

FINAL PROJECT REPORT

AIDS&Mobility Europe 2008–2011



Associated partners:



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Final Project Report

AIDS&Mobility Europe 2008–2011

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Naz Project London (NPL, London)

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Terrence Higgins Trust (THT, London associated partner until 2009)

The project AIDS&Mobility Europe was co-funded by the Executive Agency for Health and Consumers (EAHC) at the European Commission, and involved seven main European partner organizations working alongside the Ethno-Medical Centre in Hannover as coordinator. The project started in 2008 and finished in 2011. The main aim of the AIDS&Mobility Europe project is to reduce HIV vulnerability of migrant and mobile populations in Europe, through the development, implementation and promotion of appropriate policies and measures within a European wide network of experts. Mobility stands for migration in all its diversity: from travellers and immigrant communities to asylum seekers and refugees. For the purpose of the project, the definition of migrant is based on language barriers in access to health services as a result of belonging to a population minority (mostly ethnic groups). The main objective of the network is to build the capacity of migrant communities to engage with and embrace prevention topics related to HIV, STIs, Hepatitis, Harm Reduction and Reproductive Health.

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Contents

Page

Foreword.....	8
Chapter 1: Background and Overview.....	9
Chapter 2: Objectives and Key Achievements	12
Chapter 3: Major Obstacles and Problems Encountered, Solutions Found.	22
Chapter 4: Key Learning, Improvements to the Initial	24
Chapter 5: Conclusions	27

1

2

3

4

5

Foreword

Migrants, ethnic minorities and mobile populations need, and also contribute to, HIV prevention. They are vulnerable because of a lack of access to health services and information that responds to their cultural and linguistic diversity.

However, as demonstrated by this project, together we can successfully engage in discussions about health, sexuality, drug use, and about protecting and caring for each other. Health experts and migrants have been working together as equal partners in the AIDS&Mobility network and its projects since the 1990s. In their countries of origin, migrants also often contribute to the policy debate and to services for people in need of assistance.

This final project report documents the achievements of the AIDS&Mobility Europe project 2008–2011. It also highlights the experience and learning the A&M project partners 2008–2011 have accumulated during the pilot implementation of the A&M transcultural mediator model in HIV prevention with migrants, ethnic minorities and mobile populations across six European project sites.

As a Turkish migrant to Germany who has worked for the health of migrants by taking personal action as a transcultural mediator, empowering my own people and organising for change as a social entrepreneur, it is my pleasure to present this report to you.

It is difficult to capture in a formal report the lively, creative, challenging, dynamic, joyful and inspiring moments we experienced implementing the AIDS&Mobility Europe 2008–2011

project with our partner organisations and a total of 116 mediators in Istanbul, Rome, Tallinn, Copenhagen, London and Hanover. However, the materials and products developed



in the course of the project, especially the Master Toolkit, can provide you with all the information you need to apply the transcultural mediator approach to HIV prevention to your own work with migrants, ethnic minorities and mobile populations. You can access the toolkit at www.aidsmobility.org, at www.eatg.org or via the European HIV/AIDS Clearinghouse at www.hivaidsclearinghouse.eu.

The project's Policy Recommendations, included at the end of this report, are a call to action for health policy makers and program managers at every level. Please use and disseminate them in your advocacy work.

I would like to thank all our associated and collaborating partners, our funders and especially our dedicated transcultural mediators across Europe for their contribution to the project and recommend this report to you.

A handwritten signature in black ink, appearing to read 'R. Salman'.

Ramazan Salman, January 2012

Project Leader and Programme Director,
AIDS&Mobility Europe 2008–2011

Managing Director, Ethno-Medical Centre, Hanover, Germany

Chapter 1:

Background and Overview



The original AIDS&Mobility (A&M) project started in 1992 to provide HIV and AIDS prevention, care and support to migrants and mobile populations across Europe. In the early years, A&M built partnerships and a strong network of professionals and organisations to work on HIV and migration together.

It hosted meetings and developed activities that, for the first time, brought together experts on HIV and migration with migrants themselves. The project began to collect information and research regarding the situation of migrants and mobile populations in relation to HIV and AIDS in Europe. A collec-

tion of country reports and a range of other materials document the findings. These and further materials are now archived and accessible on the HIV Clearinghouse website of AIDS Action Europe (www.hivaidsclearinghouse.eu) for future reference.

We did not know that these people were willing to work with us: fluently bilingual, socially integrated and motivated immigrants and young people with a background in migration.

(Training Coordinator, Copenhagen)



A&M Partners welcomed in Hanover Town Hall

The project has continued to maintain a network of non-government and government agencies and organisations, individual experts and other stakeholders since its inception. In the A&M network, partners share knowledge about HIV and migration, build up scientific research and other evidence and contribute to the development of training strategies and materials as well as to further research and policy development.

High Commissioner for Health (Alto Comissariado da Saúde, ACS). It differed from its precursors in one major aspect – it included a practical HIV prevention component:

Associated project partners in six European cities (Istanbul, Rome, Tallinn, Copenhagen, London and Hanover) worked with migrant communities using capacity building through transcultural mediators to reduce



Mediator Training

The A&M project 2008–2011, which is the subject of this report, was co-funded by the Executive Agency for Health and Consumers (EAHC) at the European Commission, the State of Lower Saxony, the Hanover Region and City as well as the Portuguese

discrimination and stigma, to improve HIV-related knowledge and to promote behaviour change to reduce HIV infection risk. Each site convened a group of relevant local stakeholders to serve as a platform for engaging trainers, recruiting mediator trainees and for ensuring that local efforts were well integrated into related local activities in the fields of health, social services and migration in general, and on HIV and young migrant and mobile populations in particular.

Before I started the training I was very anxious to know about the disease, its effects and all other necessities. I thought that I already knew enough, but as I went through the training my knowledge of AIDS and healthcare has tremendously increased. I am very proud of the knowledge I acquired at that time, hoping to use what I learnt to teach others.

