Periodic Technical Report 2018

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Acknowledgements

Correlation – European Harm Reduction Network is looking back on a busy and inspiring year, full of different activities. We strengthened our network, fostered the cooperation with other networks, organisation and experts, developed a draft monitoring tool, created the basics for an online knowledge hub, organised different conferences and events and were engaged in numerous advocacy activities.

All this would not have been possible without the support of the following groups, individuals and organisations.

First of all, we want to thank our members – the new ones and the old ones. Their support, commitment and trust was essential for us and gave us the courage and mandate to transform the network into Correlation - European Harm Reduction Network. The involvement of our members in the different network activities was unverifiable and contributed to the successful implementation of network activities.

Specific thanks go to our newly appointed C-EHRN Focal Points. From 2019 on, they will fulfil an important task as national reference point in the area of monitoring and data collection. Thanks to their efforts, we will to carry out our monitoring activities.

We also want to thank the committed members of our transitional C-EHRN Steering Committee, which took the responsibility to advise and support us in our daily work. Thanks go to: Alina Bocai, Antonella Camoseragna, John-Peter Kools, Jose Queiroz, Maria Phelan, Rene Akeret, Samir Ibisevic, Tuukka Tammi, Tessa Windelinckx, Tonny van Montfoort, Cinzia Brentari, Dirk Schäffer.

One of the main activities in 2018 focused on the development of Monitoring Tool for Harm Reduction Services. An extremely challenging task, which required the input of many different experts and stakeholders.

First of all, we would like to thank the scientific experts, who were actively involved in the drafting of the Monitoring Tool. This includes in particular:

Tuukka Tammi, the lead of the Scientific Expert Group: organised the work within the group, prepared documents, monitored the overall process and communicated with the different stakeholder for additional input. His knowledge, commitment, flexibility and pragmatism was key for the development of the draft monitoring tool.

Dagmar Hedrich from the EMCDDA: has been essential for the development of the draft monitoring tool. Her scientific knowledge and her ongoing commitment and support towards our work in the area of drug use and harm reduction was extremely important for us. She provided us with essential knowledge and kept us sharp: do not ask what you already know, do not ask what can’t be answered, but focus on the essentials, which make the perspective of civil society important and valuable.

Katie Stone and Sam Shirley-Beavan (Harm Reduction International): provided useful input in regard to data collection and monitoring, based on their experience in collecting data and information for the Global State of Harm Reduction. Their knowledge, experience and practical tips were highly appreciated.

Perrine Roux: provided useful input to the development of the monitoring tool and contributed specifically in the area of HCV and drug use.
C-EHRN has identified three thematic priorities, covering HCV and Drug Use, Overdose Prevention and New Drug Trends. Experts groups, covering these topics have been established in 2018. They contributed to the development of the monitoring tool and will work on the respective topics in the forthcoming years. We want to thank all thematic experts for their commitment and input. Special thanks go to the coordinators of the respective thematic expert group:

**Mojica Maticic**: Our dedicated and committed expert in the area of HCV and drug use. Mojica is involved in our network since many years and has contributed to many HCV-related activities. As coordinator of the HCV expert group, she provided input to the Draft Monitoring Tool and will organise and support the HCV-related activities within C-EHRN.

**Dirk Schäffer** (Deutsche Aids Hilfe): is actively involved in our network since many years. His broad expertise – ranging from HIV/Aids and HCV, Drug consumption rooms, Naloxone, drug user involvement and advocacy, makes him to an indispensable expert in our network. He is the coordinator of the Overdose prevention expert group and provided input to the Draft Monitoring Tool. Furthermore, he was part of the transitional Steering Committee of C-EHRN.

**Daan van der Gouwe** (Trimbos Institute): is highly knowledgeable in the area of new drug trends and data collection. His involvement has been essential for the development of the draft monitoring tool. He coordinates the expert group on new drug trends and will support our activities in this particular area also in the future.

The organisation of the European Harm Reduction Conference in Bucharest was one of our organisational highlights in 2018. With more than 360 participants from all over Europe we managed to organise an extremely successful conference. We want to thank all those who contributed actively to this event.

Gratitude’s go to our Programme Committee: Dominique Schorl, Rene Akeret, Peter Sarosi, Tuukka Tammi and Ghanna Dovbakh. They supported us in the review of abstracts, the development of the programme, the selection and briefing of speakers and the chairing of sessions.

Specific thanks go to Marian Ursan form Carusel and Alina Bocai from ARAS, who were our local partners in Bucharest. They managed to organise the support from the Ministry of Health in Romania and provided all kind of practical support. Only due to their tirelessly engagement, we could organise such a successful conference.

Specific thanks go as well to the co-organisers of our conference, including:

**HA-REACT**: The cooperation of our networks was extremely valuable. Thanks to all HA-React members for their input during the conference. More specifically, we want to thank Mika Salminen, Outi Karvonen and Tuukka Tammi for their willingness to cooperate and co-organise the conference. We are grateful for their support and trust. This has been a wonderful example of cooperation between two European networks.

Another important co-organiser of the conference was the Eurasian Harm Reduction Alliance. Their involvement guaranteed the participation of many HR workers from Eastern Europe and contributed to the regional coverage of the conference. Specific thanks go to Ghanna Dovbakh for her ongoing engagement, enthusiasm and support. We hope that we will be able to continue this cooperation also in the future.
In 2018, we have cooperated with many different organisations, networks and agencies and we would like to acknowledge their important role and input in all of our activities.

The European Network of People Who Use Drugs has been an extremely important partner of our network. They were involved in the Steering Committee, the Programme Committee and participated as well in different expert meetings. This guaranteed, that the drug users’ perspective was reflected in all our activities. Specific thanks go to Tonny van Monfoort, Mat Southwel and Janko Belin.

Other important networks, organisations and initiatives with whom we cooperated are: ECCDDA, ECDC, WHO, HRI, IDPC, the Achieve Coalition, ELPA, EASL, FEANTSA, the Nobody Left Outside Platform.

Thanks to all of them for their ongoing support!

In memoriam:
At the end of 2018 we were met with the sad news that our dear colleague and friend René Akeret has passed away from a heart attack on Sunday December 16th. We were extremely saddened by this news. We have known and worked with René since 1998 and appreciated his experience, his knowledge and his ongoing involvement in the harm reduction movement and the European cooperation therein.

René was part of our Steering and Conference Programme Committee and supported our work in different areas. We are grateful for his involvement in the past years, but will miss him, his knowledge and his advice in the future.

April 2019

Katrin Schiffer
Eberhard Schatz
Operating Grant implementation

Organization and planning

- Please provide a list and a description of the main activities implemented, as much as possible in relation to the main aims of the Work plan

The strategic objectives, activities and operational targets of Correlation – European Harm Reduction Network are organised in four network pillars:

- Pillar 1: Network
- Pillar 2: Monitoring and Data Collection
- Pillar 3: Capacity Building and knowledge exchange
- Pillar 4: Advocacy

The network pillar improves and strengthens the overall structure of C-EHRN and creates the prerequisites for the implementation of actions in the other three content-based pillars. The three content-based pillars focus on drug use and harm reduction in general and more specifically on HCV in substance users, new drug trends and drug patterns and overdose prevention.

Operational objectives and activities were organised within these pillars and contributed to the realization of the overall and strategic objectives of the network. The pillars are closely linked to each other and can inform or build upon work of other pillars.

The activities, carried out in 2018, prepared the fundament for implementations in the years to come. In addition, ongoing activities and collaboration with other stakeholders on certain projects contributed to the objectives of the network.

Network

Governance

- Preparatory meeting for all interested C-EHRN members and partners in December 2017 to explain governance structure and envisaged activities and workplans
- Establishment of a transitional Steering Committee (SC) to support the development of network structure and its activities.
- Establishment of a Conference Programme Committee to support the organisation of the European Harm Reduction Conference in 2018.
- Set-up of the C-EHRN secretariat, including (financial) administration, project support and communication
- Development of ToRs for SC, Focal Points and memberships
- Adaption of the new European privacy regulations in relation to data collection and membership and newsletter registration.
- Development of a transparency statement was developed in regard to industry funding.
- Development and SC approval of a new governance structure, mission, vision and basic principles.
- Organisation of a 2-day SC meeting, including scientific and thematic experts to discuss and approve the workplan of 2018, the new governance structure and to organise the work in the different expert groups, in particular in regard to the monitoring activities.
Communication
- Development and implementation of a communication strategy
- Launch of Correlation – European Harm Reduction Network among members and stakeholders.
- Update and maintenance of Facebook and twitter accounts
- Ongoing dissemination of newsletters and social media messages
- Launch of a new website: www.correlation-net.org

Members
- Approach of all existing C-EHRN members to confirm their C-EHRN membership, based on the new C-EHRN governance structure, mission, vision and principles.
- C-EHRN membership survey to better understand the needs of C-EHRN members and to utilise their existing knowledge within the network.

Focal points
- Renewal of the existing C-EHRN Focal Point (FP) System in all EU MS and neighbouring countries. C-EHRN has currently more than 30 FPs. All of them signed the Terms of Reference, which stipulate the specific tasks and commitments. FPs are the national reference and contact point of C-EHRN and have committed themselves to implement the C-EHRN monitoring tool and to collect national data and information. As such they will ensure the information flow from the national level to C-EHRN and conversely.

Expert groups
- A scientific expert group (SEG) is compiled to support the development and implementation of the monitoring activities within C-EHRN.
- Compilation of three thematic expert groups (TEGs), addressing HCV and drug use, Overdose preventions and new drug trends. Each group is compiled of approximately 5 experts. The TEGs support the Scientific Expert Group (SEG) in the development of the monitoring tool and contribute to reporting and other activities with their specific expertise.

Evaluation
The activities of C-EHRN were evaluated by an external evaluator, based on a predefined evaluation plan. A subcontract with the evaluator has been signed.

Cooperation and Partnerships

EMCDDA
- An agreement to cooperate with the EMCDDA has been made (letter of intent is signed). This cooperation applies in particular to the development of the monitoring tool, the selection of good practices in HR services and HCV, the monitoring in HR HCV services, the monitoring and the development of guidelines for DCR’s and contributing to the discussions in regard of the Early Warning System.
- The EMCDDA will include a number of Correlation materials on the EMCDDA best practice portal.
- C-EHRN participated in several EMCDDA meetings, including the Reitox meeting, an expert meeting on HCV-testing and an expert meeting on DCR’s. The C-EHRN monitoring activities were presented during the REITOX meeting in September.
- An EMCDDA representative is part of the Scientific Expert Group of C-EHRN.
ECDC
C-EHRN cooperates with ECDC where appropriate and participated in the expert consultations in regard to the hepatitis monitoring system, which is developed by the ECDC in 2018.

Other networks
C-EHRN agreed to cooperate with different stakeholders and networks, including ELPA, EATG, EHRA, HRI, the South Eastern Policy Network Diogenes and INHSU.

