

# Boost

## *‘Follow the Light’*

Improving communicable diseases care for people who use drugs within the Lighthouse networks

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## Contents

<b>Summary</b> .....	<b>4</b>
<b>Lighthouse: Spolecnost Podane Ruce, Czechia</b> .....	<b>5</b>
<b>Podane Ruce’s mini-lighthouses</b> .....	<b>6</b>
Agarta.....	6
Prima.....	6
Havirov.....	6
<b>Mini-lighthouse activities to improve care</b> .....	<b>7</b>
<b>Evaluation of pre- and post-assessment</b> .....	<b>12</b>
<b>Evaluation of the Mini-lighthouses’ CDAPs implementation</b> .....	<b>14</b>
Agarta.....	14
Prima.....	15
Havirov.....	15
<b>Conclusions and suggestions for further work</b> .....	<b>16</b>
<b>Lighthouse: Free Clinic, Belgium</b> .....	<b>18</b>
<b>Free Clinic’s mini-lighthouses</b> .....	<b>20</b>
East Flanders and West Flanders.....	20
Situation of the Mini Lighthouse: East Flanders/ Waasland.....	21
Situation of the Mini Lighthouse: West Flanders .....	24
Precursor - Low-threshold, drop-in service in Warsaw, Poland .....	27
<b>Mini-lighthouse activities to improve care</b> .....	<b>28</b>
East Flanders .....	28
West Flanders.....	31
Precursor - Low-threshold, drop-in service in Warsaw, Poland .....	33
<b>Evaluation of pre- and post-assessment</b> .....	<b>35</b>
East Flanders-Waasland .....	35
West Flanders.....	35
Precursor - Low-threshold, drop-in service in Warsaw, Poland .....	36
<b>Evaluation of the CDAP implementation</b> .....	<b>37</b>
<b>Conclusions and suggestions for further work</b> .....	<b>40</b>
<b>Lighthouse: Villa Maraini Foundation</b> .....	<b>41</b>
<b>Villa Maraini’s mini-lighthouses</b> .....	<b>42</b>
Red Cross Committee of Venezia .....	42
Red Cross Committee of Padova.....	43
Red Cross Committee of Genova .....	43
Red Cross Local Committee of Pisa .....	43
<b>Mini-lighthouse activities to improve care</b> .....	<b>43</b>
Coaching sessions.....	44

<b>Evaluation of pre- and post-assessment .....</b>	<b>51</b>
Red Cross Venezia .....	51
Red Cross Padova .....	52
Red Cross Genova.....	52
Red Cross Pisa.....	53
<b>Evaluation of the CDAP implementation .....</b>	<b>54</b>
<b>Conclusions and suggestions for further work .....</b>	<b>55</b>
<b>Lighthouse: A-Clinic Foundation.....</b>	<b>56</b>
<b>A-Clinic Foundation’s mini-lighthouses .....</b>	<b>57</b>
Health counselling service Nervi .....	57
Child protection service Stoppari.....	57
K-Klinikka .....	58
<b>Mini-lighthouse activities to improve care.....</b>	<b>59</b>
K-Clinic and Nervi .....	59
Stoppari.....	60
Coaching sessions and site visits .....	61
<b>Post-assessment, and CDAPs implementation and evaluation .....</b>	<b>67</b>
<b>Conclusions and suggestions for further work.....</b>	<b>68</b>
<b>Annexes .....</b>	<b>70</b>
Annex I. CDAP example of a mini-lighthouse .....	70

## Summary

Work Package 4 of the Boost Project aims to scale up the implementation of people-centred good practices in HIV/HBV/HCV services for people who use drugs among community-based organisations, with a focus on integrated interventions, expansion of community voluntary testing, and linkage to treatment options. This work package aims to develop four organisations into centres of expertise that function as “Lighthouses” within their region through the build-up of a peer network among them; to support selected local community-based organizations in implementing effective Communicable Diseases Action Plans (CDAPs) that fit with the local context (see example Annex I). The four Lighthouses worked on coaching sessions and training in testing, linkage to care, and planning of activities and services provision in communicable diseases to organizations working with people who use drugs, aiming at an increase in testing and linkage to care for people in contact with these organizations.

This document is a compilation of four evaluation reports of the Communicable Diseases Action Plans developed in cooperation among Lighthouses and organizations.

✈ **Lighthouse 1:** Spolecnost Podane Ruce, Czechia

✈ **Lighthouse 2:** Free Clinic, Belgium

✈ **Lighthouse 3:** Fondazione Villa Maraini, Italy

✈ **Lighthouse 4:** A-Clinic Foundation, Finland

Each of the lighthouses was working with three other organizations, and providing at least 3 coaching sessions and a study visit to their premises and services.

In total, 13 organizations (‘mini-lighthouses’) were voluntarily involved, with at least three coaching sessions held with each mini-lighthouse team. Moreover, pre- and post-assessment sessions were provided. Each Lighthouse recorded an increase in the number of tests done by mini-lighthouses during and after the coaching period.

The aim to support an increase in testing and linkage to care was successfully achieved. However, due to diversity and local conditions, social and medical cross-cultural support would be needed to secure the sustainability of the process. Establishing state/regional Lighthouses across Europe, working in the long term, might facilitate the process. The suggestion is to implement a Lighthouse in each country to offer such mentoring services on an ongoing and regular basis. There are three main factors to support the suggestion: 1) the practice cannot be well transferred in written, 2) coaching is the most effective method of the transfer - training, testing, and communication is the most effective in person, 3) harm reduction services are operated mainly in the frame of social services, thus the public health part of harm reduction services such as testing and linkage to care need specific attention in training and coaching. The sustainability of the provided services should also be secured financially.

# Lighthouse 1: Spolecnost Podane Ruce, Czechia

## Lighthouse: Spolecnost Podane Ruce, Czechia

Spolecnost Podane Ruce (SPR) is a non-profit non-governmental organisation founded in 1991 in the city of Brno, the second largest city in the Czech Republic, just after the fall of the communist regime and is one of the leading organisations in the country in harm reduction, prevention, treatment, and care, as well as in national drug policy development. It provides a network of complex services that run from harm reduction services such as outreach/mobile programs and drop-in centres, community-based services, out/in-patient treatment programs (therapeutic community), supported housing, and special services for young people, families, tutors and schools, and people who use drugs serving a sentence in prisons. To deliver services, SPR counts on a team of 300 staff spread across the country to run services in some 50 centres. SPR also has an impact at the national level by leading the Association of Non-governmental Organisations, which brings together some 26 key organisations involved in the addiction field in the Czech Republic.

Confidential voluntary testing for HIV, HCV, in some sites HBV, and sexually transmitted infections (syphilis) and linkage to care is mainly provided in harm reduction services (20 programs in 3 regions) such as drop-in centres, outreach programs, and mobile units, with more than 2000 rapid tests per year. In 2023, a mobile drug consumption room (a van) was opened and has been operating as part of an outreach programme. The finger prick and saliva test are used, in some programs, the venipuncture by a qualified nurse. The client is offered a test and assistance to the specialist if needed. The full spectrum of clients' needs has to be taken into account and help offered (housing, documents, relationships, information, peer support). The medical doctor, an infection-disease specialist from the Podane Ruce Clinic, provides medical care and treatment to the referred clients. In 2023, the Clinic became the 26th DAA centre in the Czech Republic, thus the linkage to care became very convenient for the drug services clients. The HCV nurse from the Clinic is also offering venipuncture in the outreach services (mobile unit) and drop-in centres in Brno. In 2024, the Clinic opened a low-threshold general practice office in the Methadone therapeutic centre in the Brno city centre in a socially excluded area. Peers from StreetSupport Peer Group are involved in the continuum of care, mainly in linkage to care and treatment and post-treatment support. Clients are supported throughout the process of diagnostics and care on a case management basis. The motivation is supported by incentives in every step of the cascade of care, with a gift card to a supermarket.

The team of experienced outreach and drop-in workers, peers, the coordination team, and the infectologist and HCV nurse is bringing together a system of care for all clients.

## Podane Ruce's mini-lighthouses

The mini-lighthouses are three different organizations, two in the Czech Republic, one in Slovakia. Two are NGO's, one is a municipality service organization. All organizations were voluntarily involved in the project based on their intention to improve their services for clients.

### Agarta

**Agarta** (Czechia)—NGO organization providing HR services in two towns in the Czech Republic, in drop-in centres and outreach programs in each town. Agarta is an NGO operating in the central-east part of the Czech Republic. It has two drop-in centres in two towns and outreach programs for people who use drugs in five towns. Besides, the organization provides programmes for schools and the public. The drop-in centres and outreach programmes are in line with the Standards for these services, as is stated by the Office of the Government document. The services provided are NEP program, counselling, information, education, basic health care, food and hydration, basic hygiene program, etc.

### Prima

**Prima** (Slovakia) - HR organization providing outreach and drop-in centers, and also working with youth. NGO Prima is one of only 3 harm reduction organizations in Slovakia. Prima services are based in the capital city, Bratislava, and in Dunajska Streda. The NGO runs several services for people who use drugs, such as drop-in centres and outreach programs, as well as some youth services. Prima is an NGO offering services to people who use drugs, operating in the south-west part of Slovakia. In the capital, Bratislava, there is a drop-in centre and outreach programme. In the town of Dunajska Streda, there is an outreach in a socially excluded district. The services such as NEP program, counselling, information, education, basic health care, food and hydration, basic hygiene program, etc., are provided.

### Havirov

**Drop-in centre Havirov** (Czechia) - an organization with a drop-in centre and outreach programme in a city with lower socioeconomic advantages.

A municipal service organization with a drop-in centre and outreach program for people who use drugs in a city with lower socioeconomic advantages, located in the north-east of the Czech Republic. The mission of the Contact and Counseling Center for Persons at Risk of Addictions in Havířov is to provide anonymous and free professional social services, mitigating the effects of the use of addictive substances, including pathological gambling.

As an additional work, the training of a peer group Street Support of the Lighthouse organization Společnost Podane ruce started in May 2025. The peer group has new members, and the work on the peer work in HCV cascade of care and on Guidelines for the peer work in HCV and other diseases care was established by a series of meetings. Two meetings of peer workers, HCV nurse, drop-in and outreach workers, and coordination and management members took place in the premises of the peer group in Brno and in the premises of the infectiology outpatient care of the Podane ruce Clinic in Brno. This is bringing closer collaboration between HCV nurse, peers, and harm reduction programs and their clients. The group is also working on guidelines for the HCV peerwork within the organization.

## Mini-lighthouse activities to improve care

The activities took place from the beginning of 2024, when the cooperation with mini-lighthouses started, and we were planning further the assessments and visits.

In all three mini-lighthouse organizations, we were offering and planning the initial assessment to make the first contact and evaluate the situation and needs in the organization. Then the three coaching sessions were planned, online or face-to-face, each coaching session on a different topic. Also, the visit to the premises of the organization and the study visit to the premises and services of the Lighthouse organization were planned and realized during the year 2024 and in the first half of the year 2025.

The full list of activities are found below on the table. Pre-assessment took place online before coaching, and post-assessment was done online after all coaching sessions and study visits.

Mini-lighthouse	Topics	Date	Number of participants	Online/Offline	Hours
NGO Agarta, CZ	Testing Training	21.5.2024	5	Offline, Valašské Meziříčí	3
	Linkage to care	9.12.2024	7	Online	2
	How to reach an increase in the number of tests	29.11.2024	8	Offline, Brno	2
NGO Prima, Slovakia	How to increase the number of tests in a mobile unit in an outreach setting	13.9.2024	5	Offline, Bratislava, SK	5
	Motivation of clients to undergo testing and treatment	8.7.2024	2	Online	2
	HCV Treatment and cooperation with specialists	29.11.2024	2	Offline, Brno	2
Drop-in centre Havirov, CZ	Rapid testing training	24.6.2024	6	Offline, Havířov	6
	Treatment of HCV	17.3.2025	6	Online	6
	Linkage to care, POC strategic plan, training in testing	28.8.2025	6	Offline, Havířov	6
Study visits to the SPR Brno services, for all Mini lighthouses	Testing in low threshold facilities, DCR, harm reduction programs	29.11.2024	10	Offline	12
<b>Total</b>	<b>57 participants</b>			<b>46 hours</b>	

Bratislava, Outreach program, drop-in centre, podcast, 13.9.2024



On-line with NGO Agarta, VAlašské Meziříčí and Vsetín, Cascade of care, Linkage to care, 9.12.2024



Social Services Havířov, drop-in centre and outreach program team, linkage to care, 28.8.2025





Study visit to SPR services - outreach program, DCR, low threshold centre for people with heavy alcohol use, drop-in centre, 29.11.2024



Peers meeting with outreach and drop-in services in the Infectology DAA outpatient clinic.



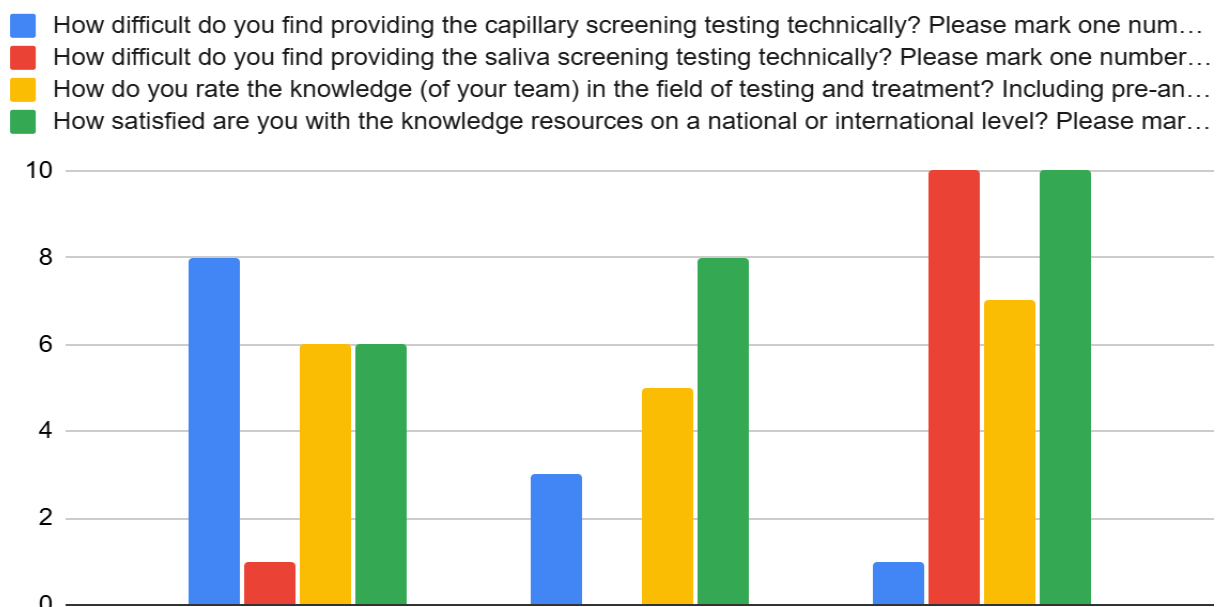
## Evaluation of pre- and post-assessment

Pre- and post-assessment questionnaires and interviews were conducted with each of the mini-lighthouses. The questionnaires were shared in one common online version with all four lighthouses. Questions assessed the current situation of the mini-lighthouse, needs for mentoring, and post-assessment evaluation of the mentoring, including needs for further training and mentoring.

