

FUTURE DEVELOPMENT REPORT

AIDS&Mobility Europe 2008 – 2011



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Chapter 1:

Introduction

The Future Development Report (FDR) has been developed to complement and operationalize the Recommendations on policy and practice on HIV/AIDS prevention in Europe emerging from the Conference “With Migrants for Migrants: HIV Prevention for All” (30th November 2010, European Parliament), the major policy event of the EC co-funded AIDS&Mobility (A&M) 2007–2010 Europe project, organized by the International Organization for Migration (IOM). Both the FDR and the Recommendations have been produced by IOM in implementation of the goals of the A&M project’s Policy Development Work Package: 1/ to develop innovative policy ideas and proposals and 2/ to influence European and national policy making. The Recommendations also meet goal 3/ to review the policy and legal frameworks on HIV, health for migrants, and the use of transcultural mediators in relation to HIV/migrants, all relevant for the advancement of the project’s messages. The Future Development Report also complements, as a practical tool for partners and field organizations, the project’s Sustainability Plan.

The scope of the Recommendations resulting from the European Parliament Conference was broad, covering legal aspects (including healthcare access issues), policy and programming, communication and outreach strategies, research, and collaboration and coordination at Member State and EU levels. Seven concrete points from the Recommendations have been selected as the most relevant, in line with the A&M project’s core messages, to improve HIV/AIDS prevention strategies and the related situation of migrants and ethnic minorities in the EU countries and their neighbours. This selection also follows the findings of the survey on policy issues by the Terrence Higgins Trust, carried out among partners and stakeholders at the beginning of the A&M Project, which suggested that knowledge on HIV and sexual health, knowledge on the host country’s health system, and communication and language were main challenges and priority areas for the advancement of HIV prevention in Europe.



Trained mediators in Copenhagen, 2010



The seven selected recommendations are highlighted and elaborated on in this Report, indicating, from the abstract to the specific, what actions and programmes need to be designed and implemented. The recommendations are thus converted into specific operational targets. The report includes for each of the seven highlighted

intended users of the Future Development Report are NGOs, academia, migrant and health/HIV associations at Member State and EU level, but also governments and policy makers, from health and other sectors such as social affairs and education, as well as health providers and health professional organizations as end implementers of the



Trained mediators in Istanbul, 2010

recommendations a short narrative explaining the scope of the recommendation and the concrete results intended, further supported by two easily verifiable indicators. The FDR also sets out to make use of the A&M project materials and the A&M extended network of organizations. Therefore, where the actions recommended in this report can be supported by such materials or the network, this is explicitly indicated.

The Future Development Report (FDR) is thus intended as a guide for partners and advocacy organizations at national and EU level to promote endorsement of, and action on, the A&M Recommendations. The

proposed actions. In order to publicize this report as a functional guide, A&M partners are encouraged to disseminate the report in their dealings and activities with field organizations and national authorities, potentially also organizing events around this tool. At EU level, the main instrument for the dissemination of the A&M messages remains the Recommendations which have been circulated to EC and Member States' key interlocutors (such as those in the EU HIV Think Tank) and within the larger IOM and EMZ partner networks as well as within the extended A&M network of organizations in Europe.

Recommendations & Operational Targets

For EU Member States and Neighbouring Countries

1 *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.*

TARGET: In most European countries, a policy plan indicating direction and main domains of the governmental/public action on HIV/AIDS (for prevention, treatment and other matters such as non discrimination) exists. However, migrant and ethnic minority groups are often not taken into account when drafting these plans, or such was the case in many countries until recently. It is well known that inclusion in such directional plans then leads to ‘cascading’ in national and regional level programmes, actions and even funding being devoted to the matter concerned. This is why it is important to monitor whether migrant and ethnic minority groups are explicitly mentioned (or at least whether they could be claimed to be included under more general categories such as ‘key or specially affected’ groups). On the other hand, the next step is to not only have actions addressing these populations, but also that such actions have a ‘friendly’ approach to reach out to them effectively, and also that they are ‘inclusive’, fostering migrants’ integration and empowerment vis-à-vis HIV/AIDS and their health in general. One such approach is the transcultural mediator model as advocated by the A&M

project. Any HIV/AIDS strategy needs to be evaluated regularly and adjusted over time.