Monitoring
An important C-EHRN activity of 2018 focused on the development of a monitoring tool for HR services, covering the three thematic areas – HCV, overdose prevention and new drug trends. This monitoring tool will be implemented in the forthcoming years and collect data and information on an annual base, building on the expertise and the knowledge of the national focal points in each country. The monitoring activities in 2018 consisted of the
- establishment of a scientific expert group (SEG), including a scientific lead coordinator in the field of monitoring and data collection. The SEG is supported by thematic experts in the area of Overdose Prevention, HCV and New Drug Trends.
- assessment on existing monitoring tools in Europe to identify synergy, gaps and opportunities to collect additional information
- development of a topic list and draft monitoring tool, covering the three thematic areas
- review and adaptation of the draft monitoring tool by the SEG
- presentation of the draft monitoring tool at the EHRC in Bucharest in November 2018
- prepare final draft monitoring tool, to be implemented as pilot in 2019

Capacity Building

Online knowledge and training hub:
- C-EHRN has collected, developed and published numerous resources and publications, covering different areas of expertise. This resources are made available through an online knowledge hub and include: HCV and drug use, overdose prevention, naloxone distribution, Drug Consumption Rooms, new drug trends, civil society involvement, advocacy, peer involvement, outreach, related topics, such as homelessness, sex work, migration.
- 2018 was used to prepare an overview and structure of existing resources and to prepare a matrix and draft structure on how to organise the online knowledge hub. Based on this matrix, existing resources are currently collected and clustered as an ongoing process in the following years.
- There are discussions going on with HA React / www.harmreduction.eu on how to link each other resources.
- Additional linkage is planned with other projects in this field – which will increase the number and relevance of resources

Training and capacity building
C-EHRN is developing and implementing training and capacity building events on a regular level. In 2018 the following activities took place:
- Development of a two-day training for HR workers on HCV and drug use
- Development of a two-day training for peer workers.
- Support of HR organisations in the framework of the European HIV and HCV Testing Week. C-EHRN is part of the European Testing Week Steering Committee.

**Collection of good practice examples**
- Launch of a call to collect good practice examples in the area HCV testing and treatment in HR settings. 79 good practice examples from 34 different countries were collected, of which 55 examples are eligible for the final selection.
- Establishment of an expert group, including EMCDDA representatives to identify and define assessment criteria for good practice examples.
- Launch of a survey to assess regulations around community testing in Europe.
- Implementation of a survey to assess needs and pattern of drug use among (illegal)migrants in Berlin.

**Organisation and participation to Conferences**
- Organisation of the European Harm Reduction Conference: the EHRC is the bi-annual conference of Correlation – European Harm Reduction Network and will be organised in the framework of the FPA in 2018 and 2020. The conference was organised from 21-23 November in Bucharest and attracted more than 350 participants from all over Europe. The conference was organised in cooperation with HA React, EHRA and a Romanian NGO.
- Organisation of the Hepatitis Community Summit on 18 September 2018 in Lisbon, one day before the INHSU conference. The meeting was organised in cooperation with 8 European networks, 150 persons attended the event.
- Organisation of the European Civil Society Involvement Conference, organised in the framework of the CSIDP project, which is financed by DG Home. This conference was organised on 5 November in the conference centre of the European Commission in Brussels and brought together around 130 European participants.
- C-EHRN organised together with the Dutch NGO Mainline and other HR organisations the HR networking zone in the Global Village of the Aids 2018 Conference in Amsterdam. In this HR networking zone, C-EHRN organised a DCR exhibition. In addition, several engagement tours and site visits were organised during the conference.
- C-EHRN participated in and contributed to various other European and international conferences. C-EHRN participated at approximately 25 events and gave more than 35 presentations. The presentation on ‘DCRs – and the HCV awareness survey’ during the Aids2018 Conference was awarded with the IAS Injecting Drug Use Research Prize.

**Advocacy**
Advocacy is a logical consequence of the different C-EHRN activities. To create impact and change it is needed to share evidence and results with the policy-making level. This includes as well that C-EHRN cooperates closely with other community networks and combines forces.

The following advocacy activities were carried out in 2018:
- An advocacy meeting and training has been organised with EuroNPUD to provide support and assistance in drug-user related advocacy activities and to identify common advocacy topics.
- Based on the input of the different TEGs and the involvement in other European initiatives, an advocacy strategy was developed for 2018 and 2019, discussed and adapted by the SC. This strategy includes meaningful civil
society involvement, the need for extended HR funding and coverage, the need for continuous EU efforts in the field of drug use and harm reduction (linked to the newly launched Multi-annual Financial Framework) and the need for DCRs as effective strategy to save lives.

- Various policy-dialogue meetings were organised during the EHRC and CSI Conference. The HCV community summit included as well specific policy-related recommendations and sessions.
- C-EHRN joined the UN harm reduction working group.

**Other activities**

C-EHRN hosts the International Network of Drug Consumption Rooms and maintains the website and social media accounts. C-EHRN is involved in different advisory boards: Integrate Joint Action, Achieve Coalition, ETW Steering Committee, Gilead research project, Nobody Left Behind project (EC awarded thematic platform 2019) and the FEANTSA Health Cluster.

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**- Indicate what are the main results of the action**

**1. Network-related results:**

**1.1. Improved governance – development of new statutes and ToRs, formation of transitional SC**

An interim SC was selected in the beginning of 2018 to support the C-EHRN in developing a solid governance structure, statutes and work plan. Clear agreements were made about responsibilities and tasks.

**1.2. Increased number of C-EHRN members and partners**

C-EHRN developed a new mission and vision and transformed into Correlation-European Harm Reduction Network. We approached all existing members to reconfirm their membership.

Due to the new European Privacy Regulations, we also approached all members of our mailing list to provide permission to send regular C-EHRN updates and information. The cleaning of the mailing list and membership database resulted in a reduction of members and partners. However, the cleaned and updated database provides a list of new, active and dedicated members and partners, who are all aware of the new network mission and vision. In addition, the percentage of organisational members increased.

- Number of members before 2018: 252 (130 organisations, 122 individuals)
- Number of members in November 2018: 145 (101 organisations, 45 individuals)
- Number of contacts in the mailing list before 2018: 1270
- Number of contacts in November 2018: 568 of which 298 are NEW!

**1.3. Increased number and improved regional coverage of C-EHRN focal points**

New focal point system includes focal points in 33 countries.

**1.4. Improved utilisation of C-EHRN member expertise**

Survey among all (new and old) C-EHRN members to assess exiting expertise and specific needs. Three expert groups are compiled, each of them consisting of 5 or more experts in the field.
1.5. Improved exchange among C-EHRN members and partners
C-EHRN organised 2 face-to-face SC and expert meetings. One in March and one in November 2018. In addition to this, 4 additional audio conferences were organised.

Specific mailing with the SC and the expert groups included information and updates, requested input for the agenda of the SC meetings, approval for governance structure, approval of new C-EHRN membership applications,

1.6. Improved communication and dissemination
- A new Twitter account was created. Until December, we could attract 320 followers. In total 325 tweets were shared.
- Facebook: 846 followers; 2740 individual persons were reached in 2018, of which 560 persons were reached in the last month of 2018.
- Newsletters: a total of 10 newsletters were shared with C-EHRN members and partners. In addition, C-EHRN send out short updates and announcements to promote specific events and publications.
- C-EHRN uses as well other mailing lists and networks to disseminate information and promote C-EHRN activities and results. This applies for example for the UN Harm Reduction working group, which specifically addresses global drug policy.
- C-EHRN promoted activities during presentations at meetings and conferences. At least 20 presentations during international conferences and events.
- The C-EHRN website was updated and launched in November.

2. Results related to monitoring

2.1. CSO Draft Monitoring Tool / System
The Scientific Expert Group developed a draft monitoring tool, which will be validated and implemented in 2019.

The development of the monitoring tool was a challenging process, building on the expertise of scientific experts and practitioners from the field. This multi-professional approach ensured that scientific

3. Results related to Capacity Building

3.1. Organisation of the European Harm Reduction Conference (EHRC) in Bucharest, 21-23 November 2018 with more than 360 participants.
EHRC offered HR experts and other relevant stakeholders the opportunity to exchange information about relevant HR developments in Europe. Specific networking meetings for C-EHRN members, HA React, INPUD and EHRA.

3.2. Increased awareness and knowledge in regard to HR and drug use through the organisation of and participation to the following conferences and events:

Organisation or co-organisation:
- national HR Conference in the NL; organisation of a session on civil society involvement and one session on the needs of older drug users; > 150 participants
- HR Networking Zone at Aids 2018 at the Global Village; organised a DCR exhibition; organised and facilitated more than 20 sessions during 5 days;
provided HR services and needle exchange, organised site visits and provided
individual support for interested HR workers to support the development and
organisation of DCRs; reached about 1500 participants
- HCV Community Summit 2018 in Lisbon, September, 150 Participants
- Civil Society Involvement in Drug Policy Conference, 5 November, Brussels –
150 Participants
- EHRC, 21-23 November 2018 in Bucharest; 360 Participants
- Participation as member to the EU Civil Society Forum of Drugs and the EU Civil
Society Forum on HIV, Aids, HCV and TB; 90 participants
- Organisation of HCV related training events; 50 Participants

Participation and presentation at other conferences and events (Approximate number
of participants: 1000 Participants):
- ECDC Testing Guidance expert advisory group, Solina, Sweden
- EATG stakeholder meeting
- Advocacy Capacity Building Meeting with EuroNPUD and Correlation,
Amsterdam
- HCV Capacity Building Training, Cologne, Germany
- Treatment and rehabilitation of drug users in Kazan
- HCV Capacity Building Training, Tbilisi, Georgia
- Coalition Plus, Paris, France
- Dutch Harm Reduction Congress, Utrecht
- EMCDDA Meeting: HCV and Drug Use
- EMCDDA Meeting: Snapshot overviews
- FEANTSA Conference Berlin
- International Aids Conference, Amsterdam
- Hepatitis C Community Summit
- INHSU Conference
- Erasmus + Conference
- FEANTSA Health Cluster
- YOU CANNOT RECOVER IF YOU'RE DEAD
- Middlesbrough UK / Foundations conference
- EFUS Solidify DCR Study Meeting, Den Hague, The Netherlands
- EFUS Solidify DCR Study Meeting, Mannheim, Germany
- EFUS Solidify Audit Meeting Augsburg, Germany

4. Results related to advocacy

4.1. Increased awareness among policy and decision makers on the relevance
and the impact of harm reduction in Europe
- HCV community summit addressed specific HCV related messages.
- C-EHRN developed a HR video campaign, in which we advocate for a broader
definition of harm reduction. The campaign is promoted under the header of
“What means HR to You?”

- Give your global evaluation of the action’s results with the strengths and
weaknesses and added value

The network achieved the objectives and results, which have been aimed at for 2018.
The work in 2018 provided a solid foundation for future activities to be carried out
from 2019 -2021. More specifically the following global evaluation comments can be
made:
Network

The network-related activities were extremely important in 2018. We have put a strong emphasis on the transformation of the network into Correlation – European Harm Reduction Network. The evaluation among key stakeholders clearly indicated that this was also strongly appreciated by our members and partners.

One respondent stated: ‘The term harm reduction includes more than social inclusion and health, so yes, more holistic.’ Other respondents stated that a proper harm reduction network was missing and that a European network is crucial: ‘There is a clear gap and need for a EU wide network with a focus on harm reduction. Correlation has an excellent reputation and track record of work in the region on this topic. In my opinion Correlation previously played a networking role related to harm reduction in the region. Given the recognition of the brand and leadership shown by the individuals involved in the network this move to rebrand as a harm reduction network is a logical strategic step.’

