

Civil Society Role for Enhancing HCV Services

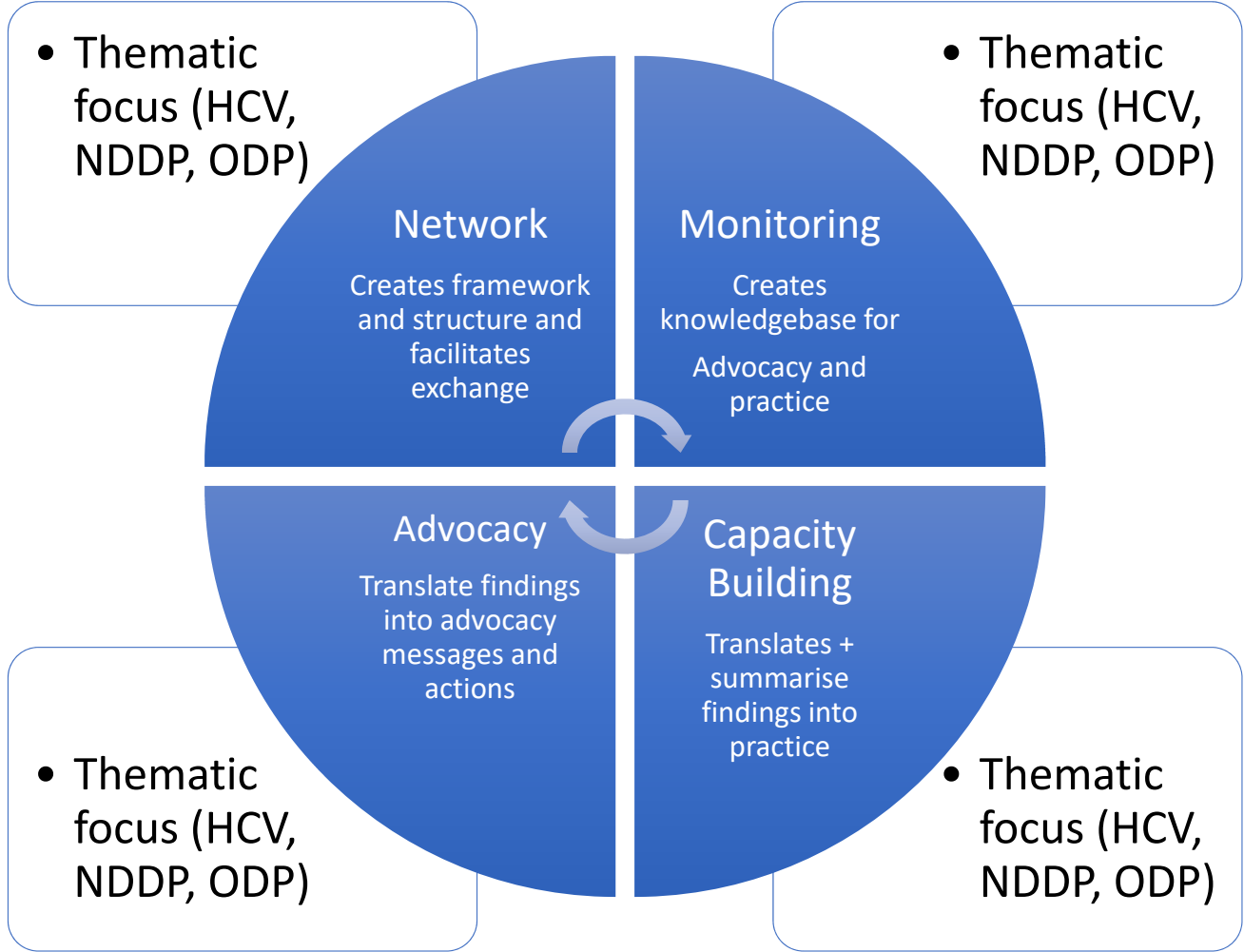
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Correlation- European Harm Reduction Network

Presentation Overview

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- Civil Society Definition, Types and Mechanisms
- Civil Society Role and Barriers
- Actions by Civil Society Groups
- Civil Society Recommended Priorities

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HCV related work





Civil Society Definition

- Civil Society Organisations (CSOs) include all non-State, not-for-profit structures, non-partisan and non-violent, through which people organise to pursue shared objectives and ideals, whether political, cultural, social or economic.
- Operating from the local to the national, regional and international levels, they comprise urban and rural, formal and informal organisations.
- Civil society organisations stand out because of their capacity to reach out to, empower, represent and defend vulnerable and socially excluded groups, and trigger social innovation.