INDICATOR 1: Explicit inclusion in the wording of the national HIV/AIDS Plans of “migrant and ethnic minority communities such as Roma” as a key group to consider and monitor.

INDICATOR 2: Explicit reference in the national HIV/AIDS Plans to participatory, migrant-friendly and/or migrant-empowering approaches such as transcultural mediation as regards prevention and action vis-à-vis HIV/AIDS.

2 *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.*

TARGET: Culturally sensitive communication and awareness-raising on HIV sexual and reproductive health are key to take -and maintain- the levels of knowledge and protection of the population to good standards. It is well known that lack of targeted campaigns in the last decades in Europe has led to a worrying increase of new HIV infections, and that governments across Europe, advised by bodies such as ECDC, are resuming their awareness-raising efforts among



key groups such as youth, for example. Migrants, mostly due to differences in health education background and cultural barriers, need heightened attention by public bodies to ensure their understanding of ways of HIV infection and protection, and about the prevention and care that is available to them within national health systems. The A&M

INDICATOR 1: There are communication and awareness-raising programmes on HIV/AIDS available, whether based on transcultural mediation or peer-to-peer support or not, which are directly targeting migrant and ethnic community groups; these are implemented at least in the most important areas where it is known that mi-



Trained Mediators in Rome, 2010

project model, consisting of community information sessions organised and delivered by a trained transcultural mediator, has successfully been tested now in 6 European countries and is proposed as a good practice. It is a method for effective communication of sensitive messages in a culturally safe manner as well as for the empowerment of end receivers as well as the transcultural mediators themselves. The model is exportable to other health areas (e.g. maternal and child health, domestic violence) and non-health areas (e.g. insertion into the labour market and education systems).

grant communities live, and they are publicly supported.

INDICATOR 2: Communication and awareness-raising programmes designed for the general migrant populations, as well as those designed for specific population groups such as youth, men who have sex with men (MSM), and people living with HIV, are non-discriminatory and facilitate that migrant and ethnic minority communities can benefit by making them readily accessible in places which these groups frequent and through the use of culturally sensitive

information and the translation of key messages where relevant.

TOOLS: For the implementation of this target, use of tools in the A&M Master Toolkit, namely the training materials (slide kits in powerpoint format) and the Guidebook for end users, can be proposed.

3 *Support migrant-to-migrant, cultural mediation and other migrant-friendly health initiatives and integrate successful approaches into mainstream public health systems.*

TARGET: Any successful strategy will be more effectively implemented and has more chances to be maintained in the long-term if it is endorsed by the public health systems and supported by state funding (at least in Europe). Mediator and peer-to-peer communication approaches should be in place in all healthcare institutions or at least in those serving large migrant and ethnic minority communities. The effective 'mainstreaming' of such communication strategies will also lead to the consolidation of the transcultural mediator as a needed professional who adds value to a set of intercultural skills that most migrants already possess.

INDICATOR 1: Transcultural mediator and peer-to-peer communication approaches are in place in all healthcare institutions, or at least in those serving large migrant and ethnic minority communities, and are available in the most important languages present in those communities, and/or specifically target the situation of relevant groups such as Roma.

INDICATOR 2: These communication approaches are supported by public funding and are pro-actively offered by healthcare workers to individual patients and community groups that may benefit.

TOOLS: For the implementation of this target, use of the tools in the A&M Master Toolkit, namely the Guiding Document for organizations and the database of relevant resources, can be proposed.

4 *Set up mechanisms fostering the participation and the contribution by migrant and ethnic minority communities, especially youth, to HIV-related public policy and programming.*

TARGET: For the success of prevention and other strategies around HIV/AIDS, participatory approaches are essential. The involvement of the targeted groups will ensure efficacy and endorsement by the same. Public structures need to capture the views of, especially young, migrants and ethnic minorities, via consultations or survey, to build public policy and programming on HIV/AIDS including prevention, and to involve these same communities for their implementation and follow up.

