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Remarks:
The report shall be concise and readable. Any duplication should be avoided
Acknowledgements

Correlation – European Harm Reduction Network is looking back on a year full of activities. We strengthened our network, fostered the cooperation with other networks, organisation and experts, published our first Monitoring Report, launched the online knowledge hub, organised different meeting and conferences 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. Their support, commitment and trust was essential for us. Their involvement in the different network activities was unverifiable and contributed to the successful implementation of network activities.

Specific thanks go to our C-EHRN Focal Points. They fulfilled an extremely important role as national reference point in the area of monitoring and data collection. They implemented the Monitoring Tool in their country, collected information and data and provided us with the information, which was needed to produce the Monitoring Report.

We also want to thank the committed members of our newly elected C-EHRN Steering Committee, who supported us in planning, developing and implementing our work plan and strategic focus. Thanks go to: Alina Bocai, Marianella Kloka, Peter Sarosi, Tuukka Tammi, John-Peter Kools, Jose Queiroz, Dirk Schäffer and Christos Kouimtsidis.

One of the main activities in 2019 included the Monitoring activities. 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 monitoring tool and provided essential input for the analysis of data and information. Her scientific knowledge, 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.

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.

We also want to thank our partners of the network with whom we worked closely 
together and which supported our activities. This includes in particular the Eurasian 
Harm Reduction Association (EHRA), the European Network of People Who Use Drugs 
(EuroNPUD) and the Drug Policy Network of South Eastern Europe (DPNSEE).

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

Last, but not least our gratitutes go to our dedicated C-EHRN team, which has worked 
tremendously hard to achieve all the results, described in this report. Special thanks 
go Roberto Perez Gayo, Linda Vernout, Ion Raulet, Pinar Karaaslaan, Rafaela Rigoni 
and Cedric Charvet.

March 2020

Katrin Schiffer
Eberhard Schatz
Network Coordinators
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

Pillar 1: Network

In 2019 C-EHRN activities on networking are organised in 4 key operational objectives:

1.1. Maintain the C-EHRN structure
1.2. Maintain network activities and cooperation
1.3. Consolidate and maintain thematic expertise
1.4. Improve communication and promotion of C-EHRN activities and results

1.1. Maintain the C-EHRN structure

Steering Committee

In 2019, C-EHRN further improved the network and the governance structure. Elections were planned for the beginning of 2019 to replace the intermediary SC. A call for nominations was launched in February 2019. Candidates could nominate themselves until 6 March.

The list of 25 candidates was announced at 13 March. The voting was organised from 27 March until 3 April. A new SC was appointed in April 2019, consisting of 5 elected members (based on 97 individual votes), one representative of EuroNPUD and two additional experts to safeguard a balanced gender and regional representation.

C-EHRN member database

The clean-up of the mailing-list and membership database in 2018 resulted in a reduction of members and partners. However, this updated database provided a list of new, active and dedicated members and partners, which are all aware of the new network mission and vision.

The membership database is further updated in 2019. Each new member had to fill in a short questionnaire to assess existing expertise and knowledge. This procedure has been simplified at the end of the year. In 2019 the number of C-EHRN members increased with 51. There is an increasing interest in the network after organisation/presentations at conferences, meetings and events.

1.2. Maintain network activities and cooperation

Focal points

The Focal Point (FP) system is updated. Much time was invested in the support of the local FPs. This was needed during the preparation phase and the implementation phase. In 2019 4 new FPs were established (target was 5).

During the IHRC in Porto a meeting was organised for all FPs to prepare them for their activities. During the project meeting in Helsinki an extended session for FPs was organised to discuss and evaluate their experiences.

C-EHRN member and expert meeting

On 2-4 October in Helsinki a meeting was organised for C-EHRN members, experts and Focal Points. There were 63 participants, including 18 SC Members, Thematic
Experts and Scientific Experts. In chapter 3.6 you can find the evaluation of this meeting.
C-EHRN organised two online advocacy meetings and 20 additional network meetings (e.g. thematic expert groups, scientific expert groups) with related stakeholders.

1.3. Consolidate and maintain thematic expertise

Thematic Expert Groups
In total 25 experts participated in the three Thematic Expert Groups (TEG). During the Helsinki Meeting in October a face-to-face expert group meeting was organised. Eighteen experts were able to participate in the meeting. In between the different TEGs organised separate online calls.

1.4. Improve communication and promotion of C-EHRN activities and results

Communication
The C-EHRN Office has been strengthened by a new communication officer, which significantly improved the communication strategy and activities according to the C-EHRN coordinator. The ongoing communication activities – newsletters and more – is very effective. Each month a C-EHRN newsletter was published and social media activities were intensified.

Conferences and meetings
C-EHRN participated to more than 50 external meetings and conferences, of which 20 international conferences. C-EHRN organised more than 25 presentations/workshops during conferences and events. More than 4,250 individuals were reached through participation at conferences meetings and events. Over 2,000 persons were reached through a radio programme. C-EHRN organised three policy dialogue meetings, attended by over 200 individuals.

26 groups were welcomed by C-EHRN in Amsterdam, explaining EU Drug Policy, Harm Reduction and specifics on Drug Consumption Rooms.

Pillar 2: Monitoring and data collection
Monitoring was one of main activities of 2019. A lot of time and energy was invested to draft, pilot, and implement the tool. This includes as well the reporting. Four face-to-face meetings were organised with SEG and/or Focal Points. Three online meetings were organised with some members of the SEG or the coordinators of the monitoring activities.

In 2019 C-EHRN activities on monitoring & data collection are organised in 5 key operational objectives:

2.1. Pilot the monitoring tool and guidelines for implementation
2.2. Prepare a final Monitoring Tool + guidelines
2.3. Implement the final Monitoring Tool
2.4. Analyse and summarise the results
2.5. Write and launch the Monitoring Report

2.1. Pilot the monitoring tool and guidelines for implementation
The draft Monitoring Tool was piloted in the beginning of 2019. Instead of 3 the draft monitoring tool was piloted in 5 countries in March 2019: Romania, Poland, Germany, Italy and Finland.
A face-to-face meeting was organised in Berlin from 16-17 January 2019 to discuss the draft monitoring tool and the implementation of the pilot phase. After the SEG analysed the feedback and the process of monitoring the tool was reviewed. The review included also the guidelines for implementation.

2.2. **Prepare a final Monitoring tool + guidelines**
An additional meeting with FPs and members of the SEG was organised on 29 April 2019 during the IHRC in Porto to discuss and prepare the final Monitoring Tool and guidelines. FPs were trained in implementing the tool and questions related to the Monitoring Tool were discussed. A support system was developed for FPs in case of problems with the tool. This process was coordinated by the scientific lead of the SEG.

2.3. **Implement the final Monitoring Tool**
Based on the guidelines and a detailed timeline, indicating the different steps in the process, the FPs implemented the Monitoring Tool. The monitoring tool was launched in 28 countries. More than 70 national experts were involved in the data collection. The implementation process was monitored by the C-EHRN Office and the SEG.

2.4. **Analyze and summarise the results**
After implementation C-EHRN Office collected all monitoring data from the FPs. Furthermore FPs were asked to fill in an evaluation questionnaire on the process of monitoring. The data and input from the FPs were analysed by the scientific lead of the SEG. The results were discussed during a face-to-face meeting with the SEG and FPs that was organised on 2-4 October during the C-EHRN Focal Point and Expert Meeting in Helsinki. This helped to better understand problems in the monitoring process and to further adjust the monitoring.

2.5. **Write and launch the Monitoring Report**
An additional meeting was organised on 1-3 December 2019 with the coordinators of the monitoring activities and the C-EHRN coordinators to discuss the progress of the Monitoring Reports and agree on final tasks. The scientific lead of the SEG wrote the final Monitoring Report. The report was bit delayed and published at the end of 2019. Over hundred copies of the Monitoring Report are spread and about ten C-EHRN presentations included information on the Monitoring report. The report can be find on the C-EHRN website. At the beginning of 2020, the report will be further launched and promoted.

**Pillar 3: Capacity building and knowledge exchange**
In 2019 C-EHRN activities on Capacity building & knowledge exchange are organised in 3 key operational objectives:

3.1. Develop an online knowledge and training hub on drug use and harm reduction
3.2. Address thematic priorities and other relevant topic
3.3. Organisation and contribution to other European conferences and events

3.1. **Develop an online knowledge and training hub on drug use and harm reduction**
2018 was used to assess existing online resource centres, identify current gaps and to prepare a first structure and matrix for the online knowledge and training hub. Relevant topics and subtopics were identified and clustered. This work was shared with the different TEGs for additional input and advice. A first step for the collection of resources has been made. In 2019, the collection of resources continued. Relevant resources were documented, described and clustered accordingly.
To strengthen the knowledge hub it was decided to bring C-EHRN data bases and resources together with the HA REACT harm reduction website. The online knowledge hub provides an overview of resources in the field of harm reduction and drug use, covering the priority topics of C-EHRN. This includes for example: 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 and migration. The online knowledge and training hub had 2,100 visitors in 2019.

3.2. Address thematic priorities and other relevant topics
In 2019 C-EHRN continued addressing the three thematic priorities: HCV, new drug trends and overdose prevention with support of the involved experts in the TEGs and the linkage to other projects and initiatives. Three thematic papers were planned, six were produced:

- Pilot Intervention peer involvement of migrants
- Legal barriers for Community HCV Testing
- Overdose Prevention – new technology based interventions
- Overdose Prevention – status quo and challenges
- Hepatitis C Interventions by organisations providing HR services
- Good Practice examples of Hepatitis C interventions

Although the TEG coordinators and members contributed actively to the monitoring process, C-EHRN would wish for more involvement of the experts to other network activities. This is planned in 2020. And will be discussed with the SC.

3.3. Organisation and contribution to other European conferences and events
In 2019, C-EHRN contributed and participated actively in many European and international conferences and events. For example C-EHRN organised four different workshop sessions at the IHRC in Porto, four at the Addiction Conference in Lisbon and a workshop on CSI at the ISSDP Conference in Paris. For a more detailed overview of C-EHRNs conference and meeting activities see paragraph 3.1.4

Pillar 4: Advocacy
In 2019 C-EHRN activities on advocacy are organised in 4 key operational objectives:

4.1. Implement an annual advocacy strategy
4.2. Organise and participate in policy dialogue meetings
4.3. Collection of advocacy tools and resources
4.4. Development of policy recommendations

4.1. Implement an annual advocacy strategy
In 2019 C-EHRN implemented the 2018 developed advocacy strategy, based on current developments and needs. The strategy includes objectives, short policy messages and a strategy on how to put them into practice. Different advocacy activities were carried out by C-EHRN, including:

- Support through written statements and letters
- Approach of policy makers and politicians to advocate for the support of certain activities/policies
- Direct support of CEHRN members
- Training and capacity building in the area of advocacy
- Advocacy campaigns
- Factsheets
- Presentations
- Organisation of policy dialogue meetings
Specific activities included for example an advocacy action in combination with both Civil Society Fora to ensure that drug related issues remain a priority in the new EU Health Programme and the ESF+ Programme. MEPs in all EU countries were approached with letters to advocate for their support. Both DGs (DG Home and Chafea) were included as well.

Another activity included a training developed in the area of intervention planning, monitoring, evaluation and advocacy which was organised in the framework of the CSFD Project. A summarised version of these trainings was provided during the Helsinki meeting.