### Pre-assessment

All organizations operate within their own premises and conduct outreach programs. One program is using a mobile unit for testing. There are different assessments of the situation in the organization regarding the difficulty of testing and providing the capillary of saliva testing. The team's knowledge was assessed as average, and the satisfaction with the resources on the national level was average or high.

**Figure 1.** Self-assessment on capillary screening tests provision, saliva tests provision, knowledge of the team, and satisfaction with the resources (0-low, 10 high).



Each of the mini-lighthouses evaluated the difficulty of the screening testing with capillary (finger prick) tests (range 1 to 8). Knowledge of the team ranged from 5-7, and satisfaction with resources was above average (from 6 to 10).

In 2023, before the coaching started, the mini-lighthouses worked in total with 2816 clients, with 36 workers in total, and only 19 who could perform the rapid test. One organization was already testing, 33 tests in total in 2023 (11x HIV, 13x HCV, 5x syph, 4x HBV).

Topics of concern in the mini-lighthouses were: Linkage to care-continuum of care, data and monitoring, working with incentives, saliva HCV tests only, and need for capillary tests.

To learn more tools to motivate our clients for treatment (many of them know they are HCV+, but they are not willing to treat themselves). Testing - conditions for testing from capillary blood, how to explain that the testing is the part of the prevention, fibroscan conditions for clients, test with insignificant result, testing in the outreach, pre/post counselling, motivation for the next visit to specialist, support to the client with reactive test and during the treatment, accuracy of the saliva tests and blood tests, effectivity, efficiency.

All three mini-lighthouses had similar training needs:

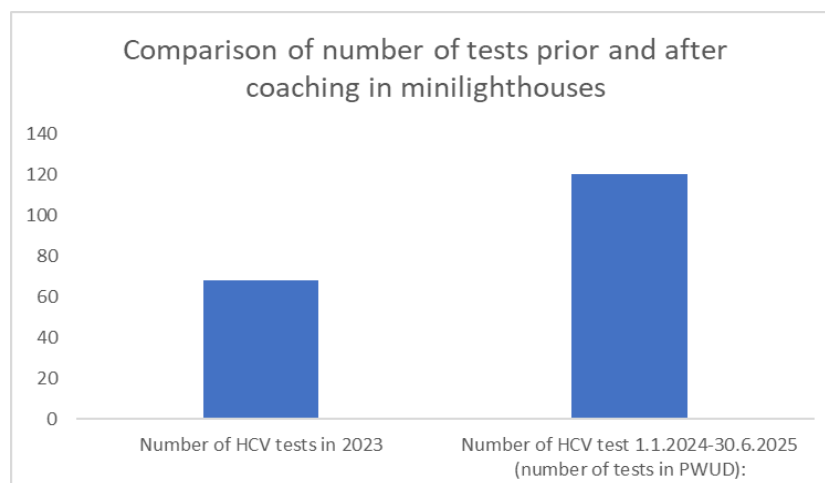
1. provision of rapid tests in non-medical settings
2. follow-up (adherence to treatment/end of treatment),
3. peer involvement/training/outreach
4. data collection and analysis
5. monitoring and evaluation,
6. communication skills, working with motivation, incentives, and adherence, HIV saliva tests,
7. communication skills, working with motivation, incentives and adherence
8. provision of rapid tests in non-medical settings
9. peer involvement/training/outreach
10. monitoring and evaluation,

Improving communication skills and strategies for motivating clients for testing, incentives, and the provision of the tests were the most prevalent.

### Post-assessment

With each of the mini lighthouses, an interview and evaluation of the coaching and cooperation was conducted. The figure shows an increase in testing in the Mini lighthouses after the coaching period. The period “after coaching” is longer than the control calendar year; however, the coaching was ongoing in 2024 and in 2025, so the evaluation should also be done for the years 2025 and 2026 to see further development. Nevertheless, due to training, testing, and coaching, the amount tests performed significantly increased. Moreover, 31 people were linked to care in the coaching period.

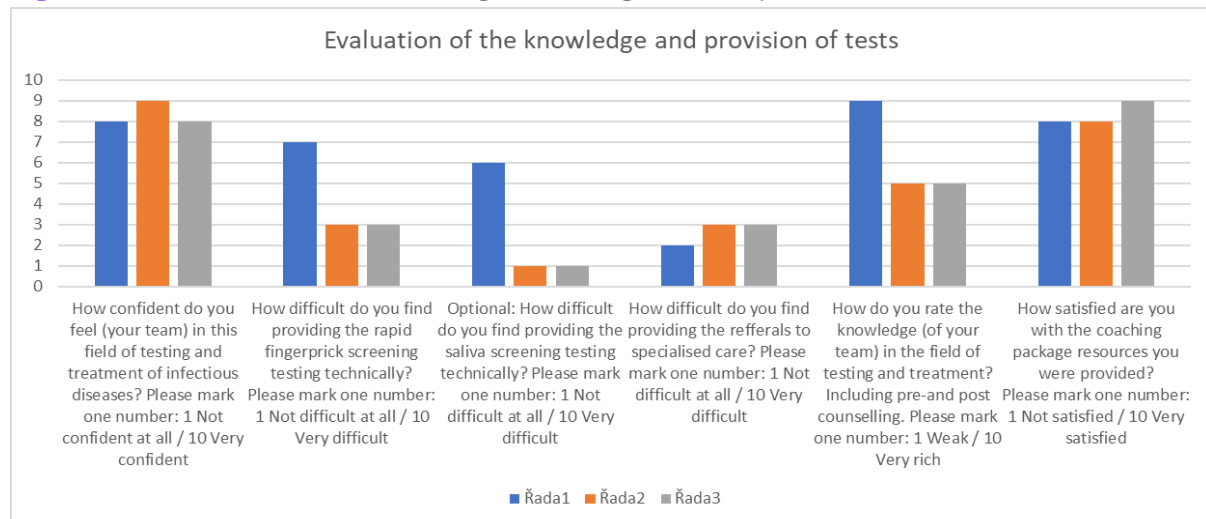
**Figure 2.** Comparison of the number of tests provided prior to and after coaching.



Two organizations were involved in peer webinars online; one organization was watching the recordings and materials provided. Organizations named these developments based on coaching: development in testing, more options, development in referrals, procedures to link people to care, development in management, grants, resources, network, development in follow-up, development in peer involvement, and development in data monitoring. Expectations from the cooperation were met fully (9/10 out of 10). The specific shifts were recorded: development of testing methodology in the organization, mapping of client cases before the test, after the test, follow-up to treatment, and monitoring after treatment, cascade of care, testing, treatment options and conditions, finding the specialist, etc.

Post-coaching assessment self-evaluation of the knowledge and difficulty in providing the testing was evaluated according to the experience of the organization with the service. Some organizations rated the difficulty very low, some still quite high, especially when using saliva tests only and not being used to working with the blood test, see Figure 3.

**Figure 3.** Self-assessment of testing and linkage to care provision



*Note: Each mini-lighthouse represents one colour, (0-not difficult, 10-very difficult)*

## Evaluation of the Mini-lighthouses' CDAPs implementation

### ➤ Agarta

During the coaching, the saliva testing was introduced, and the nurse was also introduced to the team's new method of capillary blood collection for laboratory testing of PCR HCV-RNA in a professional lab. There was also an online coaching on the cascade of care and study visit in several services of the Lighthouse organisation, followed by coaching on treatment and possibilities of cooperation with the specialist. The POC testing is after coaching the standardized service in the programs. The plan is to use more finger-prick tests, keep the cooperation with the specialist, and increase the number of tests provided.

- Starting of testing with saliva tests, professional pre-/post-counselling, capillary test for laboratory PCR test
- Legal framework and practical information for POC tests
- Cascade of care and monitoring, data collection, cooperation with a specialist

Needs and challenges according to the pre-/post-assessment:

- Standardise the POC service, transition to cheaper finger-prick tests
- Legal issues about working with blood for social workers
- Self-testing finger-prick for clients, finding the specialist to work with, and referring clients to

## Prima

The organization is well established with POC testing in the drop-in centre as well as in the outreach program in the mobile unit. In 2024, 22 HCV as well as HIV tests were performed, 21 syphilis tests, and 19 HBV tests. In 6 months of 2025, a total of 15 HCV tests were performed. In total, 11 (6 in 2025) clients were linked to care.

During the coaching, the topics of funding, motivation for testing of clients, and work with incentives were discussed. The ongoing problems and barriers are:

- Lack of resources for Fibroscan examination (30EUR)
- Stigmatization
- High threshold to outpatient care in HCV specialists in hospital
- Fear of treatment, and fear of side effects.
- Professional pre-/post-counselling, POC capillary test ongoing, low number of tests
- Low motivation of clients to undergo the test
- Cascade of care and monitoring, data collection, cooperation with a specialist
- Funding

Needs and challenges according to the pre-/post-assessment

- Introducing incentives
- Stabilising funding
- The 30EUR fee for elastography is a barrier

## Havirov

The service is part of Havirov's social services, so it has a distinct structure compared to an NGO. Major changes to the program must be approved by the municipality council and the organization's CEO. To avoid legal issues, since finger-prick tests can only be performed by medical professionals, the program started with saliva tests. The entire team was trained in pre- and post-counselling and ensuring continuity of care. The plan is to invest in training for a peer worker and use the position also for the continuum of care in infectious diseases. Several options for further development were discussed. There might be an option to invite

a health worker through another institution and start cheaper finger-prick and venous blood tests.

The testing can be offered not only to the target group but also to the public as a service within the city.

Needs and challenges according to the pre-/post-assessment:

- Standardise the POC service, transition to cheaper finger-prick tests
- Legal issues about working with blood for social workers
- Peer work, the person with experience has the status of a social worker
- Elastography in the hospital, which is an hour-long journey away in the specialised unit

## Conclusions and suggestions for further work

The Lighthouse Spolecnost Podane Ruce, based in Brno, Czech Republic, was cooperating and providing coaching in infectious diseases screening and linkage to care to 3 organizations, 2 from the Czech Republic and one from Slovakia. All cooperating organizations (so-called mini-lighthouses) agreed to a pre-assessment meeting, mutual study visits (both lighthouse and mini-lighthouses premises and programmes), and 3 coaching sessions (online or offline), post-assessment, and data sharing of the tests provided in the mini-lighthouse organization. Moreover, the mini-lighthouses were introduced to optional coaching from EuroNPUD on peer involvement and peerwork, and webinars on peer involvement.

In total, 9 coaching sessions were conducted, each from 2 to 6 hours. Topics were training in capillary and saliva testing, working with motivation, cascade and continuum of care, monitoring, data collection, and funding. Topics were selected based on pre-assessment with each of the mini-lighthouses. Moreover, pre-assessment and post-assessment interview was conducted with each of the mini-lighthouses. The number of tests provided by mini-lighthouses has increased and nearly doubled compared to the period before coaching. A critical step in the HCV cascade of care is ensuring clients reach DAA treatment.

Each mini-lighthouse was making a plan for how to improve the service based on local conditions, further development, and goals based on the model plan developed by the lighthouse organisation. As main challenges, legal barriers in testing, lack of funding, lack of client motivation and barriers in linkage to care and treatment provision were identified.

The post-assessment results show that coaching is a very useful approach and an adequate way of working with organizations and teams, and finally, an effective way to increase testing and treatment among the population of people who use drugs. Coaching and supporting organizations in their own development and skills in testing and treatment of infectious diseases was a very unique, fruitful, and interesting experience for the Lighthouse itself.

### Suggestion for further work

There is ongoing cooperation with mini-lighthouses on support in testing and treatment, also on other topics such as exchange of information, conferences, networking, and cooperation on other topics for the improvement of services for people who use drugs. The coaching is a process, so it cannot be finished only by a given number of sessions, as the organization, service, and POC are evolving, new questions and challenges appear.

Thus, the centre for services development (Lighthouse) should be ongoing, and the Lighthouse should be a standard educational/ coaching/mentoring service in each country serving the network of services for people who use drugs. The suggestion is to implement a Lighthouse in each country to offer such mentoring services on the ongoing and regular basis. There are three main factors to support the suggestion: 1) the practice cannot be well transferred in written, 2) coaching is the most effective method of the transfer - training, testing, and communication is the most effective in person, 3) harm reduction services are operated mainly in the frame of social services, thus the public health part of harm reduction services such as testing and linkage to care need specific attention in training and coaching.

Further support can be offered to organizations and their clients through the involvement of peers. Most of the organizations do not have this position, or the person with experience is working as a social worker, thus not using openly their experience in contact with the client.

# Lighthouse 2: Free Clinic, Belgium

## Lighthouse: Free Clinic, Belgium

### Lighthouse location: Antwerp - Belgium

The Antwerp Model aims to enhance hepatitis C testing, linkage to care and treatment uptake through:

(1) screening with HCV Ab rapid tests and off-site confirmatory test for viraemic infection, (2) integrated hepatitis C and care delivered by professionals (nurses and peersupporters) in a low-threshold harm reduction setting, (3) community-based nurse-led evaluation, information, education and counselling (IEC), (4) timely referral to hepatitis specialists when needed, (5) non-invasive assessment of liver fibrosis with transient elastography, and (6) continuous peer support for IEC, scheduling appointments, follow-up of special situations, tracing of patients referred to other services, home visits and patient navigation at the hospital.”

