

European Network Social Inclusion & Health

Background:

The health situation in Europe is still characterised by considerable health inequalities. Not all parts of society have the opportunity to access existing health services, and tailored services for specific groups are often non-existent. The prevalence of BBID is high in vulnerable populations.

Overall aim:

The overall aim of Correlation II is to tackle health inequalities in Europe and to improve prevention, care and treatment services, targeting blood-borne infectious diseases (BBID), in particular Hepatitis C and HIV/AIDS among vulnerable and high risk populations (e.g. drug users and young people at risk).

Target groups:

Target groups are service providers, including peer workers, notably those working in drug services, harm reduction facilities or health services for young people at risk; policy makers, notably those involved in policy development on drugs and BBID.

Methods:

The project approaches the issue from different angles and with interventions, which have been identified as effective, such as outreach/early intervention, e-health and peer support. The project will:

- Review models of good practice
- Implement field testings
- Develop guidance documents
- Develop and implement training modules
- Support and strengthen capacities of health service providers
- Influence policy agendas by formulating evidence based policy recommendations.

The evidence The evidence The evidence The evidence The evidence The evidence

Outreach

"Despite evidence of the effectiveness of community-based outreach from 15 years of evaluation studies, a huge gap exists in most countries between the number of IDUs who want or could benefit from outreach services and the number of IDUs who actually receive them. Findings from evaluation studies on the effectiveness of community-based outreach must be shared, made accessible, rapidly communicated and disseminated globally."

[Needle et al., WHO, 2004]

The actions 2010 - 2011

Outreach: implementing field tests on early intervention, developing guidance documents for practitioners, organising focus groups and seminars

Hepatitis C

The human immunodeficiency virus [HIV] and hepatitis B and C infections are an important cause of mortality and morbidity among injecting drug users [IDUs] in Europe and result in high costs to society. HCV prevalence among IDUs has been found at rates of over 50% in forty-nine countries or territories across the world [Aceijas et al., 2007]. In several countries, including European Union [EU] countries almost everyone who injects drugs is believed to be living with HCV [IHRA 2009]. While the HIV epidemic is stabilizing overall across the EU, HCV is increasingly prevalent and disproportionately affects drug users. [EMCDDA 2009]

The actions 2010 - 2011

Hepatitis C: identifying and documenting good practice examples, building capacities among service providers by organising trainings and guidance documents

E-Health

"Given high rates of use, access and interest, the Internet provides an important way to reach young people living with HIV using health services and health promotion programs. The onus is on e-Health developers to understand the particular needs of HIV-positive youth and create relevant content." [Sarah Flicker et al. Toronto, 2004].

The actions 2010 - 2011

Ehealth: developing and implementing new and innovative online intervention tools, training of service providers

Policy - HIV/AIDS

There is a need to "provide universal, affordable, non-judgemental and non-discriminating access to prevention services for HIV/AIDS and other sexually transmitted infections, including i.a. preventive information and activities, voluntary and confidential counselling and testing, condoms, drug dependence treatment and harm reduction services for drug injectors and prevention of mother-to-child transmission." [Vilnius Declaration, 2004]

The actions 2010 - 2011

HIV/Aids policy: review of data and information (evidence and practice based), formulating policy recommendations for the different target groups IDU's, MSM, migrants, sex worker. Organising international policy seminar

Peer support

"Peers can play an important role in contacting, informing and supporting their community members. They are an essential resource of information and support as they know the cultural setting, their community, its needs and its limitations, as well as the ways to address risk behaviours and promote healthier lifestyles." [Wallerstein, WHO 2006].

The actions 2010 - 2011

Peer support: developing guidance documents on peer support methods, organising national debates and an international seminar on peer support

Influencing policies:

Policy obstacles are identified and documented, policy makers are informed and attended, policy papers will be prepared and policy dialogue meetings will be organised (national and international)

The outcomes The outcomes The outcomes in 2012

The knowledge base of existing evidence and methodologies in the field of BBID will be extended and the quality of health promotions regarding BBID towards vulnerable and risk groups will improve as well as the capacity of service providers and other players in the field of health promotion, prevention, care and treatment.

Policies regarding BBID strategies on European and national level will be influenced.

In particular:

- ➔ A platform of exchange and mutual support between service providers, peer educators and other stakeholders is established
- ➔ A documentation centre with information of existing evidence and methodologies in the field of outreach interventions, e-health and peer support and hepatitis C prevention strategies is provided
- ➔ Innovative interventions and training methodologies in the field of outreach, eHealth, peer support, hepatitis C prevention are developed and implemented
- ➔ Policy recommendations towards effective, evidence based policies in the field are developed and disseminated

For more details on the seminars and other information: www.correlation-net.org



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