Specific support was given to local C-EHRN members, e.g. in Bosnia and Herzegovina, in which C-EHRN closely cooperates with EHRA and DPNSEE to support the development of HR services in this country. A fact finding mission is planned in 2020 including all three networks.

4.2. Organise and participate in policy dialogue meetings
C-EHRN organised three Policy Dialogue Meeting in 2019 (target was 1). In addition, C-EHRN participated in policy meetings and contributed to advocacy activities and events on national and European level (see 3.4.1). A detailed list of events is included in the advocacy strategy.

C-EHRN organised the following 3 policy dialogue meetings:
- Civil Society Involvement session during ISSDP Conference in Paris
- HCV Community Summit, Marseille
- Advocacy Workshop in Helsinki

More than 200 people attended the C-EHRN policy dialogue meetings.

4.3. Collection of advocacy tools and resources
C-EHRN collected and documented advocacy tools that can support HR services and CSOs in their advocacy activities. More than 40 advocacy tools are included in the www.harmreduction.eu website.

4.4. Development of policy recommendations
C-EHRN developed a set of policy recommendations, covering the three priority areas of C-EHRN and additional topics identified in the Advocacy Strategy. In 2019 more than 2.200 individuals are reached through policy recommendations and papers. Next three policy recommendations are produced, addressing HCV, Social inclusion and harm reduction, Civil Society Involvement.

Indicate what are the main results of the action

1. Network-related results

New elected Steering Committee
A new SC was elected in April 2019, consisting of 5 elected members, one representative of EuroNPUD and two additional experts to safeguard a balanced gender and regional representation.

The new SC consists of Peter Sarosi, John Peter Kools, Dirk Schäffer, Jose Queiroz, Tuukka Tammi, Marianela Kloka, Alina Bocai and Christos Kouimtsidis.

Increased number of members and focal Points
- 4 additional Focal Points
- more than 50 additional members

**Updated database on the expertise of C-EHRN members**
The member database is updated, including relevant information on the expertise of new members

**Increased dissemination and representation during conferences and meetings**
- dissemination of monthly newsletters and regular updates through mailings
- increased communication through social media
- participation to more than 50 meetings, events and conferences
- more than 25 presentation, organisation of workshops or training sessions

### 2. Monitoring-related results

**Increased knowledge and information on the situation in the EU and the related MS, covering the thematic priorities of C-EHRN**
The monitoring activities and the Monitoring Report contribute to the knowledgebase and complement existing data and monitoring efforts in Europe in the area of Civil Society Involvement, HCV and Drug Use, Overdose Prevention and new drug trends.

In addition, the finding in the Monitoring Report can inform advocacy and drug policy development on the EU and the MS level

**Improved position of harm reduction services and civil society organisations**
The monitoring activities and the published Monitoring Report acknowledge the important position of harm reduction services and foster their role as expert in national and European drug policy.

### 3. Results, related to capacity building activities:

**Increased knowledge and capacities among CSOs and HR organisations**
The online knowledge hub contributes to the knowledge and capacities of health and social service providers, researchers, affected communities and policy makers. The [www.harmreduction.eu](http://www.harmreduction.eu) websites provides an extensive overview on scientific publications, manuals, guidelines, tools, training guides, videos and other resources and allows users to search for specific information.

6 thematic papers provide insights and specific information on HCV and overdose prevention. 25 different presentations, workshops (e.g. Civil Society Involvement) and training sessions (e.g. on intervention planning, monitoring evaluation and advocacy) provided specific information and capacity building.

**Increased opportunities for networking and cooperation on national ad European level**
C-EHRN organised an participated in numerous meetings, conferences and projects, which contributes to the networking function and provides additional opportunities for cooperation with other networks, initiatives and partners.

### 4. Advocacy-related results

**Provision of information and tools for national and European advocacy actions**
C-EHRN has developed different publications and tools which can be used and inform national and European advocacy actions. This includes the Monitoring Report, the Thematical Papers and the Factsheets.

**Improved advocacy capacity and activities on national and European level**
C-EHRN has provided specific advocacy support to members and partners. This includes written statement, letters, but also the support in the development of funding proposals and national/local advocacy strategies. In the long term this support can contribute to an improved coverage and sustainability of harm reduction services in Europe.

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

**Strengths of C-EHRN results:**
- C-EHRN members feel strongly represented by the network and are very committed to the network and its activities.
- C-EHRN members value the activities of the network, especially when it comes to knowledge exchange, capacity building and direct support.
- C-EHRN brings together a variety of different stakeholders and creates cooperation and exchange between social and health services providers, harm reductions services, affected communities, researchers, public institutions and policy makers. The network is valued and acknowledged by all relevant stakeholders and can as such function as mediator and facilitator of exchange.
- C-EHRN activities include grassroot organisations and drug user organisations and can therefore easily detect and respond to new developments and trends on the national and local level.
- C-EHRN members and partners reflect the diversity of the field and have different areas of expertise and knowledge, which can be utilised within the network activities and also in the mutual contact between our members.
- C-EHRN has a broad understanding of harm reduction and addresses not only drug related problems. Instead, an integrated approach is promoted including topics, such as homelessness, sex work, employment, education, inequalities, loneliness, mental health problems and more.
- C-EHRN is involved in different EU projects and initiatives which contributes to the overall impact of the network.

**Weakness of C-EHRN results:**
- C-EHRN is a large network with a diverse group of members and partners. It is evident that the network is unable to respond to all needs. In general: more could be done in all areas of work, including communication, exchange of information, direct support of members, capacity building and advocacy. The network has to limit itself to its core objectives and activities, although more financial resources and human resources would be helpful.
- C-EHRN Monitoring activities are ambitious. The activities and results build on the input of the C-EHRN FPs – the backbone of the network - while no financial support can be provided. This is only possible because the FPs value the network, want to be an active part of it see a clear added value in their work.
- C-EHRN FPs need to be an expert in different areas (Civil Society Involvement, HCV, Overdose Prevention and new drug trends) or have to consult different national stakeholders for additional input.
- Monitoring Report is based on the opinion of one expert (not necessarily someone with a research background). This can lead to subjective or anecdotal information and might sometimes contradict with information from other sources. This is acknowledged and described in the report, and is evident as well for all kind of monitoring reports and data collection on the EU level.
- Face-to-face meetings, workshops, training events and direct support at the national/local level is highly appreciated by C-EHRN members. Due to financial
limitations and a lack of human resources, the network can provide only limited support in this area.

**Added value:**
The network is well connected and linked – on the national and European level, connected to grassroot organisations, harm reduction services, (public) health organisations, organisations representing affected communities, research institutes, advocacy organisations, national and European policy makers and EU networks, institutions, expert groups (e.g. Civil Society Forum on HIV/Aids and Civil Society Forum on Drugs) and organisations (including EMCDDA and ECDC). This creates added value and supports the exchange between different stakeholders and contributes to the development of effective EU policies and interventions.

The monitoring activities of the network complement existing data collection and monitoring efforts at EU level. This is also acknowledged by the EMCDDA (represented in the Scientific Expert Group).

The different activities and results of the network provide C-EHRN members with evidence and tools for the advocacy activities on the national level.

The network is represented in different expert and review group on EU level (EMCDDA, ECDC, WHO, FEANTSA), which provides additional impact to a more comprehensive approach.

- 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 Monitoring Report and findings can be used by policy makers on local, national and European level
- Thematic Papers on HCV and Overdose Prevention provide input and guidance for policy makers on local, national and European level
- The factsheets are short and concise summaries and policy messages, particular useful for policy makers on local, national and European level
- Specific support, which is provided to C-EHRN members in developing and implementing advocacy strategies, funding proposals and more is in particular impacting local and national policy makers.

The 6 thematic papers in the area of HCV and Overdose Prevention and the factsheets provide specific input and recommendations for policy making.

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

The Monitoring Report, the thematical papers and factsheets will be used by C-EHRN members and professionals to improve service provision and advocate for more coverage, sustainability and quality of harm reduction services.

The improved capacities and skills of C-EHRN members and partners will also support the coverage and quality of harm reduction services.

- 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 overall objective of C-EHRN is to improve the access to and the quality of harm reduction services for PWUD including other related vulnerable and marginalised people and to enhance policies and practices that increase social inclusion.

All activities and results of the network are directly linked to this overall objective. Although it is not possible to measure the direct impact of the network results on the general population the following impact is expected:

The results linked to the monitoring activities, the capacity building and advocacy can support the development and implementation of effective and evidence-based interventions. This will create direct impact on the situation of People Who Use Drugs, their relatives and friends.

<table>
<thead>
<tr>
<th>Date</th>
<th>Title of seminar, meeting, conference</th>
<th>Organiser</th>
<th>City/Country</th>
<th>Nr of participants</th>
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<td>CSFD Project</td>
<td>Brussels (BE)</td>
<td>15</td>
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<tr>
<td>September</td>
<td>National Polish Harm reduction Meeting</td>
<td>Polish Harm reduction Network</td>
<td>Krakow (Pol)</td>
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</tr>
<tr>
<td>Month</td>
<td>Event Description</td>
<td>Location</td>
<td>Duration</td>
<td></td>
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<tr>
<td>------------</td>
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<tr>
<td>September</td>
<td>CSFD Training on Intervention Planning, Monitoring, Evaluation and Advocacy</td>
<td>CSFD Project</td>
<td>Budapest (HU)</td>
<td>25</td>
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<tr>
<td>September</td>
<td>Webinar</td>
<td>Nobody Left Outside Platform</td>
<td>Online</td>
<td>30</td>
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<tr>
<td>September</td>
<td>Meeting / Presentation Erasmus +</td>
<td>Erasmus+ NL Den Bosch (NL)</td>
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<tr>
<td>September</td>
<td>HR4Homless Meeting</td>
<td>FEANTSA Brussels (BE)</td>
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<tr>
<td>September</td>
<td>ESCMID Postgraduate Education course</td>
<td>ESCMID Ljubljana (SLO)</td>
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<tr>
<td>September</td>
<td>High Level EC health conference</td>
<td>DG Sante/ CHAFEA Brussels (BE)</td>
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<tr>
<td>October</td>
<td>CN Member Meeting</td>
<td>C-EHRN Helsinki (FIN)</td>
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<tr>
<td>October</td>
<td>Well-being Economy Conference HIV</td>
<td>Finnish Government HIV Coordination Helsinki (FIN)</td>
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<tr>
<td>October</td>
<td>Conference / A Call For Action</td>
<td>We talk they die Foundation Middelsborough (UK)</td>
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<td>October</td>
<td>CSFD Meeting</td>
<td>CSFD Brussels (BE)</td>
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<td>October</td>
<td>Gillead Conference</td>
<td>Gillead Valencia (ES)</td>
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<td>October</td>
<td>Lisbon Addictions’ Conference</td>
<td>EMCDAA Lisbon (PT)</td>
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<tr>
<td>October</td>
<td>International Conference ; Protecting The Rights of Homeless Citizen / invitation from the Embassy of the Netherlands</td>
<td>Dutch Embassy St. Petersburg (Russia)</td>
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<td>October</td>
<td>ECDC advisory board</td>
<td>ECDC Stockholm (SE)</td>
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<tr>
<td>November</td>
<td>EC+ CSF HIV+ meeting</td>
<td>CSF+ Luxembourg</td>
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<td>November</td>
<td>Budapest Meeting for ELTE and RRF</td>
<td>C-EHRN Budapest (HU)</td>
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<tr>
<td>November</td>
<td>EHRRA meeting on DCRs</td>
<td>EHRRA Vilnius (LIT)</td>
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<td>November</td>
<td>IVHM conference</td>
<td>IVHM Amsterdam (NL)</td>
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<td>November</td>
<td>Hep Community Summit</td>
<td>C-EHRN Marseille (FR)</td>
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<td>December</td>
<td>Skoll Training</td>
<td>Drogenhilde Schwaben Augsburg (DE)</td>
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<td>December</td>
<td>Closing EFUS Conference</td>
<td>EFUS Lisbon (PT)</td>
<td>150</td>
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<tr>
<td>December</td>
<td>The Future of European Drug Policy</td>
<td>CSFD Brussels (BE)</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Site Visit London</td>
<td>FEANTSA London (UK)</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

**Subcontracting**

- The beneficiary shall specify in this section:
  - the work (the tasks) performed by a subcontractor which may cover only a limited part of the action;
  - explanation of the circumstances which caused the need for a subcontract, taking into account the specific characteristics of the action;
  - 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.

