-based settings, linkage of community-based organisations to other structures of care, and barriers and enablers of HCV activities for PWUD.

The second section offers an overview of all of the services identified during the project and provides the reader with basic information regarding the models and practices of HCV care that these interventions offer.

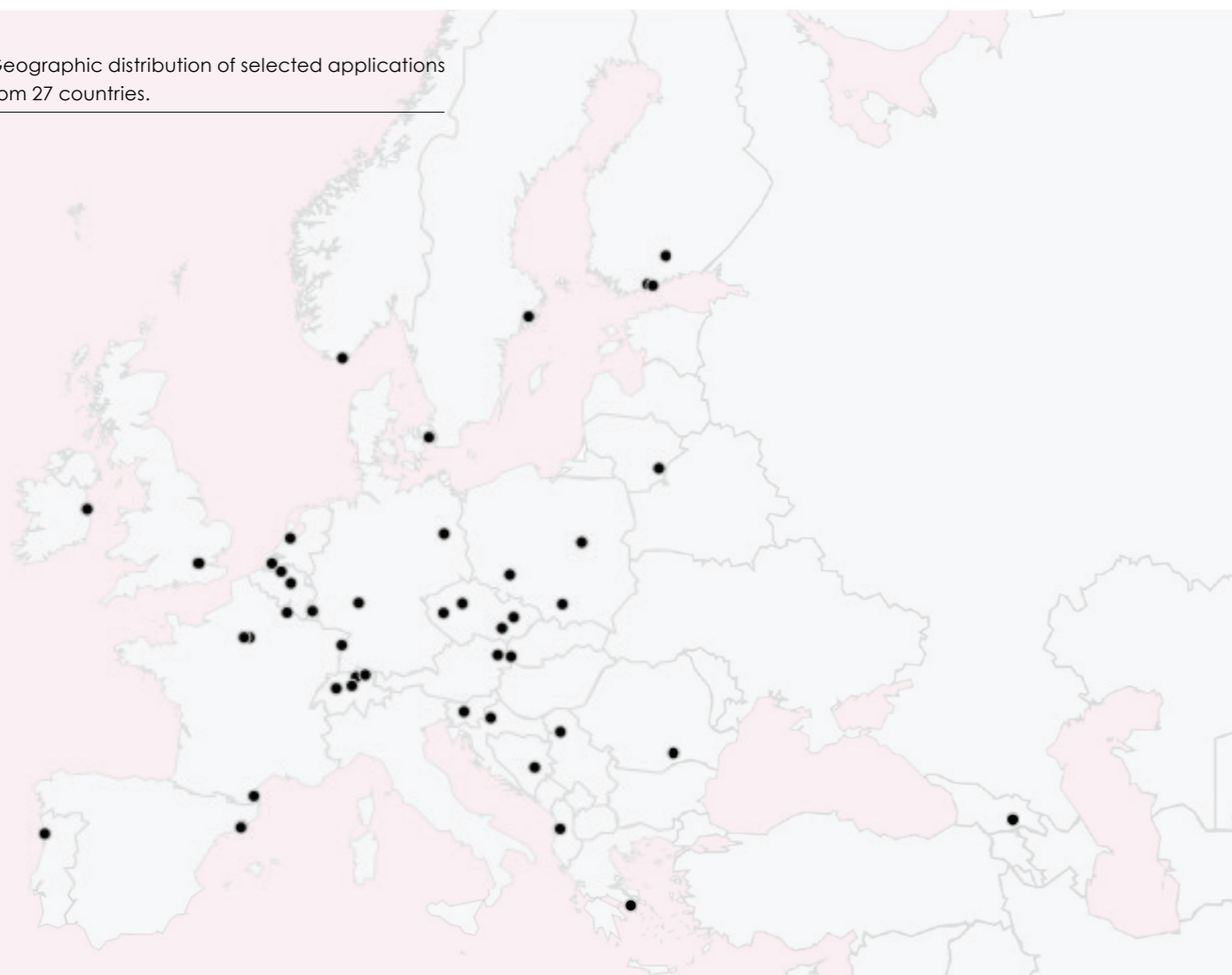
The third section presents the 14 selected Good Practices. Cases are presented alphabetically, organised by country, and are structured in three parts: country contextual information, key facts according to a Models of Care framework, and an edited transcript of the interview with the service provider. Although these interviews have been complemented, where necessary, with data from the survey and the desktop research, the 'voice' of the interviewee has been maintained.

Concluding this report, the fourth section summarises and presents all the information presented in the form of recommendations.

It should be noted, however, that this report presents the results of a project and not of systemic research activities. For this reason, the data, analysis and conclusions presented here act as an orientation point from which to prompt further actions which may include additional research, discussions on what implications may exist for policy or service provision practice, or the development of HCV capacity building activities and materials for harm reduction organisations.

# PART 2

Fig. 1 ~ Geographic distribution of selected applications (N=60) from 27 countries.



## OVERVIEW OF COLLECTED DATA

### 1. RESPONDENT PROFILES

#### Geographic distribution

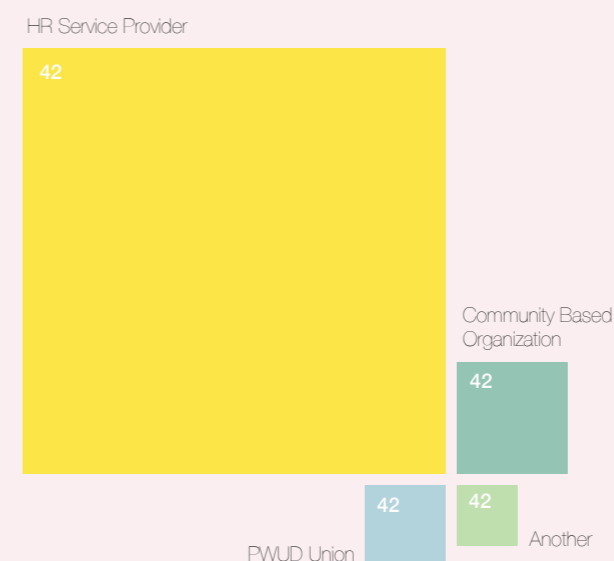
The majority of the applicant programmes are located in 27 European countries, with two of them operating in Georgia. From those, the Czech Republic, France, Switzerland and Poland, respectively, are the countries from which most submissions were received (Figure 1).

### Organisation type<sup>23</sup>

The majority of the applicant organisations identify themselves as a harm reduction service provider, followed by 'another type of health organisation', 'PWUD union or organisation' and community-based organisation, respectively (Figure 2). From those who responded as 'another type', the typologies include treatment centres (n=2); mobile units (n=2); hospital (n=1); prison (n=1); a liver patient organisation (n=1); and a health care network within a university setting (n=1).

<sup>23</sup> Community-Based Organisations (CBO's) are understood to be non-profit groups of individuals working at a local level who have first-hand experience of the needs of the phenomena for which they are providing support. Harm Reduction Providers, on the other hand, display more formalised and structural responses than CBO's and include professionals in the field of social and health care.

Fig. 2 ~ Number of applicant organizations according to particular types of services they provide (N=60)



Six organisations identified themselves under two or more categories; for example, a harm reduction service and a treatment centre, and substitution treatment including a psychiatric clinic under a PWUD union, etc. This signals a widening in the range of services (see 2.b Available services) and orientation towards different target groups (see 2.d Target groups).

#### Services provided (multiple answers possible)

The majority of applicant organisations reported distributing paraphernalia (n=48), offering needle and syringe distribution (n=45) and low-threshold services and counselling (n=44) (Figure 4). Approximately

half the respondents indicated offering other services than the one listed in the survey. Among others, the most frequently reported services include nursing services; psychotherapy; legal and administrative support; and work reintegration programmes.

Among the applicants were a number of specialised harm reduction service providers: 14 of them carry out work in prison; 10 run supervised consumption spaces; and 8 provide emergency accommodation. Most applicant organisations offer between 4 and 7 different services but 20% (12) of them have a restricted portfolio of up to 3 services while 10% (6) of the organisations are providers of between 8 and 11 different harm reduction services.

### Team composition

The majority of applicant organisations conduct their HCV interventions with the support of social workers (n=48) and nurses (n=44), while every second organisation also counted medical doctors / hepatologists as members of their team (Figure 4).

Other staff profiles were reported by 33 organisations; here the most frequently reported professionals were psychologists (n=13); psychotherapists (n=4); psychiatrists (n=4); and addictologists (n=3).

From the available data, almost half of the respondent organisations have only temporary access to medical staff, specifically those agencies working with hepatitis. Arguably, a lack of resources is the reason behind this situation (see Question 6.b "Funding" and Question 6.c "Other needs").

### Target groups

Nearly all organisations deliver services for both PWUD and PWID; one agency only serves PWID. Other target groups mentioned by approximately half of the organisations are people experiencing homelessness (n=34); sex workers (n=31); and young people at risk (n=29) (Figure 5). Migrants (both documented and undocumented) are the target group served by only a minority of organisations.

Seventeen organisations reported providing HCV-related services to other target groups than those presented in the questionnaire. Such groups include former drug users; Roma people; prisoners; alcohol users; social and health professionals; relatives and other people in the network of PWUD; and the general population at-large.

Fig. 3 ~ Number of applicant organizations according to particular types of services they provide (N=60)

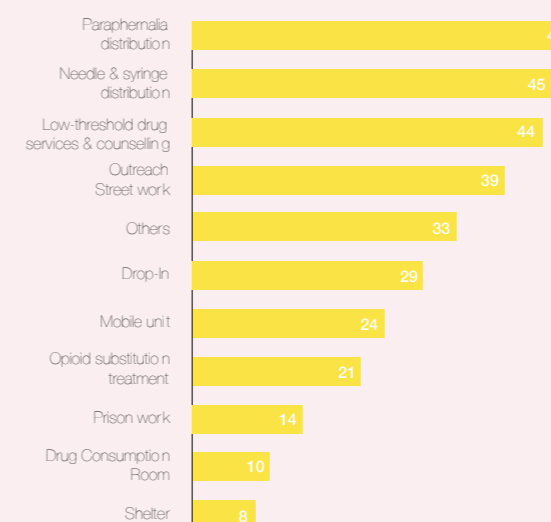


Fig. 4 ~ Number of applicant organizations according to particular staff implementing hepatitis C interventions (N=60)

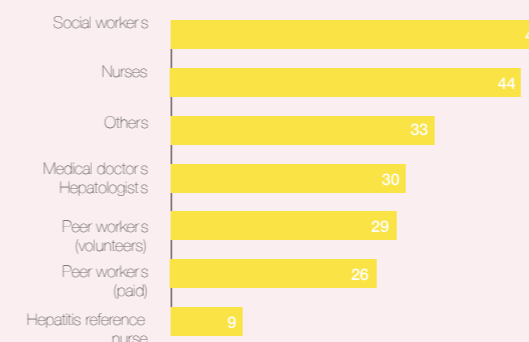
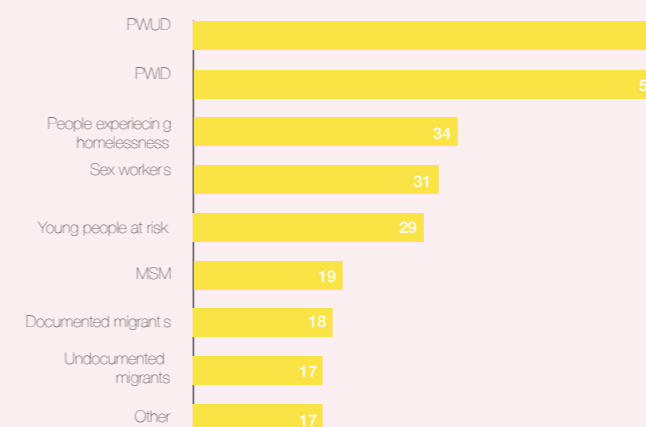


Fig. 5 ~ Number of applicant organizations according to the target groups the provide HCV services to (N=60)





When analysing the number of target groups to which an organisation delivers services, organisations display a rather specialised profile. Nineteen organisations reported their clients came from between 6 to 9 target groups. In contrast, 38 deliver services to clients from between 2 and 6 target groups. No organisation reported offering services to a single target group.

## Number of persons and visits

In total, applicant organisations reported offering services to 174,794 individuals during 2017 through a total of 586,724 visits to their services. However, this information needs to be considered as indicative as 8 organisations did not provide data on the number of visitors and 10 respondent organisations did not report the number of visits received in 2017. As a result, these numbers should be considered underestimates.

Considering the information presented above, it can be argued that limited funding and insufficient staff are related to a lack of regular monitoring activities (see Questions 6.b "Funding", 6.c "Other needs" and 6.d "Monitoring and documentation of activities"). However, taking into account the qualitative phase of this study, and based on experience, protection of client privacy and confidentiality is oftentimes at the heart of a lack of such information.

## 2. HCV AWARENESS & PREVENTION

### Information Methods

The majority of organisations have integrated HCV information into their programmes for both staff members (96.6%) and for clients (98.3%). However, the collected information from organisations shows that comprehensive strategies for HCV interventions are more developed for clients than for staff members. Whereas 54% of the interventions offer three or more methods of information for their staff members, 73% offer three or more methods for clients. In addition, 3.4% of organisations offer four information methods for staff, compared with the 38.3% for clients.

When it comes to the specific information methods employed for staff members, an equal distribution occurs between written materials (n=45), team meetings (n=45) and education (n=43) (Figure 6). In contrast, the figure for 'hepatitis ambassador' is the least implemented option. Furthermore, 5 organisations reported other methods that involve

cooperation with medical organisations and institutions - such as regular meetings with general practitioners, nurses, and OST professionals - and specific capacity building activities - such as the organisation of interdisciplinary conferences on HCV, or authoring of publications specifically focused on HCV and HIV.

The most common information methods for clients included counselling (n=56) and written materials (n=52), followed by data collection during intake (n=38) and education (=35) (Figure 7). Complementing these methods, applicant organisations reported also using other methods such as specific meetings within health professionals, visits to health organisations and institutions, special outreach activities and trainings, and mobile software applications.

Fig. 6 ~ Number of applicant organizations according to the HCV information methods implemented for staff (N=60)

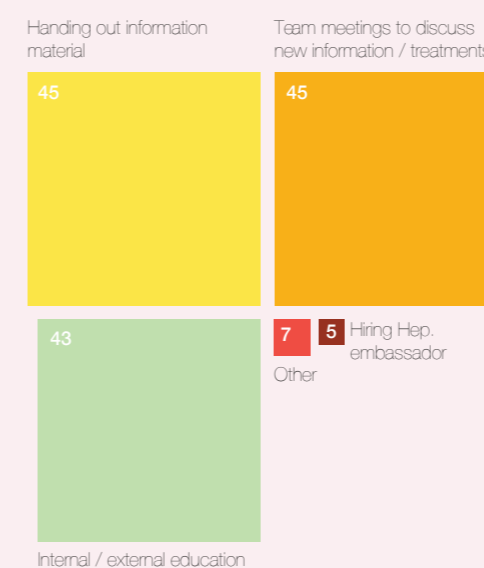
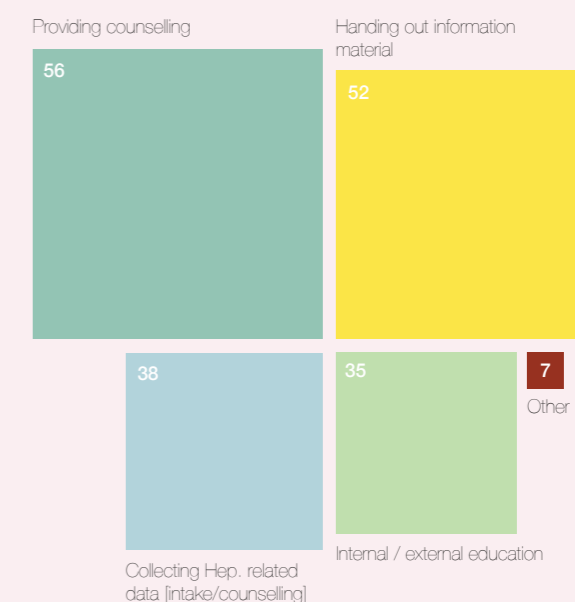


Fig. 7 ~ Number of applicant organizations according to the HCV information methods implemented for clients (N=60)



## Protocol

Next to information and training practices, the majority of applicant organisations (86.3%) report having protocols for the safety of staff and clients.

## Campaigns

65% of applicant programmes report organising campaigns on HCV awareness for target groups. 64.4% of organisations undertake campaigns in cooperation with other organisations and institutions. Besides this general overview, the responses to this open-ended question offers an insight into the frequency with which such campaigns are generally organised, the typologies of the campaigns and their content.

Most of the organisations conduct campaigns on an annual base. Aiming at greater impact and coverage, such campaigns tend to be organised to coincide with national awareness days or other international events, such as World Hepatitis Day.

Campaign typologies include testing weeks; media campaigns for both PWUD and the community at-large; workshops and seminars; public actions and demonstrations; and the development and dissemination of printed folders and publications. Campaign content includes safer drug use; HCV prevention strategies; drug user health; and modern pharmacological treatment.

## 3. HCV TESTING

### Legal context

Data provided by applicant organisations provides an image in which HCV screening within harm reduction and community settings is, for the most part, legal. 42% of organisations have reported HCV testing as being legal in community-based settings when it is not conducted by a medical doctor, and 42% have indicated that this practice is also allowed when not carried out by a qualified nurse.

However, this data needs to be approached with caution. When cross-referencing such information through comprehensive studies on the development and implementation of HCV national action plans<sup>24 25</sup> and guidelines, discrepancies arise in the information offered. In this way, the data offers an indication of the level of awareness by the respondents as to the legal context within which their services operate.

<sup>24</sup> <https://apps.who.int/iris/bitstream/handle/10665/312116/WHO-CDS-HIV-19.6-eng.pdf>

<sup>25</sup> Maticic M, Zorman JV, Gregoric S, Schatz E, Lazarus JV. Changes to the national strategies, plans and guidelines for the treatment of hepatitis C in people who inject drugs between 2013 and 2016: a cross-sectional survey of 34 European countries. *Harm Reduction Journal* 2019 16:32. <https://doi.org/10.1186/s12954-019-0303-9>

## Testing campaigns

HCV testing was identified elsewhere in the questionnaire as one of the typologies of awareness campaigns. Half the organisations (n=33) reported participation in the European HIV/HCV Testing Week.