Types of CSOs:

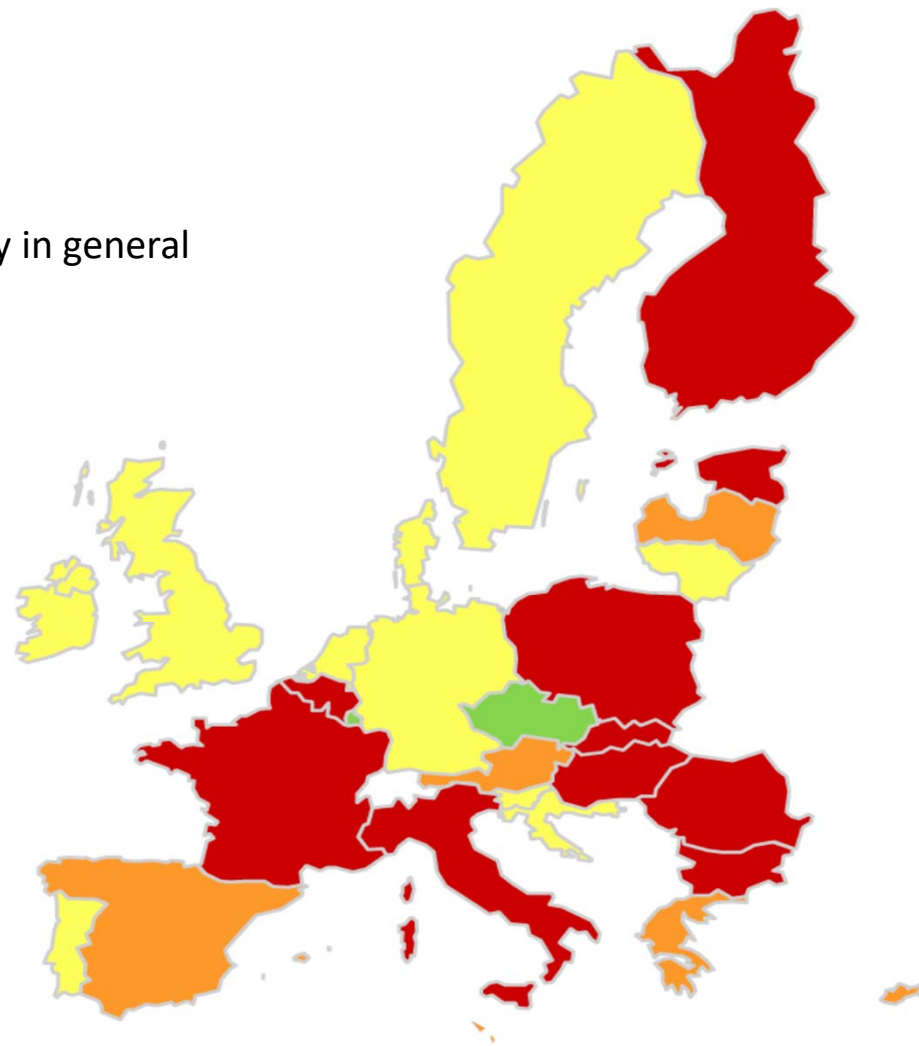
- **Alliance, coalition, network:** Multidisciplinary networks of organisations with common goals
- **Civil society association:** Voluntary associations to advance common interests (parent, family support groups, community groups, grassroots), with little formal structure or funding, also including organisations which are self-funded or funded by philanthropists
- **NGO** or third sector: Mainly not-for-profit service providers and campaigning advocacy organisations with a formal legal structure and funding
- **Professional or representative body:** Networks of peer professionals (doctors, lawyers, law enforcement personnel etc.), often acting in a representative capacity






Mechanisms of CSI

According to Council of Europe (2009):

- **Information:** This relatively low level of participation should consist of a two-way mutual process between public authorities and CSOs of providing information and access to it
- **Consultation:** when public authorities ask CSOs for their opinion on a specific policy topic or development (ad hoc)
- **Dialogue:** a two-way communication built on mutual interests and potentially shared objectives to ensure a regular exchange of views
- **Partnership:** implies shared responsibilities in each step of the process from agenda setting, drafting, decision and implementation of activities, in its highest form it is based on co-management