The new GDPR regulation and the related requirement in regard to privacy regulation and data protection has created certain challenges. We decided to clean our mailing list, and to ask all of our previous members to re-confirm their membership, by agreeing to new adopted network statutes and by filling in the member survey.

The cleaning of the mailing list and membership database resulted in a reduction of members and partners. However, the cleaned and updated database provides a list of new, active and dedicated members and partners, who are all aware of the new network mission and vision. In addition, the percentage of organisational members increased.

- Number of members before 2018: 252 (130 organisations, 122 individuals)
- Number of members in November 2018: 145 (101 organisations, 45 individuals)
- Number of contacts in the mailing list before 2018: 1270
- Number of contacts in November 2018: 568 of which 298 are NEW!

Our intensified communication and dissemination activities (twitter and facebook account, newsletters, new website, videos) contributed to the visibility of our network. One of the learnings was that the organisation of relevant events is contributes to the impact of the overall dissemination. After the conferences, which were organised we recognised a clear increase of hits on our website.

The involvement of C-EHRN in various projects, initiatives and activities provided the network with additional expertise and guaranteed linkage to related areas cooperation with other European stakeholders.

Monitoring

The draft monitoring tool has been a challenging task in 2018. Scientific requirements had to be considered, as well as practical limitations, which affect the monitoring process.

The cooperation with researchers and scientific experts on the one hand and practitioners on the other hand was extremely important will be maintained and intensified in the forthcoming years.
**Capacity Building**

Different C-EHRN members and key respondents have stressed the importance of training events, covering areas as monitoring and evaluation, project development and implementation and advocacy. We could clearly see that our members and partners appreciated opportunities for exchange and capacity building.

The organisation of the European Harm Reduction Conference in Bucharest was a huge success and showed how important it is to organise these kind of events. The next EHRC will be organised in 2020 and various C-EHRN members have already indicated their interest to host and organise the event in their city.

**Advocacy**

Advocacy activities are an important pillar within C-EHRN. The representation of C-EHRN in both EU Civil Society Fora and the UN Civil Society Group on HIV/Aids and Drugs was crucial for the network and strengthened our mandate as advocacy organisation.

The network has formulated a number of relevant advocacy objectives for 2018-2019, including:

- Build alliances and coalitions to better address relevant areas for advocacy (2018-2019)
- Increase civil society and community involvement in the development and implementation of drug policies (2018-2019)
- Increase awareness for an integrated HR approach (2018-2019)
- Increase access to effective and low threshold HCV testing, treatment and care (2019)
- Reduce (fatal) overdose among PWUDs in Europe (2019)

Consequently, C-EHRN has been involved in various policy events and initiatives. This involvement is ongoing and will be intensified in the forthcoming years. C-EHRN will be one of the speakers during a High-Level Side Even on Opioid Overdose Management, which is organised by the Romanian EU Presidency, during the C-EHRN D in 2019.

- Will the results of the OG have a direct impact on policymakers at EC, MS, Regional or local level? Could they be used for decision making?

The results of the OG have a direct impact on policy and decision makers.

The transformation of the network into Correlation - European Harm Reduction Network contributed positively to our impact on policy level. C-EHRN is now identified as a network with a clear mission, vision and mandate - representing the interests and needs of the HR community.

The results linked to the C-EHRN monitoring activities will have impact on policy and decision makers as well. The collection of data and information will increase the knowledgebase in regard to drug use and HR and will strengthen the position of HR services. The annual monitoring report will complement existing monitoring efforts and will be used as well in advocacy activities on national and European level.

The various activities in the area of capacity building will support our members in their daily work and equip them as well with knowledge, skills, capacities, resources and tools to influence the policy-making level.
C-EHRN advocacy aims to transfer C-EHRN messages towards policy and decision-makers. C-EHRN will organise policy dialogue meetings and prepare factsheets, which summarise our main findings into short and concise messages. Direct impact on the policy-making level is expected.

- Will the results of the OG have a direct impact on health professionals in their daily practice?

The network-related results have impact on health and HR workers in Europe. During the evaluation of C-EHRN activities 10 key stakeholders (including SC members, TEG and SEG members, FPs) were asked to share their opinion, needs and expectations in regard to C-EHRN. They mentioned ‘solidarity and partnership’, ‘To play a convening role - bringing together the various harm reduction stakeholders towards a common agenda at EU level.’, ‘strengthening of HR movement in Europe in terms of scientific, political and sustainability impact’, ‘connecting people, data collection, information collection and dissemination’ and ‘A strong advocacy role at European level’.

All respondents stated that Correlation – European Harm Reduction Network has done a good job in responding to the different needs. ‘It is a hard job, but they have made a great start’. And: ‘We have a fruitful and much closer cooperation during last year’.

Due to the improved communication (newsletters, social media, website) and the organisation of different C-EHRN events, the network became extremely visible and is now directly associated with harm reduction in Europe.

The benefits of the monitoring-related outputs are currently less visible for health and harm reduction services, as the tool has not been implemented yet. However, once the monitoring is implemented, it will acknowledge the relevance and importance of HR services. They will be able to use this data to support their advocacy work and will strengthen their own position.

The organisation of training events meetings and conferences and the dissemination of contributes to the quality of health and harm reduction services and strengthens their capacities in the area of monitoring, data collection and advocacy.

- Will the results of the OG have a direct impact on the general population and/or specific groups? Main results and impacts
- How much did those actions contribute towards reaching your objectives?
- Please provide a summary of seminars, conferences and other events attended, indicating the organiser, number of participants (possibly by country), date, etc.

The results of the OG have an indirect impact on the general population. Improved access and quality of harm reduction services will contribute to individual and public health and promote evidence-based policies.

C-EHRN aims to improve the access to and the quality of harm reduction services for People Who Use Drugs (PWUDs) and to enhance policies and practices that increase their social inclusion. As such, the results of the OG will have a direct impact on PWUDs and related target groups, such as homeless people, sex workers and migrants.
The transformation and the strengthening of the network contributes to this objective. The network has a clear mandate and mission, which allows the representation of the HR community in Europe.

The monitoring results contribute to this objective, as knowledge, information and data from the HR perspective is collected and shared. This will contribute to the development and implementation of evidence-informed policies.

The capacity-building results of the network contribute to this objective. Improving the capacities and skills of HR services, will improve as well the quality of services for PWUDs.

The advocacy-related activities of the network contribute to this objective. The network has formulated specific advocacy objectives and messages, which will be shared and promoted in different ways.

### Summary of Events

<table>
<thead>
<tr>
<th>Conference/event</th>
<th>Presentation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECDC Testing Guidance expert advisory group, Solina, Sweden</td>
<td>Overview of needs for DU Community Testing</td>
<td>5-6 February 2018</td>
</tr>
<tr>
<td>35 participants</td>
<td></td>
<td></td>
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<tr>
<td>EATG stakeholder meeting</td>
<td>Collaboration and Advocacy</td>
<td>22. January 2018</td>
</tr>
<tr>
<td>70 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy Capacity Building Meeting with EuroNPUD and Correlation, Amsterdam</td>
<td>C-EHRN Workplan</td>
<td>26-27 February 2018</td>
</tr>
<tr>
<td>6 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV Capacity Building Training, Cologne, Germany</td>
<td>HCV Capacity Building - Assessing Needs</td>
<td>1-2 March 2018</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-EHRN Steering Committee and Expert Meeting</td>
<td>C-EHRN Work Plan Monitoring and Data Collection</td>
<td>19-20 March 2018</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment and rehabilitation of drug users in Kazan</td>
<td>Meaningful work integration programmes for drug users</td>
<td>4 April 2018</td>
</tr>
<tr>
<td>150 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV Capacity Building Training, Tbilisi, Georgia</td>
<td>HCV Testing Week and Prevention Services</td>
<td>4-6 April 2018</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition Plus, Paris, France</td>
<td>Integrating HCV Services</td>
<td>9-10 April 2018</td>
</tr>
<tr>
<td>25 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch Harm Reduction Congress, Utrecht</td>
<td>Civil Society Involvement in Drug Policy</td>
<td>17 April 2018</td>
</tr>
<tr>
<td>Event Type</td>
<td>Event Details</td>
<td>Key Themes</td>
</tr>
<tr>
<td>------------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>200 participants</td>
<td>From HCV testing to treatment in low threshold settings in Amsterdam</td>
<td>Better Treatment for aging drug users</td>
</tr>
<tr>
<td>Drug Consumption Rooms Experiences &amp; Challenges from the practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMCDAA Meeting: HCV and Drug Use Correlation Hep work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMCDAA Meeting: Snapshot of overviews</td>
<td>DCRs as a source of information on the drug situation</td>
<td>DCR overview</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis Policy Summit Harm Reduction and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEANTSA Conference Integrated HR services for drug users and homeless people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Aids Conference, Amsterdam Study on Drug Consumption Rooms on current practice and future capacity to address communicable diseases like HCV</td>
<td>DCR Panel discussion - DCR an effective HR intervention with challenges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR Networking Zone at the Global Village &amp; DCR exhibition</td>
<td></td>
</tr>
<tr>
<td>~10,000 participants to overall conference</td>
<td>Engagement tour 1 - DCR an option to prevent HIV contamination</td>
<td></td>
</tr>
<tr>
<td>~1500 participants at HTR Networking Zone</td>
<td>Engagement tour 2 - HR among homeless populations</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C Community Summit How to increase testing and treatment for PWIDs</td>
<td>Legal Barriers to EU HCV Community Testing</td>
<td></td>
</tr>
<tr>
<td>Event Description</td>
<td>Details</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>INHSU</strong></td>
<td>HCV and DCR's</td>
<td>19 – 21.09.2018</td>
</tr>
<tr>
<td>650 participants</td>
<td>Organisation of the conference; moderation and presentation in different sessions</td>
<td></td>
</tr>
<tr>
<td><strong>CSI Conference, Brussels</strong></td>
<td>Organisation of the conference; moderation and presentation in different sessions</td>
<td>5 November 2018</td>
</tr>
<tr>
<td>130 participants</td>
<td>Brave New World: The creation of clean cities, by excluding the unwanted ones</td>
<td></td>
</tr>
<tr>
<td><strong>EHRC Bucharest</strong></td>
<td>Parallel session chair – DCR challenges / setting up a DCR / drug testing in DCR / drug sharing in DCR / test &amp; cure HepC in DCR</td>
<td>21-23 November 2018</td>
</tr>
<tr>
<td>360 participants</td>
<td>C-EHRN Work Plan</td>
<td>14-15 November 2018</td>
</tr>
<tr>
<td><strong>FEANTSA Health Cluster</strong></td>
<td>Running a successful DCR</td>
<td>05 September 2018</td>
</tr>
<tr>
<td>10 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YOU CANNOT RECOVER IF YOU'RE DEAD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middlesbrough UK / Foundations conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>120 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EFUS Solidify DCR Study Meeting, Den Hague, The Netherlands</strong></td>
<td>DCR models in the NL</td>
<td>18-19 October 2018</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EFUS Solidify DCR Study Meeting, Mannheim, Germany</strong></td>
<td>DCR models + social DCR + stress free environment</td>
<td>10-11 December 2018</td>
</tr>
<tr>
<td>20 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EFUS Solidify Audit Meeting, Augsburg, Germany</strong></td>
<td>Urban conflict prevention</td>
<td>12-13 December 2018</td>
</tr>
</tbody>
</table>
Subcontracting

- The beneficiary shall specify in this section:
  o the work (the tasks) performed by a subcontractor which may cover only a limited part of the action;
  o explanation of the circumstances which caused the need for a subcontract, taking into account the specific characteristics of the action;
  o the confirmation that the subcontractor has been selected ensuring the best value for money or, if appropriate, the lowest price and avoiding any conflict of interests.