All subcontracts in C-EHRN and De Regenboog Groep are based on the following basic principles:

1) Financial guidelines: C-EHRN chooses the tender offering the best value for money, with careful considerations of the below-listed criteria.
2) Feasibility: C-EHRN must trust that the organization who offers the tender, has a clear understanding of the work that is involved in the contract, and has provided an offer that is realistic and feasible in terms of outcome and quality.
3) Social responsibility: if possible, the tendered organization that actively aims to
fulfill its corporate social responsibility or functions as a social corporation, will be preferred.

4) Conflict of interest: Correlation network aims to avoid any conflict of interest when choosing an offer.

5) In case C-EHRN is subcontracting a person for the fulfillment of certain activities, C-EHRN disseminates an online call among its member organisations. The call includes a description of tasks and the Term of References. The choice of the subcontractor is based on the criteria (1-4) as mentioned above.

The SGA 2019 includes a total of 26.500 euro for natural persons under direct contract and seconded persons.

This includes the following individuals and tasks:

- Richard Braam: Network Evaluator 5.000 euro
- Tuukka Tammi: Coordinator Monitoring activities 6.500 euro
- Moijca Maticic: Coordinator HCV activities 5.000 euro
- Jean-Paul Grund: Overdose Prevention report 5.000 euro
- Daan v.d. Gouwe: Coordinator New Drug Trends 5.000 euro

Network Evaluation
The network evaluator Richard Braam has already carried out the evaluation for the SGA 2018. He was selected after C-EHRN has launched a call in 2018. Three different researchers were consulted. Based on the resources available and the specific expertise of R. Braam in the area of monitoring and evaluation, C-EHRN has chosen best value for money. R. Braam has no conflict of interest.

A specific subcontract agreement has been developed and signed for 2019.

Coordinators Monitoring, HCV, Overdose Prevention and New Drug Trends
The coordinators of the thematic priorities and the Monitoring activities have been selected after
- a careful analysis and description of needs and activities and
- the expressed interest of the different candidates.

During a C-EHRN meeting at the end of 2017 and a first expert meeting in the beginning of 2018 - including relevant stakeholders in the related areas – it was discussed which tasks and activities have to be carried out and what would be expected from the expert group coordinators. Based on this discussion the following candidates showed their interest:
- Tuukka Tammi for the Scientific Coordination of the Monitoring activities
- Moijca Maticic for the coordination of the HCV related activities
- Daan van der Gouwe for the coordination of activities related to new drug trend

All candidates have been involved in C-EHRN since many years and provided specific input and advice in the related areas. They agreed to coordinate the different expert groups, contribute to the implementation of the Monitoring Tool, support the development of thematic papers and the implementation of the C-EHRN work plan 2019.
Overdose Prevention Publication
Based on the specific challenges in the area of overdose prevention it was decided to prepare a specific publication on overdose prevention. C-EHRN disseminated a call among its members in February and one candidate responded: Jean Paul Grund. A specific subcontracting agreement is all subcontracted experts meet the EC requirements for subcontracting. C-EHRN made the selection, based on best value for money. None of the experts has a conflict of interest.

A specific subcontract agreement has been prepared and signed with Jean Paul Grund.

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

No deviation

- 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.

All tasks are 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.

C-EHRN extended its budget with 35,000 euro. This is mainly due to
- higher personnel costs
- higher amount of printing and website costs

Increased personnel costs
C-EHRN exceeded the overall personnel costs. While an estimated 23,5 person-month was budgeted, C-EHRN spent an estimated 27,6 person-month. The increase in personnel costs is linked to the higher workload in the area of networking, monitoring and capacity building.

Shift of 3500 euro from subcontracting to personnel costs
The SGA 2019 budget included an amount of 10,000 euro for the scientific coordination as subcontract. The overall workload of the monitoring activities however exceeded the budgeted amount.

In consultation with the scientific coordinator it was agreed to shift 3500 euro to personnel costs. This amount was used to cover the personnel costs of Rafaela Rigoni, who supported T. Tammi in coordinating the monitoring activities and writing the Monitoring report.

Printing and website
More budget was needed for printing and website-related costs. This is partly due
- to the printed Monitoring reports, which were pricely, due to the number of pages.
- to the development and hosting of the online knowledge hub

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

Not applicable
Evaluation
- Please provide a qualitative evaluation of the execution of all tasks mentioned in Annex I of the grant agreement

This chapter describes the research questions and methodology of the evaluation of Correlation Network (C-EHRN) 2019 work program. This evaluation means to ensure the quality of the implementation and to evaluate the process and outputs of the 2019 work program. Separate evaluation plans will be developed and implemented for the work programs 2020-2021.

Research questions
The three main research questions of the evaluation are:
1. Did the 2019 work program achieve the envisaged objectives, actions and results?
2. Did the process of development and implementation go as planned?
3. Were involved stakeholders satisfied with C-EHRN activities and results?

Guiding principles, methods and tools
The evaluation is both quantitative (questionnaires/surveys) and qualitative (Logical Frameworks Matrix, interviews). It examines both process and output of the project.

Guiding principle for the evaluation is the Logical Framework Matrix. In a Logical Framework Matrix every action in a project gets a strict timeframe and indicators how and when products of the work program have to be delivered. In this way the Logical Framework Matrix can be used both as an evaluation and monitoring instrument.

For the evaluation multiple research instruments were used:

1. Project based Logical Framework Matrix
2. Activity list
3. Evaluation questionnaires stakeholders
4. Interim meetings between evaluator and project coordinator

1. Project based Logical Framework Matrix
A Logical Framework Matrix was designed in close cooperation with the project coordinators, following project outlines, objectives and activities. The matrix first shows the ‘intervention logic’ with the activities, results and objectives that have been determined. Secondly the ‘objectively verifiable (SMART) indicators’ are written down. These indicators are used to check whether the objectives of the aims are reached or not. An assessment on the indicators shows whether the project was successful or not in terms of objectives and results.

The Logical Framework Matrix has also been used by the network coordinators to monitor the progress of the network activities and to detect potential problems or delays.

2. Activity list
The activity list includes all planned activities, a detailed time schedule, the implementation progress and is linked to process, output and outcome indicators. The indicators are based on the envisaged outputs of the different activities. Indicators are used to check the progress and to measure, whether planned project results and deliverables have been achieved in the desired quality.

3. Evaluation questionnaires
C-EHRN members, partners and a number of additional experts (e.g. EMCDDA representatives) were asked to fill in questionnaires. Three surveys were conducted. A C-EHRN member-survey in order to assess the impact of the network activities on its members (68 C-EHRN members filled in the questionnaire). Most respondents (almost 60%) work for service providers. The others work for community-led, advocacy or other organisations.

A qualitative expert-survey assessed the satisfaction of key stakeholders about specific C-EHRN activities and publications (10 experts joined the survey). The expert respondent group (N=10) is a good representation of C-EHRN angles and activities, some of the respondents are involved in more than one activity. One is involved in the Scientific Expert Group (SEG), two in the Thematic Expert groups (TEG), five represent Focal Points (FP) and four are Steering Committee members (SC). Eight of them attended the Helsinki meeting, five participated in other C-EHRN related events. Three of them contributed to C-EHRN publications, newsletters, reports. Finally the Focal Point and expert group meeting in Helsinki is evaluated. At the end of the meeting participants could fill in a questionnaire (45 out of 63 participants responded).

4. Interviews network coordinators
During the project the evaluator and the network coordinators regularly discussed the progress of the work program. The topics of discussion were the process and output of activities, the update of the Logical Framework Matrix, the cooperation between partners and other relevant matters concerning the project.

Evaluation per specific objective

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.

In 2018 C-EHRN developed a strong and sustainable network base, which supports the development and implementation of all C-EHRN activities in 2019. The launch of Correlation- European Harm Reduction Network was received with great interest and enthusiasm. Positive feed-back came not only from frontline HR experts and services, but also from other European and international networks, researchers and policy makers. The C-EHRN activities in 2019 will build on this base.

In 2019 C-EHRN activities on networking are organised in 4 key operational objectives:

1. Maintain the C-EHRN structure
2. Maintain network activities and cooperation
3. Consolidate and maintain thematic expertise
4. Improve communication and promotion of C-EHRN activities and results

1.1. Maintain the C-EHRN structure

Steering Committee
In 2019, C-EHRN further improved the network and the governance structure. Elections were planned for the beginning of 2019 to replace the intermediary SC. A call for nominations was launched in February 2019. Candidates could nominate themselves until 6 March. According to the C-EHRN coordinator “the election of the SC went well and was very successful with 25 candidates.”
The list of 25 candidates was announced at 13 March. The voting was organised from 27 March until 3 April. A new SC was appointed in April 2019, consisting of 5 elected members (based on 97 individual votes), one representative of EuroNPUD and two additional experts to safeguard a balanced gender and regional representation. The C-EHRN coordinator states: “The new SC is very proactive and involved in network activities and steering.” Three face-to-face Steering Committee Meetings were organised alongside different conferences. In between, the SC convened three times online through Skype conferences.

C-EHRN member database
The clean-up of the mailing-list and membership database in 2018 resulted in a reduction of members and partners. However, this updated database provided a list of new, active and dedicated members and partners, which are all aware of the new network mission and vision. According to the C-EHRN coordinator “this gave the network an enormous boost. Members are more actively involved.” The membership database is further updated in 2019. Each new member had to fill in a short questionnaire to assess existing expertise and knowledge. This procedure has been simplified at the end of the year. In 2019 the number of C-EHRN members increased with 51. There is an increasing interest in the network after organisation/presentations at conferences, meetings and events.

1.2. Maintain network activities and cooperation

Focal points
The Focal Point (FP) system is updated. Much time was invested in the support of the local FPs. This was needed during the preparation phase and the implementation phase. In 2019 4 new FPs were established (target was 5).
During the IHRC in Porto a meeting was organised for all FPs to prepare them for their activities. During the project meeting in Helsinki an extended session for FPs was organised to discuss and evaluate their experiences.

C-EHRN member and expert meeting
On 2-4 October in Helsinki a meeting was organised for C-EHRN members, experts and Focal Points. There were 63 participants, including 18 SC Members, Thematic Experts and Scientific Experts. In chapter 3.6 you can find the evaluation of this meeting.
C-EHRN organised two online advocacy meetings and 20 additional network meetings (e.g. thematic expert groups, scientific expert groups) with related stakeholders.

