



# WP 7

**Objective 1- IMPROVING USE OF ICT TOOLS IN  
COMBINATION PREVENTION – Lella Cosmaro (Fondazione  
LILA Milano, Italy)**

# MAIN OBJECTIVE

- To improve the use of ICT tools in combination prevention (the integration of biomedical, behavioral and structural interventions) by adapting and piloting innovative information and communication technology programs, with the objective to broadly disseminate and deliver HIV, STIs, hepatitis and TB prevention information, education and support to people belonging to groups most at risk and/or hard to reach (MSM, PWID, migrants, sex workers).

# WORK OVERVIEW- 3 PHASES

1. Review and discussion of successful ICT-based interventions on sexual and reproductive health, STI/HIV prevention and risk reduction.
2. Selection, adaptation and broad dissemination of most effective interventions to reach at risk populations (MSM, PWID, migrants, sex workers) and to address other disease areas affecting such populations: viral hepatitis and TB (in collaboration with WP2).
3. Evaluation of effectiveness of the adapted ICT-based prevention programmes through a pilot feasibility study on different populations in three MS (Croatia, Italy and Lithuania).

The topic of combination prevention with ICT-based tools is the central theme of the planned regional workshop in Italy (year 2) (WP8). Relevant ICT-based tools will be used at part of the ETW activities in WP5.

# PHASE 1 -REVIEW OF EXISTING ICT TOOLS

Review of ICT based prevention programmes and assessment of success

- desk review activities to collect information and data on existing successful ICT-based interventions on sexual and reproductive health, STI/HIV prevention and risk reduction
- establishment of contacts with relevant institutions, organizations and agencies - such as, but not limited to, the ECDC - that have already gathered broad experience in delivering prevention and outreach activities through ICT. (SIT Social intervention tool , CISS tool (Computer-assisted Intervention for Safer Sex)
- Partners involved: CIPH, CRI, FLIGHT, ISKORAK, LILA, SU, (MFH?)

*[Division into 2 working groups to perform desk review and research? Split by disease areas or by population?]*

# PHASE 2 - ADAPTATION OF EXISTING ICT BASED PREVENTION PROGRAMMES

- Selection and adaptation of the most effective ICT based prevention programmes, to suit different populations and cover all four disease areas (in collaboration with WP2)
- Partners:
  - ✓ CERTH (technical adaptation of programmes/tools)
  - ✓ CIPH, CRI, FLIGHT, ISKORAK, LILA, SU, (MFH?)

*[All previous organizations involved in the evaluation and selection process? All involved in the conceptual adaptation of selected tools? Proposal of two separate WG]*

# PHASE 3 - PILOT STUDY OF ADAPTED ICT-BASED PREVENTION TOOLS

- Evaluation of effectiveness of the adapted ICT-based prevention programmes through a pilot feasibility study on different populations in three MS (Croatia, Italy and Lithuania)
- Organizations involved:
  - ✓ ISKORAK
  - ✓ ARCIGAY
  - ✓ LILA MILANO
  - ✓ VPLC
  - ✓ ULAC





# INTEGRATE WP 7

Objective 2- PARTNER NOTIFICATION WORK PLAN

Gordana Avramovic (UCD-MMUH)



# MAIN OBJECTIVE

- To improve the use of partner notification for HIV, viral hepatitis, STIs and TB
- The WP will focus on how tools and lessons learnt from one disease can be adapted to other diseases

# WORK OVERVIEW- 4 PHASES

1. Build on ECDC 2013 Report on Partner notification (policy aspects will be addressed as part of WP4)
2. Production of a technical report
3. Testing usability and applicability of the report across 4 pilot countries –
4. FINAL technical report

# PHASE 1-BUILDING ON THE ECDC 2013 REPORT

- TASKS 1- **UCD**-
  - Overall data collection tools (month 6)
  - Legal data review (month 12)
  - Good practices collected and translated (month 12)
- TASK 2- **CEEISCAT**
  - Establish a roadmap . (month 9)
  - Identify core indicators. (month 9)
- TASK 3- **CHIP**
  - Add data on TB which was not included as part of the 2013 report (month 12)
  - Provide link with OPTEST and HA-REACT projects regarding barriers to testing. (Question: could **ULAC** also help on HA-REACT/ delegation from CHIP?) (month 12)

# PHASE 1-BUILDING ON THE ECDC 2013 REPORT

- TASKS 4- **IPH** & **VULSK**- Add new joint action countries to existing data- split the work between those 2 partners.(month 12)

# PHASE 2-PRODUCTION OF A TECHNICAL REPORT

- TASKS 5- UCD – Develop a technical report including
  - Approaches for implementation that can be adapted to different country contexts, population groups and healthcare settings
  - Legal recommendations
  - Audit recommendations
  - Indicator recommendations for monitoring found positives and linkage to care
  - Endeavours to adapt existing best practices from one disease to another
  - (month 18)

# PHASE 3-TECHNICAL REPORT PILOT

- TASK 6- PILOT COUNTRIES WILL TEST THE TECHNICAL REPORT (MONTH 24)
  - PARTNER 1- UCD – IRELAND- PN NOT compulsory BUT routinely carried out for at least one STI- Regional representation for the North of Europe
  - PARTNER 2- KEELPNO- GREECE- PN NOT compulsory BUT routinely carried out for at least one STI- Regional representation for the South of Europe
  - PARTNER 3 – IPMN -ROMANIA- PN compulsory AND routinely carried out for at least one STI- Regional representation for the East of Europe
  - PARTNER 4- LILA- ITALY- PN compulsory AND routinely carried out for at least one STI- Regional representation for the West of Europe

# PHASE 4-TECHNICAL REPORT PILOT

- TASK 7- TECHNICAL REPORT FINALISED AND DELIVERED (MONTH 30)
  - PARTNER 1- UCD – Will receive feedback from pilot sites and deliver a final report
  - This appears both as a milestone (month 30) and as a deliverable (for month 34). Aiming at month 30-