A&M Mediator, Istanbul

The transcultural mediator approach aims to improve health literacy and HIV awareness by involving migrants themselves in delivering health promotion to their own communities. After participating in training and receiving their transcultural mediator's certificate, these peer educators initiate, or-

ganise and conduct information sessions in their own languages, making their communities aware of HIV prevention and related topics. They are paid a modest compensation for this work.

Separate, overarching work packages on evaluation, networking, capacity building, dissemination and policy development supported the model and continued the work of previous A&M projects. The project's A&M Master Toolkit documents the methodology and the insights gained during implementation, and makes all necessary materials available to stakeholders who are interested in implementing HIV prevention projects targeting migrant and mobile populations using the transcultural mediator approach.

The six project partners centrally evaluated the training as well as the community information sessions. The evaluation of the project consists of:

- a literature review
- an internal process evaluation
- a health literacy report providing a profile of training and community information session participants including demographic characteristics, prior knowledge and some indicators about relevant attitudes and behaviour
- an external evaluation component assessing the project within the broader context of HIV prevention and approaches to working with migrants and mobile populations.

The policy development work package, implemented in coordination with the A&M Policy Development Taskforce, conducted a review of relevant policy issues, organised a major policy event at the European Parliament and developed and disseminated common recommendations for HIV pre-

vention with migrants and mobile populations. Recommendations include the use of transcultural mediator models. The work package also produced the Future Development Report, which expands on the recommendations and includes guidance for implementing organisations.

The following sections describe in more detail the most significant results, problems,



Transcultural mediators planning their final group presentation

solutions, learning and recommendations produced by AIDS&Mobility Europe 2008–2011.

I anticipated that involving communities in promoting HIV and AIDS awareness was not an easy task. Parenting groups, places of worship and festivals were the most effective settings for reaching the target communities. This may be due to the fact that the majority of black and minority ethnic communities have faith/religious backgrounds. It was important to see that the information and messages being distributed were sensitive to their sacred places of worship for them to welcome them.

A&M Mediator, London

Chapter 2:

Objectives and Key Achievements

The objectives of the project focus on the steps required for testing the transferability of the transcultural mediator model to six different project sites in Europe. This approach is one important strategy to address HIV among migrants, ethnic minorities and mobile populations, as articulated by the overall goal of the project:

The main aim of AIDS&Mobility Europe is to reduce HIV vulnerability of migrant and mobile populations in Europe.

The project's target group, according to the project plan, are migrants: this term is defined as people who experience language barriers in accessing health services because they belong to a minority ethnic group. The project had a particular focus on young people between the ages of 16 and 25 because they are particularly vulnerable to sexually transmitted infections (including HIV), and because they have a high capacity to adapt to change and to influence their social environment.

Mediator training and community information sessions were implemented in Istanbul, Rome, Tallinn, Copenhagen and Hanover, supported and complemented by the overarching work packages.

The specific objectives of the project were:

Objective 1: to develop an innovative health education model for migrants and ethnic minorities

The innovative health education model developed by the project, the transcultural mediator approach based on the "Migrants for Migrants (MiMi)" programme established by the Ethno-Medical Centre (EMZ) in Germany, is documented in the project's main product, the AIDS&Mobility Master Toolkit. This CD-ROM and web-based information source contains all the core materials used in implementation: curriculum, slide kits (presentations), the "Let's Talk about HIV – in Our Language" guidebook and evaluation questionnaires, and is complemented by a guiding document that serves not only as a step-by-step implementation manual, but also documents key insights gained and adaptations made.

Objective 2: to implement structured transcultural mediator training and to conduct educational group sessions on HIV/AIDS

All sites succeeded in building local platforms of supportive stakeholders, in recruiting training participants, conducting the training and organising community information sessions for the target group: young people from migrant and mobile populations. They successfully adapted the project to local cultural, social and structural circumstances, engaged local experts in the



delivery of training and put in place additional support for mediators, such as co-facilitation of information sessions, coaching and further training.

The project’s overall targets were to train 120 mediators who would conduct 240 community information sessions with 2400 participants. At the end of the funding period, there were 116 trained mediators who had conducted 240 community information sessions with 3427 participants. This means that the project reached more people using slightly fewer mediators than was anticipated. Not surprisingly, there were some variations in the level of success at different sites, and for a variety of reasons. The following table shows the breakdown of the overall reach of the project by site:

tions. This occurred at two levels: closely connected to the implementation at each of the sites, partners built relationships with the other organisations and stakeholders involved in their platform for mediator recruitment and training, as well as with other important experts and services who they worked with as presenters of training sessions or in organising community information sessions. The second level of Europe-wide networking, coordinated by work package leader EATG, increased the relationships with relevant stakeholders such as the Correlation Network and AIDS Action Europe as well as national HIV and migrant organisations. Some relationships built among local networks continue beyond the end of the project in form of collaborations for new applications of the mediator model

Figure 1: Trained mediators, conducted community information sessions and number of reached participants at 6 sites

Site	Istanbul	Rome	Tallinn	Copenhagen	London	Hanover	Total
Mediators	20	21	24	21	15	16	116
Sessions	29	20	46	13	57	75	240
Participants	324	409	608	230	696	1160	3427

Objective 3: to strengthen the existing network structures of HIV prevention among migrants

AIDS&Mobility 2008–2011 also increased and strengthened the networks in HIV prevention for migrants and mobile popula-

(such as a collaboration on HIV and TB in London), or support for continuing community information sessions (Tallinn).