1.3. Consolidate and maintain thematic expertise

Thematic Expert Groups
In total 25 experts participated in the three Thematic Expert Groups (TEG). During the Helsinki Meeting in October a face-to-face expert group meeting was organised. Eighteen experts were able to participate in the meeting. In between the different TEGs organised separate online calls.
The C-EHRN coordinator would like to expand the cooperation with the experts. “Although the expert group coordinators and members contributed actively to the monitoring process, we would wish for more involvement of the experts to other network activities.” To increase the involvement of experts during the development and implementation of activities more consultation and exchange is needed. “In 2020 we aim to increase the involvement of TEG members by formulating specific activities
e.g. thematic papers, factsheets etcetera.” This is planned in 2020 and will be discussed with the SC.

1.4. Improve communication and promotion of C-EHRN activities and results

Communication
The C-EHRN Office has been strengthened by a new communication officer, which significantly improved the communication strategy and activities according to the C-EHRN coordinator. The ongoing communication activities – newsletters and more – is very effective. Each month a C-EHRN newsletter was published and in between five Street Support Newsletters. C-EHRN publications and newsletters reached 2200 individual contacts. The C-EHRN coordinator states: “The ongoing communication activities – newsletter and more – is very effective. Many members and partners approach us and ask to share their news and events through our channels.” The C-EHRN coordinator further states: “The new C-EHRN website works very well and is appreciated by members and partners.” In 2019 the website was updated 25 times. In total there were 68,351 website visits of which 46,248 unique visitors (target was 10,000). On Twitter and Facebook the target of 2,000 posts was not reached: 1,200 tweets (600 retweets) and 150 Facebook posts. On the other hand the target of 1,000 individuals reached through Facebook and Twitter was reached easily: In 2019 there were 590 Twitter followers and 1,095 Facebook followers. 5,025 unique individuals were reached through Facebook posts.

Conferences and meetings
C-EHRN participated to more than 50 external meetings and conferences, of which 20 international conferences. C-EHRN organised more than 25 presentations/workshops during conferences and events. More than 4,250 individuals were reached through participation at conferences meetings and events. Over 2,000 persons were reached through a radio programme. C-EHRN organised three policy dialogue meetings, attended by over 200 individuals. 26 groups were welcomed by C-EHRN in Amsterdam, explaining EU Drug Policy, Harm Reduction and specifics on Drug Consumption Rooms.

1.5. Impact Network according to Key Stakeholders and C-EHRN members

The Key Stakeholders that participated in the expert-survey (N=10) state that they are well informed about the objectives and core activities of C-EHRN: Networking & Cooperation, Monitoring, Capacity building, and Advocacy. After two years all Key Informants still agree that bringing together the Correlation Network and the European Harm Reduction Network was a good idea. Merging social inclusion and Harm Reduction was fruitful. It initiated new cooperation with new impulses in new areas like homelessness and care. According to the Key Informants the most important C-EHRN work area is networking & cooperation. Nine out of ten stated that these areas are very important, one stated important. Advocacy was selected as very important by 7 respondents, important by two respondents and one was neutral. Monitoring was seen as very important by 2 respondents, important by 6 and 2 were neutral. Finally Capacity Building was seen as very important and important by 5 respondents. None of the respondents judged areas of work as not important. A Key Stakeholder describes the advantages of the network as: “sharing experiences of the European harm reduction services to other regions, joint advocacy effort, responding needs in countries, participating in the C-EHRN program and meeting partner organisations.” The key Stakeholders noticed progress on C-EHRN networking: “C-
EHRN has been playing a key role in improving civil society involvement at EU level.” Others saw “an increased number of members” and “more flexibility, more easy communication and search for the best solutions.” or “more member meetings.”.

In the C-EHRN members survey respondents were asked to indicate whether C-EHRN represents their interests (target was 60%). Half of the respondents feel fully represented and 40% sometimes represented, 5% feels rarely or never represented.

1.6. Milestones and deliverables Network

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 1: Updated C-EHRN member database</td>
<td>Member database was updated with relevant information</td>
</tr>
<tr>
<td>MS 2: Updated Focal Point List</td>
<td>FP List was updated</td>
</tr>
<tr>
<td>MS 3: Regularly updated website</td>
<td>Monthly updates of website</td>
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<tr>
<td>MS 4: 1st Steering Committee Meeting</td>
<td>A combined meeting with selected SC members and the SEG was organised on 16-17 January in Berlin</td>
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<td>An informal SC meeting was organised during the IHRC in Porto on 29 April for those who participated.</td>
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<td>The last SC meeting was organised on 3 October, Helsinki during the C-EHRN Focal Point and Expert meeting.</td>
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<tr>
<td>MS 5: Elected SC</td>
<td>A new SC was elected in April 2019, consisting of 5 elected members, one representative of EuroNPUD and two additional experts to safeguard a balanced gender and regional representation.</td>
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<tr>
<td></td>
<td>The new SC consists of Peter Sarosi, John Peter Kools, Dirk Schäffer, Jose Queiroz, Tuukka Tammi, Marianela Kloka, Alina Bocai and Christos Kouimtsidis.</td>
</tr>
<tr>
<td></td>
<td>A call for nominations was launched in February 2019. Candidates could nominate themselves until 6 March. The list of candidates was announced at 13 March. The voting was organised from 27 March until 3 April.</td>
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<tr>
<td></td>
<td>A total of 25 candidates nominated themselves. A total of 97 individual voted. A detailed election documentation and procedure is available.</td>
</tr>
<tr>
<td>MS 8: Updated C-EHRN member database</td>
<td>C-EHRN Member database is updated</td>
</tr>
<tr>
<td>D 1: Newsletters, promotion materials, social media accounts. C-EHRN informs C-EHRN members and external contacts about new developments, activities, events.</td>
<td>Delivered</td>
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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.

In 2018 a draft Monitoring Tool was developed. The Scientific Expert Group (SEG) played an important role in this process. In the SEG seven experts were involved, including the EMCDDA, supported by the C-EHRN coordinators. Specific thematic input was provided by the three TEGs. The monitoring tool includes questions and topic lists, covering the three priority areas of C-EHRN: HCV, new drug trends and ODP. Additional questions address the level of civil society involvement and specific needs in regard to advocacy and capacity building. Monitoring was one of main activities of 2019. A lot of time and energy was invested to draft, pilot, and implement the tool. This includes as well the reporting. Four face-
to-face meetings were organised with SEG and/or Focal Points. Three online meetings were organised with some members of the SEG or the coordinators of the monitoring activities.

In 2019 C-EHRN activities on monitoring & data collection are organised in 5 key operational objectives:

2.1. Pilot the monitoring tool and guidelines for implementation
2.2. Prepare a final Monitoring Tool + guidelines
2.3. Implement the final Monitoring Tool
2.4. Analyse and summarise the results
2.5. Write and launch the Monitoring Report

2.1. Pilot the monitoring tool and guidelines for implementation
The draft Monitoring Tool was piloted in the beginning of 2019. Instead of 3 the draft monitoring tool was piloted in 5 countries in March 2019: Romania, Poland, Germany, Italy and Finland.
A face-to-face meeting was organised in Berlin from 16-17 January 2019 to discuss the draft monitoring tool and the implementation of the pilot phase. After the SEG analysed the feedback and the process of monitoring the tool was reviewed. The review included also the guidelines for implementation.

2.2. Prepare a final Monitoring tool + guidelines
An additional meeting with FPs and members of the SEG was organised on 29 April 2019 during the IHRC in Porto to discuss and prepare the final Monitoring Tool and guidelines. FPs were trained in implementing the tool and questions related to the Monitoring Tool were discussed. A support system was developed for FPs in case of problems with the tool. This process was coordinated by the scientific lead of the SEG.

2.3. Implement the final Monitoring Tool
Based on the guidelines and a detailed timeline, indicating the different steps in the process, the FPs implemented the Monitoring Tool. The monitoring tool was launched in 28 countries. More than 70 national experts were involved in the data collection. The implementation process was monitored by the C-EHRN Office and the SEG.

2.4. Analyse and summarise the results
After implementation C-EHRN Office collected all monitoring data from the FPs. Furthermore FPs were asked to fill in an evaluation questionnaire on the process of monitoring. The data and input from the FPs were analysed by the scientific lead of the SEG. The results were discussed during a face-to-face meeting with the SEG and FPs that was organised on 2-4 October during the C-EHRN Focal Point and Expert Meeting in Helsinki. This helped to better understand problems in the monitoring process and to further adjust the monitoring.

2.5. Write and launch the Monitoring Report
An additional meeting was organised on 1-3 December 2019 with the coordinators of the monitoring activities and the C-EHRN coordinators to discuss the progress of the Monitoring Reports and agree on final tasks. The scientific lead of the SEG wrote the final Monitoring Report. The report was bit delayed and published at the end of 2019. Over hundred copies of the Monitoring Report are spread an about ten C-EHRN presentations included information on the Monitoring report. The report can be find on
the C-EHRN website. At the beginning of 2020, the report will be further launched and promoted.

2.6. Impact Monitoring according to Key Stakeholders and C-EHRN members

Eight out of ten Key Stakeholders respondents were involved in the development of the 2019 C-EHRN monitoring activities. Monitoring was seen as very important by 2 respondents, important by 6 and 2 were neutral. According to a Key Stakeholder the advantages of C-EHRN Focal Point monitoring is: “looking beyond the official EMCDDA reports and see how service providers see the trends.” Another Key Stakeholder states: “The importance of having user organizations as focal points is to have grassroots awareness of what’s happening.” The Key Stakeholders also noticed progress on C-EHRN Focal Point Monitoring: “The first reports based on surveys among members.” and “The idea of users focal points being so well received in Helsinki,” although “The first set of national reports is not perfect but it is a good start.” The Stakeholders judge the development process as “efficient”, “very effective” and “ongoing progressive actions”. Other ones were less positive: “Slow but sure :)” or “OK, good to ask feedback and look at the data. We were able to discuss the way the questionnaire is build up and discuss the priorities” and “it’s a new effort and needs time to fine-tune what data we exactly need and what is the niche we would like to fill.” They consider the outcomes and results as useful “it provides a pretty good image of the harm reduction situation in Europe”, but more is needed: “e.g. the new drug trends: we need more qualitative data about what is beyond substances being reported - risk behaviours and risk environment, changing client needs, changing drug scenes etc.” Another one is in doubt: “I’m not sure if the outcomes have a big relevance to change national Policy.” Asked what can be improved they state: “We need more qualitative data”, “Better instruction on how to do the monitoring and reporting” and “A lot, narrow down and go deeper in details”.

In the C-EHRN members survey 60% of the respondents were aware of the monitoring activities within C-EHRN. Those respondents were asked about the impact of the C-EHRN monitoring tool and activities. Sixty percent indicates that the Monitoring Report and activities complements existing monitoring efforts in the field of drug use and harm reduction, the other 40% is unsure. 75% indicates that the Monitoring Report can have a positive influence on their engagement in monitoring and advocacy. 85% indicates that the Monitoring report can create opportunities for cooperation on national and European level.

