Preventing HIV and co-infections in Europe through strengthened harm reduction

Joint Action on HIV and co-infection prevention and harm reduction
HA-REACT

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Basic facts (2)

Budget: approx. 3,75 million EUR
co-funding by EC – 80%

Duration: October 2015 – September 2018

Coordination: National Institute for Health and Welfare (THL), Finland

Partners: 23 partners from 18 countries
Objectives of HA-REACT

- Zero new HIV, reduced HCV and TB among PWID in the EU by 2020
- Improved prevention and treatment of blood-borne infections and TB in priority regions and priority groups in the European Union

Purpose

Improved capacity to respond to HIV and co-infection risks and provide harm reduction with specific focus on people who inject drugs (PWID) in the EU

Direct beneficiaries: professionals working with PWID

Ultimate beneficiaries: people who inject drugs
Geographical coverage of HA-REACT
Focusing the action: use of ECDC and EMCDDA objective selection criteria

### Table 1: Indicators of HIV trend, transmission risk and prevention coverage

| Indicator                              | AT  | BE  | BG  | HR  | CY  | CZ  | DK  | EE  | FI  | FR  | DE  | EL  | HU  | IS  | IE  | IT  | LV  | LT  | LU  | MT  | NL  | NO  | PL  | PT  | RO  | SK  | SI  | ES  | SE  | UK  |
|----------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| **HIV trend**                          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| HIV case reports and prevalence (15% weight; no increase in case reports or prevalence=0; increase in one=1; increase in both=2; high without an increase=3) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **Transmission risk**                  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| prevalence of injecting drug use, changes in injecting risk behaviour (HCV prevalence and trends) (10% weight; no changes=0; moderate increase in one criterion=1; increase in >1 criteria=2) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **OST coverage**                       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| % estimated problem opiate user population receiving OST (cut-off 30%) (25% weight; OST coverage >30%=0; no data=1; OST coverage <30%=2) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **NSP coverage**                       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Number of syringes given out per PWID per year (cut-off 100 syringes) (25% weight; NSP coverage >100=0; no data=1; NSP coverage <100=2) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Taking part in the Joint Action |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Scores (maximum 2)                      | 0.3 | 0.8 | 1   | 0   | 0.2 | 0.1 | 0.1 | 0.1 | 0.3 | 0.3 | 0.9 | 1.2 | 0.5 | 0.7 | 0.3 | 1.5 | 0.9 | 0.3 | 0.3 | 0.5 | 0.1 | 1.3 | 1   | 0.3 | 0.5 | 0.9 | 1.3 | 0.3 |
| Ranking of those participating in the JA (1=greatest need/opportunity to improve harm reduction situation) | 6   | 3   | 8   | 5   | 2   | 1   | 4   | 6   | 8   | 5   | 2   | 1   | 4   | 6   | 8   | 5   | 2   | 1   | 4   | 6   | 8   | 5   | 2   | 1   | 4   | 6   | 8   | 5   |

**Alert** - no evidence for increase in case reports or HIV/HCV prevalence and/or transmission risk and/or low intervention coverage.

**Concern** - Substantial increase in HIV/HCV prevalence and/or transmission risk and/or consistent but non-significant rise at national level.

**Alert** - evidence for significant increase in case reports or HIV/HCV prevalence and/or increase in transmission risk and/or low intervention coverage.

Information unknown/not reported to EMCDDA/ECDC.
HA-REACT Work Packages

- WP1. Coordination
- WP2. Dissemination
- WP3. Evaluation
- WP4. Testing and linkage to care
- WP5. Scaling up harm reduction
- WP6. Harm reduction and continuity of care in prisons
- WP7. Integrated care
- WP8 Sustainability and long-term funding
Activities so far

• 1st Steering Committee in Luxembourg, 8-9 December 2015
• Kick-off in Vilnius, 14 January 2016
• 1st Advisory Board and 2nd Steering Committee in Vilnius, 15 Jan 2016
• 3rd Steering Committee in Berlin on 12 May
Activities so far (2)