## Testing and vaccination for staff

Although viral hepatitis B and/or C testing for staff is a strategy that the majority of organisations (n=40) implement, this continues to be an irregular activity; only one-third of HCV programmes (n=24) offer this service to their staff. From those organisations that do so, 14 conduct this activity on-site and 10 externally. The remaining organisations that offer testing for their staff (n=16) do so on an ad-hoc basis.

Similarly, a majority of organisations (n=38) offer hepatitis A and/or B vaccinations to their staff. However, vaccination of staff is conducted with greater frequency than testing, as evidenced by reports from more than half of the organisations (n=34).

In contrast to testing, which is more often reported as taking place within the organisation's own facilities, vaccination of staff members more often occurs externally (n=21) than on-site (n=12).

Fig. 8 ~ Number of applicant organizations according to the regular availability of hepatitis B and/or C testing for staff (N=60)

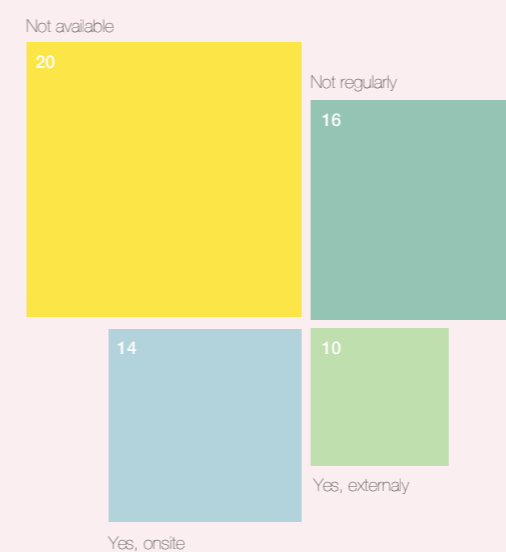
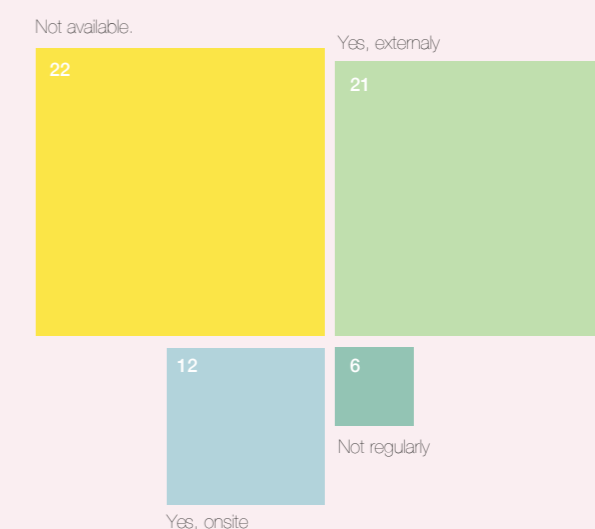


Fig. 9 ~ Number of applicant organizations according to the availability of hepatitis A and/or B vaccination for staff (N=60)



## Testing for clients

The majority of organisations (n=46) have implemented viral hepatitis B and C testing for their clients within their respective programmes. From those, more than two-thirds (n=32) offer regular testing and over half (n=26) provide ad-hoc testing of clients based on infection risk.

When client testing occurs, it generally takes place within harm reduction or community settings. Arguably, based on the information provided (Fig. 14), this is because only 41% of organisations are integrated within the cascade of care in their respective context.

The most common types of test offered to clients include dried blood spot (39%); rapid diagnostic test (37.5%); and venipuncture (32.8%), respectively.

Fig. 10 ~ Number of applicant organizations according to the regular availability of hepatitis B and/or C testing for staff (N=60)

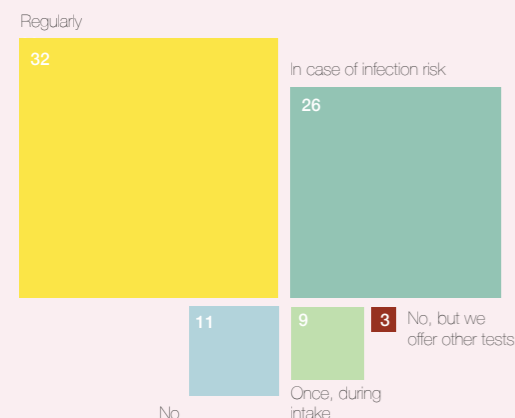
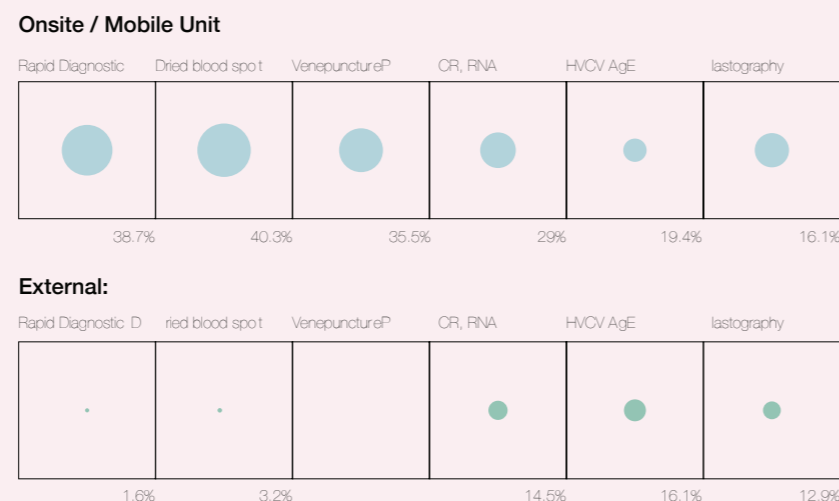


Fig. 11 ~ Percentage of typologies of testing employed by applicant organizations according to location (N=46)



## Counselling

More than half of organisations reported providing pre- and post-test counselling. When this happens, the task is equally performed by nurses and medical doctors (n=38) than by counsellors. 41.6% of organisations reported offering more than one counselling modality; in such cases, a talk with a nurse and/or doctor is combined with a counsellor.

When counselling is offered, almost two-thirds of organisations (n=37) reported following a specific protocol.

## 4. HCV TREATMENT & CARE

### Support after diagnosis

In general terms, organisations show a lack of capacity to offer hepatitis C treatment on-site, but more than half of them (n=35) have established mechanisms to support their clients through external treatment resources. One third (n=21) reported not being able to offer any kind of treatment on-site. In the case of organisations where treatment is offered within their setting, the most common support typologies include disease self-management (n=20) and liver health monitoring (n=20).

38% of organisations offer only one treatment modality: referral. For organisations providing more than one treatment modality, the most common combination is referral and disease self-management.

Thirteen organisations reported being able to offer other treatment facilities than the ones referred to in the questionnaire, including peer support (accompaniment to services and counselling); psychosocial support and counselling; and providing economic resources for insurance that grants access to treatment.

### Referrals

When organisations refer patients to external medical services, almost two-thirds of them (n=37) have an hepatology or infectology service, or use a hospital, as their first point of contact. Contact points other than those reflected in the survey include specialist nurses at a hospital and primary care doctors before clients are able to be seen by a specialist health worker.

A majority of organisations are still not integrated within the cascade<sup>26</sup> of-care for hepatitis C with only 25 respondents having achieved such integration and 10 reported struggling to be accepted or integrated within the cascade of care.

<sup>26</sup> WHO defines the cascade of care as the continuum of services that people living with hepatitis should receive as they go through various stages, from testing to diagnosis, to treatment, to cure, to chronic care, if needed. Our questions investigate how far harm reduction services are integrated into such a cascade of care. WHO, Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection, July 2018.

Fig. 12 ~ Number of applicant organizations according to the type of support offered for clients with an active HCV infection\* (N=55)

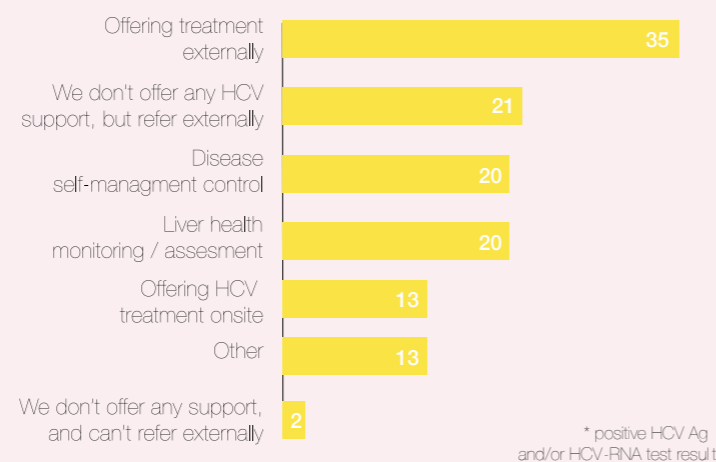


Fig. 13 ~ Number of applicant organizations according to typology of staff acting as a contact point in case of referral (N=59)

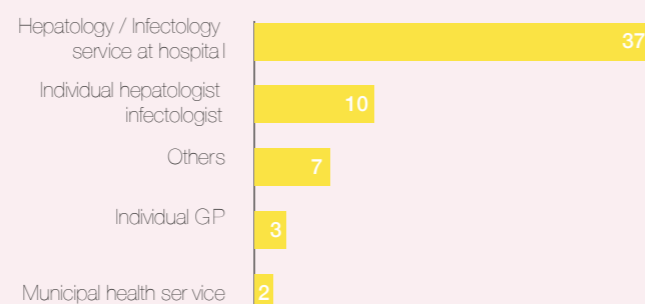
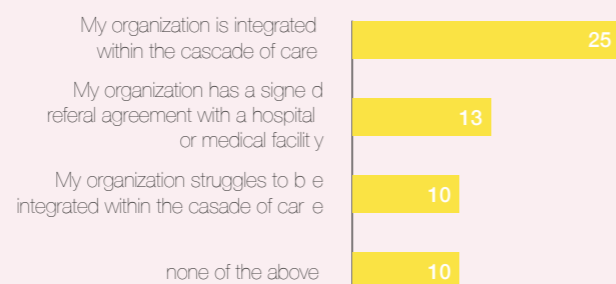


Fig. 14 ~ Number of applicant organizations according to level of integration within the cascade of care in their city/region (N=58)



## 5. HCV INTERVENTIONS: SUSTAINABILITY, EFFECTIVENESS & BARRIERS

### Funding

Only half of the organisations (n=35) reported having sustainable and ongoing funding for hepatitis-related activities, with the other half of organisations able to work on such activities only when funding allows.

### Sustainability

A minority of organisations (n=14) reported being fully equipped and able to deliver comprehensive services that match current requirements and demand. In contrast, half of the organisations (n=32) reported being equipped to deliver comprehensive hepatitis C services but in need of additional resources to meet requirements or existing demand for services, and eleven indicated their inability to support HCV services any further.

### Other needs

Besides funding (n=35), changes in the attitude of the medical sector with regards to providing services for drug users (n=30) and with regards to harm reduction (n=26) are listed as a main need to develop their HCV-related organisational activities. This information correlates with data previously offered and provides an explanation as to why more than half of the organisations are not properly integrated within the cascade of care.

Other identified needs include opportunities to hire, train and support peer workers (n=24); changes to national treatment guidelines (n=23) or national policies (n=23); more staff (n=22); and more educational material for clients (n=21), respectively.

### Monitoring & documentation of activities

As previously indicated (see 2.e, number of persons and visits), systematic monitoring and documentation activities are not fully implemented among applicant organisations. Meanwhile, forty services reported monitoring and evaluating the impact of their activities, while only half of respondents monitor and evaluate knowledge and skills of their staff in a systematic and documented way.

Fig. 15 ~ Number of applicant organizations according to self-identified needs to (continue) providing HCV services (N=60)

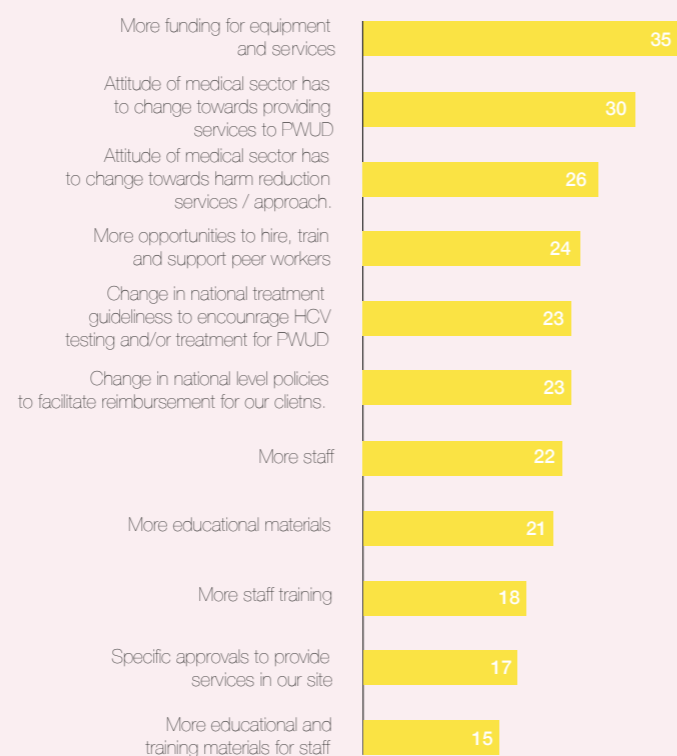
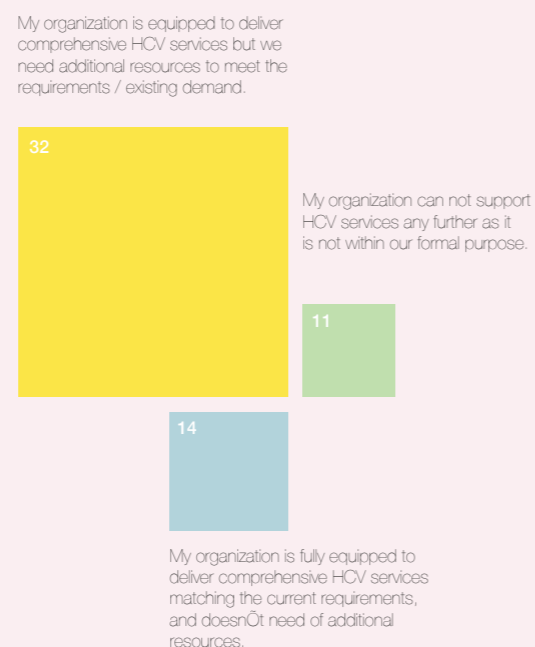


Fig. 16 ~ Number of applicant organizations according to their self-identified capacity to deliver HCV services (N=60)



## 6. ADVOCACY & PARTICIPATION IN POLICYMAKING

A majority of organisations reported being active in advocacy and policy making processes. Fifty-three organisations are involved in local/ regional or national stakeholder collaboration/discussion on drug user health, and fifty are involved in advocacy at a local/national level regarding harm reduction, HCV and/or drug policy.

## DISCUSSION

### READINESS TO RESPOND TO HCV

As evidenced in the data presented, the majority of the respondent organisations are equipped to deliver comprehensive HCV services. Agencies have reported having widely implemented HCV information systems - such as campaigns, publications or counseling - and undertake sufficient measures that ensure HCV prevention and control - such as normative guidance on safety, testing for staff and clients, vaccination for staff, needle exchange programmes, among others.

However, only one-in-four organisations have stated being able to support on-site HCV treatment and chronic care for PWUD. This information needs to be taken with caution as the survey does not provide enough information to understand whether this points towards clients with more complex needs being referred by agencies to specialist units, or whether organisations lack structural support that would allow them to fully develop this service.

Despite the capacity of harm reduction and community-based services to offer comprehensive HCV interventions, more than half of the organisation reported needing additional resources to meet the existing service demands and 20% have reported not being able to support HCV activities any further.

## CONTINUUM OF HEPATITIS CARE

Even though integration and linking of viral hepatitis services with other relevant health services has been identified as a key element in increasing the (cost) efficiency and reach of HCV strategies for PWUD, this has not yet been fully realised. The data provided by the respondents shows how harm reduction and community-based services are still not fully integrated within the cascade of care.

The structural barriers that hinder an effective linking of PWUD to health services are of a legal, regulatory and policy nature, and the lack of safer institutional environments in which stigma and discrimination against PWUD and/or harm reduction approaches are discouraged.

## COMMUNITY INVOLVEMENT

Although the questionnaire distributed through the open call did not include any specific questions regarding community participation and peer involvement, this aspect was incorporated within several of the areas investigated. The reason behind this design decision responds to an understanding of community participation and peer involvement as a practice that (should) permeates - to one degree or another - in the diversity of HCV awareness, prevention, testing and care for PWUD.

The gathered survey data shows that peer involvement is not yet commonplace. Less than half of the organisations count peers as paid workers in their teams and less than half count peers as volunteers. A similar situation exists with regards to counselling, with only a third of organisations involving peers in this activity.