The SGA 2018 included one subcontract for an external evaluator (total amount: 5000 euro) to ensure independence of the evaluator.

C-EHRN disseminated a call for an external evaluator. This call was disseminated via the C-EHRN website and was shared among relevant stakeholders in our network.

We had conversations with 3 candidates. After having separate conversation with all three candidates, a final decision was made, by ensuring best value for money.

Reasons for deviations from Annex 1

- Explain the reasons for deviations from Annex 1, the consequences and the proposed corrective actions

<Please write here>

- Explain tasks not fully implemented, critical objectives not fully achieved and/or not being on schedule. Explain also the impact on other tasks on the available resources and the planning.

Everything has been implemented as planned.

- Explain deviations of the use of resources between actual and planned use of resources in Annex 1 (Description of the Action), especially related to person-months per work package.

<Please write here>

- Please describe changes to the original planning, their reasoning, which problems occurred and how did you solve them?

<Please write here>

Evaluation

- Please provide a qualitative evaluation of the execution of all tasks mentioned in Annex I of the grant agreement

The specific objectives and output of the 2018 work plan are described in a Logical Framework Matrix. Objectively verifiable SMART indicators were formulated before the program started. These indicators are used to pinpoint the objectives and outcome of
the project. Furthermore, the means of verification were described. This enables us to measure whether the objectives and results were reached. The assessment describes to what extent the objectives and results of the C-EHRN 2018 work program have been achieved.

The results of the four pillar objectives are evaluated:
1. Network
2. Monitoring and Data Collection
3. Capacity Building and knowledge exchange
4. Advocacy

Activities and results are described, and the availability of deliverables is checked. Finally, the key stakeholders give their opinion on impact, improvement and priorities.

Pillar 1: Network
Specific Objective 1: Strengthen the network and the collaboration with its members and partners through an adequate and solid organizational network structure.

Network structure and work plan
In 2018, C-EHRN renewed the organisational structure by updating the network statutes and the governance structure. A new (interim) Steering Committee (SC) was appointed. Two Steering Committee Meetings were organised. In between, the SC convened through Skype conferences. The governance structure, statutes and work plan of C-EHRN were discussed and adopted as planned by the (interim) Steering Committee (SC). Agreements were made about responsibilities and tasks. (Deliverable 1.1). Furthermore, the SC provided input and advice on all relevant activities and outputs of C-EHRN.

Network activities, membership and cooperation
C-EHRN developed a new mission and vision, and transformed itself into Correlation-European Harm Reduction Network. After this process, all existing members were approached to reconfirm their membership. Due to the new European Privacy Regulations, all members of the C-EHRN mailing-list were asked to provide permission to send regular C-EHRN updates and information. The cleaning of the mailing list and membership database resulted in a reduction of members and partners. However, this updated database provides a list of new, active and dedicated members and partners, which are all aware of the new network mission and vision. In addition, the percentage of organisational members increased.

The number of members before 2018: 252 (130 organisations, 122 individuals).
Number of members in November 2018: 145 (101 organisations, 45 individuals).
Number of contacts in the mailing list before 2018: 1270. Number of contacts in November 2018: 568 of which 298 are new (Deliverable 1.4).

The existing European focal point system of C-EHRN is renewed and updated. 33 Focal points were designated and had signed an agreement with C-EHRN.

In the questionnaire, key stakeholders were asked about their needs and expectations of the renewed Correlation Network. Respondents mentioned ‘solidarity and partnership’, ‘To play a convening role - bringing together the various harm reduction stakeholders towards a common agenda at EU level’, ‘strengthening of HR movement in Europe in terms of scientific, political and sustainability impact’, ‘connecting people, data collection, information collection and dissemination’ and ‘A strong advocacy role at European level’. One key stakeholder strongly emphasizes on the needs of the
target group: ‘Due to the seize of Europe we need an organization who focus at the needs of people who use drugs and the drug service system. With C-EHRN, we can implement some tools to evaluate some processes. This could be important for countries to develop their services for PWUD. Cause we know without evidence and data it is not possible to develop HR services in European countries.’ All respondents (n=10) state that the Correlation – European Harm Reduction Network is strongly responding to those needs: ‘It is a hard job, but they have made a great start’. And: ‘We have a fruitful and much closer cooperation during last year’.

**Thematic expertise**

C-EHRN members were assessed on their expertise. An overview and a database about specific expertise of the members was checked and updated. All existing C-EHRN members received a mail to reconfirm their membership, including the questionnaire through which their expertise and needs were assessed. New C-EHRN Members needed to fill in such a questionnaire as well. The assessment of expertise is ongoing and will be an integral part of the membership procedure.

According to plan three expert groups – on HCV, new drug trends and overdose prevention - are compiled, each of them consisting of five or more experts in the field (Deliverable 1.4).

**Exchange, communication and dissemination**

To improve the exchange between C-EHRN members and partners, C-EHRN organised two face-to-face Steering Committee and expert meetings: one in March and one in November 2018. In addition, four audio conferences were organised. Specific mailing with the SC and the expert groups included information and updates, requested input for the agenda of the SC meetings, and sought approval for the governance structure and approval of new C-EHRN membership applications. During the European Harm Reduction Conference (EHRC) that was organised by C-EHRN from 21-23 November 2018 in Bucharest, a C-EHRN member and expert meeting was organised. In this meeting progress of the network, development and aims for next year’s work program were discussed (Deliverable 1.2).

A communication strategy has been developed. This includes as well a Brand Identity document in which the C-EHRN’s brand, and the internal and external communication strategy are clearly described, including means and methods (Deliverable 1.5). Next to this, the website - including all publications – has been renewed and updated (see www.correlation-net.org). Facebook and Twitter accounts are used to inform relevant stakeholders about activities and developments. In 2018, C-EHRN’s Facebook account was used more actively. There were 846 followers; 2740 individual persons were reached in 2018, of which 560 persons were reached in the last month of 2018. A Twitter account was created. Until December, it attracted 320 followers. In total 325 tweets were shared. (Deliverable 1.6). In 2018, 10 newsletters were shared with C-EHRN members and partners (4 more than planned) and a promotion leaflet was published (Deliverable 1.7).

To further improve communication and dissemination, C-EHRN sent out short updates and announcements to promote specific events and publications. C-EHRN promoted activities during presentations at meetings and conferences.

**Impact**

Key stakeholders were asked whether it was a good idea to transform Correlation – European network on Social Inclusion & Health into Correlation –European Harm Reduction Network. All respondents that answered to this question (n=6) agreed that this was a good idea. One respondent stated: ‘The term harm reduction includes more..."
than social inclusion and health, so yes, more holistic.’ Other respondents stated that a proper harm reduction network was missing and that a European network is crucial: ‘There is a clear gap and need for a EU wide network with a focus on harm reduction. Correlation has an excellent reputation and track record of work in the region on this topic. In my opinion, Correlation previously played a networking role related to harm reduction in the region. Given the recognition of the brand and leadership shown by the individuals involved in the network this move to rebrand as a harm reduction network is a logical strategic step.’

The transformation of the network into Correlation - European Harm Reduction Network (C-EHRN) was promoted broadly. In 2018 C-EHRN gave 35 presentations during international conferences and events (Deliverable 3.3). C-EHRN is recognised by relevant players in the field and as such, it is acknowledged as the European reference point in the field of Harm Reduction. This has been achieved as well through the organisation of the European Harm Reduction Conference (EHRC), which brought together all relevant networks and initiatives in the field.

Examples of new initiatives:
- C-EHRN organised the EHRC together with HA React – more than 360 participated to the conference.
- C-EHRN is invited to become part of the United Nations Drugs Civil Society Group, which brings together all relevant Civil Society Organisations (CSOs) in the field.
- C-EHRN organised the Harm Reduction Networking Zone during the International Aids 2018 Conference in Amsterdam (as part of the Global Village and in cooperation with Mainline, IDPC, HRI, AFEW and INPUD).
- C-EHRN has developed plans for a common advocacy strategy with EHRA and EuroNPUD
- C-EHRN is invited to become part of the FEANSTA Health Cluster
- C-EHRN has been asked to participate as project partner in at least 5 new EU project proposals

Key stakeholders were asked whether they noticed progress on networking and cooperation in the C-EHRN 2018 work program. Some stakeholders mention ‘the strong engagement and institutional role of the network with the EU’ and ‘the capture of a core grant for this work was an excellent progress’. Furthermore, the European Harm Reduction Conference in Bucharest is mentioned. Improvement of collaboration and cooperation is mentioned by others: ‘Organizations working in harm reduction from EU started coordinated work under the network’s umbrella’.

Evaluation
An external evaluator evaluated the C-EHRN 2018 work program. The results are delivered in a separate evaluation report (Deliverable 1.3).

Pillar 2: Monitoring and data collection
Specific Objective 2: Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organizations.

Scientific expert board on monitoring
For the expert board on monitoring (EBM), scientific experts were selected (including representatives of the EMCDDA and HA-React) according to their specific expertise on monitoring and on their knowledge on the three thematic areas of C-EHRN (HCV, new drug trends/drug patterns and overdose prevention). Further, three experts for each of the three thematic areas were selected to run activities.
Scientific monitoring tool
The EBM supports the development of a monitoring structure and tool. This will be implemented in the three consecutive years. In 2018, the EBM developed and agreed on the terms of reference and on a detailed annual work plan. The work plan has been developed and adopted by the working group as well. A Draft of the Monitoring Tool has been prepared, discussed and developed (Deliverable 2.1). The draft of the monitoring tool will be validated in 2019, and a final version will be implemented.

Impact
Considering that the final Monitoring Tool will be implemented in 2019, the key stakeholders did not notice much progress on this pillar yet. They state: ‘I have heard less about this but I understand that monitoring is taking place and being fed into the GSHR 2018’ or ‘slowly shaping up, but not yet very concrete’. Others mention progress on: ‘documenting practice around the EU with DCRs’ and ‘first steps to implement monitoring tools for different topics’ or ‘cooperation with EMCDDA on reporting’.

Pillar 3: Capacity building and knowledge exchange
Specific Objective 3: Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners

Knowledge hub matrix
The online knowledge hub is an innovative online database, which will assemble existing information and resources in regard to drug use and harm reduction, in particular in regard to HCV, new drug trends & drug patterns and overdose prevention. In 2018, SC members and thematic experts were consulted for suggestions and input to develop a structure and framework to collect information. Based on this framework, existing resources and publications in the field of drug use and harm reduction will be collected. The structure and set-up of the knowledge hub is developed and the first data is collected (Deliverable 3.1). The data collection will continue in 2019 and it will inform the development of the online knowledge hub, which will be finalised mid-2019.

European Harm Reduction Conference
The European Harm Reduction Conference (EHRC) was organised by C-EHRN from the 21st - 23rd of November 2018 in Bucharest in close cooperation with Swiss partners, HA React, the Eurasian Harm Reduction Network and the European Network of People Who Use Drugs. The organisation of the conference responded to the need of the European harm reduction services to have a platform for exchange and support.