Level of CSI in drug policy in general



-  Very high (2 countries)
-  Somewhat high (10 countries)
-  Neither high nor low (6 countries)
-  Somewhat low (10 countries)
-  No involvement at all (0 countries)

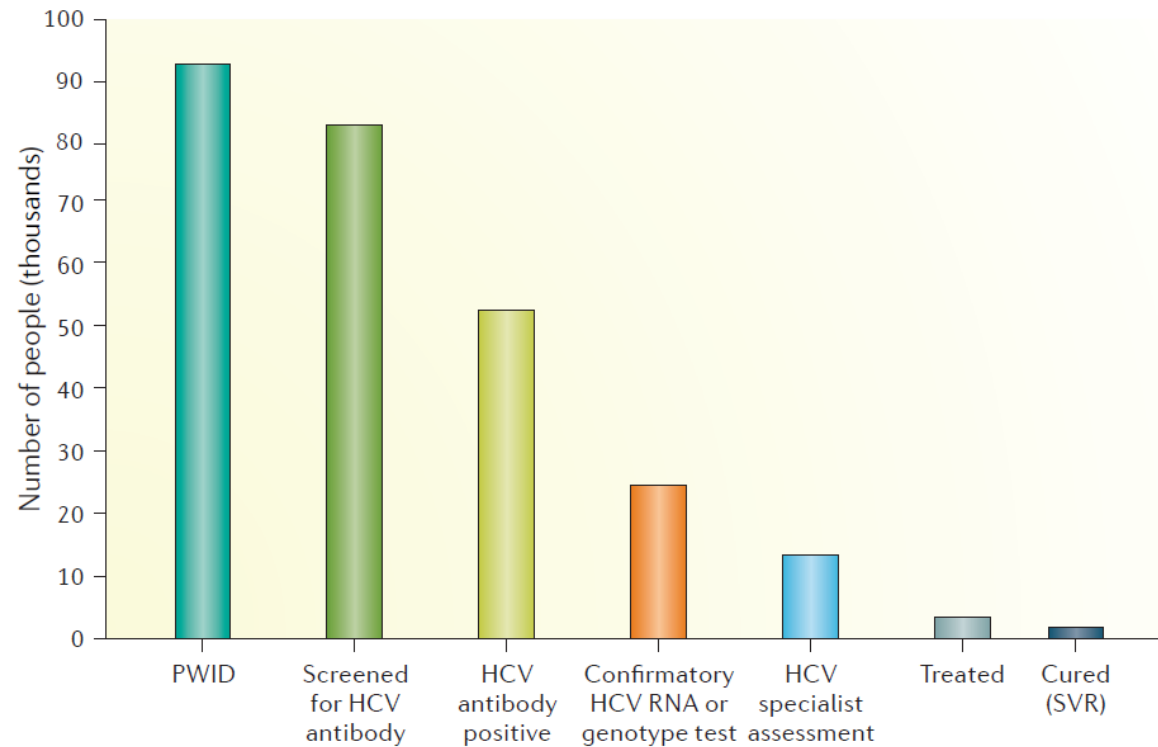
CS Structures on International Level

- Civil Society Forum on Drugs
- Civil Society Forum on HIV, Hepatitis and Tuberculosis
- ECDC / EMCDDA / WHO/UN have CS consulting mechanisms

Where CSI is needed to enhance services for key populations and finally to eliminate HCV?

- Community testing
- Cascade of care

The cascade of care?



Grebely J, Hajarizadeh B, and Dore GJ *Nat Rev in Gastroenterology & Hepatology* 2017. Iversen J, et al. *Int J Drug Pol* 2017.

However

- Civil society like community and HR services can play a vital role in the elimination of HCV among PWIDs
- HR services reach underserved populations
- Prevention, screening and treatment services can be organised in HR settings, if there are no legal restrictions and if there is an optimal cooperation within the health care settings -> continuum of care
- HCV treatment in HR settings is cost-effective and brings treatment to those, who would otherwise stay untreated
- Experience on HR services can be transferred to other low-threshold services (e.g. housing first programmes)

What do we need?