Objective 4: to evaluate performance and outcomes

The associated partners themselves, led by work package leader, the National Institute for Health, Migration and Poverty (NIHMP) in Rome, and supported by an independent consultant, evaluated the project on several levels. Firstly, NIHMP conducted a literature review of similar models and their effectiveness. Secondly, it produced a process evaluation of mediator training implementation including the quality of coordination, collaboration and communication among the partners. Its main findings and recommendations are as follows:

- Notwithstanding the problems related to the complexity of the project structure, delays in providing the materials and the limited financial resources available, all partners were able to conduct mediator training and community information sessions, achieving the required deliverables.
- Partners undertook additional, unplanned activities to the extent they could make additional internal resources available.
- Some partners proposed to increase the length of the training course and the number of community information sessions.
- Project implementation could have been improved by even more communication. Communication tended to be bilateral between individual partners and the coordinating partner, and less developed among all associated partners. A higher level of negotiation and coordination could have recognised and addressed the differences between the roles of individual partners in the project better.

- The project should be adapted to the different local conditions in order to make it possible to disseminate it to other countries.
- For selecting the target group, it is advisable to consider the specific characteristics of relevant ethnic minorities, their situation in the country and other factors such as gender, age, religion and levels of education.

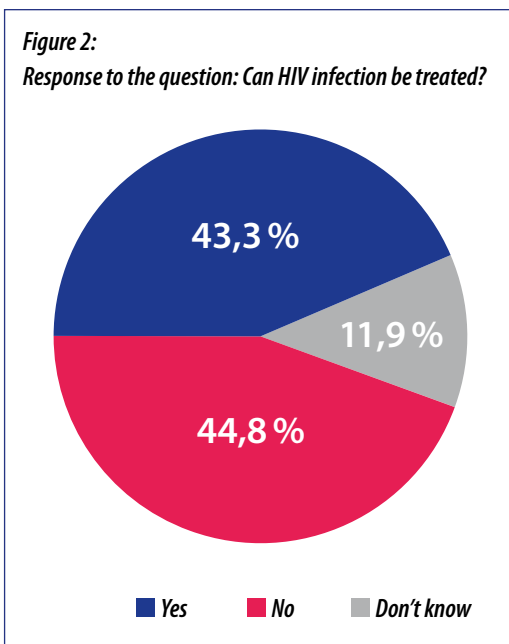
The report on Health Literacy, developed by NIHMP based on the data collected from training and community session participants, includes a detailed description of the demographic profile, knowledge, attitudes and intentions to change behaviour of the respondents. In summary, the report finds that mediators were mostly less than 34 years old, almost evenly divided between male and female and from a large range of cultural and language backgrounds. About half of them had 10 or more years of formal education. While there are some significant variations from site to site, probably influenced by the particular recruitment strategies and demographic and cultural profiles within each country, these characteristics generally met expectations.

Partners were interested to note that the pathways of recruitment most commonly cited by respondents, both mediators and community information session participants, were one-to-one communication (personal communication, telephone, email). Only very few found out about A&M through flyers or posters.

Evaluation Results: Mediator Training Participants

Training participants reported that their main motivations were finding out more about the topic, informing and helping others as well as furthering their own professional development.

While the vast majority knew that condoms offered protection, fewer knew about harm reduction using sterile injecting equipment and more than half did not know that HIV could be treated. Of training participants, 38% had ever had an HIV test. Respondents felt most comfortable talking to their partners, nurses, friends or doctors about HIV and sexual health.



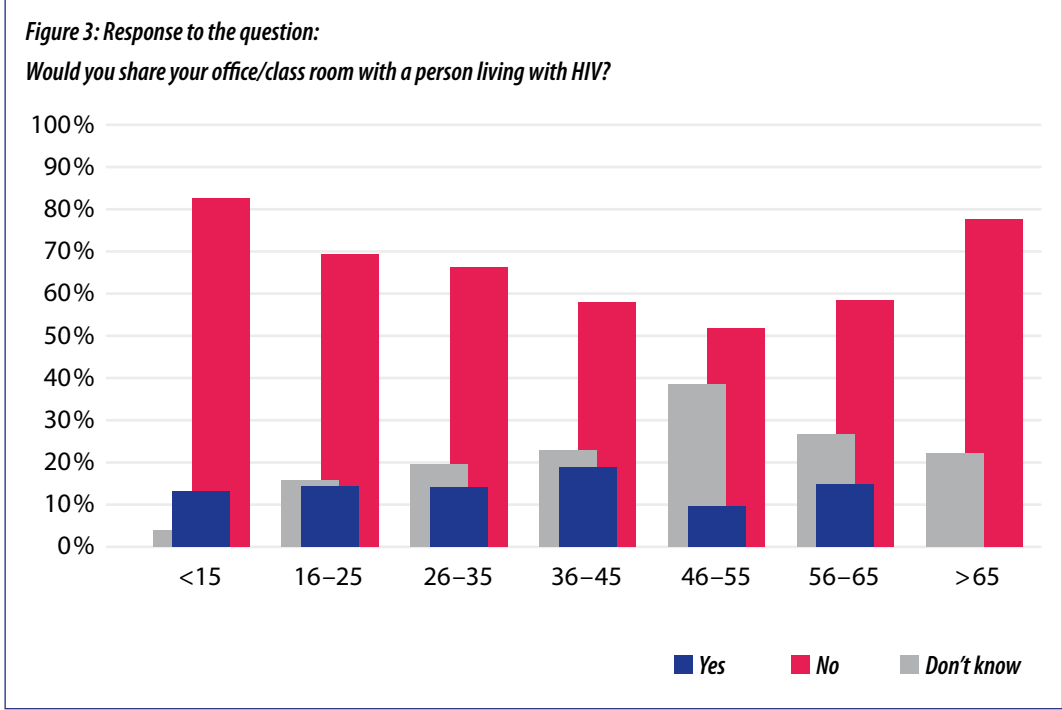
Impact Evaluation Results: Community Information Session Participants

The demographic profile of those participants in community information sessions who returned questionnaires (n = 2081) shows that the project was generally successful in reaching its target group: 53,8% of participants in the CGS were aged 16–25, with an additional 20% aged under 34.