More than 360 participants joined the conference (Deliverable 3.2). The EHRC offered harm reduction experts and other relevant stakeholders the opportunity to exchange information about relevant harm reduction developments in Europe. During the conference specific networking meetings were organised for C-EHRN members, HA React, INPUD and EHRA.

Visitors of the conference were asked to fill in an online evaluation. Out of 360 participants, 62 filled in the questionnaire. More than half of the respondents are C-EHRN members (31%) or collaborating partners (23%). Most of the respondents are involved in harm reduction, advocacy, activism or research. The respondents appreciated the conference very much.
97 Percent judged the overall content of the conference as Good (30%), very good (44%) or even excellent (23%). A respondent: ‘At the conference, some very important questions and issues were discussed such as the problems of the ageing population of drug users, new trends in drug use, challenges connected to advocacy. It is very important and useful to hear other people’s and countries’ experiences (especially very different countries)’. In addition, the sessions (both parallel and plenary), participation and opportunities for exchange were judged that positive (92-97% good-excellent). Another respondent: ‘It was very timely and gave opportunity to exchange information and experience between different sub-regions in Europe’.

The organisational aspects of the conference were also highly appreciated, but reviewed slightly lower (42% good and 38% very good/excellent). This was merely due to circumstances beyond the control of the conference organization, such as the cold in some parallel session rooms. But participants bravely bared the cold: ‘Presentations and speakers were well chosen. Despite the cold I never thought about leaving any of the sessions.’

About 90% of the respondents state that they will be able to apply and share the gained knowledge and skills: ‘I have new perspectives in developing (harm reduction) services to our citizens. I will share all the knowledge and all the presentations with my colleagues and discuss how we can provide the help that people need (not that we think they need)’. 66% is better prepared to perform job tasks (26% answered ‘neutral’ or ‘not applicable’) and 54% states that their organization will be able to offer better services due to the conference (44% answered ‘neutral’ or ‘not applicable’).

We asked the respondents what they would change if they were given the task to rearrange this conference. Most mentioned were: more discussions and participant’s involvement during the parallel sessions, more days for parallel sessions, make all speakers suit the session topics, more policy makers, more food, better and warmer venue.

Most participants were very positive about the conference and wish to thank the organisers: ‘Thanks to all the speakers, thanks to the organizing committee and everyone who were engaged with the conference (students, catering service etc.). It was basically one of the best conferences I´ve ever been (and I´ve been to a lot of conferences)’.

**Organisation and contribution to other European conferences and events**

In 2018 C-EHRN organised seven conferences and events and participated in more than 20 others (Deliverable 3.3):

Organisation or co-organisation:
- national HR Conference in the NL; organisation of a session on civil society involvement and one session on the needs of older drug users; > 150 participants
- HR Networking Zone at Aids 2018 at the Global Village; organised a DCR exhibition; organised and facilitated more than 20 sessions during 5 days; provided HR services and needle exchange, organised site visits and provided individual support for interested HR workers to support the development and organisation of DCRs; reached about 1500 participants
- HCV Community Summit 2018 in Lisbon, September, 150 Participants
- Civil Society Involvement in Drug Policy Conference, 5 November, Brussels – 150 Participants
- EHRC, 21-23 November 2018 in Bucharest; 360 Participants
- Participation as member to the EU Civil Society Forum of Drugs and the EU Civil Society Forum on HIV, Aids, HCV and TB; 90 participants
- Organisation of HCV related training events; 50 participants

Participation and presentation at other conferences and events:
- ECDC Testing Guidance expert advisory group, Solina, Sweden
- EATG stakeholder meeting
- Advocacy Capacity Building Meeting with EuroNPUD and Correlation, Amsterdam
- HCV Capacity Building Training, Cologne, Germany
- Treatment and rehabilitation of drug users in Kazan
- HCV Capacity Building Training, Tbilisi, Georgia
- Coalition Plus, Paris, France
- Dutch Harm Reduction Congress, Utrecht
- EMCDDA Meeting: HCV and Drug Use
- EMCDDA Meeting: Snapshot overviews
- FEANTSA Conference Berlin
- International Aids Conference, Amsterdam
- Hepatitis C Community Summit
- INHSU Conference
- Erasmus + Conference
- FEANTSA Health Cluster
- YOU CANNOT RECOVER IF YOU'RE DEAD
- Middlesbrough UK / Foundations conference
- EFUS Solidify DCR Study Meeting, Den Hague, The Netherlands
- EFUS Solidify DCR Study Meeting, Mannheim, Germany
- EFUS Solidify Audit Meeting Augsburg, Germany

Impact
C-EHRN reached more than 3500 individuals by organising and participating in different activities, events and conferences. A total 35 presentations were given at over 25 conferences and events, covering a broad range of topics (Deliverable 3.3).

Pillar 4: Advocacy
Specific Objective 4: Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspects

Advocacy strategy
C-EHRN developed an advocacy strategy that includes advocacy objectives, the formulation of shortlisted policy messages and a strategy on how to achieve these objectives. The Steering Committee and the thematic experts agreed and approved the 2018 and 2019 advocacy strategy. The advocacy strategy for 2018 (D4.1) and 2019 (D4.2) is combined in one document (Deliverable 4.1).

Policy dialogue meeting on HCV
In 2018 C-EHRN organised several policy dialogue meetings on different events.
- C-EHRN organised the HCV Community Summit, which specifically addressed policy makers and HCV experts and community members.
- The Civil Society Involvement (CSI) in Drug Policy Conference on 5 November included two specific policy dialogue sessions, with national and European policy makers.
- The EHRC included several policy dialogue sessions with national and European policy makers during the EHRC
• C-EHRN increased awareness among policy makers and other relevant stakeholders about relevance of HR services with several specific advocacy actions, addressing one of the thematic topics of C-EHRN.
• HCV community summit addressed specific HCV related messages.
• C-EHRN developed a HR video campaign that advocates for a broader definition of harm reduction. The campaign is promoted under the header of “What means HR to You?”

A combined meeting with both EU Civil Society Fora was organised after the CSI in Drug Policy Conference in November. Specific advocacy topics were discussed:
• EU strategies and policies – MFF and Parliamentary elections – what should be a common position?
• Quality and integration services for social and health care – What can be shared and agreed upon as common recommendations?
• Overcoming legal barriers to care - What can be shared and agreed upon as a common recommendation?

A common advocacy approach in all these topics has been agreed upon. C-EHRN is part of both core groups and is actively involved in developing and implementing follow up actions.

Impact
The Key Stakeholders noticed several activities on advocacy. They mention the conferences on harm reduction and civil society involvement that took place in 2018. These conferences and advocacy on EU level are highly appreciated: ‘The joint conference on CSI with the EU CSF groups was excellent and much needed’ and ‘CSI conference, harm reduction European conference and other events organised by the Correlation team brings a lot of opportunities for regional advocacy’. Both European, regional and national policies are influenced in regard to harm reduction.

Key stakeholders opinions on impact, improvement and priorities

Impact
According to the stakeholders, the biggest impact of the 2018 work program was the implementation and promoting of the renewed European Harm Reduction Network run by Correlation: ‘That we made the decision to switch Correlation into the European HR Network’ and ‘finalizing the governance and structure of the new network’. Other strong impacts mentioned were the Civil Society events, the European Harm Reduction Conference in Bucharest in November and the different tool developments. In the field of advocacy ‘engaging formally with EU - key influencer’ was mentioned.

Improvement
We asked the key stakeholders what should/can be improved within C-EHRN. Stakeholders (n=5) each mentioned different points for improvement:
• ‘Consistent engagement with the drug user networks and groups that supports EuroNPUD to have parallel and complementary role within EU systems’
• ‘A clear advocacy plan and messaging would be helpful [...] , including a communications strategy. However I believe this is something that is being addressed within the work planning 2018 - 2020.’
• ‘Implement the planned activities, setting priorities and not reinventing the wheel. Remain flexible and alert regarding new developments.’
• ‘Transfer the principles/concept of HR to legal drugs’
• ‘My goal is to develop European standards for DCR, OD preventions HCV/HIV Testing from our civil society perspective. It would be good to work on applications for different topics to bring HR services in some countries to the next level. But this will work only if we try to get in touch with responsible politicians in these countries.’

Priorities
The stakeholders have many ideas about priorities for the future. The pillar ‘Networking and cooperation’ is the most mentioned and it has received the highest priority according to the survey. Monitoring has received the lowest priority. For each pillar, priorities were mentioned. Next we present key stakeholders (n=10) opinions on priorities and needs for each work program pillar.

1. Networking and cooperation
According to the key stakeholders, connecting people involved with harm reduction and drug use is needed first and most, especially in the European region: ‘connecting people, making exchanging ideas possible’ or ‘It is important to make opportunities for new and more experienced leaders of harm reduction advocacy and people using drugs exchange experiences and learning from each other’s, building new projects. This is especially important for Western (old) European countries, where such networking opportunities are rare’ and ‘strengthening of coordination among the harm reduction stakeholders in the region.’ Another priority is to expand knowledge by organising more seminars, conferences and expert meetings: ‘regular meetings of HR experts in Europe’ and ‘regular meetings of HR experts in Europe’. Finally, one stakeholder states that: ‘a strong network is only possible when people know each other and trust each other. Correlation could be a good basis for this’.

2. Monitoring
As stated before, key stakeholders did not notice much about monitoring yet. Stakeholders express that monitoring is not the strongest need, although it is important: ‘you can’t do anything without data, so data collection in every field is important’. Existing monitoring systems are not sufficient: ‘We need our own monitoring tools, because monitoring at EMCDDA come from governments and their view and political behavior. With our own monitoring tools we can focus on topics which are important for us to develop services in Europe’. The priorities mentioned are ‘Complementing the existing data gathering mechanisms (EMCDDA etc.) with civil society driven data. Supplementing these mechanisms with additional data on emerging areas of interest to the HR sector.’

3. Capacity building
The key stakeholders mention the importance of improving skills and knowledge through training and workshops on harm reduction and PWUD. There is a strong need to improve the quality and accessibility of HR services. Suggestions are ‘manuals for national small-scale training courses e.g. on thematic focus areas + online learning’. Further, they regard collaboration and exchange of knowledge as a priority.

4. Advocacy
Key stakeholders emphasise the role of advocacy on both regional, national and EU level: ‘A clear advocacy strategy focused at the regional structures. Building a political constituency of support for harm reduction at parliamentary level would be helpful. Funding for harm reduction at national level should be a priority’ and: ‘it would be important to implement a constant dialogue on EU level but also on national level when it ’s needed’. Some stakeholders notice a decline of harm reduction in Europe, so ‘Defending and promoting harm reduction and harm reduction funding’ has priority
at this moment. At the end, there should be a ‘Legal environment for harm reduction including decriminalisation’.

5. Specific thematic priorities
The key stakeholders agree to great extent on the priorities drawn by C-EHRN: HCV, overdose prevention and new drugs. However, they also state that other themes need attention: ‘the chosen areas are good; not to forget cannabis harm reduction and how to be better prepared for adverse events/harm reduction due to dangerous novel substances: more safer use education’. Single stakeholders mention a diversity of themes: ‘Wound care, migrants and refugees’ and ‘Broadening the definition of HR to fit the EU context - broader health concerns as well as housing, social care and employment for PUD would be important’ or ‘Drug use, Peer Involvement, Media, etc.’. Finally, one stakeholder states: ‘Correlation is a wonderful platform to learn from each other’.