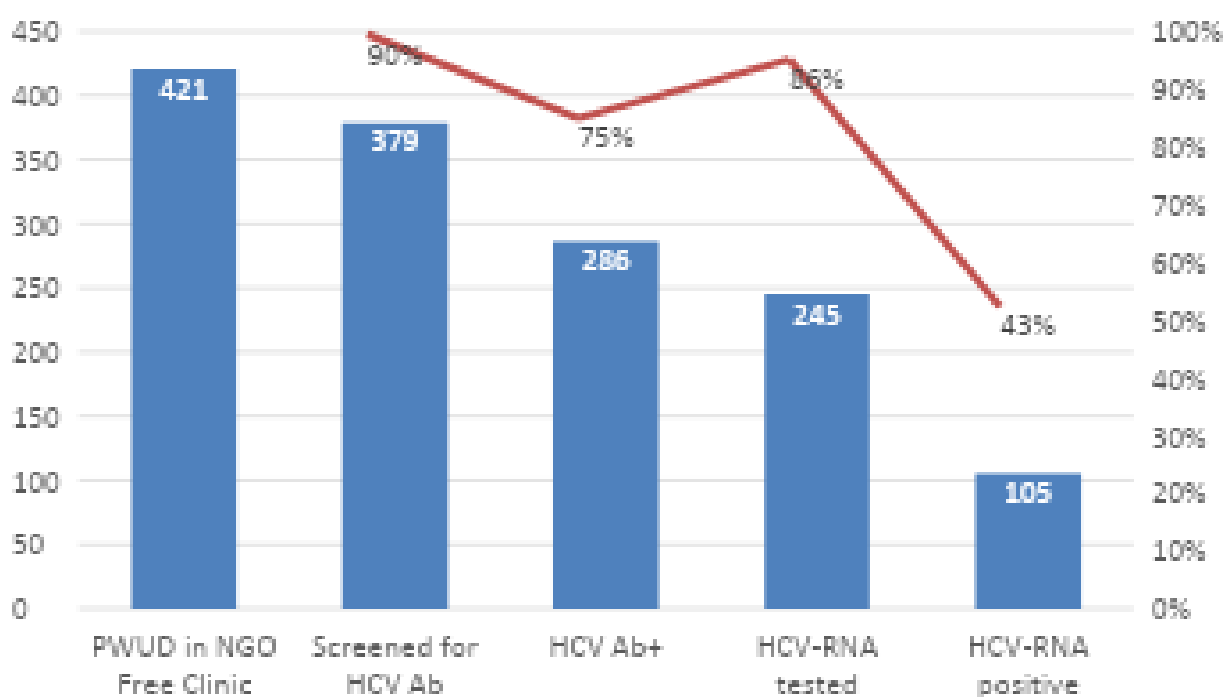
The Antwerp Model abides by four main pillars: (1) NGO Free Clinic to provide pre-test counselling, testing, IEC, referral, comprehensive follow-up and opportunity to talk about safer drug use, (2) established NSP and distribution of injection equipment and referral, (3) 3. ZAS (Cadix-hospital) specialists to assist additional testing, staging, referral, treatment and follow-up, (4) C-Buddies project to provide peer support through the continuum of care. The model of care is highly flexible and can be quickly adapted to the needs of users and partners. The teams are trained to be street-wise in their actions.

C-Buddies project peers establish first contact with PWUD in hotspots, homeless shelters and other low-threshold facilities. They can deliver hepatitis C screening on site and on demand, assist PWUD to come to appointments and remind them by using text messages. All PWUD who come to appointments with the hepatology specialist are welcomed at the entrance of the hospital and assisted in the navigation by a peer. In the case of absentees and outstanding situations, the hepatology specialist, nurse and peers always work together to devise creative solutions, considering social determinants of health and the fact that people may not be ready for abstinence from alcohol and drugs.

## Evidence of impact

In 2017, approximately 90% of PWUD assisted by this model were successfully screened for hepatitis C, with diagnosis being confirmed in 105/245 of them. (Figure 1.) In 2018, approximately 130 PWUD benefited from these testing activities. The reimbursement of hepatitis C treatment with DAAs to those with a social security number was implemented in 2019 and improvements in treatment uptake were expected in the near future. Thanks to the Antwerp model and the C-Buddies system, the most vulnerable population group have improved access to hepatitis C diagnosis and continuum of care.

**Figure 1.** Cascade of care for PWUD in NGO Free Clinic, tested for hepatitis C and supported by peers from C-Buddies project, Antwerp, Belgium, 2017.



## Sustainability

Free Clinic – GIG (health promotion in injecting drug use including C-Buddies) receive funds from the Flemish government through “Health Promotion in Injecting Drug Use” (GIG)<sup>1</sup> with activities structurally sound with funding until 2027. C-Buddies activities have been recognized at the Flemish Parliament.<sup>2</sup> An expansion of the services in the Flemish region is planned for the future, with a pilot project already conducted in Sint Niklaas in 2018. The team contacted treatment and care services, reached out to PWUD, provided RDTs and referral to local hepatology specialists and even initiated some treatments. Other initiatives is the creation of ExpertC centres in every Flemish region and support local initiatives, development of cascades of care and improving strategic information and the overall continuum of care.

## Free Clinic's mini-lighthouses

Two Mini lighthouses were selected in the area of Flanders-Belgium and one in Poland-Warsaw. This is because of limited funding for travels and support on site, taking language barriers into account. The two ML in Flanders were selected because in the past there was no sustainable project. With Boost we wanted to try to upscale the sustainability, upscale screenings, get insight into the needs, barriers and possibilities in these two regions, and build a sustainable network in East and West Flanders. And firmly embed the project into the local harm reduction services.

The project in Warsaw was selected, because of a previous relationship in the peer2peerproject (EU project 2020). In this p2p project Precursor started with peer work and since then the organisation upscaled different harm reduction services. When contacted they were eager to work in Boost and they already had plans to work with screening and linkage to care. They stated to have difficulties in linking people who use drugs to care.

### East Flanders and West Flanders

Screening on blood borne viruses is generally done by general practitioners (GP), medical staff (nurses and doctors) in low threshold centres (including harm reduction centres). Since October 2023 non-medical staff can perform an orientation test via fingerprick (KB 2 october 2023), after getting training they can get a certificate. This allows outreach workers, social workers and peers to do a first orientation test.

The nurses from GIG have a mandate to train non-medical staff and give a certificate. Treatment is only possible via a liver specialist (hepatologist) after RNA blood test and fibroscan. There are no more restrictions for starting with DAA for people with social security. For people without social security or people without papers there is the possibility for a special status – Urgent medical care. Drug use or OAT are no exclusion criteria.

The target group for GIG East Flanders, MSOC Waasland, and GIG West Flanders consists of people who inject drugs (or former PWID) and people at risk for an HCV infection, with prioritisation for people who inject drugs and people who use drugs according to the funding of the Flemish government for GIG; combining needle exchange and Hepatitis C care management.

#### Target population:

- People Who Use (or have used) Drugs and who are infected by the hepatitis C virus, including those who are concerned about this issue;
- All-inclusive: we believe that everybody can successfully complete treatment, including the so-called 'treatment-resistant'.
- Predominantly people who live in the Antwerp region (and surroundings).

### Assignments:

- Prevention in the context of transmission of blood borne diseases and safe injecting practices in close cooperation with staff of the NSP
- Raising awareness about HCV among PWUD
- Sensitize PWUD to get screened on HCV
- All steps in the care continuum are taken in close cooperation with a professional team, led by a specialist nurse.

### Before treatment:

- Distributing prevention messages and harm reduction measures with regard to HCV transmission
- Informing people about screening possibilities and motivate them to get screened
- Pointing out the benefits of treatment
- Referring and guiding people to the designated services
- Accompanying people to screening and/or treatment.

### During treatment:

- Keeping track of and reminding people about appointments
- Increasing and supporting treatment retention/compliance. When things go wrong, various support tactics can be installed, where the Buddies can be part of
- Provide practical and emotional support during treatment can be considered the main task of the HCV reference nurse and the multidisciplinary team

### After care (treatment) and follow up:

- Offer psycho education in team with traditional health care
- Particular vigilance (+anticipation) for the so called 'black hole' following treatment
- Insisting on harm reduction information and practice to avoid re-infection

## ➤ Situation of the Mini Lighthouse: East Flanders/ Waasland

GIG East is part of the Flemish GIG - Health promotion in injecting drug use and is situated in the MSOC Ghent which is a low threshold centre for people who use drugs for East Flanders. The GIG has structural funding from the Flemish government, the needle exchange East Flanders has been working since 2001, the HCV care management started in September 2023, but there was no sustainability. The former nurse only worked until June 2023. In September a new nurse started, and it is a challenge to build further on the (small) network that was built up in the previous period.

Next to GIG east Flanders, we also included MSOC - Waasland, a low threshold service in a specific region in east Flanders and focused on the cities Sint Niklaas and Lokeren. There is a strong cooperation between them where the MSOC Waasland can give extra support on different topics (like housing, health, work, administration)

## Contacting target population

The GIG (NSP and HCV) coordinator for Flanders engages in advocacy toward policymakers and provides training and awareness in other organisations at the Flemish level. HCV care management will be active on Facebook, and NSP East Flanders is already active on Facebook. In trainings given by the needle exchange programme, there is always a referral to the HCV care management project. Both the NSP and HCV coordinators are involved in different networks and meetings, consistently putting harm reduction and HCV on the agenda.

### MSOC Ghent

- Drug service nurses: blood samples en referral, follow-up
- GP's: blood samples, referrals, counseling

### MSOC Waasland

- Drug service healthcare workers: referral, screening with orientation tests (since Oct 2023)

## HCV Care-management - Screening and testing

Since October 2023, orientation tests can be carried out by all staff of specialised organisations after completing the required training. Non-medical staff can receive an authorisation to perform orientation tests as well. Saliva screening is not used in the Lighthouse, because people cannot eat, drink, or smoke for 15 minutes before a saliva test, and during that waiting period we tend to lose them. Diagnostic tests, such as blood samples, RNA Cepheid testing, and RNA blood samples, have to be performed by medically trained staff. These include the drug services, GPs, and liver specialists.

A training guide with pre- and post-counselling has been developed by GIG in cooperation with a liver specialist and the BENHSU. On-site screening in the low-threshold drug service is available on a permanent basis for HIV, HCV, HBV, and syphilis through blood sampling. Outreach screening is carried out regularly by the GIG HCV care management project. If needed, broader TB screening can be organized in cooperation with VRGT, the organisation responsible for TB screening and treatment.

### Point of care testing

- ab orientation test (fingerprick) for HIV, HBV and HCV
- HCV RNA test via Cepheid ( or blood sample)
- referral to HIV treatment and hepatitis treatment

### Organised screening and awareness activities:

- drop-in centres
- night shelters
- other drug services

### Needle exchange

### Drug services

- Every client is offered a blood sample (HIV, HBV, HCV, syphilis) test when entering the program of the drug service
- PWID are offered screening on yearly base and when indicated
- People with risk behavior are offered screening on yearly base and when indicated
- People not at risk anymore can ask screening or are offered it when there was risk behavior again

### Linkage to care

The main barrier is social security and people without papers, although there is a possibility for urgent medical care. Another barrier is that, in the past, the most motivated people were treated, but currently, people are encountered in more complex situations. This requires more effort to contact them, motivate them, and support them at every step of the care cascade.

The HCV care management operates with a large network and offers holistic support by the HCV nurse in every step of the care cascade. Support for people who use drugs includes assistance with housing, administration, linkage to care, and other issues. Approaches include house calls, outreach, and contact via social media.

When people are AB (antibody) positive, linking them to a local specialist is straightforward. In Oostende, a weekly time-slot at the specialist (fast track) is available, while in other areas the trajectory is organised in cooperation with local partners.

### Treatment and follow-up

There is close cooperation in Ghent with the liver specialist, who provides a fast-track possibility for people using MSOC services. Within the needle exchange programme, a yearly questionnaire is carried out between September and November. Support in screening and linkage to care is provided by the HCV nurse.

Follow-up during and after treatment is carried out by the low-threshold centre, the HCV nurse, or other partners. Follow-up can be provided by nurses and GPs within the drug service. SVR remains necessary, although in communication with the liver specialist it can be performed through Cepheid follow-up.

People who use drugs are followed up for as long as needed; however, when high-intensity care is required, the capacity of the team is not always sufficient. When infections are no longer the primary issue, referral and follow-up within the drug service will be arranged, and if necessary, support will be provided through a broader network. In reinfection cases a person is allowed to receive a second or third DAA treatment if needed. Prevention of reinfection is addressed through post-counselling, including needle exchange and regular screening.

## Prevention and awareness

Counselling on infectious diseases is provided on a daily basis in the drug service and in the NSP. In the needle exchange programme, counselling is offered continuously, while in the drug service it is mostly delivered by medical staff. Hepatitis C reference nurses provide counselling on demand.

Regular awareness activities are organised by both the NSP and the HCV project and are combined with prevention and linkage-to-care campaigns. This occurs structurally throughout the year and is not limited to the European Testing Week.

## Situation of the Mini Lighthouse: West Flanders

GIG West is part of the Flemish GIG – Health Promotion in Injecting Drug Use and is situated in the MSOC Ostend, which is a low-threshold centre for people who use drugs in West Flanders. The GIG receives structural funding from the Flemish government. The needle exchange in West Flanders has been operating since 2001. The HCV care management started in September 2023, but sustainability was lacking. The former nurse was only employed until June 2023. In September, a new nurse started, and it is now a challenge to build further on the small network that was established during the previous period.

## Contacting target population

The GIG (NSP and HCV) coordinator for Flanders is responsible for advocacy toward policymakers and for providing trainings and awareness activities in other organisations at the Flemish level. HCV care management will be active on Facebook. In trainings, there is always a referral to the HCV care management project. Both the NSP and HCV coordinators participate in various networks and meetings, consistently placing harm reduction and HCV on the agenda.

MSOC Oostende, MSOC Kortrijk, and MSOC Roeselare operate as low-threshold drug services. Drug service healthcare workers are responsible for referrals and, since October 2023, can also perform screening with orientation tests. Drug service nurses take blood samples and provide referrals. GPs in the NGO MSOC and MSOK conduct blood sampling, make referrals, and provide counselling. People are contacted in different organisations and through outreach work.

## Screening and testing

Orientation tests can be carried out by all staff of specialised organisations since October 2023 after completing the required training. Non-medical staff can receive authorisation to perform orientation tests. Saliva screening is not used in the Lighthouse, as people cannot eat, drink, or smoke for 15 minutes before a saliva test, which often results in losing contact with them.

Diagnostic tests—including blood sampling, RNA Cepheid testing, and RNA blood samples—must be performed by medically trained staff such as drug service personnel, GPs, and liver specialists.

A training guide with pre- and post-counselling has been developed by GIG in cooperation with a liver specialist and the BENHSU. On-site screening in low-threshold drug services is provided on a permanent basis for HIV, HCV, HBV, and syphilis via blood sampling. Outreach screening is conducted regularly by the GIG HCV care management project. When needed, broader TB screening can be organised in cooperation with VRGT, the organisation responsible for TB screening and treatment.

#### **Point-of-care testing:**

- Orientation tests (fingerprick) for HIV, HBV, and HCV
- HCV RNA testing via Cepheid or blood sampling
- Referral to HIV treatment and hepatitis treatment
- Organised screening and awareness moments in different organisations and in various areas of West Flanders
- Activities in drop-in centres, night shelters, and other drug services, including needle exchanges

#### **Drug service MSOC and MSOK (low-threshold drug services):**

- Every client is offered a blood sample test (HIV, HBV, HCV, syphilis) upon entering the drug service programme.
- People who inject drugs are offered screening on a yearly basis and when indicated.
- People with risk behaviour are offered screening on a yearly basis and when indicated.
- People no longer at risk can request screening or are offered it when risk behaviour reappears.

#### **Linkage to care**

The main barriers are related to social security and people without papers, although urgent medical care is possible for some individuals; without this, reimbursement is not available. Homeless people remain difficult to reach and to follow up. Another barrier is that, in the past, the most motivated individuals were treated, whereas current cases often involve people in more complex situations—for example, those with severe addiction problems or psychiatric issues. This requires considerably more effort to contact them, motivate them, and support them at every step of the care cascade.

The HCV care management operates through a large network and offers holistic support by the HCV nurse in every step of the care cascade. Support for people who use drugs includes assistance with housing, administration, linkage to care, and other practical or social issues. Approaches used to tackle these issues include house calls, outreach, and communication via social media.