- Integrating harm reduction programs in the continuum of care requires policy changes (HCV testing / treatment on-site, access to treatment) and improved cooperation between different services
- Increased and stable funding is needed for harm reduction programs
- Skill building for HR and community workers in regard to prevention, treatment and care
- Skill building for medical staff (to reduce stigma and discrimination and to safeguard tailored services)
- Promotion and implementation of good practice examples to effective community-based approaches

Community Testing

- To successfully eliminate HCV, it is critically important to reach first time testers, people who are not connected to clinical services, and members of key populations.
- Community testing has been recommended by ECDC and WHO, however access to community testing provided by non medical workers, and in non medical settings is a major challenge today.

What is Community Testing

- Community-based testing refers to the provision of testing services within the community, provided by representatives of the community, non-medical workers, peer workers, social workers, at venues frequented by affected and marginalized key populations.
- These settings can include: fixed venues, mobile testing units, outreach sites, peoples' homes, and community-based organizations such as: churches, mosques, parks, homeless shelters, needle and syringe programs, educational environments, and workplaces.

But..... <snapshot survey>

- 75% of organisations we spoke with would like policy reforms to allow community testing
- Many organization's want to change current policy that mandates medical workers to do testing.
- People Who Use Drugs tend to not trust medical workers and anticipate being disrespected or mistreated.
- Many harm reduction programs do not have the resources to hire medical workers to provide testing on-site
- In some countries medical workers will not work in a harm reduction program testing drug users

But..... <snapshot survey>

- Some countries require drug users to be connected to OST for testing
- 45% of testing available can only be done by medical providers
- Lack of funding to pay for medical providers has prevented harm reduction organisations to provide testing
- There have been reports that if funding was available medical providers would not test drug users in a NSP
- Almost 30% of organisations surveyed indicated HCV was not priority among policy makers
- 25% report nationally funding not available for HCV prevention



