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Společnost Podané ruce

Breaking Barrier: A Unique NGO-Led Model of Integrated Harm Reduction and DAA Treatment for People Who Use Drugs

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OBJECTIVES

- The Podane ruce umbrella network integrates harm reduction, addiction treatment, infectious disease care and social support within a single organisational framework.
- The model operates across 20 low-threshold services, including outreach and needle and syringe programmes (NSP), drop-in centres, opioid agonist treatment (OAT) programmes, and residential treatment services.

METHODS

One organisation. One care pathway.

HCV elimination among people who use drugs.

- ✅ Harm Reduction Services
- ✅ HCV Point-of-Care Testing
- ✅ Peer Navigation
- ✅ Nurse-Led Diagnostics
- ✅ Case Management
- ✅ Infectious Diseases Clinic
- ✅ DAA Treatment
- ✅ OAT & Mental Health Support

RESULTS

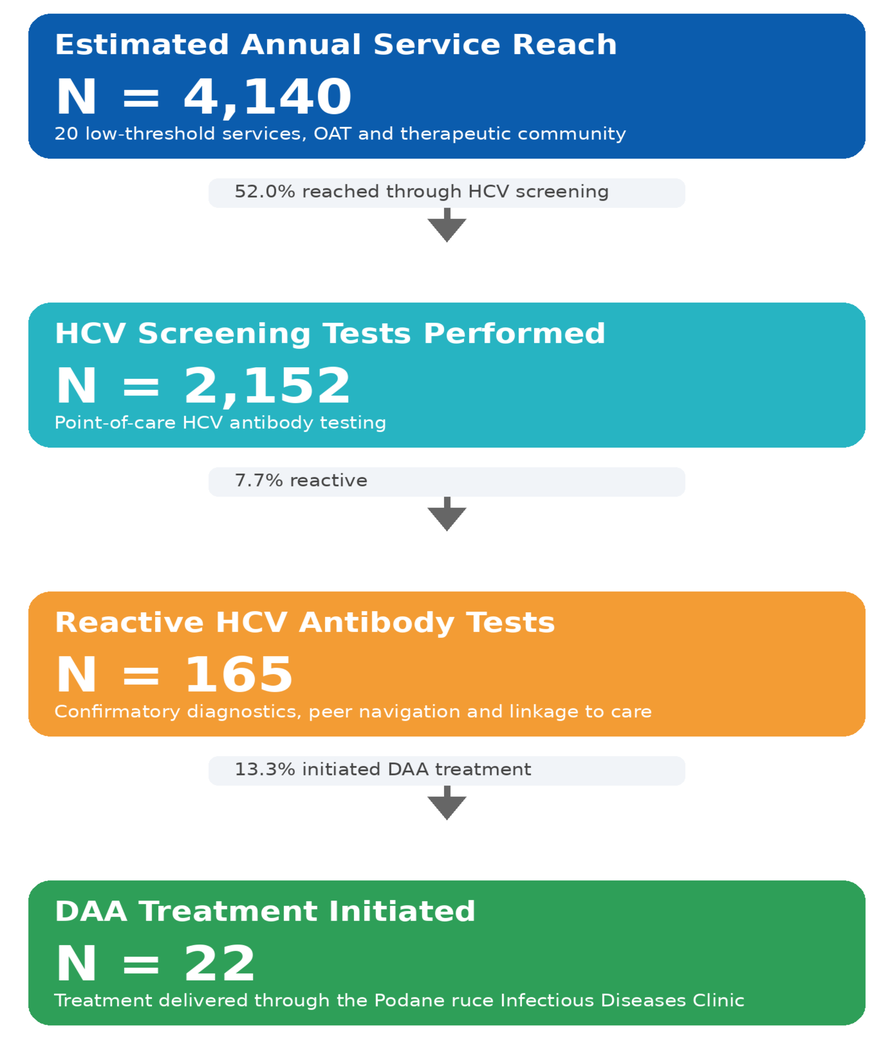
Routine HCV screening is actively offered as a standard component of care. Clients with reactive test results are immediately linked to a multidisciplinary support system involving harm reduction workers, peer workers, nurses, and physicians. Repeated testing, motivational interviewing, case management, and financial incentives are used to improve engagement and retention in care.

Role of Peer Workers

Peer workers play a key role in overcoming stigma and mistrust of healthcare services. They provide practical support, share lived experience, accompany clients to appointments, remind clients about treatment milestones, and help maintain adherence throughout the treatment process.

Role of the Nurse

A specialized nurse bridges harm reduction and clinical care by performing blood sample collection, organizing confirmatory diagnostics, coordinating communication between services and facilitating rapid referral into treatment. The introduction of capillary HCV RNA testing further reduced barriers to diagnosis for clients with poor venous access.



KEY MESSAGE

2,152 HCV screening tests performed and 22 PWUD initiated DAA treatment in 2025.

CONCLUSIONS

A major strength of the model is the close collaboration between harm reduction programmes and the Podane ruce Clinic, an NGO-operated healthcare facility that includes an infectious diseases outpatient clinic authorized to prescribe direct-acting antivirals (DAAs). Co-location of social, addiction, and medical services enables rapid transition from screening to treatment while minimizing losses across the HCV care cascade.

REFERENCES

www.podaneruce.cz

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