When people are AB positive, linking them to the local specialist is straightforward. In Oostende, a weekly time-slot at the specialist (fast track) is available, while in other regions the trajectory is arranged in cooperation with local partners.

## Treatment

There is close cooperation in Oostende with the liver specialist, who provides a weekly fast-track window during which people who use drugs can be seen for counselling and for initiation of treatment. The median time to start DAA treatment is one to two weeks. A blood sample for RNA testing, a FibroScan, and a genotype test are still required before DAA treatment can begin.

The HCV care management project provides holistic care management, including support at every step of the care cascade. This support is delivered by the HCV nurse and covers a wide range of needs, such as housing, administration, linkage to care, and other issues that may arise. The approach includes house calls, outreach conducted by both peers and HCV nurses, and contact through social media.

Medication (DAA) supply is organised through drug services, pharmacies, the social network, drop-in centres (NSP), housing centres, and nurse home visits. OAT supply is provided through drug services, pharmacies, the social network, drop-in centres, and outreach nurses.

Follow-up is ensured through holistic support by the HCV nurse in every step of the care cascade, as well as through follow-up by GPs and drug service nurses. Barriers are identified throughout the process. Homeless people, individuals living in chaotic circumstances, and people with psychiatric issues are more difficult to reach and to follow up. Many are living with complex and multi-problem situations, which may cause challenges in adherence and compliance. People in detention also present additional follow-up difficulties.

The project consists of a small team with one part-time nurse and no additional peer support. Medical, social, and financial issues are addressed as needed, with support for people who use drugs provided by the HCV nurse and by the drug services across a wide range of topics, including housing, administration, linkage to care, and other concerns.

## Follow-up

Follow-up during and after treatment is carried out by the low-threshold centre, the HCV nurse, or other partners. Follow-up can be provided by nurses and GPs within the drug service. SVR remains necessary and is performed through blood sampling and laboratory analysis. In communication with the liver specialist, SVR testing can also be done using Cepheid, although this method is not yet validated as a diagnostic tool.

Some people who use drugs are followed up for as long as needed; however, this becomes challenging when high-intensity care is required, as the capacity of the team is limited. When infections are no longer the central issue, referral and continued follow-up within the drug service are arranged. In cases of reinfection, individuals are allowed to receive a new DAA treatment.

Prevention of reinfection is supported through post-counselling, which includes harm reduction measures such as needle exchange and regular screening

## Prevention and awareness

Counselling on infectious diseases is provided on a daily basis in the drug service and in the NSP. Within the needle exchange, counselling is offered continuously, and in the drug service it is mostly delivered by medical staff. Hepatitis C reference nurses provide counselling on demand and are present on a regular basis.

### Precursor - Low-threshold, drop-in service in Warsaw, Poland

Precursor is a low-threshold, drop-in service located in the centre of Warsaw. Its aim is to improve the quality of life of people who use drugs. The team consists of a lawyer, a nurse, a psychologist, street workers, experienced workers, and social workers. A crisis intervention team is also available.

Clients are welcomed on a daily basis and can access food, showers, laundry facilities, and advice concerning legal issues. Prior to the Boost coaching, only minor activities were carried out in relation to infectious diseases. Outreach workers from Precursor were not allowed to perform orientation tests (fingerprick), but they regularly attended screenings organised by another organisation in order to motivate PWID to participate and to support linkage to care.

#### Barriers

- Precursor is dependent on other organisations, and clients often express a lack of trust toward these external partners.
- Treatment is only possible six months after the first registered diagnosis.
- Many clients have no papers and no health insurance.
- Only individuals who have completed the required training are authorised to perform rapid tests with fingerprick, which was not the case for staff at Precursor before the Boost coaching.
- There is no funding available for screening materials.
- Network cooperation is challenging, partly because PWID do not always trust organisations.
- There was no care management plan in place for working with people infected with HCV or HIV.

# Mini-lighthouse activities to improve care

## East Flanders

Number and date	Topic	Aim	Methodology	Time	Number of people present
1. 30/05/2025	Introduction on the aim and support of the mini-lighthouse	-	Meeting at MSOC Ghent	1h	3
2. 04/06/2024	Supporting solicitation HCV nurse	Start HCV care management project	meetings	4h	3
3. 22/06/2024	Assessment	Needs and goals for the future		1h	3
4. 02/09/2024	Clarification of the goals of HCV care management to the MSOC team (Ghent), NSP and street nurses of Ghent	Enlargen network in HCV care management	meeting	2h	5
5. 19/12/2024	Orientation, intake and post counselling	To be able to perform the orientation testing	Workshop with live testing experience	3h	2
6. 25/10/2024	Network meeting	Trajectory for treatment HCV in Aalst	Network meeting: Educate network on treatment HCV Aalst	1h	4
7. 25/11/2024	Making a CDMP	To make a tailor-made plan	Support team in planning	1h	3
8. 6/12/2024	Info on data collection tool	Make a tailor-made data collection tool or use Codobox/Redcap (adaptation for Belgium)	-	1h	3
9. 9/12/2024	Support awareness and screening moment in Aalst – East Flanders	Practising screening and linkage to care	In vivo training: screening and linkage to care	3h	5
10. 25/06/2025	Post assessment and evaluation	-	-	1h	1

## Assessment, site visit, and training goals



## On site training POC screening



## Training on risk behaviour



Number and date	Topic	Aim	Methodology	Time	Number of people present
1. 3/6/2024	Introduction on the aim and support of the mini-lighthouse	-	Online meeting	1h	3
2. 16/6/2024	Assessment	-	-	1h	3
3. 3/9/2024	Introduction to HCV care management	-	-	2h	3
4. 18/10/2024	Harm Reduction and Injecting Practices – Risks and Prevention	Introduce NSP and HCV screening for street nurses, enlarging the networking, engaging street nurses in harm reduction and HCV care management	Training on risk behaviour, prevention and awareness	3h	10
5. 18/10/2024	Orientation testing, pre- and post-counselling	To introduce the testing to the HR worker, including pre- and post-counselling  To be able to perform the fingerprick and understand seroprevalence	Workshop with live testing	3h	4
6. 28/10/2024	Info on cobatest	-	-	1h	1
7. 7/11/2025	Screening materials	Organising outreach screening materials, making business cards	-	1h	1
8. 6/12/2024	Info on data collection	Make a tailor-made data collection tool or use Cobatest: Red cap (tailored for Belgium)	-	1h	3
9. 4/1/2025	Making a CDMP	To make a feasible plan	Support team in planning	1h	3
10. 30/1/2025	Training	Harm Reduction, risks in drug use – team Kortrijk	Training, coaching, enlarging the network	3h	25
11. 25/6/2025	Post assessment and evaluation	-	-	1h	1

**Assessment and planning**



**Site visit at ZAS – hepatologist  
dr Bourgeois – Antwerp**



**Training orientation tests  
Kortrijk**



**Training harm and risk reduction  
West Flanders**



## ➤ Precursor - Low-threshold, drop-in service in Warsaw, Poland

Number and date	Topic	Aim	Methodology	Time	Number of people present
1. 18/6/2024	Introduction on the aim and support of the mini-lighthouse	Starting as mini-lighthouse	Online meeting	1h	3
2. 16/7/2024	Assessment of the mini-lighthouse	-	Online meeting	1h	3
3. 3/9/2024	Defining training content	-	Online meeting	1h	3
4. 2/10/2024	Orientation testing pre- and post-counselling	To be able to perform the fingerprick, and understand seroprevalence	Workshop with live testing experience	3h	15
5. 2/10/2024	Making a CDMP	To make a feasible plan	Support team in planning	1h	3
6. 2/10/2024	Info on data collection	Make a tailor-made data collection tool or use cobatest	-	1h	3
7. 25/10/2024	Info for application in new peer project	Application peer-support HCV	Giving info on good practice models	1h	3
8. 23/01/2025	Follow up screening, upscaling, testing issues	Follow-up progress/question	Online meeting	1h	3
9. 20/05/2025	Informing post-assessment	Explaining the goal of the assessment	Online meeting	1/2h (half hour)	2
10. 18/06/2025	Post-assessment and evaluation	Evaluation project / form post-assessment	Online meeting	2h	3
11. 26-27/08/2025	Planning site visit to Antwerp peer project	Follow-up, coaching, site visit	On site in Antwerp	2d	2

# Training at Precursor Warsaw



# Evaluation of pre- and post-assessment

## ➤ East Flanders-Waasland

### Identified training needs:

- provision of rapid tests in non-medical settings
- pre and post counselling
- referral and linkage to care protocols
- treatment protocols
- follow-up (adherence to treatment/end of treatment)
- monitoring and evaluation

### Expectations from the training and improvement goals in work:

- Gaining knowledge on testing, treatment and pre-and post counselling among the team and introducing rapid tests in outreach.
- Making a plan for care management in the province

### Evaluation:

- Rapid tests on HCV, HBV and HIV were provided
- A training on pre-and post counselling was given to the new HCV reference nurse There was ongoing support in building a network on HCV linkage to care Treatment protocols were delivered
- The HCV reference nurse did follow up for some patients that were referred to care
- Together with the Belgian monitoring - Sciensano - a new tool REDCAP based on Cobatest was created and will be used in 2025
- A CDAP plan for East Flanders was made (draft and ongoing adaptation)

## ➤ West Flanders

### Identified training needs:

- harm reduction activities for HIV/HCV/STIs prevention
- provision of rapid tests in non-medical settings
- pre and post counselling
- referral and linkage to care protocols
- peer involvement
- data collection and analysis
- communication skills, working with motivation, incentives and adherence

### Aim of the coaching:

- Make a CDMP
- Implement the plan
- Upscale knowledge on screening, treatment, care management
- Provide training on orientation testing for non-medical personnel
- Upscale screening and linkage to care
- Upscale network on HCV care management

- Make a sustainable HCV nurse care management project

#### **Evaluation:**

- Rapid tests on HCV, HBV and HIV were provided.
- A training on pre-and post-counselling was given to the new HCV reference nurse.
- A training on harm reduction, risk behaviour was given to outreach nurses in Kortrijk. There was ongoing support in building a network on HCV linkage to care.
- The HCV reference nurse did follow up for some patients that were referred to care Working with peers is still on the agenda, but is not ready yet.
- Together with the Belgian monitoring - Sciensano - a new tool based on Cobatest was created and will be used in 2025.
- A CDAP plan for West Flanders was made (draft and ongoing adaptation).

## Precursor - Low-threshold, drop-in service in Warsaw, Poland

#### **Identified training needs:**

- harm reduction activities for HIV/HCV/STIs prevention
- provision of rapid tests in non-medical settings
- pre- and post-counselling
- referral and linkage to care protocols
- treatment protocols
- follow-up (adherence to treatment/end of treatment)
- peer involvement
- data collection and analysis
- monitoring and evaluation
- communication skills, working with motivation, incentives and adherence

#### **Expectations from the training and improvement goals in work:**

- Gaining knowledge on testing, treatment and pre-and post-counselling among the team and introducing rapid tests in the Drop-in center.
- HIV, HCV and STI testing is the missing piece in our stationary service.

#### **Evaluation:**

- Rapid tests on HCV, HBV and HIV were provided
- Training on pre-and post-counselling was given (2-day training in Precursor)
- Several coaching sessions were provided; how to link to care, how to collect data and information
- There was an ongoing possibility for online consultation. Sometimes a short call or online meeting to answer questions (not in the table of coaching)
- An application for a peer-support project was done in 2024, the project started in 2025. We gave information and referred to good practices to build up the application form
- Training on how to perform fingerprick was delivered.

- Certificates on performing pre- and post-counselling and fingerprick were delivered.
- Information on how to work with peers was delivered and is ongoing in online coaching sessions.
- Useful information on HCV and working with peers was delivered so Precursor could make an application for funding (end 2024).
- Contact info from pharma was delivered - for leaflets and for funding screening materials after Boost. The link to Cobatest was delivered

## Evaluation of the CDAP implementation

### General evaluation

Since there was no extra funding for extra personnel, it is not easy to gain sustainability. This also means that there is no extra time to write a good CDMP plan - which was mainly prepared by the lighthouse and then finetuned together with the mini-lighthouses. The aim of three coaching sessions was achieved and largely exceeded in every mini-lighthouse. When we want sustainability in functioning as a mini-lighthouse there is need for extra funding (screening materials were delivered, but this was one time only, there was no extra funding for a new project or personnel)

We noticed that there was and is still a greater need for coaching and support for the mini-lighthouses. When starting a new project or introduce new methodologies to upscale screening and linkage to care - three sessions are not enough. There is a need to install lighthouses in different regions on a sustainable base.

The mini-lighthouses in Flanders will get coaching and follow up via the GIG project (which has funding from the Flemish government to do this and work as a lighthouse - expertise centre on hcv and injecting druguse). Since there is no lighthouse in Poland and Precursor/Polinpuđ started with a new project in the end of 2024 - there will be a gap in the coaching and follow-up for this promising new project. To make this a sustainable project - we believe that coaching and follow up is needed.

**Table 1.** Total of contacts in the mini-lighthouses, including pre- and post-assessment and coaching sessions.

MLH East Fl / Waasland	Coaching sessions	#	hours	# attendees
	pre-assessment	1	1	3
	Coaching sessions	8	16	28
	post assessment	1	1	2
total up to juli 2025		10	18	33
to be planned after juli 25	follow up to be planed	3	6	9
MLH West Flanders	Coaching sessions	#	hours	# attendees
	pre-assessment	1	1	3
	Coaching sessions	7	14	51
	post assessment	1	1	1
total up to juli 2025		9	16	55
to be planned after juli 25	follow up to be planed	3	6	9
MLH Warsaw	Coaching sessions	#	hours	# attendees
	pre-assessment	1	1	3
	Coaching sessions	8	13,5	45
	post assessment	1	2	3
total up to juli 2025		10	16,5	51
to be planned after juli 25	follow up to be planed	2	10	2
Total 3 ML	Coaching sessions	#	hours	# attendees
	pre-assessment	3	3	9
	Coaching sessions	23	43,5	124
	post assessment	3	4	6
total up to juli 2025		29	50,5	139
to be planed after juli 2025		8	22	20

**Table 2.** Total screenings in the lighthouses.

Screening Boost			
Lighthouse	2023	2024	2025
Lighthouse Antwerp	117	75	66
Waasland/east Flanders	40	44	
West Flanders	7	34	50
Warschau/Poland	0	50	100

### East and West Flanders

In both projects the HCV reference nurse was not able to work from January 2025 to July 2025. The implementation of the plan was limited to 2024. Some of the nurses of both MSOC's did some screenings. Even with the temporary absence of the HCV reference nurse - screenings were upscaled and there was more knowledge available in (part of) the larger MSOC teams. In 2024, the network was upscaled, screenings were performed and some linkage to care were done. The implementation of the adapted cobatest (REDCAP) was planned for January 2025, but will start in July 2025. In Ghent and Waasland the local drug service also adapted their own registration to the newly developed tool Redcap - based on Cobatest.