2.7. Milestones and deliverables Monitoring

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
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<tbody>
<tr>
<td>MS 6: 1st SEG Meeting</td>
<td>The 1st SEG meeting was organised on 3 October, Helsinki</td>
</tr>
<tr>
<td>MS 9: Launched Monitoring Report</td>
<td>Launched in January 2020</td>
</tr>
<tr>
<td>D 2: C-EHRN Monitoring Tool. This includes a questionnaire/topic list, covering the three priority areas of C-EHRN; the tool will be implemented in the forthcoming years; findings will be summarised in the annual Monitoring Report.</td>
<td>Delivered</td>
</tr>
<tr>
<td>D 3: The guidelines for implementation. The guidelines for implementation support the FPs in using the Monitoring Tool.</td>
<td>Delivered</td>
</tr>
<tr>
<td>D 4: Monitoring Report 2019. The Monitoring Report 2019 summarises the finding of the monitoring, which is carried out by the FPs in EU MS and neighbouring countries.</td>
<td>Delivered</td>
</tr>
</tbody>
</table>
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

In the past years, C-EHRN has developed different activities, projects and interventions to strengthen capacity building and knowledge exchange. This included the promotion of low-threshold interventions in the field of HCV prevention, testing, treatment and care for PWUDs, the implementation of overdose prevention trainings, the promotion of Drug Consumption Rooms and naloxone distribution and the assessment and mapping of emerging NPS use in Europe. In 2019, C-EHRN maintained and intensified its activities on capacity building and knowledge exchange.

In 2019 C-EHRN activities on Capacity building & knowledge exchange are organised in 3 key operational objectives:

3.1. Develop an online knowledge and training hub on drug use and harm reduction

2018 was used to assess existing online resource centres, identify current gaps and to prepare a first structure and matrix for the online knowledge and training hub. Relevant topics and subtopics were identified and clustered. This work was shared with the different TEGs for additional input and advice. A first step for the collection of resources has been made. In 2019, the collection of resources continued. Relevant resources were documented, described and clustered accordingly.

To strengthen the knowledge hub it was decided to bring C-EHRN data bases and resources together with the HA REACT harm reduction website. The merge of C-EHRN online resource centre and the www.harmreduction.eu was extremely successful according to the C-EHRN coordinator. “It provided us with the opportunity to use already existing resources and efforts and provide a broad range of resources from C-EHRN, partners and members. The new harmreduction.eu website is very user-friendly and allows visitors to search and consult resources, based on different search criteria.” The online knowledge hub provides an overview of resources in the field of harm reduction and drug use, covering the priority topics of C-EHRN. This includes for example: 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 and migration. The online knowledge and training hub had 2.100 visitors in 2019.

3.2. Address thematic priorities and other relevant topics

In 2019 C-EHRN continued addressing the three thematic priorities: HCV, new drug trends and overdose prevention with support of the involved experts in the TEGs and the linkage to other projects and initiatives. Three thematic papers were planned, six were produced:

- Pilot Intervention peer involvement of migrants
- Legal barriers for Community HCV Testing
- Overdose Prevention – new technology based interventions
- Overdose Prevention – status quo and challenges
- Hepatitis C Interventions by organisations providing HR services
• Good Practice examples of Hepatitis C interventions

Although the TEG coordinators and members contributed actively to the monitoring process, C-EHRN would wish for more involvement of the experts to other network activities. This is planned in 2020. And will be discussed with the SC.

3.3. Organisation and contribution to other European conferences and events

In 2019, C-EHRN contributed and participated actively in many European and international conferences and events. For example C-EHRN organised four different workshop sessions at the IHRC in Porto, four at the Addiction Conference in Lisbon and a workshop on CSI at the ISSDP Conference in Paris. For a more detailed overview of C-EHRN’s conference and meeting activities see paragraph 3.1.4

3.4. Impact Capacity Building according to Key Stakeholders and C-EHRN members

Key Stakeholders that participated in the expert-survey (N=10) were asked to indicate which C-EHRN areas are most important for their work. Capacity Building was seen by half of the respondents as very important and by the other half as important. A Key Stakeholder describes the advantages of C-EHRN Capacity Building activities as: “Learning from the most experienced organizations in the Harm Reduction field significantly helps building up my organization’s capacity.” On C-EHRN Capacity Building Key Stakeholders appreciated the Helsinki advocacy training and the training sessions on M&E. They further appreciate that within the network “people are open to share and learn.”

The C-EHRN member-survey respondents prioritised work areas for the knowledge hub. They could choose between HIV, HCV, Prison Health, Public Health, Overdose Prevention, Drug Consumption Rooms, Social Integration, New Drug Trends and Civil Society Involvement (max 3 choices). All areas of work covered in the online knowledge hub are seen as more or less similar important by the respondents. The answers ranged from 25% to around 40%. Asked about the most important resources more than half of the respondents indicated tools and trainings. Next important are news and reports (30-40%). The remaining variants, e-learning, videos, case studies and articles, scored similar between 20 to 30%. Links to websites scored less with 10%.

Asked about the impact, 75% indicates that the online hub can support their daily work, 75% indicated that the online hub can contribute to their ability to develop new, effective and innovative approaches and 85% indicated that the online hub can create opportunities for cooperation.

3.5. Milestones and deliverables Capacity Building

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 7: 1st TEG Meeting</td>
<td>The 1st TEG meeting was organised on 3 October, Helsinki</td>
</tr>
<tr>
<td>MS 10: Collection of advocacy tools</td>
<td>Advocacy tools and papers are incorporated in the <a href="http://www.harmreduction.eu">www.harmreduction.eu</a> website</td>
</tr>
<tr>
<td>D 5: Online knowledge and training hub. Online knowledge and training hub consists of resources, covering the thematic priorities of C-EHRN; resources are summarised and clustered.</td>
<td>Delivered <a href="http://www.harmreduction.eu">www.harmreduction.eu</a></td>
</tr>
<tr>
<td>D 6: Thematic papers. At least three papers will be prepared, covering the thematical priorities of C-EHRN.</td>
<td>Delivered 6 Thematical papers were published</td>
</tr>
</tbody>
</table>
**Pillar 4: Advocacy**

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

For C-EHRN advocacy has always been an essential part of the work. All activities of the network, such as the collection of data and information on grassroot level, the development of guidance documents, manuals and other relevant reports and the implementation of capacity building events need to be complemented with advocacy activities, in order to increase impact and change. C-EHRN advocacy activities include the organisation of policy dialogue meetings in close cooperation with national and European policy makers. In 2019 C-EHRN activities on advocacy are organised in 4 key operational objectives:

1. Implement an annual advocacy strategy
2. Organise and participate in policy dialogue meetings
3. Collection of advocacy tools and resources
4. Development of policy recommendations

**4.1. Implement an annual advocacy strategy**

In 2019 C-EHRN implemented the 2018 developed advocacy strategy, based on current developments and needs. The strategy includes objectives, short policy messages and a strategy on how to put them into practice. Different advocacy activities were carried out by C-EHRN, including:

- Support through written statements and letters
- Approach of policy makers and politicians to advocate for the support of certain activities/policies
- Direct support of C-EHRN members
- Training and capacity building in the area of advocacy
- Advocacy campaigns
- Factsheets
- Presentations
- Organisation of policy dialogue meetings

Specific activities included for example an advocacy action in combination with both Civil Society Fora to ensure that drug related issues remain a priority in the new EU Health Programme and the ESF+ Programme. MEPs in all EU countries were approached with letters to advocate for their support. Both DGs (DG Home and Chafea) were included as well.

Another activity included a training developed in the area of intervention planning, monitoring, evaluation and advocacy which was organised in the framework of the CSFD Project. A summarised version of these trainings was provided during the Helsinki meeting. A C-EHRN coordinator states: “We realise that many of our members lack knowledge and expertise in these areas and want to extent our activities in this. By improving the capacities of HR services in the area of intervention planning, monitoring and evaluation we can also improve their ability to apply for funding and advocate for better services.”

Specific support was given to local C-EHRN members, e.g. in Bosnia and Herzegovina, in which C-EHRN closely cooperates with EHRA and DPNSEE to support the development of HR services in this country. A fact finding mission is planned in 2020 including all three networks.

C-EHRN is faced with a resource capacity problem, the C-EHRN coordinator: “We realise that many of our members require and appreciate direct and individual...
support from the network in different areas. We hope that we will be able to intensify our efforts in 2020 in this specific area.”

4.2. Organise and participate in policy dialogue meetings
C-EHRN organised three Policy Dialogue Meeting in 2019 (target was 1). In addition, C-EHRN participated in policy meetings and contributed to advocacy activities and events on national and European level (see 3.4.1). A detailed list of events is included in the advocacy strategy.

C-EHRN organised the following 3 policy dialogue meetings:
- Civil Society Involvement session during ISSDP Conference in Paris
- HCV Community Summit, Marseille
- Advocacy Workshop in Helsinki

More than 200 people attended the C-EHRN policy dialogue meetings.

4.3. Collection of advocacy tools and resources
C-EHRN collected and documented advocacy tools that can support HR services and CSOs in their advocacy activities. More than 40 advocacy tools are included in the www.harmreduction.eu website.

4.4. Development of policy recommendations
C-EHRN developed a set of policy recommendations, covering the three priority areas of C-EHRN and additional topics identified in the Advocacy Strategy. In 2019 more than 2.200 individuals are reached through policy recommendations and papers. Next three policy recommendations are produced, addressing HCV, Social inclusion and harm reduction, Civil Society Involvement.

4.5. Impact Advocacy according to Key Stakeholders and C-EHRN members
Key Stakeholders that participated in the expert-survey (N=10) were asked to indicate which C-EHRN areas are most important for their work. Advocacy was judged as very important by 7 out of ten Key Stakeholders, important by two respondents and one was neutral. A Key Stakeholder describes C-EHRN in this context as a “Powerful tool to engage in advocacy on/from European perspective.” Another one states: “It is important that the EU harm reduction community is speaking in one voice on important issues and create tools and reference documents for advocacy.” Key Stakeholders appreciate that “Correlation is present, active and engaging.” and its “systematic advocacy on EC level”.

More than 80% of the C-EHRN members is aware of the C-EHRN publications. The C-EHRN member-survey showed that C-EHRN publications are valuable for daily work: 15% mentioned it extremely valuable, 45% very valuable and almost 40% somewhat valuable. Only one respondent called it not so valuable.

4.6. Milestones and deliverables Advocacy

<table>
<thead>
<tr>
<th>Milestones &amp; Deliverables</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 11: One Policy Dialogue Meeting organised</td>
<td>3 Policy Dialogue Meetings were organised</td>
</tr>
<tr>
<td>D 7: Policy Recommendations. Based on the work in the TEGs, C-EHRN will develop and promote policy recommendations, which can be used as well by C-EHRN members for advocacy on national level.</td>
<td>Delivered Three policy recommendations are produced</td>
</tr>
</tbody>
</table>
5. Helsinki meeting

In October 2019 an Expert and Member Meeting was organised in Helsinki to ensure exchange between members, FPs and partners and to bring together the TEGs and the SEG. The meeting was attended by 63 participants including 18 scientific or thematic experts.

To evaluate the meeting the participants were asked to fill in a questionnaire on the last day of the meeting. 45 of the 63 Participants filled in the questionnaire. The quality of the meeting was highly appreciated. All but one participant judged the quality good up to excellent. Over eighty percent of the respondents agreed that the overall content and the organisation of the meeting was very good/excellent. The introduction programme was judged as good by 31% and as very good to excellent by 69%. More than eighty percent judged the several plenary sessions of the meeting as very good to excellent.

- 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?

The evaluation of the C-EHRN activities and results focused on the following research questions:

1. Did the 2019 work program achieve the envisaged objectives, actions and results?
2. Did the process of development and implementation go as planned?
3. Were involved stakeholders satisfied with C-EHRN activities and results?

Ad 1:
Yes, all milestones are reached, although some with a little delay, and all deliverables are available and of good quality.