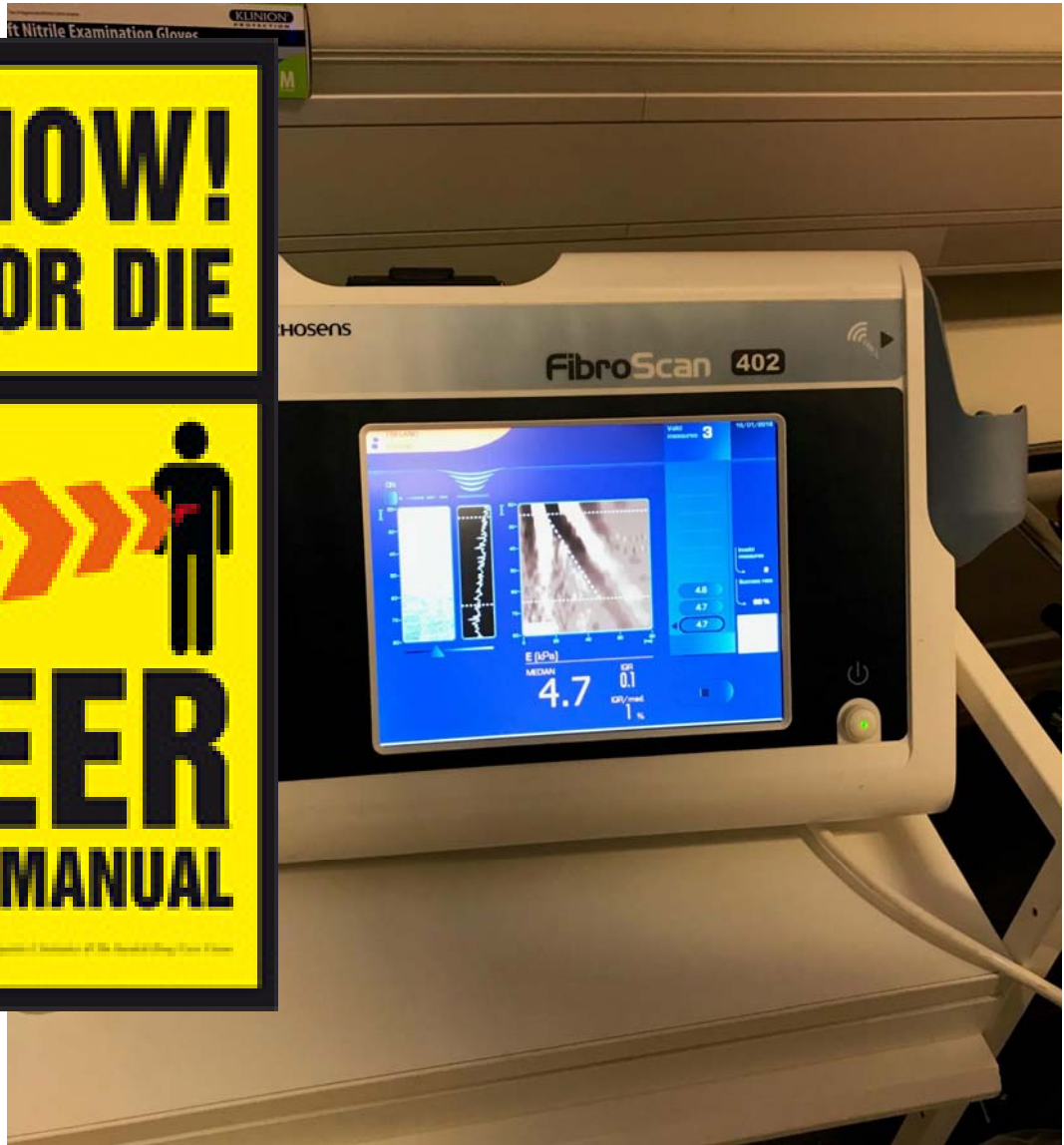
**ACT NOW!
-LIVER OR DIE**

**A PEER
TRAINING MANUAL**

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HEP-C

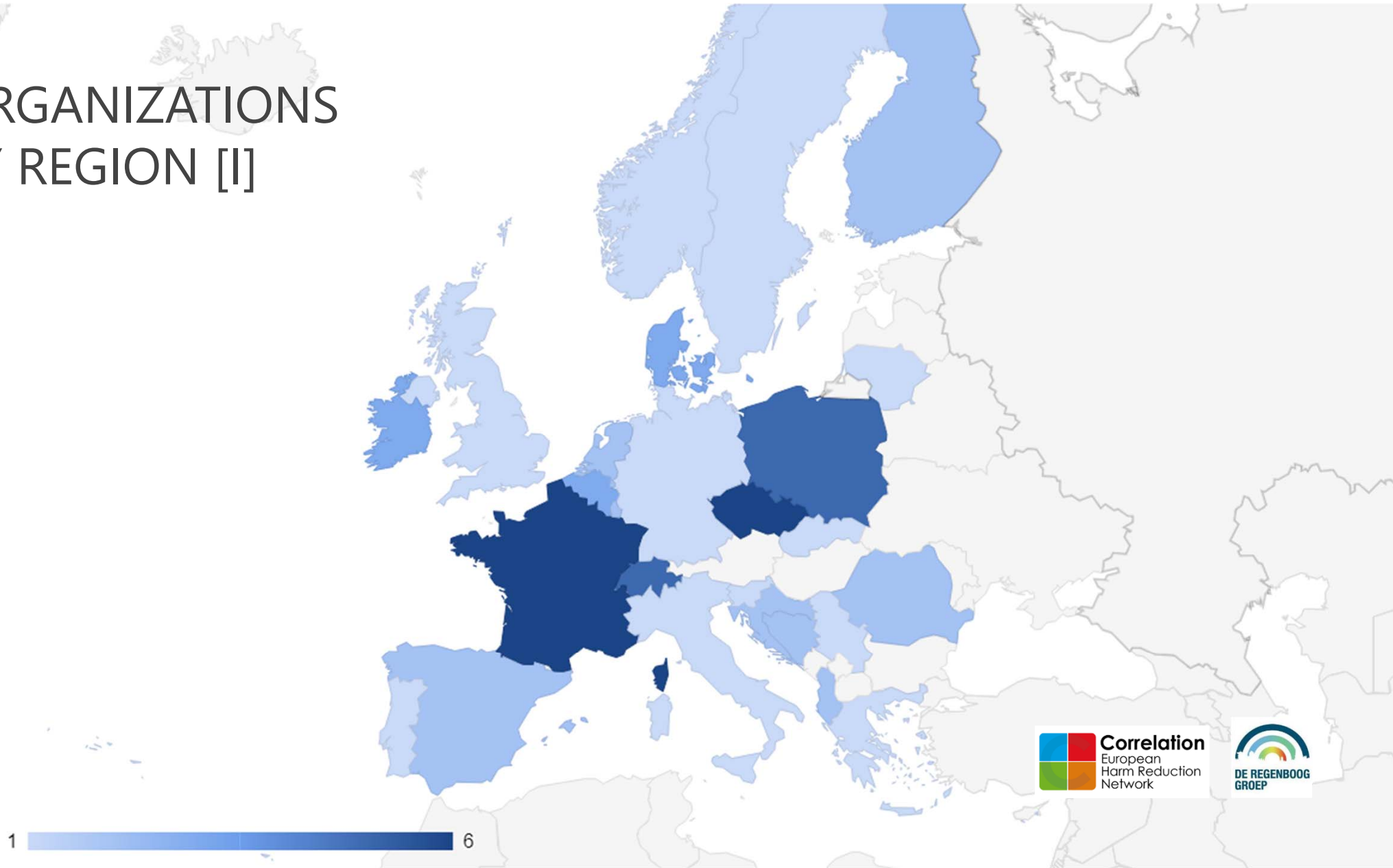
Community Summit
Lisbon 18 Sept 2018



Civil Society Monitoring on HepC in HR