### Warsaw

At the end of 2024, Precursor applied for extra funding to start a peer project focused on screening and linkage to care. After they obtained this extra funding Precursor started their peer-outreach project on screening and linkage to care. The application for extra funding was successful and Precursor is now working with extra peers. Now they are working in the total care cascade. But still having difficulties in access to treatment because off the restrains for treatment and noticing difficulties in motivating people to start treatment when possible. They feel the need for more training in pre- and post-counseling. We plan a site visit to Antwerp to introduce them in how the Lighthouse in Antwerp works. This is planned during a screenings' week - an ideal moment to coach them on site. Since Antwerp has a large Polish population, they can also practice pre- and post-counselling in their own language. Which is also a win-win situation to get into contact with the Polish group living in Antwerp.

Precursor is now reaching homeless people and pwid with support of peer-outreach. Precursor started registrations and data collection on the screenings and linkage to care. During and after treatment the Precursor outreach team provides follow-up and also keeps this data. Screening and testing are working well and well trained, they are feeling strong in this area and have made huge progress. Screening can now be done by all personnel who got the certificate (including outreach and peer-workers). Linkage to care is supported by peers and outreach workers. There are still many barriers in the linkage to care, where they really need to assist and take people to places, accompany them and plead for them in healthcare facilities (since there is still no easy access and there must be proof that they are RNA positive for 6 months). When accompanied by the outreach project, sometimes they can get exceptions on this. Advocacy must be done on this topic.

There are many barriers to overcome in treatment. In the first place, a structural solution for easy access without restrictions has to be gained when we want to reach the WHO goals in 2030. Some practical issues must be addressed (before or during treatment):

- getting the medication to pwid and homeless people,
- a safe storage for the medication,
- finding solutions for basic needs (housing, day and night shelter, OAT, food, basic health care
- finding solutions according the need of the client, those are often not different from the problems we as Lighthouse encounter on daily bases.

Most pwid are struggling with different topics (food, shelter, justice, etc.), clearing the virus is not always the priority. You need to make a huge effort to keep contact with them and keep the topic of infectious diseases on the agenda.

## Conclusions and suggestions for further work

There is need for a local lighthouse (expertise centre) in every region/country to make the work in the care cascade similar in every region and to gain sustainable projects. In practice we see that working with HIV, HCV, HBV prevention and care is mostly in small organisations and even sometimes in a solo job. To make this sustainable you need to have a coaching and support - which lighthouses can deliver.

A network of organisations working in harm reduction on these infections need to exchange information and good practices. Small organisations also have a large turnover - expertise is not always sustainable. New colleagues need training and coaching from lighthouse. Harm reduction organisations are mostly underfunded in time and personnel and do not have time to do this. Expertise and knowledge on infectious diseases, peer support, outreach screening is not always present in organisations. It's a fact that non-medical personnel needs to be trained in performing medical actions and working in a medical environment.

Support and coaching for organisations is a constant need to keep these topics on the agenda. This can be done by installing lighthouses in every region. Lighthouses also need to have contact with each other and keep the learning curve on track. If LH in each region is not possible - we can look into the possibility of creating an international group of experts (international LH) where organisations can reach out for information, coaching and mentorship. Lighthouses can collect information and good practices and spread the word within coaching sessions to these organisations. Exchanging information can lead to new projects - for example, the extra support and coaching on working with peers led to a new project in Warsaw. A real sustainable upscaling for projects are only feasible when given enough funding for the mini-lighthouses (both in personnel as in providing screening materials) and the support and coaching from lighthouses.

# Lighthouse 3: Fondazione Villa Maraini, Italy

## Lighthouse: Villa Maraini Foundation

Villa Maraini Foundation is a drug treatment centre based in Rome, Italy. Founded in 1976, offers a wide range of services and programmes for PWUD/PWIDs and other vulnerable groups (sex workers, LGBT, migrants, homeless) with the objective to provide multi-disciplinary therapeutic interventions, adapted to the different needs and situations of the clients. The services are articulated on different threshold levels: low, medium and high, depending on the level of motivation of the person toward treatment; but they are all linked and interconnected, as part of an integrated and comprehensive system of care whose ultimate goal is not only reducing the harm caused by drug abuse, but giving people the possibility to be cured from their own dependence.

Since 1992, Villa Maraini has provided a service for the prevention, treatment and care of HIV. Over the years, it has expanded its activities with a focus also on Hepatitis C and other infectious diseases.

Villa Maraini Foundation acts as National Agency for additions of the Italian Red Cross and International Reference Centre on substance abuse of the IFRC (International Federation of Red Cross and Red Crescent Societies). In this role, it works closely with RC/RC Societies all around the world, to transfer our experience and know-how in the field of harm reduction and substance abuse treatment, and promote humanitarian drug policies based on human rights, health-oriented and anti-stigmatizing practices and interventions.

In particular, we have provided several coaching sessions to Italian Red Cross local branches on HIV/HCV/STIs prevention, diagnosis and linkage to care, promoting the implementation of testing activities at community level. Therefore, as Lighthouse we want to strengthen the capacity of Red Cross staff and volunteers in developing and implementing effective Communicable Diseases Action Plans, taking advantage of the human and technical resources of RC branches, as well as of their capacity to work at community level and reach the most vulnerable and marginalised populations.

## Villa Maraini's mini-lighthouses

Acting as National Agency for additions of the Italian Red Cross, Villa Maraini has used the opportunity offered by the BOOST project to strengthen the capacity of Italian Red Cross local branches on HIV/HCV/STIs prevention, diagnosis and linkage to care. Therefore, the coaching sessions were addressed to Red Cross staff

and volunteers of four local committees, and aimed to promote the implementation of HIV/HCV/STIs testing activities at community level, taking advantage of the human and technical resources of Red Cross branches, as well as of their capacity to work at community level and reach the most vulnerable and marginalised populations.

The selection of the 4 mini-lighthouses was done through an open Call for Interest sent to all the Italian Red Cross local committees; the requirements for participation and criteria for selection were:

- previous participation in training/coaching activities on HIV/HCV/STIs prevention and screening;
- previous experience in implementing HIV/HCV/STI testing activities among key populations;
- availability of resources (human, technical, etc.) to carry out community-based testing activities.

All the four Committees were selected for the BOOST project because they had the human and technical resources needed for carrying out community-based testing activities (medical staff, volunteers, outreach units, clinic services, etc.), as well as previous experience in HIV/HCV/STI prevention, but they lacked practical skills and expertise in working with PWUDs.

Due to the impactful work of the Red Cross at community level, and to the high reputation of this organization at political level, many local authorities are asking for the support of Red Cross Committees in providing health and social services to people who use drugs. Therefore, the participation at the BOOST project has provided them with the opportunity to acquire skills, competencies and knowledge not only in the field of infectious diseases prevention, but also in the provision of supporting services for people who use drugs and people with substance abuse disorders.

## Red Cross Committee of Venezia

Staff and volunteers of this Committee had participated at training courses on HIV/HCV/STIs prevention and screening conducted by Villa Maraini in 2018-2019, as well as at the “Meet, Test & Treat” Campaign coordinated by Villa Maraini and the Italian Red Cross in 2018-2020.

Since 2023, the Committee has established contacts with the public OAT centre and with the Venice Municipality, with the aim to joint efforts and resources in the

implementation of HIV/HCV screening activities among vulnerable populations such as PWIDs and homeless.

## Red Cross Committee of Padova

Since 1998, this Committee provides harm reduction activities among PWUD/PWIDs through a mobile street unit. From 2018-2022, several HIV/HCV screening events and campaigns were organized, both among risk groups and the general population; more than 2000 tests and counselling were provided.

Moreover, the Committee has a medical centre that offers various medical check-ups, including specialized consultations on infectious diseases and on-site screening for HIV, HCV and syphilis.

## Red Cross Committee of Genova

Committee participated at the “Meet, Test & Treat” Campaign coordinated by Villa Maraini and the Italian Red Cross, organizing testing activities among young people, sex workers, homeless. Currently, they are involved in the project of the Italian RC on HIV prevention and education among youth.

The Committee has been recently requested by the City Municipality to provide outreach health and social services among PWUDs, due to increasing number of homeless drug users in the city.

## Red Cross Local Committee of Pisa

Since 2017, the Committee organize screening campaigns for HIV, HCV and syphilis among young people, sex workers, migrants.

Staff and volunteers participated in previous training courses on drug addiction and prevention of infectious diseases, but they lacked of practical experience in working with this specific target group.

## Mini-lighthouse activities to improve care

According to the project, the specific objectives of the coaching sessions and mentoring activities were:

- Boost the implementation of integrated people-centred health services for people who use drugs among community-based organisations (including counselling, peer-support, harm reduction as well as testing and linkage to care).
- Support the wider use of good practices and innovative models regarding HIV and viral hepatitis testing and treatment among PWUD.
- Scale up community-based voluntary testing and linkage to treatment and care for PWUD.

- Support the active involvement of peers in the planning and implementation of community-based health services for PWUD.
- Promote the piloting of COBATEST data collection tool among harm reduction organisations.

The specific learning objectives of the coaching activities were defined on the basis of the pre-assessment interview conducted with each mini-lighthouse; but in general, at the end of the coaching sessions participants should have been able to:

- Understand and explain the meaning and principles of integrated people-centred health services for PWUD
- Know all the steps of the HIV and hepatitis C care cascade, their strengths and main gaps
- Be informed about best practices and models for HIV/HCV/HBV/STI (optional) testing, linkage to care, and linkage to care and treatment among people who use drugs
- Know different screening tools and treatment options
- Provide community-based testing in fixed location and outreach settings specifically targeted at PWUD
- Create a referral system for linkage to care and follow-up of PWUD with HIV and/or HCV infection
- Know how to collect and analyse data using the COBATEST data collection tool or another tool for data collection and monitoring according to the organisation needs and priorities
- Develop a communicable diseases management plan based on local needs and priorities

## Coaching sessions

The agreed structure of the coaching package was the following:

- 3 coaching sessions per each Mini-lighthouse
- 1 visit to the Lighthouse (by the Mini-lighthouses)
- 1 visit to the Mini-lighthouses (by the Lighthouses)

### 1st Coaching Session

1st coaching was conducted online with each mini-lighthouse, and was aimed to introduce the project, the topic, the structure of the coaching package, as well as to assess the level of knowledge, skills and expertise of the mini-lighthouses.

The assessment was conducted through the administration of a questionnaire and an interview with the board and operational team of each committee.

The main training needs identified with the assessment have been:

- effective approaches and strategies to be used in the work with PWUDs
- how to provide pre and post counselling in outreach settings
- how to collect and use sensitive data in full respect of privacy and anonymity
- how to create networks with infectious diseases centres for linkage to care and follow-up
- how to involve peers (people with living experience of drug use)

### 2nd Coaching Session:

2nd coaching was conducted in the premises of Villa Maraini in Rome, and consisted of a 2-days training course that covered all the topics identified from the assessment, specifically:

- harm reduction activities for HIV/HCV/STIs prevention among PWUDs
- working approaches with PWUD/PWIDs, including peer involvement
- provision of HIV and HCV rapid tests in non-medical settings
- pre and post counselling
- referral and linkage to care protocols
- data collection and analysis

The training was attended by representatives of all the four mini-lighthouses, for a total of 15 participants. This coaching session was combined with a visit to all the Villa Maraini services, including the mobile Street Unit that provides harm reduction activities among PWUD/PWIDs. At the end of the training, an evaluation form was filled in by participants to assess their satisfaction rate and the quality of the coaching. During the training, the mini-lighthouses were introduced to the CDMP (Communicable Diseases Management Plan) developed by Villa Maraini and received indications on how to develop their own CDMP, making a plan of activities to be implemented in the short and long-term.

### 3rd Coaching Session

3rd coaching session was conducted in presence and was combined with the site-visits to the Mini-lighthouses. Aim of this session was to reinforce practical skills and knowledge on the delivery of combined HIV/HCV rapid tests in outreach settings, thorough the conduction of pilot activities with the mini-lighthouses team.

At the same time, the site visits aimed to check the feasibility of the CDMP proposed by the mini-lighthouses, through an assessment of available technical and human resources.

Site visit and coaching session for Red Cross Committee of Venezia:

The visit was conducted on 20-21 February by 4 experts of Villa Maraini. A coaching session was conducted with the team involved in the project, and focused on these specific topics:

- pre and post counselling
- administration of HIV and HCV rapid finger-prick test (blood-based)
- data collection through the administration of a risk assessment questionnaire
- linkage to care

Samples of the rapid tests as well as of the risk assessment questionnaire were presented and piloted with the team. Afterwards, meetings were organized with local government representatives and the community-based organization with whom the testing activities will be carried out. This organization manages a drop-in centre for PWUD and a mobile unit for harm reduction activities in the street, funded by the city health department. Since they do not provide screening for HIV and HCV, the RC Committee has established a partnership with them in order to provide HIV and HCV testing for their clients. This collaboration is very important and can ensure continuity and sustainability of these activities, because there is an high interest of the local authorities in supporting them financially.



### **Site visit to the Red Cross Committee of Padova:**

The visit was conducted on 22nd of February. A meeting was held with the President and the staff in charge of the health care services and harm reduction programmes, to discuss about the practical organization of the testing activities. It was agreed that the screening for HIV and HCV will be conducted both in the mobile unit providing harm reduction services to PWUD/PWIDs, and in the medical centre that offers various health services to marginalized populations. People with preliminary positive results will be referred to the city hospital for infectious diseases, with whom the Committee has a well-established collaboration.

To ensure the good quality of the intervention, it was agreed to organize a training session for all the staff of the mobile unit and the medical centre in May.

### **Site visit to the Red Cross Committee of Pisa:**

The visit was held on 19-20th of March by 3 experts of Villa Maraini. The first day was dedicated to the visit of the Committee and the organization of a training session with the staff and volunteers involved in the project. The coaching focused on harm reduction approaches and outreach activities among PWUD/PWIDs, HIV and HCV care cascade, rapid testing and linkage to care.

The second day, a pilot testing activity was organized in cooperation with a local organization working with PWUDs in the city. An equipped medical van of the Red Cross was positioned close to the central railway station, where this organization operates. The harm reduction workers informed their clients about the possibility to get tested for HIV and HCV directly in the van by the Red Cross staff, without any cost and in full respect of anonymity; those who accepted to make the test were conducted to the van, where they received also a risk reduction counselling, HIV/HCV informative material and condoms.

### **Site visit to the Red Cross Committee of Genova**

The visit was held on 21-22nd of March by 3 experts of Villa Maraini. A coaching session was held for the staff and volunteers involved in the project and focused on these specific topics:

- pre and post counselling
- administration of HIV and HCV rapid finger-prick test (blood-based)
- data collection through the administration of a risk assessment questionnaire
- linkage to care

Samples of the rapid tests as well as of the risk assessment questionnaire were presented and piloted with the team.