Ad 2:
Yes, progress is judged as good and all activities were successfully implemented.

Ad 3:
Yes, stakeholders are very positive about progress and results. Furthermore, after two years stakeholders still state that the merge of the Correlation Network and the European Harm Reduction Network was a good idea.

The following logframe matrix shows the indicators and the related assessment:

<table>
<thead>
<tr>
<th>Specific Objective 1: Strengthen the network and the collaboration with its members and partners through an adequate and solid organisational network structure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process Indicator(s)</strong></td>
</tr>
<tr>
<td><strong>Exchange</strong></td>
</tr>
<tr>
<td>Number of SC Meetings organized</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Number of C-EHRN member and expert</td>
</tr>
<tr>
<td>Expert meetings organized</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Number of external meetings and conferences attended</td>
</tr>
<tr>
<td>Number of presentations/workshops during conferences</td>
</tr>
<tr>
<td>Number of presentations/workshops during conferences</td>
</tr>
<tr>
<td>Number of online and audio conferences with SC, SEG and TEGs</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Communication:**

<table>
<thead>
<tr>
<th>Number of website updates</th>
<th>At least 6 website updates</th>
<th>25 updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of newsletters and updates</td>
<td>At least 6 C-EHRN newsletters</td>
<td>12 monthly C-EHRN newsletters + 5 Street Support Newsletters (+ do you need emails sent to our members??)</td>
</tr>
<tr>
<td>Number of Facebook and twitter postings</td>
<td>At least 2000 Facebook and twitter postings</td>
<td>Twitter: Tweets: 1200 Retweets: 600</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facebook Posts: 150 Post Reach (The number of people who saw posts at least once. This metric is estimated): 164 per day Shares: on average 2 per day</td>
</tr>
</tbody>
</table>

**Output Indicator(s)**

**Target**

**Assessment**

**Meetings:**

| Number of individuals participating in the SC and expert meeting | At least 14 participants per SC and expert meeting | 18 SC Members and experts participated to the expert meeting |
| Number of individuals participating in the C-EHRN member and expert meeting | At least 60 individuals, participating in the C-EHRN member and expert meeting | 63 participants of which 18 SC Members/experts |
| Number of experts participating in the TEGs and the SEG | At least 20 experts participating in the TEGs and the SEG | 25 experts participated in TEGs |
| Number of people attending the policy dialogue meeting(s) | At least 40 individuals attending the policy dialogue meeting(s) | 3 meetings with over 200 participants |
| Number of individuals reached through participation at European and international conferences | At least 500 individuals reached through participation at European and international conferences | More than 4250 individuals reached through participation at conferences meetings and events |
| Number of individuals participating in online meetings | At least 50 individuals participating in online meetings | Total number of participants in online calls: 150 |

**Communication:**

| Number of website visitors | At least 10.000 C-EHRN unique website visitors in 2019 | In total there were 68,351 website visits of which 46,248 unique visitors |
| Number of individuals reached through C-EHRN newsletter postings and C-EHRN publications | At least 2000 individuals reached through C-EHRN publications and newsletters | 2200 individual contacts |
| Number of individuals reached through Facebook and twitter | At least 1.000 individuals reached through Facebook and twitter | Twitter: Followers: 590 Impressions: 303,4k Tweets: 1200 Retweets: 600 |
| | | Facebook Followers: 1.095 Unique Individuals reached through posts: 5.025 |
### Members and FPs:

<table>
<thead>
<tr>
<th>Outcome Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of additional FPs</td>
<td>At least 5 new FPs in 2019</td>
<td>4 new FPs in 2019</td>
</tr>
<tr>
<td>Number of additional C-EHRN Members</td>
<td>At least 50 new C-EHRN members in 2019</td>
<td>51 new C-EHRN Members in 2019</td>
</tr>
</tbody>
</table>

### Outcome Indicator(s)

| Percentage of C-EHRN members, who feel represented by C-EHRN objectives and activities. | 60% of C-EHRN members indicate that C-EHRN represents their interests. | 50% feel fully represented and 45% sometimes represented |

### Milestones

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Means of verification and deadline (M)</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 1: Updated C-EHRN member database</td>
<td>Updated and extended list of C-EHRN members with relevant information on C-EHRN member (M12)</td>
<td>Member database was updated with relevant information</td>
</tr>
<tr>
<td>MS 2: Updated Focal Point List</td>
<td>Updated and extended list with all FPs (M12)</td>
<td>FP List was updated</td>
</tr>
<tr>
<td>MS 3: Regularly updated website</td>
<td>C-EHRN website is constantly updated; this includes as well other C-EHRN related websites (M12)</td>
<td>Regular updates of website</td>
</tr>
<tr>
<td>MS 4: 1st Steering Committee Meeting</td>
<td>Programme, list of participants, SC minutes (M3)</td>
<td>A combined meeting with selected SC members and the SEG was organised on 16-17 January in Berlin An informal SC meeting was organised during the IHRC in Porto on 29 April for those who participated. The last SC meeting was organised on 3 October, Helsinki during the C-EHRN member and 4 expert meeting.</td>
</tr>
<tr>
<td>MS 5: Elected SC</td>
<td>Election documentation, List of new SC members (M4)</td>
<td>A new SC was elected in April 2019, consisting of 5 elected members, one representative of EuroNPUD and two additional experts to safeguard a balanced gender and regional representation. The new SC consists of Peter Sarosi, John Peter Kools, Dirk Schaffer, Jose Queiroz, Tuukka Tammi, Marianela Kloka, Alina Boci and Christos Kouimtsidis. A call for nominations was launched in February 2019. Candidates could nominate themselves until 6 March. The list of candidates was announced at 13 March. The voting was organised from 27 March until 3 April. A total of 25 candidates nominated themselves. A total of 97 individual voted. A detailed election documentation and procedure is available.</td>
</tr>
<tr>
<td>MS 8: Updated C-EHRN member database</td>
<td>Programme, list of participants (M9)</td>
<td>C-EHRN Member database is updated</td>
</tr>
</tbody>
</table>

### 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 organisations

<table>
<thead>
<tr>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SEG meetings organised</td>
<td>2 face-to-face meetings organised</td>
<td>1 face-to-face meeting was organised in Berlin from 16-17 January 2019 to discuss the draft monitoring tool and the implementation of the pilot phase. An additional meeting with FPs and members of the SEG was organised 29 April 2019 during the IHRC in Porto. A third meeting with the SEG was organised on 2-4 October during the C-EHRN Meeting in Helsinki. An additional meeting was organised on 1-3 December 2019 with the coordinators of the Monitoring activities, including T. Tammi, R. Rigoni, E. Schatz and K. Schiffer to discuss the progress of the Monitoring Reports and agree on final tasks</td>
</tr>
<tr>
<td>Number of online SEG meetings organized</td>
<td>2 online SEG meetings organised</td>
<td>3 online meetings/calls were organised with some members of the SEG or the coordinators of the monitoring activities.</td>
</tr>
</tbody>
</table>
### Number of pilot interventions (draft monitoring tool) carried out

Three pilot interventions to test the Draft Monitoring Tool. The draft monitoring tool was piloted in 5 countries in March 2019: Romania, Poland, Germany, Italy and Finland.

### Number of Monitoring tools implemented

Monitoring Tool is implemented in at least 28 countries.

### Number of Monitoring Reports produced

500 copies of the Monitoring Report produced. 100 copies of the Monitoring Report.

### Output Indicator(s) | Target assessment
---|---
Number of experts involved in the SEG | At least 5 scientific experts
Number of national experts involved in the collection of data and information | At least 60 experts are involved in the collection of data and information. This includes the FPs as well as additional national experts.
Number of presentations, linked to the C-EHRN Monitoring Tool/Report | At least 5 presentations are linked to the C-EHRN Monitoring Report

### Milestones

| Means of verification and deadline (M) | assessment
---|---
MS 6: 1st SEG Meeting | Programme, list of participants, SEG minutes (M3)
MS 9: Launched Monitoring Report | Printed Monitoring Report; social media announcements (M9)

### 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

### Process Indicator(s) | Target assessment
---|---
Number of entries in the online knowledge and training hub | 200 entries in the online knowledge and training hub

### Output Indicator(s) | Target assessment
---|---
Number of individuals reached with thematical papers, policy recommendations | Dissemination of thematical papers and policy recommendations to at least 2000 individuals
Number of visitors on the online knowledge and training hub | At least 250 visitors of the online knowledge and training hub

### Outcome Indicator(s) | Target assessment
---|---
Number of Monitoring Reports produced | 500 copies of the Monitoring Report

The C-EHRN Monitoring Report is indicated as useful and relevant for the work of C-EHRN stakeholders. 60% of C-EHRN members and external experts (including EMCDDA representatives) indicate that the C-EHRN Monitoring Report complements existing monitoring efforts in the field of drug use and harm reduction, has a positive influence on their engagement in monitoring and advocacy, includes findings which are relevant for their work, creates opportunities for cooperation on national and European level, and is mentioned in relevant EU Papers and Directives and EMCDDA Publications.

60% indicate that the Monitoring Report and activities complements existing monitoring efforts in the field of drug use and harm reduction. 75% indicate that the Monitoring Report can have a positive influence on their engagement in monitoring and advocacy. 85% indicate that the Monitoring report can create opportunities for cooperation on national and European level.

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### Milestones

| Means of verification and deadline (M) | assessment
---|---
MS 6: 1st SEG Meeting | Programme, list of participants, SEG minutes (M3)
MS 9: Launched Monitoring Report | Printed Monitoring Report; social media announcements (M9)

Launch in January 2020

60% of C-EHRN members and external experts (including EMCDDA representatives) indicate that the C-EHRN Monitoring Report complements existing monitoring efforts in the field of drug use and harm reduction, has a positive influence on their engagement in monitoring and advocacy, includes findings which are relevant for their work, creates opportunities for cooperation on national and European level, and is mentioned in relevant EU Papers and Directives and EMCDDA Publications.