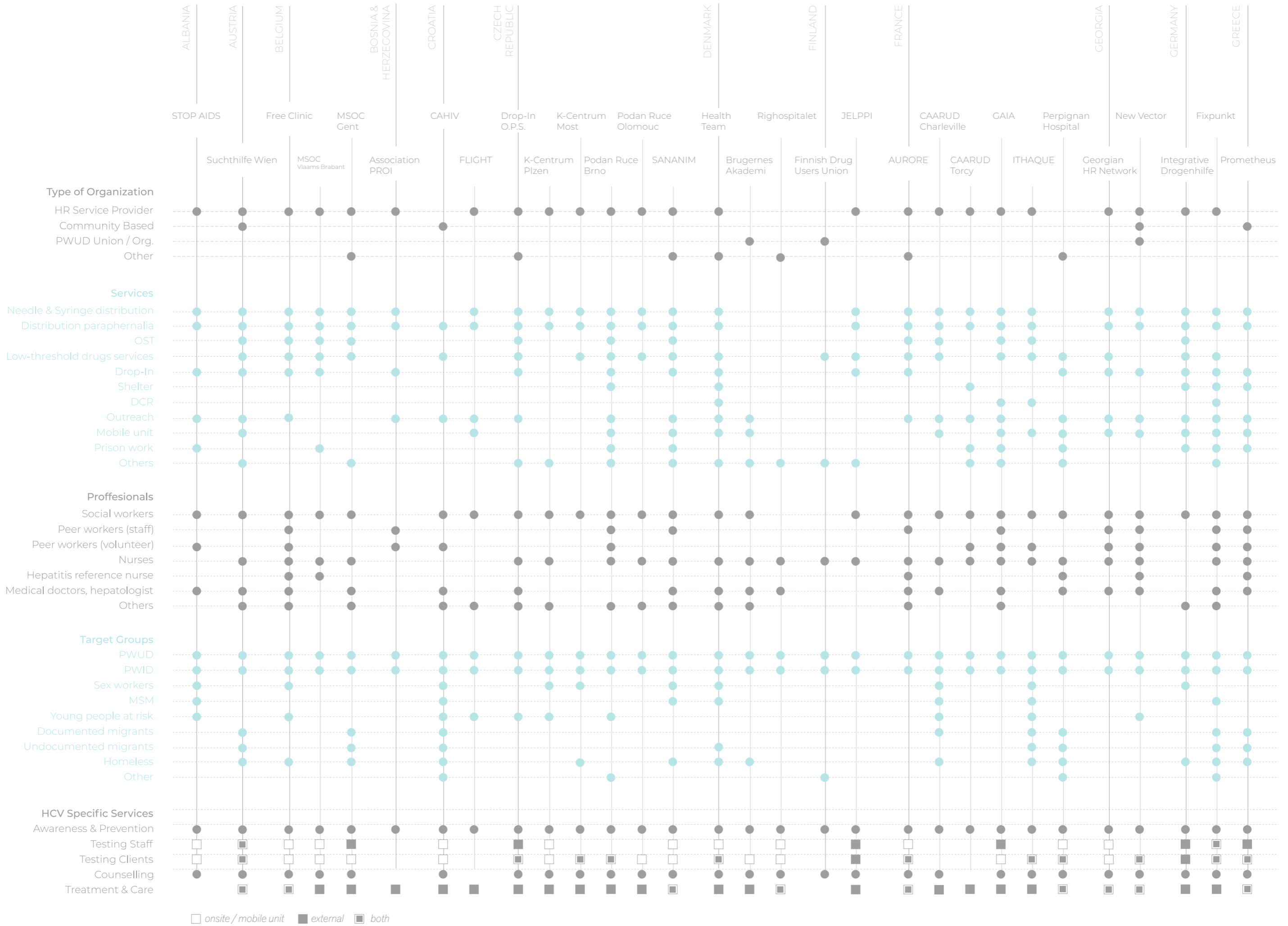
This situation appears to be acknowledged to a certain degree by the respondent organisations themselves. When asked about their needs in order to deliver comprehensive HCV services, twenty-four organisations reported the need to have more opportunities to hire, train and support peer workers.

When it comes to participation of the community at-large in HCV related activities, a few organisations reported offering services and/or involving them in their service delivery (see 2.b Services Provided and 2.d Target Groups). As it is the case with peer involvement, this aspect is still not sufficiently taken into consideration either because, in general, respondent organisations do not involve the extended communities sufficiently, or because they did not report doing so.

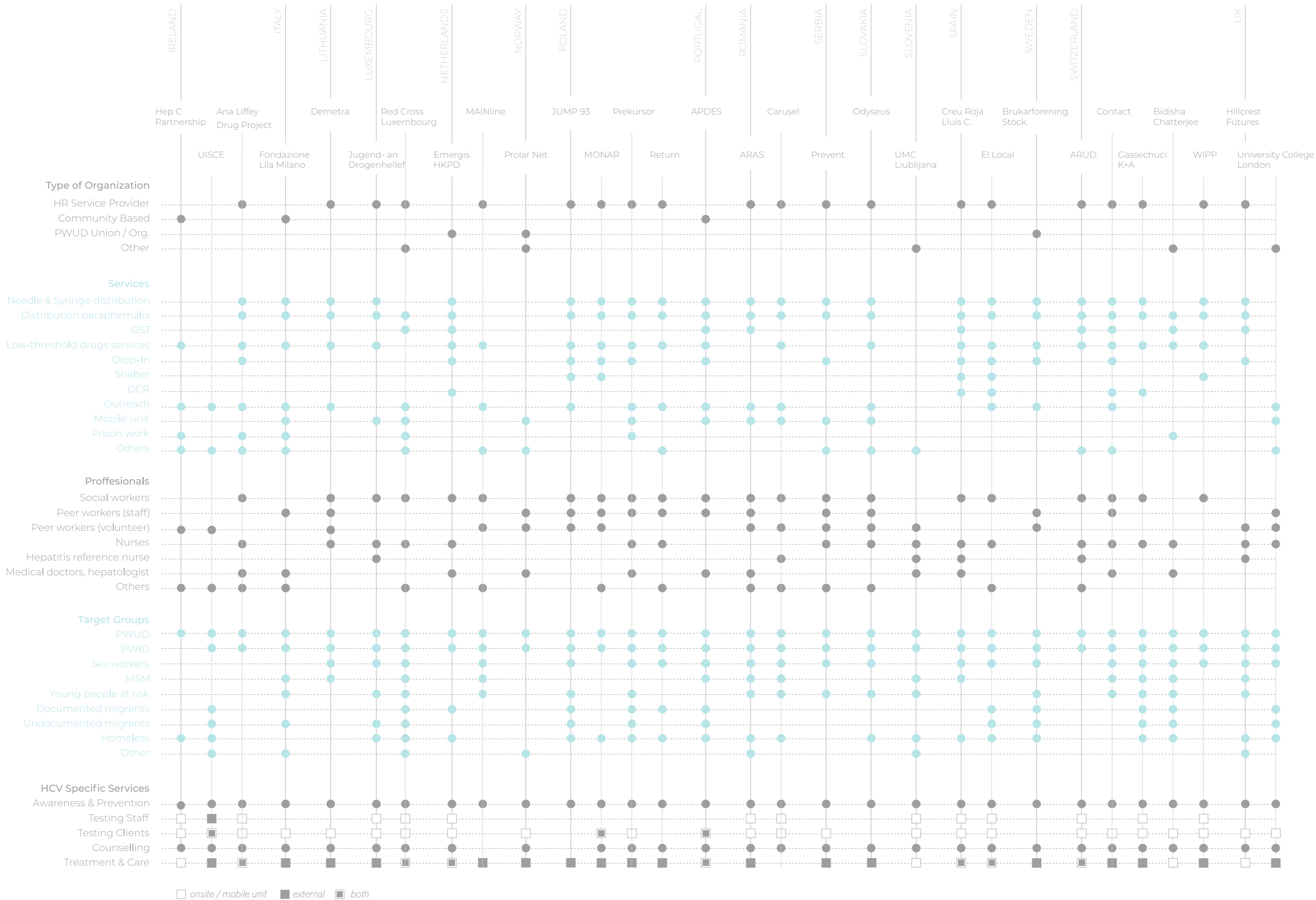
## FINANCIAL STABILITY

The data provided by respondents presents a reality in which harm reduction and community-based programmes lack dedicated budgets or financial programmes for the development and implementation of HCV interventions for PWUD. Half of the respondents have reported being able to work on such activities only when funding allows it, and more than half of the organisation have expressed having the need of more funding for equipment and services.

# OVERVIEW OF APPLICANT ORGANISATIONS



□ onsite / mobile unit   ■ external   ■ both





# PART 3

The background is a solid red color. It features several overlapping dashed lines in different colors: white, yellow, blue, and black. These lines form various geometric shapes, including circles, squares, and irregular polygons, some of which are partially cut off by the edges of the image. The lines are scattered across the frame, creating a complex, abstract pattern.

In presenting the examples, the What – Where – Who – How template for Good Practice descriptions has been followed.

<b>(what) Service:</b>	HCV testing on-site <b>(TEST)</b>	Service is targeting people who use drugs <b>(PWUD)</b>	<b>(who) Target group:</b>
	Linkage to HCV care <b>(LINK)</b>	A defined sub-group of PWUD <b>(PWUD-)</b>	
	Hepatitis C treatment externally <b>(TREAT ext)</b>	A wider group of people, including PWUD <b>(PWUD+)</b>	
	Hepatitis C treatment on-the-spot <b>(Treat int)</b>		
<b>(where) Setting:</b>	Drug treatment centre <b>(DTC)</b>	Paid peer support workers <b>(PEER)</b>	<b>(how) Actors or approach:</b>
	Low-threshold agency <b>(LTA)</b>	Nurse-led <b>(NURSE)</b>	
	Outreach <b>(OUT)</b>	Shared care model <b>(SHARED)</b>	
	Pharmacy <b>(PHA)</b>	Multidisciplinary team <b>(MULTI)</b>	

Tags are adapted from EMCDDA: Hepatitis C: new models of care for drugs services, 2019

**WHERE** - the setting where the service is delivered: Types of settings are outreach (OUT); low-threshold agency (LTA); drug treatment centre (DTC); prison (PRI); pharmacy (PHA); or other (OTH).

The low-threshold agencies included here are understood to be harm reduction service providers.

**WHAT** - the service is: HCV testing and/or HCV linkage to care and/or hepatitis C treatment uptake. In the case of testing, type of test or diagnostic platform used may also be specified.

**WHO** - the general target group in this collection of case studies are people who inject drugs (PWID). However, if the model of care addresses a sub-group (e.g. homeless PWID) or a wider group (e.g. PWUD; or 'all clients of a low-threshold agency', or 'marginalised communities in a specific geographical area') is targeted, this is earmarked as well.

**HOW** - describes the overall approach to the provision of the service and important actors involved. This includes the description of the professional profile(s) beyond the drug-related service provider that are required to deliver or lead the service (peers; nurses; hepatologists) and any indication of the level of integration of delivery of the hepatitis-related services (e.g. shared care arrangements with tertiary care; in a shared-care partnership with hepatology or gastroenterology units of local hospitals; with hepatologists who prescribe and supervise the HCV treatment accessible during dedicated hours, present via outreach or on call).

# GOOD PRACTICE COLLECTION

# AUSTRIA

## SUCHTHILFE WIEN

### KEYWORDS:

HCV network | Cooperation with pharmacies | 'directly observed therapy' | 'bring your friends'

### TAGS:

TEST | LINK | TREATint | DTC | LTA | OUT | PHA | PWUD | SHARED | MULTI

### WHERE - SERVICES

#### PROVIDED:

needle and syringe exchange;  
opioid substitution therapy (OST); drop-in centre; outreach/  
street-work; mobile unit;  
pharmacies; socio-economic support facilities.

### WHO - TARGET GROUPS:

people who use drugs (PWUD);  
people who inject drugs (PWID); migrants (documented and undocumented); people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; nurses; medical doctors; hepatologists; art therapists; psychoanalysts; psychotherapists.

## What:

### 1. Background

Suchthilfe Wien is a low-threshold service provider for people who use drugs (PWUD), based in Vienna, Austria. It has all the infrastructure needed to provide comprehensive care for this group: a day centre, an emergency shelter, a syringe exchange programme and an outpatient clinic with drug dependence specialists, psychiatrists, nurses, social workers, HIV specialists and hepatologists.

In order to succeed with the treatment of chronic hepatitis C among people who inject drugs (PWID), Suchthilfe Wien developed a new 'therapy setting'. Clients are given the possibility of ingesting their OST medication together with their antiviral therapy at the same place and time. To implement this approach, the Wilhelminen Hospital and Suchthilfe Wien merged into a large hepatologic centre (the 'Vienna HCV network').

### 2. Awareness and Prevention

Clients visiting Suchthilfe Wien can benefit from hepatitis-related handout materials and other relevant information and clarifications during its opening hours. In addition, there are special events, such as 'Liver Days', which seek to raise awareness and to offer basic education to their clients.

The Staff has team meetings and education workshops and trainings to discuss new information and treatments.

### 3. Testing

Clients are briefed by a local team on the possibilities of HCV testing and, afterwards, about treatment options. Using an HCV antibody saliva test, they can determine a person's HCV status on-the-spot. In the case of a positive HCV-AK test result, a blood test can be immediately undertaken.

The result is available in 60 minutes and an appointment is made for further clarification and subsequent treatment at the Wilhelminen Hospital or at the Suchthilfe Wien. Both facilities have dedicated staff for testing and pre- and post-test counselling.

Hepatitis B and C testing for staff is regularly available on-site at Suchthilfe Wien as well as hepatitis A and B vaccination.

### 4. Treatment and Care

With their 'directly observed therapy' for chronic hepatitis C (patients receiving antiviral treatment together with OAT under direct observation of a pharmacist, physician or nurse on a daily basis) at a pharmacy or low-threshold institution, chronic hepatitis C can be cured within a group of difficult-to-treat patients who are unlikely to be successfully treated in other environments. For the 'directly observed therapy' of OAT and DDA, cooperation with pharmacies is very important. Currently, more than 50 pharmacies in Vienna and the surrounding areas are partners of the Vienna HCV network.

Patients are provided with pre- and post-test counselling in terms of a talk with a nurse or a medical doctor where they are informed before, during and after the therapy about safer drug use and prevention of reinfection. Patients can also benefit from disease self-management and liver health monitoring.

# BELGIUM

## FREE CLINIC

As part of the treatment, there is a 'bring your friends' policy. An attempt is made to persuade all patients to motivate, or bring along, their friends with whom they consume drugs.

### 5. Challenges

Staff of Suchthilfe Wien need additional training, including educational materials. There is also a need to hire, train and support peer workers who, at present, are not properly incorporated within the programme. There is also a need for the medical sector in general to change its attitude towards the provision of services for people who use drugs.

The organisation believes that from a policy perspective, there would be great benefit from allowing general practitioners to prescribe treatment rather than only hepatologists.

### 6. Advocacy, Sustainability and Transferability

Suchthilfe Wien has sustainable and ongoing hepatitis-related activities with regular funding. The therapy, as well as the tests, are paid for by the respective health insurance companies (as part of the patient's social insurance).

The screening programme can serve as a pioneering project for similar settings.

Due to the pioneering and successful role that the programme has had in the treatment of PWID under the 'Vienna HCV network', many similar treatment options for people who inject drugs with chronic hepatitis C have been created in Austria.

### 7. Recommendations

According to Suchthilfe Wien, the close cooperation of the two specialised institutions, Suchthilfe Wien (in the field of drug dependence) and the Wilhelminen Hospital, together with OST, considerably increases adherence to therapy and is considered to be a relevant factor for the treatment of an otherwise non-participative treatment group. Thus, it is recommended to implement a similar system in other countries.

#### KEYWORDS:

Treatment on site | case management | paid peer workers 'C-Buddy' | advocacy on drug policy

#### TAGS:

TEST | TREAT | LTA | OUT | PWUD+ | PEER | NURSE | SHARED

#### WHERE - SERVICES

##### PROVIDED:

low-threshold drug service and counselling; opioid substitution therapy; drop-in centre; outreach/street-work; work activation; C-Buddy; case management for PWUD with children.

#### WHO - TARGET GROUPS:

people who use drugs or inject drugs (PWUD); sex workers; men-who-have-sex-with-men (MSM); young people at risk; female PWUD; people experiencing homelessness.

#### HOW - TEAM COMPOSITION:

social workers; peer workers (paid and volunteer); nurses; hepatitis reference nurse; medical doctors; GIG (Health Promotion in Injecting Drug use) - needle exchange coordination Antwerp; GIG coordinator Flemish part of Belgium (strong cooperation with local hepatologist).

#### What:

### 1. Background

Free Clinic is a harm reduction service provider based in Antwerp, Belgium since 1975. In 2009, they started to develop a complete peer involvement system specifically to support former and current people who use drugs (PWUD) following Hepatitis C treatment. Specifically, thanks to this programme, and their entire array of services in general, Free Clinic has been able to provide support along the whole care continuum, thereby bridging the limited access to conventional health care that is experienced by PWUD.

Although Free Clinic started by specifically targeting most marginalised groups, over the years they have broadened their focus, e.g. to people who use amphetamines, a specific target group who, at present, are insufficiently supported within the scope of social and/or harm reduction services.

## 2. Awareness and Prevention

Free Clinic awareness and prevention campaigns are extended to every centre in Antwerp, offering services to PWUD who are in need of HCV support or guidance. For example, the swab2know is an annual campaign organised in cooperation with ZNA, the hepatology unit at a large community hospital in Antwerp.

The information methods used by Free Clinic include handouts / printed materials, media content – such as movies, documentaries, pictures, etc. – as well as counselling plus internal and external educative sessions, such as workshops and trainings.

The Free Clinic team includes a Hepatitis C nurse and a medical doctor who arrange special trainings and materials for their staff.

## 3. Testing

Free Clinic offers onsite testing for both staff and clients. For staff, the organisation provides HCV and HBV testing as well as vaccinations for Hepatitis A and B. For clients, Free Clinic employs a rapid diagnostic test, venipuncture, PCR and RNA test, and HCV core antigen assay. Adding to this, HIV, STI and HBV tests can be offered upon request.

Complementing these regular activities, Free Clinic participates in the European HIV/HCV Testing Week and organises an awareness week at their needle exchange programme, offering clients a quick test (finger prick). Considering that Free Clinic is able to do PCR on-the-spot, Fibroscan-elastography (referral to ZNA) is also an available service for their clients.

Pre- and post-test counseling is carried out by counselors, nurses, medical doctors and/or peer workers. Although Free Clinic follows a protocol for this activity, counseling is carried out using general written guidelines.

## 4. Treatment and Care

For people with an active Hepatitis C infection, Free Clinic provides support through both on-site treatment and externally, and through self-management support. Although Free Clinic does not have a signed referral agreement with a local hospital or medical facility, the organisation is fully integrated within the cascade of care. This collaboration is structured under the so-called Antwerp Model, meaning that Hepatitis C services do not occur 'under one roof'. For example, a free consultation is available at the hospital with the Hepatologist once a week (an 8-minute walk from Free Clinic); no appointments have to be made.