• Logical Framework Approach workshops during spring 2016:
  – WP4 Testing and linkage to care, Budapest, 15-16 February
  – WP8 Sustainability and long-term funding, Riga, 14-15 March
  – WP5 Scaling up harm reduction, Vilnius, 16-17 March
  – WP6 Harm reduction and continuity of care in prisons, Prague, 18-19 April
  – WP7 Integrated care, Tallinn, 25-26 April
Activities so far (3)

• Seminars for Debate in Vilnius and Riga, April 2016
  - Analysis of:
    - successful experiences in other countries
    - legal framework for the scale-up of HR: fully developed.
    - Political will toward harm reduction, drug policy and HIV/AIDS
    - Role of private sector: need to be involved (Lt)

• Leaflets and posters developed to encourage PWID to take rapid HIV and HCV tests (Lv, Hu, Eng, Ru)

• E-learning modules developed for prison [http://harmreduction.eu/](http://harmreduction.eu/)
Recent and next activities

- **October 6-7, 2016, Berlin (Germany)**
  Study tour for prison staff from Czech Republic

- **October 2016, Madrid and Barcelona (Spain)**
  Study visits for participants from Latvia (WP5)

- **October 26, 2016, Budapest (Hungary)**
  HA-REACT Sustainable Funding meeting

- **November 2-4, 2016, Riga (Latvia):**
  HA-REACT Partnership Forum in Riga
  2nd Advisory Board
  4th Steering Committee
Recent and next activities

- **November 15-17, 2016, Latvia**
  Training on HIV/HCV testing

- **December 13-15, 2016, Hungary**
  Training on HIV/HCV testing

- **January 31, 2017, Malta**
  CHAFEA Symposium (in connection with HepHIV conference)

- **March 7-9, 2017, Warsaw**
  International training seminar on OST and harm reduction in prisons

- **April 5-6, 2017, Vilnius (Lithuania)**
  International workshop on models of care
  Meeting on sustainable funding
HA-REACT blog series

- Featured on the BioMed Central “On Health” blog and the *Hepatology, Medicine and Policy (HMAP)* blog
- Structured as interviews with Jeffrey Lazarus as WP2 lead & SC member
- Focuses on individual WPs
- Spotlights partners & their work
- Promotes HA-REACT
- Ongoing (8 published to-date)

Latest HMAP posts

An interview with Luis Sordo del Castillo on the European Joint Action’s work on harm reduction

Jeffrey V. Lazarus

The Joint Action on HIV and Co-Infection Prevention and Harm Reduction (HA-REACT) addresses knowledge gaps in the prevention of HIV and co-infections...
Read more »

An interview with Piotr Wysocki and Iwona Wawer on the European Joint Action’s work from a Polish-partner perspective

Jeffrey V. Lazarus

The Joint Action on HIV and Co-Infection Prevention and Harm Reduction (HA-REACT) addresses knowledge gaps in the prevention of HIV and co-infections...
Read more »
An interview with Heino Stöver on the European Joint Action’s work on infectious diseases in prisons #HAREACT

Recent blog interview by Jeffrey V. Lazarus on infectious diseases in prisons within HA-REACT - the European Joint Action addressing existing gaps in the prevention of HIV and other co-infections, especially TB and viral hepatitis, among people who inject drugs (PWID).

Comment and share!
Most important further work

• **Needed in the following areas:**
  – Design and implementation of women-friendly testing services
  – Ensuring sustainability of harm reduction activities in Focus countries (Latvia, Lithuania, Hungary)
  – Implementing the prison pilot and ensuring sustainability of results
  – Improving integration of care for PWID
  – Finding ways to ensure sustainable funding for harm reduction activities and NGOs offering them
Topics for collaboration with other EU co-financed actions

- **OptTEST** – exchange of experiences in testing issues
- **HEPCARE** – access to care, integrated care
- **Euro HIV EDAT** – early diagnosis of HIV
- **E-DETECT TB** – early detection of TB at low-threshold centres for PWID
- **Link2Care** – several topics for collaboration, Jeffrey Lazarus as a link to HA-REACT
More information available:

http://www.hareact.eu/en

#HAREACT

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