60% indicate that the Monitoring Report and activities complements existing monitoring efforts in the field of drug use and harm reduction. 75% indicate that the Monitoring Report can have a positive influence on their engagement in monitoring and advocacy. 85% indicate that the Monitoring report can create opportunities for cooperation on national and European level.
C-EHRN knowledge and training hub and thematical papers/reports are considered to be useful for the work of HR services and other relevant players in the field

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Means of verification and deadline (M)</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 7: 1st TEG Meeting</td>
<td>Programme, list of participants, TEG minutes (M3)</td>
<td>M10 Helsinki</td>
</tr>
<tr>
<td>MS 10: Collection of advocacy tools</td>
<td>Advocacy tools will be implemented in the online Knowledge and Training Hub (M12)</td>
<td>Advocacy tools and papers are incorporated in the <a href="http://www.harmreduction.eu">www.harmreduction.eu</a> website</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>Process Indicator(s)</th>
<th>Target</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of collected advocacy tools</td>
<td>At least 40 advocacy tools are collected (as part of the online knowledge and training hub)</td>
<td>More than 40 advocacy tools are included in the <a href="http://www.harmreduction.eu">www.harmreduction.eu</a> website</td>
</tr>
<tr>
<td>Number of policy recommendations/papers produced</td>
<td>At least 3 policy recommendations/papers are produced</td>
<td>3 policy recommendations are produced addressing: - HCV - Social inclusion and harm reduction - Civil Society Involvement</td>
</tr>
<tr>
<td>Number of policy dialogue meetings organized</td>
<td>At least 1 policy dialogue meeting is organised</td>
<td>3 policy dialogue meetings organised: - Civil Society Involvement session during ISSDP Conference in Paris - HCV Community Summit, Marseille - Advocacy Workshop in Helsinki</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals consulting the advocacy tool collection as part of the online knowledge and training hub</td>
<td>At least 250 visitors consult the advocacy tool collection</td>
<td>1500 visitors on advocacy tools section</td>
</tr>
<tr>
<td>Number of individuals reached through the policy recommendations</td>
<td>At least 1500 individuals are reached through policy recommendations and papers</td>
<td>More than 2200 people reached</td>
</tr>
<tr>
<td>Number of individuals attending the policy dialogue meeting(s)</td>
<td>At least 50 individuals participate in the policy dialogue meeting of C-EHRN</td>
<td>More than 200 people attended the policy dialogue meetings</td>
</tr>
</tbody>
</table>

**Outcome Indicator(s)**

| C-EHRN advocacy activities are considered to be useful for C-EHRN member and partners | At least 60% of C-EHRN members and partners indicate that C-EHRN publications, activities and tools are used to support advocacy activities and have a positive effect on their work in this respective. | Extremely useful 15% Very useful 45% Somewhat useful 40% |

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<tr>
<th>Milestones</th>
<th>Means of verification and deadline (M)</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS 11: Policy Dialogue Meeting</td>
<td>Programme, list of participants (M9)</td>
<td>3 Policy Dialogue Meetings organised</td>
</tr>
</tbody>
</table>

**Deliverables**

<table>
<thead>
<tr>
<th>Number/name/deadline</th>
<th>Content specification</th>
<th>assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1: Newsletters, promotion materials, social media accounts (Month 1-12)</td>
<td>C-EHRN informs C-EHRN members and external contacts about new developments, activities, events.</td>
<td>done</td>
</tr>
<tr>
<td>D2: C-EHRN Monitoring Tool (Month 9)</td>
<td>The Monitoring Tool includes a questionnaire/topic list, covering</td>
<td>done</td>
</tr>
</tbody>
</table>
the three priority areas of C-EHRN; the tool will be implemented in the forthcoming years; findings will be summarised in the annual Monitoring Report.

**D3: Guidelines for implementation (Month 9)**

The guidelines for implementation support the FPs in using the Monitoring Tool.

**Done**

**D4: Monitoring Report 2018 (Month 9)**

The Monitoring Report 2018 summarises the findings of the monitoring, which is carried out by the FPs in EU MS and neighbouring countries.

**Done**

**D5: Online knowledge and training hub (Month 12)**

Online knowledge and training hub consists of resources, covering the thematic priorities of C-EHRN; resources are summarised and clustered.

**Done**

**D6: Thematic papers (Month 12)**

At least three papers will be prepared, covering the thematical priorities of C-EHRN.

**Thematic papers:**
- Pilot Intervention peer involvement of migrants
- Legal barriers for Community HCV Testing
- Overdose Prevention – new technology based interventions
- Overdose Prevention – status quo and challenges
- Hepatitis C Interventions by organisations providing HR services
- Good Practice examples of Hepatitis C interventions

**D7: Policy Recommendations (Month 12)**

Based on the work in the TEGs, C-EHRN will develop and promote policy recommendations, which can be used as well by C-EHRN members for advocacy on national level.

**3 Policy Recommendations/factsheets:**
- Civil Society Involvement
- Hepatitis C and Drug Use
- Social inclusion and harm reduction

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**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.

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**Websites:**

www.correlation-net.org

www.harmreduction.eu

www.hepatitis-c-initiative.eu/

www.drugconsumptionroom-international.org/

**Publications:**

The dissemination of network activities and results is a core element of C-EHRN. The overall aim of dissemination is to promote the network and its activities and to improve policy and practice in regard to drug use and harm reduction. The dissemination efforts promote awareness and understanding on C-EHRN activities and contribute to the knowledge transfer and the exchange between partners in Europe. Advocacy activities can also focus on a specific topic, approach or policy intervention.

Information is targeted to both broad audiences and specific stakeholders, which increases the impact and the effectiveness of the dissemination. External partners and projects will have the opportunity to share information through C-EHRN dissemination channels.

More specifically the following dissemination activities were carried out in 2019

1. The C-EHRN database was updated and specific labels (based on specific expertise and knowledge, professional background....) were included to allow tailored mailings to specific target groups.
2. The C-EHRN website was regularly updated. In total there were 68,351 website visits
3. Social media communication was intensified.
   o Twitter: Followers: 590; Tweets: 1200 ; Retweets: 600
   o Facebook: Followers: 1.095; Posts: 150; Post Reach (The number of people who saw posts at least once. This metric is estimated): 164 per day; Shares: on average 2 per day
4. Monthly C-EHRN newsletters
5. In addition, C-EHRN send out short updates and announcements to promote specific events and publications.
6. C-EHRN used 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.
7. C-EHRN organized the C-EHRN focal point expert meeting in October 2019 in Helsinki with more than 60 participants,

8. C-EHRN promoted activities during presentations at meetings and conferences. C-EHRN was represented in more than 50 conferences, meetings and events and gave more than 25 presentations and workshops. More than 4250 persons were reached during these events.

Based on the evaluation results of C-EHRN, publications are taken up very positive. All results are shared via the correlation website, the online knowledge hub and the related websites.

**Participation in EU actions (if applicable)**

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

C-EHRN participated in the following EU actions:

- EU Civil Society Forum on Drugs
- EU Civil Society Forum on HIV/Aids, HCV and TB
- EMCDDA Expert Meetings
- ECDC Advisory Board
- EU Drug Policy Evaluation

**EU Projects:**

- Civil Society Forum on Drugs Project (DG Home)
- Eurosider (DG Home)
- Peer to Peer Project (DG Home)
- Harm reduction For Homeless (Erasmus+)

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

- CND 2019
- UNODC Civil Society Group on HIV/Aids and Drugs
- FEANTSA Health Cluster
- Nobody Left Outside Platform
- Achieve Coalition

**Follow-up of recommendations and comments from previous SGA grants**

- Please provide an analysis follow-up of recommendations from your earlier reports, if applicable.

Comments of C-EHRN 2018 report and follow-up:

9. 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.

   ➔ Number of (individual and organisational) members has been increased and membership application is combined with a more comprehensive survey assessing the expertise of members

10. The communication and dissemination efforts will be intensified to ensure the visibility of the network.

   ➔ Done. Number of social media postings increased.
11. 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.

C-EHRN has been involved in many different projects and activities (see list of projects and meetings)

12. 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.

Monitoring activities were even more time-consuming in 2019. The process and content of the monitoring activities will be evaluated in 2020 to improve the data collection process and the related content.

13. The cooperation with researchers and scientific partners has been extremely important and helpful and will be maintained and intensified in the forthcoming years.

Cooperation with relevant research institutions and agencies is further intensified and improved, e.g. EMCDDA, ECDC, WHO.

14. 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.

Online Knowledge Hub has been launched and 6 thematical Papers were published.

15. Different CN members have stressed 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.

Different training events and workshops were organised. All of them were highly appreciated. More activities in this area should be addressed.

16. 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.

The EHRC 2020 will be organised in Prague.

17. 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.
C-EHRN was actively involved in different advocacy activities, including the CND, different statement around EU Policy and Funding and practical Support towards members

**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?

**Strengths**
- C-EHRN members feel strongly represented by the network and are very committed to the network and its activities.
- C-EHRN members value the activities of the network, especially when it comes to knowledge exchange, capacity building and direct support.
- C-EHRN brings together a variety of different stakeholders and creates cooperation and exchange between social and health services providers, harm reductions services, affected communities, researchers, public institutions and policy makers. The network is valued and acknowledged by all relevant stakeholders and can as such function as mediator and facilitator of exchange.
- C-EHRN activities include grassroot organisations and drug user organisations and can therefore easily detect and respond to new developments and trends on the national and local level.
- C-EHRN members and partners reflect the diversity of the field and have different areas of expertise and knowledge, which can be utilised within the network activities and also in the mutual contact between our members.
- C-EHRN has a broad understanding of harm reduction and addresses not only drug related problems. Instead, an integrated approach is promoted including topics, such as homelessness, sex work, employment, education, inequalities, loneliness, mental health problems and more.
- C-EHRN is involved in different EU projects and initiatives which contributes to the overall impact of the network.

**Weakness**
C-EHRN is a large network with a diverse group of members and partners. It is evident that the network is unable to respond to all needs. In general: more could be done in all areas of work, including communication, exchange of information, direct support of members, capacity building and advocacy. As a consequence, the network has to limit itself to its core objectives and activities, although more financial resources and human resources would be helpful.

C-EHRN Monitoring activities are ambitious. The activities and results build on the input of the C-EHRN FPs – the backbone of the network - while no financial support can be provided. This is only possible because the FPs value the network, want to be an active part of it see a clear added value in their work.

C-EHRN FPs need to be an expert in different areas (Civil Society Involvement, HCV, Overdose Prevention and new drug trends) or have to consult different national stakeholders for additional input.
The Monitoring Report is based on the opinion of one expert (not necessarily someone with a research background). This can lead to subjective or anecdotal information and might sometimes contradict with information from other sources. This is acknowledged and described in the report, and is evident as well for all kind of monitoring reports and data collection on the EU level.

Face-to-face meetings, workshops, training events and direct support at the national/local level is highly appreciated by C-EHRN members. Due to financial limitations and a lack of human resources, the network can provide only limited support in this area.

**Future Opportunities**

The organisation of the bi-annual European Harm reduction Conference is an important milestone within C-EHRN and has improved the cooperation between different European stakeholders and networks. The preparations for the 2020 Conference are already ongoing and it is expected the Conference in Prague will be as successful as the one in Bucharest in 2018.

The annual Monitoring Report complements existing monitoring efforts on EU level and is highly valued by different stakeholders, including the EMCDDA and the WHO. As such, the network
- can contribute to an improved knowledgebase and information on harm reduction and drug use in Europe
- can foster the position and recognition of Civil Society and Harm Reduction Organisations
- can contribute to more cooperation and advocacy on European and national level

The online Knowledge Hub has been launched in 2019 and provides an extensive overview of resources – including publications, guidelines, tools, videos and more. As such the online hub is a perfect online platform for all other organisations and initiatives to share and disseminate their work.

The good reputation of the network has also increased the number of advocacy activities. C-EHRN supported different written statement, developed letter of support and advocacy briefings and organised specific policy dialogue sessions.

**Threats**

The network has become an important stakeholder and is acknowledged by grassroot organisations, research institutions, EU agencies and networks and policy makers. All progress, which has been made since 2018 is directly linked to the funding of the FPA. The sustainability of the network activities and results depends on this support and it is hoped that the new Multiannual Financial Framework (2021-2027) will sustain funding to C-EHRN and enable the network to continue its activities.

**Lessons Learnt**

Although the TEG coordinators and members contributed actively to the monitoring process, C-EHRN would wish for more involvement of the experts to other network activities. This is planned in 2020, and will include the organization of webinars.
Impact Assessment

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

After only two years the network managed to be acknowledged as the European Harm Reduction Network. It is highly appreciated by grassroots organisations, researchers, policy makers and relevant agencies and network on national and European level. As such the network has managed to represent the needs of its members effectively. This is also confirmed by the member and stakeholders survey which has been carried out. 95% of the network members have indicated that they feel represented by C-EHRN.