- Please refer to the indicators in the grant agreement and answer those in concrete numbers (Participant or partner feedback, Process evaluation, Output evaluation, Outcome evaluation)
- Did you achieve your specific objectives?

Project based Logical Framework Matrix
In close cooperation with the project coordinators, and following the project outlines, objectives and activities, a Logical Framework Matrix was designed. The matrix shows first the ‘intervention logic’, with the activities and objectives that have been determined. Secondly the ‘objectively verifiable SMART’ indicators/targets’ are formulated. These indicators are used to pinpoint whether the objectives are reached or not. An assessment on the indicators shows whether the project was successful or not in terms of objectives and results. The network coordinators described the progress and results of the activities in the Logical Framework Matrix. The evaluator discussed the Logical Framework Matrix development regularly with the network coordinators and checked the outcomes. The Logical Framework Matrix was also used by the network coordinators to monitor the progress of the Network activities, and to detect potential problems or delays.

<table>
<thead>
<tr>
<th>A</th>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>MoV</th>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Adopted governance structure, statutes and annual work plan by the Steering Committee (SC)</td>
<td>Consensus among SC members</td>
<td>MS 1.1</td>
<td>M3</td>
<td>Governance structure, statutes and workplan is discussed and adopted by SC in M4 ➔ D.1.1. is available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MS 1.3</td>
<td>M6</td>
<td>➔ D.1.2. is available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MS 1.4</td>
<td>M4</td>
<td>➔ D.1.2. is available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>D 1.1</td>
<td>M4</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Organised C-EHRN member and partner meeting</td>
<td>1 C-EHRN meeting organised in M11 alongside the EHRC, including</td>
<td>MS 1.2</td>
<td>M4</td>
<td>2 C-EHRN member and expert sessions were organised during the EHRC from 21-23 November 2018 (M11) in Bucharest</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>D 1.2</td>
<td>M4</td>
<td></td>
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</table>

1 SMART: Specific, Measurable, Acceptable, Realistic and Time bound
<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>MoV</th>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Improved governance</td>
<td>Consolidated SC</td>
<td>D 1.1</td>
<td>M4</td>
<td>An interim SC was selected in the beginning of 2018 to support the C-EHRNO in developing a solid governance structure, statutes and work plan. Clear agreements were made about responsibilities and tasks. D 1.1. available</td>
</tr>
<tr>
<td>1.2 Increased number of partners and members</td>
<td>Increase of 10% in 2018</td>
<td>D 1.4 C-EHRN-Db</td>
<td>M1 2</td>
<td>M1 2</td>
</tr>
<tr>
<td>Number of members before 2018: 252 (130 organisations, 122 individuals)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of members in November 2018: 145 (101 organisations, 45 individuals)</td>
<td></td>
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</tr>
<tr>
<td>Number of contacts in the mailinglist before 2018: 1270</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of contacts in November 2018: 568 of which 298 are NEW!</td>
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</tbody>
</table>

### 1.2. Increased number and improved regional coverage of C-EHRN focal points

| Updated and extended list of focal points including all EU MS and neighbouring countries | C-EHRN-Db | M1 2 | New focal point system includes focal points in 33 countries |

### 1.3. Improved utilisation of C-EHRN member expertise

| 3 compiled expert groups with at least 5 experts per group | D 1.4 C-EHRN-Db | M1 2 M1 2 | Three expert groups are compiled, each of them consisting of 5 or more experts in the field. |

### 1.4. Improved exchange between C-EHRN members and partners

| SC Meeting (together with EBM and additional experts) in M4 and M11; C-EHRN member and partner meeting in M11 | MS 1.3 M1.6 | M1 2 M1 2 | C-EHRN organised 2 face-to-face SC and expert meetings. One in March and one in November 2018. In addition to this, 4 additional audio conferences were organised. Specific mailing with the SC and the expert groups included information and updates, requested input for the agenda of the SC meetings, approval for governance structure, approval of new C-EHRN membership applications, |

### 1.4. Improved communication and dissemination

| Tailored dissemination through communication strategy, New website available in M4; social media accounts, leaflets, 6 newsletter | D 1.6 D 1.7 | M1 2 M1 2 | A new Twitter account was created. Until December, we could attract 320 followers. In total 325 tweets were shared. Facebook: 846 followers; 2740 individual persons were reached in 2018, of which 560 persons were reached in the last month of 2018. Newsletters: 10 newsletters were shared with C-EHRN members and partners. In addition, C-EHRN send out short updates and announcements to promote specific events and publications. C-EHRN uses as well other mailinglists and networks to disseminate information and |
Periodic Technical Report – CHAFEA Operating Grant

<table>
<thead>
<tr>
<th>A</th>
<th>Outcome Indicator(s)</th>
<th>Target</th>
<th>MoV</th>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.</td>
<td>Successful transformation into the European Harm Reduction Network</td>
<td>C-EHRN is recognised as European Harm Reduction Network among CSOs, policy makers and researchers</td>
<td>M1.1.</td>
<td>M1 2</td>
<td>The transformation of the network into European Harm Reduction Network was promoted broadly and has been acknowledged by the various players in the field.</td>
</tr>
</tbody>
</table>
| 1.1. | C-EHRN is the European reference point and centre for harm reduction for CSOs, policy makers and researchers | C-EHRN is involved in at least 10 different initiatives related to HR | C-EHRN-Db | M1 2 | C-EHRN is recognized by relevant players in the field acknowledged as the European reference point in the field of HR. This has been supported by the organisation of the European Harm Reduction Conference, which brought together all relevant networks and initiatives in the field. Examples for new initiatives:  
  _ C-EHRN organised the EHRC together with HA React – more than 360 participated to the conference.  
  _ C-EHRN is invited to become part of the United Nations Drugs Civil Society Group, which brings together all relevant CSOs in the field.  
  _ C-EHRN organised the Harm Reduction Networking Zone during the International Aids 2018 Conference in Amsterdam (as part of the Global Village and in cooperation with Mainline, IDPC, HRI, AFEW and INPUD.  
  _ C-EHRN has developed plans for a common advocacy strategy with EHRA and EuroNPUD  
  _ C-EHRN is invited to become part of the FEANSTA Health Cluster  
  _ C-EHRN has been asked to participate as project partner in at least 5 new EU project proposals |
### Specific Objective 2: Monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organizations

<table>
<thead>
<tr>
<th>A</th>
<th>Process Indicator(s)</th>
<th>Target</th>
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<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Recruited scientific expert group (SEG) members</td>
<td>Balanced group of experts with monitoring and thematic expertise</td>
<td>M 2.1</td>
<td>M8</td>
<td>A scientific expert group has been compiled with the following members: Tuukka Tammi, Dagmar Hedrich, Katie Stone, Perrine Roux, Matej Kosir. <strong>Scientific experts with thematic focus:</strong> HCV: Mojica Maticic ODP: Dirk Schäffer New Drugs: Daan van der Gouwe</td>
</tr>
<tr>
<td>2.2</td>
<td>Agreement on ToR and work plan</td>
<td>Consensus on how to work and cooperate; including specific agreements</td>
<td>D 2.1</td>
<td>M1 2</td>
<td>A workplan has been developed and adopted by the working group.</td>
</tr>
</tbody>
</table>

#### Output Indicator(s)

<table>
<thead>
<tr>
<th>A</th>
<th>Target</th>
<th>MoV</th>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>CSO Draft Monitoring System</td>
<td>Draft document to be finalised in M12 - Informs CSO monitoring in 2019</td>
<td>MS 2.2</td>
<td>D 2.1</td>
</tr>
</tbody>
</table>

#### Outcome Indicator(s)

<table>
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<tr>
<th>A</th>
<th>Target</th>
<th>MoV</th>
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<th>assessment</th>
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</thead>
<tbody>
<tr>
<td>2.3</td>
<td>Improved monitoring mechanism for HR in Europe</td>
<td>Annual CS Monitoring Reports on HR</td>
<td>HR-report</td>
<td>M1 2</td>
</tr>
</tbody>
</table>

### Specific Objective 3: Strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners

<table>
<thead>
<tr>
<th>A</th>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>MoV</th>
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<th>assessment</th>
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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Developed knowledge hub matrix</td>
<td>Consensus on structure and content of knowledge hub</td>
<td>MS 3.1</td>
<td>D 3.1</td>
<td>M1 2</td>
</tr>
<tr>
<td>3.2</td>
<td>Organised EHRC in M11</td>
<td>To be organised in M11 with at least 150 participants</td>
<td>MS 3.2</td>
<td>D 3.2</td>
<td>M1 1</td>
</tr>
</tbody>
</table>

#### Output Indicator(s)

<table>
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<tr>
<th>A</th>
<th>Target</th>
<th>MoV</th>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>Improved exchange between HR professionals in Europe</td>
<td>Positive evaluation of programme and exchange during EHRC</td>
<td>MS 3.3</td>
<td>M7</td>
</tr>
<tr>
<td>1.4</td>
<td>Increased awareness on C-EHRN</td>
<td>Participation to at least 10 external conferences and</td>
<td>MS 3.4</td>
<td>MS 3.5</td>
</tr>
<tr>
<td>activities and relevance of HR</td>
<td>events, including presentations</td>
<td>D 3.3</td>
<td>1 M 1 2</td>
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**Organisation or co-organisation:**
- national HR Conference in the NL; organisation of a session on civil society involvement and one session on the needs of older drug users; > 150 participants
- HR Networking Zone at Aids 2018 at the Global Village; organised a DCR exhibition; organised and facilitated more than 20 sessions during 5 days; provided HR services and needle exchange, organised site visits and provided individual support for interested HR workers to support the development and organisation of DCRs; reached about 1500 participants
- HCV Community Summit 2018 in Lisbon, September; 150 Participants
- Civil Society Involvement in Drug Policy Conference, 5 November, Brussels – 150 Participants
- EHRC, 21-23 November 2018 in Bucharest; 360 Participants
- Participation as member to the EU Civil Society Forum of Drugs and the EU Civil Society Forum on HIV, Aids, HCV and TB; 90 participants
- Organisation of HCV related training events; 50 Participants

**Participation and presentation at other conferences and events:**
- ECDC Testing Guidance expert advisory group, Solina, Sweden
- EATG stakeholder meeting
- Advocacy Capacity Building Meeting with EuroNPUD and Correlation, Amsterdam
- HCV Capacity Building Training, Cologne, Germany
- Treatment and rehabilitation of drug users in Kazan
- HCV Capacity Building Training, Tbilisi, Georgia
- Coalition Plus, Paris, France
- Dutch Harm Reduction Congress, Utrecht
- EMCDDA Meeting: HCV and Drug Use
- EMCDDA Meeting: Snapshot overviews
- FEANTSA Conference Berlin
- International Aids Conference, Amsterdam
- Hepatitis C Community Summit
- INHSU Conference
- Erasmus + Conference
- FEANTSA Health Cluster
- YOU CANNOT RECOVER IF YOU’RE DEAD Middleborough UK / Foundations conference
- EFUS Solidify DCR Study Meeting, Den Hague, The Netherlands
- EFUS Solidify DCR Study Meeting, Mannheim, Germany
- EFUS Solidify Audit Meeting Augsburg, Germany

⇒ Approximate number of participants ↓ 1000 Participants
### Outcome Indicator(s)

<table>
<thead>
<tr>
<th>A</th>
<th>Target                                                                izont</th>
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</thead>
<tbody>
<tr>
<td>1.4.</td>
<td>Increased knowledge among C-EHRN members and partners and additional experts about the effectiveness and the importance of different HR in Europe</td>
</tr>
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</table>

More than 500 individuals are directly involved in activities, events and conferences, which are organised by C-EHRN.