- Evaluating impact of policies: does action plans and guidelines reach the practical level
- What (quality) standards are applied?
- What is needed?

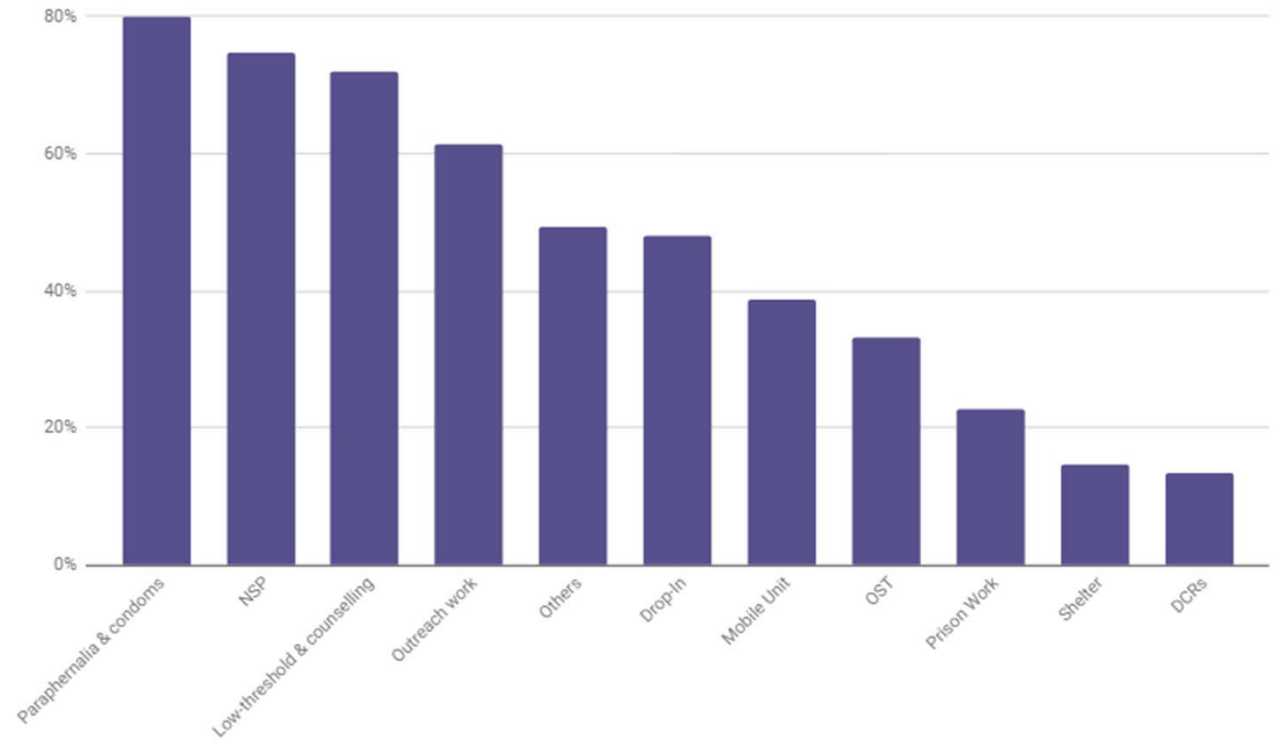
ORGANIZATIONS BY REGION [I]



SERVICES PROVIDED

Q.4 - What services do you provide?