The network complements existing monitoring efforts in the area of drug use and harm reduction. The Monitoring report is the first one of its kind and supports the recognition of HR services on national and European level. Based on the member and key stakeholder survey, carried out at the end of 2019:
- 60% indicate that the Monitoring Report and activities complement existing monitoring efforts in the field of drug use and harm reduction
- 75% indicate that the Monitoring Report can have a positive influence on their engagement in monitoring and advocacy
- 85% indicate that the Monitoring report can create opportunities for cooperation on national and European level

The online knowledge hub creates a platform for exchange and resources. The member and key stakeholder survey showed:
- 75% indicate that the online hub supports their daily work
- 75% indicate that the online hub contributes to their ability to develop new, effective and innovative approaches
- 85% indicate that the online hub creates opportunities for cooperation

The Monitoring Report, the thematical papers and factsheets will be used by C-EHRN members and professionals to improve service provision and advocate for more coverage, sustainability and quality of harm reduction services. It is however difficult to measure the impact of the advocacy activities of C-EHRN. The member key stakeholders survey shows what members think about the usefulness of C-EHRN publications and results for their advocacy work:
- 15% find it extremely useful
- 45% very useful
- 40 somewhat useful

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...

Based and cited on the EMCDDA Drug Report of 2019:
"Around 96 million or 29 % of adults (aged 15-64) in the European Union are estimated to have tried illicit drugs during their lives. Experience of drug use is more frequently reported by males (57.8 million) than females (38.3 million). The most commonly tried drug is cannabis (55.4 million males and 36.1 million females), with much lower estimates reported for the lifetime use of cocaine (12.4 million males and 5.7 million females), MDMA .... and amphetamines...."

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 activities are built on scientific evidence from relevant scientific sources, including the EMCDDA (e.g. European Drug Reports), 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 other scientific publications.

More specifically the activities of the SGA 2019 are supported by the following evidence. The European Drug Reports of the EMCDDA (2019) state that Europe has a growing problem with drugs. Specifically mentioned are:

**Drug Use and related challenges**
- although injecting heroin use is decreasing in many EU countries, opioid problems are growing elsewhere in Europe - making a major contribution to the health and social costs attributable to drug use in Europe
- there is an overall increase of drug related deaths in the past 5 years. This threat might be growing as the quantity of heroin seized has increased, and the purity of the drug remains relatively high and the price relatively low
- Hepatitis strategies are now in place in 17 EU countries and Norway, and an increasing number of countries are providing unrestricted access to better tolerated and more effective, direct-acting antiviral medications. However, HCV screening is a critical entry point to effective hepatitis care and helps prevent further transmission. Community-based drugs services can play an important role here. In many countries, however, effective testing policies and appropriate referral pathways are not in place
- an effective early warning system is extremely important. This is in particular important in regard to synthetic opioids, as they are becoming more commonly detected in drug overdose cases. Despite this threat, the current capacity to detect and report on the availability, use and consequences of synthetic opioids remains limited. Improving the sensitivity of information resources in this area must therefore be regarded as a priority. 
- The specific overdose prevention interventions, which are actively promoted by C-EHRN are also included in the overview of key approaches for reduction opioid related deaths by the EMCDDA

**The need to improve coverage and quality of Harm Reduction**
Harm reduction services are an evidence-based and cost-effective 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.

The 2019 Report of the EMCDDA states as well that the provision of harm reduction services remains inadequate in many EU countries, and is deteriorating, even in countries with historically good service coverage. At the same time, the EMCDDA acknowledges and recommends certain harm reduction responses to effectively reduce the number of overdoses and deaths.

**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.
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.

- If your organisation is disseminating good practices, please explain the types of good practices (intervention, guideline...) you are disseminating.

C-EHRN published and disseminated good practice examples in different ways:

**as guideline and analysis**
- Hepatitis C Interventions by organisations providing harm reduction services in Europe – analysis and examples
- Overdose Prevention – Status Quo and Challenges
- Overdose Prevention – new technology based solutions

**as intervention**
- Pilot special Intervention: Peer Involvement of migrants and refugees to accelerate their access to HIV/HCV/HBV-related information and testing
- Good Practice Examples of Hepatitis C Interventions providing harm reduction services in Europe

**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 with a sufficient level of quality on the mid and long term and demonstrated an impact on EU Public Health.

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<tr>
<th>Outcome Indicator(s)</th>
<th>Target</th>
<th>assessment</th>
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<tbody>
<tr>
<td>Percentage of C-EHRN members, who feel represented by C-EHRN objectives and activities.</td>
<td>60% of C-EHRN members indicate that C-EHRN represents their interests.</td>
<td>50% feel fully represented and 45% sometimes represented</td>
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<tr>
<th>Outcome Indicator(s)</th>
<th>Target</th>
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<tr>
<td>C-EHRN Monitoring Report is indicated as useful and relevant for the work of C-EHRN stakeholders.</td>
<td>60% of C-ECHRNs and external experts (including EMCDDA representatives) indicate that the C-EHRN Monitoring Report complements existing monitoring efforts in the field of drug use and harm reduction</td>
<td>60% indicate that the Monitoring Report and activities complements existing monitoring efforts in the field of drug use and harm reduction</td>
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<td>has a positive influence on their engagement in monitoring and advocacy</td>
<td>75% indicate that the Monitoring Report can have a positive influence on their engagement in monitoring and advocacy</td>
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<td>includes findings which are relevant for their work</td>
<td>85% indicate that the Monitoring report can create opportunities for cooperation on national and European level</td>
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<td></td>
<td>creates opportunities for cooperation on national and European level</td>
<td>The C-EHRN Monitoring Report is mentioned in relevant EU Papers</td>
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</table>
Outcome Indicator(s) | Target | assessment |
--- | --- | --- |
C-EHRN knowledge and training hub and thematical papers/reports are considered to be useful for the work of HR services and other relevant players in the field | More than 60% of C-EHRN members and external experts indicate that the C-EHRN online knowledge and training hub - supports them in their daily work - contributes to their ability to develop new, effective and innovative approaches - creates opportunities for cooperation on national and European level | 75% indicate that the online hub supports their daily work 75% indicate that the online hub contributes to their ability to develop new, effective and innovative approaches 85% indicate that the online hub creates opportunities for cooperation |

Outcome Indicator(s) | Target | assessment |
--- | --- | --- |
C-EHRN advocacy activities are considered to be useful for C-EHRN member and partners | At least 60% of C-EHRN members and partners indicate that C-EHRN publications, activities and tools are used to support advocacy activities and have a positive effect on their work in this respective. | Extremely useful 15% Very useful 45% Somewhat useful 40% |

- **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.**

C-EHRN has contributed to EC policy in the following ways:
- the Monitoring Report addresses different EU priorities in the area of health and drug related issues. This includes HCV prevention, testing and care for PWUDs, Overdose Prevention, New Drug Trends and Civil Society Involvement. The Report summarises data and information from 35 countries in Europe, by building on the knowledge and perspective of CSOs and harm reduction organisations. The report complements existing data Collection and Monitoring Reports and informs policy and practice on national and EU level.
- C-EHRN developed 3 Factsheets and organised 3 policy dialogue meetings. These publications/meetings targeted service providers as well as policy makers and in total we reached more than 4250 people in different meetings and events.
- C-EHRN contributed actively to the evaluation of the current EU Drug Strategy and Action Plan and supports as such the drafting of a new strategy beyond 2020.
- C-EHRN is part of the Civil Society Forum on Drugs and the Civils Skociety Forum on HIV/Aids, HCV and TB and contributes actively to the development of EU Policy in both areas.

- **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?**

C-EHRN cooperates actively with representatives of affected communities, including PWUDs, People experiencing Homelessness, ses workers, MSM, PLWHA and others. All events and activities are organised in close cooperation with 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 future Health Programme should reinforce the focus on marginalised and vulnerable groups and communities. This includes in particular People Who Use Drugs, People Living with HIV/AIDS and HCV.

We call for the **inclusion of drug-related problems as priority in the list of joint health priorities**

Drug problems are complex and linked to different policy areas (e.g. health, social inclusion, justice, security, development and human rights, among others). The most relevant policy area for drug prevention, risk and harm reduction, treatment, care and recovery programmes remains the EU’s Health Policy.

These interventions continue to be direly needed. According to the United Nations, while one in eight people who inject drugs globally are living with HIV, over half are infected by hepatitis C. Unfortunately, access to evidence-based risk and harm reduction services to tackle these preventable infections remains limited, also in Europe. This is despite the fact that recent advances in the medications available to treat hepatitis C have made the possibility of eliminating the virus an attainable goal. Also of major concern is the number of drug use-related deaths in the EU, having reached 8,238 in 2017, according to the latest estimates of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA).

In the past eight years, promoting a comprehensive range of health and social services for people who use drugs, including the provision of risk and harm reduction services, has been at the forefront of the EU drug policy – and the region remains a model of effectiveness and evidence-based policies for the rest of the world, in particular in a context of renewed ‘war on drugs’ approaches in various parts of the world (e.g. in the Philippines, Sri Lanka, Brazil or Colombia).

C-EHRN is concerned that drug-related problems and the health and social risks and harms related to drug use may not be included in the new priorities and related programmes of the EU.

Doing so is also important in relation to the achievement of the United Nations 2030 Agenda for Sustainable Development, to which the EU and its Member States committed. Indeed, a number of the Sustainable Development Goals (SDG) relate directly to drug problems. For example, Goal 3.3 focuses on ending the epidemics of infectious diseases, such as HIV/AIDS and viral hepatitis, while Goal 3.5 seeks to enhance the prevention and treatment of drug use problems. In its 2019 report, the EMCDDA itself highlighted the ‘need to scale up the provision of prevention, testing and treatment as a critical objective to achieving the public health goals which are adopted in the United Nations 2030 Agenda for Sustainable Development’

**The OG Funding is currently the only opportunity for our network to remain active and develop and implement activities in the area of networking, monitoring, capacity building and Advocacy. We therefore truly hope for a continued support and sustained opportunity for network funding through the OG.**

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?

In relation to the dissemination of best practices or other types of information C-EHRN contributes to the following thematic priorities of the Third Health Programme:

1.2. Drugs-related health damage, including information and prevention
1.3. HIV/AIDS, tuberculosis and hepatitis
2.2. Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries

C-EHRN responds to the transnational dimension of public health and takes into consideration the European perspective on Public Health in general, and European health strategies in particular by:

- assuring involvement of EFTA countries and partnerships with organisations from neighbouring countries of the European Union, such as the Balkan countries, Russia, Georgia and the Ukraine;
- cooperating with WHO Europe, EMCDDA, the EU Civil Society Forum on Drugs and the EU CSF on HIV/AIDS and linking up with other European networks;
- collecting and summarising evidence and models of good practice in Europe. In partnership with other actors in the field, CN disseminates and promotes effective tools and strategies on the European level, and contributes to the provision of comparable data and information;
- addressing local or national health constraints, such as HCV incidence, HIV treatment compliance, hard-to-reach communities, and comparing responses in different settings, so that stakeholders can learn from each other’s experiences and approaches;
- collecting information and materials in a documentation centre on the CN website; disseminating information and materials all over Europe to intermediaries, service providers and decision makers.

- 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?

Target Groups which were reached by the dissemination of good practices were:
- Civil society and harm reduction services
- Health services providers
- Social service providers
- Policy makers
- Affected Community Members

Good Practice examples and collection were disseminated among all these target groups, addressed their specific needs and provided them with information and advice.
Further remarks
- Please state further remarks that you find noteworthy

<Please 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