## 5. Challenges

The organisation requires additional staff, funding for equipment and services, and greater opportunities to hire, train and support peer workers to match demand for services.

## 6. Advocacy, Sustainability and Transferability

Since 2016, Free Clinic has received financial support from the Flemish Government. Currently, the organisation is sustainable and structurally sound with funding until 2023.

Free Clinic is actively involved in stakeholder collaboration and discussions on drug user health. The organisation is also active in advocating on drug policy, both at the local and national levels.

Supporting their development and efficiency, Free Clinic monitors and evaluates the knowledge and skills of its staff, volunteers and peers in a systematic and documented way. Their HCV programme has an evaluation system, including an annual monitoring report to government using an anonymous and encrypted client registry, including contact data, date of screening and start of treatment.

## 7. Recommendations

For other service providers aiming to implement and/or improve HCV programmes, Free Clinic recommends building a team with as many skills and backgrounds as possible, with enough determination to implement the activities despite potential difficulties. A strategy to achieve this should be built through relations and links with other organisational experts in a range of disciplines.

# CZECHIA

## SANANIM

### KEYWORDS:

Mobile unit & community based testing | peer workers | no need for abstinence | advocacy on access to treatment and against stigma

### TAGS:

TEST | LINK | DTC | LTA | OUT | PWUD+ | PEER | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug services and counseling; opioid substitution therapy; drop-in centre; outreach/street-work; mobile unit; prison work; treatment; therapeutic communities; aftercare; OST; ambulances for work with families, partners, gamblers; social business enterprise; case management; online counselling.

### WHO - TARGET GROUPS:

people who use drugs or inject drugs; sex workers; men-who-have-sex-with-men (MSM); people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; peer workers (paid); medical doctors; nurses; hepatologist; psychologist; psychotherapists; psychiatrist; addictologists.

## What:

### 1. Background

Sananim is a harm reduction and treatment service provider established in 1990 after the 'Velvet Revolution' in Prague, Czechia (Czech Republic). From its start, the organisation has focused on harm reduction services, following successful models from countries such as Switzerland and the Netherlands.

Aware of the direct linkage between drug consumption and the transmission of infectious diseases, Sananim started implementing HCV activities within their harm reduction services during the drug consumption boom in Czechoslovakia. Thanks to those timely efforts, an epidemic of infectious diseases was avoided.

Sananim now offers a comprehensive programme of services. Their HCV activities are articulated in outreach programmes, mobile units and a drop-in centre. Through them, people who use drugs (PWUD) have access to sterile needle/syringe programmes (NSP), testing, basic medical care, treatment, education and information. Sananim also has a training programme for peers and hires peers as staff members.

Sananim services mostly target PWUD of which one-third are women. The organisation also offers services to other related groups, such as men-who-have-sex-with-men (MSM), sex workers, the Roma population, and other ethnic minorities. In the near Futures, they aim to increase their services to different hidden groups and try to raise awareness of non-substance-related dependence issues such as gambling, gaming and sex.

### 2. Awareness and Prevention

Sananim staff start conversations with clients about different HCV prevention practices, emphasising how HCV and infectious diseases can spread through the sharing of contaminated injection equipment. They raise awareness by distributing materials on harm reduction, organising trainings and informative campaigns.

In order to assure good quality services, Sananim employs medical staff who test the competences of newcomers and, later, offer them a detailed course of instruction. Moreover, they arrange special trainings and materials for staff and organise team meetings to discuss new developments and treatments.

### 3. Testing

Each test is run in accordance with national Czech standards – pre/post-test counselling, testing, linkage to care, education, explanation and clarification of the prevention, treatment and retreatment, reinfection and to reduce and eliminate testing and treatment barriers.

Onsite testing is provided through capillary blood sampling which was chosen due to its low cost. In Czechia, community-based testing is allowed without the involvement of medical staff. External to Sananim, it is possible to have venepuncture, PCR, RNA, HCV core antigen assay and Fibroscan-elastography. In the case whereby a client tests positive, Sananim helps the client to get a confirmatory test with an external medical institution.

Sananim offers regular HCV and HBV testing and HBV vaccination to its staff and it participates in the European HIV/HCV Testing Week.

#### 4. Treatment and Care

Following a confirmatory test, the client is directed to a consultation with a hepatologist who can prescribe treatment on site or externally. During DAA treatment, the client does not need to abstain from drug and/or alcohol use although disease self-management support is provided by the organisation, such as diet and nutrition. Sananim provides pre- and post-test counseling based on a specific protocol, including a talk with a counselor, nurse or a medical doctor.

Each case is supported, if necessary, through a contract between Sananim, the client and Hepatology Centres that includes treatment cooperation, mandatory visits of the centre and consultation with a hepatologist and drug dispensing.

#### 5. Challenges

Additional resources are required to hire, train and support peer staff and to pay for equipment and routine service provision. Attitudinal changes within the medical profession, and changes in national level policies, are required to facilitate harm reduction service implementation.

Sananim would also like to use the new detection systems which enable automatic, fully integrated molecular testing to test difficult-to-reach patients and shorten the time to therapy as much as possible.

#### 6. Advocacy, Sustainability and Transferability

Sananim is involved in various advocacy campaigns. They have been successful in advocating for the treatment of PWUD through influencing a proposal by health authorities to deny treatment for active drug users. Currently, they are actively working to overcome the stigmatisation of PWUD, specifically PWUD living with hepatitis.

#### 7. Recommendations

Sananim states that the key to their success lies in their ability to reach hidden communities and to continuously search for new users for their services. They believe that to effectively help a person, an integrated approach to support is required.

# FRANCE GAIA

#### KEYWORDS:

Treatment on site | mobile HCV testing and elastography | drug consumption room

#### TAGS:

TEST | LINK | TREAT int ext | LTA | OUT | PWUD+ | PEER | NURSE | MULTI

#### WHERE - SERVICES

##### PROVIDED:

low-threshold drug service and counselling; needle and syringe exchange; opioid substitution therapy (OST); drug consumption room (DCR); outreach/street-work; mobile unit; prison work.

#### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; homeless; (un) documented migrants.

#### HOW - TEAM COMPOSITION:

social workers; peer workers (paid and volunteer); medical doctors; nurses; hepatologist; art therapist; security guard.

#### What:

### 1. Background

Gaia is a harm reduction service provider based in Paris, France. Their facilities welcome all populations including people who use drugs, the homeless, sex workers, documented or undocumented migrants, and people in other precarious situations. The programme started at the beginning of the 1990's as part of the NGO 'Doctors of the World' and became independent in 2005. A quarter of their clients come from Eastern Europe and there has been an increase in clients coming from India.

In 2011, Gaia was the first organization in Paris to use a mobile Fibroscan; the mobile unit, and the low-threshold drug service, started offering rapid HCV testing in 2013.

## 2. Awareness and Prevention

Gaia organises HCV and HIV testing weeks in its different services and a specific HCV testing week in at its drug consumption room (DCR) three times per year.

They have informative handouts but, due to the large number of clients, they face difficulties in reaching everyone. They also provide counselling on hepatitis-related issues and organise internal and external education sessions, workshops and trainings for staff as well as clients and their partners.

Some of Gaia's previous clients have become staff members and volunteer peers. However, peer involvement is now active in supporting the DCR rather than HCV activities.

## 3. Testing

Community-based testing without a medical doctor or qualified nurse is allowed in France. Through all Gaia services (mobile unit, DCR, OST), clients can benefit from Fibrosan testing, HCV, HBV and HIV rapid blood tests. Dried blood spot is performed by a professional when a rapid test is positive with the results communicated to the client by a doctor.

After being trained in advance by its medical staff, the Gaia team performs testing by themselves and are also helped by partners who prepare clients in advance (e.g. information about HCV, HBV). A special mandatory training is required by the authorities for performing such rapid tests.

Staff are regularly tested for HCV and HBV extern to Gaia and are offered vaccinations for hepatitis A and B.

## 4. Treatment and Care

Treatment can be administrated both externally and on site (at the DCR or at the low-threshold OST unit). Gaia offers disease self-management support and liver health monitoring/assessment. Overall, there is no specific protocol used for pre- and post-test counselling as mandatory training is required by the authorities and all staff are trained externally or internally in counselling skills.

Although more than 10 hepatologist hospital services have been mobilised by regional health authorities under a 'HCV Cascade of Care' programme, the cascade of care only functions well if a client has access to social security services. Consequently, Gaia has staff who primarily help clients to gain access to such social services.

## 5. Challenges

The main challenge facing Gaia is funding. For example, if a client tests positive from a rapid test, it is important to confirm the result with a RNA test which is not easy to access.

To reduce the long waiting times between testing and receiving test results, Gaia's nurse who is assigned to its mobile unit is part of a medical network in the vicinity of the partner premises that supports the delivery of the test result to the client and their linkage to care, such as a local hepatologist or local hospital. Currently, Gaia is seeking authorisation to implement a Test & Treat service.

## 6. Advocacy, Sustainability and Transferability

Gaia is not directly involved in advocacy as such, but rather through its partners. However, they do participate in daily meetings with important governmental stakeholders concerning political and financial support, both of which are currently insufficient.

In terms of monitoring and evaluation, Gaia has put in place software to register clients. Registration is based on the surname of the client and their date of birth as well as health-related information, including HCV, HIV, HBV testing. The database is not accessible to other organisations or actors; however, an annual report is sent to local health stakeholders. Qualitative studies of Gaia services, cooperation, etc., are conducted as part of evaluation activities.

## 7. Recommendations

Gaia's strength comes from their ability to involve many different partners together to fight the same problem with common resources. Rather than having competitive relationships with a limited budget, Gaia has a collaborative approach through the sharing of information and knowledge and in conducting common trainings that tackle common problems, all of which improves the cascade of care and makes services more accessible for clients.



# GERMANY

## INTEGRATIVE DROGENHILFE e.V.

### KEYWORDS:

Co-operation (HCV-/HIV-testing, treatment) and drug screening | drug consumption room | short educational interventions | advocacy for harm reduction and drug policy

### TAGS:

LINK | LTA | PWUD+ | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold addiction care services and counseling; needle and syringe programme (NPS) and 1 consumption equipment vending machine; opioid substitution therapy (OST); 2 drop-in centres; 1 shelter; 2 safer injection sites (365 days p.a.); outreach/street-work; 2 mobile units (shuttle-service).

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; educators; instructors, students; administrators, housekeepers and cleaning staff.

## What:

### 1. Background

Integrative Drogenhilfe e.V. is a harm reduction service provider, established in 1986 in Frankfurt, Germany. They have a shelter for homeless PWUD/PWID, a highly frequented supervised injection site (DCR) in the Frankfurt Red Light district, a drop-in centre with an affiliated substitution centre in the inner city and a further facility called "Eastside" that provides a mix of services including counselling, a DCR, a shelter with approximately 100 beds, and training, amongst other interventions.

The main target group of Integrative Drogenhilfe e.V. are PWUD/PWID, mainly heroin and crack cocaine users with the majority being male. Their main HCV programme began in 2016 as a result of a study that showed a large increase

in the number of people suffering from HCV in Frankfurt as well as some other problems including the frequent re-sharing of injection equipment and the limited knowledge of safe injection practices.

Although somewhat infrequent, services are also used by men-having-sex-with-men (MSM), sex workers and migrant drug users as they have very limited access to the German social welfare system.

### 2. Awareness and Prevention

Integrative Drogenhilfe e.V. invests a lot of its resources in building a well-educated team who are capable of informing clients in detail about hepatitis, from the theoretical perspective to the epidemiological aspects and from transmission to treatment.

In addition to the usual handout materials and the organisation of an annual Hepatitis Week, short face-to-face interactions keep clients updated. The organisation's specialties are the so-called 'short interventions', such as the special games developed to make education interactive. For example, clients are asked 1-2 true or false questions ("Is HCV spread by sharing spoons?") before entering the safer injection site and they receive feedback directly.

For team members, Integrative Drogenhilfe e.V. uses handout materials, organises internal team meetings to discuss new information and treatments and also provides internal and external education workshops and trainings.

Furthermore, Integrative Drogenhilfe e.V. has in place a special 'hygiene protocol' to prevent the transmission of blood-borne viruses.

### 3. Testing

At present, the organisation does not provide on-site testing. However, Integrative Drogenhilfe e.V. cooperates with other medical authorities which do provide such services. There is a shuttle bus operating between its premises which facilitates access by clients to such testing facilities.

Staff are also regularly tested for HCV and can receive vaccinations for hepatitis A and B.

## 4. Treatment and Care

In the case of a positive diagnosis, Integrative Drogenhilfe e.V. supports the client with referral to external services. Testing, vaccination and other medical treatment is offered in cooperation with Malteser Werke (addiction medicine). Through this cooperation, clients receive counselling services and assistance during treatment, including on-site prescriptions.

Access to treatment is difficult for clients with no health insurance. In such cases, the organisation refers clients without insurance to special services.

Overall, the clients of Integrative Drogenhilfe e.V. benefit from a full cascade of care. All necessary healthcare services are accessible, and all service providers co-operate with each other in the best interests of the client.

## 5. Challenges

As time passes, Integrative Drogenhilfe e.V. is interested in making both testing and treatment available on-site as this would increase the willingness and opportunity of its clients to participate.

## 6. Advocacy, Sustainability and Transferability

Integrative Drogenhilfe e.V. is a very active player in terms of advocating for harm reduction services and the needs of PWUD/PWID. The organisation is involved in local/regional and national stakeholder collaboration/discussions on drug user health as well as policy advocacy at the local/national level for harm reduction, HCV and drug policy. For example, they participate in high level meetings with local stakeholders and their position and opinions are heard at the regional level.

The organisation uses a monitoring tool to register clients according to their identity, but no personal data is shared with any institution. The data is made anonymous for use only by researchers.

## 7. Recommendations

Integrative Drogenhilfe e.V. is successful as a result of its attention towards time management. They analyse risk in advance before taking action and never stop seeking to improve and develop its services. Simple changes in rules and conditions of all Integrative Drogenhilfe e.V. services have led to changes in the behaviour of clients, such as washing hands when entering and leaving a drug consumption room.

# GERMANY

## FIXPUNKT e.V.

### KEYWORDS:

(mobile) drug consumption facilities | paid peer and community workers | cultural diversity | advocacy at local and national level

### TAGS:

TEST | LINK | LTA | PWUD+ | PEER | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug services and counseling; distribution of needles and syringes, drop-in centres; outreach street work; mobile units, including mobile drug consumption facilities.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); men having-sex-with-men (MSM); (undocumented) migrants; people experiencing homelessness.

### HOW - TEAM COMPOSITION:

Social workers; nurses; (migrant) peer workers; volunteers.

## What:

### 1. Background

Fixpunkt e.V. is a harm reduction service established 1989 in Berlin, Germany, which provides large scale harm reduction services including needle/syringe distribution, counselling, a drop-in centre, a drug consumption room (DCR) and outreach activities, including a mobile DCR, and other services. Fixpunkt e.V. is a shareholder in Fixpunkt GmbH which runs two drop-in centres with integrated DCRs, low threshold employment and training facilities as well as community-oriented outreach activities.

Staff of Fixpunkt e.V. include community workers (peers) from Zambia, Kenya, Pakistan and Syria and from Russian- and Arabic-speaking minorities who utilise their special expertise, such as their cultural sensitivity, language and background. Fixpunkt e.V. also has a specialised community worker in support of men-who-have-sex-with-men (MSM) engaged in chemsex practices.

At the beginning of the 1990's, Fixpunkt e.V. started their hepatitis-related activities which were included in an HIV prevention programme.

## 2. Awareness and Prevention

Fixpunkt e.V. has direct, informative communication with their clients as well as using typical harm reduction handout materials and pre- and post-test counseling (following a specific protocol). Team members are specially trained to explain the precautionary measures and risk of HCV during the time a client is using other services, such as receiving sterile syringes or the DCR. Discussions start about HCV and the client is informed of how to protect themselves against it, including how to use drugs safely and, if necessary, where to seek medical care.

Besides written materials and internal team meetings, Fixpunkt e.V. arranges annual mandatory trainings on basic HCV literacy for their staff and a short, yet intensive, drug counselling course for newcomers.

Each Fixpunkt site occasionally organises special events such as highlighting short interventions, special hepatitis related issues, poster presentations and information materials, giving incentives and promoting messages. They have also implemented pre- and post-test counseling by a counselor, nurse or medical doctor as well as a hygiene protocol for their staff and clients to prevent the transmission of blood-borne viruses.

## 3. Testing

At Fixpunkt, a person can get HIV, STI, Hepatitis B and C testing and Hepatitis A and B vaccination, rapid HCV diagnostic tests, venipuncture, RNA and HCV core antigen assay by qualified staff and supervised by a doctor and, if required, laboratory testing. Fibroscan elastography can be accessed externally and completely anonymously.

Staff can also get tested on-site for Hepatitis B and C and vaccinated against Hepatitis A and B which is regularly offered by a specialised occupational physician.

## 4. Treatment and Care

Since treatment in community settings is not currently allowed in Germany, Fixpunkt refers clients to external medical doctors specialised in infection and drug dependence medicine, depending on the situation. They offer disease self-management support, such as alcohol consumption and diet, etc. They

have a good, close partnership within their network, including health care specialists and institutions, organisations, local authorities and other political and administrative bodies.

## 5. Challenges

Additional resources are needed in order to meet demand, such as the possibility to enable treatment within their facilities.

A further challenge has been clients without health insurance. Fixpunkt e.V. has begun offering services to such clients and is also advocating for their access to treatment.

The most important challenge facing Fixpunkt e.V. is to gain specific approval to provide on-site services. A further challenge is to hire, train and support qualified staff because whilst they have the sufficient means, the majority of medical professionals have a negative attitude towards the provision of services for people who use drugs (PWUD).

## 6. Advocacy, Sustainability and Transferability

Fixpunkt e.V. is highly involved in advocacy activities at every level; from local health authorities to government representatives, mainly in Berlin, a city with a fast-track HCV AIDS elimination initiative.