Over 40% of participants were born in a EU Country, and people from European non-EU27 countries accounted for 20,4% of participants, (of these, 53,2% came from Turkey 22,8% from Russia and 9,6% from Albania). Also, 14,8% of participants were Asian: 27,2% of those were from Afghanistan, 12,0% from Iran, 10,7% from Turkmenistan and 9,1% from Pakistan. Another 15,3% came from the African continent, most of them from Nigeria (18,2% of Africans) and other sub-Saharan countries (Somalia, Kenya, Congo, Côte d'Ivoire, among others). Only 27 participants came from South America, of whom 24 were from Brazil. One person came from Oceania (Fiji), 7 from Central America and 4 from North America.

The majority of participants reported they were heterosexual (82,6%), and only a small number declared being either homosexual or bisexual. Over 9% of the total number of respondents skipped this question completely and another 12,9% ticked the option "I do not want to answer this question". Most of the participants (64,7%) were single and 30,1% were married or living with a partner.

Similar to the mediators, over 50% reported having more than 10 years' formal education. Only 10% of community session participants reported having enough money



to make savings, with 40% claiming their income was not enough to live on, indicating that the project succeeded in reaching an economically disadvantaged group.

Like the mediator group, more than half of the participants in community information sessions were not aware of HIV treatment and testing rates were even lower (20%). There were high levels of stigma, with half of the respondents stating they were not sure whether they would share an office or classroom with a person living with HIV.

Of community information session participants, 62,2% reported not having used a condom during their last sexual intercourse. Condom use appears to be slightly higher among younger people (<35 years), with the highest rates of condom use in the age group 16–25 (42,6%). After the event, 79,2% of respondents indicated that they would use a condom with a new partner in the future.

Almost all of the community session participants were satisfied or very satisfied with the event (96%). Only 30% expressly stated that they had learned any new facts. However, 70% said that they needed to reconsider their attitude.

This is a significant success considering that a constant problem in HIV education is knowledge without attitudinal shift, which is crucial to support the adoption of new behaviours. After the session, 75,1% of those who had previously stated they would not share their office/classroom with a Person Living with HIV (PLHIV) indicated that they had reconsidered their attitude. Similarly, 72,6% of those responding before the session that they did not know if they would share a space with PLHIV indicated their intention to change their attitude. This result suggests a positive influence of the community information sessions on stigma.

Impact Evaluation: Conclusions

The Health Literacy Report concludes that:

- Mediators had a slightly higher level of previous knowledge about HIV and health services than community information session participants, probably related to their higher level of integration into the society of the host country.
- Misconceptions about HIV transmission and treatment were present in both groups.
- Rates of condom use were low, but intention to use them was high.
- Testing rates were low, and coupled with a lack of knowledge about services suggest that migrants need more and better information.
- There are indications of persisting taboos and high levels of stigma.

External Evaluation

The external evaluation of the project, conducted by A.R.S. Progetti S.P.A. in Rome, examined the project at a macro-level. According to its Terms of Reference it provides a descriptive, qualitative examination of the appropriateness of the chosen methodology (the transcultural mediator approach) and how it contributed to the achievements, of the opportunities and barriers that presented themselves, as well as of the potential of transcultural mediation in the field of HIV prevention in Europe. It answers these questions based on the internationally recognised evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability.

The main findings of the external evaluation are that

- It is possible to engage young migrants in HIV prevention and in taking up the challenge to actively protect their own and their community's health.
- Partners in a range of countries with very particular circumstances can successfully adapt the model and work together in a complex project structure.
- The project contributed to policy development at the European and international levels.
- The internal evaluation activities could have been better designed within the theoretical framework of monitoring.
- Data collection, had it been more comprehensive, could have been used for a more in-depth analysis of the project' results and outcomes.
- The project should and could have measured its impact on the behaviour of the target group and their social environment.

In response to this last finding it is important to consider, however, that the project – as approved by all partners and the funding body – did not include the resources for such extensive research: research can cost more than an actual service delivery project. And the main focus of the project was not research or policy specifically. Considering its focus and resources, the project did produce some significant research findings about both the group of mediators as well as the community session participants. Many partners also consider that an action research approach would have been the preferred method if a stronger research focus had been intended.

Objective 5: to disseminate the results and communicate them widely

The project made significant efforts to publicise its intentions and activities in relevant circles at the local and at the European level. Project partners presented abstracts and reports on the project at a range of international and European conferences, meetings and through their own networks. The 12 issues of the A&M newsletter were not only distributed to the mailing list, which grew from 900 working email addresses at the beginning of the project to 1078 at the end of the funding period, but also at a wide range of relevant conferences and events, including the European AIDS conferences in Vilnius 2009 and Tallinn 2011 as well as the International AIDS Conference in Vienna in 2010, at the European HIV Think Tank and Civil Society Forum meetings and at the project's main policy event in the European Parliament in Brussels.

The project maintained its own website and has a permanent profile on AIDS Action Europe's website www.hivaidsclearinghouse.eu to complement its other dissemination strategies. Feedback from relevant networks and through discussions at the implementation, program and policy levels indicate that the project is well known and that policy makers and other stakeholders are taking the model into consideration.

There have already been specific requests for the A&M Master Toolkit from some collaborating partners. According to their individual organisational capacity after the end of the funded project, partners are also promoting the use of the materials with potential future implementers of the transcultural mediator model in order to support its introduction in additional locations.

However, dissemination at the local level should not be underestimated and has had results on a range of levels, including policy changes, new partnerships and support for mediators to conduct further community information sessions.

Objective 6: to design adequate strategies to assure continuity of the approach

The strategies to support the further use and development of the A&M transcultural mediator model are outlined in detail in the project's Sustainability Plan. This document distinguishes between sustaining local mediator activities at the six project sites and supporting a network of stakeholders interested in migration and HIV prevention into the future. It identifies those elements of the project that should ideally continue beyond the end of the current funding period and includes an action plan. The plan collates realistic sustainability objectives and feasible strategies from the wealth of A&M project documentation, focuses and documents them. It also serves to identify priorities to which future resources available to the field of HIV prevention with migrants and mobile populations in Europe might be applied.