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<tr>
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<th>assessment</th>
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<tbody>
<tr>
<td>M1 2</td>
<td>C-EHRN reached more than 3500 individuals by organising and participating in different activities, events and conferences. It total 35 presentations were given, covering a broad range of topics.</td>
</tr>
</tbody>
</table>

#### Specific Objective 4: Advocate for full coverage of harm reduction programmes in Europe, addressing both health and social aspects

<table>
<thead>
<tr>
<th>A</th>
<th>Process Indicator(s)</th>
<th>Target                                                                izont</th>
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<tbody>
<tr>
<td>4.1.</td>
<td>Agreement on annual advocacy strategy</td>
<td>Consensus among SC members and thematic experts</td>
</tr>
</tbody>
</table>

SC agreed and approved the advocacy strategy

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<th>D</th>
<th>assessment</th>
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<tbody>
<tr>
<td>M1 2</td>
<td>D41. Is available</td>
</tr>
</tbody>
</table>

| 4.2 | Organised policy dialogue meeting on HCV | To be organised during the EHRC in M11 |

C-EHRN organised the HCV Community Summit, which specifically addressed policy makers and HCV experts and community members.

The CSI in Drug Policy Conference on 5 November included two specific policy dialogue sessions, with national and European policy makers.

The EHRC included several policy dialogue sessions with national and European policy makers during the EHRC.

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<tr>
<td>M1 1</td>
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| 4.3 | Drafted advocacy strategy 2019  | Will inform final strategy in 2019 |

The advocacy strategy for 2018 and 2019 is combined in one document.

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<thead>
<tr>
<th>D</th>
<th>assessment</th>
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<tbody>
<tr>
<td>M1 2</td>
<td>D4.1. is available</td>
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</table>

#### Output Indicator(s)

<table>
<thead>
<tr>
<th>A</th>
<th>Target                                                                izont</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Increased awareness among policy makers and other relevant stakeholders about relevance of HR services</td>
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</tbody>
</table>

At least one specific advocacy action, addressing one of the thematic topics of C-EHRN

<table>
<thead>
<tr>
<th>D</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>M 12</td>
<td>HCV community summit addressed specific HCV related messages. C-EHRN developed a HR video campaign, in which we advocate for a broader definition of harm reduction. The campaign is promoted under the header of “What means HR to You?”</td>
</tr>
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<table>
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<tr>
<th>A</th>
<th>Outcome Indicator(s)</th>
<th>Target                                                                izont</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Influence European, regional or national policies in regard to HR</td>
<td>Contribution to at least one policy document or policy action</td>
</tr>
</tbody>
</table>

A combined meeting with both EU Civil Society Fora is organised after the CSI in Drug Policy Conference in November.

Specific advocacy topics were discussed:
Dissemination

- Please provide a list of all published material and the website address
- How have the dissemination materials been taken up?
- Did you receive feedback on them?
- Were dissemination activities carried out as planned? Give a brief description of the target groups and media used to disseminate the results.
- What are the strengths and weaknesses of the dissemination activities? Explain why.

C-EHRN has published the following materials:


Correlation – European Harm Reduction Folder

10 C-EHRN Newsletters


C-EHRN has updated and renewed its website: [www.correlation-net.org](http://www.correlation-net.org)

For the organisation of the European Harm Reduction Conference the following conference website has been developed: [https://www.harmreductionconference.eu/](https://www.harmreductionconference.eu/)

During the Aids Conference 2018 in Amsterdam, C-EHRN organised a DCR exhibition and prepared a video on DCRs: [https://vimeo.com/281211709](https://vimeo.com/281211709)

C-EHRN prepared a video as well for the European Harm Reduction Conference 2018 in Bucharest: [https://vimeo.com/303039736](https://vimeo.com/303039736)

C-EHRN prepared a video on HCV treatment and care in community settings: [https://vimeo.com/305908825](https://vimeo.com/305908825)
**Participation in EU actions (if applicable)**

Please provide your role/contribution to EU actions (i.e. projects)

In 2018 C-EHRN coordinated and participated in the following EU projects:

**Civil Society Involvement in Drug Policy (DG Home):** [https://csidp.eu/](https://csidp.eu/)
Role: Coordinator

**Street Support Project (Erasmus+):** [https://streetsupport.eu/](https://streetsupport.eu/)
Role: Coordinator

**ATTUNE (ERANID Programme):** [https://www.correlation-net.org/attune/](https://www.correlation-net.org/attune/)
Role: Partner

**BETRAD (Erasmus+):** [http://www.betrad.eu/](http://www.betrad.eu/)
Role: Partner

**SEEN Project (Erasmus+):** [https://www.gruppoabele.org/seen-project/](https://www.gruppoabele.org/seen-project/)
Role: Partner

**Eurosider (DG Home):** [https://www.correlation-net.org/eurosider/](https://www.correlation-net.org/eurosider/)
Role: Partner

**Civil Society Forum on Drug Policy Project (DG Home):**
Role: Partner

- Coordination with other projects or activities at European, National and International level

Role: Coordinator

**International Network of Drug Consumption Rooms - INDCR:**
[http://www.drugconsumptionroom-international.org/](http://www.drugconsumptionroom-international.org/)
Role: Coordinator

**Nobody Left Outside Platform (NLO):**
No website yet
Role: partner

**ACHIEVE Coalition:** [http://achievehepatitiselimination.eu/](http://achievehepatitiselimination.eu/)
Role: Partner

**EU Civil Society Forum on Drugs**
Member and core group member

**EU Civil Society Forum on HIV/Aids, Hepatitis and TB**
Member and core group member

Member of FEANTSA Health Cluster
Follow-up of recommendations and comments from previous SGA grants

- Please provide an analysis follow-up of recommendations from your earlier reports, if applicable.
Not applicable

Lessons learnt

- Please provide an analysis of strengths, weaknesses, future opportunities and threats to the operation of your network/organisation
- Which lessons learnt can you share with others active in the field?
- What did work well?
- What did not work as expected?
- What would you do different, if you had the chance to start over again?

The network achieved the objectives and results, which have been aimed at for 2018. The work in 2018 provided a solid foundation for future activities to be carried out from 2019 - 2021. More specifically the following conclusions can be drawn:

- The network-related activities will remain extremely important. CN will increase the number of individual and organisational members and will use the survey to assess the expertise and needs among members also in the future.
- The communication and dissemination efforts will be intensified to ensure the visibility of the network.
- The network is involved in many different projects, initiatives and activities, which guarantees activities in the related areas and contributes to cooperation with other European stakeholders.
- The development of the draft monitoring tool has been a challenging task in 2018. Scientific requirements had to be considered, as well as practical limitations, which impact the monitoring process. The monitoring depends on the input of the FPs, which work on voluntary basis and might not have the same level of expertise and information on the different priority areas. The validation of the draft monitoring tool in 2019 and the implementation of the final tool, will provide useful information – not only content wise, but also in regard to the monitoring process. It is expected that the monitoring tool will be adapted - also after 2019 to improve data collection and the feasibility in terms of implementation.
- The cooperation with researchers and scientific partners has been extremely important and helpful and will be maintained and intensified in the forthcoming years.
- Capacity Building is an important element and CN has developed a broad range of expertise, covering different topics and areas of work. Resources will be made available through the online Knowledge and Training Hub, but will also be reflected in thematical papers, addressing different topics and areas.
- Different CN members have stressed as well the importance of training events, covering areas as monitoring and evaluation, project development and implementation and advocacy. CN will consider these needs and assess opportunities for more training and capacity building.
- The organisation of the European Harm Reduction Conference in Bucharest was a huge success and proofed how important it is to organise a platform of exchange, by addressing the specific challenges of the European region. The next EHRC will be organised in 2020 and various CN members have already indicated their interest to host and organise the event in their city.
- Advocacy activities remain an important pillar within CN. The representation of CN in both EU Civil Society Fora and the UN Civil Society Group on HIV/Aids and Drugs gives CN a strong advocacy mandate. CN will be invited to different
important policy events in 2019 and will be one of the speakers during a High-Level Side Event on Opioid Overdose Management, which is organised by the Romanian EU Presidency, during the CND in 2019.
Impact Assessment

Please answer to the following questions, giving your point of view in free text:
- What was the impact of your work?

C-EHRN had impact on different levels. The network as such exists already since 2004. However, the lack of stable funding and resources limited the network activities and its potential impact. The Operational Grant offered the opportunity to strengthen the network and to develop and implement meaningful work, including the collection of information and data, the monitoring of developments, the organisation of events for capacity building and knowledge exchange and the development of relevant advocacy actions to improve the situation of PWUD.

The transformation of the network into Correlation – European Harm Reduction Network was a logical step after years of working in the field of harm reduction and contributed to the strengthening of the network in itself. We now see that the transformation was indeed a powerful and important step into the right direction. C-EHRN is acknowledged as the European network in the field of harm reduction, by all relevant stakeholders, including policy makers, researchers, health services and the harm reduction community itself.

Many new members of C-EHRN agreed that it was a good idea to transform the network into Correlation – European Harm Reduction Network. One respondent stated: 'The term harm reduction includes more than social inclusion and health, so yes, more holistic.' Other respondents stated that a proper harm reduction network was missing and that a European network is crucial: 'There is a clear gap and need for a EU wide network with a focus on harm reduction. Correlation has an excellent reputation and track record of work in the region on this topic. In my opinion, Correlation previously played a networking role related to harm reduction in the region. Given the recognition of the brand and leadership shown by the individuals involved in the network this move to rebrand as a harm reduction network is a logical strategic step.'

Although the monitoring tool is not yet implemented, we can already see the impact of such a tool. The provision of data and information will not only improve the knowledgebase, but acknowledges at the same time the relevance of HR services. The collection of reliable information and data (which is not collected yet) by HR services and civil society organisations (CSOs) will automatically strengthen their role and mandate and support their advocacy work.

The organisation of the various events and conferences showed how important it is to come together with network members and partners, to share knowledge and to work on specific topics.

The organisation of the European Harm Reduction Conference in Bucharest was extremely successful. Participants shared their enthusiasm and the need to have such a conference, which allowed them to discuss topics, specific regional needs and common approaches.

We therefore believe that knowledge exchange, capacity building and training is a crucial element for the network and the glue, which keeps us together as a network.

The impact of the network in regard to advocacy increased as well. This is definitely linked to the network transformation, but also because we have intensified our
advocacy work in the past years. This is now bearing fruit. We are included in both EU Civil Society Fora, are part of the UN Civil Society Group on Drugs and HIV/AIDS and have been involved in different policy-related activities and initiatives.

- For Health literacy actions and patients’ empowerment actions, specify among the targeted groups, the relevant categories. For example, give the number of people targeted by language, by age groups, by social status or by cultural component...