Afterwards, a pilot testing activity was organized in cooperation with a local organization working with PWUDs in the city. An equipped medical van of the Red Cross was positioned close to a drop-in for PWUD/PWID, where this organization operates. Clients who wanted to be tested were accompanied to the van by the Red Cross staff, where they received also a risk reduction counselling, HIV/HCV informative material and condoms.

## Site visits with the Red Cross Committees





Number and date	Name	Aim	Methodology	Time	Number of participants	Output check
1) October 4 <sup>th</sup>	Introduction	Presentation of BOOST and coaching sessions	Online meeting	2h	5 (all 4 mini-lighthouses)	Selection of the team for the project Starting as Mini LH
2) October 10 <sup>th</sup>	1 <sup>st</sup> coaching session	Assessment	Online meeting	2h	3 (RC committee Venezia)	Starting as Mini LH
3) October 17 <sup>th</sup>	1 <sup>st</sup> coaching session	Assessment	Online meeting	2h	4 (RC committee of Padova)	Starting as Mini LH
4) October 25 <sup>th</sup>	1 <sup>st</sup> coaching session	Assessment	Online meeting	2h	4 (RC committee of Genova)	Starting as Mini LH
5) October 31 <sup>st</sup>	1 <sup>st</sup> coaching session	Assessment	Online meeting	2h	3 (RC committee of Pisa)	Starting as Mini LH
6) November 16 <sup>th</sup>	Training on Harm reduction and HIV/HCV prevention among PWUDs	Provide information and knowledge on HIV/HCV prevention, testing and linkage to care for PWUD	In presence at Villa Maraini centre	7h	20 (all 4 mini-lighthouses)	Start planning a CDMP and organizing HIV/HCV testing activities
7) November 17 <sup>th</sup>	Visit to Villa Maraini Street Unit	Provide information on how to conduct outreach activities among PWUD/PWID	In presence	4h	10	Understand how to provide HR activities with the mobile unit
8) January 22 <sup>th</sup> 2025	Follow-up session	Update of the activity plan and schedule of the site visits	Online meeting	2h	8 (all 4 mini-lighthouses)	Schedule of the site visits
9) February 20 <sup>th</sup> -21 <sup>st</sup>	Site visit to RC branch Venezia	Organize pilot testing activities	In presence	2 days	10	The mini-lighthouses team is able to provide HIV/HCV testing and linkage to care

10) February 22nd	Site visit to RC branch Padova	Organize pilot testing activities	In presence	1 day	5	The mini- lighthouses team is able to provide HIV/HCV testing
11) March 19-20 <sup>th</sup>	Site visit to RC branch Pisa	Organize pilot testing activities	In presence	2 days	8	The mini- lighthouses team is able to provide HIV/HCV testing
12) March 21 <sup>st</sup> -22 <sup>nd</sup>	Site visit to RC branch Genova	Organize pilot testing activities	In presence	2 days	20	The mini- lighthouses team is able to provide HIV/HCV testing
13) May 24 <sup>th</sup>	Training session for RC branch Padova	Reinforce skills of non- medical staff on testing and linkage to care	In presence	1 day	35	The mini- lighthouses team is able to provide HIV/HCV testing

## Evaluation of pre- and post-assessment

### Red Cross Venezia

#### Identified training needs:

- harm reduction activities for HIV/HCV/STIs prevention
- outreach work among PWUD/PWID
- data collection and analysis
- linkage to care and follow-up

#### Expectations from the training and improvement goals in work:

- To acquire more skills on harm reduction programmes for PWUDs and start working more deeply with this specific target group.

#### Results of post-assessment

Thanks to the coaching package, they have learned:

- how to work with PWUD/PWIDs
- how to collect data
- the importance of creating a network with other health and social services
- how to improve management and fundraising activities

Red Cross Venezia has established a network with the public health drug centre, civil society organizations providing harm reduction services for PWUDs, the hospital for infectious diseases and local authorities. Thanks to this network, they are now offering testing services for HIV and HCV to street drug users, linking them to care and treatment. By now, they have contacted and tested around 100 people, found 10 positives to HCV and linked them to treatment.

## Red Cross Padova

### **Identified training needs:**

- harm reduction activities for HIV/HCV/STIs prevention
- pre- and post-counselling
- peer involvement
- linkage to care and follow-up

### **Expectations from the training and improvement goals in work:**

- To reinforce skills on how to work with PWUD/PWIDs and to acquire more knowledge on peer involvement in planning and implementation of activities.

### **Results of post-assessment**

Thanks to the coaching package, they have improved skills on:

- how to offer HIV/HCV/STI rapid testing to PWUD/PWIDs in outreach settings
- how to identify new ‘hot-spots’ and vulnerable drug users
- how to collaborate more closely with other health centres and CSOs

Participation in the BOOST project allowed Red Cross Padova to reintroduce the offering of HIV/HCV/STI rapid testing among the harm reduction activities provided by the mobile street unit, after the interruption of this service due to a lack of resources. During the project, they have offered rapid testing to the regular clients of the mobile unit and have also organized specific ‘testing days’ in order to spread the information and involve other PWUD/PWIDs. To this regard, they plan to collaborate more closely with other local harm reduction services, offering the testing to their clients. By now, they have contacted and tested around 70 PWUDs.

## Red Cross Genova

### **Identified training needs:**

- harm reduction activities for HIV/HCV/STIs prevention
- pre- and post-counselling
- peer involvement
- linkage to care and follow-up

### **Expectations from the training and improvement goals in work:**

- To acquire more knowledge on harm reduction strategies and programmes for PWUDs and develop skills on how to work with this specific target group.

### Results of post-assessment

Thanks to the coaching package, they have learned:

- how to offer HIV/HCV/STI rapid testing to PWUD/PWIDs in outreach settings
- how to identify ‘hot-spots’ and motivate vulnerable drug users to get tested
- how to create networks with health centres for ensuring linkage to care
- how to collaborate more closely with other CSOs for reach PWUDs who are ‘out-of-care’

Red Cross Genova has started a collaboration with an organization working with PWUD/PWID and are offering HIV/HCV rapid testing to their clients. Moreover, they have created a network with other CSOs that provide social support to vulnerable and marginalized populations, in order to identify PWUDs who could get tested. Since June, they are also providing testing with the mobile unit in a specific area of the city where there is a high number of homeless and street drug users. Since this activity has been well-received and appreciated by the population, the Municipality has asked them to offer this service more regularly; so from August they will provide testing activities every week. By now, they have contacted and tested more than 120 people.

## Red Cross Pisa

### Identified training needs:

- pre and post counselling
- linkage to care and follow-up
- peer involvement
- communication skills

### Expectations from the training and improvement goals in work:

- To acquire more knowledge on how to engage PWUDs and motivate them to testing and treatment, if needed.

### Results of post-assessment

Thanks to the coaching package, they have learned:

- how to offer HIV/HCV/STI rapid testing to PWUD/PWIDs in outreach settings
- how to motivate vulnerable drug users to testing and treatment
- how to create networks with health centres for ensuring linkage to care
- how to collaborate more closely with other CSOs for reach PWUDs who are ‘out-of-care’

Red Cross Pisa has started a collaboration with an organization providing harm reduction services to PWUD/PWIDs and are now organizing joint testing activities for their clients. Moreover, they have created a network with the hospital for infectious diseases where they refer clients in need of treatment for HIV and/or HCV. Since the screening for HIV/HCV and STIs is not regularly offered to PWUD/PWIDs, they are discussing with the Municipality the proposal of opening a fixed testing-point close to the central railway station, using some premises that at the moment are unused.

By now, they have contacted and tested around 40 PWUDs; 7 persons resulted preliminary positives to HCV and were referred to the hospital for infectious diseases for confirmatory diagnosis and treatment.

## Evaluation of the CDAP implementation

After the coaching sessions, the mini-lighthouses were asked to prepare a plan of activities to be implemented in the short, medium and long-term, in order to replicate the good practices on HIV and HCV testing and linkage to care among PWUD learned from the 'Lighthouse' and scale up community-based testing and linkage to treatment and care for PWUD in their communities. Considering the limited number of coaching sessions, as well as the limited funding available within the BOOST project, the CDAP (Communicable Diseases Action Plan) prepared by the mini-lighthouses could focus only on short-term objectives and results.

More specifically, the activities planned by each Red Cross Committee were:

### Red Cross Committee of Venezia:

- ✓ Increase the collaboration with a local community-based organization that manages a drop-in centre for PWUDs and start a joint testing service with them.
- ✓ Take contacts with the hospital for infectious diseases and propose a collaboration agreement as the one of Villa Maraini with the infectious disease hospital in Rome.
- ✓ Organize an outreach unit for the provision of HIV/HCV testing in other areas where no services are available.

### Red Cross Committee of Padova:

- ✓ Use their mobile unit that provides harm reduction services to PWUD/PWID for the offering of outreach HIV/HCV testing and counselling.
- ✓ Reinforce the services provided by their clinic centre with the introduction of HIV/HCV screening, and refer to this centre the people tested in the mobile unit.

### Red Cross Committee of Genova:

- ✓ Make an assessment of the services currently available in the city for PWUD/PWIDs and identify 'uncovered' areas where they can offer HIV/HCV testing and counselling.
- ✓ Take contacts with local CSOs and public services working with PWUD/PWIDs and organize joint activities for HIV/HCV prevention, screening and linkage to care.

### Red Cross Committee of Pisa:

- ✓ Take contacts with the local public service for OAT and other CSOs working with PWUD, and offer their availability to provide HIV/HCV testing to PWUD/PWID attending these services.
- ✓ Organize an outreach unit for the provision of HIV/HCV testing in other areas where no services are available.

As above indicated, the post-assessment of the four mini-lighthouses has shown that all the activities were implemented as planned, contributing to scale up community-based testing and linkage to care for PWUDs. In all the four cities, the Red Cross Committees were able to establish collaborations with low-threshold services for PWUD/PWIDs and offer voluntary testing for HIV and HCV to the clients of these services, thus contributing to promote the importance of regular screening and access to treatment among this specific target group. Moreover, the creation of networks with infectious diseases hospitals for referral and linkage to care has boosted the implementation of integrated and people-centred approaches in the field of prevention, treatment and care of infectious diseases among PWUD and other key populations.

It is expected that the skills acquired with the coaching and the CDAP implementation will allow the four Committees to further increase the provision of testing, using their own means and resources to reach other groups of PWUDs who have no access to regular testing and linkage to care.

## Conclusions and suggestions for further work

The BOOST project has confirmed that the use of well-known and well-experienced organizations as ‘Lighthouse’ for other community-based organizations that need to strengthen skills and capacities in the field of HIV/HCV/STI prevention, treatment and care, is a good and cost-effective approach.

- The provision of coaching and mentoring activities to share knowledge, expertise and good practices has contributed to reach to following results:
- Improved expertise and capacities of community-based organisations regarding communicable diseases services for PWUD.
- Increased number of community-based organisations providing testing/screening for HIV, viral hepatitis, STI among PWUD.
- Increased number of organisations applying good practice models in community-based testing and linkage to care.

In our case, the main result of the coaching and mentoring activities has been the development of partnerships and networks at local level among Red Cross Committees, harm reduction services and public health centres; these networks have enhanced the sharing of capacities and resources for the provision of integrated interventions including prevention, counselling, testing and linkage to treatment and care. Additional coaching and practice are required on peer involvement, as well as on pre and post counselling and data collection and analysis. It would be useful to provide further coaching sessions on these specific topics, including more intensive study visits to Villa Maraini and supervision visits to the mini-lighthouses.

# Lighthouse 4: A-Clinic Foundation, Finland

## Lighthouse: A-Clinic Foundation

The A-Clinic Foundation (ACF) aims to prevent and reduce the harms of recreational drug use and mental health issues by providing easily accessible, evidence-based information and low-threshold services, both through face-to-face encounters and digital platforms. In its face-to-face harm reduction work, ACF engages directly with individuals in peer groups, low-threshold meeting places, and on city streets. Harm reduction projects such as Osis in Helsinki and Völjy in Tampere offer peer support, daytime activities and housing support for people who use substances. Street clinics—such as Katuklinikka in Helsinki, Tampere, and Oulu—carry out outreach work. The Jalma project supports immigrant youth in addressing substance use and other life challenges.

In 2017, Finland had approximately 31,100-44,300 problem users of amphetamines and opioids (Rönkä & Markkula, 2020; Rönkä et al., 2020). In 2023, ACF's harm reduction projects reached 5,329 people who use drugs (PWUD). The Street Clinic project conducted 378 HIV and HCV tests in 2023. In Helsinki, 21 new HCV cases were detected between 2021 and 2023, and all individuals were referred for treatment. Rapid HIV and HCV tests are administered on the streets through the Street Clinic's outreach efforts and at low-threshold facilities. If a test result is positive, individuals are referred to laboratories for further evaluation. Treatment pathways include close psychosocial support, referral to specialized healthcare, and immediate initiation of medication.

The City of Helsinki offers a specialized clinic for HIV-positive substance users, and ACF's Street Clinic project provides testing and support services. For HCV, positive results are confirmed in laboratories, followed by remote doctor consultations to initiate treatment. Medication is provided either through opioid substitution therapy or low-threshold facilities, with ACF's Street Clinic facilitating both testing and treatment referrals.

Collaborative efforts are also ongoing through a joint “Right to hiv test” -project between ACF and Hivpoint, running from 2024 to 2026. This initiative aims to enhance HIV testing and raise awareness among professionals and peers. It focuses on improving testing procedures and knowledge sharing across various stakeholders, including housing services, health counselling, and outreach work, with an emphasis on national advocacy.

## A-Clinic Foundation's mini-lighthouses

The selection of the Mini-lighthouses and the planning of coaching sessions were carried out in collaboration with the A-Clinic community. The planning process involved multidisciplinary professionals, including the medical director, director of research and development, and health service supervisors. Through discussions and a pre-assessment, knowledge gaps and educational needs were identified among healthcare professionals regarding HCV, HIV, and other STIs across various units within the A-Clinic community. As a result, the coaching sessions focused on enhancing the expertise and capacity of healthcare professionals in delivering communicable disease services to people who use drugs in diverse health counselling settings.

The final selected mini-lighthouses were:

- Nervi (health counselling service) in Tampere
- Stoppari (child protection services) in Lahti and Hamina
- K-klinikka (opioid substitution treatment clinic) in Tampere

### Health counselling service Nervi

The goal of the health counselling service Nervi is to reduce drug-related harm and prevent the spread of infectious diseases transmitted through intravenous drug use. At the health counselling centre—also known as a needle exchange point—individuals who use intravenous drugs can exchange injection equipment. If they do not have equipment to exchange, they may receive an emergency supply pack. The service point also offers blood testing for HIV, hepatitis B, and hepatitis C, as well as pregnancy testing and hepatitis B vaccinations.

### Child protection service Stoppari

Stoppari facilities specialize in substance abuse treatment and youth psychiatric care within child protection services. The services are intended for young people who have been urgently placed or taken into custody. Stoppari services include assessment treatment and crisis intervention, as well as rehabilitative care. The service package is tailored to meet the individual needs of the young person. Our services are well-resourced, and we take a holistic approach by involving the entire family in the treatment process.