They operate under the strategy and goals of the mayor of Berlin and strictly adhere to WHO guidelines. Thus, they have sufficient political and financial support and direct contact with high-level politicians responsible for health issues and who follow the impact of harm reduction services. They have agreements and development plans and are also directly accountable for their actions.

## 7. Recommendations

According to Fixpunkt e.V., success comes through strong political and administrative support, a clear strategy and a political framework under which the organisation can operate and function well. The organisation is stable and has a developed network to identify relevant stakeholders and to create the required impact as a common force.

Finally, to be effective, an organisation such as Fixpunkt e.V. requires a dedicated and committed staff.

# GEORGIA

## NEW VECTOR

### KEYWORDS:

Treatment on site | mobile ambulatory unit | drug users organization | advocacy for human rights

### TAGS:

TEST int | LINK | TREAT int ext | LTA | PWUD+ | PEER | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

distribution of needles and syringes, drug use paraphernalia, condoms; drop-in centre; outreach/street-work; mobile unit.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); young people at risk; sex workers; men-who-have-sex-with-men (MSM); people living with HIV.

### HOW - TEAM COMPOSITION:

social workers; peer workers (paid and volunteer); medical doctors; nurses; hepatitis reference nurse; hepatologist; art therapist; security guard.

## What:

### 1. Background

New Vector (established in 2006) is the first ever drug user organisation in Georgia. It offers harm reduction services to people who use drugs (PWUD) including sex workers, men-who-have-sex-with-men (MSM) and people living with HIV and also provides educational opportunities to marginalised people. New Vector staff include peer workers, both paid and voluntary.

As the government funded health security is insufficient for vulnerable people, New Vector provides such people with different testing opportunities and medical care, including dental treatment and psychological support. Their clients can visit a wide range of specialised health care professionals and get proper consultations.

The main goal of New Vector is to diversify and be able to offer a variety of services in addition to their existing on-site interventions as well as outreach work and a mobile ambulatory unit and to involve the entire population in its endeavours.

### 2. Awareness and Prevention

New Vector has its own ways of raising awareness about hepatitis and informing its clients about HCV, including campaigns on hepatitis awareness for their target groups.

On World Hepatitis Day, New Vector organises information campaigns with volunteers and staff distributing flyers, posters and t-shirts with relevant messages. They also provide free testing on-the-spot for everyone. Their mission is to remind the government and people that individuals living with HCV need to be included in special treatment programmes.

In addition, its specially trained team arranges face-to-face, on-site meetings on different occasions and their clients benefit from an extensive awareness campaign on New Vector social media channels, their website and newsletter. They also have a rich base of handout materials which are distributed on-site and during outreach work. Staff of New Vector are kept informed through internal and external education workshops and trainings.

### 3. Testing

New Vector provide Fibroscan, dried blood spot and venepuncture testing as well as a Rapid Test that is followed by laboratory confirmation tests, all on-site. Additionally, a client can, if required, get PCR, RNA and HCV core antigen assay externally. In the case of a positive confirmation, the client immediately receives a unique number and, later, treatment.

If a further medical specialist consultation is required, the client may go to another clinic and receive the prescribed medication at New Vector. Pre- and post-test counselling is available to clients with a specially trained counsellor who follows a defined protocol.

### 4. Treatment and Care

The relationship between New Vector and its partners is well structured and the referral system in Georgia also works very well. For example, whilst F1 and F2 stage HCV level clients are treated on-site, other stages can be redirected to partner clinics. This transfer takes place effectively without bureaucratic excesses but is, however, still complicated. Therefore, New Vector aims to eventually offer all services under the same roof.

## 5. Challenges

New Vector is faced with a tough and challenging government policy, specifically on drugs. They have a large network of volunteers and would like to diversify their available HCV testing methods but funding is a challenge as government resources are very limited and results-driven while the Global Fund, as important as it is, will cease activities in Georgia, leaving a huge problem behind.

Additionally, despite offering treatment on-site, there are various clients that must travel from other locations to access treatment. Therefore, developments concerning these issues are very much needed.

## 6. Advocacy, Sustainability and Transferability

Ten years ago, treatment was very expensive and almost impossible to access. Its long waiting list, specifically on-site, motivated patients to organise advocacy activities to get on-site testing and treatment.

Two years ago, the patient community also started to fiercely advocate for the hepatitis elimination programme. Despite the country's strict drug policy, changes were made, human rights started to be respected and the government began to be responsive. Currently, New Vector is a member of the Global Fund's Country Coordination Mechanism (CCM) as well as a member of the State Commission on Hepatitis C, participating in the decision-making process. Whilst the organisation is funded for the next couple of years, there are doubts about its longer-term sustainability.

Clients are anonymously registered by New Vector using a special protocol. After registration, clients receive a unique number for further communication. The collected data is only shared with partner clinics for statistical and research purposes.

## 7. Recommendations

New Vector states that the most important aspect of a programme is to have motivated patients and to adopt the right strategy.

# GREECE

## HELLENIC LIVER PATIENTS ASSOCIATION "PROMETHEUS"

### KEYWORDS:

Vast network of hepatologists & network of collaboration | prison work | patient association | advocacy for evidence-base policies

### TAGS:

TEST | LINK | LTA | OUT | PWUD | PEER | MULTI

### WHERE - SERVICES PROVIDED:

screening; psychological support; linkage to care; drop-in centre; outreach/street-work; mobile unit; prison work.

### WHO - TARGET GROUPS:

liver patients; people who use drugs (PWUD) or inject drugs (PWID); people in prisons; Roma; migrants.

### HOW - TEAM COMPOSITION:

project coordinators; peer workers (paid and volunteer); communications officer; fundraiser; psychologist; secretariat.

### What:

#### 1. Background

Prometheus is the first association of liver patients in Greece, based in Athens and founded in 2012. From the beginning, they have adopted an holistic approach and operating through a harm reduction framework. They are committed to providing information about hepatitis, offering general and psychological support to PWUD and liver patients, reducing associated stigma and organising regular advocacy activities to promote patient rights at administrative and political levels.

A significant impetus for the organisation has been collaboration with the ARISTOTLE HCV/HIV programme. This community-based, fast-track, seek-test-treat programme aims to reduce the transmission of HCV/HIV and to enhance access to treatment with an holistic package of screening and linkage to care for PWID living with HCV and HIV in Athens.

## 2. Awareness and Prevention

Besides contributing to international campaigns such as World Hepatitis Day, European Testing Week, International NASH Day, and the NOhep movement, the organisation is active through their website, social media accounts and the press and also in public spaces – such as advertisements in subways, at bus stops – as well as on television.

Their actions include meetings/conferences in which new information and developments regarding access to treatment are discussed as well as harm reduction policies. When it comes to their staff members, Prometheus organises specific meetings and trainings to build their capacity and knowledge.

## 3. Testing

Prometheus offers on-site hepatitis B and C testing on a regular basis. The main methods employed by the organisation include dried blood spot testing (finger prick) at Athens and Thessaloniki “Checkpoint” (a structure of ‘Positive Voice’), antiHCV, PCR, RNA, HCV core antigen assay, and liver elastography (fibrosan) testing in prisons and other settings (e.g. ARISTOTLE, as well as fibrosan screening in hepatology clinics. The tests are confirmed within a vast network of hepatologists to ensure that if a person is positively diagnosed, s/he can be properly linked to health care.

Complementing the testing activities, Prometheus provides pre- and post-test counselling. This activity is carried out by certified counselors who follow a protocol. Importantly, peer workers are also involved in these activities. The organisation conducts interventions in prison settings - in which the PWID population is over-represented - together with partners of the ARISTOTLE HCV/HIV initiative'.

## 4. Treatment and Care

Prometheus successfully collaborates with other stakeholders. For example, their free liver elastography programme is entitled “I Deserve to Know” with approximately 11,000 tests conducted across Greece, in addition to collaboration with the ARISTOTELIS HCV/HIV programme.

Support is provided by Prometheus for people with chronic HCV infection by enabling access to HCV treatment. In addition, their beneficiaries can receive disease self-management support (e.g. alcohol consumption, healthy diet, etc.) and liver health monitoring/assessment (e.g. Fibrosan, blood test).

The success of their treatment and care services is built upon a strong network of collaborators. Beside working with other NGO's and scientific associations,

the organisation has a formal referral agreement with local hospitals and medical facilities.

## 5. Challenges

Although the organisation is fully equipped to deliver an holistic hepatitis programme, Prometheus still requires further funding for equipment and services. As a means towards overcoming this barrier, they recently focused on acquiring private funds and grants, both nationally and internationally. Ensuring such economic sustainability will give Prometheus the opportunity to hire, train and support more peer workers as this is a priority investment of the organisation.

## 6. Advocacy, Sustainability and Transferability

Prometheus monitors and evaluates the impact of its harm reduction work and participates in stakeholder collaboration and discussions on drug user health, as well as the development of drug policy advocacy activities at the local and national level. Building upon the results generated by their projects, the organisation aims to make an impact through evidence-based good practices.

In addition, Prometheus has organised - in collaboration with Positive Voice and the National and Kapodistrian University of Athens - a high-level meeting aimed at improving harm reduction coverage and policies at a national level.

In addition to this policy dialogue, Prometheus has been actively raising awareness through press releases and by publishing articles. As a result of the collective effort, on 7th March 2019, the Greek Parliament endorsed the opening of drug consumption rooms (DCR's).

## 7. Recommendations

The success of Prometheus is built upon their collaboration network. Additionally, it is important to highlight how their monitoring activities – conducted both internally and externally - allows the organisation to remain up-to-date with local, national and global trends and supports its evidence-based advocacy activities.

# NETHERLANDS

## EMERGIS - HKPD

### KEYWORDS:

Cascade of care    drug consumption room    mental health

### TAGS:

TEST | TREAT int ext | PWUD+ | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug service and counselling; distribution of needles and syringes; opioid substitution therapy (OST); drop-in centre; drug consumption room (DCR).

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; documented migrants; people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; medical doctors; hepatologist; nurses.

### What:

## 1. Background

Emergis (established in 1978) is an institution working in the field of mental healthcare based in the Netherlands. Every year, Emergis treats more than 13,000 people with various problems: psychiatric disorders; drug dependence; problems with living and working; domestic violence, amongst others. Emergis has a special department called Huiskamerproject Drugsgebruikers (HKPD), supporting people who use hard drugs and working on hepatitis-related activities.

Even though their main target groups are people who use/inject drugs, sex workers, documented migrants, and people who experience homelessness, they welcome everyone, regardless of their situation. However, for a person to access HKPD services, and specifically hepatitis, there are some conditions that must be met. For example, a client must have a valid proof of identity and health insurance and be a resident of the municipality of Walcheren. If the person does not have health insurance, sometimes HKPD staff can assist them in getting such support afterwards.

Their HCV-related activities started in 2016-17 alongside those of the health authorities and are provided mainly through the methadone substitution programme and only on-site. Even though their multi-professional team is responsible for the hepatitis programme, its main activities are run by medically qualified personnel, including nurses and hepatologists.

## 2. Awareness and Prevention

HKPD informs its clients through various distribution materials and face-to-face conversations during which they have found the majority of its clients to be generally knowledgeable about hepatitis, which makes their work smoother and faster. Sometimes, and only on a voluntary basis, they also involve peers. Its team is regularly provided with information materials and they organise team meetings to discuss new information and treatments.

## 3. Testing

HKPD uses anti-body screening as its primary testing method while also providing venepuncture testing, PCR, RNA, and HCV core antigen test.

HKPD offers external hepatitis testing for staff on a regular basis, including hepatitis A and B vaccination.

## 4. Treatment and Care

If a test is positive, and after being directed to the hospital, the client is confirmed to be infected with HCV and the hospital doctor prescribes treatment with the latest DAA medication. During treatment, HKPD medical staff assist clients, provide disease self-management support and liver health monitoring, and nurses help clients in getting prescribed medication on time as well as prescription renewal. Treatment can be administered both externally and on-site.

HKPD has dedicated staff (a nurse and medical doctor) for testing and pre- and post-test counselling and follows an internal protocol; clients can also have discussions with a peer.

HKPD is well integrated within the cascade of care for hepatitis patients in their city and region. When the organisation refers patients to external medical

services, their first point of contact is a specialist nurse at the hospital. According to HKPD, their clients have access to all available and necessary services at this point.

## 5. Challenges

A couple of years ago, HKPD was offering Hepatitis B vaccination which is no longer accessible due to changes in health policy. Also, several target groups have experienced problems in accessing services. HKPD also needs better administrative support. For example, at present, the organisation is paying for screening which should be covered by health insurance companies.

## 6. Advocacy, Sustainability and Transferability

HKPD does not participate in any advocacy activities, as Emergis, the larger organisation, is involved in such work. Despite the challenges, HKPD gets support from the local health and political authorities. They greatly value their collaboration with the local hospital, which is happy to assist clients and, as a result, simplifies the process. The programme has secure funding and there are no factors that could likely have a negative influence upon their activities.

HKPD has a monitoring system that includes data that identifies clients which is accessible by local health authorities. They are fully equipped to deliver comprehensive hepatitis services that match the current requirements and do not need additional resources.

## 7. Recommendations

HKPD has explicitly mentioned that its most crucial success factor is its good collaboration with local stakeholders. Such partnerships help an organisation to offer its services faster and more effectively while losing no time on administrative issues but focusing on health service delivery.

# PORTUGAL APDES

### KEYWORDS:

Treatment on site | mobile unit | paid peer workers, cooperation with drug users union | advocacy at local and national level

### TAGS:

TEST | TREAT int | LTA | OUT | PWUD+ | PEER | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug service and counselling; opioid substitution therapy (OST); outreach/street-work; mobile unit.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); documented and undocumented migrants; people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; peer workers (paid); medical doctors; nurses.

## What:

### 1. Background

APDES is a community-based organisation based in Porto, Portugal. The goal of APDES is to promote health and to advocate for the rights of sex workers, people who use drugs (PWUD) and other vulnerable groups, as well as their communities, through projects designed with such groups that guarantee the well-being and health of participants. Specifically, APDES seeks to decrease the risks associated with drug use and sexual activity at the individual and community level through adequate interventions and to research more effective ways to protect such marginalised people.

APDES has sustainable and ongoing hepatitis-related activities through regular funding and has staff, including peer workers, dedicated to the delivery of testing as well as pre- and post-test counselling.



A close partner is CASO, a drug user union. Peer involvement, paid and active since 2009, has played a crucial role in proving the positive effects of treatment and in creating the atmosphere of 'one of us advocating among physicians'.

## 2. Awareness and Prevention

APDES promotes most of its HCV activities through its mobile unit, GIRUGaia, an outreach team that works with PWUD and has daily contact with them. It includes an open space for welcoming clients and to facilitate the delivery of specific health education about HCV and other infectious diseases. APDES also actively promotes campaigns, such as World Hepatitis Day, to raise awareness among its clients and their partners.

Since December 2016, GIRUGaia has been implementing a project to promote knowledge and sensitise drug users and marginalised populations of the importance of HCV medical treatment whilst also contributing to the epidemiological knowledge on HCV and raising awareness among healthcare professionals. Staff are regularly informed about new developments regarding blood borne infectious diseases through information materials, team meetings, as well as internal and external educational workshops and trainings.

## 3. Testing

GIRUGaia offers on-site HIV, HCV, HBV and syphilis testing and counseling, including rapid diagnostic tests, dried blood spot, venipuncture, and external HCV core antigen assay as well as fibroscan-elastography. Two GIRUGaia staff, a nurse and a harm reduction worker, conduct the tests.

During pre-test counselling, staff talk about drug use and sexual practices and the specific risk situations that require a test to be undertaken as well as infectious diseases and their early symptoms and the referral process. In the case of a positive result, the staff member informs the client about the referral process and specific treatments. If the test result is negative, the staff member talks with the client about risk practices, safer drug consumption and sexual practices as well as the necessity for regular testing.

## 4. Treatment and Care

Clients of APDES can access HCV treatment on-site and externally. They can also benefit from disease self-management support and liver health monitoring and assessment.

Clients can receive daily treatment in the Combined Therapy Programme on-site, enabling HIV and tuberculosis treatment and psychiatric medicines to be dispensed at the same time at GiruGaia. If a client wishes to be enrolled

in opioid substitution therapy (OST), the team can integrate the client at that precise moment with a maximum dose of 30 milligrams and without a medical appointment.

## 5. Challenges

Overall, APDES is equipped to deliver comprehensive hepatitis services but additional resources are necessary to meet the requirements of the existing demand for services. For example, the organisation requires more staff, more educational and training materials and more funds to purchase equipment and to run services as well as a change in national level policies to facilitate the services offered to clients.

A change in the attitude of the medical sector is also sought. As an illustration, GIRUGaia has a small group of clients who do not want to commit to the HCV treatment process because it can start only after a regular medical appointment at the hospital. This situation would change if the hospital facilitated its services on the street, almost like the GIRUGaia mobile unit.

## 6. Advocacy, Sustainability, and Transferability

APDES promotes awareness-raising campaigns among its clients, in online social networks, and on the street, advocating for the rights of PWUD and, in particular, on health questions and human rights.

It participates in meetings at the local and national level to influence the political and administrative agenda to promote these rights and access to the most effective treatment. It also attends health congresses, advocating for its target groups, discussing their unique needs and concerns. Since 2015, as a result of joint efforts, HCV treatment has become easier to access by PWUD.

APDES funding is project-based and requires new proposal submissions every 20 to 24 months. Once a project is approved, a new cycle begins.

## 7. Recommendations

The success of the APDES programme relies on the excellent and trusting relationship between their staff and clients, together with the joint promotion of therapeutic approaches it has with its partners as well as the financially remunerated peer involvement. Their ability to quickly integrate new clients without the need for medical approval was recognised in 2014 as a good practice by the World Health Organization (WHO) as was the therapeutic combined programme.

# ROMANIA

## CARUSEL

### KEYWORDS:

Special unit in hospital | Children day care & Roma people | case management | advocacy for drug consumption rooms

### TAGS:

TEST | LINK | TREAT ext | PWUD+ | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug service and counselling; outreach\street work; mobile unit.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); young people at-risk; people experiencing homelessness; people living with HIV, HCV, HBV and TB.