INDICATOR 1: The Ministry of Health or the responsible authority consults with, or seeks the views of, migrant communities, and in particular youth, when designing policies and programmes targeting them, and integrates such views or proposals in their work.

INDICATOR 2: Programmes on HIV/AIDS targeting migrants seek to actively in-



Mediator training in London, 2010

volve, in a participatory and inclusive manner, such communities (for example, awareness-raising involves transcultural mediators from the community; in research studies, interviewers are members of the communities being researched etc.).

5 *Put in place capacity building programmes for organizations and professionals working with migrants and ethnic minorities involving training and coaching on cultural competency¹ and communication aspects in a diverse society.*

TARGET: Culturally sensitive care (in its broader conception, and beyond the area of HIV/AIDS) is something healthcare in a modern diverse society cannot dispense with. However, even if healthcare workers consider themselves tolerant and culturally open, it is something that requires some deliberate thinking and practice, and, more often than not, specific training. Public structures therefore need to improve the capacities of both organizations and healthcare workers (clinical and non-clinical) working with migrants through training and coaching on cultural and communication aspects.

INDICATOR 1: There are state-funded capacity building programmes focusing on cultural and communication competencies in place in all public healthcare institutions, or at least in those institutions located in the most important areas where migrant communities are known to live.

INDICATOR 2: All health workers are encouraged to participate in capacity building programmes focusing on cultural and communication competencies, eventually in a system in which qualification from such programmes is an advantage, or even obligatory, for advancement in the profession and promotion.

¹ 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 and disease symptoms associated with migration and provide appropriate care, and finally to be able to respond to the administrative, legal and rights issues which impact on migrants' access to health services (Developing a Public Health Workforce to Address Migrant Health Needs in Europe (2009) Background Paper. IOM, WHO and the Andalusian School of Public Health, Spain).

For the EU institutions

6 *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 practice.*

TARGET: A consultative structure should be established by the European Commission (or set up within an already established mechanism such as the HIV EU Think Tank) for EU Member States (and neighbouring states) to discuss, monitor and peer review policies and programmes on HIV/AIDS for migrant and ethnic minority groups. The Open Method of Coordination (OMC) and similar mechanisms were established to ensure that an issue of importance is on the agenda of all EU Member States and that progress is made by all in the same direction. Issues of public health such as HIV have a scope that clearly goes beyond any EU Member State's borders and, in this regard, coordination of measures is all the more necessary.

INDICATOR 1: Issues of migration/mobility and HIV are examined regularly on a per-country basis in a consultative mechanism set up by the EC (e.g. within the EU HIV Think Tank).

INDICATOR 2: After one year of operation of the mechanism suggested above, indicators for the monitoring of the implementation of measures and the evaluation of the impact of such measures are defined and used by all EU Member States in a coordinated fashion.

TOOLS: All A&M partners and the organizations in the A&M original network are called upon to request such mechanism in their dealings with the EC, notably via the AIDS Civil Society Forum.

7 *Strengthen political commitment and sustain action fostering equity in HIV-related prevention, treatment, care and support vis-à-vis migrants and ethnic minority populations.*

TARGET: The EU has competencies for non-discrimination and equality among all people living in the EU as well as in matters that supersede any one Member State such as public health. It is in this capacity that it can boost the political commitment of Member States around HIV-related prevention, treatment, care and support including vis-à-vis migrant and ethnic minority groups. It can also promote and directly support action on equality in all HIV related matters via the strategies and funding programmes of the European Commission.

INDICATOR 1: The concept of equity in HIV-related policies and programmes, as well as specific mention of migrant and ethnic minority groups, is present in key European Commission policy documents (such as the forthcoming Health Strategy) and in EU Council Conclusions and other equivalent texts.

INDICATOR 2: Equity in HIV-related policies and programmes, as well as specific groups such as migrants and ethnic minorities in need of heightened protection, are a priority in the European Commission's annual Health Programme, including ensuing dedicated funding for projects and other actions.

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Volume 2 | 44 Pages

A&M Policy Development Report

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Volume 3 | 24 Pages

A&M Sustainability Plan

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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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