Update on EU projects

- HA-REACT
- HepCare Europe

DRID Expert meeting 2016
Session 1
Joint Action HA-REACT – basic facts

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

Partners: 23 partners from 18 countries

Budget: approx. 3,75 million EUR (80% EC co-funding)

Duration: October 2015 – September 2018

Coordination: National Institute for Health and Welfare (THL), Finland - Mika Salminen, Ph. D, Research Professor, Outi Karvonen, Project Manager
Overall 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
  - 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 & WPs

- 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
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

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

Structure and objectives of the Joint Action

0. Management

Work Package 4

1. Improved early diagnosis of HIV, viral hepatitis and TB, as well as improved linkage to care for PWID

Work Package 5

2. Harm reduction scaled up in EU based on Latvian and Lithuanian cases

Work Package 6

3. Increased harm reduction and improved continuity of care for PWID in prison settings

Work Package 7

4. Improved provision of integrated HIV, HCV, TB treatment and harm reduction for PWID

Work Package 8

5. National programmes updated to overcome barriers to respond to HIV, TB and HCV-related needs of PWID in the EU, specifically in the focus countries

16.6.2016

Outi Karvonen
Associated partners

Croatia (HR)  Croatian institute of Public Health (HZJZ)
Croatia (HR)  Life Quality Improvement Organisation FLIGHT (LET)
Czech Republic (CZ) National monitoring center for drugs and additions (NMS)
Denmark (DK) Centre for Health and Infectious disease Research, Rigshospitalet University of Copenhagen (CHIP)
Estonia (EE) National Institute for Health Development (NIHD)
Finland (FI) National Institute for Health and Welfare (THL)
Germany (DE) Zentrum fur interdisziplinare Suchtforschung der Universitat Hamburg (ZIS)
Germany (DE) Institut fur Suchtforschung (ISFF)
Germany (DE) Deutsche AIDS-Hilfe (DAH)
Affiliated: Germany (DE) AIDS Action Europe (AAE)

Collaborating partners: AIDS Foundation East-West (AFEW); GAT Portugal
Associated partners (2)

Greece (EL) Hellenic Center For Disease Control And Prevention (HCDCP)
Hungary (HU) OEK (National Centre for Epidemiology) (Országos Epidemiológiai Központ)
Hungary (HU) Office of the Chief Medical Officer (OCMO), (OTH, Országos Tisztifőorvosi Hivatal)
Iceland (IS) Landspitali University Hospital
Italy (IT) Istituto Nazionale Malattie Infettive (INMI)
Latvia (LV) Center For Disease Prevention and Control of Latvia
Lithuania (LT) Center For Communicable Diseases And AIDS (ULAC)
Lithuania (LT) Vilnius Center For Addictive Disorder (VPLC)
Associated partners (3)

Luxembourg (LU) Directorate of Health (Ministry of Health) – Division of Health Inspection
Malta (MT) Ministry for Energy and Health (MEH)
Poland (PL) National Centre AIDS Agenda of the Ministry of Health (NAC Poland)
Portugal (PT) Directorate-General of Health (DGS)
Slovenia (SI) Association SKUC Miran Solinc
Spain (ES) Instituto de Salud Carlos III
   - affiliated Centro de Investigacion Biomedica end Red (CIBER)

Altogether 23 associated partners from 18 countries!
Latest and current activities

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
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
WP5 training seminars in Vilnius, 11-12 April and in Riga, 14-15 April
Steering Committee meeting in Berlin on 12 May
More information available:

http://www.hareact.eu/en

#HAREACT
HepCare Europe
Early diagnosis and treatment of viral hepatitis
Starting date: 20.04.2016
Duration: 3 Years
Hepcare Europe Consortium

University College Dublin (UCD), Ireland
Drs Lambert, Cullen, Stewart, Houlihan, Feeney, Crowley, O’Carroll)

SAS (Spain)
SVB (Romania)
University of Bristol (UK)
University College London (UK)

Coordination: John S Lambert MD PhD- Mater Hospital and
UCD School of Medicine, Dublin
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Issues that need to be addressed to make HCV a ‘rare disease’ in the EU:

• Community Education (preparing the at risk population for testing, assessment and treatment)

• Community Health Care worker education: to give them a better understanding of the new treatment regimes, and to prepare them to act as partners in treatment and support in a ‘shared care’ primary/secondary integrated partnership.

• Testing of the utility of point of care testing with HCV oral tests in diverse populations and different countries/settings and assessment of the cost effectiveness of such a strategy.

• Implementation of a community Fibroscan testing strategy and evaluation of the effectiveness of such a strategy; and for those identified with advanced disease, reasons for non-attendance.
Objectives

1. Enhance screening of vulnerable populations
2. To develop integrated model of care
3. Multidisciplinary education in HCV care for healthcare professionals across Europe
4. Development of a community care model
5. To examine the cost effectiveness
6. Engage policy level, disseminate findings.
Components

- HepCheck will aim at intensifying screening in the community.
- HepLink will link primary and secondary care.
- HepEd will educate and up-skill healthcare professionals in the treatment of Hepatitis C.
- HepFriend will provide a peer advocate support programme for patients to help treatment outcomes.
- HepCost will assess the economic impact of the project. The coordinator will have overall responsibility for disseminating the project impact and liaising with decision makers.
Objectives

1. To enhance screening of vulnerable populations: screening by oral rapid HCV test in each of four clinical sites of 2000 patient and ascertainment of HCV status among those attending primary care centres (drug treatment centres, homeless centres providing support for PWID for addiction treatment)
2. To integrate primary and secondary care by
   --developing an integrated model of HCV care
   --delivering this model of care
   --determining the feasibility, acceptability and likely
efficacy of this model of care (approach 240
patients attending primary care, 48 healthcare
professionals in primary and secondary care)
3. To develop and implement multidisciplinary
inter-professional education in HCV care for Health
Care professionals across Europe (develop
curriculum, running HCV ‘masterclass’ at each site)
4. Hepfriend: to assist vulnerable populations to access care for HCV, TB, HBV and HIV through peer education and support. To recruit, train and support peers to provide HCV testing and care management. Trained peers to improve care integration and HCV treatment adherence and outcomes following development of a community care model

5. HepCost: Health Economics. To examine the cost effectiveness of the Hepcare Europe system of care
6. To share learnings between consortium members
7. To engage policy makers/stakeholders nationally and in the EU
8. To disseminate findings to the scientific community
9. To disseminate findings to raise awareness in Health Care Professional