The methods and materials adapted and developed to successfully implement transcultural mediator training in six very diverse European cities will remain accessible for adaptation and application as well as for study and research. Some implementing sites continue community education sessions, which requires maintaining and supporting a pool of motivated mediators with up-to-date knowledge and skills. It is also important to preserve and continue to grow European stakeholders' awareness of the transcultural mediator approach.

Some of the project's deliverables (such as the Master Toolkit) support sustainability intrinsically, and their continued availability is supported by partners maintaining their websites where these materials are located and by continuing to respond to enquiries.

Some examples of local sustainability strategies are:

- allocating funds for existing mediators to continue conducting Community Information Sessions
- using the "Let's Talk about HIV – in Our Language" guide book in other projects
- training the organisation's existing members to be transcultural mediators
- conducting further training, supported by national government funding
- using the A&M concepts for activities in other cities, with support from the health ministry
- making the "Let's Talk about HIV – in Our Language" guide book publicly available in 5 languages
- conducting mediator feedback meetings and coaching
- progressing partnerships with other organisations with a view to using transcultural mediators in joint health projects
- integrating HIV topics into the training of professional health mediators.

Objective 7: To influence European and national policy making

Initially led by the Terrence Higgins Trust in London (THT), the policy development work package achieved several milestones. A policy review based on survey responses from 11 EU countries and a desk review identified priority topics for policy development during the funding period:

- Knowledge about HIV and sexual health
- Access to health care and social services
- Knowledge about the host country's health care system
- Stigma and discrimination
- Communication/language.

Led by the International Organization for Migration (IOM) from the second year of implementation, in coordination with the Policy Development Task Force, the Policy Development Work Package milestones were the Policy Summit and the Common Recommendations as two key instruments to support and further the introduction of the A&M approach into national and European policy and program development discussions.

The A&M policy summit, titled "With Migrants for Migrants: Improving HIV Prevention for All", took place at the European Parliament on 30th November 2010, marking World AIDS Day on December 1st. The audience consisted of 63 registered attendants, of which 36.50% had "policy" in their titles, or whose jobs were directly concerned with policy-making. A little over a third were from national and international NGOs, a little over a quarter were professionals or from the health sector, and around 10% each were

from government organisations, EU institutions and international organisations.

Speakers in the opening session stressed the importance of factoring migrants' particular circumstances and social determinants of health, as well as those of ethnic minorities, into HIV-related research, policy analysis, and social and health program development. Session I presented the A&M project activities, achievements and products, proposing their replication elsewhere and introduced the A&M Common Recommendations, which draw on the A&M partners' expertise as well as on commitments made in adopted legal and policy documents, primarily at EU level. Session II introduced examples of other European HIV and migration-related initiatives that contribute to health promotion and HIV prevention strategies directed at migrant and mobile populations. The event concluded with a unanimous message to join forces in improving the response to HIV and in using inclusive approaches in HIV-related prevention, health promotion and care, including mediator programs and migrant-sensitive health services.

IOM produced Common Recommendations for the A&M project, which were presented at the event and later incorporated further feedback from the Policy Summit participants and the Policy Development Taskforce. The Recommendations address policy strategies in various areas at Member State and EU levels: from universal access to health care and migrant participation in the design and delivery of HIV prevention to improved data collection and the cultural appropriateness of health services.

Common Policy Recommendations

The Partnership of the AIDS&Mobility Europe Project 2008–2011

1. Urges EU Member States to:

- Grant and ensure, in practice, universal access to healthcare, including HIV prevention, diagnosis, treatment, care and support, for all migrants regardless of migration status or citizenship, with heightened attention to particularly disadvantaged or especially vulnerable groups such as youth and pregnant women;
- Specifically include migrants and ethnic minorities in National AIDS Plans and/or Strategies, with reference to development and promotion of participatory, migrant-friendly and migrant-empowering approaches and their regular monitoring and evaluation;
- Develop and improve national data collection systems to fill in gaps in data gathering and reporting on migrant health and vulnerable groups within, and systematically include items of information related to migration/mobility in HIV surveillance;
- Develop and implement culturally-sensitive awareness-raising and communication strategies on HIV and sexual and reproductive health education, including among particular groups within migrants such as youth, men who have sex with men (MSM), and people living with HIV, as well as ensure that migrants are included in and can benefit from general education and communication strategies on an equitable basis;
- Support migrant-to-migrant, cultural mediation and other migrant-friendly health initiatives and integrate successful approaches into mainstream public health systems;

- Set up mechanisms fostering the participation and the contribution by migrant and ethnic minority communities, especially youth, to HIV-related public policy and programming;
- Put in place capacity building programs for organisations and professionals working with migrants and ethnic minorities involving training and coaching on cultural competency (cultural competency is understood here as a set of skills that allow healthcare staff to understand the determinants of health, to respond appropriately to diverse cultural and linguistic backgrounds and different health perspectives and beliefs, to recognise the epidemiological considerations, disease symptoms and communication aspects in a diverse society).

2. Requests EU institutions to:

- Support Member States' granting and ensuring, in practice, universal access to healthcare for all migrants regardless of migration status or citizenship;
- Support and coordinate at EU level, HIV-related prevention programs and research directed at migrants and mobile populations, including "combination" prevention and research encompassing the social determinants of health, which include migration;
- Improve data comparability of surveillance and research on migrant populations across the EU, working towards an eventual harmonisation of related definitions, indicators and instruments;
- Increase collaboration and synergies across EU institutions and programs for enhanced policy coherence and funding effectiveness;



A&M Policy Event in Brussels on 30 November 2010

- Facilitate a consultative mechanism among Member States for dialogue, comparative peer monitoring, review and evaluation of national HIV and migration related policies and initiatives, as well as sharing of good practices;
- Strengthen political commitment and sustain action that fosters equity in HIV-related prevention, treatment, care and support vis-à-vis migrants and ethnic minority populations.