### HOW - TEAM COMPOSITION:

social workers; peer workers (volunteer); medical doctors; psychotherapist; communication and fundraising coordinator.

## What:

### 1. Background

Carusel (established in 2011) is a social and harm reduction service provider in Bucharest, Romania. It offers low-threshold drug services and counselling including the distribution of needles/syringes, drug use paraphernalia and condoms, as well as outreach activities and street work. They also run a fully functional day-care facility with a capacity for 10-15 children whose parents are drug users, sex workers or have a difficult social background.

Among its clients, Carusel aims to also add lesbian, gay, bisexual, transgender and queer (LGBTQ) communities who are very much hidden, underserved and still highly stigmatised.

Initially, Carusel staff noticed that marginalised people with infectious diseases needed careful guidance to health care services in order to maximise good experience and to build trust in those services. Therefore, inside a hospital for infectious diseases, Carusel opened a special centre called 'Gore', named

after a former drug user and peer who helped Carusel to reach out to people in need. This special centre is now a focal point as it makes the workflow less complicated while referring clients.

### 2. Awareness and Prevention

Clients and staff members of Carusel are kept informed through forums, trainings and international events to gain wider knowledge of harm reduction and viral hepatitis. Carusel also organises local trainings for professionals and the community, occasionally with guest speakers from international stakeholders and good practice implementers.

Carusel provides handout materials but in limited numbers because a valuable, informative flyer is not beneficial for most of their under-educated target group; consequently, resources are expended on campaigns including trainings, information sessions, case studies and face-to-face meetings. Together with a couple of local artists, Carusel creates and publishes viral hepatitis-related comics as informative illustrations to reach their target group.

### 3. Testing

Carusel participates in the European HIV/HCV testing week. It offers regular testing opportunities for its team and clients on-site. Carusel uses three types of rapid testing: Hepatitis B, C and HIV. Whilst Western European harm reduction providers use the latest generation testing equipment, Carusel can only provide older equipment, bought from a local distributor and diagnoses are undertaken through the services of a hospital laboratory. Carusel try to thoroughly follow-up with their clients' testing and, if necessary, provide treatment at the only health care provider, a Romanian hospital.

Clients can also benefit from pre- and post-test counselling with a counsellor who follows a protocol.

### 4. Treatment and Care

If a test is confirmed positive by the laboratory, Carusel conducts intensive case management, meaning that a staff member makes sure that the client receives treatment and will not drop out halfway through the treatment course.

Carousel has also started paying for very expensive health insurance for their most vulnerable clients when they do not have such coverage and, therefore, have no access to care and treatment. All the steps of the cascade are relatively accessible for everyone; with a smooth transition from testing to treatment, and a healthy relationship between referring actors involved. Carousel's clients receive a coded number during registration which follows a certain protocol and is anonymous. Only when a client is referred to the hospital is their identity required.

## 5. Challenges

Even though Carousel focuses a lot on engaging community members in their work, they still have no peer involvement from people who actively inject drugs. They have meetings with users which hopefully will spread the word through the community and raise awareness.

Another challenge for both Carousel and Romania in general, is methadone substitution treatment because there are only 1,000 places for about 20,000 estimated active opioid users.

There is need of more trained staff, equipment and educational materials. There is also a need to change national level policies to facilitate the activities of harm reduction services and the provision of services to clients.

## 6. Advocacy, Sustainability and Transferability

Romanian national institutions have a superior attitude towards harm reduction projects although Carousel has managed to build co-operation and to be considered as a partner. For example, to improve its relationship with the police, Carousel conducts trainings for the police in how to deal with PWUD.

Carousel has managed to reach the Romanian Parliament with a proposal to change national drug legislation to allow drug consumption rooms (DCR's) to be opened in Bucharest. However, this process is currently blocked due to administrative procedures.

## 7. Recommendations

Carousel has a strong, dedicated and professional team that is devoted to its work, an important factor in its success. Even though there is a lack of funding, and some staff have had to leave as a result, having a good team is crucial. In addition, continuity is required to build trust with clients and to actively listen to people and treat everyone equally; feedback from clients is also viewed as very helpful in developing good collaboration.

# SPAIN

## RED CROSS

### KEYWORDS:

Treatment on site | drug consumption room | hepatitis ambassador | prison work  
| short-cut route for insurance

### TAGS:

TEST | LINK | TREAT ext | LTA | PWUD | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

low-threshold drug service and counselling; opioid substitution therapy (OST); drug consumption room (DCR); drop-in centre; laundry room, nursery and space to access supplemental food.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or injected drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); people experiencing homelessness.

### HOW - TEAM COMPOSITION:

social workers; nurses; medical doctor; psychologists; social educators; psychiatrist; lawyer; administrative worker; a director; hepatitis reference nurse; hepatologist.

## What:

### 1. Background

The CAS/ARD Lluís Companys of Red Cross Barcelona Hepatitis C programme is part of a more extensive plan for people who use drugs (PWUD) in Barcelona. The primary stakeholders within the programme are the Government of Catalonia; Subdirecció General de Drogodependències de la Generalitat de Catalunya; an important local hospital, Hospital Clínic de Barcelona; and the Red Cross. For PWUD who have not been attending other social security services, the Hospital Clínic and the administration of Catalunya formed a pilot department to help those people in need. The department provides drug substitution treatment with methadone and Red Cross Barcelona has a medical centre open to everyone as well as harm reduction services available for PWUD and for those experiencing homelessness.

The main difference between the Red Cross programme and others is that their clients can get complete HCV care on-site.

## 2. Awareness and Prevention

All Red Cross clients and staff have access to information and education about HCV through handout materials, educational workshops, and face-to-face meetings, including with an 'hepatitis ambassador'. Staff try to carefully prevent infection and, more specifically, co-infection between their clients and the drug using community. Before treatment, every client follows an individual HCV information session with a nurse in addition to the Red Cross 2 programme which assists PWUD living with HIV.

## 3. Testing

Red Cross Barcelona offers regular testing for staff and clients on-site. Every client has the opportunity to take a venipuncture test and HCV core antigen assay. If a person tests positive, a staff member makes an appointment with a nurse from the hospital in Barcelona for a confirmatory test and also for further assistance in accessing treatment.

Clients can benefit from a pre- and post-test counselling with a counselor, nurse or a medical doctor.

## 4. Treatment and Care

When clients receive confirmation of a positive test result, they sign a treatment agreement and, later, do a fibroscan to assess their condition. Medical staff test the client not only for HCV but also for HIV and cirrhosis, among other conditions. After diagnosis and the prescribing of treatment, a staff member offers the client a pill box with the required pills to be taken regularly.

During treatment, there is no need to be abstinent from drug consumption, including alcohol, which allows the Red Cross to attract clients into treatment. However, if treatment is sought by an individual without going through the Red Cross, the individual must fulfill the one primary criteria, which is to stop using drugs and alcohol.

Clients must have public health insurance to benefit from treatment. In case they do not have such insurance, they can get coverage on-site through a short-cut route.

## 5. Challenges

The main challenge is to finalise the pilot version of the programme and make it accessible to everyone.

Overall, there is a need in the national treatment guidelines to encourage HCV community testing and HCV treatment for PWUD. The attitude of the medical sector has also to change with regards to providing services for drug users and with regard to the harm reduction approach and services.

## 6. Advocacy, Sustainability and Transferability

The Red Cross does not have any advocacy activities itself as it is only a pilot programme; but it is very much involved in the local administrative developments on behalf of the current programme which is regarded as successful. Overall, the organisation does not advocate solely for PWUD and harm reduction since its focus is much wider, encompassing any person in a vulnerable situation.

The programme closely monitors clients by registering them in a database. The registries are shared with different stakeholders and for various purposes. Firstly, because the programme is currently a pilot, the data is only used for pilot purposes. Secondly, if a client is arrested or is put in jail, a special note in the database enables follow-up for uninterrupted treatment. Finally, the data is also used for research purposes to help other organisations and researchers to learn about the impact of the programme.

## 7. Recommendations

The strongest aspect of this programme is its complete focus on PWUD. Everybody treats clients with a very human attitude, allows them to speak up and have a say, and makes them feel that they are heard by staff.

# SWITZERLAND

## ARUD, CENTRE FOR ADDICTION MEDICINE

### KEYWORDS:

All services under one roof & cooperative agreements | paid peer workers & peer2 peer education | advocacy for decriminalization of drug use

### TAGS:

TEST | TREAT int | DTC | LTA | PWUD+ | PEER | NURSE | MULTI

### WHERE - SERVICES

#### PROVIDED:

psychotherapy; mental healthcare; primary care; HIV and HCV care; opioid substitution therapy (OST); low-threshold drug services; counseling; distribution of needles and syringes, drug use paraphernalia and condoms.

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); HIV-positive men-who-have-sex-with-men (MSM).

### HOW - TEAM COMPOSITION:

psychiatrists; psychotherapists; medical doctors; infectious disease specialist; nurses; social workers; peer workers (paid).

## What:

### 1. Background

Arud was founded in Zurich, Switzerland, in 1991 by a group of people interested in harm reduction services. The association was in response to the continuously open drug scene in the city where people who used drugs (PWUD) had no access to sterile needles and syringes and there was no opioid substitution therapy (OST) available.

Arud was a pioneering organisation when it started with its low-threshold methadone programme in 1992. In the following years, OST was extended to include diacetylmorphine and further substitutes. The provision of sterile needles and syringes as well as basic medical care for PWUD has been part of their service from the outset. HIV and HCV care services were naturally included as a large part of Arud's patients were affected by these diseases. Today, Arud

treats every kind of dependency disorder and is the leading out-patient clinic for dependence medicine in Switzerland.

Together with a partner organization, they also provide health services with a special focus on STIs for men-who-have-sex-with-men (MSM). Arud researches the outcomes of their services through scientific studies.

### 2. Awareness and Prevention

To raise awareness of HCV among patients, Arud generates print and video materials with informative, face-to-face discussions conducted by their (paid) peer team. The Arud team, including specially trained hepatitis nurses, has hepatitis trainings at least once per year to provide patients with basic, up-to-date information. Arud also applies a specific 'hygiene protocol' for staff and clients.

ARUD organises, and participates in, the promotion of awareness and testing campaigns together with their partners such as 'Swiss Hepatitis' and 'INHSU'; it also participates in World Hepatitis Day and is member of the World Hepatitis Alliance.

### 3. Testing

On-site, Arud uses a normal blood test, which is sent to a laboratory (e.g. HCV RNA) and runs its own pharmacy to provide the necessary medicines based on patient prescriptions. Patients can also benefit from testing methods such as venipuncture by highly experienced staff. Arud also provides patients with pre- and post-counselling, including talks with a nurse, medical doctor or a peer worker.

The Arud peer workers offer free, anonymous and rapid testing on-site and while on outreach and team members also visit partner organisations such as drug consumption rooms (DCR's) to conduct rapid HCV testing and elastography examination.

Every patient at Arud has a personal file, similar to a hospital or a GP facility, and once agreed individually, their data can be used for research purposes.

## 4. Treatment and Care

During treatment, every patient is supported by a staff member. However, the less aware a patient is of hepatitis, the harder it is to reach them with the proper treatment. Peer-to-peer education is in place to address this challenge. Under Arud's package of services, clients can get treatment on-site. It also offers disease self-management support and liver health monitoring and assessment.

Arud has beneficial cooperative agreements with several stakeholders in their region. They work with opioid substitution patients with a special focus on viral hepatitis C while including all their patients in the National Swiss Hepatitis Cohort. They are also members of the Swiss Hepatitis C strategy network which comprises all stakeholders responsible for hepatitis services.

## 5. Challenges

A key challenge for Arud is identifying and understanding the difficulties faced by migrants. Arud would like to improve its ability to make contact with this target group and be able to include them in the programme and offer them services.

Another challenge is the implementation of on-site HCV RNA testing due to the high level of regulations by Swiss authorities for PCR testing outside of accredited labs.

## 6. Advocacy, Sustainability and Transferability

Arud is targeting its advocacy at the political level to decriminalise drug use and reduce repression in this field. Arud's main political demand is market regulation for all psychoactive substances. The criminalisation of drug use is also one of the biggest barriers to HCV care. In addition, Arud supports the activities of Swiss Hepatitis to integrate viral hepatitis into the national HIV/STI programme. They have close contact with national health authorities, local politicians and stakeholders while also working with local media outlets to raise awareness and to support advocacy activities.

Arud is mainly financed through the health insurance of its patients. Health insurance is mandatory in Switzerland and paid by social welfare for those who cannot afford it.

## 7. Recommendations

Arud believes in the importance and effectiveness of offering services to PWUD under one roof in order to provide an holistic, low-threshold and patient-centred service where patients are treated as equals without prejudice.

# UNITED KINGDOM HILLCREST FUTURES

### KEYWORDS:

Treatment on site | testing in homeless centres and pharmacies | prison work | hepatitis reference nurse

### TAGS:

TEST | LINK | TREAT ext | PWUD+

### WHERE - SERVICES

#### PROVIDED:

needles and syringes exchange, drop-in centre; opioid substitution therapy (OST).

### WHO - TARGET GROUPS:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); young people at-risk; people experiencing homelessness.

### HOW - TEAM COMPOSITION:

peer workers; volunteers; nurses; hepatitis reference nurse.

## What:

### 1. Background

Hillcrest Futures is a harm reduction service provider based in Dundee and contracted by the National Health Service (NHS) in the Tayside region of Scotland and includes a needle exchange service and drop-in service.

Hillcrest Futures includes women-only groups with female staff, focusing on women involved in commercial sexual exploitation or at-risk of domestic abuse. It runs clinics targeted at steroid users, offering liver function tests to support their engagement. Hillcrest Futures welcomes anyone who needs their services, such as under-represented groups, including people from black and minority ethnic populations.

NHS Tayside and the University of Dundee approached Hillcrest Futures for support in their research study on eradicating viral hepatitis C in PWID through utilising their effective relationships with service users and in encouraging them to be tested for HCV as well as HBV and HIV. They tested a high number of people with Dry Blood Spot Tests (DBST) and supported their access to

treatment throughout the study which proved that their outreach work in homeless hostels and local pharmacies had increased the number of tests conducted and participants accessing treatment.

## 2. Awareness and Prevention

Senior support workers of Hillcrest Futures regularly provide BBV awareness training for external agencies who may have contact with people who inject drugs (PWID) and promote dry blood spot tests during engagement in hostels through brief interventions that lead to the uptake of tests. They also attend well-being events in community settings and prisons, promoting BBV services and awareness. The involvement of senior support workers who have actual lived experience works very well and is based on their skills, knowledge and level of confidence.

Hillcrest Futures regularly hands out educational materials and information folders to staff and clients and organise viral hepatitis awareness campaigns such as the 'BIG C Event' with partners including the NHS and the Hepatitis C Trust.

## 3. Testing

Dry blood spot testing is always offered by Hillcrest Futures to their clients unless a client has previously had an HCV infection. If so, an IV blood test is carried out by BBV nurses based on the drop-in service where venepuncture, PCR, RNA, and Fibroscan testing are also available. If the result is positive for HCV, a specialist BBV nurse discusses the treatment options and starts the process of gaining the client's consent for treatment. A full blood sample is then taken from the client to determine the strain of the virus.

Hillcrest Futures has no specific counselling protocol. However, clients are given emotional support and are closely monitored by their specialist nurse. Those at Stage 3 have a one-hour meeting with study staff every two weeks and, together, they complete a booklet consisting of reminder strategies for taking their medication. A medical doctor might also hold further talks.

## 4. Treatment and Care

Treatment is provided through the mainstream NHS service which operates out of the same premises as the needle exchange. The partnership works very well, with people who test positive for HCV moving seamlessly into treatment.

Hillcrest Futures initially identifies individuals at risk of HCV and with chronic HCV because an individual being tested and diagnosed within the service can

be linked to care immediately after their eligibility for treatment is checked. Accordingly, the client adheres to the treatment process through regular contact with staff and receives an Ensure protein drink as an incentive while collecting their medication. The provision of protein drinks promotes good health and encourages individuals to go to appointments and to undertake the final blood test to determine viral clearance.

## 5. Challenges

Although their hepatitis services are fully equipped and match current requirements, Hillcrest Futures requires additional funding to improve equipment and services with more educational and training materials for staff and more informative content for clients.

In addition, Hillcrest Futures would like to offer supervised drug consumption rooms (DCR's) for safer injecting, to prevent overdose and to reduce the spread of blood-borne diseases while allowing more clients to have access to their services. A further challenge is to identify and access hidden populations, such as steroid users and those who may have injected in the past but are no longer in services.

## 6. Advocacy, Sustainability and Transferability

Hillcrest Futures has recently benefited from the positive engagement with, and the full support of, the Dundee Member of the Scottish Parliament (MSP) whose visit to the service resulted in the Scottish Government launching its new Scottish Drug and Alcohol Strategy at Hillcrest Futures. Their funding is secured every 4 years through a competitive tendering process, and the benefits of their services are well understood and represented at the political level.

## 7. Recommendations

All factors, including Dry Blood Spot Testing and treatment of HCV, as well as the prevention of BBVs, are targeted at vulnerable people and those with a chaotic lifestyle, including support to PWID through the distribution of sterile injecting equipment and related paraphernalia.

# PART 4

## CONCLUSION & RECOMMENDATIONS

The aim of the project - out of which this report has been produced - was to identify and select good practice examples in the field of HCV awareness, testing, access to treatment and care for PWUD in harm reduction and community settings in the WHO European region and to offer service providers, social and health professionals and policy makers with relevant information with which to encourage the development of new HCV interventions for PWUD, or to improve existing ones.

While the data collected through the survey and the interviews provide significant evidence of the level of readiness of harm reduction and community-based organisations in Europe to provide testing and treatment to PWUD and other marginalised communities, structural barriers remain in place.

Throughout this report, it has been shown that funding, the attitude of health services towards PWUD – and harm reduction services in general - have a negative impact in access to social and health support as much as legal and regulatory practices in many countries.