The staff is multidisciplinary and has experience in both substance abuse and addiction work, as well as child protection. The starting point of the operations is individualized care, based on the young person's life situation, needs, and resources.

### **Stoppari, Lahti, Finland**

Stoppari Lahti is a seven-place unit. The services include interruption and assessment, as well as rehabilitation. These services form a service package tailored to the young person's needs.

### **Stoppari, Hamina, Finland**

Stoppari Hamina offers services that include interruption and assessment, as well as rehabilitation. These services form a service package tailored to the young person's needs. Stoppari Hamina has three residential units: two seven-place special-level units and one five-place demanding-level unit.

## **K-Klinikka**

K-klinikka (K-Clinic) serves opioid-dependent individuals over the age of 18 who have been assessed for substitution treatment. The assessment for substitution treatment is conducted by the client's municipality of residence. Following the assessment, the client is directed to either a rehabilitative treatment program or a harm reduction program. The goal of rehabilitative substitution treatment is to motivate the client towards a substance-free life and overall improvement in life management. The harm reduction program focuses on minimizing the adverse effects of drug use, preventing social exclusion, and improving quality of life. Treatment services include e.g., drug screening tests, treatment planning and assessment and individual counseling sessions with a designated care provider.

### **K-Klinikka, Tampere, Finland**

The services in K-Clinic Tampere are primarily provided for adult drug users from the Pirkanmaa region, in accordance with an agreement made with the Pirkanmaa Wellbeing Services County. Clients can also access the service from other wellbeing services counties with a payment commitment, and some clients come with a commitment from Prison Health Care.

Of the K-clinic's clients, the majority, about 170-180 people, are in opioid substitution treatment, while around 20-30 clients receive outpatient services. Outpatient clients visit the unit for, among other things, support discussions and support medication.

The health counselling clients are people who use drugs intravenously and visit the unit mainly to exchange injection equipment. Guidance and counseling for accessing social and health services are also available. The number of clients varies between about 60 and 100. Health counseling is provided anonymously.

# Mini-lighthouse activities to improve care

## ➤ K-Clinic and Nervi

### Pre-assessment and CDAP

**Name of the mini-lighthouse:** K-Clinic and Nervi

**Location:** K-Klinikka Tampere, Sumeliuksenkatu 13 A, 33100 Tampere, Finland, and Nervi, Hammareninkatu 10, 33100 Tampere

**Aim of the coachings:** Improved expertise and capacities regarding communicable diseases services for PWUD. Application of good practice models in testing and linkage to care.

#### Plan of the coaching sessions:

##### K-Clinic

- 21.8.2025 Workshop on HCV prevention and harm reduction
- 9.9.2025 Workshop on HIV prevention and harm reduction
- 30.9.2025 C-EHRN session and workshop on STI prevention and harm reduction + site visit

##### Nervi

- 11.9.2025 Workshop on HIV and STI prevention and harm reduction

#### Suggestions for mini lighthouses in terms of education, training, development:

Results of the pre-assessment (conducted in 7.8.2025) and identified training needs:

- harm reduction activities for HIV/HCV/STIs prevention
- pre and post counselling
- treatment protocols
- follow-up (adherence to treatment/end of treatment)
- data collection and analysis
- communication skills, working with motivation, incentives and adherence

Mini-lighthouse's expectations from training: Research data and best practices from other regions where HCV/HIV/STIs activities are currently implemented

#### Plan for the site visit:

A site visit to the Lighthouse is scheduled during A-Clinic Foundation's work community day (*A-info*) on **18.9.2025**. Coaching sessions will be conducted on-site and include visits to the Mini-lighthouse premises. Site visits are designed to cause zero or minimal disruption to the regular workflow of healthcare professionals.

#### Both organisations agreed on following:

The organization A-Clinic Foundation will provide 4 coaching sessions, including pre- and post-assessment. The collaboration also includes opportunities for study visits and provides support to develop Community Diseases Action Plan. The recipient organizations Nervi and K-Clinic will provide data for pre- and post-assessment, ensure participation of 3-5 staff members in each coaching session and let the organization workers meet the recipient workers at their premises and visit their working sites.

## Pre-assessment and CDAP

**Name of the mini-lighthouse:** Stoppari

**Location:** Stoppari Lahti, Pitkämäenkatu 4 D, 15300 Lahti, Finland, and Stoppari Hamina (online)

**Aim of the coachings:** Improved expertise and capacities regarding communicable diseases services for PWUD. Application of good practice models in linkage to care.

### Plan of the coaching sessions:

#### Stoppari Lahti

- 22.8.2025: Workshop about HCV and Harm Reduction in Europe
- 17.9.2025: Workshop about HIV and STIs prevention and harm reduction

#### Stoppari Hamina

- 22.8.2025: Workshop about HCV and Harm Reduction in Europe
- 17.9.2025: Workshop about HIV and STIs prevention and harm reduction

### Suggestions for mini lighthouses in terms of education, training, development:

Results of the pre-assessment (conducted in 7.8.2025) and identified training needs:

- harm reduction activities for HIV/HCV/STIs prevention
- provision of rapid tests in non-medical settings
- pre- and post-counselling
- referral and linkage to care protocols
- treatment protocols
- follow-up (adherence to treatment/end of treatment)
- peer involvement/training/outreach
- data collection and analysis
- monitoring and evaluation
- communication skills, working with motivation, incentives and adherence

Mini-lighthouse's expectations from training: Education about prevention, harm reduction and treatment of HCV/HIV/ STIs overall.

### Plan for the site visit:

A site visit to the Lighthouse is scheduled during A-Clinic Foundation's work community day (*A-info*) on **18.9.2025**. Coaching sessions will be conducted on-site and include visits to the Mini-lighthouse premises. Site visits are designed to cause zero or minimal disruption to the regular workflow of healthcare professionals.

### Both organizations agree on following:

The organization A-Clinic Foundation will provide 4 coaching sessions, including pre- and post-assessment. The collaboration also includes opportunities for study visits and provides support to develop Community Diseases Action Plan. The recipient organizations Stoppari Lahti and Hamina will provide data for pre- and post-assessment, ensure participation of 3-5 staff members in each coaching session, and let the organization workers meet the recipient workers at their premises and visit their working sites.

# Coaching sessions and site visits

## Structure of the coaching sessions and multidisciplinary collaboration

In addition to the specialists working on the BOOST project, the Lighthouse (A-Clinic Foundation) utilised the expertise of area specialists working in the Finnish “Right to HIV test” -project, a national collaborative project between HIVpoint and A-Clinic Foundation, to deliver BOOST-education to healthcare professionals within the A-Clinic community.

Furthermore, the Finnish focal point of the Correlation - European Harm Reduction Network (C-EHRN) was engaged to provide education on the HCV elimination plan, as well as share best practices and international opportunities presented by C-EHRN. The structure of the coaching sessions is presented in Figure 1 and the program overview in Figure 2.

**Figure 1.** Project BOOST -lighthouse sessions in Finland.

<https://community-boost.eu/>

# BoOst

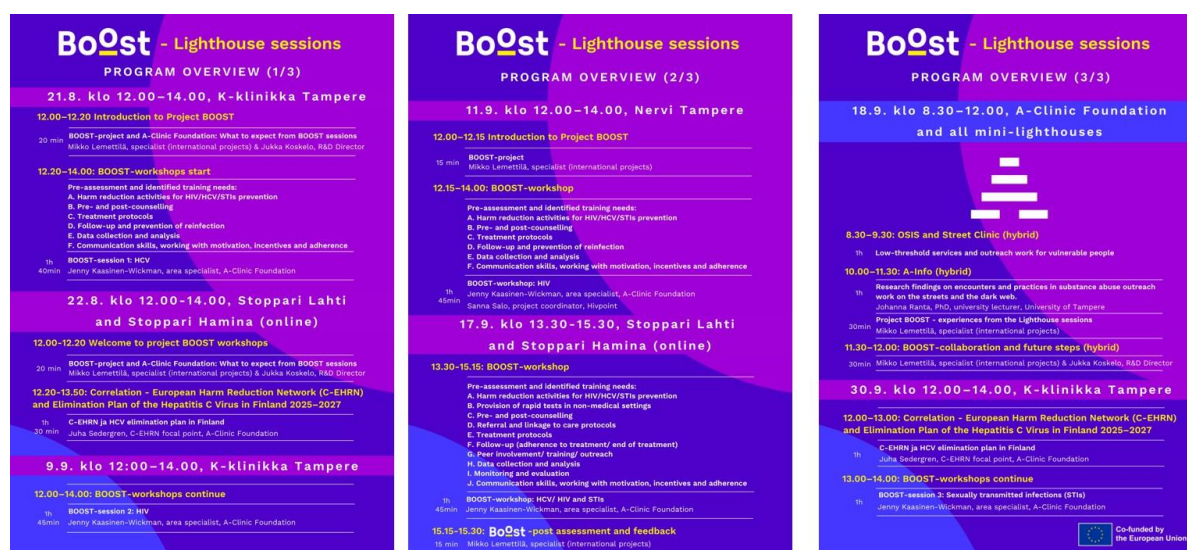
## Lighthouse sessions

### BOOST Coaching sessions and visits to the mini-lighthouses

<b>K-Klinikka</b> Location: K-Klinikka Tampere Sumeliuksenkatu 13 A, 33100 Tampere  Time: 21.8.2025 12.00-14.00 9.9.2025 12.00-14.00 30.9.2025 12.00-14.00 + study visits to K-klinikka and Nervi	<b>Nervi</b> Location: Terveysneuvonta Nervi Hammareninkatu 10, 33100 Tampere  Time: 11.9.2025 12.00-14.00
<b>Stoppari Lahti</b> Location: Stoppari Lahti Pitkämäenkatu 4 D, 15300 Lahti  Time: 22.8.2025 12.00-14.00; 17.9.2025 13:30-15:30 + study visit	<b>Stoppari Hamina</b> Location: Online Microsoft Teams  Time: 22.8.2025; 17.9.2025

**Visit to the Lighthouse:**  
**A-Clinic Foundation**  
Location:  
Osis - Näkinkuja 4 (00530), and  
A-Clinic Foundation's Main office - Kuortaneenkatu 2 (00510)  
Time: 18.9.2025

**Figure 2.** Project BOOST Lighthouse sessions in Finland - Program overview: K-klinikka + Nervi and Stoppari Lahti + Hamina.



### Summary of the coaching sessions and site-visits

During the BOOST coaching sessions, professionals in the Mini-lighthouses received targeted education on HIV, hepatitis C, and other communicable diseases (STIs), with a focus on, e.g., prevention, testing, and linkage to care. A total of 11 sessions were held, including planning for the CDAP and coaching sessions, an overview presentation of Project BOOST, and workshops on communicable diseases. The workshops covered topics such as stigma, testing methods, treatment pathways, and national strategies. Practical tools like motivational interviewing, peer involvement, and low-threshold service models were emphasized to support harm reduction work in real-world settings. Table 1 summarizes the collaborative activities between the Lighthouse and the Mini-lighthouses, while Table 2 provides a detailed overview of the final activities carried within each Mini-lighthouse.

The Mini-lighthouses were given the opportunity to participate in a joint study visit to A-Clinic Foundation’s units in the Helsinki area. During the visit, they explored low-threshold services Osis and the Street Clinic, gaining insights into the organisation of peer support services and outreach work for people who use drugs. The site visit also included participation in A-Clinic Foundation’s work community meeting (A-info), which provided evidence-based information on encounters and practices in substance abuse outreach work, both on the streets and the dark web. The BOOST project and its collaboration with the Mini-lighthouses were also presented during the latter part of the community day.

**Table 1.** Summary of the coaching sessions.

Total sessions	Study visits	Capacity building plans	Timeframe
11	3	4	11.12.2024 – 30.9.2025

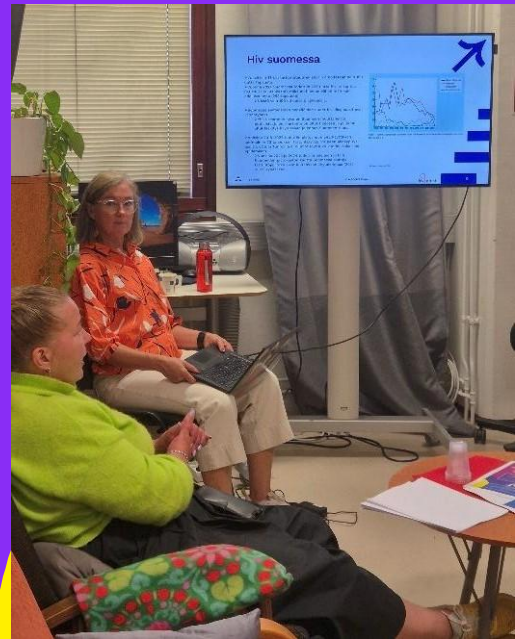
**Table 2.** BOOST coaching sessions and site visits.