The full Common Recommendations document also contains a Preamble reviewing relevant legal and policy references at European and international levels in relation to migrant health in general, and HIV prevention and mediation strategies specifically. The Future Development Report, a practical guide for policy implementation by national and European level organisations that elaborates on 7 key recommendations and provides concrete indicators for each, complements the Common Recommendations.

These A&M common policy recommendations can also be found as master copy on pages 28/29.

Chapter 3:

Major Obstacles and Problems Encountered, Solutions Found

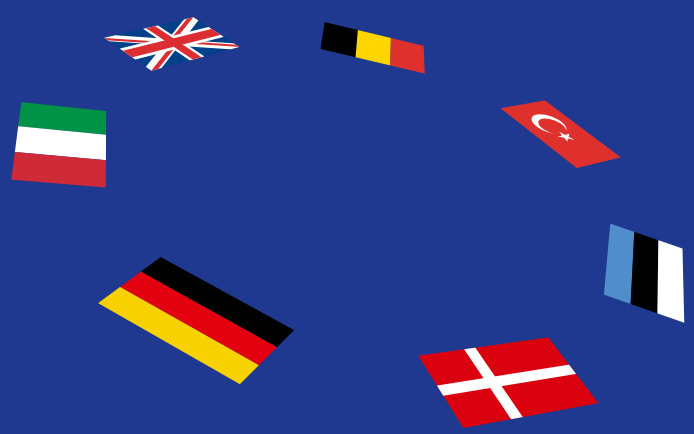
Apart from some administrative hurdles such as the changeover of one associated partner, amendments to the contract and some difficulties with subcontracting arrangements, project implementation was impacted significantly only by a number of delays and a higher than anticipated need to adapt the methodology to local circumstances.

The impact of the significant financial shift at the global level, which occurred during the life of this project, cannot be ignored. It has certainly impacted project partners: mediators lost jobs, organisations had to downsize, and Euro exchange rates fluctuated. The global financial shift and the resulting changes in government policies, especially spending on social and community services, was, is and will be for some time a major problem affecting NGO work. While solutions to changes at the global level cannot be created by a small number of NGOs, the creative solutions developed within this project should be considered, and valued especially highly, in the context of this major shift in the operating environment.

Delays had a number of reasons, such as competing work priorities (e.g. the vastly increased refugee intake at Lampedusa Island for a time diverted all available capacities of the A&M partner in Rome), longer than expected periods required to finalise translations and revised versions of materials, local and religious holiday periods and the need to fit into the existing schedules of local implementation platforms as well as the need for additional capacity build-

ing in some sites. New project partner Naz Project London, who replaced the Terrence Higgins Trust in carrying out the capacity building component in the UK, could only start activities in 2009. These delays meant that the envisaged synchronous implementation of mediator training and community information sessions at the six sites proved impossible to keep to. Coordinating partner EMZ then tried to accommodate the diverging implementation schedules and project partners developed individual strategies to overcome the problems associated with delays.

In some cases delayed implementation worked in favour of the outcome: in Istanbul, for example, an additional site visit and local efforts to respond to the actual demographic characteristics of the population – by defining the target group as international students and people from the Kurdish national minority –, as well as waiting with mediator recruitment until after the academic holidays, resulted in highly successful mediator recruitment. In contrast, the delays in providing the materials for community information sessions caused a large time gap between the end of the training and the start of community information sessions in Copenhagen. This contributed to a loss of motivation among the already trained mediators and probably explains at least to some extent the limited reach of the project there. Intensive coaching and additional support for the mediators initiated by the Danish partner mitigated the impact.



Dynka Amorim: Young Social Entrepreneur 2010 in the field of AIDS prevention

Adapting the project to local circumstances is the area where local implementers and the trained mediators themselves really came into their own. There are numerous examples of creative and additional efforts that enriched the core methodology and probably contributed greatly to the high satisfaction ratings returned by community session participants. Some of these inspiring efforts are documented in more detail, including personal testimonials from

mediators, in the A&M Newsletter and in the guiding document accompanying the Master Toolkit. Examples include the use of church and family gatherings and festivities to hold community information sessions (London), travelling to another city where members of a particular ethnic group were more numerous (Istanbul), as well as coaching mediators, offering them to run sessions in pairs and co-facilitating sessions to build their confidence.

Chapter 4:

Key Learning, Improvements to the Initial Methodology and Recommendations

Learning arising from project implementation

The project's basic methodology and its materials, especially in their final, revised versions, provide a sufficient and detailed framework for implementation. It is necessary, however, to modify them in light of information about many aspects of the local circumstances in order to maximise the impact of an intervention using transcultural mediators for HIV prevention. These include epidemiology, the demography of migration, cultural characteristics of the target groups, the economic, social and educational situation of potential mediators and preferred communication pathways. The project's experiences in Tallinn and in Istanbul in particular suggest an expansion of the target group description ("migrants and mobile populations") to also include resident language minorities. The recommended term is "migrants, ethnic minorities and mobile populations".