Considering the possibilities that new DAA's offer, and the overwhelming evidence that HCV treatment of PWUD is (cost) effective, and aiming at supporting the existing capacity of harm reduction and community-based organisations to be a main provider of HCV testing and treatment to marginalised populations, the following actions are recommended:

- » Remove legal, regulatory and/or policy barriers that hinder equitable access to hepatitis services, especially for most-affected populations and other groups at risk, such as PWUD. This includes changes in the national HCV treatment guidelines and strategies to approve community HCV testing and treatment in harm reduction and community settings.
- » End policies and practices that reproduce, or encourage, discrimination and stigma against PWUD in health and social care settings and towards harm reduction in general. This includes implementing programmes and guidelines, and providing technical assistance when needed, to explicitly address the rights of marginalised populations to fully utilise available public health services in a safe environment.



» Provide more hepatitis C-related programme funding. This includes greater investment towards the scaling-up of universal health coverage (UHC) for PWUD and in ensuring the sustainability of HCV services and interventions.

» Develop national norms, quality standards and certification for HCV testing and treatment in community and harm reduction settings. This includes developing indicators and evaluation systems that ensure the quality of interventions and services.

» Improve data collection capacity and its analysis by harm reduction and community-based services. This includes the development of systems through which the experiences of civil society organisations are transformed into usable information with the capacity to impact the quality of services they provide and become the foundation for evidence-based policies and responses to HCV.

» Actively engage PWUD and HCV-affected populations in developing, implementing and evaluating strategies and programmes. This includes more opportunities for training and paying peer workers as professionals in the delivery of services.

» Provide more opportunities for the training of staff, including peers and target groups as well as the development of updated educational materials.

## ANNEX 1

### 3. Your organization is

- a harm reduction service provider
- a community based organization
- a PWUD union or organization
- Another type of health care provider, targeting PWUD. Please, explain which one

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### 4. What services do you provide? [multiple answers possible]

- Needle and syringe distribution
- Distribution of paraphernalia, condoms, etc
- Opioid substitution treatment
- Low-threshold drug service and counselling
- Drop-In
- Shelter
- Drug consumption room
- Outreach / Street-work
- Mobile Unit
- Prison Work
- Others (please specify)

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**5. What are the professionals included in your team, including part-time workers? [multiple answers possible]**

- Social workers
- Peer workers, paid as staff members
- Peer workers, volunteers
- Nurses
- Hepatitis reference nurse
- Medical doctors, hepatologists
- Others (please specify)

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**6. Please, indicate the full-time equivalent of workers and volunteers at the organisation.**

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**7. What are the target groups you work with? [multiple answers possible]**

- People who use drugs.
- People who inject drugs.
- Sex workers.
- MSM
- Young people at risk.
- Documented migrants.
- Undocumented migrants.
- People experiencing homelessness.
- Other (please specify)

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**8. Please, indicate the total number of persons you reached in 2017 with your harm reduction services.**

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**9. Please, indicate the total number of visits you received in 2017 with your harm reduction services.**

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**10. On which year was your service established?**

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**11. Setting [multiple answers possible]**

- Our organization has sustainable and ongoing hepatitis related activities with regular funding.
- Our organization works on specific hepatitis related activities when funding allows.
- Our organization/project has dedicated staff for testing and pre- and post-test counselling.
- Our organization/project hires peer workers and/or is peer driven.

**12. My organization informs staff, including peer workers, about Hepatitis... [multiple answers possible]**

- Handing out information material such as folders
- Providing team meetings to discuss new information and treatments
- Providing internal or external education workshops or trainings
- Hiring a ' hepatitis ambassador', who is responsible for informing workers about hepatitis.
- Other (please specify)

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**13. My organization inform clients about hepatitis... [multiple answers possible]**

- Handing out educational materials / information such as folders.
- Providing counselling about hepatitis related issues such as safer use, etc.
- Providing internal or external educational sessions, workshops or trainings.
- Collecting hepatitis related data during intake and counselling.
- Other (please specify)

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**14. Does your organization organize campaigns on Hep awareness for your target group?**

- No  Yes. What sort of campaign?

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**15. Does your organization partner with other organizations who organized Hep awareness campaigns?**

- No  Yes. What sort of campaign?

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**16. Does your organization take part in World Hepatitis Day ?**

- No  Yes. We organize...

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**17. Does your organization have a protocol to prevent transmission of blood-borne viruses (' hygiene protocol') for staff and clients:**

- No  Yes.

**18. Does your organization take part in the European HIV/HCV Testing Week?**

- No  Yes.

**19. In your country, is testing allowed in community based settings when it is not carried out by medical doctor?**

- No  Yes.

**20. In your country, is testing allowed in community based settings when it is not carried out by a qualified nurse?**

- No  Yes.

**21. Does your organization offer hepatitis B and/or C testing for staff on a regular base (e.g. annually)?**

- Yes, onsite.  Yes, external.  Not regularly.  No, we do not.

**22. Does your organization offer hepatitis A and/or B vaccinations for staff?**

- Yes, onsite.  Yes, external.  Not regularly.  No, we do not.

**23. Does your organization offer hepatitis B and C testing for clients ? [multiple answers possible]**

- Once, during intake.
- Regularly (e.g. annually).
- In case of infection risk.
- No, but we offer other tests such as HIV, STI's.
- No, we do not.

**24. In case you do offer hepatitis B and C testing for clients. What kind of test is offered for clients? [multiple answers possible]**

	Onsite / Mobile Unit	External
Rapid diagnostic test (oral swap)	<input type="checkbox"/>	<input type="checkbox"/>
Dried blood spot testing (finger prick)	<input type="checkbox"/>	<input type="checkbox"/>
Venepuncture (venous access)	<input type="checkbox"/>	<input type="checkbox"/>
PCR, RNA test	<input type="checkbox"/>	<input type="checkbox"/>
HCV core antigen assay (HCV Ag)	<input type="checkbox"/>	<input type="checkbox"/>
Fibroscan-elastography	<input type="checkbox"/>	<input type="checkbox"/>

**25. Does your organization provide pre and post counselling? [multiple answers possible]**

- Yes, talk with a counselor.
- Yes, talk with a nurse, a medical doctor.
- Yes, talk with a peer worker.
- No, we do not.

**26. If yes, do you follow a specific protocol?**

- Yes  No

**27. For people with an active Hepatitis C infection (positive HCV Ag and/or HCV-RNA test result) my organization provides support by... [multiple answers possible]**

- Offering HCV treatment onsite.
- Offering treatment externally.
- Disease self-management support ( e.g. alcohol consumption, health diet, etc.).
- Liver health monitoring/assessments ( e.g. Fibroscan, blood test).
- We don't offer any support services for HCV positive clients, but refer to external services.
- We don't offer any support services for HCV positive clients, and we do not have the possibility to refer to external services.

- Other (please specify)
- 
- 

**28. When your organization refers patients to external medical services, your first point of contact is...**

- an individual GP
  - an individual hepatologist / infectologist
  - a hepatology / infectology service or hospital
  - a municipal health service
  - Other (please specify)
- 

**29. In cases when you refer to external services...**

- your organization has a signed referral agreement with a local hospital or medical facility.
- your organization is integrated within the cascade of care for hepatitis patients in your city/region.
- your organization struggles to be accepted or integrated within the cascade of care (e.g. because harm reduction/community service is not acknowledged as a part of it).
- none of above

**30. My organization / project... [multiple answers possible]**

- is monitoring and evaluating the impact of the HR related work.
- is involved in local/regional or national stakeholder collaboration/discussions on drug users' health.
- is involved in policy advocacy on local/national level for HR/HCV/drug policy.
- monitors and evaluates the knowledge and skills of its workers, volunteers, and peers as part of hiring and supervision process in a systematic and documented way.

### 32. My organization

- is fully equipped to deliver comprehensive hepatitis services matching the current requirements and does not need additional resources.
- is equipped to deliver comprehensive hepatitis services but we need additional resources to meet the requirements / existing demand for services.
- cannot support HCV services any further as it is not within our formal purpose.

### 33. My organization needs. [multiple answers possible]

- More staff
- More staff training
- More funding for equipment and services
- More educational and training materials for staff
- More educational material for clients
- Change in national treatment guidelines that encourage HCV community testing and/or HCV treatment for drug users
- More opportunities to hire, train and support peer workers
- Specific approvals to provide services on our site
- Change in national level policies to facilitate reimbursement for our clients
- Attitude of medical sector has to change in regard to providing services for drug users
- Attitude of medical sector has to change in regard to harm reduction approach and harm reduction services

## ANNEX 2

Criteria		1	2	3	4	5
General Goal	The organisation delivers comprehensive HCV services					
Target Group	Target groups are clearly identified					
Testing	The organisation has adequate HCV testing measures					
Setting & Context	The organisation delivers good work in the context of a difficult political environment and/or limited resources					
Treatment	The organisation directly provides HCV treatment					
	The organisation is well integrated into the HCV cascade of care					
Awareness	The organisation applies adequate overall awareness measures					
Community Participation	The organisation meaningfully involves the community					
Advocacy	The organisation is active in campaigning and advocating for stable and sustained funding for HCV-related activities					
Effectiveness	The organisation is monitoring/evaluating the impact of its work					
Sustainability	The organisation has good staff hour ratio and enough political and financial support					
Transferability	The programme/activities can be transferred to other countries/contexts					
Intervention Documentation of the Intervention	The organisation documents the rationale for the intervention, content and delivery process					

## ANNEX 3

### 1. Background

- i. Can you tell us shortly how did your program started? Specifically working with HCV?
- ii. Under which settings do you provide your main HCV activities? (mobile, DCR, drop-in etc.)

### 2. HCV-related activities

- i. Can you describe how do you inform\educate clients and staff about HCV related topics?
- ii. Can you describe the HCV testing your program performs?
- iii. Can you describe the treatment options you offer?
- iv. Regarding pre-post counselling: which protocol do you follow?
- v. Do you have examples of peers involvement?

### 3. Target groups

- vi. Considering people who inject drugs, can you describe additional target groups (marginalized) assisted by the program?
- vii. Which population (marginalized) is not assisted by your program, and why?
- viii. Does the program has a Monitoring & Evaluation system in place? How you register data? Protocol? Anonymous? Specific platform? Who has access to this information?

### 4. Cascade of Care

- i. How do you manage to integrate into the overall cascade of care?
- ii. Which additional HCV related services are available to service users within your network? How do you evaluate this partnership? Is it functioning well?
- iii. Which services are not available within your organization or network, but you would like to offer?

### 5. Advocacy and awareness Can you describe your advocacy activities and main achievements in this area?

### 6. Sustainability and Transferability

- i. How would you evaluate the political and financial support for the program?
- ii. How constant is the financing? Does it cover all costs?
- iii. Is the political support firm?
- iv. In your opinion, which are the features/factors of success of your program that could be implemented in another programs?

### 7. Staff and finances

- i. Regarding staff involved in HCV activities, please tells us approximatively:

Job title (category)	How many	Hours/week	Paid / voluntary / intern / peer	Works exclusively in this project / intervention
e.g. social workers				
e.g. medical staff				

## ANNEX 4: ALL APPLICANTS - SHORT PROFILES

ii. Regarding the financial situation of the program, please tell us:

a. How is your program financed?

- local government
- national government
- private donations
- church/religious organizations
- international donors
- other \_\_\_\_\_

b. What approximate percentage of your total costs are covered by these sources?

local government \_\_\_\_\_ (%)

national government \_\_\_\_\_ (%)

donations \_\_\_\_\_ (%)

religious organizations \_\_\_\_\_ (%)

others \_\_\_\_\_ (%)

c. Can you estimate how much money your program needs to run on a yearly basis?

Can you estimate the percentage that goes to staff, materials and other spending?

### ALBANIA

#### STOP AIDS [2006]

<https://www.facebook.com/stopaids.albania>

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, drop-in, out-reach & street work, prison work.

**Team:** social workers, peer workers (volunteers), medical doctors.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk.

**HCV Specific Services:** awareness & prevention, testing on-site/mobile unit for staff and clients (venepuncture), counselling.

### AUSTRIA

#### SUCHTHILFE WIEN gGmbH [1990 | 2012]

[www.suchthilfe.wien](http://www.suchthilfe.wien)

Harm Reduction Service Provider & Community-Based Organisation.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, shelter, out-reach & street work, mobile unit, socio-economic support facilities.

**Team:** social workers, nurses, medical doctors & hepatologists, psychoanalysts, psychotherapists.

**Target group(s):** PWUD, PWID, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing onsite (venepuncture, PCR & RNA test, HVCV test, fibroscan-elastography) & externally (finger prick) for clients (venepuncture), counselling, treatment on-site & external.

### BELGIUM

#### FREE CLINIC

[www.free-clinic.be](http://www.free-clinic.be)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service & counselling drop-in, out-reach & street work.

**Team:** social workers, peer workers (staff members & volunteers), nurses, hepatitis reference nurse, medical doctors, needle exchange coordinators.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, people experiencing homelessness.

**HCV Specific Services:** awareness & prevention, testing on-site/mobile unit for staff and clients (oral swab, PCR & RNA test, HVCV Ag, Fibroscan-elastography), counselling, treatment onsite & externally.

#### MSOC Vlaams Brabant

[www.msoc-vlaamsbrabant.be](http://www.msoc-vlaamsbrabant.be)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service & counselling drop-in, prison work.

**Team:** social workers, nurses, hepatitis reference nurse.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing on-site/mobile unit for clients (finger prick, venepuncture, PCR & RNA test), counselling, treatment externally.

### MSOC Gent [1997]

[www.msoc-vlaamsbrabant.be](http://www.msoc-vlaamsbrabant.be)

Harm Reduction Service Provider & Psychosocially Supported Substitution-Based Treatment.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service & counselling, psychosocial counselling.

**Team:** social workers, nurses, medical doctors & hepatologist, psychologists.

**Target group(s):** PWUD, PWID, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing externally for staff, testing onsite/mobile unit for clients (venepuncture, PCR & RNA test), counselling, treatment externally.

## BOSNIA AND HERZEGOVINA

### Association PROI [2004]

[www.proi.ba](http://www.proi.ba)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, drop-in, outreach & street work.

**Team:** peer workers (staff & volunteers).

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, treatment externally.

## CROATIA

### CAHIV [-]

[www.huhiv.hr](http://www.huhiv.hr)

Community-Based Organisation.

**Services:** distribution of paraphernalia, low-threshold drug service, outreach & street work.

**Team:** social workers, peer workers (volunteers), medical doctors & hepatologists, psychologists, economists.

**Target group(s):** pwud, pwid, sex workers, msm, young people at risk, documented migrants, undocumented migrants, homelessness, people at risk of STI's, prison population

**HCV Specific Services:** awareness & prevention, testing on-site for staff & clients (oral swab), counseling, treatment externally.

### FLIGHT [2003]

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, outreach & street work, mobile unit.

**Team:** social workers, outreach workers.

**Target group(s):** PWUD, PWID, sex workers, young people at risk.

**HCV Specific Services:** awareness & prevention, treatment externally.

## CZECHIA

### DROP-IN o.p.s. [1992]

[www.dropin.cz](http://www.dropin.cz)

Harm Reduction Service Provider and Treatment, Outpatient & Inpatient Centre.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, outreach & street work, aftercare.

**Team:** social workers, nurses, medical doctors, psychiatrists.

**Target group(s):** PWUD, PWID, young people at risk.

**HCV Specific Services:** awareness & prevention, testing externally for staff, testing onsite (oral swab) & externally (finger prick) for clients, counselling, treatment externally.

### K-CENTRUM Plzen [1997]

[www.cppt.cz](http://www.cppt.cz)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, counselling services.

**Team:** social workers, nurses, addictologists, psychologists.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, homeless, family members of PWUD, ex-PWUD.

**HCV Specific Services:** awareness & prevention, testing on-site for staff & clients (finger prick), counselling, treatment externally.

### K-CENTRUM Most [1995]

[www.sanim.cz](http://www.sanim.cz)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service.

**Team:** social workers.

**Target group(s):** PWUD, PWID, sex workers, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (finger prick) and externally (venepuncture) for clients, counselling, treatment externally.

### PODAN RUCE Brno [1991]

[www.podaneruce.cz](http://www.podaneruce.cz)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, shelter, outreach & street work, mobile unit, prison work, administrative support.

**Team:** social workers, peer workers (staff & volunteers), nurses, psychiatrists.

**Target group(s):** PWUD, PWID, young people at risk, family of PWUD.

**HCV Specific Services:** awareness & prevention, testing on-site (finger prick) & externally (venepuncture, PCR & RNA test, HVCV Ag, fibroscan-elastography) for clients, counselling, treatment externally.

### PODAN RUCE Olomouc [1991]

[www.podaneruce.cz](http://www.podaneruce.cz)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service.

**Team:** social workers, nurses, psychologists.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing onsite (HVCV Ag), counselling, treatment externally.

### SANANIM [1990]

[www.sanim.cz](http://www.sanim.cz)

Harm Reduction Service Provider and Treatment, Outpatient & Inpatient Centre.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, outreach & street work, mobile unit, prison work, treatment, therapeutic community, aftercare, social firms, PR.

**Team:** social workers, peer workers (staff), nurses, medical doctors & hepatologist, psychologists, psychotherapists, psychiatrists, addictologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site for staff & clients (finger prick), counselling, treatment onsite & externally.



## DENMARK

### HEALTH TEAM [2005]

[www.hjemlosesundhed.dk](http://www.hjemlosesundhed.dk)

Community-Based Organisation & Health Services for Homeless & Drug Users.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, drop-in, shelter, DCR, outreach & street work, mobile unit, initiation onto OST.

**Team:** social workers, nurses, medical doctors & hepatologists, dental hygienists.

**Target group(s):** PWUD, PWID, sex workers, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site for staff and testing on-site (finger prick, venepuncture) & externally (PCR & RNA test, HVCV Ag, fibroscan-elastography) for clients (finger prick), counselling, treatment externally.

### BRUGERNES AKADEMI [2009]

[www.brugernesakademi.dk](http://www.brugernesakademi.dk)

PWUD Union or Organisation.

**Services:** outreach & street work, mobile unit, counselling.

**Team:** social workers, nurses, medical doctors & hepatologists, dental hygienists.

**Target group(s):** PWUD, PWID, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site/mobile for clients (oral swab, finger prick, fibroscan-elastography), counselling, treatment externally.