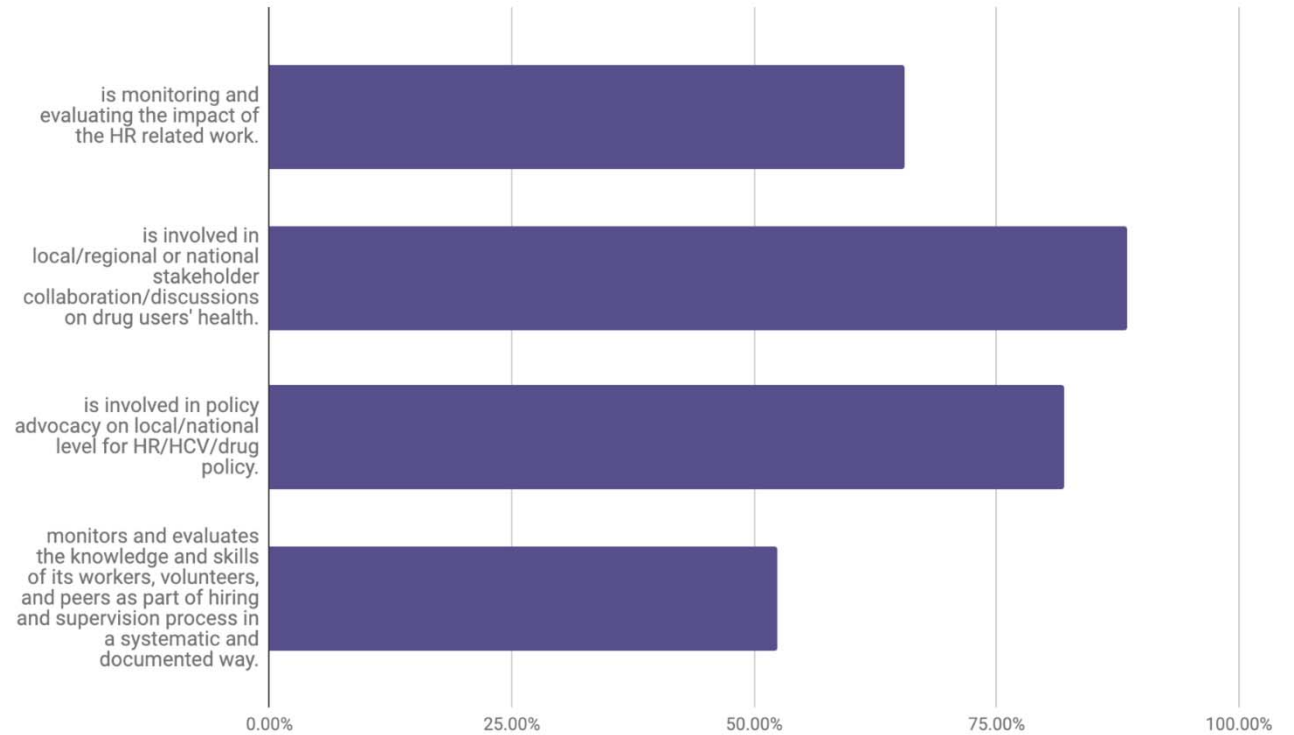
[multiple answers possible]



MONITORING, CSI & ADVOCACY

Q.30 - My organization...