Lighthouse	Sessions and content	Number of participants	Date and location	Hours
Lighthouse and all mini-lighthouses	Introduction and planning	8	11.12.2024 and 17.7.2025 (Online)	2
	Site visit to the Lighthouse	9 (+ 2 remote participants and 4 educators) + ~30 other participants	A-Clinic Foundation, Helsinki, Finland 12.9.2025 (Hybrid). - Näkinkuja 4, 00530, and - Kuortaneenkatu 2, 00520 (Helsinki, Finland)	4
Nervi and K-Clinic, Tampere, Finland	Testing (A-Clinic Community Tampere)	8	11.12.2024, Tampere University of Applied Sciences	8
	Coaching session (K-Clinic) - Project BOOST - HCV	6 (+ 3 educators)	21.8.2025, Sumeliuksenkatu 13 A, 33100 Tampere	2
	Coaching session (K-Clinic) - HIV	4 + (1 educator)	9.9.2025 Sumeliuksenkatu 13 A, 33100 Tampere	2
	Coaching session (Nervi) + Site visit - Project BOOST - HCV and HIV	4 (+ 3 educators)	11.9.2025 Hammareninkatu 10, 33100 Tampere	2
	Coaching session (K-Clinic) + Site visit to K-Clinic and Nervi - C-EHRN - STIs	2 (+ 2 educators)	30.9.2025 Hammareninkatu 10, 33100 Tampere	3
Stoppari Hamina and Lahti, Finland	Stoppari Hamina Coaching session - Project BOOST - HCV elimination plan and C-EHRN	3 (+ 3 educators)	22.8.2025 Online	2
	Stoppari Hamina Coaching session - HIV and STIs	5 (+3 educators)	17.9.2025 Online	2
	Stoppari Lahti Coaching session - Project BOOST - HCV elimination plan and C-EHRN	4 on-site and 2 remote (+ 3 educators)	22.8.2025 Pitkämäenkatu 4 D, 15300 Lahti, Finland	2
	Stoppari Lahti Coaching session + site visit - HIV and STIs	4 (+ 3 educators)	17.9.2025 Pitkämäenkatu 4 D, 15300 Lahti, Finland	3

**A-Clinic Foundation's area specialist Jenny Kaasinen-Wickman conducting a BOOST workshop on HCV prevention and harm reduction for K-Clinic healthcare professionals (21.8.2025).**



**Project coordinator Sanna Salo (HIVpoint) and Jenny Kaasinen-Wickman (A-Clinic Foundation) discussing HIV prevention and harm reduction with healthcare workers at Nervi (17.9.2025).**



**C-EHRN Finnish focal point Juha Sedergren visiting K-Clinic's premises in Tampere (30.9.2025).**



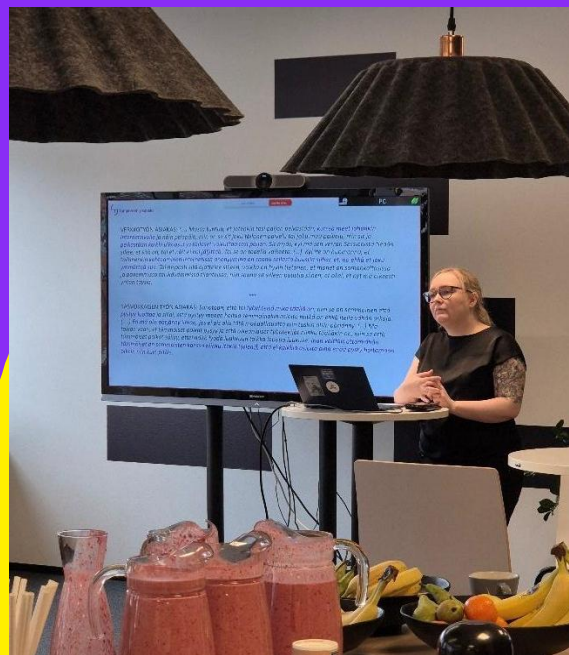
**Coaching session at Stoppari Lahti. C-EHRN Finnish focal point Juha Sedergren introduced the work of Correlation – European Harm Reduction Network and shared information on international and national HCV elimination plans (22.8.2025).**



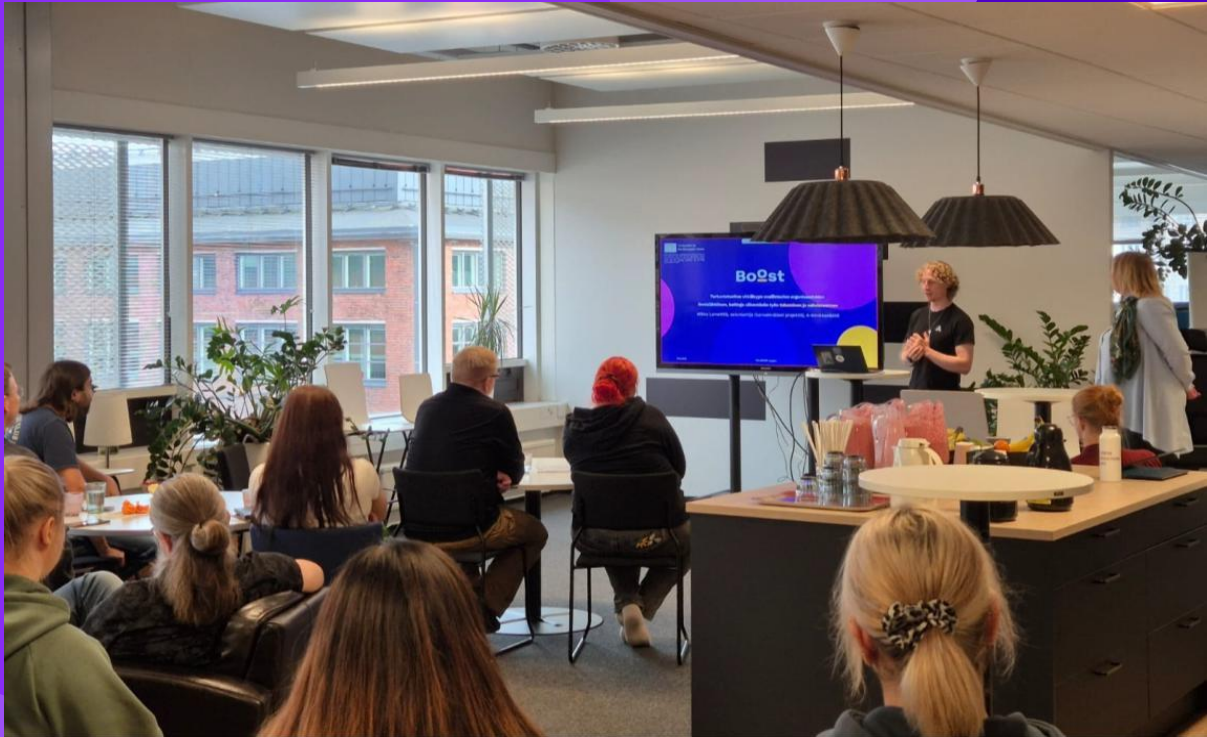
**Site visit: Osis and Street Clinic – Low-threshold services and outreach work for vulnerable populations (18.9.2025).**



**University lecturer Dr. Johanna Ranta (University of Tampere) presenting research findings on encounters and practices in substance abuse outreach work on the streets and the dark web (18.9.2025).**



A-Clinic Foundation's specialist in international projects, Mikko Lemettilä, presenting the work done with the Mini-lighthouses in the BOOST project (18.9.2025).



Project BOOST Lighthouse sessions: Visit by Mini-lighthouse professionals to the Lighthouse, A-Clinic Foundation, during the work community meeting in Helsinki, Finland (18.9.2025).



# Post-assessment, and CDAPs implementation and evaluation

The aim of the Lighthouse sessions was to enhance the expertise and capacity of the Mini-lighthouses in delivering communicable disease services for people who use drugs (PWUD). Secondly, the work with the mini-lighthouses aimed for application of good practice models identified in the BOOST project, leading to improved testing and/or linkage to care.

## Participating professionals' experiences

Professionals' experiences were collected throughout the coaching sessions. A total of 22 responses were received from in-person sessions, with participants reporting the following outcomes:

- 63.6% learned new information about communicable diseases' prevention.
- 68.2% improved understanding of communicable diseases related stigma.
- 77.3% felt better prepared to assess the need for communicable diseases testing.
- 77.3% felt more confident in guiding clients to communicable diseases testing.
- 72.7% improved skills in supporting people living with communicable diseases.
- 76.2% felt more confident discussing sexual health.
- 63.6% gained knowledge about harm reduction.
- new knowledge: 77.3% on the role of communicable diseases testing in prevention; 77.3% benefits on early communicable diseases treatment, 77.3% early treatment's impact on epidemic control; 81.8% on the current recommendations for testing and referral.

Overall satisfaction rate for the coaching sessions was 4.4 out of 5. 91% rated the training as either "good" (4) or "excellent" (5).

## Post-assessment of mini-lighthouses

A post-assessment conducted in October 2025 in collaboration with the Mini-lighthouses' health service supervisors revealed minor improvements in testing options and referral procedures.

## Coaching feedback and experiences (scale 1-10):

- Expectations met: range 8-10
- Confidence in teams' testing & treatment: range 8-10
- Difficulty of referring to care: range 2-7
- Team knowledge rating: 8-10
- Form of the coaching (the combination of online and in-person coachings and study visit): range 6-10

## Enablers and barriers of CDAP implementation

Overall, the CDAP plans developed with the Mini-lighthouses were implemented as intended. Most coaching sessions involved 3–5 participants or more, and based on the feedback received, over two-thirds of the professionals demonstrated improved expertise and capacity in delivering communicable disease services.

However, the short timeframe and limited duration of the coaching sessions poses challenges in measuring their long-term impact—particularly regarding increased testing and linkage to care practices within each Mini-lighthouse, alongside other developments in their respective settings. Other identified barriers by workers were limited staff resources, stigma around drug use and communicable diseases, and lack of coordination between services that may affect continuity of care and service uptake.

Despite these limitations, a concrete outcome was observed: alongside improved knowledge, all Mini-lighthouses committed to participating in European Testing Week (17–24 November 2025) to increase access to testing and promote awareness on the benefits of earlier hepatitis and HIV testing.

## Future improvements and training needs

During post-discussions held at A-Clinic Foundation's site visit, Mini-lighthouse participants identified the following future training needs:

- Strengthening encountering skills, especially in child protection and harm reduction contexts
- Sexual education and sexual health training for youth
- Anti-doping awareness, including hormone use and recreational doping
- Multicultural competence and culturally sensitive approaches in youth work
- Training on gang involvement and gang-related violence
- Incorporating international perspectives in violence prevention
- Understanding the Dark web / Tor-network and related legal responsibilities
- Safer substance use practices, such as safe smoking techniques
- Enhancing collaboration in youth homelessness networks
- Participation in European Testing Week and thematic campaigns

While some of these subjects don't directly align with Project BOOST's primary goal of enhancing communicable disease services, they reflect the lived experience of frontline workers: the challenges faced by people who use drugs and other vulnerable groups are complex, tend to accumulate and intersect. Therefore, there is a clear need for increased collaboration between organisations and multidisciplinary professionals, as part of a comprehensive, people-centred, and integrated harm reduction approach.

## Conclusions and suggestions for further work

*“This training should be integrated into health counselling education.”*

- Open feedback from a coaching session participant

As highlighted by one of the participants, a local expertise centre ( “Lighthouse” ) should be considered as a solution to develop the prevention, treatment and harm reduction of communicable diseases (e.g., HCV/HIV/STIs). This approach aligns with the goals set in national and international communicable disease elimination strategies.

The benefits of this model include:

- provision of expertise across multiple organisations, e.g., to help the capacity-building of smaller organisations
- collection and dissemination of information and best practices identified by professionals who work directly with populations vulnerable to infectious diseases
- identification of pathways to include peer support
- establishment of healthcare and low-threshold service networks to ensure continuity of care
- resource mapping and barrier identification to support Mini-lighthouses in developing sustainable action and capacity-building plans

The BOOST Lighthouse sessions helped improve knowledge and skills in communicable disease services for professionals working with people who use drugs. The coaching sessions and collaboration between organisations showed that even short-term support can spark improvements in linkage to care and raising awareness in low-threshold services. For future work, it’ s important to continue training, build sustainable networks, and include topics that reflect the real challenges faced in harm reduction, such as encountering difficulties in youth work and promoting safer substance use practices.

# Annexes

## Annex I. CDAP example of a mini-lighthouse

**Organization:** Kontaktní centrum Havířov

**Country:** Czechia

**City:** Havířov

**Address:** Hřbitovní 166/12, Havířov-Šumbark, 736 01

**Website:** <https://www.ssmh.cz/sluzba/kontaktnei-a-poradenske-centrum-pro-osoby-ohrozene-zavislostmi/>

Short description of the organization and the program/s involved in BOOST coaching  
An organization with a drop-in centre and outreach program for people who use drugs in a city with lower socioeconomic advantages, located in the north-east of the Czech Republic. The mission of the Contact and Counseling Center for Persons at Risk of Addictions in Havířov is to provide anonymous and free professional social services, mitigating the effects of the use of addictive substances, including pathological gambling.

Starting point - What did you have before coaching/info BOOST

<b>1. Assessment of the situation before the coaching</b>	Yes/no
We provide general awareness levels - PWUD	y
We provide general awareness levels- organizations	
	In %
HCV prevalence rate [%]	Nk
HIV prevalence rate [%]	Under 1%

<b>2. Assessment of the current situation</b>	Yes/no/referral
Awareness and prevention	y
Motivation for screening	y
Screening	n
anti-body	n
RNA	n
Linkage to care	n
DAA	n
EOT (End of treatment)	n
SVR	n
Follow-up	n
Other medical issues	Y - partly
Something else, what...	refferals

<b>3. Lighthouse - organisation team</b>	Yes/no/yes referral/yes cooperation
Social workers	y
GP	n
Psychiatrist	n

Nurses	<b>n</b>
Peers	<b>y</b>
Hepatologist	<b>n</b>
Volunteers	<b>n</b>
Something else? What?	<b>n</b>

<b>4. Collaboration</b>	<b>Yes/no/planned/not needed</b>
Key stakeholders	<b>Y</b>
Healthcare providers	<b>Y</b>
OAT - services	<b>N</b>
Housing services	<b>Y</b>
Community organisations	<b>Y</b>
Mental health services	<b>Y</b>
Food-supply	<b>Y</b>
Government agencies	<b>Y</b>
Social security	<b>Y</b>
Financial support	<b>Y</b>
Legal support	<b>Y</b>
Something else, what?	

<b>5. Who can provide:</b>	Yes/Not possible/possible but needs upscaling					
	Peers	Social workers	Nurses	GP	DAA/HCV/ Infections Specialist	Client (themselves)
Awareness and prevention	<b>y</b>	<b>Y</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>
Motivation to screening	<b>y</b>	<b>Y</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>
Screening	<b>n</b>	<b>N</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>
Antibody fingerprick	<b>n</b>	<b>N</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>
Antibody saliva	<b>y</b>	<b>Y</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>n</b>
RNA venous blood	<b>n</b>	<b>N</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>n</b>
RNA fingerprick (Cepheid or laboratory)	<b>n</b>	<b>N</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>n</b>
Is the training certificate needed for the screening?	<b>n</b>	<b>n</b>	<b>x</b>	<b>x</b>	<b>n</b>	<b>n</b>
Pre and post counselling	<b>y</b>	<b>Y</b>	<b>y</b>	<b>y</b>	<b>y</b>	<b>n</b>

<b>6. Plan to change or upscale</b>	<b>Yes/no/referral</b>	<b>Short term, mid term, long term ST/MT/LT</b>	<b>Short description</b>
Awareness and prevention	<b>Active offerings of POC</b>	<b>all</b>	<b>Campaigns for clients and the public as a part of a strategy to be visible to the public and public institutions</b>
Motivation for screening	<b>Y</b>	<b>all</b>	
Screening	<b>Y</b>	<b>all</b>	<b>With saliva tests, later with capillary fingerprick tests</b>
Antibody fingerprick	<b>Y</b>	<b>all</b>	
Antibody saliva	<b>Y</b>	<b>all</b>	
RNA venous blood	<b>N</b>		<b>Possibly</b>
RNA finger-prick (Cepheid or laboratory)	<b>N</b>		<b>Not available</b>
Outreach screening	<b>Y</b>	<b>all</b>	
Mobile van screening	<b>N</b>		
Drop-in facility screening (low threshold/NSP facility)	<b>N</b>		
Screening in another facility/program/institution	<b>N</b>		
Pre-and post counselling	<b>Y</b>	<b>all</b>	
Linkage to care	<b>Y</b>	<b>all</b>	
DAA prescription	<b>N</b>		<b>Not possible due to the legal regulations</b>
DAA delivery (follow up medication)			<b>Not possible due to the legal regulations</b>
End of treatment	<b>Y</b>	<b>all</b>	
SVR	<b>N</b>		<b>Not possible due to the legal regulations</b>
Follow up after treatment	<b>Y</b>	<b>all</b>	
Other medical issues	<b>Y</b>	<b>all</b>	<b>Complex care</b>
Other issues, what...			