### RIGSHOSPITALET [-]

[www.chip.dk](http://www.chip.dk)

Hospital.

**Services:** HCV testing & treatment.

**Team:** nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing on-site/mobile for staff, testing onsite for clients (venepuncture, PCR & RNA test, HVCV Ag, fibroscan-elastography), counselling, treatment on-site & externally.

## FINLAND

### FINNISH DRUG USERS UNION [2016]

[www.suomenlumme.com](http://www.suomenlumme.com)

PWUD Union or Organisation.

**Services:** low-threshold drug service, peer & professionals HCV training.

**Team:** nurses.

**Target group(s):** PWUD, PWID, professionals.

No. of people reached | visits (2017): 250 | 250

**HCV Specific Services:** awareness & prevention, counselling.

### JELPPI [2003]

[www.viadia.fi/lahti/jelppi](http://www.viadia.fi/lahti/jelppi)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, drop-in, vaccinations, pregnancy tests.

**Team:** social workers, nurses.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing externally for staff, testing externally (venepuncture) for clients, counselling, treatment externally.

## FRANCE

### AUORE [1987]

[www.aurore.asso.fr](http://www.aurore.asso.fr)

Harm Reduction Service Provider and Treatment Centre.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, outreach & street work.

**Team:** social workers, peer workers (staff), nurses, hepatitis reference nurses, medical doctors & hepatologists, psychologists.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing on-site for staff, testing onsite (oral swab, venepuncture, PCR & RNA test, fibroscan-elastography) & externally (HVCV Ag) for clients, counselling, treatment onsite & externally.

### CAARUD Charleville [2006]

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, outreach & street work, mobile unit.

**Team:** social workers, nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, documented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, finger prick, PCR & RNA test, fibroscan-elastography) & externally (venepuncture, HVCV Ag) for clients, counselling, treatment externally.

### CAARUD Torcy [1998]

[www.emergences77.fr](http://www.emergences77.fr)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, shelter, outreach & street work, prison work, women-specific services.

**Team:** social workers, peer workers (volunteers), nurses.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, treatment externally.

### GAIA [2005]

[www.gaia-paris.fr](http://www.gaia-paris.fr)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, DCR, outreach & street work, mobile unit, prison work, hepatitis mobile unit.

**Team:** social workers, peer workers (staff & volunteers), nurses, medical doctors & hepatologists, art therapists, security guards.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing externally for staff, testing onsite (oral swab, finger prick, PCR & RNA test, fibroscan-elastography) for clients, counselling, treatment externally.

### ITHAQUE [2017]

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, DCR, mobile unit.

**Team:** social workers, peer workers (volunteers), nurses.

**Target group(s):** PWUD, PWID, sex workers, MSM,

young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (finger prick, venepuncture, fibrosacan-elastography) & externally (PCR & RNA test, HVCV Ag fibroscan-elastography) for clients, counselling, treatment externally.

#### PERPIGNAN HOSPITAL [2013]

[www.ch-perpignan.fr](http://www.ch-perpignan.fr)

Mobile Hepatitis Team.

**Services:** low-threshold drug service, drop-in, outreach & street work, mobile unit, prison work, low-threshold HCV treatment.

**Team:** social workers, nurses, hepatitis reference nurse, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, documented migrants, undocumented migrants, homeless, prisoners.

**HCV Specific Services:** awareness & prevention, testing on-site for staff, testing onsite (oral swab, finger prick, PCR & RNA test, HVCV Ag fibroscan-elastography) and externally (venepuncture) for clients, counselling, treatment onsite & externally.

## GEORGIA

#### GEORGIAN HR NETWORK [2006]

[www.hrn.ge](http://www.hrn.ge)

Harm Reduction Service Provider.

**Services:** needle & syringe exchange, distribution of paraphernalia, low-threshold drug service, drop-in, outreach & street work, mobile unit.

**Team:** social workers, peer workers (staff & volunteers), nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing on-site for staff, testing on-site (finger prick, venepuncture, PCR & RNA test, HVCV Ag fibroscan-elastography) for clients, counselling, treatment on-site & externally.

#### NEW VECTOR [2006]

<https://www.facebook.com/newvector4/>

Harm Reduction Service Provider, Community-Based Organisation and PWUD Union or Organisation.

**Services:** needle & syringe exchange, distribution of paraphernalia, drop-in, outreach & street work, mobile unit.

**Team:** social workers, peer workers (staff & volunteers), nurses, hepatitis reference nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, young people at risk.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, finger prick, venepuncture, fibroscan-elastography) & externally (PCR & RNA test, HVCV Ag fibroscan) for clients, counselling, treatment on-site & externally.

## GERMANY

#### INTEGRATIVE DROGENHILFE [1992]

[www.idh-frankfurt.de](http://www.idh-frankfurt.de)

Harm Reduction Service Provider.

**Services:** needle & syringe exchange, distribution of paraphernalia, OST, low-threshold drug service, drop-in, shelter, outreach & street work, mobile unit, prison work.

**Team:** social workers, students, pedagogues, housekeepers.

**Target group(s):** PWUD, PWID, sex workers, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing externally (venepuncture) for clients, counselling, treatment externally.

#### FIXPUNKT [1989]

[www.fixpunkt.org](http://www.fixpunkt.org)

Harm Reduction Service Provider.

**Services:** needle & syringe exchange, distribution of paraphernalia, low-threshold drug service, drop-in, shelter, DCR, outreach & street work, mobile unit, vending machines, basic medical counselling & treatment, low-threshold involvement of target groups into the neighbourhood and community-related activities.

**Team:** social workers, peer workers (staff & volunteers), nurses, medical doctors & hepatologists, sociologists, field workers, mediation workers.

**Target group(s):** PWUD, PWID, MSM, documented migrants, undocumented migrants, homeless, nightlife-related visitors & professionals, neighbours & community members.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab, venepuncture, PCR & RNA test, HVCV Ag) & externally (fibroscan-elastography) for clients, counselling, treatment externally.

## GREECE

#### PROMETHEUS [2012]

[www.helpa-prometheus.gr](http://www.helpa-prometheus.gr)

Liver Patient Association.

**Services:** needle & syringe exchange, distribution of paraphernalia, drop-in, shelter, outreach & street work, mobile unit, prison work.

**Team:** social workers, peer workers (staff & volunteers), nurses, hepatitis reference nurses,

medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (finger prick, PCR & RNA test, HVCV Ag, fibroscan-elastography) for clients, counselling, treatment onsite & externally.

## IRELAND

#### HEP C PARTNERSHIP [2013]

[www.communityresponse.ie](http://www.communityresponse.ie)

Community-Based Organisation.

**Services:** low-threshold drug service, outreach & street work, prison work, peer worker training.

**Team:** peer workers (volunteers), project workers.

**Target group(s):** PWUD, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab, fibroscan-elastography) for clients, counselling, treatment on-site.

#### THE UNION FOR IMPROVED SERVICES, COMMUNICATION & EDUCATION (UISCE) [1990]

<https://www.facebook.com/myuisce/>

PWUD Union or Organisation.

**Services:** outreach & street work, advocacy, education, BBV awareness, community representation, publication of magazines.

**Team:** peer workers (volunteers), psychologists.

**Target group(s):** PWUD, PWID, documented migrants, undocumented migrants, homeless, PWUD family members.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab) & externally (PCR & RNA test, fibroscan-elastography) for clients, counselling, treatment externally.

## ANA LIFFEY DRUG PROJECT [1982]

[www.aldp.ie](http://www.aldp.ie)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug services, drop-in, outreach & street work, prison work, nursing service, online & digital services, key working & case management.

**Team:** social workers, nurses, general practitioners, volunteers, social work students.

**Target group(s):** PWUD, PWID.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (venepuncture, HCV Ag) for clients, counselling, treatment on-site & externally.

## ITALY

### FONDAZIONE LILA MILANO [1989]

[www.lilamilano.it](http://www.lilamilano.it)

Community-Based Organisation.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, outreach & street work, mobile unit, prison work, peer worker training.

**Team:** peer workers (staff), medical doctors & hepatologists, counsellors (peer, staff & volunteer).

**Target group(s):** PWUD, PWID, MSM, young people at risk, undocumented migrants, prisoners.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab) for clients, counselling, treatment externally.

## LITHUANIA

### DEMETRA [2000]

[www.demetra.lt](http://www.demetra.lt)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, outreach & street work.

**Team:** social workers, peer workers (staff & volunteers), nurses.

**Target group(s):** PWUD, PWID, MSM, sex workers.

**HCV Specific Services:** awareness & prevention, testing on-site (venepuncture) for clients, counselling, treatment externally.

## LUXEMBOURG

### JUGEND- AN DROGENHELLEF [2017]

[www.jdh.lu](http://www.jdh.lu)

Harm Reduction Service Provider and Foundation.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, mobile unit.

**Team:** social workers, nurses, hepatitis reference nurses.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab, finger prick) for clients, counselling, treatment externally.

### RED CROSS LUXEMBOURG [1988]

[www.aids.lu](http://www.aids.lu)

Harm Reduction Service Provider and HIV & HCV Prevention & Psychosocial Care Service.

**Services:** distribution of paraphernalia, OST,

outreach & street work, mobile unit, prison work, housing, psychosocial care.

**Team:** social workers, nurses, psychologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, documented migrants, undocumented migrants, homeless and general population.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab) for clients, counselling, treatment on-site & externally.

## NETHERLANDS

### EMERGIS HKPD [1978]

[www.emergis.nl](http://www.emergis.nl)

PWUD Union or Organisation.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, DCR.

**Team:** social workers, nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, documented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (venepuncture, PCR & RNA test, HCV Ag) for clients, counselling, treatment on-site & externally.

### MAINLINE [1991]

[www.mainline.nl](http://www.mainline.nl)

Harm Reduction Service Provider.

**Services:** low-threshold drug service, outreach & street work, field research, publishing material, trainings & workshops.

**Team:** social workers, peer workers (volunteers), field workers, editors, project managers, trainers.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk.

**HCV Specific Services:** awareness & prevention, treatment externally.

## NORWAY

### PROLAR NETT [2007]

[www.prolar.no](http://www.prolar.no)

[www.hepc.no](http://www.hepc.no)

PWUD Union or Organisation for OST patients.

**Services:** advocacy, training & education, mobile testing unit, online information ([www.hepc.no](http://www.hepc.no))

**Team:** peer workers (staff & volunteers), medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, OST patients.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, fibroscan-elastography, treatment externally.

## POLAND

### JUMP 93 [2008]

[www.jump93.pl](http://www.jump93.pl)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug services, drop-in, shelter, outreach & street work.

**Team:** social workers, peer workers (staff & volunteers).

**Target group(s):** PWUD, PWID, sex workers, young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, treatment externally.

### MONAR [1996]

[www.monar.krakow.pl/dropin\\_en.html](http://www.monar.krakow.pl/dropin_en.html)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug services, drop-in, shelter.

**Team:** social workers, peer workers (staff & volunteers), psychologists.

**Target group(s):** PWUD, PWID, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, finger prick) & externally (venepuncture) for clients, counselling, treatment externally.

### PREKURSOR [2011]

[www.prekursor.org](http://www.prekursor.org)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug services, drop-in, outreach & street work, mobile unit, prison work.

**Team:** social workers, peer workers (staff), nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (finger prick) for clients, counselling, treatment externally.

### RETURN [1999]

[www.return-wroclaw.pl](http://www.return-wroclaw.pl)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug services, outreach & street work, individual & group therapy, legal counselling, basic medical care.

**Team:** social workers, peer workers (staff), nurses, psychotherapists.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, documented migrants, homeless.

**HCV Specific Services:** awareness & prevention, counselling, treatment externally.

## PORTUGAL

### APDES [2003]

[www.apdes.pt](http://www.apdes.pt)

Community-Based Organisation.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug services, drop-in, outreach & street work, mobile unit.

**Team:** social workers, peer workers (staff), medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, finger prick, venepuncture) & externally (HVCV Ag, fibroscan-elastography) for clients, counselling, treatment on-site & externally.

## ROMANIA

### ARAS [2000]

[www.arasnet.ro](http://www.arasnet.ro)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, outreach & street work, mobile unit.

**Team:** social workers, peer workers (staff & volunteers), medical doctors & hepatologists, psychologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, homeless, Roma population.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab) for clients, counselling, treatment & externally.

### CARUSEL [2012]

[www.arasnet.ro](http://www.arasnet.ro)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, outreach & street work, mobile unit.

**Team:** social workers, peer workers (volunteers), medical doctors & hepatologists, psychotherapists, communication and fundraising coordinators.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab, finger prick) for clients, counselling.

## SERBIA

### PREVENT [2004]

[www.prevent.org.rs](http://www.prevent.org.rs)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, drop-in, mobile unit, testing for HCV & HIV.

**Team:** social workers, peer workers (staff & volunteers), nurses, laboratory technicians, VCT counselors, psychologists.

**Target group(s):** PWUD, PWID, sex workers, young people at risk.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (finger prick) for clients, counselling, treatment external.

## SLOVAKIA

### ODYSEUS [1997]

[www.prevent.org.rs](http://www.prevent.org.rs)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, outreach & street work, mobile unit, safer sex counseling, HIV & STD testing, legal support, social & health accompaniment.

**Team:** social workers, peer workers (staff & volunteers), nurses, psychologists, economists.

**Target group(s):** PWUD, PWID, sex workers, young people at risk, homeless.

**HCV Specific Services:** awareness & prevention, counselling, external treatment.

## SLOVENIA

### UNIVERSITY MEDICAL CENTRE LJUBLJANA [2007]

[www.kclj.si](http://www.kclj.si)

National Health Care Network.

**Services:** testing & treatment of viral hepatitis.

**Team:** peer workers (volunteers), nurses, hepatitis reference nurse, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, MSM, young people at risk, homeless, prisoners.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (venipuncture, PCR & RNA test, fibroscan-elastography) for clients, counselling, treatment on-site.

## SPAIN

### CREU ROJA | CAS/ARD LLUIS COMPANYS [1993]

<http://www.creuroja.org>

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, shelter, DCR.

**Team:** social workers, nurses, hepatitis reference nurse, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (finger prick, venepuncture, HCVC Ag) for clients, counselling, treatment on-site & external.

#### EL LOCAL [2004]

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, drop-in, shelter, DCR, outreach & street work.

**Team:** social workers, nurses, auxiliary nurses, social educators, security staff.

**Target group(s):** PWUD, PWID, sex workers, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (finger prick, venepuncture, PCR & RNA test) for clients, counselling, treatment on-site & external.

## SWEDEN

#### BRUKARFORENINGEN Stockholm [2004]

[www.brucarforeningarna.se/stockholm/](http://www.brucarforeningarna.se/stockholm/)

PWUD Union or Organisation

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, drop-in, outreach & street work.

**Team:** peer workers (staff & volunteer)

**Target group(s):** PWUD, PWID, sex workers, young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, counselling, treatment external.

## SWITZERLAND

#### ARUD [1991]

[www.arud.ch](http://www.arud.ch)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, psychotherapy, HIV & HCV care.

**Team:** social workers, nurses, medical doctor & hepatologists, psychotherapists, psychiatrists.

**Target group(s):** PWUD, PWID

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab, venepuncture, PCR & RNA test, fibroscan-elastography) for clients, counselling, treatment on-site & external.

#### CONTACT [1976]

[www.contact-suchthilfe.ch](http://www.contact-suchthilfe.ch)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, low-threshold drug service, drop-in, DCR, outreach & street work, housing, work integration.

**Team:** social workers, peer workers (staff), nurses, medical doctor & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk

**HCV Specific Services:** awareness & prevention, testing on-site (finger prick) for clients, counselling, treatment external.

#### GASSECHUCI - K+A [2007]

[www.gassenarbeit.ch](http://www.gassenarbeit.ch)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, DCR.

**Team:** social workers, nurses.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, documented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing for staff, testing on-site (oral swab) for clients, counselling, treatment external.

#### BIDISHA CHATTERJEE

[Independent Practitioner] [2012]

Medical Doctor Working in Prison.

**Services:** distribution of paraphernalia, OST, low-threshold drug service, prison work.

**Team:** nurses, medical doctors & hepatologists.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (venepuncture, PCR & RNA test, HCVC Ag) for clients, counselling, treatment on-site.

#### WIPP [1990]

<https://www.stadtwil.ch/wipp>

Medical Doctor Working in Prison.

**Services:** needle & syringe distribution, distribution of paraphernalia, low-threshold drug service, shelter.

**Team:** social workers.

**Target group(s):** PWUD, PWID, sex workers

**HCV Specific Services:** awareness & prevention, testing for staff & clients, counselling, treatment externally.

## UNITED KINGDOM

#### HILLCREST FUTURES [1998]

[www.hillcrest.org.uk/gowrie-care/](http://www.hillcrest.org.uk/gowrie-care/)

Harm Reduction Service Provider.

**Services:** needle & syringe distribution, distribution of paraphernalia, OST, drop-in.

**Team:** peer workers (volunteers), nurses, hepatitis reference nurse.

**Target group(s):** PWUD, PWID, sex workers, MSM, young people at risk, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (Finger prick, venepuncture, PCR & RNA test, fibroscan-elastography) for clients, counselling, treatment on-site.

#### UNIVERSITY COLLEGE LONDON [2016]

[www.ucl.ac.uk/igh/research/a-z/hepcare](http://www.ucl.ac.uk/igh/research/a-z/hepcare)

Mobile Health Outreach Service for the Homeless.

**Services:** outreach & street work, mobile unit, HCV testing & linkage to care, Chest X-Ray for tuberculosis, Vaccinations (HBV, pneumococcus & influenza).

**Team:** peer workers (staff & volunteer), nurses.

**Target group(s):** PWUD, PWID, sex workers, documented migrants, undocumented migrants, homeless.

**HCV Specific Services:** awareness & prevention, testing on-site (oral swab, finger prick, venepuncture, PCR & RNA test, HCVC Ag, fibroscan-elastography) for clients, counselling, treatment external.