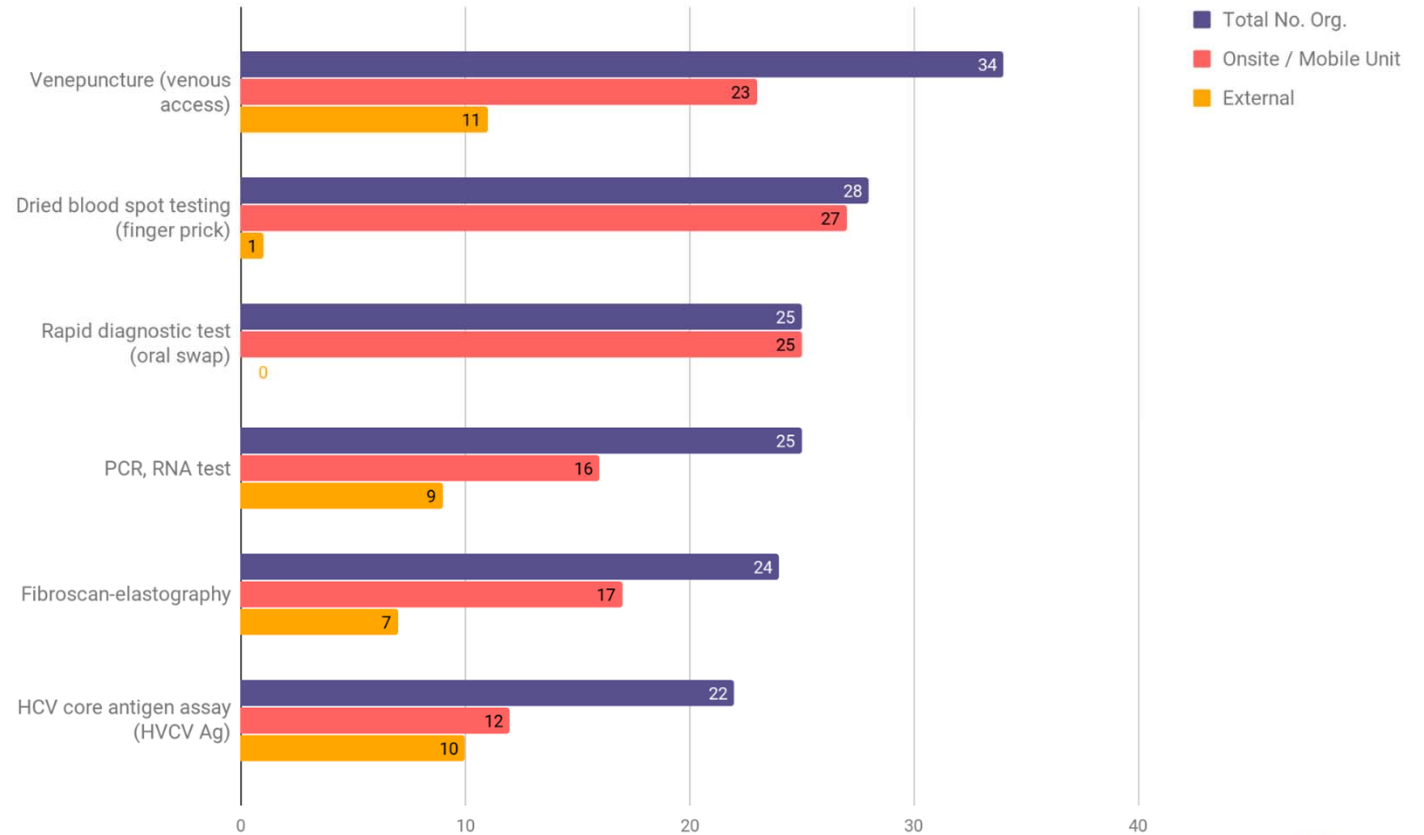
[multiple answers possible]



TESTING

Q. 24 In case you do offer hepatitis B and C testing for clients. What kind of test is offered for clients?

[multiple answers possible]



Civil Society Network Action Points

- Correlation Network
- Coalition Plus
- EATG
- EHRA
- ELPA
- INPUD/EuroNPUD
- IDHDP



Network	Priorities
Coalition Plus	Involvement of communities in the development and implementation of elimination plans at national level
Correlation	Provide testing and treatment in harm reduction and community settings
EATG	No Elimination without decriminalization: the impact of repressive drug policies on health and quality of life
	Reaching out to key populations in prison settings
ELPA	Testing and micro-elimination as targeted national elimination of viral hepatitis C in well-defined populations
EHRA	Reducing the inequality in the access to HCV testing and treatment in CEECA for people who use drugs (PWUD)
EuroNPUD/ INPUD	HCV programs should not focus on reducing drug and alcohol use
	Care programs must not individualize or blame PWUD. Structural barriers should be brought to the fore
IDHDP	People who are currently injecting should be prioritized
	Treatment and prevention should occur at the same time

Journey
of a
Drug user
to access
Healthcare



START?

> YES

Thank You

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<https://vimeo.com/305908825>