Correlation
European Network
Social Inclusion & Health

From Research to Practice
Examples from European projects

Eberhard Schatz
Project Coordinator
European network since 2004
> Access to health and social services for marginalised groups
> Financed 2004 – 2013 by EC, DG Sante
> More than 180 partners in all European countries

**Target groups and members:**
- service provider
- researcher
- Peers and community members
- policy and decision makers
General objectives

Facilitate exchange of information, experience and skills between health and social service providers, policy makers, researchers and community members

Strengthen capacities of health and social service providers, policy makers, researchers and community members

Contribute to evidence-based policy making in the field of BBID
From Research to Practice

EU 28 survey and inventory

RAR – identify and describe harmful patterns

Implementation – targeted pilot interventions

Training – multiplier trainings based on results

Toolbox – build best practice guidance, resource centre
Hep C Initiative
concept and results
DPIP 2013
Partners

Universities and Institutes

- Centre for Interdisciplinary Addiction Research of the Hamburg University (CIAR), Germany
- Charles University in Prague, First Faculty of Medicine, Department of Addictology (CUNI), Czech Republic
- Copenhagen HIV Programme (CHIP), University of Copenhagen (UCPH), Denmark
- Institute of Public Health, University of Porto (ISPUP), Portugal
- National Antidrugs Agency (NAA), Romania
- National Institute for Health and Welfare (THL), Finland
- Public Health Agency of Catalonia, Government of Catalonia (ASPC), Spain
- University Medical Centre Ljubljana, Clinic for Infectious Diseases and Febrile Illnesses, Slovenia
- University of Applied Sciences Frankfurt (FH FEM), Germany

NGO's and national networks

- A-Clinic Foundation, Finland
- Action Plus, Albania
- AIDES, France
- AIDS Hilfe Frankfurt e.V., Germany
- Association for Risk Reduction in Drug (ARUD), Switzerland
- Carusel Association, Romania
- Fixpunkt - Verein für suchtbegleitende Hilfen e.V., Germany
- German Aids Organisation (DAH), Germany
- Grupo Português de Activistas sobre Tratamentos de VIH/SIDA (GAT), Portugal
- Health Service Executive (HSE) Addiction Services, Ireland
- Isle of Arran, Italy
- Piaget Agency for Development (APDES), Portugal
- Scottish Drug Forum (SDF), Scotland
- Swedish Drug User Union (SDUU), Sweden
- Trimbos Institute, Network Infectieziekten & Harm Reduction, the Netherlands

European Networks

- AIDS Foundation East–West (AFEW), The Netherlands
- Doctors of the World, France
- Eurasian Harm Reduction Network (EHRN), Lithuania
- European Aids Treatment Group (EATG), Belgium
- European Association for the Study of the Liver (EASL), Portugal
- European Liver Patient Association (ELPA), Belgium
- Harm Reduction International (HRI), United Kingdom
- International Doctors for Healthy Drug Policies (IDHDP), United Kingdom
- International Network of People who Use Drugs (INPUD), United Kingdom
Concept

Research
Policy
Training & Skill building
Why?

Barriers to testing and treatment:
- Health systemic/political level
- Service provider level
- Community and patient level
How?

Research:
Hepatitis C testing and treatment barriers among active drug users in 4 European cities
Result

- High uptake of HCV antibody testing among clients of low-threshold services
- Main motive is that drug users want to know their status
- Infections with HCV are highly prevalent (77.5%)
- Treatment uptake is low with 33 drug users out of 179 who were anti HCV positive
- Main barriers to treatment:
  - Staff did not recommend or offer HCV treatment
  - Drug users fear side effects of medication Ressources to increase treatment uptake
- Good information on HCV and treatment – drug + health services and physicians have a key role
- Additional support provided to patients by local drug service
- Revision of national/ regional guidelines /recommendations for HCV treatment
How? Capacity Building

- Peer Training Manual
- 6 modules
  - Module 1: Understanding
  - Module 2: HCV prevention
  - Module 3: HCV testing and diagnosis
  - Module 4: HCV treatment
  - Module 5: Living with HCV
  - Module 6: HCV advocacy and action planning
What happened after Porto?

“...and I have become a liason at my local hospital for people with co-infection.”

Joost Brantas, The Netherlands

“I have lobbied for a special representative for HCV co-infection in the board of the Dutch association of people living with HIV. And I have become a liason at my local hospital for people with co-infection.”

Dirk Schaeffer, Germany
What happened after Porto?

“We have started with a range of activities:

“Together with the local harm reduction
“In UK harm reduction services including HCV services are under pressure of re-tendering, budget cuts and payment by results against rehab and recovery. I wrote to the Lancet and BMJ to address my concern.”

Steve Freer, England

Tony van Montfoort, Belgium

And personally I’m starting with my personal treatment as well…”

Sari Haikarainen, Finland

Together with the local harm reduction service we organised a HCV information meeting for the local community in Antwerp. Experts, professionals and experts like me and a users panel gave introductions and discussed the challenges with HCV. Over a hundred users and other people who are interested attended the seminar.”
What happened after Porto?

“Together with the Greek Association of Patients with a Liver Disease (Prometheus) we organised a public awareness campaign with a giant and mobile yellow letter C. We offered information and a rapid test for those who wanted to. The complimentary Facebook-page where people could upload their personal pictures also was a great success. The action started in Athens and traveled to other cities later on. The action has been documented on YouTube: www.youtube.com/watch?v=iJ8kSr79O7w”

Hepatitis C awareness campaign in Greece

Efi Kokini, Greece
How? Capacity building:

resource centre:
> 250 entries
> 19 categories

Resource Centre

The resource centre collects information and data about hepatitis and drug use.

You are invited to send us your links and files to be presented here.
Result

BMC reader

**Scope:** *Hepatology, Medicine and Policy* considers articles on liver disorders, including viral and non-viral hepatitis, with a focus on policy at all levels from clinical to health services research and public health.
How?

Policy: overall advocacy goal is to influence HCV policies and advocate for the development and implementation of evidence-based HCV strategies at the European and National levels.

- increase knowledge about HCV European and national policy guidelines
- raise awareness on the gap between the needs and the political responses for HCV in Europe
- increase the sustainable involvement, strengthening and participation of Civil Society on HCV policies decision making process
Result

Manifesto

• Scale up evidence based harm reduction services
• Access to HCV testing, treatment and care services
• Access to affordable HCV treatments
• Decriminalisation of people who use drugs
• Meaningful involvement of high risk communities
• Improved HCV and health Literacy
• Effective targeted HCV strategies and action plans

INHSU conference, Sydney
What’s next?

Develop the initiative to a sustainable platform
What’s next?

New project in the EC DG Sante health programme???

- 21 partner + 20 collaborating partner:
  Universities, Health Institutes, Community Organisations, NGO’s, Networks, policy maker
Conclusion

Research is indispensable for good practice implementations and policy

- Research outcomes need to be better connected to practice and policy
- Researcher need to listen to the needs of community and field workers
- Community need to be involved in designing and implementing research
- Community and HR organisations need to be equal partners
- We know a lot, the political will is missing

We need more focus on evidence to action
Thank you.

Please find out more at [www.hepatitis-c-initiative.eu](http://www.hepatitis-c-initiative.eu)
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