C-EHRN is explicitly including affected communities and People Who Use Drugs (PWUDs) in all its activities. This is reflected in the composition of the Steering Committee (one seat is reserved for the European Network of People Who Use Drugs-EuroNPUD) and the various expert groups. EuroNPUD has been one of the co-organisers of the European Harm Reduction Conference.

Specific activities, such as training activities and training manuals are specifically targeting affected communities and PWUDs. In total, we have approximately reached 200 members of the related target groups (PWUDs and People living with HIV/AIDS and Hepatitis C).

- For each group of actions developed and/or implemented by your organisation, give a report on the scientific evidence basis used. Are the actions related to the OG funding based on sufficient evidence?

C-EHRN used scientific evidence from relevant scientific sources, including the EMCDDA (e.g. European Drug Report 2016), the ECDC, the European Drug Strategy and Action Plan, the Council Recommendations on the prevention and reduction of health-related harm, associated with drug dependence, Harm Reduction International, the Harm reduction Journal and various Correlation publications.

The activities of the C-EHRN are built on a rationale, covering the following topics:

Drug Use in Europe
The European Drug Report 2016 stated that Europe has a growing problem with drugs. This is linked to the use of New Psychoactive Substances, amphetamine-type stimulants and an overall increasing number of overdoses.

The EMCDDA highlights as well pharmacological options to reduce harm and create health gains. This relates to the treatment of HCV, where huge advancements have been made due to the new medications available and the distribution of take-home naloxone, which can save lives in case of opioid overdose.

This evidence is also supported by the observation of civil society organisations. This is why C-EHRN has defined three priority areas covering HCV and drug use, overdose prevention (addressing naloxone, but also Drug Consumption Rooms and overdose training) and new drug trends.

All three priority areas will be addressed on the monitoring, capacity building and advocacy level. This contributes to a holistic approach and ensures cooperation on different levels.

The rationale, which has been used, delivered sufficient evidence to support the activities of C-EHRN. The selection of thematic priorities is also linked to the existing expertise of the network and its members.
C-EHRN does not solely focus on NPS, but widened the topic, by focusing on new drug trends. This allows us to focus as well on new drug use patterns and to focus as well on amphetamine-type stimulants, which are not necessarily NPS.

The need to improve coverage and quality of Harm Reduction
Harm reduction is an evidence-based approach, which refers to policies, programmes and practices. It is based on a strong commitment to public health and human rights. Although HR is an essential element of the European Drug Strategy and Action Plans, it is still insufficiently implemented. In many countries, funding for HR has been decreased and coverage and quality of services is at stake. This has a negative impact on the coverage, and the quality of HR services and impacts as well the health and well-being of PWUDs.

There is sufficient evidence that harm reduction works. It is also clear that HR services are practical, feasible and cost-effective. However, evidence in itself is not sufficient to make a change. Political will and courage is needed as well as good argumentation and a human face behind the evidence.

The C-EHRN activities in 2018 showed how important it is to advocate for more and better harm reduction services. One policy dialogue session during the European Harm Reduction Conference clearly indicated the devastating effect of the funding crisis in the area of HR.

The work of C-EHRN on the level of monitoring, capacity building and advocacy contributes to a more holistic approach, which provides evidence to support the argumentation (why is it needed?), capacities to equip HR services and CSO with training, skills and tools (how to do it?) and advocacy tips (how to sell it?) to finally convince policy and decision makers.

The importance of civil society and a strong civil society network in the area of drug use and harm reduction
Civil society organisations are a crucial indicator for a modern democracy and are essential in addressing different challenges in society. This applies in particular to civil society and HR organisations, which are working with and for PWUDs.

The knowledge and insights of CSOs are relevant when it comes to the development and implementation of services for PWUDs. This is more and more acknowledged by policy and decision makers. A civil society network can support CSOs in their work – in particular in regard to monitoring, reporting and advocacy.

Experience from the past years and feedback from C-EHRN members has shown that HR services need support and training in monitoring, evaluation and advocacy. C-EHRN can contribute to this, by developing and implementing the monitoring tool, by organising capacity building – also in the area of monitoring and evaluation and by supporting advocacy efforts in this area.

Overview of good practice examples and interventions, such as:

the collection of good practice examples addressing HCV services in HR organisation: to be published in 2019
the collection of good practice examples addressing inclusive interventions for PWUDs and homeless people – to be published in 2019

Overview of good practices and guidelines, such as:


Have the actions of the OG produced the expected outcomes with a sufficient level of quality in the mid-long term and have they demonstrated an impact on EU Public Health?

Yes, the OG has produced the expected outcomes (see table) with a sufficient level of quality on the mid and long term and demonstrated an impact on EU Public Health.

<table>
<thead>
<tr>
<th>Expected outcomes</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>Successful transformation into the European Harm Reduction Network</td>
<td>The transformation of the network into European Harm Reduction Network was promoted broadly and has been acknowledged by the various players in the field.</td>
</tr>
<tr>
<td><strong>Target:</strong></td>
<td></td>
</tr>
<tr>
<td>➔ CN is recognised as European Harm Reduction Network among CSOs, policy makers and researchers</td>
<td></td>
</tr>
<tr>
<td>CN is the European reference point and centre for harm reduction for CSOs, policy makers and researchers</td>
<td>CN is recognised by relevant players in the field acknowledged as the European reference point in the field of HR. This has been supported by the organisation of the European Harm Reduction Conference, which brought together all relevant networks and initiatives in the field. Examples for new initiatives: _ CN organised the EHRC together with HA React – more than 360 participated to the conference. _ CN is invited to become part of the United Nations Drugs Civil Society Group, which brings together all relevant CSOs in the field. _ CN organised the Harm Reduction Networking Zone during the International Aids 2018 Conference in Amsterdam (as part of the Global Village and in cooperation with Mainline, IDPC, HRI, AFEW and INPUD. _ CN has developed plans for a common advocacy strategy with EHRA and EuroNPUD</td>
</tr>
<tr>
<td>Improved monitoring mechanism for HR in Europe</td>
<td>The draft monitoring tool will be validated and a final version will be implemented in 2019.</td>
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<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Improved monitoring mechanism for HR in Europe</strong></td>
<td><strong>Annual CS Monitoring Reports on HR</strong></td>
</tr>
<tr>
<td><strong>Target:</strong></td>
<td></td>
</tr>
<tr>
<td>➔ More than 500 individuals are directly involved in activities, events and conferences, which are organised by CN</td>
<td></td>
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<tr>
<th>Increased knowledge among CN members and partners and additional experts about the effectiveness and the importance of different HR in Europe</th>
<th>CN reached more than 3500 individuals by organising and participating in different activities, events and conferences. It total 35 presentations were given, covering a broad range of topics. ➔ See also overview of presentations</th>
</tr>
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<tbody>
<tr>
<td><strong>Target:</strong></td>
<td></td>
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<tr>
<th>Influence European, regional or national policies in regard to HR</th>
<th>A combined meeting with both EU Civil Society Fora is organised after the CSI in Drug Policy Conference in November. Specific advocacy topics were discussed: ➔ EU strategies and policies – MFF and Parliamentary elections – what should be a common position? ➔ Quality and integration services for social and health care – What can be shared and agreed upon as common recommendations? ➔ Overcoming legal barriers to care - What can be shared and agreed upon as a common recommendation? A common advocacy approach in all these topics is agreed. CN is part of both core groups and is actively involved in developing and implementing follow up actions.</th>
</tr>
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<tbody>
<tr>
<td><strong>Target:</strong></td>
<td></td>
</tr>
<tr>
<td>➔ Contribute to at least one policy document or policy action</td>
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</table>

**What difference did the OG funding make for the EC policy? The answer to this question should be quantitative and qualitative on the basis of the indicators produced in the OG reports.**

The OG funding supported C-EHRN in developing and implementing its activities. This applies as well to specific EC policy related activities, including:

- C-EHRN has been involved in various EC policy processes in 2018. This includes for example the membership (as core group member) in both EU Civil Society Fora, the participation to different meetings organised by relevant EU institutions (EMCDDA and the ECDC) and the participation to sessions at the EU Parliament.
- C-EHRN launched three surveys to monitor the developments in the area of HCV and drug use, overdose prevention and new drug trends.
- Participation to more than 25 meetings
- Participation in 8 expert, review or steering groups
- Organisation of 4 policy workshops
- C-EHRN has members in all EU/EEA countries (except Cyprus, Malta and Iceland)
What is the concerned population and in which member States targeted by your action and particularly with regard to Patients empowerment and health literacy. How many people did you reached by your different actions?

According to the 2016 Report over 88 million adults, or just over a quarter of the 15- to 64-year-olds in the European Union, are estimated to have tried illicit drugs at some point in their lives. The most commonly used drug is cannabis (nearly 85 million). More than 17 million have used cocaine at least once in their life, followed by MDMA (13 million), amphetamines (more than 12 million). There is an estimated number of 1.3 million problematic opioid users in the European Union, most of them using heroin.

This means that drug use is a widespread phenomenon in Europe, which requires specific attention, in particular in the area of public health.

The target group of C-EHRN consists of health care providers, harm reduction services, researchers, policy makers and affected communities, including People Who Use Drugs and People living with HIV/AIDS and Hepatitis C.

C-EHRN has organised and participated in different conferences, meetings and events and reached approximately 4500 individuals. 200 of them belong to affected communities.

What has to be changed in the future Health Programme with regards to the present evaluation? Is the OG funding adequate for the objective?

The OG provides civil society networks with the opportunity to develop and maintain their network activities. This is extremely important and needed, as the network function is essential to support organisations at the ground.

There is a need to sustain and strengthen the EU Health Programme in the forthcoming years. Drug use is considered to be a growing public health challenge in Europe and this should be reflected as well in a future EU Health Programme.

In relation of the Dissemination of best practices or other type of information, which priorities of the Health Programme have been covered by the OG action? are the existing best practices related to major priorities of the Health Programme effectively disseminated via the OG?

C-EHRN covered the following priorities of Health Programme: 4.1.2., 4.1.3., 4.1.6., 4.4.3., 4.4.6.

Yes, C-EHRN has disseminated effectively all existing best practices to relevant stakeholders in the field. This includes the dissemination of publications (via mailings, websites, social media, conferences and events) and the organisation of workshops and conferences.

What is the target population reached by the dissemination of good practices and is there a good match between the topic of the best practice and the target population?
C-EHRN organised different events and reached approximately 4500 target group members.

C-EHRN disseminated 12 publications to approximately 600 individuals on the mailinglist.

www.correlation-net.org had an average of 7.125 individual visitors each month in 2018.

The social media accounts reached 320 (twitter) and 560 (Facebook) individuals.

The different publications were shared as well through related websites and newsletters and could ensure a tailored dissemination.
Further remarks
- Please state further remarks that you find noteworthy

<P lease write here>
Annexes

Please enclose in this report two copies of all published material and the website address with evidences of publicity on Union funding.

Websites:

www.correlation-net.org

https://www.harmreductionconference.eu/

Publications:


Videos

During the Aids Conference 2018 in Amsterdam, C-EHRN organised a DCR exhibition and prepared a video on DCRs: https://vimeo.com/281211709
C-EHRN prepared a video as well for the European Harm Reduction Conference 2018 in Bucharest: https://vimeo.com/303039736

C-EHRN prepared a video on HCV treatment and care in community settings: https://vimeo.com/305908825