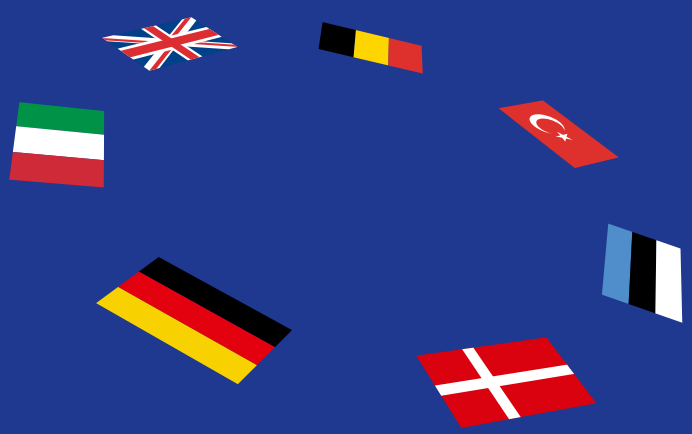
The original criteria used to recruit and select mediators (these were: an interest in the topic, bilingual skills, and being a member of and having good connections to the target group) do not provide sufficient guidance in all settings. It is important to inform training candidates of the requirements and challenges as well as the benefits of becoming a transcultural mediator while at the same time recruiting those who have the personal attributes and skills to succeed in reaching the target group.

Local pre-testing and adapting of materials through the use of focus groups or individual consultations with members of the target groups may be advisable before implementation.

Inviting local experts to contribute as presenters in the training course is an important strategy, not only for garnering support for the project from local stakeholders, but also to give training participants the opportunity to meet key personnel from local health care services and HIV organisations. It is important, however, to ensure that guest presenters not only have the necessary knowledge and expertise, but that they are also capable of communicating well in an adult education environment and in culturally sensitive ways.

Any mediator-based project should be prepared to provide additional development opportunities to mediators apart from the training course itself. This should be tailored to the needs and concerns of mediator trainees and may include individual and group coaching, supervision meetings, paired facilitation of community information sessions, debriefing and feedback meetings as well as additional training on subjects requested by mediators.

Mediators need to know and understand the concept and importance of evaluation in general, and of data collection in particular. Only if mediators are included in and committed to data collection can a project expect reasonable return rates. It may be useful to include mediators in the design



of the evaluation materials and also to use their knowledge about their communities to design the most promising strategy for collecting post-intervention data on learning, attitudes and behaviours.

Coordination among the partners is an important catalyst for successful implementation. It should also include frequent multi-lateral communication and collaboration among partners.

Suggested improvements to the initial methodology

To incorporate the learning and recommendations into the project's methodology, a formal process for local adaptation would be helpful. This process should consult local implementers and target groups as well as experts with previous experience in using the methodology in order to ensure that the core elements and benefits of the approach are preserved while maximising local impact through local adaptation.

The criteria for selecting mediators could be revised to include more detailed descriptions of the basic skills, experience, attitudes and personal values required as well as of the main tasks and responsibilities. Developing mediators who have sufficient knowledge, skills and confidence may be enhanced by formalising the additional support and professional development methods mentioned above (e.g. coaching etc.).

There is a significant difference between learning and taking in information for one's own use and being able to pass on information and educate others, which requires a somewhat solid knowledge on the issues to be taught. Consequently, depending on local conditions and mediators' backgrounds it could be considered to reduce the number of issues contained in the course.

In order to better measure and demonstrate impact, the evaluation component of the methodology needs to be expanded: by making a clear distinction between monitoring and evaluation activities and by refining the research methods. Building on goals and objectives articulated within a more consistent logical framework, this would include formulating clear and measurable indicators, articulating research questions as well as identifying data collection and analysis methods that conform to transnational standards. A combination of quantitative and qualitative methods should consider a wide range of data collection instruments beyond the paper-based questionnaire. In this context it is important to acknowledge the significant additional costs an expanded and more sophisticated research component would entail. Organisations are less able to contribute added value by providing additional expert involvement or personnel hours in times of financial constraint.

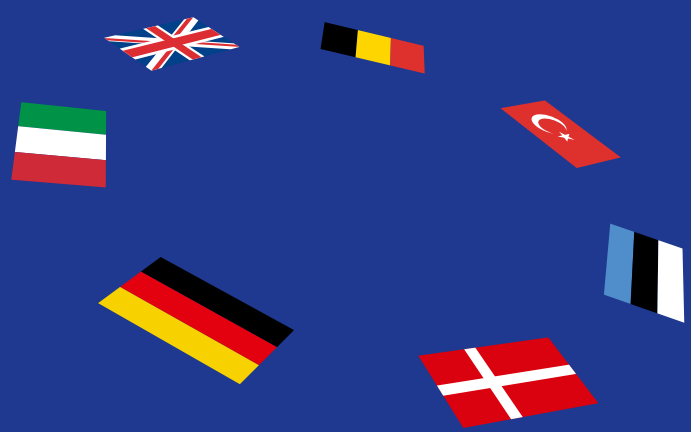
Recommendations arising from project evaluation

- The evaluation questionnaires would benefit from further review and updating, taking account of feedback that they are too long, and revising and extending indicators of changes in attitudes and behaviours.
- While answers from post-community session questionnaires provided reasonable indications of the training's efficacy in changing attitudes towards HIV and on the intention to use condoms with new partners, questions asked specifically for this purpose and applied a longer time after the intervention may allow better measurement of the project's effects. Further research on how best to collect these follow-up data from the target group is needed in the future.
- Strategies to improve measuring the impact of the training should be included.
- The project evaluation data show differences across generations in terms of knowledge, attitudes and behaviours related to HIV. In the future it may also be useful to differentiate between 1st, 2nd and 3rd generation migrants or according to length of stay in the analysis of health literacy and the efficacy of training activities.



4th Steering group and Capacity Building Meeting in Hannover 2009

Chapter 5: Conclusions



Paulo Vieira: Young Social Entrepreneur 2009 in the field of AIDS prevention



A&M Mediator group from Copenhagen

Despite the sensitivity of topics related to HIV and AIDS, it is possible to engage young migrants and members of ethnic minorities and mobile populations in HIV prevention and in taking up the challenge of actively protecting their own and their community's health. The transcultural mediator approach, consisting of recruiting and training well integrated, bilingual and interested individuals to organise and conduct community information sessions in their own languages and community settings proved successful in reaching the target group in large numbers.

