Meeting report – Kick off meeting 11-12th of January 2018

Place: Siège National de AIDES, PANTIN

Present:

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<th>Name</th>
<th>Organisation</th>
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<td>S. Mezaache</td>
<td>Inserm</td>
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<td>P. Roux</td>
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<td>C. Magen</td>
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<td>A. Curado</td>
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<td>J. Sanches</td>
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<td>T. Tsiakou</td>
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<td>G. Skandani</td>
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<td>I. Krasteva</td>
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<td>A. Aleksova</td>
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<td>T. Nedyalkova</td>
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<td>J. Muller</td>
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<td>D. Descharles</td>
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<td>R. Stranz</td>
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<td>J. Farrel</td>
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<td>E. Schatz</td>
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<td>M. Lixandru</td>
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<td>C. Fierbinteanu</td>
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<td>M. Alexandru</td>
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Changes on the list of the steering committee (SC):

Ricardo Fuertes >>> Adriana Curado

Nicoleta Dascalu >>> Mihaï Lixandru

Implementation phase:

Importance of standardization of the training (common curriculum)

Question regarding the injecting materials and its standardization (minimum kit?)
Problem due to the legal context for providing ITSESI intervention: impossible in some contexts to observe drug preparation and administration: possibility to perform ITSESI using an artificial arm or an injecting pad and fake drugs >>>> training to be adapted

Inclusion criteria for receiving ITSESI: should we exclude those who inject in risky areas (femoral, jugular)?

Training:
Three key trainers per country (1 local project coordinator + 2 field workers): they could provide ITSESI during the project

-16 field workers maximum per country to be trained onsite (2 trainings with max 8 persons/training)

-if not enough field workers to be trained >>>> providing the training to field workers from other organizations and/or peer workers (who will not necessary implement ITSESI during EUROSIDER project)

Evaluation phase:
-Identification of a research coordinator and 1 or 2 interviewers to fill in questionnaires and manage the participants follow-up (should be different from those who provide ITSESI)

-Enrolment of 75 injectors per country follow-up for 6 months: 1 questionnaire at baseline and 1 after 6 months. Incentives for the 2 questionnaires but lower incentive at M0 and higher at M6 (to maintain participant in the project)

-Questionnaires will be filled through paper questionnaires and entered in a computer-based questionnaire in each organization.

Questionnaires have been briefly presented and should be validated by all organizations, especially regarding the specificity (type of drugs, housing, OST, complications, services,) by the 5th of February 2018.

Advocacy:
-Advocacy and dissemination: Correlation will prepare a short summary of the project to be disseminate through the different websites (Correlation, each local partner, Aides and Inserm)

A document to be finalized to help advocating for each country: « Eurosider presentation » with all the logos

A visit onsite (Carine + Richard) to complete the context assessment and to perform advocacy (?) towards Ministry of health, interior, police,

Contact with French Embassy (?)

Barriers:
-Funding of harm reduction services (Romania: Sidaction + TB found until end of 2018; Bulgaria national found until end of 2018; Greece: no problem of founding; Portugal: no problem of founding)

-Equipment: Portugal ok, Bulgaria syringes, Romania syringes+ alcohol swabs, Greece nothing
- Socio-cultural issues: women, transgender, minorities (Rom)
- Legal context: risk for field workers regarding police intervention

Adjusted strategy:
- Change of work plan: to delay the training (April 2018)
- Advocacy: to integrate an advocacy time after national context assessment to support local organisation
- Partnership: working more closely with other organizations
- Funding: to get some co-funding is to cover extra-costs: artificial arm/pad, supplementary injecting materials, onsite visits, and incentives for participants
  - Sidaction
  - Sub-study with Apothicom: financial support to cover the sub-study and the provision of injecting materials

Apothicom study
Objective: To assess the acceptability of a single dose of hydro-alcoholic gel for PWID to clean hands before injecting among the 300 participants.

Methods: A 2-week study (nested at the end of the Eurosider project), with a baseline assessment of hand hygiene practices, brief educational intervention and distribution of the gel, one follow-up visit at 2 weeks (corresponding to the M6 visit of the Eurosider evaluation).

Some questions about the use of the gel: only for hands hygiene and not for surface cleaning

Training for gel use will be added to the ITSESI training.

Budget:
- To ask the EC to validate the updated budget and to answer some questions: 20% contribution (what kind of costs I? E?)
- To ask if changes are possible (for example to move budget for trainees to field workers)
- Budget to provide the intervention (3X25 days)

Checklist for organization to be eligible for the training:
- Long-term funding
- Having a needle exchange program (NEP)
- Having a setting to provide ITSESI
- Identifying 3 key trainers
- Identifying enough field workers (max 16) to be trained
- Being in capacity to enrol 75 participants and to follow-up them for 6 months
- Asking for an approval to the ethics committee
- Answering for the Apothicom sub-study