Both mediator training and community information sessions were well received and resulted in some significant changes in knowledge, attitudes towards people living with HIV and intention to use condoms.

The translation of key materials, local adaptation of the methodology and ongoing support for mediators are key factors in the success of the approach.

The additional evaluation of the methodology's impact on HIV-protective behaviour is desirable and should include the development of appropriate research methods, especially data collection that is specifically adapted to the preferences and needs of community information session participants.

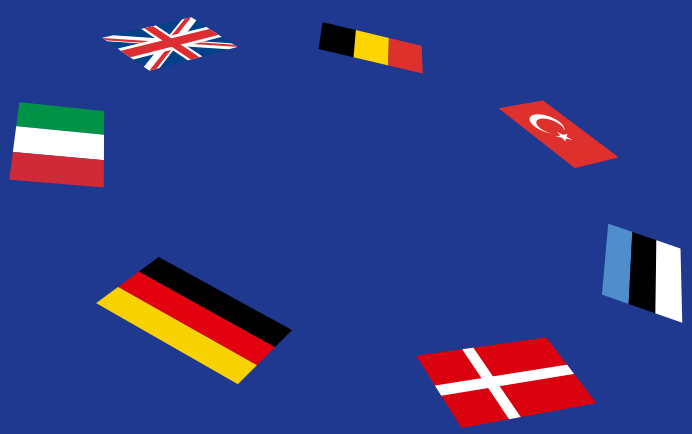
The project's Common Policy Recommendations are based on the practical experience of implementing the approach in a variety of settings across Europe and should be considered by policy makers and program managers in strategic and program planning for HIV prevention interventions targeting migrants, ethnic minorities and mobile populations in Europe and beyond.

Common Policy Recommendations

of the AIDS&Mobility Europe Project 2008–2011

1. Urges EU Member States to:

- Grant and ensure, in practice, universal access to healthcare, including HIV prevention, diagnosis, treatment, care and support, for all migrants regardless of migration status or citizenship, with heightened attention to particularly disadvantaged or especially vulnerable groups such as youth and pregnant women;
- Specifically include migrants and ethnic minorities in National AIDS Plans and/or Strategies, with reference to development and promotion of participatory, migrant-friendly and migrant-empowering approaches and their regular monitoring and evaluation;
- Develop and improve national data collection systems to fill in gaps in data gathering and reporting on migrant health and vulnerable groups within, and systematically include items of information related to migration/mobility in HIV surveillance;
- Develop and implement culturally-sensitive awareness-raising and communication strategies on HIV and sexual and reproductive health education, including among particular groups within migrants such as youth, men who have sex with men (MSM), and people living with HIV, as well as ensure that migrants are included in and can benefit from general education and communication strategies on an equitable basis;
- Support migrant-to-migrant, cultural mediation and other migrant-friendly health initiatives and integrate successful approaches into mainstream public health systems;
- Set up mechanisms fostering the participation and the contribution by migrant and ethnic minority communities, especially youth, to HIV-related public policy and programming;
- Put in place capacity building programs for organisations and professionals working with migrants and ethnic minorities involving training and coaching on cultural competency (cultural competency is understood here as a set of skills that allow healthcare staff to understand the determinants of health, to respond appropriately to diverse cultural and linguistic backgrounds and different health perspectives and beliefs, to recognise the epidemiological considerations, disease symptoms and communication aspects in a diverse society).



2. Requests EU institutions to:

- Support Member States' granting and ensuring, in practice, universal access to healthcare for all migrants regardless of migration status or citizenship;
- Support and coordinate at EU level, HIV-related prevention programs and research directed at migrants and mobile populations, including "combination" prevention and research encompassing the social determinants of health, which include migration;
- Improve data comparability of surveillance and research on migrant populations across the EU, working towards an eventual harmonisation of related definitions, indicators and instruments;
- Increase collaboration and synergies across EU institutions and programs for enhanced policy coherence and funding effectiveness;
- Facilitate a consultative mechanism among Member States for dialogue, comparative peer monitoring, review and evaluation of national HIV and migration related policies and initiatives, as well as sharing of good practices;
- Strengthen political commitment and sustain action that fosters equity in HIV-related prevention, treatment, care and support vis-à-vis migrants and ethnic minority populations.

The full Common Recommendations document also contains a Preamble reviewing relevant legal and policy references at European and international levels in relation to migrant health in general, and HIV prevention and mediation strategies specifically. The Future Development Report, a practical guide for policy implementation by national and European level organisations that elaborates on 7 key recommendations and provides concrete indicators for each, complements the Common Recommendations.

AIDS&Mobility Europe Publications

Published by: Ethno-Medizinisches Zentrum e.V. Germany

A&M Final Report

Published by: Ethno-Medizinisches Zentrum e.V., Germany
Volume 1 | 32 Pages

A&M Health Literacy Report

Published by: Ethno-Medizinisches Zentrum e.V., Germany
Volume 2 | 44 Pages

A&M Policy Development Report

Published by: Ethno-Medizinisches Zentrum e.V., Germany
Volume 3 | 24 Pages

A&M Sustainability Plan

Published by: Ethno-Medizinisches Zentrum e.V., Germany
Volume 4 | 24 Pages

A&M Future Development Report

Published by: Ethno-Medizinisches Zentrum e.V., Germany
Volume 5 | 16 Pages

More Information about the A&M project and other activities are available at:

www.aidsmobility.org

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This report documents the achievements of the AIDS&Mobility Europe project 2008–2011. It also highlights the experience and learning the A&M project partners 2008–2011 have accumulated during the pilot implementation of the A&M transcultural mediator model in HIV prevention with migrants, ethnic minorities and mobile populations across six European project sites.



***We did not know that these people were willing to work with us:
fluently bilingual, socially integrated and motivated immigrants and
young people with a background in migration.***

(Training Coordinator, Copenhagen)

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